

EXECUTIVE REPORT

QUARTERLY REPORT ON NURSING AND MIDWIFERY STAFFING LEVELS**Quarter 4 – January to March 2018****1.0 Summary of Report**

The Trust aims 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 January to 31st – March 31st 2018**.

Key Points:

- The Trust has maintained an overall staffing fill rate of above 90%. However trend analysis demonstrates a reduction in fill rates over the last 12 months, particularly on day shifts
- Continued challenges in meeting the need for enhanced care of patients
- On-going success with OSCE training programme for overseas nurses

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

2.0 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. Given this information areas continue to experience challenges in filling shifts particularly during the day. This becomes more problematic when contingency areas are open. Staff are transferred from base wards to contingency areas to ensure the safety of our patients.

Although we met the national safe staffing requirements, we continue to see significant challenges in meeting identified need, particularly during the day shift. It is noticeable that in the last six months there has been a consistent reduction in the amount of Health Care Assistants available for day and night shifts. This can be attributed to a continuing increase in the amount of enhanced care requirements and the additional contingency beds, which remained open during the reporting period. This is reflected in the data demonstrated in tables 1 and 2.

Contingency areas were staffed by moving substantive nurses, repatriating specialist and corporate nurses and on occasions having to cancel and reorganise training for clinical staff.

Although we pre-empted these staffing requirements, filling gaps remained a constant challenge.

Table 1 **ENHANCED CARE REQUIREMENTS**

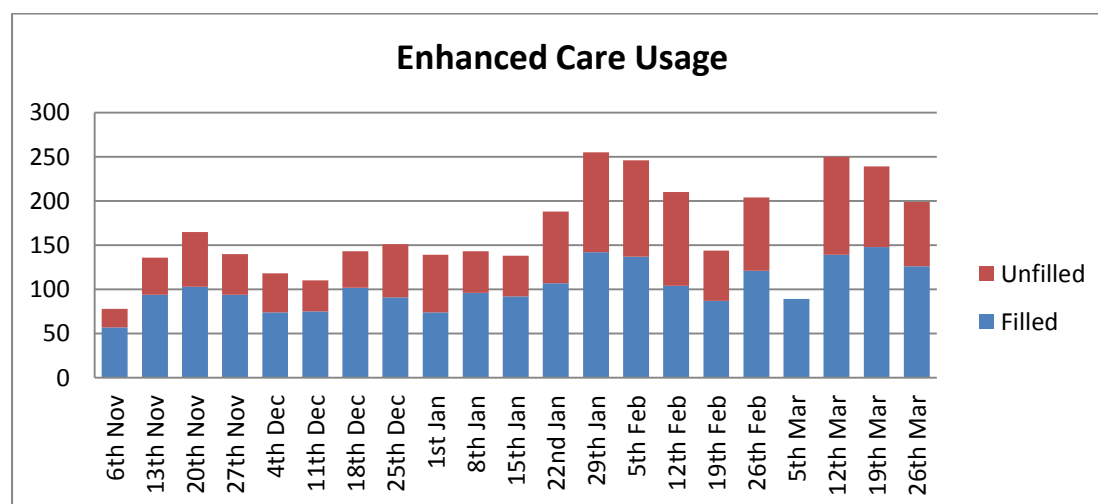
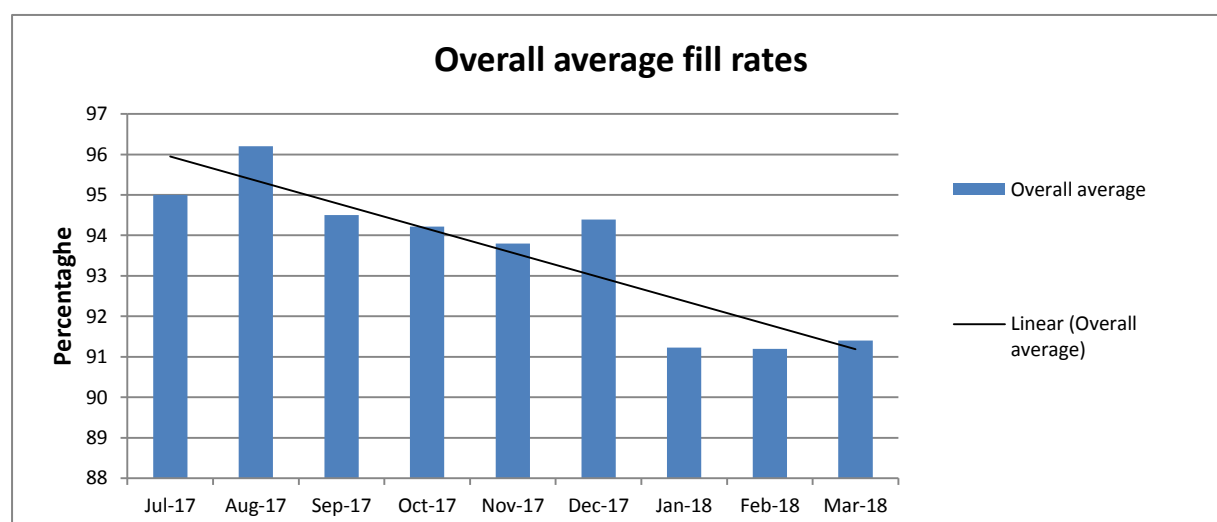
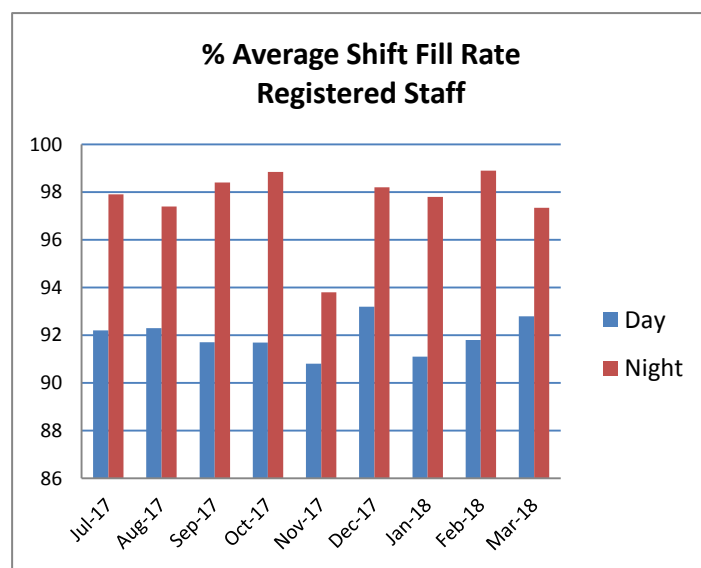
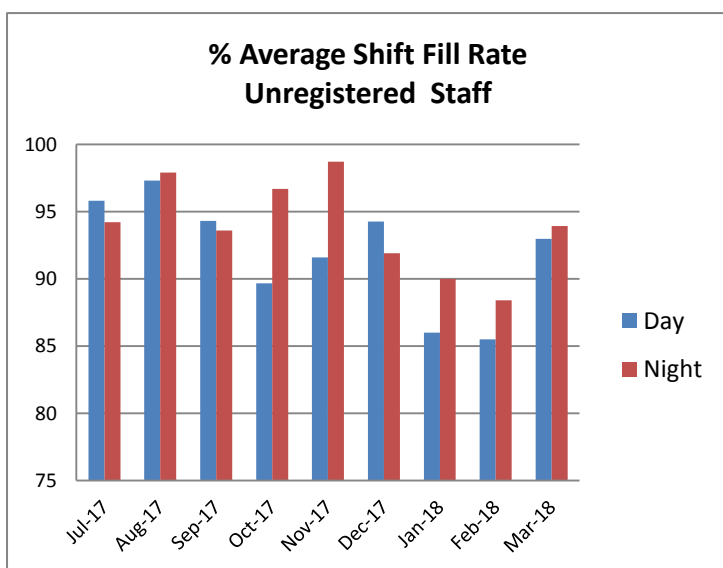


