

Paper for submission to the Board of Directors on 7th June 2018 (Public Board)

TITLE:	Monthly Nurse/Midwife Staffing Position – June 2018 report containing April 2018 data		
AUTHOR:	Derek Eaves Professional Lead for Quality	PRESENTER	Siobhan Jordan Chief Nurse
CLINICAL STRATEGIC AIMS			
Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.			
CORPORATE OBJECTIVE: SO1: Deliver a great patient experience, SO2: Safe and Caring Services, SO4: Be the place people choose to work, SO5: Make the best use of what we have			
SUMMARY OF KEY ISSUES: The attached paper contains:			
<ul style="list-style-type: none"> ➤ 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. The same table includes the Care Hours Per Patient Day (CHPPD). The fill rates against the historic establishments are also tabled. It can be seen that in general these fill rates are close to but less than 100 percent of the historic establishment. While there was some increase in the rates as 2017 progressed and a reduction from November/December onwards, this month the rates have increased to previous levels. ➤ There remains a continuing reliance on temporary staff both bank and agency. However it is noted there has been an improvement in nursing pay expenditure over the last 4 week period. 			
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
June 2018 Report containing April 2018 data

Safer Staffing

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 April 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.

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 but the fill rates reduced from November/December 2017 onwards. This month (April) the rates have improved to those in early 2017. It should be noted:

- 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. B4 (Colorectal Surgery) and the Medical High Dependency Unity (MHDU).
- The low fill rate in a) Coronary Care Unit/Post Coronary Care Unit reflects the problems in recruiting staff to this particular area and b) EAU reflects the continuing winter pressures, the opening of the new larger EAU and the historic establishment has not been reviewed yet which is awaiting decision on the format of the area.

Table 1. Percentage fill rates March 2017 to the present

	Qualified Day	Unqualified Day	Qualified Night	Unqualified Night
March 2017	95%	97%	97%	100%
April 2017	97%	96%	98%	98%
May 2017	97%	97%	99%	98%
June 2017	96%	96%	98%	99%
July 2017	96%	97%	98%	100%
August 2017	96%	97%	97%	101%
September 2017	96%	97%	98%	100%
October 2017	96%	97%	97%	99%
November 2017	95%	97%	96%	101%
December 2017	95%	93%	95%	96%
January 2018	95%	94%	97%	97%
February 2018	93%	94%	96%	96%
March 2018	92%	92%	96%	96%
April 2018	97%	96%	98%	98%

With regards to the CHPPD, as has been explained in previous monthly reports: a) this is the national indicator that is intended to be utilised to benchmark the Trust and b) comparisons by individual wards/units is seen to be more useful than comparing the overall Trust value

with other Trusts. In last month's report comparison by wards made with the latest Model Hospital data available (January 2018). Once the Model Hospital data is updated, further comparisons by ward will be made.

Staffing Reviews

A chart is attached below of the situation with the various staffing reviews that have been occurring over the last year. Most recently, the review of community nursing (during the day) was completed and it was agreed by the Executive Directors that discussions regarding funding will be undertaken by the newly formed Transition Board of the Multispecialty Community Provider (MCP). The staffing review for the Emergency Department (ED) was also completed and will be finalised imminently.

Area	Position
General Medical/Surgical Wards	Completed, agreed and implemented.
Critical Care	Completed, agreed and implementation in progress.
Neonatal Unit	Completed, agreed and implemented. Due for review later in the year.
Paediatrics (C2)	Completed, rejected by Executive Directors and required further review.
Emergency Department	Completed, presented to Executive Directors and agreed on 2 nd May 2018.
Acute Medical Unit	Completed, awaiting decision on configuration
Outpatients Department	Completed, to be presented again to Executive Directors
Medical Day Case	Completed, to be presented again to Executive Directors
Renal Unit	Completed, will be presented to Executive Directors in June.
Frailty Assessment Unit (FAU)	Completed, shared with Karen Kelly and to be considered as part of the first floor review.
Community Nursing (Days)	Completed, agreed by Directors and to be presented at the newly formed Transition Board of the MCP.
Community Nursing (Nights)	In progress
Specialist Nurses	In draft, to be presented to Executive Directors in June.

