BOARD OF DIRECTORS

Agenda Item	8.1
Title of Report	Francis Report: Hard Truths Commitment: Publishing of Nurse Staffing Data: March/April 2016
Date of Meeting	25th May 2016
Author	Gaynor Westray, Director of Nursing and Midwifery Clare Pratt, Deputy Director of Nursing
Accountable Executive	Gaynor Westray, Director of Nursing and Midwifery
BAF References • **Strategic Objective** • **Key Measure** • **Principal Risk**	Strategic objectives: To be the top NHS Hospital in the North West; Delivering consistently high quality secondary care services; Supported by financial, commercial and operational excellence. 1A Risks 2799 & 2798 1B Risks 1908 & 1909 3A Risks 2837 & 2611 3B Risks 2799, 2837 & 2798 7A Risks 2798
Level of Assurance • **Positive** • **Gap(s)**	Positive: The Trust is well prepared to commence reporting on Care Hours Per Patient Day. All Registered Nurses due for revalidation in April 2016 have successfully achieved this status The Trust's recruitment plan continues to have a positive impact on staffing levels and the Trust's fill rates with overall 97% for March and April 2016 Gaps: The requirement for additional beds within Medicine and Acute past the planned closure date of April 2016 has an impact on the number of vacancies evident.
Purpose of the Paper	Discussion
Data Quality Rating	Silver – quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment	No

1   Executive Summary

This report provides the Board of Directors with information on Registered Nurse / Midwives and Clinical Support Workers staffing data including vacancy rates, age profile of nursing workforce and breakdown of years of experience in the workforce. The report also includes the details of the actual hours of Registered Nurses / Midwives and Clinical Support Workers time on ward day shifts and night shifts versus planned staffing levels for March 2016 and April 2016 as reported to NHS England each month.

2   Recruitment Strategy

Maintaining safe staffing levels remain a key priority. The investment in nurse staffing as well as a robust recruitment plan had ensured that the Trust had a stable nursing and midwifery workforce.

April 2016 electronic staff records (ESR) data shows an improvement in the vacancy rate now at 6.04% which equates to 42.74 WTE for band 5 inpatient and Emergency Department Registered Nurses. Although this is an improving position, and the Trust vacancy rate for Registered Nurses is below the national average of 10%.

Table 1 Band 5 Nursing Vacancies

Division	Area		February 2016	March 2016	April 2016
Trust	All Areas	Establishment	707.66	707.66	707.66
		Actual Numbers	658.9	661.82	664.92
		Vacancies	48.76	45.84	42.74
		Vacancies %	6.89%	6.48%	6.04%

Current vacancy position by division:

Surgery, Women and Children's is 2.07% equating to 4.83 WTE Registered Nurses.

Medicine and Acute is 8% equating to 37.91 WTE registered Nurses.

The majority of the vacancies within Medicine and Acute are within specialist areas; hence the corporate recruitment approach was not sufficient therefore the Division now holds monthly recruitment events to allow focus on the specialist areas as well as general in-patient wards. HR/OD have updated the recruitment strategy to maximise recruitment of newly qualified graduates and return to practice nurses.

The requirement for additional beds within Medicine and Acute past the planned closure date of April 2016 has also had an impact on the number of vacancies evident.

2.1 Preceptorship and support

The successful recruitment strategy has led to additional NMC registrants who require support during their preceptorship period.

WUTH has supported 57 registrants through an in house preceptor training programme plus 605 of our NMC registrants have successfully completed the mentorship module (Multi Professional learning and support in practice) and have the skills and experience to support our new recruits. We secured 12 months funding for our recruitment and retention facilitator

