

## Executive Summary

### Report to the People Committee

**Being Held on 9 September 2024**

<b>Subject</b>	Monthly Nurse/Midwifery Staffing Report July 2024
<b>Supporting TEG Member</b>	Chris Morley, Chief Nurse
<b>Author</b>	Elaine Coghill, Deputy Chief Nurse Ian Wilkes-Kennen, Lead Nurse for Nursing & Midwifery Workforce Development
<b>Status<sup>1</sup></b>	N

### PURPOSE OF THE REPORT

The purpose of this report is to share with the People Committee, the Monthly Nurse/Midwifery Staffing information for July 2024.

### KEY POINTS

- This report reflects the national reporting requirements for safer staffing reporting on CHPPD for the month of July 2024.
- This month, no wards reported a deficit between planned and actual Registered Nurse (RN)/Registered Midwife (RM) CHPPD below 85% fill rate.
- There were 8 nurse staffing incidents reported in July that resulted in no/low harm.
- Recruitment activity continues and the overall actual vacancy percentage for RN/RNA/RMs in the 68 clinical areas is 4.49%.

### IMPLICATIONS<sup>2</sup>

Aim of the STHFT Corporate Strategy		Tick as appropriate
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Deliver Excellent Research, Education & Innovation	
6	Create a Sustainable Organisation	

### RECOMMENDATIONS

The People Committee are asked to note the content of this report.

### APPROVAL PROCESS

Meeting	Date	Approved Y/N
TEG	28 August 2024	Y
People Committee	9 September 2024	

<sup>1</sup> Status: A = Approval  
A\* = Approval & Requiring Board Approval  
D = Debate  
N = Note

<sup>2</sup> Against the six aims of the STHFT Corporate Strategy 'Making a Difference – The next Chapter 2022-27'

## 1. INTRODUCTION

At Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) we aim to provide safe, high-quality care to our patients, providing optimal staffing on our wards and departments is critical to meeting this aim.

To provide assurance about nurse and midwife staffing on inpatient wards, the Board of Directors will be advised of those wards where staffing capacity and capability falls short of the plan, the reasons for the gap and the impact and actions being taken to address it. This is presented as an exception report and for transparency ward by ward data is published on the Trust website under the [Safe Staffing](#) section.

In Lord Carter's Review (2016)<sup>1</sup> [Operational productivity and performance in English NHS Acute Hospitals: Unwarranted variations](#); an approach of reporting Care Hours per Patient Day was recommended in order to provide a single comparable metric for recording and reporting nursing and care staff deployment. The approach involves the use of planned versus actual CHPPD to measure deployment of the workforce and this report reflects this methodology, further information on how this is calculated is included in [Appendix 1](#).

## 2. CURRENT TRUST POSITION

The average planned and actual Registered Nurse/Midwife CHPPD rates for July 2024 for the Trust and individual hospital in-patient sites is listed below in Figure 1.

**Figure 1: Trust CHPPD July 2024**

Care Group	Site	Ward	CARE HOURS PER PATIENT (CHPPD)													RN / RM / AHP Triggers for CHPPD	RN / RM / AHP Triggers for CHPPD (Last Month)	RN / RM / AHP Triggers % Difference on Last Month	Overall RN / RM / AHP / CSW / DNA / NA / AP for CHPPD
			Planned							Actual									
			Registered Nurses/Midwives	Non-registered Nurses/Midwives (Care staff)	Registered Nursing Associates	Non-registered Nursing Associates	Registered allied health professionals	Non-registered allied health professionals	Overall	Registered Nurses/Midwives	Non-registered Nurses/Midwives (Care staff)	Registered Nursing Associates	Non-registered Nursing Associates	Registered allied health professionals	Non-registered allied health professionals				
																Jul-24	Jun-24		
		NORTHERN GENERAL HOSPITAL	5.3	2.6	0.1	0.0	0.0	8.1	5.0	2.8	0.1	0.0	0.0	8.0	95.7%	95.2%	0.5%	▲	95.2%
		ROYAL HALLAMSHIRE HOSPITAL	5.8	3.1	0.1	0.0	0.0	9.0	5.4	3.1	0.1	0.0	0.0	8.7	94.1%	94.1%	0.0%	▲	96.4%
		JESSOP WING	9.7	2.8	0.1	0.0	0.0	12.7	9.0	2.1	0.1	0.0	0.0	11.1	92.6%	94.4%	-1.8%	▼	88.0%
		WESTON PARK HOSPITAL	4.4	1.7	0.1	0.0	0.0	6.3	4.1	2.1	0.1	0.0	0.0	6.3	92.8%	98.6%	-5.8%	▼	100.7%
		TRUST - TOTALS	5.7	2.7	0.1	0.0	0.0	8.6	5.4	2.8	0.1	0.0	0.0	8.3	94.8%	94.9%	-0.1%	▼	97.3%

