

Report to:	Board of Directors	Date:	30 November 2017
Subject:	Safe Staffing report		
Report of:	Director of Nursing and Quality	Prepared by:	Corporate Lead Nurse Workforce

REPORT FOR INFORMATION

Corporate objective ref:	----	<p>Summary of Report</p> <p>This report provides an overview of Registered Nurse (RN) Registered Midwife (RM) and staffing levels for the month of October 2017.</p> <p>Key points of note are as follows; RN and RM staffing vacancies across the Trust equates to 195 whole time equivalents.</p> <p>Average fill rates for Registered staff ,including Registered Nurse (RN) and Registered Midwives (RM) and care staff remains above 90% for both day and night duty 6 medical wards , 3 surgical wards, 2 areas in child and family and one area in integrated care report below 90% registered staff in month .</p> <p>Temporary staff, both agency and NHS professionals, have been utilised in 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>
Board Assurance Framework ref:	----	
CQC Registration Standards ref:	Safe staffing	
Equality Impact Assessment:	<input type="checkbox"/> Completed <input type="checkbox"/> Not required	

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"/> 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 October 2017.

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

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.

9 areas in month report below 90% RN or RN fill rate. The unify data entry provides the percentage per area and narrates the reasons behind the figures but in brief they are : Child and Family -Neonates – long term sick, Birth center 9.85 WTE vacancies.

Surgery,Critical Care and Gastroenterology-D1 vacancies , care staff increased , M4 beds closed to support safe staffing . C6 beds closed to support safe staffing.

Medical wards- B2 and C2 now merged onto A10 to support safe staffing, A11 function changed now a rehabilitation ward and care staff increased, B4 and B6 vacancies .

October 2017	DAY	NIGHT
RN/RM Average Fill Rate	91.2%	94.6
Care Staff Average Fill Rate	105.9%	114.2%

3.0 CURRENT SITUATION

- 3.1 **RN/ RM vacancies.(This includes all Registered RN RM staff band 5 upwards)**

Medicine and clinical support report 68.66 RN vacancies

Corporate Services report 16.65 RN vacancies

Integrated Care reports 57.61 RN vacancies

Surgery Gastro and Critical care report 39.50 RN vacancies

Women Children and Diagnostics report 16.28 RN/RM vacancies

- 3.2

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% at RN grade.

Business Group	RN	CARE STAFF
Medicine and Clinical support	20%	17%
Child & Family and Diagnostics	3%	3%
Surgical & Critical Care and Gastro	13%	13%
Integrated Care	12%	16%

- 3.3

Recruitment

Local recruitment campaigns continue with monthly weekend recruitment open days for theatre practitioners and RNs. Event bright, Facebook, Instagram and text campaigns are also ongoing. Skype interviews are undertaken as a minimum twice monthly to encourage applications. NHS jobs adverts are placed continuously on a rolling basis.

3.4

Retention

The Trust joined cohort 2 of the NHSi retention support program in October 2017. A 90 day plan is being developed with support from NHSi which will be submitted early February 2018. NHSi will undertake a site visit in November 2017 to support and guide the Trust develop a plan which will cover 4 key areas, with the aim to reduce turnover and improve retention within 12 months.

The workforce lead nurse attended NHSi retention masterclass in November to assist with developing a nursing retention plan. This has now been initially drafted with support from a team including HR, nursing, finance and the transformation team. This needs input from key stakeholders and therefore will be presented to the Director of Nursing and Quality initially, then the Associate Nurse Directors for the business groups, then to the senior management team 23rd November and then a final plan will be submitted for consideration by the Executive Team end of November 2017.

The lead nurse for workforce also presented to the CCG in November 2017, issues relating to recruitment and retention plans and safe staffing initiatives at the Trust.

4.0

Care hours per patient day (CHPPD)

4:1

October 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 October 2107, our report shows an average CHPPD of 8.1

5.0

RISK & ASSURANCE

5.1

Safe staffing levels have been challenged by the levels of RN and RM 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

6.0

CONCLUSION

6.1

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

7.0

RECOMMENDATIONS

7.1

The Board of Directors is recommended to note the contents of this report

Appendix A– Unify entry