

| Board of Directors | |
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| Agenda Item | 6.2 |
| Title of Report | Nurse Staffing Report March / April 2017 |
| Date of Meeting | 24 th May 2017 |
| Author | Clare Pratt, Deputy Director of Nursing Johanna Ashworth-Jones, Senior Analyst Tracey Lewis, Head of Clinical Excellence & Organisational Development |
| Accountable Executive | Gaynor Westray, Director of Nursing and Midwifery |
| BAF References Strategic Objective Key Measure Principal Risk | 1, 3 |
| Level of Assurance Positive Gap(s) | Positive <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 |
| Purpose of the Paper Discussion Approval To Note | For discussion |
| Reviewed by Executive Committee | |
| Data Quality Rating | Silver – quantitative data that has not been externally validated |
| FOI status | Document may be disclosed in full |
| Equality Impact Assessment Undertaken Yes No | 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 March 2017 was reported as 5.79% which is a deteriorating position from 3.63% reported in February 2017. There was a further deterioration during April 2017 with a reported vacancy rate of 6.25%. Our vacancy rate remains 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 7.03% in March 2017 which equates to 46.81 WTE again this is a deterioration position from the previous month. During April the vacancy rate for in-patient and Emergency Department Band 5 posts with the Trust's electronic staff records (ESR) data identified a vacancy rate of 7.89% in April 2017 which equates to 52.56 WTE.

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

| | May 2016 | June 2016 | July 2016 | Aug 2016 | Sept 2016 | Oct 2016 | Nov 2016 | Dec 2016 | Jan 2017 | Feb 2017 | Mar 2017 | Apr 2017 |
|----------------|----------|-----------|-----------|----------|-----------|----------|----------|----------|----------|----------|----------|----------|
| Establishment | 690 | 690 | 691 | 692 | 692 | 692 | 682 | 674 | 674 | 675 | 666 | 665 |
| Actual Numbers | 654 | 653 | 656 | 648 | 649 | 650 | 645 | 634 | 634 | 634 | 619 | 613 |
| Vacancies | 36 | 37 | 35 | 44 | 44 | 42 | 37 | 40 | 40 | 41 | 47 | 52 |
| Vacancies % | 5.26 | 5.34 | 5.09 | 6.38 | 6.34 | 6.10 | 5.50 | 5.94 | 5.92 | 6.08 | 7.03 | 7.89 |

Current Band 5 vacancy position by Division

| Division | March 2017 | April 2017 |
|-------------------------------|--------------------------------|--------------------------------|
| Surgery, Women and Children's | 5.09% - 11.1 WTE Band 5 posts | 3.80% - 8.3 WTE Band 5 posts |
| Medicine and Acute | 7.99% - 35.71 WTE Band 5 posts | 9.89% - 44.26 WTE Band 5 posts |

The Division of Medicine and Acute is currently implementing several incentives to attract and retain registrants. These include additional development posts, enhanced roles for Band 5 nurses and a review of rotational posts within the Division. There has been an increase in experienced Coronary Care Unit staff resigning to take up band 6 posts in Liverpool Heart and Chest Hospital. To help address the shortage of experienced, skilled staff on the Unit, Critical Care experienced bands 5 RNs are rotating 6 monthly to CCU. The Nurse Educators in critical care are currently developing an education programme to ensure that rotational staff get the best experience and development from this programme.

Ward 38 (Respiratory) is looking to introduce a similar rotational development post. This will encourage new staff to the organisation by developing a HDU/Ward rotational post.

The division has developed Band 3 CSW roles to support registered nurses in specialist areas. This role is well aligned for ED and assessment areas.

Medical wards are exploring ways for vacancy substitution of traditional nursing posts with other Healthcare professionals. Pharmacy has commenced a pilot of Band 5 pharmacy technicians supporting medicine safety at ward level including the administration of medicines.

Encouragingly the division has seen an increase in applicants applying for advertised posts, there is a rolling advert for the division especially for hard to recruit areas such as AMU, ward 27, and ward 36.

The Trust is working in collaboration with NHSP to support 19 CSW through the care certificate with placement on wards. These CSW will increase our local workforce; further recruitment onto this development is planned following the first cohort.

The Trust has approved the next phase of International recruitment with Placement Group with the aim of 50 nurses to be in post by October 2017. A project plan had been agreed that facilitates four overseas recruitment events with nurses starting in cohorts from July 2017. The first recruitment event took place 10-12 May in Spain and 10 nurses have accepted offers of employment with the Trust.

