


The Royal Wolverhampton NHS Trust		
Trust Board Report		
Meeting Date:	27 th February 2017	
Title:	Nursing Workforce Report	
Executive Summary:	<p>This paper details January 2017 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>	

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" data-bbox="247 1433 1481 1966"> <thead> <tr> <th></th> <th>Feb</th> <th>Mar</th> <th>April</th> <th>May</th> <th>June</th> <th>July</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> </tr> </thead> <tbody> <tr> <td>RN day</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> <td>2</td> </tr> <tr> <td>RN night</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> <td>10</td> </tr> <tr> <td>HCA day</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> <td>4</td> </tr> <tr> <td>HCA night</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> <td>0</td> </tr> <tr> <td>Total</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> <td>16</td> </tr> <tr> <td>Total %</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> <td>22</td> </tr> </tbody> </table>		Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	RN day	10	10	8	6	8	8	12	7	3	3	4	2	RN night	16	14	11	10	10	14	12	12	14	13	13	10	HCA day	3	1	4	4	2	2	2	2	4	4	4	4	HCA night	2	2	3	2	0	1	0	2	1	1	0	0	Total	31	27	26	22	20	25	26	23	22	21	21	16	Total %	42	37	35	30	27	35	36	32	30	29	29	22
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Table 1

Results for January - This shows that there has been a slight improvement in the number of wards falling below the 80% fill rate required, this equates to 22% of all inpatient wards. Of these, 5% is shortages of RN's on days and 31% 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

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan
RN day	86	87.2	89.5	90.4	90.0	90.4	88.2	89.1	91.9	93.9	93.9	95.5
RN night	88.3	87.3	89.4	89.4	90.8	89.7	88.9	89.0	88.7	90.0	88.7	90.8
HCA day	111.1	110.6	115	113.6	110.2	113.8	107.7	107.0	103.6	105.9	105.8	108.8
HCA night	135.7	136	132.8	139.1	124.4	136.2	136.7	132.2	134.3	134.6	134.1	133.6

Table 2.

Results for January - 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 January is included within the table in Appendix 1.

Results for January – The range within General wards is 4.9 - 7.3; the range within Rehabilitation wards is 5.6 - 7.6; the range within Emergency portals is 6.6 – 8.3 and the range within High care areas (NNU, ICCU) is 17.7 – 25.5

	<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</p> <p><u>National campaign</u></p> <p>There were 48 new starters in January including:</p> <p><u>Substantive</u> 20 Registered Nurses, 4 Registered Midwives, 2 Operating Department Practitioners and 12 Health Care Assistants.</p> <p><u>Bank staff</u>: 10 Health Care Assistants</p> <p>There were 23 leavers in January :</p> <ul style="list-style-type: none"> • 14 Registered nurses of which 3 retired and returned • 9 HCAs of which 3 retired and returned. <p><u>Jobs fair</u></p> <p>The Trust will be taking part in the RCN jobs fair in Birmingham in March as our attendance last year was beneficial</p> <p><u>Retention</u></p> <p><u>Trainee Nursing Associates Programme</u></p> <p>19 Trainee Nursing Associates commenced their 2 year foundation degree programme at the end of January.</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 in March.</p>

Appendix 1 - Actual v's predicted staffing

The Royal Wolverhampton NHS Trust Inpatient staff planned with actual – January 2017

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	87.6%	116.7%	98.4%	146.8%	2.7	3.8	6.5				1.0	0.03
A6	97.8%	131.7%	100.0%	193.5%	2.9	4.5	7.4				0.82	0.5
A7	101.6%	132.9%	91.4%	116.1%	3.7	2.6	6.3	2			2.89	-1.49
A8	86.5%	112.9%	76.3%	133.9%	3.1	2.8	5.9	1	2		2.04	-0.2
A9	108.7%	100.0%	83.3%	108.1%	4.1	2.5	6.6		1		3.53	1.81
A12	96.5%	167.5%	86.0%	216.1%	3.2	2.5	5.6			1	3.19	4.12
A14	102.7%	155.3%	84.9%	225.8%	3.5	2.6	6.1				3.08	-

A23	85.8%	98.4%	98.4%	100.0%	5.3	2.3	7.6	1			3.56	-0.37
B7	83.4%	121.8%	66.7%	196.8%	3.2	2.8	6.0			1	4.95	0.68
Bey SS	84.0%	78.9%	100.0%	100.0%	4.5	2.5	7.0	1			2.31	3.69
C16	103.7%	94.8%	66.7%	133.9%	2.7	2.2	4.9	1		1	1.51	3.34
C17	79.0%	141.9%	100.0%	100.0%	3.2	2.5	5.7	1			2.51	-
C18	92.3%	115.3%	87.1%	117.7%	3.4	2.1	5.5				1.39	2.72
C19	84.8%	129.0%	76.3%	154.8%	3.4	2.7	6.1		1		3.4	1.19
AMU (C58)	94.4%	116.1%	99.3%	122.6%	4.9	3.4	8.3				3.0	-0.94
C22	117.9%	74.8%	100.0%	156.5%	5.0	2.9	7.9		2	1	0.35	-1.08
C24	106.5%	87.1%	66.7%	148.4%	2.8	2.3	5.1			1	1.85	-0.53
C25	92.2%	100.0%	69.9%	141.9%	2.5	2.4	4.9				2.59	1.03
CHU	73.2%	97.8%	82.8%	132.3%	3.3	2.9	6.2			1	10.53	1.53
Deansley - C35	95.4%	120.2%	100.0%	100.0%	6.4	4.3	10.6				1.26	-2.55

Maternity – D10	92.1%	94.8%	79.0%	98.4%	5.0	2.2	7.2				-4.17	-0.93
Cardiology – B14	98.4%	117.3%	88.7%	103.2%	5.1	1.0	6.1				3.39	-
Cardiothoracic – B8	85.7%	108.1%	91.5%	141.9%	5.0	1.5	6.5	1			1.27	1.13
West Park 1	107.7%	106.5%	98.4%	171.0%	2.7	2.9	5.6				1.23	-0.3
West Park 2	93.5%	120.3%	100.0%	141.9%	2.6	3.8	6.3	2			1.44	-0.51
NRU	99.2%	106.5%	135.5%	164.5%	4.3	4.0	8.3				3.07	-0.18
Neonatal Unit	123.5%	91.9%	123.0%	93.5%	16.0	1.7	17.7			1	5.91	1.27
A21	91.1%	65.3%	94.2%	100.0%	7.3	1.7	8.9				5.6	0.28
ASU - B12	86.4%	108.1%	94.6%	112.9%	3.9	3.2	7.2				3.82	1.69
C41	99.2%	91.2%	80.6%	129.0%	3.9	3.4	7.3				1.78	2.82
D7	113.7%	91.1%	66.7%	196.8%	3.8	2.0	5.8				-0.84	-0.74
ICCU	95.0%	65.5%	96.4%	90.3%	23.4	2.2	25.5				2.76	0.77
Fairoak - CCH	85.3%	128.1%	100.0%	143.5%	3.0	4.5	7.6				3.51	-0.43

Hilton Main – CCH	90.8%	118.8%	91.6%	87.1%	3.9	3.7	7.6	1			10.13	2.58
C15	93.5%	97.6%	66.7%	206.5%	3.3	2.4	5.7		1		0.99	3.0
PAU	100.0%	88.7%	100.0%	100.0%	21.1	9.8	30.9				As A21	As A21