

Paper for submission to the Board of Directors on 12th April 2018

TITLE:	Monthly Nurse/Midwife Staffing Position – April 2018 report containing February 2018 data		
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CLINICAL STRATEGIC AIMS			
Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.			
CORPORATE OBJECTIVE: Deliver a great patient experience, Safe and Caring Services, Be the place people choose to work, Make the best use of what we have			
SUMMARY OF KEY ISSUES:			
<p>The attached paper contains the actual and planned hours for qualified and unqualified staff for both day and night shifts. This is against the historic establishments as agreed by the previous Chief Nurse. There is a continuing significant reliance on temporary staff (bank and agency). The fill rates and the Care Hours Per Patient Day (CHPPD) are also tabled. It can be seen that in general the fill rates are close to but less than 100 percent of the current establishment. There has been some increase in the fill rates 2017 progressed although a reduction has occurred from November/December onwards into the new year.</p> <p>Under the guidance of the new Chief Nurse, the Trust has been undertaking a detailed, extensive staffing review of each of the wards and departments. To date all of the medical and surgical wards have been reviewed as have some of the specialist areas. The new templates for the medical and surgical wards took effect from April 8th with clear rules on the use of temporary staff. The community and the remaining other specialist areas of the Trust are in the process of being reviewed.</p>			
IMPLICATIONS OF PAPER:			
RISK	Y		Risk Description: Safe Staffing
	Risk Register: Y		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Safe, Effective, Caring, Responsive, Well Led
	NHSI	Y	Details: Safe Staffing
	Other	N	Details:
ACTION REQUIRED OF BOARD:			
Decision	Approval	Discussion	Other
		✓	
RECOMMENDATIONS FOR THE BOARD: To note and consider the safe staffing data for February.			

Monthly Nurse/Midwife Staffing Position

April 2018 Report containing February 2018 data

The attached Safer Staffing Summary (Appendix1) shows the actual and planned hours for four categories of staff, qualified and unqualified staff for both day and night shifts, for each area of the Trust for February 2018 (wards that have been fully or partially closed in the month are omitted). As well as showing the actual and planned hours the report shows the fill rate for each of the four categories. The totals for the Trust are also indicated. In addition, the last four columns show the actual Care Hours Per Patient Day (CHPPD). We provide this information to NHS Improvement and part of it is utilised in the National Model Hospital dataset.

The report shows that the overall fill rates for the Trust is slightly less than 100% but this has been achieved by using the historic establishments with a significant reliance on temporary staff (bank and agency). A number of factors make it unlikely that a full fill rate will always be achieved although this is the aim. These factors include long term issues such as vacancies, short term issues such as sickness and maternity leave, the unavailability of temporary staff and unexpected numbers of patients requiring enhanced care.

Table 1 shows there was some improvement as 2017 progressed although the overall fill rates of both qualified and unqualified staff have reduced from November/December 2017 onwards. This is a result of opening extra capacity and the need to move staff to support these areas. On occasion, the fill rate is over 100%. This tends to occur with C2, the paediatric ward, and NNU (neonatal unit) as the planned hours are derived from the dependency tools used for each shift. Each shift the planned hours are determined by the acuity of the children/neonates actually on the ward/unit. Also, sometimes there are occasions when the fill rate of unqualified staff exceeds 100%. This occurs when it is recognised that there will be a reduction in qualified staff (e.g. C1, C3 and C8). The low fill rate during the days in a) Coronary Care Unit/Post Coronary Care Unit reflects the problems in recruiting staff to this particular area and b) in MHDU and EAU reflects the winter pressures and opening the new larger EAU and the four 'flexi' bed area in MHDU for capacity reasons. The low fill rates for B3 are due to that ward already using the new planned levels following the recent staffing review and the need to increase staffing levels as a priority.

Table 1. Percentage fill rates January 2017 to the present

	Qualified Day	Unqualified Day	Qualified Night	Unqualified Night
January	94%	96%	94%	99%
February	93%	95%	96%	99%
March	95%	97%	97%	100%
April	97%	96%	98%	98%
May	97%	97%	99%	98%
June	96%	96%	98%	99%
July	96%	97%	98%	100%
August	96%	97%	97%	101%
September	96%	97%	98%	100%
October	96%	97%	97%	99%
November	95%	97%	96%	101%
December	95%	93%	95%	96%
January 2018	95%	94%	97%	97%
February 2018	93%	94%	96%	96%

With regards to the CHPPD, as has been explained in previous monthly reports this is the national indicator that can be used to benchmark the Trust. This is outlined in Table 2.

Table 2. Care Hours Per Patient Day (CHPPD) – Overall Trust and Regional/National Comparators

Month	TRUST Nurse & Midwife	Midlands & East Median	National Median	TRUST Care Support Workers	Midlands & East Median	National Median	TRUST Total number	Midlands & East Median	National Median
Jan 17	4.30	4.7	4.7	3.50	2.9	2.9	7.8	7.7	7.6
Feb 17	4.34	N/A	N/A	3.63	N/A	N/A	7.97	N/A	N/A
March 17	4.44	N/A	N/A	3.74	N/A	N/A	8.18	N/A	N/A
April 17	4.55	4.8	4.8	3.73	3.1	3.1	8.28	7.8	7.9
May 17	4.4	4.9	4.8	3.8	3.1	3.1	8.2	7.9	7.9
June 17	4.7	N/A	N/A	3.8	N/A	N/A	8.5	N/A	N/A
July 17	4.5	N/A	N/A	3.9	N/A	N/A	8.4	N/A	N/A
Aug 17	4.6	4.7	4.7	3.9	3.1	3.1	8.4	7.9	7.9
Sept. 17	4.5	N/A	N/A	3.7	N/A	N/A	8.2	N/A	N/A
Oct 17	4.6	N/A	N/A	3.8	N/A	N/A	8.4	N/A	N/A
Nov 17	4.5	4.6	4.7	4.0	3.0	3.1	8.5	7.8	7.8
Dec 17	4.8	N/A	N/A	4.1	N/A	N/A	8.9	N/A	N/A
Jan 18	4.72	4.5	4.6	3.86	3.0	3.0	8.58	7.5	7.6
Feb 18	4.52	N/A	N/A	3.76	N/A	N/A	8.28	N/A	N/A

N/A = Data not available.

