


The Royal Wolverhampton NHS Trust		
Trust Board Report		
Meeting Date:	31 st October 2016	
Title:	Nursing Workforce Report	
Executive Summary:	<p>This paper details September 2016 data for both Planned Versus Actual Nurse Staffing by Ward and Care Hours per Patient Day triangulated with a selection of nurse sensitive quality indicators.</p> <p>The paper also provides an update on recruitment, retention initiatives and the skill mix review programme.</p>	
Action Requested:	<p>The Board will receive the report for information and to support them in fulfilling their responsibilities to monitor staffing capacity and capability as per NQB guidance 'How to ensure the right people, with the right skills, are in the right place at the right time' and the Government's commitment set out in 'Hard Truth's'.</p>	
Report of:	Cheryl Etches, Chief Nursing Officer	
Author: Contact Details:	Rose Baker, Head of Nursing - Workforce rosebaker@nhs.net	
Links to Trust Strategic Objectives	1, 2, 4 & 6.	
Resource Implications:	Recruitment staffing costs.	
Risks: BAF/ TRR (describe risk and current risk score)	TRR Risk - 3644	
Public or Private: (with reasons if private)	Public	
References: (e.g. from/to other committees)	<p>The external facing Trust intranet page has a dedicated section on safe staffing http://www.royalwolverhampton.nhs.uk/patients-and-visitors/patient-safety/safe-staffing-levels/</p>	
Appendices/ References/ Background Reading	<p>a. 'Hard Truths' Commitments NHS England http://www.england.nhs.uk/2014/04/01/hard-truths/ April 2014</p> <p>b. Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time - Safe sustainable and productive staffing. National Quality Board, July 2016 http://www.england.nhs.uk</p>	

NHS Constitution: (How it impacts on any decision-making)	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> ✚ Equality of treatment and access to services ✚ High standards of excellence and professionalism ✚ Service user preferences ✚ Cross community working ✚ Best Value ✚ Accountability through local influence and scrutiny
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Background Details

1	<p>Actual vs. predicted nurse staffing</p> <p>a. As part of the implementation of the guidance on the delivery of the ‘Hard Truths’ commitments (March 2014) associated with publishing staffing data, this report provides the Board with monthly information on inpatient nursing and midwifery staffing.</p> <p>b. Staffing information is provided by Senior Sisters / Charge Nurses and collated centrally. Matrons review the data for their respective wards. Heads of Nursing/Midwifery contribute some further analysis of the data.</p> <p>c. This staffing data is reported to the Senior Nurse Group and posted on the Trust intranet site. The Unify staffing data is published monthly on the Trust internet site and NHS choices.</p>
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2	<p>Findings from Actual vs Predicted nurse staffing</p> <p>The table in Appendix 1 provides the average percentage fill rate of rostered (planned) hours against actual hours worked, care hours per patient day (CHPPD), selected nurse sensitive indicators and vacancy details per ward.</p> <p>Tabulated fill rates of less than 80% or greater than 120% (national thresholds) are shaded red & lilac respectively. To note there are examples where below planned staffing is acceptable when mapped to bed occupancy/patient dependency.</p> <p><u>Summary</u></p> <p>Table 1 – Number of wards below an average 80% fill rate</p> <table border="1"> <thead> <tr> <th></th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sept</th> </tr> </thead> <tbody> <tr> <td>RN day</td> <td>5</td> <td>10</td> <td>9</td> <td>11</td> <td>10</td> <td>10</td> <td>8</td> <td>6</td> <td>8</td> <td>8</td> <td>12</td> <td>7</td> </tr> <tr> <td>RN night</td> <td>13</td> <td>15</td> <td>14</td> <td>16</td> <td>16</td> <td>14</td> <td>11</td> <td>10</td> <td>10</td> <td>14</td> <td>12</td> <td>12</td> </tr> <tr> <td>HCA day</td> <td>2</td> <td>3</td> <td>3</td> <td>2</td> <td>3</td> <td>1</td> <td>4</td> <td>4</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>HCA night</td> <td>2</td> <td>1</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>3</td> <td>2</td> <td>0</td> <td>1</td> <td>0</td> <td>2</td> </tr> <tr> <td>Total</td> <td>22</td> <td>29</td> <td>28</td> <td>31</td> <td>31</td> <td>27</td> <td>26</td> <td>22</td> <td>20</td> <td>25</td> <td>26</td> <td>23</td> </tr> <tr> <td>Total %</td> <td>30</td> <td>39</td> <td>38</td> <td>42</td> <td>42</td> <td>37</td> <td>35</td> <td>30</td> <td>27</td> <td>35</td> <td>36</td> <td>32</td> </tr> </tbody> </table>		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	RN day	5	10	9	11	10	10	8	6	8	8	12	7	RN night	13	15	14	16	16	14	11	10	10	14	12	12	HCA day	2	3	3	2	3	1	4	4	2	2	2	2	HCA night	2	1	2	2	2	2	3	2	0	1	0	2	Total	22	29	28	31	31	27	26	22	20	25	26	23	Total %	30	39	38	42	42	37	35	30	27	35	36	32
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Table 1

Results for September - This shows that there has been an improvement in the number of wards falling below the 80% fill rate required, this equates to 32% of all inpatient wards. Of these, 19% is shortages of RN's on days and 33% of RN's on nights. This in part remains due to the rate of ongoing vacancies and a combination of short/long term sickness and maternity leave in some areas .

