

<b>Meeting title</b>	Board Of Directors	<b>Date:</b> 6 May 2016
<b>Report title:</b>	Nursing Staffing Report	<b>Agenda item:</b> 3.4
<b>Lead director</b>	<b>Name:</b> Lisa Knight	<b>Title:</b> Director Of Patient Care/Chief Nurse
<b>Report author Sponsor(s)</b>	<b>Name:</b> Lisa Knight	<b>Title:</b> Director of Patient Care/Chief Nurse
<b>Fol status:</b>		

<b>Report summary</b>				
<b>Purpose</b> <i>(tick one box only)</i>	<b>Information</b> <input checked="" type="checkbox"/>	<b>Approval</b> <input type="checkbox"/>	<b>To note</b> <input checked="" type="checkbox"/>	<b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	That the Board receive the Nursing Staffing Report.			

<b>Strategic objectives links</b>	Objective 1 - Improve patient safety. Objective 2 - Improve patient care.
<b>Board Assurance Framework links</b>	Inadequate staffing are contributory issues for BAF risks 1.1 and 1.4.
<b>CQC outcome/regulation links</b>	Outcome 13 staffing.
<b>Identified risks and risk management actions</b>	
<b>Resource implications</b>	Unfilled posts have to be covered by Bank or agency staff, with agency staff having a resource implication.
<b>Legal implications including equality and diversity assessment</b>	None as a result of this report.

<b>Report history</b>	To every Public Board
<b>Next steps</b>	
<b>Appendices</b>	Appendices; A and B

## Board of Directors Report on Nursing and Midwifery staffing levels Amalgamated report for February and March 2016

### 1. Purpose

To provide Board with:-

- An overview of Nursing and Midwifery staffing levels.
- An overview of the Nursing and Midwifery vacancies and recruitment activity.
- Update the Board on controls on nursing spend.

### 2. Planned versus actual staffing and the introduction of CHPPD (Care Hours per Patient Day)

We continue to report our monthly staffing data to 'UNIFY' and to update The Trust Board on our monthly staffing position.

Each month, we collect the actual number of Nurses and HCSW (Health Care Support Workers), by hour, against the number of care hours that we planned to deliver, (i.e., the hours provided by our agreed establishments). In addition to this, from the 1<sup>st</sup> May 2016, we are required to submit our CHPPD, a non-validated measurement recommended by the Lord Carter review. Internationally NHPPD (Nursing hours per patient day) has been the accepted tool and counts only the hours that qualified Nurses deliver to patients. CHPPD includes the non-registered workforce in the care hours delivered.

CHPPD is calculated by taking the actual hours worked divided by the number of patients on the Ward at midnight.

$$\text{CHPPD} = \frac{\text{hours of care delivered by Nurses and HCSW}}{\text{numbers of patients on the Ward at midnight}}$$

It is expected that eventually we will be able to benchmark our CHPPD with other hospitals in England with the expected outcome that unwarranted variation will be eliminated.

This is an amalgamated report for two months in line with our Public Boards; however, the data is reported monthly and reviewed at the Trust Management Board.

On a daily basis, this data is displayed by the Wards on their staffing boards which are on show to the public.

Each Ward is rag rated – red, amber or green on a shift by shift basis by the Matron. In our daily safety huddle, each Ward reports their staffing for the day so everyone knows the whole Trust staffing position. The flexing of staff across Departments and the use of temporary staff, including bank and agency, covers the gaps.

### 3. Hospital Monthly Average Fill Rates for February and March 2016

Month	RN/RM Day % Fill Rate	HCA/MCA Day % Fill Rate	RN/RM Night % Fill Rate	HCA/MCA Night % Fill Rate
February 2016	92.3%	93.5%	101.9%	115.1%
March 2016	91.7%	95.9%	100.9%	118.7%

A Ward by Ward breakdown of fill rates for the two months has been included in the Appendices A and B.

Fill rates are down across all areas, which is a reflection of a significant reduction in enhanced observation.

#### 4. Controlling Premium Cost

The weekly agency control meetings continue to deliver the required reductions in percentage of agency spend in line with NHS Improvement's cap.

N&M agency spend (% of total N&M spend)	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
NHS Improvement Cap	22.7%	21.6%	20.7%	20.1%	17.5%	16.2%
Actual	22.6%	20.7%	17.7%	16.6%	17.4%	19.8%

In order to control premium costs, we have been working on some short and medium term solutions to bring down premium staffing spend which includes:-

- Increased payments for bank qualified Nurses which went live on 1st April 2016.
- Weekly payments for bank qualified nursing staff was also implemented on 1<sup>st</sup> April.
- Recruitment of regular agency staff to our staff bank; initial data suggests that there has been a significant conversion from agency to bank shifts as a result of these combined measures.
- Business case preparation is underway to extend weekly pay and uplifted payments to HCSW.
- The majority of agency rates for Nurses have been negotiated within the new reduced NHS Improvement cap – with the exception of specialist shifts such as Paediatrics and Intensive Care .
- NHSi (NHS Improvement) have visited to review our action plan and support in its implementation. They are revisiting shortly to assist with a bespoke piece of work around Operating Theatres workforce which is one of our high cost areas.

