

BOARD OF DIRECTORS	
Agenda Item	7.1
Title of Report	Nurse Staffing Report - September / October 2016
Date of Meeting	30 November 2016
Author	Clare Pratt, Deputy Director of Nursing Tracey Lewis, Head of Clinical Excellence & Organisational Development Johanna Ashworth-Jones, Senior Analyst
Accountable Executive	Gaynor Westray, Director of Nursing and Midwifery
BAF References <ul style="list-style-type: none"> • Strategic Objective • Key Measure • Principal Risk 	Strategic Objective: To be the top NHS Hospital in the North West; Delivering consistently high quality secondary care services; Supported by financial, commercial and operational excellence. Risk 1 and 2
Level of Assurance <ul style="list-style-type: none"> • Positive • Gap(s) 	<p>Positive</p> <ul style="list-style-type: none"> • Introduction of Specialty reporting of staffing fill rates and CHPPD allows for easier comparison of staffing data • An Associate Director of Nursing Report has been introduced to provide an auditable trail which provides details from Ward Sisters/Charge Nurses and Matrons on mitigating actions taken to address staffing shortfalls <p>Gaps</p> <ul style="list-style-type: none"> • There has been an increase in staff reported incidents relating to staffing levels
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 and staffing related incidents. The report also includes the details of the Trust's monthly submission of Care Hours per Patient Day (CHPPD).

2 Recruitment Strategy

A key priority at Wirral University Teaching Hospital is to ensure appropriate nurse staffing levels are established and maintained. The previous investments in nurse staffing, as well as a robust recruitment plan, has ensured that the Trust has a stable nursing and midwifery workforce.

The total Trust vacancy rate for the registered nursing and midwifery workforce in October 2016 was reported as 2.5% which has remained significantly better than the national average of 10%.

When reviewing the vacancy rate for in-patient and Emergency Department Band 5 posts the Trust's electronic staff records (ESR) data identified a vacancy rate of 6.10% for October 2016, this equates to 42.25 WTE Band 5 posts.

Table 1 - Band 5 Vacancies Inpatient and Emergency Department Registered Nurses

	February 2016	March 2016	April 2016	May 2016	June 2016	July 2016	August 2016	Sept 2016	Oct 2016
Establishment	707.66	707.66	707.66	689.88	689.88	691.22	692.40	692.40	692.40
Actual Numbers	658.9	661.82	664.92	653.58	653.02	656.05	648.2	648.53	650.15
Vacancies	48.76	45.84	42.74	36.3	36.86	35.17	44.2	43.87	42.25
Vacancies %	6.89%	6.48%	6.04%	5.26%	5.34%	5.09%	6.38%	6.34%	6.10%

Current Band 5 vacancy position by division for October 2016

Surgery, Women and Children's

- Vacancy rate is 3.07% equating to 7.18 WTE Band 5 posts
- Vacancies within this division remains very low

Medicine and Acute

- Vacancy rate is 7.65 % equating to 35 .07 WTE Band 5 posts
- The Division have experienced some difficulties in recruiting to registered nurse posts and the Associate Director of Nursing is exploring alternative staffing models and skill mix to meet the varying needs of each speciality

The Trust along with our local healthcare partners has been approved as a test site to deliver a training programme for the new Nursing Associate role. This exciting opportunity will enable us to change the future nursing workforce. We will pilot a 2 year work based learning programme, delivered in conjunction with University of Chester leading to a foundation degree supporting our current support staff to become a qualified Nursing Associate.

3 Care Hours Per Patient Day (CHPPD)

Lord Carter's final report, *operational productivity and performance in acute hospitals recommended* that all Trusts start recording Care Hours per Patient Day (CHPPD) – a single, consistent metric of nursing and clinical support workers deployment on in-patient 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.

Traditional Safer Staffing returns did not allow for planned staffing to be altered from month to month to reflect seasonal variance or closure of beds for operational issues. The use of CHPPD hours to support the review of staffing levels provides further assurance for where staffing fill rates may have decreased but CHPPD has remained static. As CHPPD is based on a comparison of the actual staffing levels and ward activity this is recognised as being a better reflection of staffing levels.

The Department of Health (DoH) Efficiency Centre has developed a Model Hospital Portal to allow comparison of hospital data across the range of Carter recommendations. This Portal does not currently allow for direct monthly comparisons with other organisations as the information displayed is several month out of date (March 2016) however, once this data has been updated and displayed, the Trust will explore best way to benchmark, communicate and share innovative solutions to staffing efficiencies.