This report contains updated regional and national average figures for January 2018 which have only just been made available this month. Over time, it can be seen that the Trust's CHPPD for qualified staff has been increasing but has generally remained below the regional and national medians. The unqualified CHPPD remains above the comparators.

Following communication from the NHSi Model Hospital staff and discussions with our peers, there remains variation in the data source across the region with some Trusts not including critical care areas and so it is clear that direct comparisons therefore cannot be made at this time. We will continue to report and liaise with experts on the validity of this data.

Conclusion

This report demonstrates that we are achieving nearly 100% fill rate using the historic establishments and a significant reliance on temporary staff (bank and agency). The reduction in the figures from November/December reflect the need to move staff to support additional capacity. Benchmarking the Trust workforce data using the CHPPD can be informative and will continue on the basis of discovering whether the Trust and regional/national medians are directly comparable.

The staffing review which commenced in 2017 is using data from a wide variety of sources to inform and ensure the required outcome. As well as considering the above data, the review is structured discussions with Matrons and senior nurses from each area together with their managers using information on establishments, staffing ratios and vacancy, sickness and temporary staffing rates. It has also considered the outcome of the most recent six monthly Safer Nursing Tool exercise and patient acuity.

Both the main medical and surgical ward area, NNU and Critical Care reviews have been completed and decisions made following discussion and approval at Director level and the Finance and Performance Committee. The NNU staffing review took place in August 2017 and it was noted at the time that that the Trust's overall staffing compliance with the British Association of Perinatal Medicine (BAPM) Service Standards was 28.9% compared to the national average of 57.37%. The review detailed what action would be required to be compliant. The executives agreed to increase staffing incrementally to reach 66% compliance with a further review. The NNU Peer Review took place in January of this year and both nurse and medical staffing was raised as a concern and work is underway within the Division to further review the staffing.

Reports have been produced on a number of specialist areas which include Main Out Patients Department (OPD), Renal Unit, Emergency Department, Emergency Assessment Unit and Medical Day Case, a number of which are with Directors for consideration. They will be presented to the Finance and Performance Committee in April and May. The review of the Community services is near conclusion.

Safer Staffing Summary		Feb		Days in Month		28											
Ward	Day RN	Day RN	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW	UnQual	UnQual	Sum	Actual CHPPD					
	Day RM	Day RM	Day MSW	Day MSW	Night RM	Night RM	Night MSW	Night MSW				Qual Day	Day	Qual N	N	24:00 Occ	Registered
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual									
Evergreen																	
A2	224	211	199	187	140	137	168	160	94%	94%	98%	95%	1,149	3.63	3.62	7.26	
A3																	
A4																	
B1	96	84	63	56	61	60	60	57	87%	89%	98%	95%	436	3.76	3.05	6.81	
B2(H)	112	101	224	215	84	84	196	187	90%	96%	100%	95%	793	2.79	6.08	8.87	
B2(T)	84	79	115	113	56	56	86	86	94%	98%	100%	100%	610	2.59	3.91	6.51	
B3	240	174	172	143	193	172	143	141	72%	83%	89%	99%	946	4.29	3.52	7.81	
B4	168	154	205	184	140	127	151	146	92%	90%	91%	97%	1,256	2.62	3.15	5.78	
B5	168	161	111	111	144	143	86	82	96%	100%	99%	95%	930	3.84	2.49	6.33	
B6																	
C1	168	147	270	270	140	125	164	166	88%	100%	89%	101%	1,316	2.42	3.97	6.40	
C2	177	207	58	53	172	184	35	32	117%	91%	107%	91%	752	6.10	1.22	7.32	
C3	196	168	363	367	168	141	341	351	86%	101%	84%	103%	1,416	2.62	6.08	8.70	
C4	140	125	58	57	84	84	84	76	89%	98%	100%	90%	605	3.94	2.64	6.58	
C5	168	167	227	218	140	131	172	172	99%	96%	94%	100%	1,315	2.59	3.55	6.14	
C6	84	73	56	53	56	56	56	55	87%	95%	100%	98%	452	3.42	2.87	6.29	
C7	168	156	148	134	113	108	147	129	93%	90%	95%	88%	983	3.13	3.14	6.27	
C8	184	176	248	248	168	162	256	256	96%	100%	96%	100%	1,170	3.39	5.17	8.56	
CCU_PCCU	196	160	28	38	140	131	-	6	82%	136%	94%		572	5.97	0.89	6.85	
Critical Care	314	316	56	46	309	309	-	-	101%	82%	100%		193	38.04	2.50	40.54	
EAU	252	219	308	250	252	248	308	262	87%	81%	98%	85%	1,372	4.08	4.39	8.47	
Maternity	496	501	196	178	476	462	140	138	101%	91%	97%	99%	433	21.48	8.55	30.03	
MH DU	112	92	40	37	111	107	9	9	82%	93%	96%	100%	217	10.79	2.54	13.34	
NNU	168	157	-	-	169	160	-	-	93%		95%		359	10.14	0.00	10.14	
TOTAL	3,914	3,625	3,145	2,956	3,315	3,187	2,602	2,511	93%	94%	96%	96%	17,275	4.52	3.76	8.28	