


The Royal Wolverhampton NHS Trust		
Trust Board Report		
Meeting Date:	24 th April 2017	
Title:	Nursing Workforce Report	
Executive Summary:	<p>This paper details March 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)**

In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:

- ✚ 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

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

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

Table 1

Results for March - This shows that there has been a slight deterioration 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

	Apr 2016	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan 2017	Feb	March
RN day	89.5	90.4	90.0	90.4	88.2	89.1	91.9	93.9	93.9	95.5	96.5	92.5
RN night	89.4	89.4	90.8	89.7	88.9	89.0	88.7	90.0	88.7	90.8	88.4	89.1
HCA day	115	113.6	110.2	113.8	107.7	107.0	103.6	105.9	105.8	108.8	110.5	110.1
HCA night	132.8	139.1	124.4	136.2	136.7	132.2	134.3	134.6	134.1	133.6	137.1	133.5

Table 2.

Results for March - The average fill rate for RN's days has deteriorated slightly, however the night fill rate 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 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 nurse 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) Trust data for March is included within the table in Appendix 1.

This data is submitted monthly for inclusion on the NHSI Model Hospital dashboard, unfortunately the dashboard data is curenly several months behind an example can be seen in Appendix 2

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
General wards	6.46	4.9-7.3	6.45	4.9-7.3	6.6	5-10.9				
Rehab wards	6.97	5.6-7.6	6.80	5.8-8.9	7.4	5.9-9.5				
Emergency portal	7.46	6.6-8.3	7.15	6.5-7.8	7.7	6.3-9.0				
High Care	21.6	17.7-25.5	23.45	18.8-28.1	22.9	19.9-25.9				

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.

NHS Improvement has been working to identify metrics and systems for reflecting the productivity and efficiency of the Allied Health Professional (AHP) workforce in Acute Trusts.

The AHP compartment, available via the Model Hospital, already illustrates AHP productivity using the 'cost per WAU' (weighed activity units) metric however more granular supporting metrics are required to enable Trusts to identify and target any unwarranted variation in performance

NHSI are now ready to test these other metrics more widely and we will be submitting data on 28th April that will demonstrate 'Therapy Hours per Contact' (THpC). For this data capture the term therapists refers to Physiotherapists; Occupational Therapists; Speech and Language Therapists; and Dieticians

3 Recruitment, Retention and Skill Mix Review Programme

Recruitment

International recruitment

The NMC is changing the number of OSCE test sittings an overseas trained (non EU/EEA) nurse or midwife can take as part of their application for registration.

From 6 April 2017, nurses and midwives submitting a new registration application will have the opportunity to sit an OSCE for a third time if they need to, waiting three months to allow for further preparation, all within the same application. This change will benefit those applicants on Tier 2 visas as it will bring the overseas registration process in line with the eight month time limit granted by their visa to successfully complete their OSCE.

The NMC hope this will go some way to reducing the pressure placed upon overseas nurses and midwives wishing to work in the United Kingdom, and streamline the process.

Philippine Campaign

Review of pipeline has taken place and offers have been withdrawn to those who are not sufficiently along the process to be converted to a viable recruit.

4 staff arrived 30th March. They completed Trust and Nurse Induction week which commenced 3/4/17, BLS booked for 10/4/17 Manual handling booked 25th/27th April. OSCE booked 26/5/17

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 interviewed throughout March as they chose not to be interviewed on the day.

Retention

There were 30 leavers in March :

23 Registered nurses

7 HCAs

There were 21 new starters in April including:

Substantive - 6 registered nurses , 1 theatre practitioner , 4 overseas Nurses, 1 midwife,3 specialist Nurses, 2 research nurses , 1 practice nurse , 3 HCAs

No bank staff this month

Skill Mix Review Programme

Clinical Nurse Specialist job plans have been reviewed and confirmed by the Heads of Nursing/Midwifery during April 2017

Appendix 1 - Actual v's predicted staffing

The Royal Wolverhampton NHS Trust Inpatient staff planned with actual – March 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	100.0%	124.7%	111.3%	153.2%	2.9	3.8	6.7			96%		8.4	2.8
A6	90.3%	117.2%	100.0%	138.7%	2.7	3.6	6.3			96%		0.49	2.98
A7	93.9%	117.7%	77.4%	130.6%	3.4	2.9	6.3			91%		1.89	-1.69
A8	83.5%	102.7%	79.6%	124.2%	3.2	2.6	5.8		1 (18.20)	91%		3.04	-0.2
A9	98.7%	88.7%	72.0%	103.2%	3.9	2.4	6.3			92%		4.37	-0.95
A12	92.8%	170.2%	73.1%	267.7%	3.0	2.7	5.7			93%		2.1	4.12
A14	96.6%	150.9%	79.6%	274.2%	3.4	2.7	6.1			97%	1	3.11	0

