

EXECUTIVE REPORT

QUARTERLY REPORT ON NURSING AND MIDWIFERY STAFFING LEVELS

Quarter 2 – July - September 2018

1. Summary of Report

At this Trust we aim to provide safe, high quality care to our patients. Our staffing levels are continually assessed to ensure we meet this aim. Following the investigation into Mid Staffordshire NHS Trust, the resultant Francis report NHS England (NHSE) and NHS Improvements (NHSI) requested that all Trust Boards receive reports on the levels of planned and actual nursing registered and unregistered staff. This is broken down between day and night shifts and includes the planned versus actual staffing levels.

This report provides the Trust Board with information regarding staffing levels for **1st July to 31st September 2018**.

Key Points:

- The Trust has maintained an overall staffing fill rate of above 90%. However trend analysis demonstrates difficulties in fill rates over the last 12 months, particularly on day shifts
- Continued challenges in meeting the need of enhanced care of patients particularly on wards 11, 14 and 19b

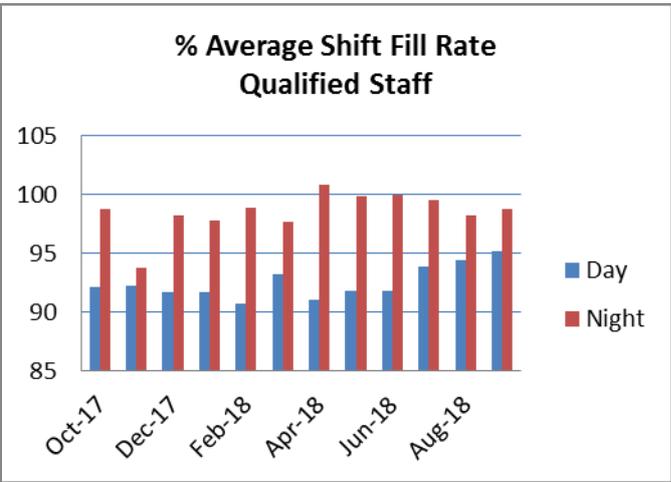
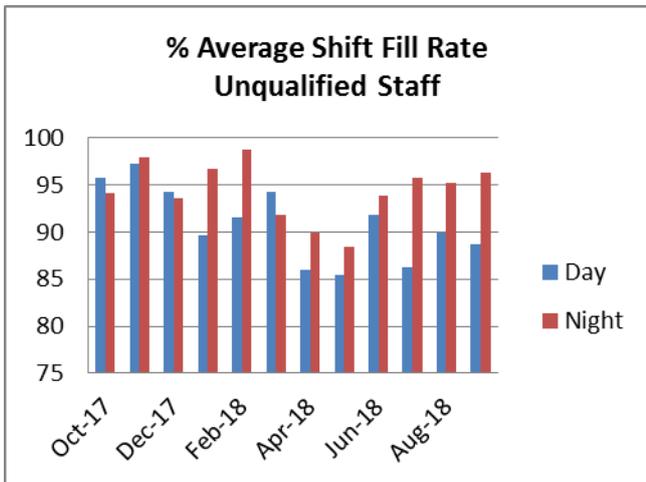
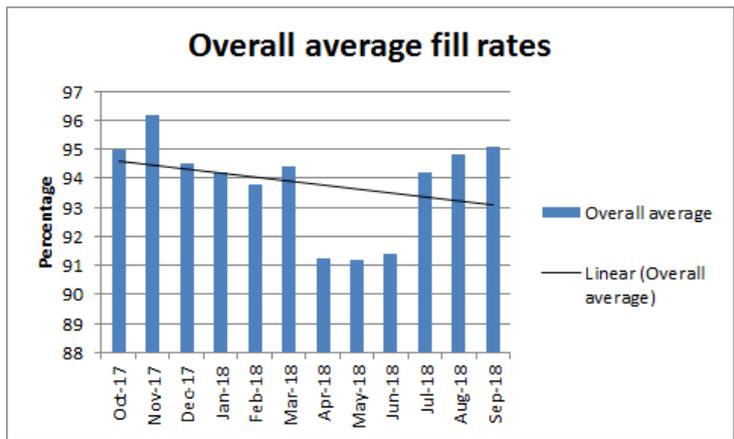
The following report details the breakdown of average shift fill rates for the Trust, staffing management, vacancies and recruitment activity.

2. Breakdown of Average Shift Fill Rates for the Trust

Consistent with performance in previous quarters, shift fill rates for clinical areas across the Trust demonstrate that safe staffing levels for registered and unregistered Nurses and Midwives have been maintained. This quarter has shown a marked increase in the ability to fill Health Care Assistant shifts on days. This can be attributed to the reduction in vacancies across the Trust. However there remain challenges in filling enhanced care requirements as these are requested following risk analysis can unpredictable depending on the nature of the patient's condition.