Lead Nurses and Matrons continue to be given the opportunity to discuss staffing challenges, whilst maintaining patient safety and sustaining financial balance. Timely filling of bank shifts continues to be a challenge however the Associate Chief Nurses are reviewing this daily to avoid late requests for staff that cannot be filled.

Agency Controls

All bank and agency requests continue to be risk assessed by the Associate Chief Nurses to ensure continued patient safety and financial balance supporting the overall reduction in agency use. Requests for non-framework agency can only be made in exceptional circumstances and authorised only by an Executive Director.

The graph on page 4 shows the agency usage; this month has seen a slight decrease in the use of registered nurse agency shifts and the use of agency clinical support workers (CSWs) remains nil in line with current agency controls.

The table below shows the five main areas using agency staff over the past four weeks. ED remains the highest user of registered nurse agency staff. The timely filling of bank shifts continues to be challenging and some framework agency staff have been used to maintain patient safety across the hospital.

Top 5 Areas of Nursing Agency usage

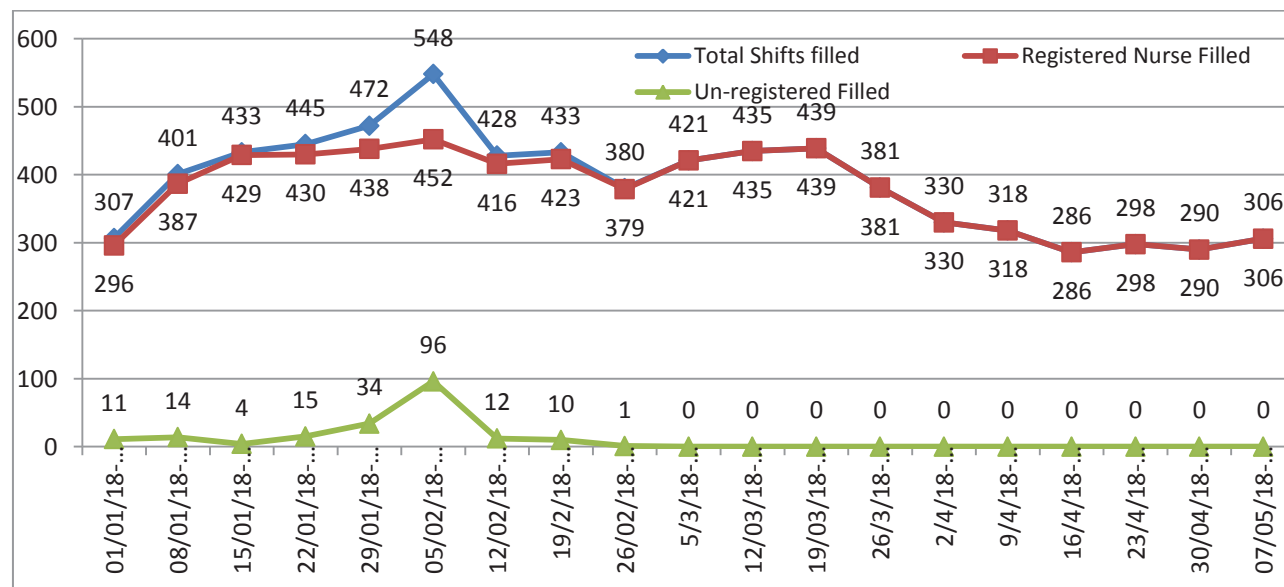
16/4/18 – 22/4/18		23/4/18-29/4/18		30/4/18-06/05/18		07/05/18 – 13/05/18	
ED	47	ED	49	ED	54	ED	61
AMU	33	B3	33	Critical Care	30	Critical Care	29
B3	32	Critical Care	32	B3	27	B3	26
Coronary Care	20	Coronary Care	30	AMU	24	A2	23
A2	16	AMU	20	Coronary Care	20	AMU	23

The table below shows a comparison of the top five areas of agency usage compared to last month three of the areas have reduced agency usage over the last 4 week period (Green) except B3 and Coronary Care which have increased but they hold a high numbers of vacancies (Red).

