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| The Royal Wolverhampton NHS Trust                             |   |  |
| <b>Trust Board Report</b>                                     |   |   |
| <b>Meeting Date:</b>  | 28 <sup>th</sup> November 2016  |   |
| <b>Title:</b>   | Nursing Workforce Report  |   |
| <b>Executive Summary:</b>                                     | <p>This paper details October 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>  |   |
| <b>Action Requested:</b>                                      | <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>  |   |
| <b>Report of:</b>   | Cheryl Etches, Chief Nursing Officer  |   |
| <b>Author:<br/>Contact Details:</b>                           | Rose Baker, Associate Chief Nurse<br>rosebaker@nhs.net  |   |
| <b>Links to Trust Strategic Objectives</b>                    | 1, 2, 4 & 6.  |   |
| <b>Resource Implications:</b>                                 | Recruitment staffing costs.   |   |
| <b>Risks: BAF/ TRR (describe risk and current risk score)</b> | TRR Risk - 3644   |   |
| <b>Public or Private: (with reasons if private)</b>           | Public  |   |
| <b>References: (e.g. from/to other committees)</b>            | <p>The external facing Trust intranet page has a dedicated section on safe staffing <a href="http://www.royalwolverhampton.nhs.uk/patients-and-visitors/patient-safety/safe-staffing-levels/">http://www.royalwolverhampton.nhs.uk/patients-and-visitors/patient-safety/safe-staffing-levels/</a></p>   |   |
| <b>Appendices/<br/>References/<br/>Background Reading</b>     | <p>a. 'Hard Truths' Commitments NHS England <a href="http://www.england.nhs.uk/2014/04/01/hard-truths/">http://www.england.nhs.uk/2014/04/01/hard-truths/</a> 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 <a href="http://www.england.nhs.uk">http://www.england.nhs.uk</a></p> |   |

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| <b>NHS Constitution:<br/>(How it impacts on any decision-making)</b> | <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"> <li>✚ Equality of treatment and access to services</li> <li>✚ High standards of excellence and professionalism</li> <li>✚ Service user preferences</li> <li>✚ Cross community working</li> <li>✚ Best Value</li> <li>✚ Accountability through local influence and scrutiny</li> </ul> |
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**Background Details**

1

**Actual vs. predicted nurse staffing**

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.

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.

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.

2

**Findings from Actual vs Predicted nurse staffing**

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.

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.

Summary

**Table 1 – Number of wards below an average 80% fill rate**

|                  | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct |
|------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|
| <b>RN day</b>    | 10  | 9   | 11  | 10  | 10  | 8   | 6   | 8   | 8   | 12  | 7    | 3   |
| <b>RN night</b>  | 15  | 14  | 16  | 16  | 14  | 11  | 10  | 10  | 14  | 12  | 12   | 14  |
| <b>HCA day</b>   | 3   | 3   | 2   | 3   | 1   | 4   | 4   | 2   | 2   | 2   | 2    | 4   |
| <b>HCA night</b> | 1   | 2   | 2   | 2   | 2   | 3   | 2   | 0   | 1   | 0   | 2    | 1   |
| <b>Total</b>     | 29  | 28  | 31  | 31  | 27  | 26  | 22  | 20  | 25  | 26  | 23   | 22  |
| <b>Total %</b>   | 39  | 38  | 42  | 42  | 37  | 35  | 30  | 27  | 35  | 36  | 32   | 30  |

**Table 1**

*Results for October* - This shows that there has been an improvement in the number of wards falling below the 80% fill rate required, this equates to 30% of all inpatient wards. Of these, 8% is shortages of RN's on days and 39% 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**

|           | Nov   | Dec   | Jan   | Feb   | Mar   | Apr   | May   | Jun   | Jul   | Aug   | Sept  | Oct   |
|-----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| RN day    | 89.2  | 89    | 87.5  | 86    | 87.2  | 89.5  | 90.4  | 90.0  | 90.4  | 88.2  | 89.1  | 91.9  |
| RN night  | 88.1  | 87.2  | 87.4  | 88.3  | 87.3  | 89.4  | 89.4  | 90.8  | 89.7  | 88.9  | 89.0  | 88.7  |
| HCA day   | 111.6 | 109.3 | 112.9 | 111.1 | 110.6 | 115.6 | 113.6 | 110.2 | 113.8 | 107.7 | 107.0 | 103.6 |
| HCA night | 131.4 | 131.5 | 132.9 | 135.7 | 136   | 132.8 | 139.1 | 124.4 | 136.2 | 136.7 | 132.2 | 134.3 |

**Table 2.**

*Results for October* - 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 CHPPD(Care hours per patient day) for October is included within the table in Appendix 1.

