The Dudley Group
NHS Foundation Trust

Paper for submission to the Board of Directors on 3rd May 2018

TITLE:	**Monthly Nurse/Midwife Staffing Position – May 2018 report containing March 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:

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 that 100 percent of the historic establishment. There has been some increase in the fill rates as 2017 progressed although a reduction has occurred from November/December onwards into the new year. Following the issue raised in the last and previous months reports, regarding making straightforward comparisons between the Trustwide CHPPD and that of its peers and the national figure, information has been received from experts in the field and changes to the report have been made on that advice.

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 presented to the Directors.

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 March.

Monthly Nurse/Midwife Staffing Position

May 2018 Report containing March 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 March 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 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 (Renal/Endocrinology), C3 (Care of the Elderly) and C8 (Stroke Unit)).
- 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) EAU reflects the winter pressures and opening the new larger EAU.
- The low fill rates for B3 (Vascular Unit) are working otdue 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%
March 2018	92%	92%	96%	96%

With regards to the CHPPD, as has been explained in previous monthly reports this is the national indicator that is intended to be utilised to benchmark the Trust. This is outlined in Table 2 (on page 6).

Following the issue raised in the last and previous months reports, regarding making straightforward comparisons between the Trustwide CHPPD and that of its peers and the national figure, information has been received from experts in the field. The difficulties in such comparisons is that all Trusts have a combination of different specialities of different size. Comparisons by individual wards/units is seen to be more useful, however, this exercise brings with it other problems that need to be noted.

Table 2 includes the CHPPD of the Trust's wards/units with comparative values for the nearest specialties that are included in the Model Hospital. The Model Hospital has a restricted number of specialities which necessitates interpreting this data with caution. For instance the Model Hospital has only one speciality for children areas called 'Paediatrics' which covers general wards (such as C2) and specialist paediatric areas (such as the Trust's NNU). A neonatal unit obviously requires more intensive nurse staffing than a general paediatric ward (as the Trust's own figures indicate), however, the Model Hospital comparator figures are the same for both these areas and so any sensible comparison cannot be made.

Looking at the other different Model Hospital specialities in turn:

1) General Medicine.

General Medicine covers a wide range of areas from general wards to busy acute admission units. It can be seen from the table that at the Trust there are two areas with this speciality (A2 and EAU). These are the areas that take newly arrived sick patients and one would expect them to be at the high end of dependency for this range of wards which is the case.

2) Trauma and Orthopaedics

This speciality covers a diverse range of types of wards. It can be seen that the general T&O ward (B1) is below the national/peer averages which B2 (Trauma) is similar to the comparators with the B2 Hip being above the comparators which would be expected as it

has highly dependent patients with hip fractures who are generally elderly with associated medical problems.

3) General Surgery

The Trust has three wards with this speciality [B3 (Vascular), B4(Colorectal), B5(General Surgery)] which have varying CHPPD's as expected by the patient base of these areas with the vascular ward which has a vascular unit being above the national average.

4) Specialist Medical Areas – Nephrology (C1), Clinical Haematology (C4), Respiratory(C5), Gastroenterology (C7)

The CHPPD of Wards C1, C4 and C5 are between the national and peer medians while the CHPPD is slightly higher than the national median.

5) Paediatrics

As discussed above.

6) Geriatric Medicine/Rehabilitation

The CHPPDs of C8 (Stroke) and C3 (Care of the Elderly) are quite high compared to the peer/national medians. A breakdown of the separate Qualified and Unqualified CHPPDs are shown in the chart below.

	CHPPD COMPARISONS		
	QUALIFIED STAFF	UNQUALIFIED STAFF	TOTAL STAFF
C3	2.69	5.63	8.32
Peer	2.99	3.03	6.03
National	3.00	3.41	6.50
C8	3.34	4.70	8.04
Peer	3.16	3.25	5.78
National	3.17	3.54	6.64

For C3 it can be seen that the qualified CHPPD is below the peer/national figures but the total CHPPD is higher due to the high unqualified CHPPD. For C8 both qualified and unqualified CHPPDs are above the peer/national figures. The high unqualified figures can be explained by the high number of patients requiring 1:1 care but one would expect that to be reflected in the peer/national figures also. A further exploration of this situation will be undertaken.