NB The spreadsheet used for the national data collection for CHPPD automatically rounds data. This may result in occasional small discrepancies.

CHPPD Key :	Actual CHPPD vs Planned CHPPD
Red	Actual CHPPD <85%
Amber	Actual CHPPD 85% - 94.99%
Green	Actual CHPPD >95%

**Figure 2: 2024/25 RN Triggers for CHPPD**

2024/25 RN / RM / AHP Triggers for CHPPD

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Trend
NORTHERN GENERAL	95.8%	92.8%	93.9%	94.6%	94.2%	93.6%	93.5%	92.3%	91.9%	93.0%	93.3%	95.2%	95.7%	
ROYAL HALLAMSHIRE	95.7%	92.4%	91.7%	92.3%	97.0%	93.1%	93.7%	93.9%	91.5%	95.2%	91.5%	94.1%	94.1%	
JESSOP WING	92.8%	91.7%	91.9%	89.7%	92.8%	94.5%	97.7%	95.9%	93.9%	95.7%	90.8%	94.4%	92.6%	
WESTON PARK	95.9%	90.3%	95.4%	97.3%	109.2%	110.9%	108.1%	104.7%	106.0%	114.5%	96.0%	98.6%	92.8%	
TRUST	95.4%	92.5%	93.2%	93.5%	95.0%	94.0%	94.4%	93.4%	92.4%	94.4%	92.6%	94.9%	94.8%	

For July 2024, there is minimal change in the percentage fill rate for CHPPD compared to June.

<sup>1</sup> Operational productivity and performance in English NHS acute hospitals: Unwarranted variations. An independent report for the Dept of Health by Lord Carter of Coles. February 2016.

Total unavailability remains above the agreed Trust uplift of 24.3% and has increased from June. Unavailability has increased across all categories with a particular increase in seen this month in parenting leave, which is the highest reported percentage in 12 months.

The details of Trust total unavailability are included in figure 3.

The assumed unavailability is:

- Annual leave – 15.3%
- Other Leave - 0.5%
- Parenting Leave – 2%
- Sickness – 4%
- Study Leave – 2.5%

Total - 24.3%

**Figure 3: Unavailability 2024/2025**

Trust Unavailability	Agreed Headroom	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Average YTD	Trend
Annual Leave	15.3%	14.6%	17.6%	13.9%	14.0%	12.3%	12.6%	15.3%	16.3%	17.2%	15.3%	12.7%	12.2%	14.7%	14.5%	
Other Leave	0.5%	1.6%	1.6%	1.7%	1.1%	1.8%	1.5%	1.9%	1.8%	1.3%	1.9%	1.3%	1.2%	1.3%	1.5%	
Parenting Leave	2.0%	5.2%	5.4%	4.7%	5.6%	4.8%	4.7%	5.4%	4.5%	4.7%	5.4%	4.8%	4.9%	6.1%	5.1%	
Sick Leave	4.0%	5.3%	6.7%	7.0%	6.8%	6.9%	7.3%	7.3%	7.2%	6.3%	7.3%	5.8%	5.9%	6.3%	6.6%	
Study Leave	2.5%	2.0%	1.6%	2.2%	2.7%	3.1%	1.7%	1.7%	1.9%	1.8%	1.7%	2.2%	2.0%	2.1%	2.1%	
<b>TOTAL</b>	<b>24.3%</b>	<b>28.7%</b>	<b>32.9%</b>	<b>29.5%</b>	<b>30.2%</b>	<b>28.8%</b>	<b>27.8%</b>	<b>31.7%</b>	<b>31.7%</b>	<b>31.4%</b>	<b>31.7%</b>	<b>26.9%</b>	<b>26.2%</b>	<b>30.6%</b>	<b>29.8%</b>	

**Maternity Services**

Figures 4 and 5 below show the July 2024 position for maternity services. Overall, all areas are either Amber or Green. Following the previous agreement for the Trust to change the midwifery establishment to align with Birthrate +, an exercise to adjust the rosters will be completed by September which may impact on the fill rates. Maternity services recruitment activity continues.

