


The Royal Wolverhampton NHS Trust		
Trust Board Report		
Meeting Date:	30 th January 2017	
Title:	Nursing Workforce Report	
Executive Summary:	<p>This paper details November and December 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, Associate Chief Nurse 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>	

<p>NHS Constitution: (How it impacts on any decision-making)</p>	<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
--	---

Background Details

<p>1</p>	<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>
----------	---

<p>2</p>	<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>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> <th>Oct</th> <th>Nov</th> <th>Dec</th> </tr> </thead> <tbody> <tr> <td>RN day</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> <td>3</td> <td>3</td> <td>4</td> </tr> <tr> <td>RN night</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> <td>14</td> <td>13</td> <td>13</td> </tr> <tr> <td>HCA day</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> <td>4</td> <td>4</td> <td>4</td> </tr> <tr> <td>HCA night</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> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>Total</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> <td>22</td> <td>21</td> <td>21</td> </tr> <tr> <td>Total %</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> <td>30</td> <td>29</td> <td>29</td> </tr> </tbody> </table>		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	RN day	11	10	10	8	6	8	8	12	7	3	3	4	RN night	16	16	14	11	10	10	14	12	12	14	13	13	HCA day	2	3	1	4	4	2	2	2	2	4	4	4	HCA night	2	2	2	3	2	0	1	0	2	1	1	0	Total	31	31	27	26	22	20	25	26	23	22	21	21	Total %	42	42	37	35	30	27	35	36	32	30	29	29
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec																																																																																
RN day	11	10	10	8	6	8	8	12	7	3	3	4																																																																																
RN night	16	16	14	11	10	10	14	12	12	14	13	13																																																																																
HCA day	2	3	1	4	4	2	2	2	2	4	4	4																																																																																
HCA night	2	2	2	3	2	0	1	0	2	1	1	0																																																																																
Total	31	31	27	26	22	20	25	26	23	22	21	21																																																																																
Total %	42	42	37	35	30	27	35	36	32	30	29	29																																																																																

Table 1

Results for November - This shows that there has been a slight improvement in the number of wards falling below the 80% fill rate required, this equates to 29% 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 .

Results for December – This shows no change in the number of wards falling below the 80% fill rate. The shortages of RN is 11% on days and 39% on nights

Table 2 - Monthly average% Trust fill rate

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
RN day	87.5	86	87.2	89.5	90.4	90.0	90.4	88.2	89.1	91.9	93.9	93.9
RN night	87.4	88.3	87.3	89.4	89.4	90.8	89.7	88.9	89.0	88.7	90.0	88.7
HCA day	112.9	111.1	110.6	115	113.6	110.2	113.8	107.7	107.0	103.6	105.9	105.8
HCA night	132.9	135.7	136	132.8	139.1	124.4	136.2	136.7	132.2	134.3	134.6	134.1

Table 2.

Results for November - 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.

Results for December - The average fill rate has remained static with the exception of RNs on nights which has deteriorated slightly.

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 November and December is included within the table in Appendix 1.

	<p><i>Results for November</i> – The range within General wards is 4.9 - 7.4; the range within Rehabilitation wards is 5.5 - 7.8; the range within Emergency portals is 7.1 – 8.8 and the range within High care areas (NNU, ICCU) is 18.2 – 27.3</p> <p><i>Results for December</i> - The range within General wards is 5.2 – 8.0; the range within Rehabilitation wards is 5.5 – 8.2; the range within Emergency portals is 7.2 – 8.7 and the range within High care areas (NNU, ICCU) is 18.0 – 25.2</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>Philippines - 16 candidates are expected by the end of February subject to the NMC timeline. 3 candidates with decision letters are due early January with a second intake expected the end of January, number unconfirmed at present but there are 13 with imminent decision letter expected. Review of pipeline took place on January 3rd to determine if offers should be withdrawn in some cases i.e. Candidates with IELTS but no date for CBT and those candidates that have not yet achieved IELTS.</p> <p><u>National campaign</u></p> <p>67 new starters in December including:</p> <p><u>Substantive</u> 5 Philippine new arrivals, 1 Dental nurse, 1 Community Practice Education Facilitator, 2 Nurse Specialists, 8 Registered Nurses, 25 Newly Qualified RNs, 2 registered Midwife, 10 student midwives and 4 HCA's.</p> <p><u>Bank staff</u>: 3 Registered nurses, 7 HCAs</p> <p>There were 34 leavers in December -26 Registered nurses (excluding midwives) and 8 HCAs.</p> <p><u>Retention</u></p> <p>Trainee Nursing Associates Programme We have recruited 19 Trainee Nursing Associates; all were HCAs within the Trust. All attended a meet and greet event on the 20th December, their training programme will commence in late January 2017.</p> <p><u>Skill Mix Review Programme</u></p> <p>The Adult and Paediatric inpatient skill mix 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 7th March.</p>