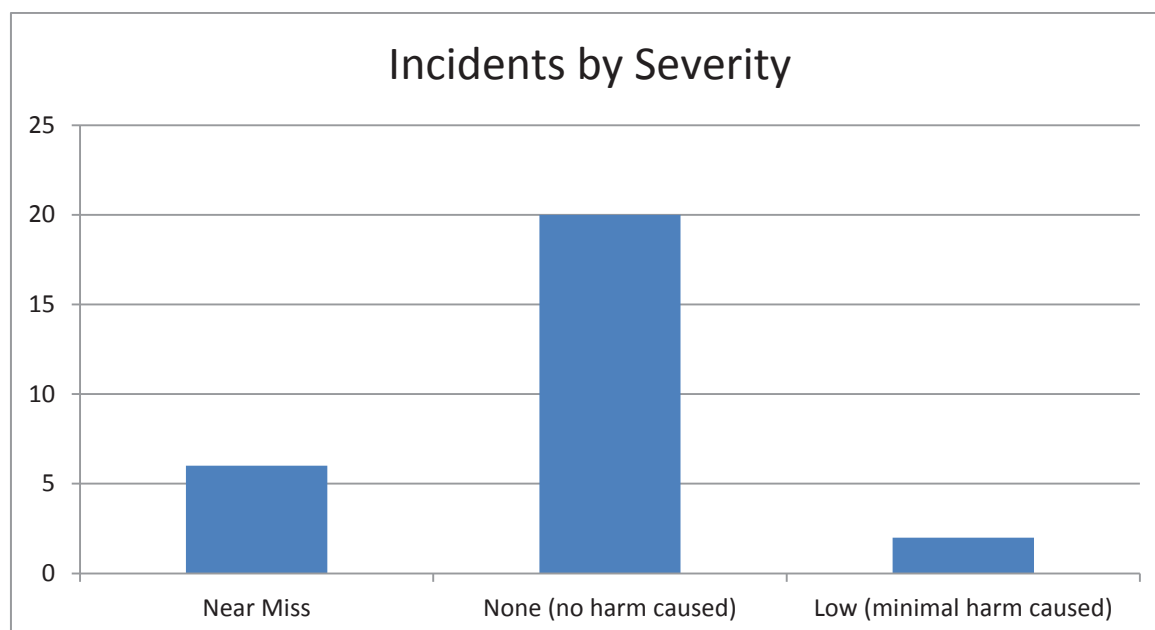
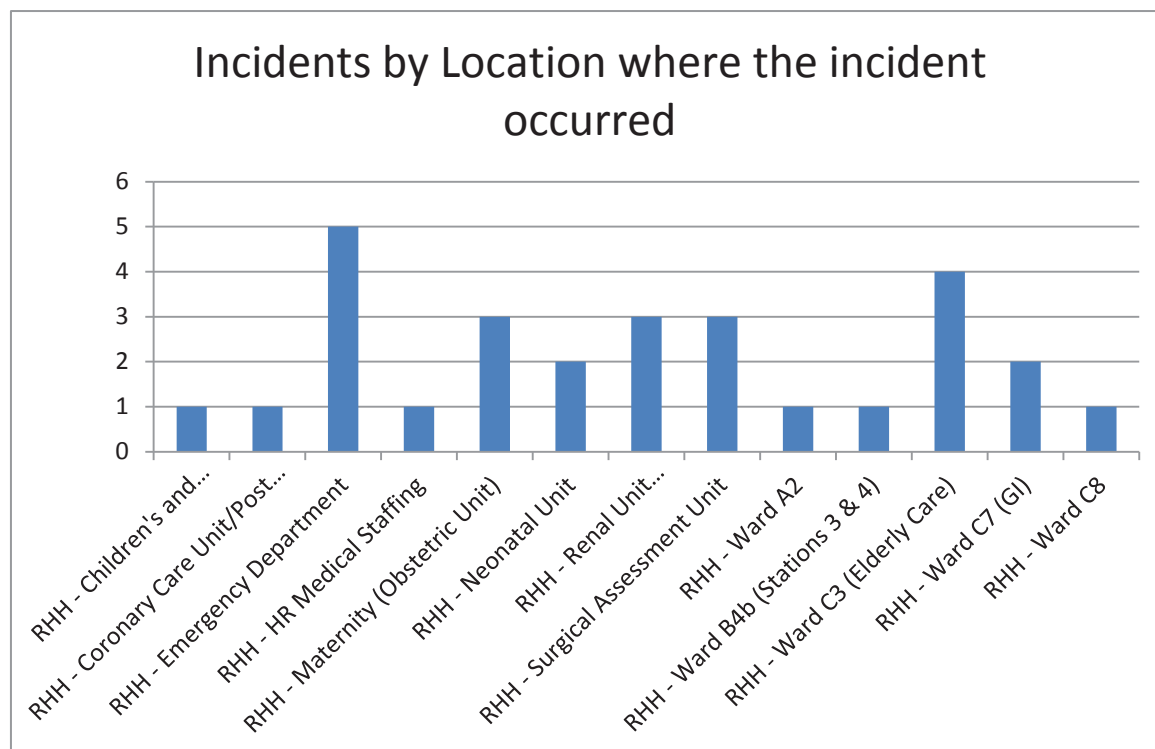
	Total shifts April 18	Total Shifts May 18
ED	356	211
Critical Care	115	91
AMU	148	100
B3	117	118
Coronary Care	51	70