from Health Education England. The postholder is currently providing support to all areas and focusing on the implementation on the new Northwest recommended preceptorship standards due to be published June 2016.
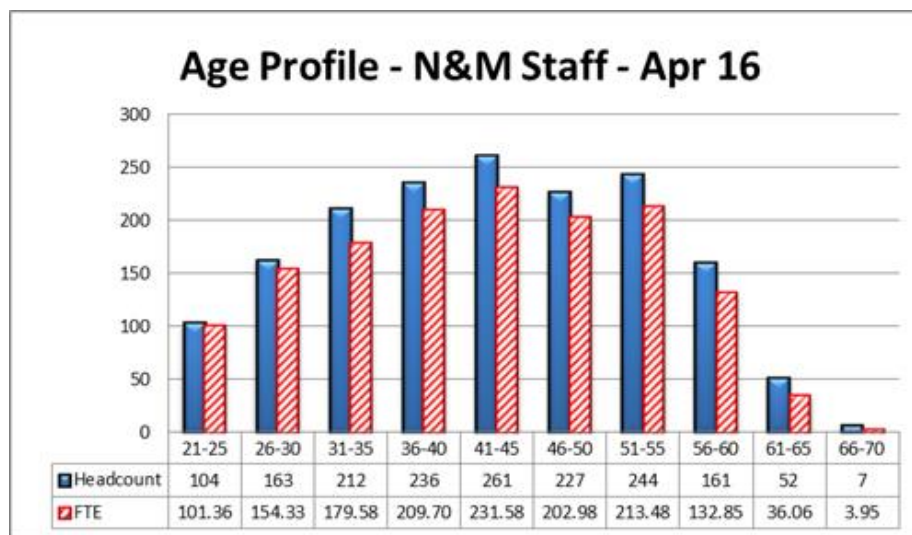
Table 2 Length of Service NMC Registrants

A workforce review has been undertaken that demonstrates the Trust has an experienced nursing and midwifery workforce with 561 registrants having more than 5 years' experience in NHS service

Length of Service Band	Headcount
<1 Year	167
1<5 Years	238
5<10 Years	157
10<15 Years	221
15<20 Years	93
20<25 Years	37
25<30 Years	15
30+ Years	38
	966

3   Age Profile

The table below demonstrates the age demographics of the nursing workforce. This review highlights that 15% of the current nursing workforce fall in the 51-55 years age group and as such may choose to retire in the next five years. This workforce data is considered as part of our recruitment strategy to mitigate against risks.

Age Profile - N&M Staff - Apr 16

	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70
Headcount	104	163	212	236	261	227	244	161	52	7
FTE	101.36	154.33	179.58	209.70	231.58	202.98	213.48	132.85	36.06	3.95

4   Monthly Safe Staffing Report

The report (Appendix 1) shows the actual hours of nursing cover (both Registered Nurse and Care Support Worker) compared to the expected hours for both day and night shifts for March and April 2016. It also presents data per ward. The information for average staff fill rates is triangulated with key quality indicators and sickness at ward level.

Trust Indicators:

Green   Fill rate of 95% and above
Amber   Fill rate of 81-94%
Red   Fill rate 80% and below

These parameters provide information for the Board of Directors on how the Trust is progressing towards safe staffing. The overall fill rate for March and April 2016 is maintained at 97%. The table below shows compliance for fill rate for both RN and CSW shifts, both for day and night shifts for the month of March and April 2016.

	March 2016			April 2016		
Day Shift	Green	Amber	Red	Green	Amber	Red
Number of wards compliant with RN fill rate	29	7	0	27	8	0
Number of wards compliant with CSW fill rate	31	4	0	34	0	0
Night Shift						
Number of wards compliant with RN fill rate	27	7	2	29	6	0
Number of wards compliant with CSW fill rate	30	2	0	30	1	0

RN Day shift: Although there was a slight reduction in the number of wards with fill rate of above 95% in April 2016 compared to March 2016, there were no wards reported as 'red' i.e. with a fill rate of below 80% and ten ward achieved 100% fill rate.

CSW Day shift: An increased compliance in a fill rate of above 95% has been achieved

RN Night shift: This indicator have remained static with 18 wards achieving with a 100% fill rate and no wards in red for April.

The two areas reported for March 2016 with a fill rate of below 80% were:

Ward 30 (haematology) with a fill rate of 77.8% but assessed as safe by matron.

Maternity ward reported a fill rate of 66% due to sickness however processes were in place for escalation which was initiated as required. The staffing acuity is reviewed 4hourly as a minimum and if required the escalation process leads to community midwives being called into the unit ensuring safe staffing levels are maintained. There was no requirement to divert maternity services due to unsafe staffing levels.