The Trust, along with our local healthcare partners, is a test site to deliver a training programme for the new Nursing Associate role. This exciting opportunity is enabling us to influence development of new roles that will build the future nursing workforce. Our 6 trainee nursing associates have commenced in post and the Trust is reviewing ward nursing establishments and vacancies to ensure effective and safe placement following qualification.

3 Temporary Staffing

2016/17 annual review of NHSP contract and service provision has demonstrated a productive and collaborative partnership with key highlights relating to the nursing workforce.

- Agency decreased by 15%
- Bank fill rate increased by 11%
- Nursing and Midwifery represent the highest number of new starters on NHSP

National and regional benchmarking identified WUTH having the lowest nursing agency fill rate at 4.4% against a national average of 20.8% fill rate

4 Model Hospital Portal and Care Hours Per Patient Day (CHPPD)

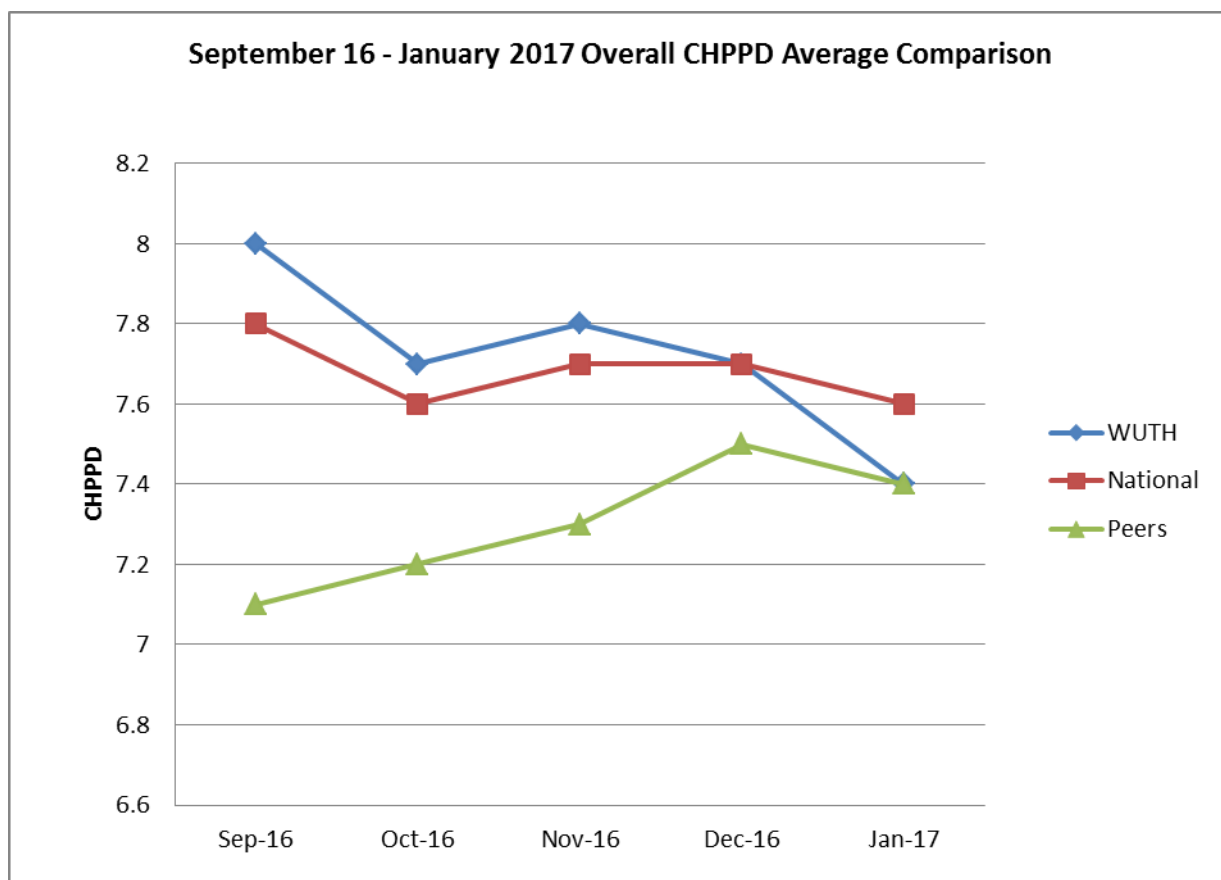
The Department of Health Efficiency Centre has developed a Model Hospital Portal to allow comparison of hospital data across the range of Carter recommendations. The latest data available for CHPPD is January 2017.

