

Report to:	Board of Directors	Date:	27 October 2017
Subject:	Safe Staffing Report		
Report of:	Director of Nursing & Quality	Prepared by:	Corporate Lead Nurse Workforce

REPORT FOR INFORMATION

Corporate objective ref:	-----	Summary of Report The report provides an overview, by exception of actual versus planned staffing levels for the month of September 2017. The report highlights the percentage of temporary staff utilised. The report outlines recruitment and retention initiatives to address the shortfall of Registered Nurse (RN) and Registered Midwife (RM) staff. The report includes the recent Acuity Audit results. Key points of notes are as follow : The Acuity Audit results suggests that 9 areas show an under establishment (red rating) of nursing staff, 1 area reports amber ratings and 16 are green. Average fill rates for RNs and Registered Midwife staff (RM) remains above 90% average for both day and night duty. 9 areas individually report suboptimal registered staff levels below 90%. They are In Child and Family 2 areas, in Surgery and Critical Care 3 areas, Integrated Care and Medical wards 4 areas. Key volumes to report are in medicine and integrated care where RN vacancies are 73 whole time equivalents (WTE) . Surgery and critical care reports 23 WTE . The Board of Directors is asked to note the contents of this report.
Board Assurance Framework ref:	S06	
CQC Registration Standards ref:	Safe Staffing	
Equality Impact Assessment:	<input type="checkbox"/> Completed <input type="checkbox"/> Not required	

Attachments:	Annex A Unify data
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This subject has previously been reported to:	<input type="checkbox"/> Board of Directors <input type="checkbox"/> Council of Governors <input type="checkbox"/> Audit Committee <input type="checkbox"/> Executive Team <input type="checkbox"/> Quality Assurance Committee <input type="checkbox"/> Finance & Performance Committee <input type="checkbox"/> People Performance Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Nominations Committee <input type="checkbox"/> Remuneration Committee <input type="checkbox"/> Joint Negotiating Council <input type="checkbox"/> Other
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1. INTRODUCTION

- 1.1 As part of the ongoing monitoring of staffing levels, this paper presents to the Board of Directors a staffing report of actual staff in place compared to staff that was planned, for the month of September 2017.

2. BACKGROUND

- 2.1 NHS England is currently RAG (red, amber and green) rating fill rates. A review of local organisations shows that fill rates of 90% and over are adopted with exception reports provided for those areas falling under this level.

September 2017	DAY	NIGHT
RN/RM Average Fill Rate	91.9%	94.4%
Care Staff Average Fill Rate	102.3%	111.1%

3. CURRENT SITUATION

Registered Nurse Vacancies

- 3.1 Integrated Care emergency village areas and Medicine specialty wards reports 73.08 WTE established RN vacancies. There are 45 offers in place. These have not been calculated in as we cannot guarantee these nurses will commence in post. They are factored in 4 weeks before the start date. The business group statistics are currently still combined with integrated care and medical specialty wards, but A1 gastroenterology has moved into the surgery and critical care business group. When long term sick and absence due to maternity leave is factored in to these areas the adverse impact on the off duty equates to 84.27 WTE .
- 3.2 Surgery and Critical Care reports 23.2 WTE vacancies including A1. 51 offers have been made and these are not included in numbers until 4 weeks before the date they are due to commence. It is noted that a significant number of the 51 offers are due to commence late 2018 . When long term sick and maternity leave are factored in the adverse impact on the off duty equates to 36.45 WTE .
- 3.3 Child and family report 9.85 RM vacancies which has contributed to below 90% staffing levels in the birth center. 7.6 WTE have been recruited and we are awaiting start dates .
- 3.4 Community reports continued difficulties recruiting Band 6 roles as there is a specific course that Band 5s need to complete to enable them to achieve a Band 6. The business group continues to support training and development to address this. Community Care Support staff are required (circa 13 WTE vacancies). The business group is liaising with the Trust Workforce Lead Nurse as regards coordinating Care Support staff recruitment events.