The Trust has been collecting CHPPD data for 6 months, this now enables some analysis to be undertaken on this initial data. Table 2 below details the CHPPD for each ward from May to October 2016 against their overall staffing fill rate. The tables have been categorised into Directorate specialties to help provide some specialty comparisons although it should be acknowledged that there are also sub specialties within these such as Ward 23 which is a specialist stroke service within DME. Data has been reviewed to provide an "Average" for each individual ward and the range of CHPPD data for the 6 months to help inform if data is in line and provide some assurance where there are establishment changes, variances in fill rates and staffing pressures.

Table 2 - CHPPD

Orthopaedics	CHPPD information	Indicators	May	June	July	Aug	Sept	Oct
Ward 10	Average: 7.1 Range 6.2 - 8.8	CHPPD	7.3	6.2	8.8	6.8	6.5	6.9
		Fill Rate	97%	96%	82%	87%	91%	92%
Ward 11	Average: 9 Range 7.6 - 10	CHPPD	9.9	9	10	8.9	8.4	7.6
		Fill Rate	94%	99%	83%	84%	77%	86%
Ward 12	Average: 10.5 Range 8.4 - 12.5	CHPPD	11.6	10.1	10.5	9.8	8.4	12.5
		Fill Rate	92%	94%	82%	83%	81%	65%
M1	Average: 11 Range 9.3 - 13.2	CHPPD	11.4	10.3	13.2	11.3	9.3	10.7
		Fill Rate	90%	82%	81%	70%	73%	75%
Park suite	Average: 13 Range 11.4 - 15.2	CHPPD	14.1	15.2	11.4	11.5	12.8	13.4
		Fill Rate	95%	97%	99%	111%	100%	91%

Surgical	CHPPD information	Indicators	May	June	July	Aug	Sept	Oct
Ward 17	Average: 6.2 Range 5.7 - 6.5	CHPPD	5.7	6.5	6.5	6.4	5.9	6
		Fill Rate	99%	120%	114%	101%	98%	99%
Ward 18	Average: 5.9 Range 5.7 - 6.2	CHPPD	5.7	5.8	6.2	5.8	5.9	5.7
		Fill Rate	98%	97%	108%	99%	101%	100%
Ward 20	Average: 6 Range 5.8 - 6.7	CHPPD	5.8	6.2	5.9	6.7	5.8	5.8
		Fill Rate	99%	101%	95%	96%	96%	96%
ESAU	Average: 15.3 Range 13 - 17.3	CHPPD	17.3	15.9	15.5	14.8	15.2	13
		Fill Rate	100%	99%	99%	99%	98%	97%
M2	Average: 31.4 Range 23.7 - 35.4	CHPPD	23.8	32	30.3	35.4	23.7	43
		Fill Rate	100%	100%	100%	94%	96%	100%
Dermatology	Average: 12.7 Range 9.4 - 16	CHPPD	15.6	11.3	16	9.4	11.5	12.4
		Fill Rate	96%	100%	100%	100%	100%	100%

Women's & Children's	CHPPD information	Indicators	May	June	July	Aug	Sept	Oct
Children's	Average: 11.1 Range 8.1 - 14.9	CHPPD	8.1	10.7	10.7	14.9	11.7	10.2
		Fill Rate	89%	112%	110%	94%	111%	112%
Maternity	Average: 6.1 Range 5.7 - 6.7	CHPPD	6.3	5.9	5.7	5.8	6	6.7
		Fill Rate	98%	98%	98%	94%	94%	99%
Delivery Suite	Average: 35.9 Range 30.8 - 45.5	CHPPD	31.6	37.9	45.5	32.3	30.8	37.3
		Fill Rate	97%	104%	98%	96%	95%	95%
Ward 54	Average: 7.8 Range 6.4 - 9.1	CHPPD	9.1	7.4	8.2	8.1	7.5	6.4
		Fill Rate	100%	100%	97%	85%	92%	76%
Neonatal	Average: 12.6 Range 11 - 14.2	CHPPD	12.7	12.3	11	12.6	12.6	14.2
		Fill Rate	92%	79%	97%	100%	107%	92%