7) Cardiology

The Trust CHPPD is the same as the national picture both of which are above the peer comparator.

8) Critical Care Medicine

The Model Hospital has a single speciality for all of the Level 2 and Level 3 critical care areas. As expected the Level 2 area of MHDU is significantly lower than peer/national medians which will include all Trusts' level 3 areas. The Trust's critical care CHPPD is a lot higher than the peer/national medians. While a figure over the peer/national medians would be expected as they contain all Trusts' Level 2 areas the critical care CHPPD is significantly higher, so this is worth further analysis.

9) Obstetrics

The Trust's unusual Maternity format explains the differences between the Trust's CHPPD and the peer/national medians. The majority of Trusts retain the tripartite breakdown of Antenatal Ward, Delivery Suite and Postnatal Ward so direct comparisons cannot be made for this speciality.

Conclusion

This report demonstrates that we are achieving nearly 100% fill rate using the historic establishments with 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 but needs to be undertaken with caution as exact like for like comparisons cannot always be made.

The staffing review which commenced in 2017 has used data from a wide variety of sources to inform and ensure the required outcome. As well as considering the above data, the review has been 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 also considered the outcome of the most recent 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 nurse staffing was raised as a concern. The initial phase of further recruitment of nursing staff has been completed. In September 2018 an intake of three Trainee Nursing Associates (TNAs) is planned. When this has occurred a further nursing review of the compliance with the BAPM standards will be undertaken.

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 May and June. The review of the Community services is now in its initial draft and is in the process of being presented to Directors.

Table 2. Ward/Area CHPPDs for March compared to nearest speciality latest comparators in Model Hospital from January 2018

MARCH 2018										
Ward	Beds	Speciality	Fill Rates				Care Hours Per Patient Day			
			Qual D	Unqual D	Qual N	Unqual N	Trust	Peer (Jan18)	National (Jan 18)	Peer/National Speciality
A2	42	Acute Medicine	89%	89%	97%	95%	7.13	6.26	6.88	General Medicine
B1	26	T&O	87%	90%	96%	91%	5.64	6.53	6.74	T and O
B2(H)	30	T&O – Hip #	94%	98%	100%	94%	8.68	6.53	6.74	T and O
B2(T)	24	T&O – Trauma	92%	99%	100%	95%	6.40	6.53	6.74	T and O
B3	42	Vascular Surgery	75%	91%	89%	93%	7.54	6.30	6.80	General Surgery
B4	48	Colorectal Surgery	92%	92%	94%	98%	6.32	6.30	6.80	General Surgery
B5	30	General Surgery	96%	94%	102%	97%	5.76	6.30	6.80	General Surgery
C1	48	Renal/Endocrinology Med	88%	94%	91%	103%	6.37	6.17	6.44	Nephrology
C2	41	Paediatrics	114%	95%	91%	100%	7.45	9.52	12.05	Paediatrics
C3	52	Elderly Medicine	91%	101%	84%	101%	8.32	6.03	6.50	Geriatric Medicine
C4	22	Oncology	96%	95%	100%	94%	6.85	5.85	7.08	Clin. Haematology
C5	48	Respiratory Med	90%	100%	88%	104%	5.75	5.66	6.31	Respiratory
C6	20	Urology Surgery	85%	102%	95%	99%	6.11	5.83	6.42	Urology
C7	36	Gastro Medicine	86%	81%	96%	88%	6.16	5.73	6.14	Gastroenterology
C8	44	Stroke	93%	98%	98%	100%	8.04	5.78	6.64	Rehabilitation
CCU/PCCU	26	Cardiology	83%	102%	99%		7.65	7.13	7.65	Cardiology
Critical Care	17	Critical Care - Surgery	100%	82%	99%		32.74	24.61	24.45	Crit Care Medicine
EAU	35	Acute Medicine	88%	77%	96%	84%	8.23	6.26	6.88	General Medicine
Maternity		Obstetrics	97%	88%	98%	92%	30.22	12.22	15.65	Obstetrics
MHDU	10	Crit Care – Med	88%	83%	95%	80%	12.86	24.61	24.46	Crit Care Medicine
NNU	22	Neonates	110%		108%		9.38	9.52	12.05	Paediatrics

