

**Executive Summary**  
**Report to the HR & OD Committee**  
**Being Held on 13 June 2022**

<b>Subject</b>	Monthly Nurse/Midwifery Staffing Report April 2022
<b>Supporting TEG Member</b>	Chris Morley, Chief Nurse
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<b>Status<sup>1</sup></b>	N

**PURPOSE OF THE REPORT**

The purpose of this report is to share with the HR&OD Committee, the Monthly Nurse/Midwifery Staffing Report for April 2022.

**KEY POINTS**

- This report reflects the national reporting requirements for safe staffing reporting on CHPPD for the month of April 2022.
- This month 7 wards reported a deficit between planned and actual Registered Nurse (RN) Registered Midwife (RM) CHPPD below 85%.
- Recruitment activity continues and the overall actual vacancy percentage for RN/RMs in the 71 currently reporting clinical areas is 6.85% a decrease of 0.63% in month.
- Further international recruitment is planned for 2022 with an additional 191 recruits approved by TEG for placement across the Trust by June 2022 taking the total number Trust wide to 570.

**IMPLICATIONS<sup>2</sup>**

<b>Aim of the STHFT Corporate Strategy</b>		<b>Tick as appropriate</b>
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**

TEG is asked to debate the content of this report and recommend onward submission to HR & OD committee.

**APPROVAL PROCESS**

<b>Meeting</b>	<b>Date</b>	<b>Approved Y/N</b>
TEG	1 June 2022	Y
HR & OD committee	13 June 2022	

<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 April 2022 for the Trust and individual hospital in-patient sites is listed below in Figure 1. The Jessop Wing shows an improved Amber position in April compared to a red position in March. The Central teams continue to work closely with NHSP / Agencies to improve fill rates.

**Figure 1**

Site	Ward	CARE HOURS PER PATIENT (CHPPD)														RN / AHP Triggers for CHPPD	RN Triggers for CHPPD (Last Month)	RN Triggers % Difference on Last Month	Overall RN / CSW / (ONA / NA / AHP Triggers 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	Overall					
	NORTHERN GENERAL HOSPITAL	5.16	2.54	0.15	0.11	0.01	0.00	7.97	4.51	2.45	0.14	0.10	0.01	0.00	7.21	87.35%	85.41%	1.94%	▲	90.52%
	ROYAL HALLAMSHIRE HOSPITAL	5.56	2.98	0.11	0.13	0.00	0.00	8.77	5.10	2.86	0.12	0.12	0.00	0.00	8.20	91.79%	85.62%	6.16%	▲	93.51%
	BEECH HILL - STROKE PATHWAY & REHABILITATION CENTRE (SPARC)	3.08	3.86	0.00	0.12	0.17	0.00	7.23	3.03	3.22	0.00	0.10	0.17	0.00	6.52	98.26%	102.68%	-4.43%	▼	90.20%
	JESSOP WING	8.24	1.87	0.10	0.02	0.00	0.00	10.22	7.12	1.82	0.09	0.04	0.00	0.00	9.06	86.36%	84.32%	2.04%	▲	88.68%
	WESTON PARK HOSPITAL	4.84	2.07	0.22	0.11	0.00	0.00	7.24	4.61	2.31	0.17	0.11	0.00	0.00	7.20	95.23%	93.79%	1.44%	▲	99.43%
	TRUST - TOTALS	5.45	2.59	0.13	0.10	0.009	0.000	8.30	4.83	2.50	0.13	0.10	0.009	0.000	7.57	88.55%	85.73%	2.82%	▲	91.26%

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

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

In order to illustrate comparable data, Figure 2 describes the CHPPD trend for a rolling twelve months.

<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.

**Figure 2: 2020/21 RN Triggers for CHPPD**

**2021/22 RN Triggers for CHPPD**

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Trend
NORTHERN GENERAL	89.11%	89.97%	88.87%	85.66%	84.84%	87.35%	89.31%	90.47%	88.53%	84.33%	87.01%	85.41%	87.35%	
ROYAL HALLAMSHIRE	89.14%	89.90%	88.39%	85.46%	87.08%	90.63%	88.94%	90.97%	91.03%	86.50%	86.54%	85.62%	91.79%	
BEECH HILL	82.61%	77.19%	81.28%	88.89%	91.49%	85.79%	89.29%	85.10%	84.21%	90.99%	88.37%	102.68%	98.26%	
JESSOP WING	88.52%	88.27%	87.44%	81.88%	84.72%	85.90%	84.91%	83.32%	81.19%	80.31%	85.39%	84.32%	86.36%	
WESTON PARK	83.64%	90.18%	86.51%	92.00%	92.26%	88.51%	91.88%	101.07%	93.51%	93.60%	94.58%	93.79%	95.23%	
TRUST	88.82%	89.59%	88.43%	85.35%	85.63%	87.95%	88.92%	89.91%	88.26%	84.65%	86.91%	85.73%	88.55%	