*Results for October* – The range within General wards is 4.7 - 7.5; the range within Rehabilitation wards is 5.5 - 7.7; the range within Emergency portals is 6.7 – 8.8 and the range within High care areas (NNU, ICCU) is 19.3 – 29.0.

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.

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| <p>3</p> | <p><b>Recruitment, Retention and Skill Mix Review Programme</b></p> <p><b><u>Recruitment</u></b></p> <p><u>Philippine Campaign</u></p> <p>During October 2 candidates passed their OSCE examination and were registered with the NMC on 4<sup>th</sup> November. 4 are in OSCE boot camp with their OSCE examination booked for 10<sup>th</sup> November. A further 9 nurses arrived on 3<sup>rd</sup> November their OSCE examinations are booked for 20<sup>th</sup> December however this may be bought forward as a new test centre (Oxford Brookes) opens in December. The Trust has additional 7-10 nurses to arrive from the Philippines at the end of November.</p> <p><u>International ‘in country’ scheme not requiring Tier 2 sponsorship</u></p> <p>The 6 HCAs who joined the September cohort for a supportive education programme had their IELTS examination on 5th November at the Birmingham test centre with the results anticipated in two weeks.</p> <p><u>National campaign</u></p> <p>20 new starters – 17 RNs and 3 RNs for the nurse bank attended Trust induction in November. There were 26 leavers in October -19 Registered nurses (excluding midwives) and 7 HCA.</p> <p><b><u>Retention</u></b></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. We have recruited 20 Trainee Nursing Associates, all were HCAs within the Trust, the programme will commence in January 2017 once the curriculum is finalised.</p> <p>28 HCAs were awarded a Care Certificate at the award ceremony on 1<sup>st</sup> November; this now takes the Trust total to 50.</p> <p>74 new first year nursing students will be commencing in the Trust on 15<sup>th</sup> November</p> <p><b><u>Skill Mix Review Programme</u></b></p> <p>The Adult Community 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 17<sup>th</sup> November. The aim of the review is not only to capture whole time equivalent data (WTE) but to establish the standardisation of roles, bands and look at potential workforce changes to enable care provision in the future.</p> |
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Appendix 1 - Actual v's predicted staffing

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

| Ward | Amber = Fill rate ≥ 120% or ≤ 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   | 82.3%                                   | 118.3%                      | 100.0%                                    | 145.2%                        | 2.6                                | 3.8 | 6.4     |                            |                 |                              | 7.93             | -     |
| A6   | 87.1%                                   | 105.9%                      | 101.6%                                    | 148.4%                        | 2.8                                | 3.6 | 6.3     |                            | 1               |                              | 5.4              | -0.67 |
| A7   | 98.7%                                   | 96.8%                       | 72.0%                                     | 140.3%                        | 3.4                                | 2.5 | 5.9     | 1                          |                 |                              | 4.89             | -0.89 |
| A8   | 86.8%                                   | 83.9%                       | 79.6%                                     | 119.4%                        | 3.2                                | 2.2 | 5.3     | 1                          |                 |                              | 2.74             | 1.11  |
| A9   | 104.2%                                  | 99.2%                       | 75.3%                                     | 158.1%                        | 3.9                                | 2.9 | 6.7     |                            |                 |                              | 5.53             | 4.76  |
| A12  | 89.6%                                   | 95.7%                       | 68.8%                                     | 261.3%                        | 2.8                                | 2.5 | 5.2     |                            |                 |                              | 2.66             | 0.45  |
| A14  | 97.3%                                   | 113.5%                      | 71.0%                                     | 254.8%                        | 3.2                                | 2.6 | 5.8     | 1                          |                 |                              | 3.99             | -1.0  |