Table 2 **AVERAGE SHIFT FILL RATES FOR THE TRUST**

Month	Day %		Night %		Overall average %
	Registered	Unregistered	Registered	Unregistered	
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	92.8	93.0	97.3	93.9	91.4





3.0 Staffing Management

The Trust has in place a number of mechanisms led by the Acting Director of Nursing and Midwifery 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.

Following on from last quarter, quarter four continues to be even more challenging than others to date. This has resulted in up to seven contingency areas opened at short notice and theatre operation cancellations. This is consistent with the national picture, with other hospitals facing similar challenges to the delivery of patient care. At times the increased activity has required all non-ward based nurses in the hospital to be redeployed to support the delivery of safe care including Theatre staff. The Director of Nursing and her Associates have provided visibility and clinical care in order to support the staff dealing with this increased demand on services.

4.0 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 3). It is felt that this is important in order for us to monitor the CHPPD for these areas over time.

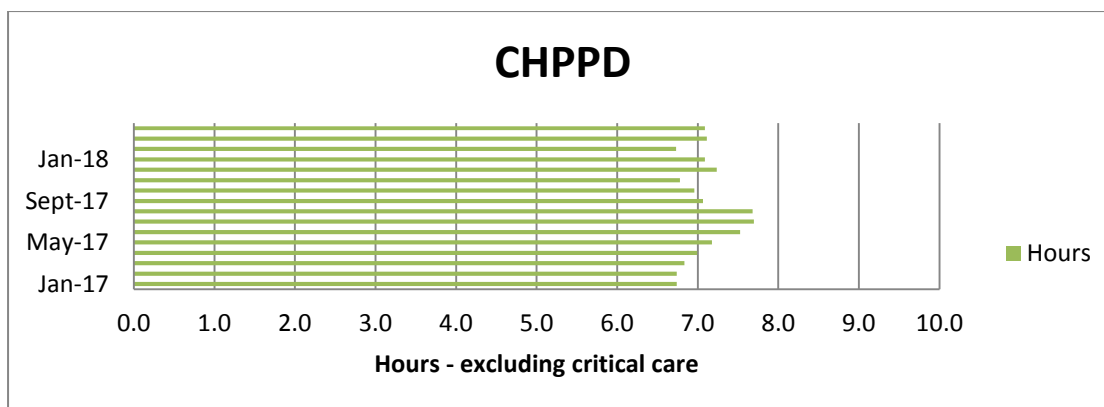


Table 3 OVERALL CHPPD MONTHLY COMPARISONS

5.0 Vacancies and Recruitment Activity

We maintain our focus on recruitment and retention activities across all bands with plans for 2019 underway. The Trust is participating in the 'NHSi Nursing Retention Initiative' which aims to support Trusts identify innovative ways to improve their retention rates. 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). This is necessary in order to register with the Nursing and Midwifery Council. We are commencing 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 18 staff undertaking this programme, due to arrival between May and June 2018. If this pathway proves successful we anticipate continuing to pipeline these nurses into post.

At present we are averaging 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 an excellent pass rate of 98%. We recognise that at times there are challenges to delivering this service as there is no dedicated OSCE practice education nurse. The current person undertaking these activities is also trying to meet her ward education requirements.

6.0 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
- 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
- Recognise the challenges to delivering OSCE training programmes to overseas nurses