


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

<b>NHS Constitution: (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**

	Mar 2016	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan 2017	Feb
<b>RN day</b>	10	8	6	8	8	12	7	3	3	4	2	4
<b>RN night</b>	14	11	10	10	14	12	12	14	13	13	10	12
<b>HCA day</b>	1	4	4	2	2	2	2	4	4	4	4	2
<b>HCA night</b>	2	3	2	0	1	0	2	1	1	0	0	0
<b>Total</b>	27	26	22	20	25	26	23	22	21	21	16	18
<b>Total %</b>	37	35	30	27	35	36	32	30	29	29	22	25

**Table 1**

*Results for February* - This shows that there has been a slight deterioration in the number of wards falling below the 80% fill rate required, this equates to 25% of all inpatient wards. Of these, 11% 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**

	Mar 2016	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan 2017	Feb
RN day	87.2	89.5	90.4	90.0	90.4	88.2	89.1	91.9	93.9	93.9	95.5	96.5
RN night	87.3	89.4	89.4	90.8	89.7	88.9	89.0	88.7	90.0	88.7	90.8	88.4
HCA day	110.6	115	113.6	110.2	113.8	107.7	107.0	103.6	105.9	105.8	108.8	110.5
HCA night	136	132.8	139.1	124.4	136.2	136.7	132.2	134.3	134.6	134.1	133.6	137.1

**Table 2.**

*Results for February* - The average fill rate for RN's days has improved slightly, however the night fill rate has deteriorated. 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 and dependancy of patients in the majority of wards.
- Some 'cross floor' working in C18 &19, A5 & A6, A12 & A14 has ensured safety whilst supporting efficiency.
- An 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 midnght)
- 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 February is included within the table in Appendix 1.

Table below provides average and range for specific ward types

	Jan 2017		Feb 2017		March 2017		April 2017		May 2017	
	Average	Range	Average	Range	Average	Range	Average	Range	Average	Range
<b>General wards</b>	6.46	4.9-7.3	6.45	4.9-7.3						
<b>Rehab wards</b>	6.97	5.6-7.6	6.80	5.8-8.9						
<b>Emergency portal</b>	7.46	6.6-8.3	7.15	6.5-7.8						
<b>High Care</b>	21.6	17.7-25.5	23.45	18.8-28.1						

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.

### 3 Recruitment, Retention and Skill Mix Review Programme

#### Recruitment

##### Philippine Campaign

Philippines - 8 candidates arrived on the 2<sup>nd</sup> March and are booked to take their OSCE 26<sup>th</sup> and 28<sup>th</sup> April. Our current pass rate for passing OSCE with a combined 1<sup>st</sup> and 2<sup>nd</sup> attempt is 92%, nationally the combined pass rate is 61%

A Trust graduation ceremony was held on 28<sup>th</sup> February for the 24 nurses who have received their NMC registration, at which they were presented with their hospital badge and certificate by the Chief Nurse

##### National campaign

##### Jobs fair

The Trust took part in a 2 day RCN jobs fair in Birmingham in March at which 25 conditional offers of employment were made (21 nurses who are due to qualify in September 2017 and 4 experienced nurses). A further 31 nurses were given interview dates throughout March as they chose not to be interviewed on the day.

#### Retention

Two staff surveys have been conducted:

1. asking all registered nurses that have been in post two years
2. asking all registered nurses that have been in post for longer than two years

What had gone well in their time at the Trust and what issues they had encountered, the feedback will help us focus our retention plan to address some of the issues highlighted.

The design of nursing adverts has been updated to ensure they contain sufficient key words to support the pick up by internet search engines; the initial feedback has been promising.

There were 31 leavers in February :

23 Registered nurses

8 HCAs

There were 33 new starters in March including:

Substantive - 10 registered nurses , 1 newly qualified nurse , 9 overseas nurses, 1 midwife,4 specialist nurses, 4 research nurses , 1 health visitor

Bank staff: 1 registered Nurse. 2 HCAs

**Skill Mix Review Programme**

The Clinical Nurse Specialist skill mix review has been completed, the next phase is to confirm job plans are established for each nurse within this group of staff. These will be confirmed by the Heads of Nursing/Midwifery by April 2017