|                |        |        |        |        |     |     |     |   |   |   |      |       |
|----------------|--------|--------|--------|--------|-----|-----|-----|---|---|---|------|-------|
| A23            | 82.4%  | 101.6% | 100.0% | 100.0% | 4.9 | 2.2 | 7.1 |   |   |   | 3.56 | -0.37 |
| B7             | 82.0%  | 126.6% | 66.7%  | 200.0% | 3.2 | 2.9 | 6.1 |   |   |   | 5.95 | -1.2  |
| Bey SS         | 75.9%  | 96.5%  | 100.0% | 103.2% | 4.2 | 2.9 | 7.1 |   |   |   | 7.03 | 0.09  |
| C16            | 100.5% | 100.0% | 65.6%  | 150.0% | 2.6 | 2.4 | 5.0 | 1 | 1 |   | 4.0  | -0.86 |
| C17            | 85.5%  | 124.7% | 100.0% | 119.4% | 3.4 | 2.4 | 5.8 |   | 1 |   | 1.9  | 1.0   |
| C18            | 84.2%  | 117.7% | 72.0%  | 129.0% | 3.1 | 2.2 | 5.2 | 1 |   | 1 | 5.11 | 1.4   |
| C19            | 79.0%  | 121.0% | 67.7%  | 146.8% | 2.9 | 2.4 | 5.4 |   |   |   | 4.18 | -1.22 |
| AMU (C58)      | 91.2%  | 116.1% | 93.2%  | 126.6% | 5.1 | 3.7 | 8.8 |   |   |   | 9.48 | -2.7  |
| C22            | 111.1% | 78.1%  | 100.0% | 150.0% | 4.8 | 3.0 | 7.8 |   | 1 |   | 0.35 | -3.37 |
| C24            | 93.1%  | 106.5% | 66.7%  | 143.5% | 2.6 | 2.5 | 5.1 |   |   |   | 4.85 | -0.61 |
| C25            | 85.7%  | 103.9% | 67.7%  | 150.0% | 2.3 | 2.4 | 4.7 |   | 1 |   | 4.2  | 3.55  |
| CHU            | 65.8%  | 104.3% | 84.9%  | 140.3% | 3.1 | 3.1 | 6.1 |   |   |   | 5.35 | -1.74 |
| Deansley - C35 | 90.8%  | 127.4% | 100.0% | 100.0% | 4.2 | 3.0 | 7.2 |   |   | 1 | 3.0  | -1.59 |

|                     |        |        |        |        |      |     |      |   |  |   |       |       |
|---------------------|--------|--------|--------|--------|------|-----|------|---|--|---|-------|-------|
| Maternity – D10     | 81.4%  | 86.5%  | 74.2%  | 100.0% | 5.0  | 2.4 | 7.4  |   |  |   | 2.31  | -0.23 |
| Cardiology – B14    | 92.7%  | 111.5% | 89.5%  | 138.7% | 5.1  | 1.1 | 6.3  | 2 |  | 1 | 0.09  | 1.0   |
| Cardiothoracic – B8 | 82.8%  | 98.4%  | 87.5%  | 161.3% | 4.9  | 1.6 | 6.5  | 1 |  |   | 3.19  | 0.13  |
| West Park 1         | 109.7% | 108.1% | 100.0% | 151.6% | 2.8  | 2.9 | 5.7  |   |  |   | 1.12  | 0.24  |
| West Park 2         | 82.8%  | 98.6%  | 100.0% | 104.8% | 2.4  | 3.1 | 5.5  |   |  |   | 2.07  | -0.51 |
| NRU                 | 108.9% | 103.2% | 196.8% | 103.2% | 5.3  | 3.4 | 8.6  |   |  |   | 2.07  | -0.18 |
| Neonatal Unit       | 116.4% | 74.2%  | 115.2% | 87.1%  | 17.6 | 1.7 | 19.3 |   |  |   | 5.25  | -0.22 |
| A21                 | 87.9%  | 77.4%  | 89.0%  | 109.7% | 7.0  | 1.9 | 8.9  |   |  |   | 5.4   | -1.04 |
| ASU - B12           | 90.0%  | 106.5% | 95.7%  | 101.6% | 4.2  | 3.2 | 7.4  |   |  |   | 4.63  | 1.69  |
| C41                 | 100.0% | 99.1%  | 81.7%  | 129.0% | 3.9  | 3.6 | 7.5  |   |  | 1 | 0.59  | 0.22  |
| D7                  | 109.3% | 88.7%  | 66.7%  | 200.0% | 4.1  | 2.2 | 6.3  |   |  |   | 1.16  | 0.21  |
| ICCU                | 100.0% | 54.2%  | 99.6%  | 74.2%  | 26.8 | 2.1 | 29.0 |   |  |   | -1.55 | 0.77  |
| Fairoak - CCH       | 81.1%  | 128.6% | 100.0% | 143.5% | 3.0  | 4.7 | 7.7  |   |  |   | 3.51  | 0.57  |

|                   |        |        |        |        |      |      |      |  |   |   |           |           |
|-------------------|--------|--------|--------|--------|------|------|------|--|---|---|-----------|-----------|
| Hilton Main – CCH | 95.2%  | 105.5% | 95.2%  | 88.7%  | 4.9  | 4.0  | 9.0  |  |   | 1 | -0.64     | 1.18      |
| C15               | 80.6%  | 112.9% | 66.7%  | 193.5% | 3.0  | 2.5  | 5.5  |  | 1 |   | 5.39      | 1.0       |
| PAU               | 100.0% | 90.3%  | 100.0% | 93.5%  | 33.8 | 15.5 | 49.2 |  |   |   | As<br>A21 | As<br>A21 |