The table below shows the total number of filled agency registered nurses/CSW shifts. On average, 300 shifts per week have been filled. This is with a vacancy situation of 287.15 WTE which is an increase of 137.33 WTE above the old establishment vacancies. The controls against agency usage for CSW staff have been maintained with zero shifts during this period.

Nurse Agency Usage Figures (Registered, unregistered and total)



Staffing Incidents – April 2018



During April 2018, 28 clinical incidents were raised relating to staffing, 25 of these relate to nursing workforce whilst 3 relate to medical workforce in SAU and ED. Of the 28 incidents 26 were defined as not causing direct harm to our patients. There were two low harm incidents raised

- C7 – down CSW and a trained nurse. Noted patient became hypoglycaemic following a delay in undertaking BM sugars.
- The second low harm was as a result of reduced medical cover within ED.

This is very low numbers of incident reporting against the high number of vacancies.

Recruitment Update

The Trust has been hosting monthly recruitment events since August 2017. To date we have successfully run 10 Trust wide events and 1 area specific event. As a result, we have issued 99 conditional offer letters. On average, each event has seen 10 nurses issued with a conditional offer with 60 of the 99 being student nurses.

There are 81 student nurses due to commence within the Trust on the September preceptorship program. A keeping in touch email has been sent to all of these recruits and they have been asked to confirm their intention to commence employment with the Trust.

Of these 81, there are 43 external student nurses and 38 Dudley students. These high numbers of student nurses and relatively few experienced nurses being recruited is now cause for concern in some areas. There are certain clinical areas that are attracting high numbers of newly qualified nurses (ED, Community, Coronary Care, Theatres and Critical Care) and these specialities are finding it difficult to support this skill mix. To mitigate this, the professional development team, which provides support to newly qualified nurses, are planning to increase the peripatetic support for these staff to reduce the initial impact on the clinical staff.

Whilst these events have been successful and relatively low cost, the Trust is considering additional strategies to further increase recruitment, for instance, investing in the running of larger scale recruitment days which could be held either on-site or off-site. Advertisement of these events would be crucial to ensure a good return in terms of volume recruited. In addition, the Trust may consider running a recruitment day in another city in the UK or Ireland.