**Figure 4: Jessop Wing - Maternity CHPPD**

Care Group	Site	Ward	CARE HOURS PER PATIENT (CHPPD)						CARE HOURS PER PATIENT (CHPPD)						RN /RM / AHPR Triggers for CHPPD	RN /RM / AHPR Triggers for CHPPD (Last Month)
			Planned						Actual							
			Registered Nurses/Midwives	Non-registered Nurses/Midwives (Care Staff)	Registered Nursing Associates	Non-registered Nursing Associates	Overall	Registered Nurses/Midwives	Non-registered Nurses/Midwives (Care Staff)	Registered Nursing Associates	Non-registered Nursing Associates	Overall				
LEGION	SOP W	Labour Ward	22.3	6.9	0.0	0.0	29.2	20.4	6.6	0.0	0.0	27.1	91.7%	99.2%		
LEGION	SOP W	Rivelin Ward	5.9	3.2	0.0	0.0	9.0	5.4	3.0	0.0	0.0	8.4	92.0%	93.4%		
LEGION	SOP W	Norfolk Ward	3.8	0.9	0.0	0.0	4.8	4.4	1.0	0.0	0.0	5.4	115.5%	112.3%		
LEGION	SOP W	Whirlow Ward	3.5	0.8	0.0	0.0	4.3	3.3	1.1	0.0	0.0	4.4	94.1%	90.6%		

**Figure 5: Jessop Wing - Triggers for CHPPD**

Ward	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Averages YTD	Trend
Labour Ward	96.1%	96.5%	94.4%	92.9%	98.3%	103.5%	103.9%	99.7%	100.3%	100.5%	94.0%	99.2%	91.7%	97.8%	
Rivelin Ward	100.3%	92.2%	90.4%	86.3%	89.6%	92.5%	94.1%	95.8%	94.5%	118.5%	97.6%	93.4%	92.0%	95.2%	
Norfolk Ward	105.4%	101.7%	99.1%	95.3%	102.2%	101.7%	104.9%	105.9%	96.3%	100.9%	107.2%	112.3%	115.5%	103.7%	
Whirlow Ward	101.0%	100.9%	101.6%	93.1%	95.6%	98.8%	93.4%	100.4%	99.8%	98.2%	88.8%	90.6%	94.1%	96.6%	

For the month of July 2024, no wards reported a deficit between planned and actual Registered Nurse (RN)/Registered Midwife (RM) CHPPD below 85% fill rate. Labour ward has seen a decrease in fill rates for the month of July which is attributed to high rates of unavailability at 31.5% with parenting reporting at 6.6%.

### 3. MAINTAINING SAFE STAFFING LEVELS

The Trust's [Nursing and Midwifery Staffing Escalation Policy](#) builds on existing practice, which details how to address any shortfalls in staffing, for example, unexpected absence. An escalation approach via the senior nurses and midwives on duty or via relevant on-call teams is clearly defined. This is a series of dynamic systems and processes that function 24 hours per day, 365 days per year to achieve the aim of delivering safe, high-quality care. The daily staffing process has been reviewed and now consists of a twice daily nurse staffing huddle, led by site matrons and includes terms of reference and unified escalation, chaired by a Nurse Director/Deputy Nurse Director during periods of high operational pressures.

### 4. WARD ASSURANCE DASHBOARD

In October 2018, NHS Improvement issued guidance in relation to developing processes to ensure best practice in effective staff deployment<sup>[1]</sup> [Developing workforce safeguards: Supporting providers to deliver high quality care through safe and effective staffing](#). This guidance states that CHPPD can help identify nursing and care staff utilisation and together with quality and outcome indicators should be reported to the Board monthly.