April CHPPD shows an increase in nurse staffing hours when compared to March, however, the additional surge capacity currently open continues to result in nursing staff being deployed across an increased bed base without corresponding increase in staffing numbers. In previous years we would be planning to close winter capacity after Easter, a prioritisation plan for closing all surge and restarting elective activity, has been agreed with the Deputy Chief Nurse and Deputy Chief Operating Officer however it is unclear when we will have the capacity to activate this plan. Total unavailability remains above agreed Trust uplift, however, April shows an improved position of 29.5% down from 38% in March, sickness absence has slightly reduced to 8.7% from 9.1% in March.

**Maternity Services**

Figures 3 and 4 below show the April position for maternity services. April shows an increase in CHPPD for registered staff from the March position with all areas showing an upward trend. Staffing continues to improve due to staff returning from maternity leave, decreased sickness absence, regular agency staff shift fill, over time and support from registered nurses. Resource balancing continues to be actively managed ensuring hours worked are accurately recorded. The continuation of an enhanced pay agreement for agency and substantive staff continues to support shift fill rates.

Labour Ward continues to have a much higher level of planned staffing than the wards in the Jessop Wing and can at times vary some of its work through the appropriate delay of some elective cases, In order to mitigate the current gaps caused by the factors outlined above, 11 registered nurses with obstetric experience have been recruited to work on the post-natal wards and Advanced Obstetric Care Unit to support with tasks which need a registered professional but not necessarily a registered midwife, such as the administration of medication and care of acutely ill patients. The improved CHPPD position on Whirlow and Norfolk wards is as a result of the International Nurse recruits gaining registration.

International recruitment of 15 WTE registered midwives has commenced with 11 successful offers of employment with the first midwife joining the team in May 2022. It will however take longer for the Internationally recruited midwives to work independently due to the different models of maternity care provided globally.

**Figure 3: Jessop Wing - Maternity CHPPD**

Monthly Safe Staffing Return April 2022	CARE HOURS PER PATIENT (CHPPD)														RN / AHP Triggers for CHPPD	RN Triggers for CHPPD (Last Month)	RN Triggers % Difference on Last Month	Overall RN / CSW / (i)NA / NA / AHP Triggers 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	Overall				
Labour Ward	16.10	4.60	0.00	0.00	0.00	0.00	20.70	14.17	3.63	0.00	0.00	0.00	0.00	17.80	87.97%	91.28%	-3.30%	85.96%
Rivelin Ward	3.87	1.32	0.00	0.00	0.00	0.00	5.19	3.49	1.03	0.00	0.00	0.00	0.00	4.53	90.11%	91.85%	-1.74%	87.15%
Norfolk Ward	3.36	2.23	0.00	0.00	0.00	0.00	5.59	3.53	1.62	0.00	0.00	0.00	0.00	5.15	105.11%	96.72%	8.39%	92.13%
Whirlow Ward	2.25	1.15	0.00	0.00	0.00	0.00	3.40	2.18	1.30	0.00	0.00	0.00	0.00	3.49	97.18%	96.66%	0.52%	102.73%

**Figure 4: Jessop Wing - Triggers for CHPPD**

Ward	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Totals YTD	Averages YTD
Labour Ward	86.00%	85.11%	82.94%	77.41%	84.62%	85.05%	82.78%	85.75%	85.04%	88.78%	89.67%	91.28%	87.97%	4	85.86%
Rivelin Ward	97.33%	93.86%	98.41%	92.83%	91.21%	87.81%	86.44%	92.16%	86.53%	90.89%	90.30%	91.85%	90.11%	0	91.43%
Norfolk Ward	104.68%	99.45%	103.40%	102.58%	103.31%	96.82%	89.54%	100.59%	93.87%	90.04%	92.16%	96.72%	105.11%	0	97.89%
Whirlow Ward	100.48%	97.50%	97.39%	95.95%	93.61%	92.26%	89.39%	92.62%	92.73%	95.22%	95.66%	96.66%	97.18%	0	95.17%

The total care hours per patient day (CHPPD) can be used as a measure to compare available staffing with peers; however, this needs to be done with caution as the specific configuration of services in any organisation will determine what level of CHPPD a Trust would require.