Attending job fairs can offer good value for money with a relatively short time-to-hire, which in turn can generate savings on agency nurses. Our attendance at the RCN Jobs Fair in Birmingham saw the Trust issue 12 conditional offers at a cost of approximately £5000 to attend the fair. Whilst this number is not significantly more than the average number recruited through the Trust events, these events are organised by external organisations with large scale advertising, therefore they will provide an opportunity to meet a wider nursing group.

In the coming months there are jobs fairs in Cardiff, Edinburgh, Dublin and London, at an approximate cost of £3,950. It would be worth attending one of these events as neighbouring Trusts have attended Jobs Fairs elsewhere previously and report good outcomes. The value in recruitment days/jobs fairs is the number of candidate leads that can be generated and so asking candidates to pre-register is very important. Ultimately, a percentage of those that register for the recruitment events will not turn up and therefore, having their details means we can follow up after the event to setup interviews.

The Trust was offered the opportunity to attend the British Nursing Jobs Fair in Australia in June 2018 with the objective of targeting British nurses to return to England. In addition, the events also attract secondary migrant nurses e.g. Irish and Filipino nurses and Australian nurses interested in working in the UK. At this time, the Trust has decided not to invest in this and to pursue alternative recruitment means.

The recruitment and retention lead is in the process of scoping the current substantive and bank workforce to identify how many staff the Trust currently employs to work as Clinical Support Workers, who are qualified nurses within another country and hold a live registration. She also liaising with the University of Wolverhampton who run an IELTS Preparation Course which helps candidates prepare for the IELTS Test (the first prerequisite to applying for NMC registration). The course is a 10 week course (2 hours

per week) at a cost of £100 per delegate. Work is being undertaken to explore the costs of creating a package to support suitable candidates through the IELTS, CBT and OSCE program with the aim of enabling overseas qualified nurses, who are UK resident, to work as qualified nurses. This work is in its infancy and updates will be provided in due course.

The Trust is building links with the local Army Reserves Centre with the aim of exploring employing the ex-military with the correct skill set into the NHS and will be teaming up with the Centre during Armed Forces Week and in particular 'Reserves Day'. We have been invited to attend the 'Employer Engagement' event at the Army Reserve Centre on the evening of Wednesday 27th June. It is hoped that the Trust can partner with the Armed Forces on some new initiatives in the Dudley area.

The Trust continues to support new graduates with their NMC registration fee of £120 and continues to offer a 'recommend a friend' reward of £200 to existing colleagues. To date three existing members of staff have been rewarded £200 for recommending a colleague, totalling £600 and the Trust has paid £120 NMC registration fee for 77 newly qualified nurses, totalling £9,240.

Staff Engagement and Retention

Personal Group – Hapi App

"When people are happy, they are more productive. When people feel like they make a difference, they do."

Personal Group is an employee services business, working with employers to drive productivity through better employee engagement and a healthier, more motivated workforce.

Employee Services are the things you do for your employees every day, such as discounts and rewards. These alongside a host of other engagement tools like surveys and employee communications can all be provided through Hapi – An employee services platform and app.

Let's Connect, part of Personal Group, specialises in implementing technology employee benefits. The schemes are extensively adopted across the UK in both private and public sectors.

This benefit offers employees the opportunity to access brand new technology from leading manufacturers, saving on National Insurance and spreading the cost through a salary sacrifice arrangement. A meeting has taken place with Personal Group and they have put a proposal together for the Trust and this will be presented to the Workforce committee.

If the Trust is interested in pursuing this employee engagement platform, Personal Group would happily return to the Trust to provide a demonstration and address any concerns that may be had around this tool. A presentation to the Workforce Committee is being arranged.

Exit Interviews

During the months of April-May, there have been 7 staff nurse resignations. One of these has requested an exit interview after which the case was referred to the Speak Up Guardian.

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). This month sees an improvement in the fill rates from the November 2017 to March 2018 period.