4.0 Temporary Staffing

Temporary staffing percentages have been broken down into business groups to enable the Board to have clarity as regards agency and NHSP utilization. This month's figures reflect

the revised business groups :

Business Group	RN	CSW
Integrated Care	12%	16%
Urgent Care	17%	16%
Surgical, GI and Critical Care	9%	12%
Medicine & Clinical Support	19%	17%
Child & Family, & Diagnostics	3%	3%

RECRUITMENT AND RETENTION

5.1

A revised student recruitment package is now in place with the Trust approving Band 4 salary while awaiting registration, with DBS and 1st registration NMC reimbursed by the Trust. This makes us competitive with over local providers. The nursing recruitment team now present at student inductions in Pinewood House and in September 2017 attended the Student Jobs fair, at Manchester University, with over 100 students visiting the Trust's stand. New Rotational Packages proved popular. The focus for 2018 onwards is to set-up student "Keeping In Touch" events.

5.2

A paper has been prepared for the SMT requesting funding for a comprehensive domestic and international recruitment campaign. Finance have reviewed the draft and critiqued the data, and a revised paper will go to the SMT November 2017. This includes domestic, EU and non-EU recruitment proposals.

5.3

The Adaptation Programme has been financially evaluated and will cease after Cohort 3 as it is not financially viable. It will have cost circa £50 for 24 students. It is likely only 4 maximum will pass the English language test which is not a sufficient rate of return on the Trust's investment.

5.4

The retention "Itchy Feet" programme, as recommended by NHS employers improving staff retention document, will be presented to the Band 7 managers on the 16th October 2017 and fully launched on the 1st November 2017. Terms of reference have been drafted and will be piloted. It is anticipated that in the first 2-3 months activity will be high from staff requesting internal transfers; this has been the experience in local trusts that launched this project but settles within a few months. The likely adverse impact will be Medical speciality wards with Critical Care and Emergency Department areas benefitting.

5.5

NHSP bank share plans, working more closely with our regional colleagues has been developed over the last year. This is coming to its final stages and is hoped will be launched in this financial year. The aim is to encourage staff to work on NHSP rather than agency. Staff will have easier access to work across the North West client group hospitals (7 in region). The aim is to reduce framework agency spend and to cease non-framework agency bookings.

5.6

Acuity Audits have been completed and a detailed report sent to the Associate Nursing Directors and Interim Director of Nursing. 26 areas were audited. Outcomes will now be triangulated alongside harm-free care data and professional judgement, and the business

groups will present recommendations for establishment reviews. The RAG ratings indicate the following :

GREEN	0 to -5%
AMBER	-5.1%-10% under established
RED	-10.1% and above under established

The results indicate as follows :

February 2017	July 2017	
9	16	
0	1	D1
14	9	SSOP, A1, A10, A3, B6, Bluebell, E2, E3, D6
Total audited 23	26	

This shows an improving trend which supports the ward consolidations that have taken place and the revision of establishments, particularly in the Surgical and Critical Care business group following the February 2017 results.

6. CARE HOURS PER PATIENT DAY

- 6.1 September 2017 report also includes information relating to care hours per patient day (CHPPD). This is the staffing metric advised by the Carter Review which aims to allow comparison between organisations to a greater extent than previously, whilst noting that local specific services (speciality centres for example) will influence the final measure. The CHPPD calculates the total amount of RN and CSW staff available during a month, and divides this by the number of patients present on the in-patient areas to midnight. This gives an overall average for the daily care hours available per patient (all nursing and midwifery staff). During the Carter pilot stages, 25 trusts were included and their results showed CHPPD range from 6.3 to 15.48 CHPPD and a median of 9.13. for September 2017, our report shows an average CHPPD of 7.8.

7. RISK AND ASSURANCE

- 7.1 Safe staffing levels have been challenged by the levels of RN vacancies at Band 5. A reliance on temporary staffing has been required in the Medical, Integrated Care and Surgery, and Critical Care business groups to support wards and department safe staffing.

8. CONCLUSION

- 8.1 Average staffing levels have been maintained above an overall average of 90% at RN and RM, supported by temporary workers and Care Support staff. The Acuity Audit data indicates 9 areas need an establishment review. The monthly staffing figures also indicate 9 areas that report below 90% registered staffing levels in month.

Action to be considered by the Executive Team	Asked to note the contents of this report
Report compiled by	Corporate Workforce Lead Nurse