QUEST (The Quality and Excellence Standards) system implementation is completed across all inpatient areas. The agreed metrics that would indicate the need for further support and review are CHPPD below 85% and QUEST compliance of less than 75% (a revised target has been agreed by the Nurse Executive Group (NEG) to give better transparency of those in the middle ground not achieving compliance). Work continues to refine the data and compliance reports. A trigger in either one or a combination of these criteria identified in one month will require the Nurse Director (ND) to undertake a professional judgment review within the clinical area and ensure any identified issues are actioned locally, as part of the "How Healthy is Your Ward" process. Quest metrics also now form part of the reports provided as part of the Trust's Performance Management Framework.

In July 2024 no wards reported a deficit between planned and actual CHPPD of 85% or less, no wards were non-compliant with QUEST. Masterclasses are planned in QUEST.

Rapid reviews of quality, where required, will be undertaken, led by Central Nursing, this will incorporate a ward visit to review the maturity of their implementation of QUEST and offer structured support, if necessary, obtain staff and patient feedback and review the quality metrics.

To support ward to board reporting, any continued concerns would be escalated by the Chief Nurse to the Trust Executive Group to be included as part of the relevant Performance Management Framework discussion. The results of Ward accreditation visits are provided on a quarterly basis via this report and monthly via the Nurse Executive Group.

Annual Ward accreditation process is now established as routine to support quality, patient and staff experience recognising good practice and supporting learning and improvement initiatives.

<sup>2]</sup> NHS Improvement (October 2018) Developing Workforce safeguards: Supporting providers to deliver high quality care through safe and effective staffing

**Staffing incidents**

Incident reports recorded in Datix referencing ward staffing have been reviewed for July 2024, of which there were 8 across the organisation; all were recorded as no/low harm.

**5. VACANCY POSITION**

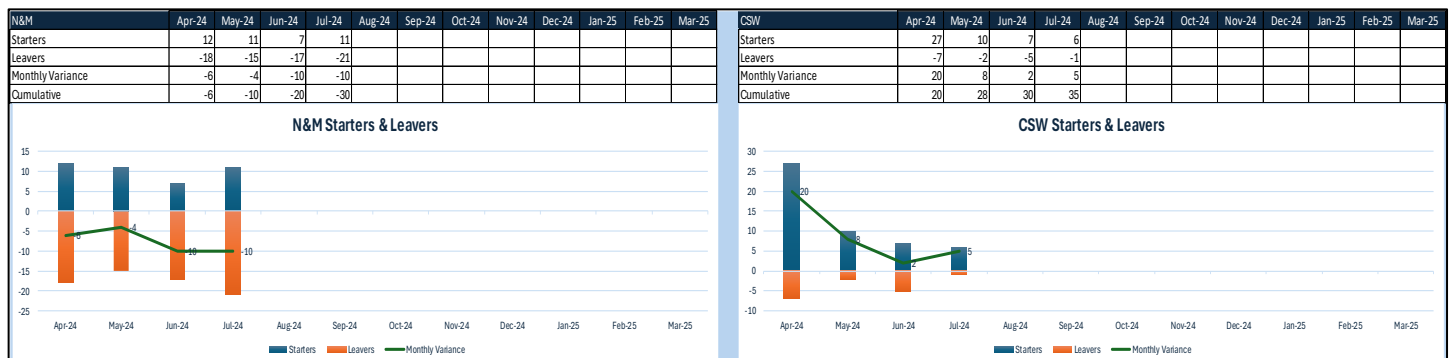
The actual total vacancy position for the established 68 clinical areas shows a vacancy position of 218.77 Whole Time Equivalent (WTE) staff (7.20%); there are 95.30 (4.49%) vacant Registered Nurse/Midwife/Nursing Associate posts of which 63.31 are for RN/RNA and 31.99 are for Registered Midwives.

There are 123.47 WTE (13.48%) Care Support Worker vacancies (CSWs). The onboarding process continues from previous recruitment events to reduce this vacancy position and there is currently 91 wte in clearance without a start date.

In July 2024, 21 Nurse/Midwives left the Trust with 2 retirements, in addition 1 CSWs also left the Trust with 0 retirement. These numbers are for the whole of the Trust whilst the vacancy numbers above are only for the wards. Exit interviews are undertaken by the Human Resources team to determine the reason for leaving and to support future retention.