Table 1 AVERAGE SHIFT FILL RATES FOR THE TRUST

Month	Day %		Night %		Overall average
	Qualified	Unqualified	Qualified	Unqualified	
Jul-17	92.2	95.8	97.9	94.2	95.0
Aug-17	92.3	97.3	97.4	97.9	96.2
Sep-17	91.7	94.3	98.4	93.6	94.5
Oct-17	91.7	89.7	98.8	96.7	94.2
Nov-17	90.8	91.6	93.8	98.7	93.8
Dec-17	93.2	94.3	98.2	91.9	94.4
Jan-18	91.1	86	97.8	90	91.2
Feb-18	91.8	85.5	98.9	88.4	91.2
Mar-18	91.8	91.8	97.7	93.9	91.4
Apr-18	93.9	86.3	100.9	95.8	94.2
May-18	94.4	89.9	99.9	95.2	94.8
Jun-18	95.2	88.7	100.0	96.3	95.1
Jul-18	97.1	90.5	99.6	96.4	95.9
Aug-18	91.0	98.2	98.3	90.3	93.6
Sep-18	94.3	93.5	98.8	99.5	96.5



3. Staffing Management

The Trust has in place a number of mechanisms led by the Chief Nurse to ensure the delivery of patient care is safe. Staffing is used flexibly across the wards and clinical areas dependent of acuity of patients and staff skill mix. Multi-professional operational meetings occur throughout the day where patient requirements are reviewed and planned for. Actions are taken in accordance with the Trust Safe Staffing policy (2016). This dictates the escalation process when shortfalls occur. It also outlines the risk assessments and communication required.

Consistent with quarter 1 there has been a reduced need to open contingency areas at short notice in quarter 2. This has meant that there has been an increase in the ability to staff the base wards. A 'winter support plan' has been developed in order to ensure patient safety and consistency of care during our upcoming challenging months for capacity.

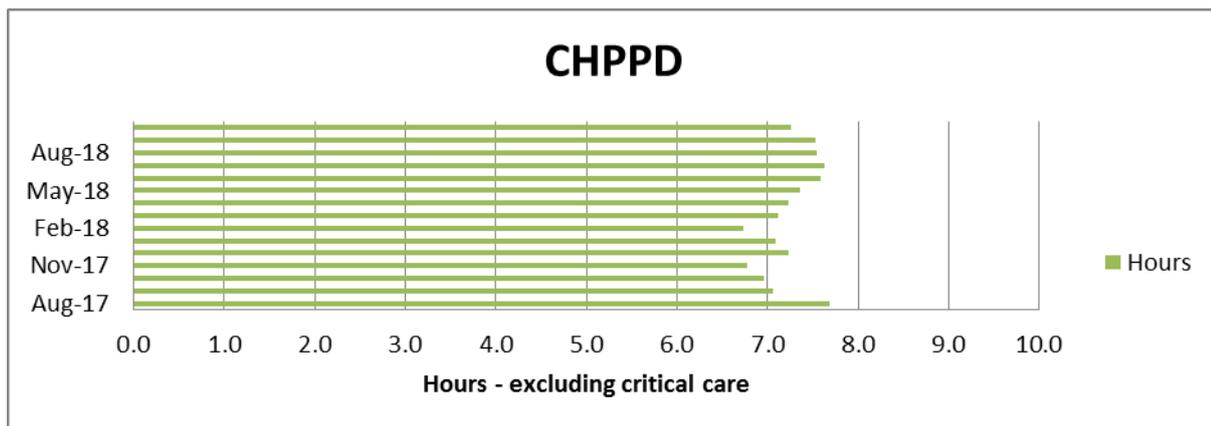
Consistent with the national picture, registered nurse vacancies remain a challenge. We have multiple pipelines for EU and Non-EU and local nurse recruitment. Recently we have seen 23 newly qualified nurses starting in post across the Trust.

4. Care Hours Per Patient Day (CHPPD)

As set out in Lord Carter's final report, *Operational productivity and performance in English acute hospitals: Unwarranted variations* (February 2016) in order to have a consistent measurement of staffing levels, which enables benchmarking across hospitals and reduces variation, Care Hours Per Patient Day (CHPPD) are recorded. CHPPD describes the actual hours worked (both registered and non-registered) divided by the number of inpatients at midnight per month.

There remains no national data for us to compare our CHPPD with. However comparisons with neighbouring Trusts demonstrate that our information is very similar. Dissimilar to the other Trusts, is that we include our maternity and acute medical units in these figures (see table 2). It is felt that this is important in order for us to monitor the CHPPD for these areas over time.

Table 2 OVERALL CHPPD MONTHLY COMPARISONS



5. Vacancies and Recruitment Activity

We maintain our focus on recruitment and retention activities across all bands with plans for 2019 underway. A strategic response to the challenges of retention of staff is being implemented in conjunction with the NHSI. This has seen the introduction of 'Itchy Feet' Careers Clinics. The Trust continues to attend local schools, university job fairs, jobcentre careers days and academy events to promote the diversity that the NHS can offer in careers.

We remain challenged by the high IELTS mark requirements, but recent NMC review has now provided an alternative English exam called the Occupational English Test (OET). We have commenced a new European nurse pathway that provides in-hospital OET training to these nurses while they work as band 4 pre-registration nurses. At present we have a 40% pass rate which is consistent with the national picture.

We continue to average five international nurses arriving each month. These nurses are now undertaking an accelerated OSCE training programme delivered by our education team. This is required to prepare these staff for their OSCE examination necessary for them to register with the NMC. We are proud to state that we have one of the highest pass rates in England with 99.8%.

6. Action Required

- The Board is asked to note the content of the report.
- Be assured that there is the appropriate level of detail and assessment in reviewing the staffing across inpatient wards as per Carter recommendations.
- Note that there has been a consistent downward trend in the ability to fill shifts – particularly during the day and the impact this has on the delivery of patient care.
- Note the continued challenges to delivery patient care due to contingency areas being open on top of existing staff vacancies on base wards.

