

Safe Staffing NQB Report

October 2019

National Reporting has changed.

It has moved away from
reporting planned staffing levels & comparing them to the number of
actual staff on duty
to reporting
Care Hours Per Patient Day
(CHPPD)

CHPPD Explained

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 at midnight.

Care hours per patient day =	Hours of registered nurses and midwives alongside Hours of healthcare support workers
	Total number of inpatients at midnight

It therefore represents the average number of nursing hours that are available to each patient on that ward

Internal reporting changes

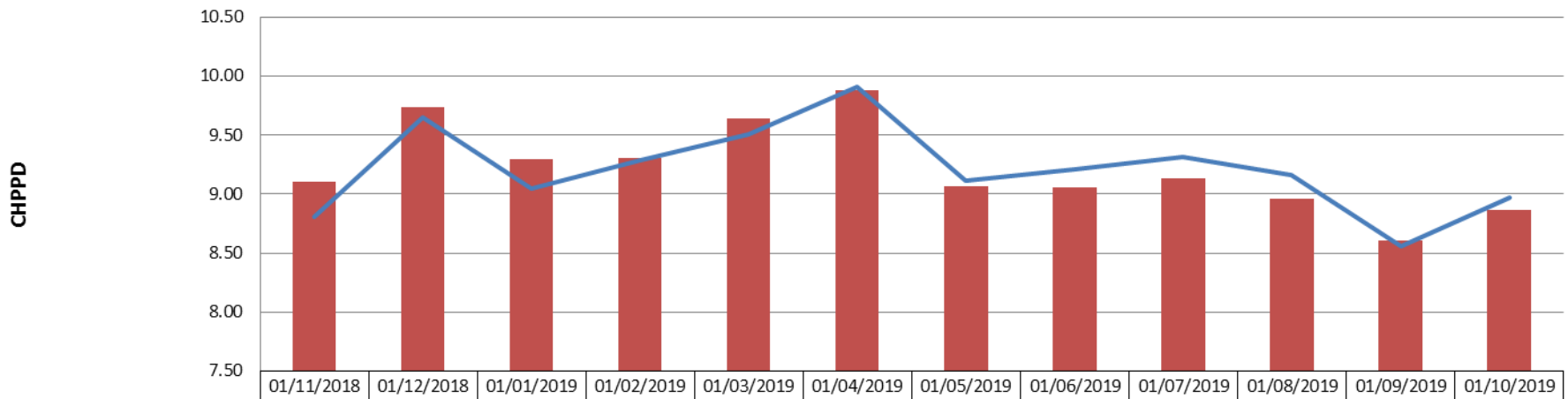
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- Tamar and Avon wards amalgamated to form Spinal Inpatients and was been renamed Longford

Salisbury NHS Foundation Trust

Average Planned vs Average Actual Overall CHPPD

Average Planned vs Average Actual Overall CHPPD



Actual Overall CHPPD	9.10	9.74	9.29	9.31	9.65	9.89	9.07	9.06	9.13	8.96	8.61	8.87
Planned Overall CHPPD	8.81	9.65	9.05	9.29	9.50	9.91	9.11	9.21	9.32	9.17	8.56	8.97

Overview of RN and HCA Planned vs Actual Hours September 2019

Day	RN	HCA
Total Planned Hours	39270	21056
Total Actual Hours	36558	21947
Fill Rate (%)	93%	104%

Night	RN	HCA
Total Planned Hours	25188	12623
Total Actual Hours	25574	14591
Fill Rate (%)	102%	116%

The percentage hours are based on actual versus planned and are measured on a shift by shift basis.

Actions we take when staffing levels are below plan for a particular ward

- Nurse in charge will assess patients against staffing levels on that ward
- Staffing levels are assessed across the hospital by senior nursing teams and staff are moved around to ensure appropriate care is provided in all areas
- Staff and ward leaders on training days/supervisory shifts are brought back to work clinical shifts if required
- Additional HealthCare Assistants (HCA) are brought in to support unfilled nursing shifts

Please note that while we will have planned staffing levels for wards, these will automatically be reviewed and altered where beds are empty or increased, or where there is a change in the level of care needed during a shift