A23	91.6%	100.0%	100.0%	100.0%	5.2	2.2	7.4			96%		3.29	-0.18
B7	85.3%	122.6%	66.7%	248.4%	3.4	3.2	6.7		1 (16.30)	95%		2.99	0.68
Bey SS	89.6%	87.7%	100.0%	100.0%	4.8	2.7	7.5			98%		2.7	1.69
C16	103.2%	92.3%	68.8%	143.5%	2.8	2.3	5.1			85%		3.51	3.34
C17	74.2%	123.7%	96.8%	96.8%	3.2	2.3	5.6			89%		3.51	1.08
C18	87.1%	113.7%	88.2%	103.2%	3.4	2.0	5.4			93%	1	1.39	2.75
C19	87.1%	104.8%	67.7%	154.8%	3.3	2.4	5.7	1		90%		3.2	1.19
AMU (C58)	95.6%	113.7%	99.6%	107.3%	5.5	3.5	9.0			89%		5.89	-0.94
C22	114.3%	76.8%	100.0%	150.0%	5.1	3.0	8.1			95%		1.27	-0.33
C24	100.0%	98.1%	73.1%	130.6%	2.9	2.5	5.4			93%		2.85	-0.45
C25	91.2%	105.8%	68.8%	140.3%	2.5	2.5	5.0			92%	2	3.59	1.03
CHU	77.4%	89.2%	86.0%	132.3%	4.0	3.2	7.2	1		97%		10.14	1.53
Deansley - C35	92.2%	116.1%	100.0%	100.0%	6.6	4.4	10.9			94%	1	1.74	-2.55

Maternity – D10	84.4%	93.5%	74.2%	96.8%	4.9	2.4	7.3			NA		-3.97	-2.05
Cardiology – B14	92.3%	146.3%	87.5%	177.4%	5.1	1.5	6.6			95%		4.7	0
Cardiothoracic – B8	83.3%	100.0%	92.7%	96.8%	5.2	1.3	6.5			96%	1	3.19	-0.27
West Park 1	101.9%	110.8%	100.0%	200.0%	2.7	3.2	5.9			NA		1.95	-0.32
West Park 2	85.5%	115.2%	100.0%	127.4%	2.5	3.7	6.2	1		NA		1.32	-0.51
NRU	96.0%	151.6%	129.0%	171.0%	4.3	5.2	9.5			NA		3.07	-0.18
Neonatal Unit	116.8%	71.0%	117.5%	74.2%	18.3	1.6	19.9			NA		6.31	2.27
A21	87.1%	59.7%	95.5%	96.8%	7.4	1.6	9.0			NA		13.78	1.2
ASU - B12	82.1%	110.8%	84.9%	121.0%	3.9	3.6	7.4	1		93%		4.82	3.69
C41	100.8%	96.8%	67.7%	151.6%	3.9	3.8	7.7			97%	1	2.39	1.82
D7	108.9%	100.8%	66.7%	196.8%	3.7	2.1	5.8			91%		-0.84	0.21

ICCU	93.1%	59.9%	96.3%	84.5%	23.9	2.0	25.9			NA		3.98	0.77
Fairoak - CCH	69.1%	151.6%	100.0%	150.0%	2.7	5.4	8.1	1		99%		2.51	-0.43
Hilton Main – CCH	95.2%	147.2%	98.8%	88.7%	4.3	4.3	8.6	2		95%		2.83	-1.67
C15	88.9%	106.5%	66.7%	193.5%	3.3	2.5	5.8		2 (22.00, 07.30)	93%	1	0.99	2.08
PAU	100.0%	96.8%	100.0%	93.5%	20.3	9.7	29.9			NA		As A21	As A21

Appendix 2

Royal Wolverhampton NHS Trust (RL4)

Nursing & Midwifery, Trust Level

Caring	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Recommend to friends & family (Staff)	Q2 2016/17	86.1%	-	-		No variation available	
Recommend to friends & family (Patients) - Inpatient	Jan 2017	93.9%	-	-		No variation available	
Recommend to friends & family (Patients) - Outpatient	Jan 2017	93.3%	-	-		No variation available	
Recommend to friends & family (Patients) - Maternity Antenatal Care	Jan 2017	95.5%	-	-		No variation available	
Recommend to friends & family (Patients) - Maternity Birth Setting	Jan 2017	100.0%	-	-		No variation available	
Recommend to friends & family (Patients) - Maternity Postnatal Ward	Jan 2017	96.3%	-	-		No variation available	
Money & Resources	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Cost per WAU - Total Nursing & Midwifery Staff	2015/16	£694	£709	£710			No trendline available
Cost per WAU - Registered Nurses & Midwives	2015/16	£550	£566	£567			No trendline available
Cost per WAU - Non Registered Nurses & Nursing Support Staff	2015/16	£144	£142	£151			No trendline available
Care Hours per Patient Day - Total Nursing & Midwifery Staff	Jan 2017	7.3	7.8	7.6			
Care Hours per Patient Day - Registered Nurses & Midwives	Jan 2017	4.5	5.0	4.7			
Care Hours per Patient Day - Healthcare Support Workers	Jan 2017	2.8	3.1	2.9			
Cost per Care Hour - Total Nursing & Midwifery Staff	Jan 2017	£24	£24	£25			
Cost per Patient Day - Total Nursing & Midwifery Staff	Jan 2017	£174	£196	£211			
Average Staff Cost - All Nursing & Midwifery Staff	2015/16	£35,552	£35,228	£36,034			
Average Staff Cost - Registered Nursing & Midwifery Staff	2015/16	£41,053	£40,927	£41,513			
Average Staff Cost - Healthcare Support Workers	2015/16	£23,537	£22,981	£24,170			
Agency % of Registered Nurses & Midwives Pay Bill	-	-	-	-			
Agency % of Healthcare Support Worker Pay Bill	-	-	-	-			