DME / Rehab	CHPPD information	Indicators	May	June	July	Aug	Sept	Oct
Ward 21	Average: 5.8 Range 5.1 - 6.4	CHPPD	5.8	5.3	5.1	6.4	5.8	6.1
		Fill Rate	95%	92%	94%	96%	92%	96%
Ward 22	Average: 6.1 Range 5.7 - 6.6	CHPPD	6.6	6	6.1	6.3	5.7	5.7
		Fill Rate	100%	107%	103%	99%	97%	99%
Ward 23	Average: 7 Range 6.7 - 7.3	CHPPD	6.7	7	7.3	7.2	7	6.8
		Fill Rate	100%	111%	111%	110%	98%	98%
Ward 24	Average: 6.8 Range 5.8 - 9.4	CHPPD	6.1	6.9	5.8	6	6.7	9.4
		Fill Rate	98%	111%	93%	96%	97%	98%
OPAU	Average: 8.4 Range 8.1 - 9.5	CHPPD	9.5	8.2	8.1	8.2	8.2	7.9
		Fill Rate	93%	94%	93%	96%	97%	105%
M2 Rehab	Average: 5.7 Range 5.4 - 6	CHPPD	6	5.9	6	5.8	5.4	4.9
		Fill Rate	100%	98%	98%	99%	96%	96%
CRC	Average: 6 Range 5.6 - 6.3	CHPPD	5.6	5.7	6.1	6.1	6	6.3
		Fill Rate	99%	100%	98%	97%	98%	106%

Medicine	CHPPD information	Indicators	May	June	July	Aug	Sept	Oct
Ward 26	Average: 6.2 Range 5.6 - 6.7	CHPPD	5.6	6.3	6.1	6	6.7	6.3
		Fill Rate	95%	107%	101%	97%	95%	96%
Ward 30	Average: 7.1 Range 6.6 - 7.5	CHPPD	7.3	6.6	7	6.9	7.5	7.2
		Fill Rate	100%	90%	90%	87%	91%	86%
Ward 32	Average: 7.9 Range 6.1 - 10.5	CHPPD	7.3	7.5	8.2	10.5	7.7	6.1
		Fill Rate	94%	96%	99%	98%	103%	91%
CCU	Average: 13.4 Range 12.2 - 16.3	CHPPD	12.6	12.3	12.4	12.2	16.3	14.4
		Fill Rate	100%	100%	100%	99%	100%	93%
Ward 33	Average: 5.9 Range 5.8 - 6	CHPPD	5.8	6	5.8	6	5.9	6
		Fill Rate	97%	98%	92%	90%	90%	86%
Ward 36	Average: 5.6 Range 5.5 - 6	CHPPD	5.6	5.6	5.6	6	5.5	5.5
		Fill Rate	99%	102%	107%	88%	87%	94%
Ward 37	Average: 7.2 Range 5.9 - 7.9	CHPPD	5.9	7.9	6.9	7.3	7.6	7.4
		Fill Rate	100%	100%	95%	99%	97%	101%
Ward 38	Average: 5.8 Range 5.5 - 5.9	CHPPD	5.7	5.8	5.5	5.9	6.4	5.6
		Fill Rate	99%	98%	94%	96%	106%	96%

Acute Care	CHPPD information	Indicators	May	June	July	Aug	Sept	Oct
MSSW	Average: 7.2 Range 5.9 - 8.8	CHPPD	8.8	8.5	5.9	7	6.3	6.4
		Fill Rate	95%	94%	86%	105%	84%	83%
AMU	Average: 12 Range 10.3 -14.9	CHPPD	10.5	10.6	10.3	11.4	14.9	14.3
		Fill Rate	99%	96%	92%	104%	97%	95%
EDRU	Average: 9.4 Range 7.8 -10.7	CHPPD	8.7	9.5	7.8	10.7	10.3	9.1
		Fill Rate	95%	101%	95%	101%	106%	103%
ITU	Average: 37 Range 32.6 -41.6	CHPPD	39.5	32.6	36.3	41.6	36.3	35.6
		Fill Rate	100%	91%	97%	96%	90%	88%
HDU	Average: 28 Range 24.3 -36.3	CHPPD	24.3	35.1	24.6	36.3	25.1	26.9
		Fill Rate	100%	98%	99%	96%	99%	93%

Although the CHPPD data is in its infancy the data provides a greater level of assurance in terms of consistency of delivery of care and planned hours to actual hours fill rates should be considered alongside CHPPD and Associate Directors of Nursing (ADN) mitigation when assessing if safe staffing levels are being met across the organisation.

An ADN report has been introduced to provide an auditable trail which provides details from Ward Sisters/Charge Nurses and Matrons on mitigating actions and an overall sign off from the ADN to provide assurance that safe staffing was in place. This assurance report will also help monitor trends for both over 100% fill rate areas and under 100% fill rates to help inform divisions regarding staffing establishments.

Ward 12, 54 and M1 have all been RAG rated as red for their overall staffing fill rate in October 2016, however staffing levels were deemed safe and assurance provided within the ADN assurance report.