The planned staffing level is based on optimal staffing levels and where actual staffing is below this on a shift, the Trust has a number of mechanisms to ensure the staffing on that shift remains at a safe and appropriate level as outlined in section three below. When staff are moved from one area to support another area the ward sister/charge nurse is required to inform the Central Nursing Team so that the shifts can be “resource balanced” this means that the RN / RM or CSW who has moved to a different area will be showing in the “actual” figures for the area they have moved to support. The SafeCare function of health roster also allows for contemporaneous staff movements to be recorded and Central Nursing is currently working with care groups to improve use of this functionality.

For the month of April 2022, 7 wards or clinical areas, shown in Figure 5, have triggered a 15% deficit between planned and actual RN CHPPD. This was the previous figure agreed by STH using the planned versus actual methodology. As part of the planned winter response Brearley 4 remains open as an additional ward for Geriatric and Stroke Medicine Care Group patients, TAU is now designated as Huntsman 3 as it is being utilised to support Medicine and Pharmacy Services (MAPS) Care Group patients as part of the Winter plan. Vickers 2, Huntsman 4 and additional capacity on N floor at the Royal Hallamshire site remained open to support further capacity for MAPS’ and GSM patients, during April, the staffing for these wards is allocated from existing care group establishments and the improving vacancy position continues to offset some but not all of the impact that this has on the staffing levels on established wards

**Figure 5: Wards triggering a greater than 15% deficit between planned and actual RN CHPPD**

Site	Ward	CARE HOURS PER PATIENT (CHPPD)										RN / AHP Triggers for CHPPD	RN Triggers for CHPPD (Last Month)	RN Triggers % Difference on Last Month	Overall RN / CSW / (N/A / NA / AHP Triggers 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	Overall	
HERN GENERAL HO	Brearley 7	3.37	2.22	0.32	0.09	0.00	0.00	6.01	2.84	2.55	0.32	0.08	0.00	0.00	5.79	84.22%	83.57%	0.65%	▲	96.44%
HERN GENERAL HO	Frailty Unit - Huntsman 1	6.74	5.99	0.05	0.00	0.00	0.00	12.78	5.38	6.09	0.05	0.00	0.00	0.00	11.52	79.87%	82.08%	-2.21%	▼	90.09%
HERN GENERAL HO	Brearley 4 (ww)	3.98	2.49	0.13	0.00	0.00	0.00	6.60	3.19	2.39	0.08	0.00	0.00	5.67	80.22%	88.74%	-8.52%	▼	85.83%	
HALLAMSHIRE HO	Ward Q2	3.81	2.93	0.00	0.21	0.00	0.00	6.95	3.06	3.00	0.00	0.21	0.00	6.27	80.37%	85.02%	-4.65%	▼	90.25%	
HERN GENERAL HO	Macmillan Palliative Care Unit	5.18	2.64	0.00	0.21	0.00	0.00	8.04	4.33	2.64	0.01	0.21	0.00	7.19	83.66%	82.18%	1.48%	▲	89.54%	
HALLAMSHIRE HO	Ward L1	3.97	3.21	0.00	0.26	0.00	0.00	7.44	3.33	2.30	0.01	0.36	0.00	6.00	83.94%	85.39%	-1.45%	▼	80.57%	
HERN GENERAL HO	Robert Hadfield 5 (Brearley 4)	4.88	2.58	0.14	0.20	0.00	0.00	7.79	3.81	2.11	0.14	0.20	0.00	6.26	77.98%	73.18%	4.80%	▲	80.26%	

### 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. In order to further enhance this process, a daily nurse staffing meeting is now embedded; the meeting is chaired by a Nurse Director/Deputy Nurse Director/Matron and considers the plans for staffing over the next 24 hours.

#### 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%. 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.

All Nurse Directors for areas identified in Figure 6 (below) have been notified of the requirement to complete a professional judgement review or support rapid review visits. A rapid review visit is triggered by 3 months of QUEST non-compliance or 3 months of CHPPD <85% or a combination of the 2 over 3 months.