#### 5. Areas with notable fill rates

Ambulatory Care Unit

- The high fill rates represent the opening of additional capacity at the weekends due to bed pressures.

DOCC (Department of Critical Care)

- The low fill rate represents reduced activity through the unit and less requirement for staff.

#### 6. Recruitment

Interviews continue monthly for both qualified Nurses and HCSW's. We are already recruiting our students qualifying in September.

Qualified Nurse vacancies remain static at about 60 wte, as do Midwifery vacancies at 16 wte. We are presently working through our recruitment strategy for Midwives.

Following the approval of Nurses onto the UK shortage Occupation list, we are interviewing in the Philippines at the end of May, with a particular focus on Theatre staffing. Recruitment from the Philippines is a complicated process. The individuals must pass English language and clinical assessment tests before being allowed to register with the NMC (Nursing, Midwifery Council). Experience from other Trusts suggests that the first Philippine Nurses may be ready to start work in October/ November.

## **7. Review of Nursing Establishment**

Work has commenced on reviewing all of the nursing establishments as part of our consultation on shift times which launches on 28<sup>th</sup> April 2016.

The consultation will deliver multiple benefits:-

- Standardisation of start and finish times which will make the coordination of staff across the site much easier.
- The night shift times have been adjusted to facilitate earlier bed times for patients.
- The introduction of a long day shift which offers greater flexibility for staff.
- Makes the nursing workforce working time compliant.

Full implementation following consultation is expected at the end of September 2016.

Appendix A

**Fill rates for Nursing, Midwifery and Care Staff  
 February 2016**

Ward Name	Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Ambulatory Care Unit	106.2%	117.6%	114.3%	129.3%
Medical Assessment Unit	76.1%	114.0%	100.8%	134.6%
Acute Stroke Unit	88.7%	95.8%	100.5%	105.3%
Coronary Care Unit	89.9%	78.5%	101.1%	107.9%
Phoenix Unit	86.7%	70.6%	106.9%	99.9%
Surgical Assessment Unit	97.1%	105.8%	122.0%	112.3%
Ward 2	87.9%	101.0%	104.8%	131.5%
Ward3	99.6%	87.5%	103.4%	115.6%
Ward 8	88.4%	97.7%	100.0%	111.8%
Ward 15	90.1%	98.3%	109.3%	124.0%
Ward 16	100.9%	92.1%	117.2%	116.8%
Ward 20	106.0%	136.7%	104.8%	138.6%
Ward 21	89.7%	93.5%	104.5%	126.6%
Ward 22	97.3%	106.0%	98.8%	124.2%
Neonatal Unit	89.2%	118.2%	97.6%	100.0%
Ward 5	91.7%	75.2%	97.4%	83.4%
Ward 4	79.9%	48.8%	101.1%	62.1%
Labour Ward	94.6%	89.7%	95.1%	86.2%
Ward 9	83.1%	89.7%	88.7%	64.5%
Ward 10	95.7%	55.2%	93.1%	-
DoCC	100.3%	37.4%	100.0%	-

Appendix B

**Fill rates for Nursing, Midwifery and Care Staff  
March 2016**

Ward Name	Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Ambulatory Care Unit	103.0%	122.9%	110.5%	191.9%
Medical Assessment Unit	77.5%	98.1%	98.3%	112.7%
Acute Stroke Unit	94.9%	115.9%	109.4%	149.3%
Coronary Care Unit	88.1%	75.5%	101.6%	116.9%
Phoenix Unit	95.8%	97.2%	121.1%	103.2%
Surgical Assessment Unit	88.4%	89.5%	103.8%	114.1%
Ward 2	95.5%	117.2%	98.8%	160.0%
Ward3	90.8%	85.0%	102.8%	95.9%
Ward 8	90.0%	170.2%	108.8%	184.1%
Ward 15	92.4%	178.3%	113.6%	139.8%
Ward 16	92.3%	109.4%	96.7%	146.6%
Ward 20	93.3%	109.0%	102.8%	115.8%
Ward 21	94.3%	82.8%	101.7%	91.6%
Ward 22	80.8%	49.6%	97.5%	64.4%
Neonatal Unit	91.8%	78.6%	103.2%	96.3%
Ward 5	90.0%	84.6%	99.0%	105.1%
Ward 4	85.8%	87.4%	97.8%	109.0%
Labour Ward	92.3%	28.6%	91.9%	#DIV/0!
Ward 9	96.6%	83.5%	98.5%	100.0%
Ward 10	103.3%	94.6%	101.5%	82.1%
DoCC	83.2%	96.8%	89.4%	80.6%