Appendix 1 - Actual v's predicted staffing

The Royal Wolverhampton NHS Trust Inpatient staff planned with actual – November 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	89.9%	135.1%	107.1%	153.6%	2.7	4.0	6.7	2		1	8.13	0.03
A6	84.4%	110.6%	101.7%	151.7%	2.8	3.8	6.6				5.04	-0.67
A7	96.8%	117.4%	79.6%	119.4%	3.5	2.5	6.0		1		4.89	-1.69
A8	85.5%	83.3%	68.8%	133.9%	3.1	2.4	5.5			1	2.74	-0.2
A9	107.0%	100.8%	76.7%	165.0%	4.1	3.0	7.1				5.5	1.81
A12	93.1%	105.2%	78.2%	231.0%	2.9	2.5	5.3				4.19	0.45
A14	101.2%	119.3%	93.1%	196.6%	3.5	2.4	5.9				3.47	-1.0

A23	84.9%	100.0%	100.0%	100.0%	5.0	2.2	7.3				3.56	-1.09
B7	80.6%	120.2%	65.6%	190.3%	3.3	2.9	6.2				4.95	-1.2
Bey SS	75.8%	72.8%	100.0%	100.0%	5.1	2.9	8.0				6.82	0.89
C16	100.5%	98.7%	64.4%	150.0%	2.7	2.5	5.1		1	1	2.11	-0.25
C17	75.6%	121.1%	100.0%	200.0%	3.2	2.8	6.0				3.9	0
C18	84.0%	121.7%	72.2%	133.3%	3.1	2.3	5.4		1		4.31	1.75
C19	82.0%	133.3%	66.7%	146.7%	3.1	2.6	5.7		1	1	4.2	-1.02
AMU (C58)	89.5%	114.8%	93.9%	122.6%	5.1	3.7	8.8				6.68	-2.7
C22	118.3%	65.2%	96.8%	143.5%	5.2	2.8	8.0		2	1	0.35	-3.68
C24	95.4%	98.7%	64.5%	141.9%	2.7	2.5	5.3		1	1	3.57	-0.61
C25	85.2%	112.7%	66.7%	148.3%	2.3	2.6	4.9				3.4	3.64
CHU	68.1%	93.0%	82.8%	117.7%	3.2	2.7	5.9		1	1	6.35	-1.74
Deansley - C35	83.4%	134.7%	96.8%	96.8%	4.1	3.3	7.4			1	2.66	-1.52

Maternity – D10	90.3%	100.0%	76.7%	100.0%	5.6	2.7	8.3				0	-1.5	
Cardiology – B14	96.7%	119.2%	94.6%	123.3%	5.2	1.1	6.4			1	0.09	1.0	
Cardiothoracic – B8	89.2%	115.0%	89.0%	166.7%	5.6	1.9	7.5				5.19	0.13	
West Park 1	106.0%	98.3%	101.7%	186.7%	2.8	2.9	5.7			1	1.23	0.24	
West Park 2	85.0%	100.0%	98.3%	103.3%	2.4	3.1	5.5			1	2.24	-0.7	
NRU	100.0%	116.7%	196.7%	100.0%	4.9	3.6	8.6				2.07	-0.18	
Neonatal Unit	121.2%	73.3%	119.5%	56.7%	16.9	1.3	18.2				5.93	-0.22	
A21	90.8%	99.2%	96.7%	96.7%	7.7	2.3	10.0				4.4	-1.0	
ASU - B12	89.2%	94.1%	87.1%	103.2%	4.5	3.3	7.8				4.63	1.69	
C41	97.5%	96.7%	77.8%	130.0%	3.8	3.5	7.4				1.59	0.22	
D7	120.4%	91.7%	66.7%	200.0%	4.0	2.0	6.0				1	1.16	0.21
ICCU	99.1%	56.5%	98.6%	91.5%	25.0	2.3	27.3				1	1.25	0.77
Fairoak - CCH	86.2%	120.3%	96.8%	141.9%	3.2	4.6	7.8				3.51	0.6	