People, Management & Culture: Well-led	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Sickness Absence Rate - Nursing & Health Visitors	Nov 2016	5.0%	4.5%	4.4%			
Sickness Absence Rate - Midwifery	Nov 2016	4.1%	4.6%	4.9%			
Sickness Absence Rate - Healthcare Support Workers	Nov 2016	6.6%	6.7%	6.6%			
Staff Retention Rate - Nursing & Health Visitors	Dec 2016	89.2%	89.3%	87.3%			
Staff Retention Rate - Midwifery	Dec 2016	90.2%	87.8%	88.3%			
Staff Retention Rate - Healthcare Support Workers	Dec 2016	84.6%	85.3%	84.5%			
Staff Survey - Recommend as place to work or receive treatment (Nurses - Adult/General)	2016	3.8	3.9	3.8			
Staff Survey - Recommend as place to work or receive treatment (Nurses - Children)	-	NOT AVAILABLE	-	-			
Staff Survey - Recommend as place to work or receive treatment (Nurses - Midwives)	-	NOT AVAILABLE	-	-			
Staff Survey - Recommend as place to work or receive treatment (Nursing Assistants)	2016	4.1	3.9	3.9			
Recommend as a place to work (All Staff)	Q2 2016/17	72.4%	-	-		No variation available	

Safe	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Proportion of Patients with Harm Free Care	Feb 2017	95.0%	94.5%	93.8%			
Proportion of Patients with New Pressure Ulcers	Feb 2017	1.0%	0.7%	0.8%			
Proportion of Patients with Harm from a Fall	Feb 2017	0.3%	0.2%	0.4%			
Proportion of Patients with New VTE	Feb 2017	0.5%	0.5%	0.4%			
Proportion of Patients with New UTI	Feb 2017	0.2%	0.7%	0.7%			
C Diff Trust Assigned Cases	Q3 2016/17	9	15	12			
MRSA Trust Assigned Cases	Q3 2016/17	1.0	1.0	2.0			

Effective	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Readmission Rates	-	-	-	-			

Responsive	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Delayed Transfer of Care	Jan 2017	1,264	2,225	862			

Nursing & Midwifery, Ward Level

Caring	Period	Ward Actual	Peer Median	National Median	Info	Variation	Trend
Recommend to friends and family test (Patients) - Inpatient	Jan 2017	100%	-	-		No variation available	
Response Rate for friends and family test (Patients) - Inpatient	Jan 2017	14%	-	-		No variation available	

Money & Resources

	Period	Ward Actual	Peer Median	National Median	Info	Variation	Trend
Care Hours per Patient Day - Total Nursing & Midwifery Staff	Jan 2017	7.03	7.19	7.11			
Care Hours per Patient Day - Registered Nurses & Midwives	Jan 2017	4.54	4.13	4.12			
Care Hours per Patient Day - Healthcare Support Workers	Jan 2017	2.49	2.94	2.80			
Cost per Care Hour - Total Nursing & Midwifery Staff	Dec 2016	£27.85	£23.69	£23.90			
Cost per Care Hour - Substantive Staff	-	-	-	-			
Cost per Care Hour - Bank Staff	-	-	-	-			
Cost per Care Hour - Agency Staff	-	-	-	-			
Cost per Patient Day	Dec 2016	£215.66	£166.74	£159.80			
% Temporary Staff Cost	Dec 2016	9.0%	16.5%	16.6%			

Safe

	Period	Ward Actual	Peer Median	National Median	Info	Variation	Trend
Safety Thermometer Harm Free Care %	Feb 2017	100.0%	96.0%	86.2%			
Safety Thermometer New Pressure Ulcer %	Feb 2017	0.0%	0.0%	7.7%			
Safety Thermometer Harm from a Fall %	Feb 2017	0.0%	0.0%	5.9%			
Safety Thermometer New VTE %	Feb 2017	0.0%	0.0%	6.9%			
Safety Thermometer New UTI %	Feb 2017	0.0%	0.0%	7.7%			