APPENDIX 1

Safer Staffing Summary	Mar		Days in Month	31											
	Day RN Day RM	Day RN Day RM	Day CSW Day MSW	Day CSW Day MSW	Night RN Night RM	Night RN Night RM	Night CSW Night MSW	Night CSW Night MSW					Actual CHPPD			
Ward	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Qual Day	UnQual Day	Qual N	UnQual N	Sum 24:00 Occ	Registered	Care staff	Total
Evergreen																
A2	248	221	221	197	155	150	188	178	89%	89%	97%	95%	1,256	3.54	3.58	7.13
A3																
A4																
B1	119	104	65	59	73	70	57	52	87%	90%	96%	91%	582	3.40	2.24	5.64
B2(H)	124	117	226	222	93	93	193	181	94%	98%	100%	94%	847	2.98	5.71	8.68
B2(T)	93	86	125	124	62	62	94	89	92%	99%	100%	95%	670	2.59	3.81	6.40
B3	276	208	181	164	186	165	168	157	75%	91%	89%	93%	1,080	4.05	3.49	7.54
B4	186	171	243	223	155	146	178	174	92%	92%	94%	98%	1,343	2.77	3.55	6.32
B5	187	179	126	118	157	160	93	90	96%	94%	102%	97%	1,125	3.54	2.22	5.76
B6																
C1	186	164	308	290	155	141	180	186	88%	94%	91%	103%	1,457	2.45	3.92	6.37
C2	203	231	74	70	213	194	46	46	114%	95%	91%	100%	837	5.96	1.50	7.45
C3	217	198	366	370	186	156	366	371	91%	101%	84%	101%	1,580	2.69	5.63	8.32
C4	155	149	65	62	93	93	93	87	96%	95%	100%	94%	663	4.16	2.70	6.85
C5	186	168	229	230	155	136	170	176	90%	100%	88%	104%	1,451	2.39	3.35	5.75
C6	93	79	66	67	62	59	70	69	85%	102%	95%	99%	538	3.08	3.03	6.11
C7	190	163	164	133	129	124	164	144	86%	81%	96%	88%	1,073	3.13	3.03	6.16
C8	203	189	240	235	186	182	277	276	93%	98%	98%	100%	1,305	3.34	4.70	8.04
CCU_PCCU	217	181	43	44	155	154	-	2	83%	102%	99%		583	6.74	0.91	7.65
Critical Care	320	320	65	53	321	318	-	-	100%	82%	99%		246	30.47	2.26	32.74
EAU	279	245	341	264	279	268	341	286	88%	77%	96%	84%	1,533	4.02	4.22	8.23
Maternity	571	554	217	192	527	518	155	143	97%	88%	98%	92%	473	21.93	8.30	30.22
MHDU	117	103	38	32	115	109	5	4	88%	83%	95%	80%	227	10.98	1.88	12.86
NNU	154	170	-	-	153	166	-	-	110%		108%		411	9.38	0.00	9.38
TOTAL	**4,324**	**3,998**	**3,403**	**3,148**	**3,610**	**3,464**	**2,838**	**2,711**	**92%**	**92%**	**96%**	**96%**	**19,280**	**4.43**	**3.61**	**8.05**