CSW Night shift: an increased compliance in a fill rate of over 95%, with 27 wards reporting a fill rate of 100%.

The table below displays the lowest fill rate for each shift for each month. Maternity fill rates for January, February, and March were escalated to the Associate Director of Nursing for

Surgery, Women and Childrens Division and the Head of Midwifery. On review the escalation policy including the role of the Advanced Midwifery Practitioner has been implemented where appropriate for Maternity and community midwives staff have supported the in patient service. Maternity fill rates for April 2016 have improved. During April the lowest fill rate for CSW Days was 96.3% which is rated as "Green" as it is above the 95% threshold.

	January 2016	February 2016	March 2016	April 2016
RN Days Lowest Fill Rate	Ward 30 88.8%	Neonatal 93.4%	Ward 33/HAC 88.8%	Ward 38/37 85.4%
CSW Days Lowest Fill Rate	Maternity 91.9%	Maternity 94.8%	Ward 33/HAC 86.5%	CRC 96.3%
RN Nights Lowest Fill Rate	Maternity 81.8%	Maternity 86.5%	Maternity 66.%	EDRU 87.3%
CSW Nights Lowest Fill Rate	Maternity 83.3%	Maternity 94.4%	Delivery Suite 93%	Ward 21 89.6%

5   Reported Staffing Incidents

The number of reported staffing incidents has continued to reduce over the past four months The introduction of the ward profile dashboard will include this data to enable comparison between ward areas and clear actions required.

January 2016	February 2016	March 2016	April 2016
76	73	54	36

6   Care Hours Per Patient Day (CHPPD)

As set out In Lord Carter's final report, *operational productivity and performance in acute hospitals*; better planning of staff resources is crucial to improving quality of care, staff productivity and financial control. Working closely with Trusts, the Carter Team found there was not a consistent way to record and report staff deployment, meaning that Trusts could not measure and then improve on staff productivity.

One of the obstacles to eliminating unwarranted variation in nursing and clinical support staff deployment across the NHS provider sector has been the absence of a single means of recording and reporting deployment. Conventional units of measurement that have been developed previously, have informed the evidence base for staffing models, – such as using WTEs, skill-mix or patient to staff ratios at a point in time, but it is recognised by Nurse leaders this may not reflect varying staff allocation across the day or include the wider multidisciplinary team. Also, because of the different ways of recording this data, no consistent way of interpreting productivity and efficiency is straightforward or comparable between organisations.

The report recommended that all Trusts start recording Care Hours per Patient Day (CHPPD) – a single, consistent metric of nursing and clinical support workers deployment on inpatient wards. This metric will enable Trusts to have the right staff mix in the right place at the right time, delivering the right care for patients.

From 1 May 2016, all Trusts are required to report back monthly CHPPD data to NHS Improvement so that we can start to build a national picture of how nursing staff are deployed. This will allow Trusts to see how their CHPPD relates to other Trusts, within a specialty, and by ward in order to identify how they can improve their staff deployment and productivity.

CHPPD is calculated by adding the hours of Registered Nurses and Clinical Support Workers time and dividing the total by every 24hrs of inpatient admissions (or approximating 24 patient hours by counts of patients at midnight) From May 2016, CHPPD will become the principle measure of nursing and clinical support workers. The Senior Analyst within the Corporate Nursing team has been working with the Informatics team and the senior nurse team to ensure that data collection has commenced in time for the first uplift report to Unify in June 2016

6   Next steps

- Implement CPPHD reporting in line with NHSI requirements
- Continue with the programme of Monthly Trust wide recruitment for Registered Nurses, including overseas recruitment
- Continue to update the Board of Directors on a bi-monthly basis
- Conclude the Phase 2 work on midwifery staffing and skill mix for 2016/17

7   Conclusion

All mitigating actions are in place to ensure that safe and appropriate nurse staffing levels are in place.

The source of this data is the electronic staff record (ESR). The information has been validated through Human Resources and Organisation Development (HR&OD), Finance and Corporate Nursing.

8   Recommendations

The Board of Directors is asked to receive and discuss the paper prior to publication on NHS Choices.