Appendix 1 - Actual v's predicted staffing

The Royal Wolverhampton NHS Trust Inpatient staff planned with actual – February 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 pressure ulcers	Falls with Harm	% of observations completed on time	Hospital Acquired Infections	RN	HCA
A5	92.3%	125.6%	107.1%	151.8%	2.9	4.0	6.8	1		96%		1.49	0.03
A6	105.4%	114.3%	100.0%	167.9%	3.4	4.2	7.6	1		96%		1.18	0.5
A7	96.4%	119.0%	82.1%	125.0%	3.4	2.8	6.2	1		92%		2.89	-1.69
A8	87.1%	126.8%	71.4%	141.1%	3.1	3.0	6.1			90%		2.04	-0.2
A9	104.6%	100.4%	79.8%	128.6%	3.9	2.6	6.5	1		93%		4.36	0.97
A12	90.3%	144.7%	82.1%	242.9%	2.9	2.4	5.4			91%		3.19	4.12
A14	103.8%	132.5%	71.4%	275.0%	3.3	2.6	5.9			96%		3.11	0

A23	85.6%	101.8%	100.0%	96.4%	5.0	2.2	7.3			96%	1	2.96	-0.18
B7	76.5%	126.8%	66.7%	221.4%	3.0	3.0	6.0			96%		3.56	0.68
Bey SS	80.2%	71.9%	92.9%	92.9%	4.0	2.3	6.3	1		98%		2.72	3.69
C16	108.2%	92.1%	66.7%	144.6%	2.7	2.2	5.0	1	1(07.15)	87%	1	1.51	3.34
C17	73.8%	152.4%	100.0%	100.0%	3.1	2.6	5.8			90%		3.51	1.0
C18	92.1%	116.1%	83.3%	110.7%	3.4	2.1	5.5			91%		2.39	2.75
C19	78.9%	137.5%	69.0%	160.7%	2.9	2.7	5.6			92%	1	5.4	1.19
AMU (C58)	95.1%	113.7%	98.8%	118.8%	4.7	3.1	7.8			89%		4.68	-0.94
C22	122.6%	81.4%	100.0%	155.4%	5.1	3.0	8.2		1(13.30)	92%		0.35	-1.08
C24	96.4%	91.4%	71.4%	135.7%	2.6	2.2	4.9			93%		1.85	-0.53
C25	102.6%	96.4%	71.4%	133.9%	2.7	2.2	4.9			92%		2.59	1.03
CHU	150.7%	185.7%	82.1%	130.4%	3.2	2.7	5.8			93%		10.53	1.53
Deansl ey - C35	98.0%	116.1%	100.0%	100.0%	6.8	4.3	11.1			97%		0.74	-2.55

Maternity – D10	89.6%	91.4%	78.6%	100.0%	5.3	2.4	7.7			NA		-4.17	-0.93
Cardiology – B14	91.1%	129.2%	87.5%	135.7%	4.9	1.2	6.1			96%		4.09	0
Cardiothoracic – B8	90.7%	100.0%	87.5%	114.3%	5.1	1.3	6.4			97%		3.19	0.04
West Park 1	106.4%	102.4%	100.0%	200.0%	2.7	3.0	5.8	2		NA		2.23	-0.24
West Park 2	89.3%	118.4%	100.0%	151.8%	2.5	3.9	6.4			NA		1.4	-0.51
NRU	90.2%	142.9%	128.6%	178.6%	4.0	4.9	8.9			NA		4.07	-0.18
Neonatal Unit	125.3%	82.1%	111.7%	128.6%	16.8	2.0	18.8			NA		5.55	1.47
A21	97.6%	58.0%	98.6%	100%	7.1	1.4	8.5			NA		6.38	0.04
ASU - B12	88.1%	96.4%	88.1%	116.1%	3.9	3.0	6.9			93%		4.62	1.69
C41	102.7%	89.8%	66.7%	150.0%	3.0	2.8	5.8			98%		-0.41	2.82
D7	109.8%	100.0%	66.7%	192.9%	4.0	2.3	6.4			90%		-0.84	0.21



ICCU	95.1%	56.6%	94.7%	92.6%	25.9	2.2	28.1			NA	1	2.43	0.77
Fairoak - CCH	79.1%	141.3%	100.0%	142.9%	2.3	3.9	6.2	1	1 (05.00)	99%		3.51	-0.43
Hilton Main – CCH	88.8%	139.2%	90.8%	85.7%	4.3	4.5	8.8			95%		10.13	2.58
C15	92.3%	97.3%	66.7%	182.1%	3.3	2.2	5.5			94%		0.99	3.08
PAU	100.0%	91.1%	100.0%	96.4%	18.5	8.6	27.2			NA		As A21	As A21