Hilton Main – CCH	90.1%	134.2%	90.2%	98.3%	4.2	4.4	8.7				-2.64	1.98
C15	89.5%	104.2%	66.7%	200.0%	3.2	2.5	5.7				5.19	1.0
PAU	100.0%	95.0%	100.0%	93.3%	25.8	12.2	38.0				As A21	As A21

The Royal Wolverhampton NHS Trust Inpatient staff planned with actual – December 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	87.1%	117.2%	100.0%	146.8%	2.8	3.9	6.6				1.49	-
A6	94.6%	118.8%	100.0%	158.1%	3.0	4.1	7.2				1.18	-
A7	102.3%	121.3%	88.2%	114.5%	3.7	2.4	6.1				3.89	-1.69
A8	96.1%	84.4%	76.3%	124.2%	3.4	2.3	5.7	1			1.74	-
A9	103.5%	94.4%	78.5%	133.9%	4.3	2.9	7.2				4.93	1.81
A12	84.8%	160.5%	71.0%	274.2%	2.7	2.6	5.3	1			3.19	4.12
A14	101.2%	158.8%	88.2%	241.9%	3.6	2.7	6.3			1	3.28	-
A23	94.3%	88.7%	100.0%	100.0%	6.3	2.4	8.8				4.56	-0.37

B7	84.8%	121.8%	66.7%	200.0%	3.2	2.8	6.1			1	1	4.95	-0.32
Bey SS	82.1%	79.8%	100.0%	100.0%	5.8	3.3	9.1					2.9	3.69
C16	96.8%	104.5%	67.7%	148.4%	2.7	2.6	5.3			1	1	3.5	3.34
C17	79.0%	135.5%	100.0%	164.5%	3.3	2.8	6.0					2.51	-
C18	81.0%	122.6%	66.7%	137.1%	3.0	2.3	5.3			2	1	2.39	-
C19	82.9%	116.9%	66.7%	148.4%	3.2	2.5	5.6					3.4	-0.22
AMU (C58)	92.4%	114.0%	94.6%	121.8%	5.1	3.6	8.7			1		4.74	-0.94
C22	114.7%	74.8%	100.0%	150.0%	5.0	2.9	7.9					1.5	-1.68
C24	110.6%	80.0%	71.0%	140.3%	3.0	2.2	5.2			1	1	1.85	-0.53
C25	94.0%	102.6%	67.7%	143.5%	2.7	2.6	5.2					3.59	3.64
CHU	75.2%	98.9%	76.3%	117.7%	3.5	3.0	6.4				2	9.14	1.53
Deansley - C35	85.3%	128.2%	100.0%	103.2%	4.4	3.4	7.8				1	2.4	-2.55
Maternity – D10	88.8%	102.6%	79.0%	100.0%	5.7	2.8	8.4					-1.17	-0.13

Cardiology – B14	98.8%	131.4%	91.5%	116.1%	5.3	1.2	6.5			1	1.1	-
Cardiothoracic – B8	84.0%	109.7%	88.0%	151.6%	5.1	1.7	6.8				3.27	1.13
West Park 1	101.9%	97.3%	100.0%	193.5%	2.7	2.9	5.7				1.23	-0.3
West Park 2	81.2%	103.7%	100.0%	103.2%	2.4	3.1	5.5				1.44	-0.51
NRU	98.4%	101.1%	180.6%	119.4%	4.8	3.5	8.2				2.07	-0.18
Neonatal Unit	121.4%	74.2%	114.3%	96.8%	16.3	1.6	18.0			1	5.91	-0.2
A21	91.7%	81.5%	95.5%	93.5%	9.5	2.5	12.0				4.6	0.28
ASU - B12	95.0%	100.5%	89.2%	127.4%	4.5	3.5	7.9				3.82	2.69
C41	103.6%	98.6%	92.5%	116.1%	4.3	3.6	8.0			1	0.98	2.82
D7	112.1%	82.3%	66.7%	183.9%	4.2	2.1	6.3			1	-0.84	0.21
ICCU	94.4%	62.4%	93.8%	93.5%	23.0	2.2	25.2			1	6.47	0.77
Fairoak - CCH	88.0%	120.3%	100.0%	143.5%	3.1	4.3	7.4				3.51	-0.43
Hilton Main – CCH	79.1%	114.5%	80.5%	90.3%	4.4	4.6	9.0				11.93	2.58

C15	79.3%	112.1%	66.7%	196.8%	2.9	2.5	5.4				1.99	3.0
PAU	100.0%	90.3%	100.0%	96.8%	21.4	9.9	31.3				As A21	As A21