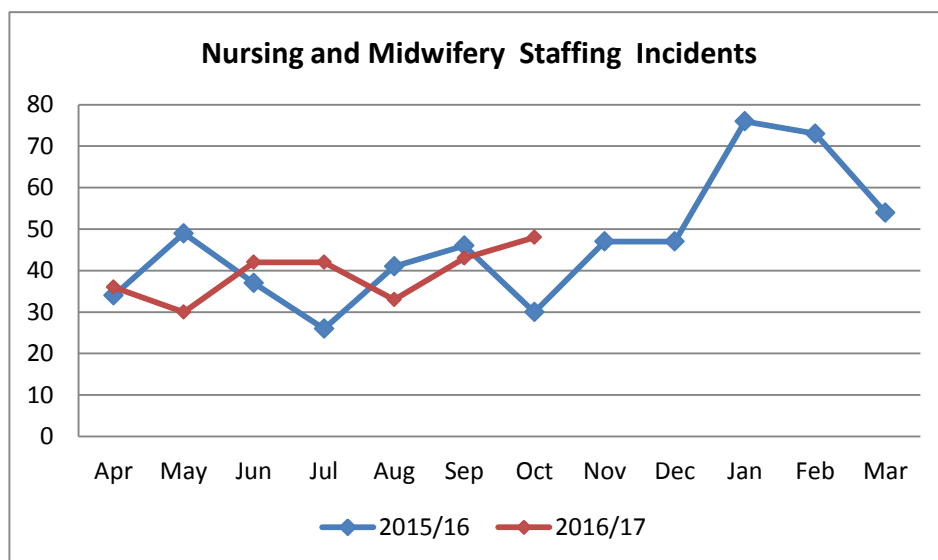
Ward 12: The Ward was safely staffed at all times according to the bed occupancy. The ward had minimum patients and correct staffing was in place to support the acuity of the patients, this is supported by high CHPPD.

Ward 54: Due to reduced elective activity CSW staff were reallocated to support areas of higher patient acuity and occupancy. Appropriate staffing was in place at all times and RN hours were at an acceptable level for ward.

Ward M1: Staffing was reduced to reflect the reduction in activity, where required the Ward Sister worked clinical shifts and appropriate staffing levels were in place at all times to support patient acuity, this is supported by high CHPPD.

4 Reported Staffing Incidents

Up until October 2016 the Trust had seen an overall year on year reduction in the number of staffing incidents recorded however due to a significant increase in reported incident during October the Trust year on year total is slightly higher with 274 incidents recorded to date compared with 263 for the same period last year.



A monthly summary analysis review of Nursing and Midwifery specific staffing incidents is completed each month. During October there were two areas that featured significantly within the report who do not normally have any recorded incidents, these were, ITU and Bed Bureau. ITU recorded 7 incidents, a comparison against other staffing indicators shows that whilst staffing fill rate levels were lower than normal for this area, CHPPD figures remained in line and both the Ward Sister and Matron provided assurance that safe staffing was in place. ITU staffing has strict guidance in place which is adhered to by the department. In

recent months there have been several occasions when staff have been moved from ITU to HDU or CCU to support staff moves to base wards to ensure safe staffing. Whilst this has not been popular with ITU staff the Matron has met with them to explain the necessity of such moves and to enforce that ITU Network guidance on staffing levels continues to be met. A further engagement meeting with the ADNs and Deputy Director of Nursing has also been planned for early December. Bed Bureau recorded 6 incidents which in the main related to bed pressures within the organisation requirement for Hospital coordinators to work on wards to ensure safe staffing levels are provided when last minute sickness occurs.

Review of the remaining Nursing and Midwifery Staffing incidents indicate that many are based on staff's perception of staff shortages and on investigation by senior nursing team, staffing levels were safe or mitigating actions had been put in place. Targeted work has commenced to understand if staff from key areas are reporting inability to take breaks as this has been raised as a concern via the Staff Side reps.

5 Conclusion

- Benchmarking WUTH performance for Care Hours Per Patient Day (CHPPD) with other acute hospitals using model hospital portal will allow us to provide further assurance that safe staffing levels are in place and this can be used to address staff perception that staffing levels are low. This comparison work will be taken forward once real time reporting is available on the Portal
- The Trust continues to ensure all mitigating actions are in place to ensure that there are safe and appropriate nurse staffing levels at WUTH
- The Trust will continue with monthly Trust wide recruitment for registered nurses
- A small number of wards are reporting reduced staff fill rates whilst maintaining good levels of CHPPD and this may be indicative of over establishment. A full acuity review will be completed in Q1 2017 and these wards will be included in this review to ensure that we have the most effective use of workforce. In the interim, any shortfalls in staffing across the organisation will be supported by deployment of these staff prior to use of temporary staffing

6 Recommendations

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