

<b>Report to:</b>	Board of Directors	<b>Date:</b>	28 September 2017
<b>Subject:</b>	Safe Staffing report		
<b>Report of:</b>	Interim Director of Nursing and Midwifery	<b>Prepared by:</b>	Corporate Lead Nurse Workforce

### REPORT FOR INFORMATION

<b>Corporate objective ref:</b>	----	<p>Summary of Report</p> <p>The report provides an overview, by exception, of actual versus planned staffing levels for the month of August 2017. The report highlights the percentage of temporary staff utilised. The report outlines recruitment and retention initiatives to address the shortfall of Registered Nursing (RN) staff.</p> <p>Key points of note are as follows;</p> <p>Average fill rates for Registered staff (including RN and Registered Midwives (RM) and care staff remains above 90% for both day and night duty. Although the average rates are above 90% 11 medical wards, 2 surgical wards and 3 areas in child and family report below 90% Registered staff in month.</p> <p>Medicine reports, including maternity leave and long term sick, 98 whole time equivalent (WTE) vacancies (22.21%). Surgery and critical care report 55 WTE vacancies including LTS and Maternity (15.4%).</p> <p>Temporary staff, both agency and NHS professionals have been utilised to support the clinical areas to support safe staffing levels.</p> <p>Recruitment initiatives are not providing sufficient recruits to address the underlying vacancy rates. The levels recruited are supporting the monthly turnover only.</p> <p>The Board of Directors is asked to note the contents of this report.</p>
<b>Board Assurance Framework ref:</b>	----	
<b>CQC Registration Standards ref:</b>	Safe staffing	
<b>Equality Impact Assessment:</b>	<input type="checkbox"/> Completed <input type="checkbox"/> Not required	

<b>This subject has previously been reported to:</b>	<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"/> F&P Committee	<input type="checkbox"/> PP Committee <input type="checkbox"/> SD Committee <input type="checkbox"/> Charitable Funds Committee <input type="checkbox"/> Nominations Committee <input type="checkbox"/> Remuneration Committee <input type="checkbox"/> Joint Negotiating Council <input checked="" type="checkbox"/> Other
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## 1.0 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 staffing that was planned, for the month of August 2017.

Work-streams to support safe staffing continue, with a monthly Safe staffing group chaired by the Interim Director of Nursing and Midwifery.

The Board of Directors is asked to note the contents of this report.

## 2.0 BACKGROUND

- 2.1 NHS England is not 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.

August 2017	DAY	NIGHT
RN/RM Average Fill Rate	91.2%	91.3%
Care Staff Average Fill Rate	104.2%	112.1%

## 3.0 CURRENT SITUATION

### 3.1 Registered Nurse vacancies.

Medicine reports 73 WTE established RN vacancies. When long term sick (LTS ) and maternity leave are factored in this increased the WTE vacancy rate to 98 (22.21%) .

There are 24 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 .

- 3.2 Surgery and critical care reports 33 WTE vacancies. With LTS and maternity leave this equates to 55 WTE (15.48%) 17 offers have been made and these are not factored in until 4 weeks before the date they are due to commence.

Within surgery and critical care theaters indicate that they have had successful recruitment initiatives to recruit anaesthetic and recovery staff. Scrub staff recruitment continues to be a challenge with continuous adverts and recruitment initiatives not attracting any applicants.

### 3.3 Temporary Staffing

Temporary staffing has been broken down into business groups to enable the board to have clarity as regards percentages utilized. In previous months there has been a focus on the Emergency Department temporary staffing. In month this is 19% RN and 20% unregistered care staff.

Business Group	RN	CARE STAFF
Medicine	18%	20%
Child & Family	3%	5%
Surgical & Critical	9%	12%
Community	2%	3%

### 3.4 Community.

Community reports continued difficulties recruiting to band 6 roles as there is a specific course that band 5s need to compete to enable them to achieve a band 6. The business

group continues to support training and development to address this. Community unregistered care support staff is required ( circa 13 wte vacancies ) . The business group is liaising with the Trust workforce lead nurse as regards a coordinated care staff recruitment event in September to support them to recruit the numbers of care support staff that are required.

#### **Recruitment and retention**

#### **4.0**

4:1 Local recruitment campaigns continue with monthly weekend recruitment open days for theatre practitioners and RNs. From October 2017 evening open events are also planned. Event bright, Facebook, Instagram and text campaigns are also ongoing.

4:2 A paper is to be presented to the Senior Management Team meeting September 2107 requesting consideration of an international campaign to prepare for winter 2018 . The request is for 65 WTE non EU ward nurses and 30 theatre practitioners . Also a request for 24 EU nurses who meet the English language test criteria and nursing and midwifery Council ( NMC ) registration requirement is also proposed.

4:3 The adaptation course (supporting nurses who are trained in India and the Philippines to pass their English language test) which commenced in January 2017 is to be evaluated and a paper presented to decide if we should continue with the 2018 courses. As this is not the recruitment pipeline that we would have hoped for, Cohorts 1 and 2 have not evaluated well with a 50% drop out rate due to challenges with the academic level of passing the English language course. It is anticipated 4 of 24 will pass. The academic applicant level for cohort 3 is higher, so we hope that we see more pass this cohort.

4:4 'Drop in' retention clinics are being arranged, which have been launched at other local hospitals and are evaluating well. These are for staff that are unsettled and may be considering moving to other Trusts. Access to these appointments will be via open days, drop in sessions with the Workforce Lead Nurse, and contact by email. These initiatives will be tracked and retention information included in forthcoming staffing reports. In one week 2 RN staff has been retrieved from leaving following face to face and email contact by reallocating them to other areas in the Trust. Communication of this initiative will be via twitter and poster campaigns with support from Comms .

4:5 Focus groups will be arranged with the learning and development and workforce teams and staff from all high turnover nursing areas will be invited to review potential recruitment and retention initiatives.

4:6 Acuity audits have been completed in August for the ward areas, with the exception of AMU which has had to be redone, due to an administrative error which has compromised the results. Data and recommendations will be included in the September report once reviewed by the Interim Director of Nursing and the Business Group Directors.

#### **5.0 Care hours per patient day (CHPPD)**

August 2107 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 location specific services (specialty centres for example) will influence the final measure. The CHPPD calculates the total amount of Nursing (RN and Care staff) available during a month, and divides this by the number of patients present on the in-patient areas at 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 August 2107, our report shows an average CHPPD of 7.7.

## **6.0 RISK & ASSURANCE**

- 6.1 Safe staffing levels have been challenged by the levels of Registered Nurse vacancies at band 5. A reliance on temporary staffing has been required in the medical and surgery and critical care business groups to support wards and departments safe staffing. In medicine additional established care support staff have been employed ( 42 WTE which equates to plus 12 when LTS and maternity are factored in ) to mitigate the risk and provide additional assurance.

## **7.0 CONCLUSION**

- 7.1 Staffing levels have been maintained above an overall average of 90% with a number of areas reporting less than 90% staffing levels at RN , supported by temporary workers and non-registered care staff .

## **8.0 RECOMMENDATIONS**

- 8.1 The Executive Team are asked to note the contents of this report

Appendix A– Unify entry