Table 2 - Monthly average% Trust fill rate

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
RN day	90.0	89.2	89	87.5	86	87.2	89.5	90.4	90.0	90.4	88.2	89.1
RN night	88.9	88.1	87.2	87.4	88.3	87.3	89.4	89.4	90.8	89.7	88.9	89.0
HCA day	105.8	111.6	109.3	112.9	111.1	110.6	115	113.6	110.2	113.8	107.7	107.0
HCA night	121.7	131.4	131.5	132.9	135.7	136	132.8	139.1	124.4	136.2	136.7	132.2

Table 2.

Results for September - The average fill rate for RN's days and nights has improved slightly. Fill rate for HCA's remains healthy, in part supporting some of the RN shortages but also supporting patient complexities requiring enhanced observations.

Factors continue to include:

- Unfilled funded RN vacancies.
- 1:1 observations/enhanced care of some patients in a number of wards requiring an over fill.
- High acuity of patients in the majority of wards.
- Some 'cross floor' working in C18 &19, A5 & A6, A12 & A14 has ensured safety whilst supporting efficiency.
- Accepted reduction in planned staffing mapped to patient dependency in ICCU as per National Guidance.

Lord Carter , workforce efficiency collaborative

To provide a single consistent way of recording and reporting deployment of staff working on inpatient wards/units, NHS Improvement developed, tested and have adopted Care Hours per Patient Day as the staffing methodology.

- CHPPD is calculated by adding the hours of Registered Nurses to the hours of Healthcare Support workers and dividing the total by every 24hours of inpatient admissions (or approximating 24 patient hours by counts of patients at midnight)
- CHPPD reports split out Registered Nurse and Health Care Support Workers to ensure skill mix and care needs are met

The Trust has reported nationally CHPPD (Care hours per patient day) since June 2016 and from this month the data is included within the table in Appendix 1.

The actual vs predicted staffing data is captured manually daily at ward level by the nurse in charge, the occupied bed numbers at midnight data is pulled from PAS. These two figures are then

	<p>amalgamated to obtain the CHPPD. The limiting factor of CHPPD is that no account is given of the patient dependency or admission, transfers and discharges that go through the ward in the 24hours.</p> <p><i>Results for September</i> – The range within General wards is 5.0 - 8.5; the range within Rehabilitation wards is 5.4 - 9.7; the range within Emergency portals is 6.1 – 9.1 and the range within High care areas (NNU, ICCU) is 17.8 - 25.8.</p> <p>This data will enable us to benchmark similar wards within the Trust and with similar wards in other Trusts for workforce numbers and quality impact.</p>
<p>3</p>	<p>Recruitment, Retention and Skill Mix Review Programme</p> <p><u>Recruitment</u></p> <p><u>Philippine Campaign</u></p> <p>During September 6 candidates arrived and are undertaking their OSCE preparation programme. OSCE examinations are booked for October, November and December.</p> <p>10 candidates in Manila have received their NMC decision letters and their provisional arrival date is the end of October</p> <p><u>International ‘in country’ scheme not requiring Tier 2 sponsorship</u></p> <p>2 Trust HCAs are resitting their CBT examination in October. A further 6 HCAs joined the September cohort for a supportive education programme with the aim to complete their IELTS examination on 5th November at the Birmingham test centre.</p> <p><u>National campaign</u></p> <p>An Open day for the surgical specialities occurred on 24th September 2016 unfortunately the attendance at the day and subsequent job offers was poor.</p> <p>35 new starters - 8 HCA’s/TSA, 3 bank HCAs and 24 Registered nurses (excluding Midwives) attended Trust induction in October. There were 36 leavers in September -27 Registered nurses (excluding midwives) and 9 HCA.</p> <p><u>Retention</u></p> <p>A cohort of 12 Health Care Assistants will commence a Foundation Degree in Integrated Health and Social Care at Stafford University in October.</p> <p>The Trust successfully submitted a bid in partnership with other Health Care Providers and Wolverhampton University to be one of the 11 pilot sites to deliver the Nursing Associate Foundation Degree programme. In preparation the Trust supported the selection process on 5th and 6th October and there are further selection dates planned for later in October, our aim is to recruit 24 candidates from the 52 applicants to commence the programme in January 2017.</p> <p><u>Skill Mix Review Programme</u></p> <p>The outpatient and day case review is in progress led by the Heads of Nursing with an expected date for submission to the Chief Nurse for confirm and challenge discussion on 25th October 2016. The aim of the review is not only to capture whole time equivalent data (WTE) but to establish the standardisation of roles and bands.</p>

