

Title	Nursing Workforce Information		
Report to	Board of Directors	Date	26 September 2017
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Purpose		Tick one as appropriate	
	Decision		
	Assurance		
	Information	✓	

Executive summary containing key messages and issues	
<p>This paper updates the Board of Directors on key issues relating to the Nursing Workforce, using information from the UNIFY return for August 2017 planned and actual hours:</p> <ul style="list-style-type: none"> • The workforce data submitted to UNIFY demonstrates the overall planned versus actual hours worked to be 100% for August 2017. • Care Hours Per Patient Day (CHPPD) for August 2017 is similar to recent months at 7.8. • Workforce information and Quality and Safety profile meeting requirements of NHS England (NHSE), relating to Hard Truths demonstrates that one ward was Red for Quality. A quality summit is being arranged. 	
Key questions posed by the report	
<ul style="list-style-type: none"> • Does the triangulation of staffing and quality data provide the assurance on the adequacy of resources balanced with quality improvement potential? 	
How this report contributes to the delivery of the strategic objectives	
<ul style="list-style-type: none"> • Provide the safest, most effective care possible • Control and reduce the cost of healthcare • Focus on innovation for improvement • Develop responsibly, delivering the right services with the right staff 	
How this report impacts on current risks or highlights new risks	
<p>Risks associated to the inability to recruit to establishment and develop staff to provide harm free care, delivered with compassion and of appropriate quality.</p> <p>Risk associated with not meeting regulatory and commissioner requirement.</p> <p>The risks identified have been mitigated by the use of temporary staffing to provide planned versus actual hours worked at 100% in August. Despite the use of temporary staff to maintain</p>	

safe staffing levels the Trust has remained within the 3% agency cap. The main risk in relation to staffing continues to be the recruitment to Registered nurse and midwifery vacancies and opportunities to recruit are actively being explored.

Recommendation(s) and next steps

The Board of Directors is asked to NOTE the content of this paper and SUPPORT the actions identified to ensure that the risks associated with inappropriate nurse staffing levels are appropriately managed.

Key issues and actions include:

- the continuing work of the Non-Medical workforce utilisation programme as part of DBTH Strategy and Improvement programme
- Exploring recruitment opportunities for nursing and midwifery
- Analyse the AUKUH data collection from July, ward nurse staffing requirements will be available to the Quality Effectiveness Committee in October 2017.
- Consider the NQB consultation on Midwifery Staffing levels.

1. INTRODUCTION

This paper provides the Board of Directors with detailed information relating to the Nursing Workforce; highlighting issues which may impact upon the Trusts ability to provide appropriate staffing levels and skill mixes. It also updates on the implementation on Care Hours per Patient Day (CHPPD), which has been a required national return since 01 May 2016 and the data submitted to UNIFY.

2. WORKFORCE INFORMATION

The workforce data submitted to UNIFY provides the actual hours worked in August 2017 by registered nurses and health care support workers compared to the planned hours. The Trusts overall planned versus actual hours worked was 100% in August 2017, slightly increased from 99% in July.

2a. Actual versus planned staffing levels (based on daily data capture)

The data for August 2017 (Appendix 1) demonstrates that the actual available hours compared to planned hours were:

- within 5% for 21 Wards (51%), the same as July
- between 5% – 10% for 13 Wards (32%) one more than July
- surpluses over 10% for 5 Wards (12%) on less than July
- deficits over 10% for 2 Wards (5%) remains the same as July

The wards where there were surpluses in excess of 10% of the planned hours are Gresley Unit, Rehab 2, Wards 16, CCU/C2 and C1; each ward requiring additional staff to support patients requiring enhanced care.

The wards where there were deficits in excess of 10% of the planned hours are M1 and Labour Ward at Bassetlaw Hospital. The lower than planned staffing levels were due to:

- Labour Ward and M1 are due to staff sickness absence and vacancies. The service was optimised through the maternity service on call management and use of community staff to ensure safe services.

2b. Care Hours Per Patient Day (CHPPD)

Utilising actual versus planned staffing data submitted to UNIFY and applying the CHPPD calculation the care hours for August 2017 are shown below, with a slight increase in the overall and registered midwives and nurses:

Care Hours Per Patient Day (CHPPD) – August 2017			
Site Name	Registered midwives/ nurses	Care Staff	Overall
BASSETLAW HOSPITAL	5.1	3.5	8.7
DONCASTER ROYAL INFIRMARY	4.5	3.3	7.8
MONTAGU HOSPITAL	2.2	2.8	4.9
TRUST	4.5	3.3	7.8

The CHPPD care hours data from May 2016 –August 2017 remain consistent, with a slight increase overall from March 2017.

2c. Quality and Safety Profile

The Quality Metrics (appendix 1) for adult wards include 19 indicators that cover each of the five CQC Key Assessment Criteria (safe, effective, caring and responsive, with the overall score illustrating well led). Ward A5 has flagged as high risk for August 2017. The issues from the quality metrics are the lack of data for clinical observations and fluid balance audit, handwashing compliance rate, FFT positive and

negative recommendations and low appraisal rates. A Quality Summit is being arranged with the nursing leadership team and a Non-Executive Director will be invited.

3. PLANNED ACTIONS AND KEY RISKS

The major issue facing most acute hospitals nationally, and locally, continues to be the challenge of filling qualified vacancies. The actions to mitigate the risks which have been detailed in previous papers are continuing, along with systems and processes to meet the expectations outlined in the safe staffing and efficiency correspondence. These are:

- The continuing work of the Non-Medical workforce utilisation programme as part of DBTH Strategy and Improvement programme.
- Analyse the Safer staffing, AUKUH data collection from July, ward nurse staffing requirements will be available to the Quality Effectiveness Committee in October 2017.
- Consider the NQB consultation on Midwifery Staffing levels.
- Provide further detailed comparison CHPPD data as this becomes available nationally
- Continue to explore recruitment opportunities for nursing and midwifery

4. RECOMMENDATION

The Board of Directors is asked to NOTE the content of this paper and SUPPORT the identified actions.