Benchmarking the Trust workforce data using the CHPPD will be undertaken at each stage that the Model Hospital data is updated with the caveat that comparisons need to be undertaken with caution as exact like for like comparisons cannot always be made.

The staffing review which commenced in 2017 used data from a wide variety of sources to inform and ensure the required outcome. The review included 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. The new establishments for the medical and surgical wards agreed from that review took effect from April 8th with clear rules on the use of temporary staff.

It is to be noted that there are relatively low numbers of incident reporting relating to staffing given the high vacancy numbers.

With the reviews on the medical and surgical ward areas, NNU and Critical Care completed, reports have also been produced on a number of other areas which include Main Out Patients Department (OPD), Renal Unit, Emergency Department, Emergency Assessment Unit, Elective Medical Unit and Community Nursing, a number of which have by seen by the Directors for consideration. The OPD, Renal Unit and Elective Medical Unit will be presented to the Finance and Performance Committee in June/July.

APPENDIX 1

Safer Staffing Summary		Apr		Days in Month					30									
Ward	Day RN	Day RN	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW	Qual Day	UnQual Day	Qual N	UnQual N	Sum	Actual CHPPD				
	Day RM	Day RM	Day MSW	Day MSW	Night RM	Night RM	Night MSW	Night MSW						24:00 Occ	Registered	Care staff	Total	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual										
Evergreen																		
A2	240	243	210	200	150	151	183	185	101%	95%	101%	101%	1,211	3.90	3.73	7.64		
A3																		
A4																		
B1	115	99	61	63	70	69	57	56	86%	102%	99%	97%	525	3.65	2.70	6.34		
B2(H)	125	119	240	231	94	94	206	204	95%	96%	100%	99%	861	2.89	6.06	8.95		
B2(T)	94	91	123	118	64	64	96	97	97%	96%	100%	101%	666	2.73	3.87	6.60		
B3	210	192	200	185	184	172	165	157	91%	92%	93%	95%	987	4.33	4.06	8.39		
B4	180	197	244	239	173	153	180	188	109%	98%	88%	104%	1,324	3.06	3.87	6.93		
B5	191	183	144	141	153	150	93	91	96%	98%	98%	98%	969	4.03	2.87	6.90		
B6																		
C1	180	162	280	264	150	139	171	169	90%	94%	92%	99%	1,404	2.57	3.70	6.26		
C2	204	227	62	59	165	176	30	30	111%	94%	106%	100%	668	7.05	1.37	8.42		
C3	213	198	371	371	180	152	372	372	93%	100%	84%	100%	1,536	2.73	5.80	8.54		
C4	150	150	60	60	90	94	90	81	100%	100%	104%	90%	645	4.31	2.62	6.93		
C5	193	187	238	239	157	146	183	183	97%	101%	93%	100%	1,383	2.82	3.62	6.44		
C6	90	83	64	62	60	60	63	62	92%	97%	100%	98%	443	3.78	3.36	7.14		
C7	180	166	133	126	122	115	128	124	92%	94%	94%	96%	1,052	3.20	2.84	6.04		
C8	205	197	231	223	183	175	232	218	96%	97%	96%	94%	1,226	3.56	4.32	7.88		
CCU_PCCU	210	170	32	29	150	147	-	3	81%	91%	98%		579	6.57	0.66	7.23		
Critical Care	336	336	62	60	342	341	-	-	100%	97%	100%		344	23.13	1.83	24.96		
EAU	270	238	330	284	270	260	330	309	88%	86%	96%	94%	1,369	4.37	5.20	9.56		
Maternity	531	534	210	200	510	499	150	147	101%	95%	98%	98%	535	18.68	7.60	26.27		
MHDU	108	107	31	34	106	110	-	6	99%	110%	104%		195	13.08	2.29	15.37		
NNU	144	166	-	-	136	169	-	-	115%		124%		364	10.57	0.00	10.57		
TOTAL	4,168	4,042	3,326	3,186	3,509	3,435	2,729	2,681	97%	96%	98%	98%	18,286	4.70	3.82	8.51		