**Figure 6: Ward Assurance Review**

March 2022	1 Month		2 Consecutive months		3 consecutive months		Ward Accreditation Visit
	QUEST	CHPPD	QUEST	CHPPD	QUEST	CHPPD	
<b>Ward</b>	<b>Professional Judgement Review</b>		<b>Ward Surveillance</b>		<b>Rapid Review Meeting</b>		
Robert Hadfield 5							<b>CHPPD</b>
L1							
Brearley 4							
Q2							
Brearley 7							
Frailty Unit							
MPCU							

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. Due to two incidents of hospital acquired pressure damage reaching threshold for review by SI Group, Huntsman 7 have received a full QUEST assurance visit in April led by the Deputy Chief Nurse. This was a positive visit and the results have been sent to the Nurse Director and the resulting action plan is tabled for discussion and sign off at the next Professional Assurance Committee. Robert Hadfield 5 have triggered for 4 consecutive months in relation to CHPPD, following establishment review and discussion with the Nurse Director, CHPPD has improved but remains below the required threshold, mainly due to increased surge capacity of 28 beds. QUEST compliance is consistently achieved and a ward assurance visit has been planned for May.

The results of rapid reviews and themes are reported to Professional Assurance Committee (PAC) monthly. Any area that triggers for more than 3 consecutive months will receive a supportive ward accreditation visit, for a full detailed review of quality by a reviewing team from a combination of the host directorate, Central Nursing and other directorates. To support ward to board reporting, any continued concerns about assurance would be escalated from the Professional Assurance Committee to the Nurse Executive Group. If wards identified as requiring support continued to trigger, then the Chief Nurse would raise this with the Trust Executive Group to be included as part of the relevant Performance Management Framework discussion.

<sup>[1]</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 staffing have been reviewed for April 2022, of which there were 44 across the organisation, 2 of which related to areas that have triggered for RN CHPPD; of these incidents - most were rated as insignificant/no harm or minor, none were unrated, all had appropriate escalation action reported, this is corroborated by QUEST reports which show no red flag incidents.

Red flag incidents:

- Severe /Catastrophic fall.
- Category 3 or 4 pressure ulcer associated with a lapse in care.
- Non accreditation or IPC engagement concern.

## **5. VACANCY POSITION**

In April 2022, 6 Registered Nurses, and 2 newly qualified RN job offers were sent to successful candidates across the Trust.

The actual vacancy position for the clinical areas shows a vacancy position of 199.55 Whole Time Equivalent (WTE) staff (6.36%); there are 145.5 WTE (6.85%) vacant Registered Nurse/Midwife posts (a decrease of 0.63% in month). Care Support staff, including TNAs and NAs, are showing a vacancy of 54.05 WTE (5.33%), when this position is corrected to remove international recruits working towards their registration, there is an actual vacancy position of 76.78 wte Care Support Staff with 68 offers of employment and further recruitment planned. Recruitment processes for CSWs have been streamlined and Human Resources are actively tracking the recruitment process for individual candidates to eliminate any unwarranted delays.

191 student nurses due to qualify this Autumn have been shortlisted for potential recruitment to vacant posts, additionally 24 student midwives have been shortlisted and have identified STHFT as their preferred employer within the South Yorkshire region.

## **6. CONCLUSION**

In conclusion, whilst staff unavailability remained high, April resulted in a better position overall, compared to March, as the RN/RM fill rate increased to 88.55%. Daily staff redeployment continues, its aim to mitigate risk by providing support for patient care delivery.

Seven wards triggered a 15% deficit between planned and actual RN/RM CHPPD, these wards will now be reviewed to check whether there was any impact on quality and safety.

Active recruitment continues including the TEG approved international recruitment, with plans in place for Q1 2022-23 and onwards.

The HR & OD Committee are asked to review 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

**Appendix 2**

A	B	D	E	F	G	H	I	J
<b>Rapid review April 2022</b>								
Ward	Problem or concern	Actions agreed	Lead for each action (name and job title)	Individual responsible for monitoring the action plan (name and job title)	Resource needed	Target completion date	Date completed	Evidence that the action has been completed
EW2	CHPPD <85% Jan/ Feb /Mar	Discussed with ND and DND , QUEST compliance requirement achieved. No safety concerns identified. Staffing templates reviewed and altered as followup to establishment review	Emma Roberts Associate Chief Nurse		Roster template rev	Apr-22	26th April	CHPPD >85% Apr
Osborn 1	CHPPD <85% Aug/Sept/Oct	Discussed with ND and Mstron QUEST compliance excellent. , Staffing templates reviewed altered to reflect acuity as per establishment review	Emma Roberts Associate Chief Nurse		Roster template review .	Apr-22	26th April	CHPPD >85% Apr
Robert Hadfield 5		Discussed with ND as per establishment review , QUEST compliance good . Falls stable in number but increasing in severity . QUEST assurance review May 22	Emma Roberts Associate Chief Nurse		Roster review , asst	May-22		Assurance visit booked