Figure 7 shows a comparison of the starters and leavers for each month throughout the financial year 2024/25. For comparison for 23/24 there was a net decrease of 71 nurses/midwives and a net increase of 196 for clinical support workers.

**Figure 7: Cumulative leaver-starter data**



**6. CONCLUSION**

In conclusion, July 2024 resulted in a similar CHPPD compared to June 2024 with an RN/RM fill rate of 94.8% and no wards triggering below a 15% deficit between planned and actual RN/RM CHPPD (85%).

The People Committee are asked to note the contents of this report which offers assurance on the nursing and midwifery staffing processes within STHFT.

## Appendix 1

### **CALCULATING PLANNED AND ACTUAL CHPPD**

CHPPD is a simple calculation which divides the number of actual nursing/midwifery (both registered and unregistered) hours available on a ward per 24 hour period by the number of patients on the ward that day including the number of babies. It therefore nominally represents the average number of nursing hours that are available to each patient on that ward.

Twice a year each inpatient clinical area assesses the care needs of patients in their ward/department, using an evidence based tool to help determine the Nurse/Midwifery staffing required to provide safe, compassionate and effective care to meet the needs of those patients, in Nursing the tool is the [Safer Nursing Care Tool \(SNCT\)](#) and in Midwifery it is Birthrate+<sup>®</sup>. Working with Birthrate Plus<sup>®</sup><sup>2</sup> The result of this assessment, together with professional judgement is used to inform the number of Nursing and Care Staff needed on each shift. This forms the basis of the templates entered onto the eRostering system to calculate the planned staffing hours each calendar month.

The actual number of hours worked by permanent Nursing/Midwifery/Care Staff and those worked by temporary Nursing/Midwifery/Care Staff on a ward or department during that calendar month is extracted from the eRostering and NHSP systems. Both these systems should be up-to-date and accurate, however, the logistics of extracting data from clinical areas involving over 3000 individual members of staff are complex and there is a degree of manual adjustment required in addition to the data extract. As a result, the data will be accurate at a Trust and Hospital level, but this is more difficult to achieve at a ward level.

Calculating CHPPD requires taking the actual hours from the safe staffing return and the daily patient count at midnight aggregated over the course of the month for each ward or department.

STH's current reporting for CHPPD includes Registered Nurses/Registered Midwives (RNs/RMs) and Clinical Support Workers (CSWs). Trainee Nursing Associates (TNAs) and Nursing Associates (NAs) are also included in CHPPD reporting as are Allied Health Professionals (AHPs), such as physiotherapists who are included in a ward establishment (and e roster). AHPs, TNAs and NAs are reported as individual groups of staff.

CHPPD is different to the previously used planned hours versus actual hour's methodology in that it allows comparisons between staffing levels of different sized wards/departments; it is a single comparable figure using patient and staffing data, rather than considering each in isolation and it enables the differentiation between RN and CSW skill mix for reporting purposes. It will be expected that the CHPPD will differ between wards and specialties to reflect the different needs of the patients being cared for; Critical Care areas for instance are likely to have much higher CHPPD than other areas because their patients will be receiving either 1:1 care (CHPPD would be a minimum of 24) or 1:2 care (CHPPD would be a minimum of 12).

#### **Example:**

$$\text{CHPPD} = \frac{\text{RN hours worked (24 hour)} + \text{CSW hours worked (24 hour)}}{\text{Average daily count of patients in beds at 23.59 for the month}}$$

The limitations of using the 23.59 daily count for patients is acknowledged within the guidance as this single figure does not take into account hour by hour fluctuations in ward activity and is particularly limiting to those wards/departments that undertake large amounts of day case type activity, or have a high throughput such as assessment units, however, it offers a consistent point of time for benchmarking. CHPPD data will need to be used in triangulation with other methods for assessing staffing demand and patient acuity and dependency and should not be used in isolation. Furthermore, it does not take into consideration the competencies and level of experience required and other activities required on wards for example mentorship, preceptorship, training and appraisal completion.

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<sup>2</sup> Birthrate Plus<sup>®</sup> Consultancy Ltd|Safe Staffing for Maternity Services