Appendix 1 - Actual v's predicted staffing

The Royal Wolverhampton NHS Trust Inpatient staff planned with actual – September 2016

Ward	Amber = Fill rate \geq 120% or \leq 80%				Care Hours Per Patient Day (CHPPD)			Nurse Sensitive Indicators			Vacancies W.T.E.	
	Average fill rate – RN's / midwives Day	Average fill rate – HCA Day	Average fill rate – RN's / midwives Night	Average fill rate – HCA Night	Registered midwives/nurses	HCA	Overall	Avoidable PU's	Falls with Harm	Hospital Acquired Infections	RN	HCA
A5	80.6%	119.4%	100.0%	143.3%	2.6	3.8	6.4	1			10.93	0.03
A6	83.3%	107.2%	103.3%	140.0%	2.8	3.6	6.4				5.4	-
A7	91.7%	119.3%	92.2%	116.7%	3.4	2.4	5.8	1			3.39	-0.89
A8	86.7%	93.9%	80.0%	126.7%	3.2	2.4	5.7			1	0.74	1.11
A9	99.3%	101.7%	70.6%	178.3%	3.6	3.0	6.6			1	7.13	3.13

A12	81.5%	95.0%	67.8%	283.3%	2.6	2.5	5.1					0.86	0.45
A14	89.0%	118.7%	71.1%	253.3%	3.0	2.7	5.7		1			2.0	-1.0
A23	76.2%	96.7%	90.5%	100.0%	4.6	2.1	6.7		1		1	2.95	-1.29
B7	83.3%	125.8%	66.7%	196.7%	3.4	3.1	6.5					5.95	-1.2
Bey SS	75.3%	91.2%	100.0%	76.7%	5.6	3.4	9.0					8.83	0.09
C16	96.7%	95.3%	68.9%	131.7%	2.8	2.4	5.2					4.0	-
C17	88.9%	105.6%	100.0%	110.0%	3.5	2.0	5.5					4.9	1.0
C18	80.3%	124.2%	75.6%	128.3%	3.1	2.3	5.4					3.11	1.4
C19	77.0%	131.7%	66.7%	151.7%	3.0	2.7	5.7					5.79	-1.22
AMU (C58)	88.8%	114.2%	93.7%	117.5%	5.3	3.8	9.1				1	8.09	-2.7

C22	100.4%	90.3%	96.8%	145.2%	4.6	3.3	7.9					0.35	-3.37
C24	91.4%	94.0%	66.7%	141.7%	2.7	2.5	5.1			1	1	4.85	-0.61
C25	90.0%	106.0%	68.9%	146.7%	2.5	2.5	5.0		1			6.2	2.55
CHU	61.7%	104.4%	84.4%	120.0%	3.2	3.2	6.4					6.35	-1.74
Deansley - C35	75.2%	150.0%	100.0%	100.0%	3.8	3.5	7.4					4.07	-1.43
Maternity – D10	84.4%	96.0%	77.5%	113.3%	5.2	2.7	7.9					3.47	-0.9
Cardiology – B14	95.8%	119.2%	90.0%	150.0%	5.2	1.2	6.4				1	-	1.0
Cardio- thoracic – B8	80.2%	100.0%	83.1%	133.3%	5.2	1.6	6.8					5.11	0.13
West Park 1	97.3%	121.7%	98.3%	156.7%	2.5	3.2	5.7					-1.57	0.26
West Park 2	80.6%	102.4%	100.0%	101.7%	2.3	3.1	5.4					0.69	0.2

NRU	113.3%	117.8%	183.3%	123.3%	5.1	3.8	9.0					2.07	-0.18
Neonatal Unit	120.7%	91.7%	121.0%	86.7%	16.1	1.7	17.8				1	3.69	-0.22
A21	92.2%	77.5%	100.7%	113.3%	7.8	2.0	9.8					1.32	-1.04
ASU - B12	80.4%	93.3%	84.4%	105.0%	3.9	3.1	7.0					3.65	1.69
C41	97.9%	97.1%	86.7%	121.7%	4.1	3.6	7.7			1		0.59	0.22
D7	100.0%	89.2%	67.8%	200.0%	4.0	2.3	6.4					0.16	0.21
ICCU	99.5%	73.2%	99.5%	88.9%	23.4	2.5	25.8					10.87	0.77
Fairoak - CCH	73.3%	131.9%	100.0%	140.0%	3.6	6.1	9.7					2.71	0.14
Hilton Main - CCH	80.2%	114.6%	81.7%	91.7%	4.2	4.3	8.5					0.36	1.18
C15	79.0%	123.3%	66.7%	193.3%	2.9	2.7	5.6					4.39	1.0

PAU	100.0%	90.0%	100.0%	76.7%	23.3	9.9	33.2					As A21	As A21
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