| January 2017 data | WUTH | Regional Peers | National |
|-------------------|------|----------------|----------|
| Total CHPPD | 7.4 | 7.4 | 7.6 |
| RN CHPPD | 4.3 | 4.5 | 4.7 |
| CSW CHPPD | 3.1 | 2.9 | 2.9 |

The latest data available for staff retention is December 2016, this demonstrates staff retention for registered nurses is above national and regional average. However turnover in Midwifery is higher at WUTH, which is a reflection of the outcomes of the cultural review and performance management. We anticipate that this position will improve with a regular review at Senior Nursing and Midwifery Team meeting

| Staff Retention Data | | | |
|--------------------------|------|----------------|----------|
| December 2016 data | WUTH | Regional Peers | National |
| Registered Nurses | 90.5 | 88.4 | 87.3 |
| Midwifery | 82.5 | 92 | 88.3 |
| Clinical Support workers | 89.2 | 89.4 | 84.5 |

The line graph below displays the average CHPPD from September 2016 to January 2017 for WUTH compared with the National Average and regional peers. With the exception of January 2017 data, WUTH has had a slightly higher average CHPPD compared with that of the National average. It should be noted that the National average will consist of a variety of different types of hospital trusts which will range significantly in their local CHPPD.



Local monitoring of CHPPD continues. The last six months of overall staffing fill rates and CHPPD are displayed in the tables below. Fill rates that have been rated as red and denoted with a # symbol indicate that although staffing rates below funded establishment levels, the board have received previous reports to demonstrate that appropriate mitigation had been put in place. Mitigation for April 2017 is noted below

| Orthopaedics | CHPPD information | Indicators | November | December | January | February | March | April |
|------------------------|--|------------|----------|----------|---------|----------|-------|-------|
| Ward 10 7.6 | Average: 6.4 Range 6-8.8 | CHPPD | 6.6 | 6.6 | 6.5 | 6 | 5.9 | 6.6 |
| | | Fill Rate | 93% | 92% | 92% | 91% | 90% | 93% |
| Ward 11 9.6 | Average: 8.4 Range 7.6 - 10 | CHPPD | 8.9 | 6.8 | 7.6 | 7.9 | 9.4 | 9.7 |
| | | Fill Rate | 103% | 93% | 106% | 103% | 99% | 119% |
| Ward 12 12.8 | Average: 8.6 Range 8 - 12.5 | CHPPD | 9.5 | 8.8 | 8.8 | 8 | 8 | 8.7 |
| | | Fill Rate | 84% | # 73% | 87% | 80% | 89% | 81% |
| M1 13.4 | Average: 11.5 Range 9 - 14.2 | CHPPD | 11.3 | 12.4 | 9 | 14.2 | 11 | 11.2 |
| | | Fill Rate | # 78% | # 70% | 82% | # 79% | 82% | 71% |

Ward M1 is an elective orthopaedic ward which flexes the capacity against demand. The division reviews this on a daily basis and provides assurance that there is sufficient staffing for patient acuity

| Surgical | CHPPD information | Indicators | November | December | January | February | March | April |
|---------------------|---|------------|----------|----------|---------|----------|-------|-------|
| Ward 17 6 | Average: 6.1 Range 5.7 - 6.6 | CHPPD | 6.6 | 6.1 | 5.8 | 6.1 | 5.9 | 5.9 |
| | | Fill Rate | 114% | 108% | 107% | 110% | 107% | 106% |
| Ward 18 5.9 | Average: 5.9 Range 5.7 - 6.2 | CHPPD | 5.8 | 6 | 5.7 | 6.2 | 5.9 | 5.8 |
| | | Fill Rate | 100% | 95% | 93% | 95% | 95% | 94% |
| Ward 20 6 | Average: 5.8 Range 5.6 - 6.7 | CHPPD | 5.8 | 6 | 5.6 | 5.8 | 5.7 | 5.6 |
| | | Fill Rate | 98% | 100% | 97% | 105% | 98% | 99% |
| ESAU 14.5 | Average: 13.4 Range 13 - 17.3 | CHPPD | 14.6 | 14.9 | 13.3 | 12.6 | 12.6 | 12.5 |
| | | Fill Rate | 99% | 95% | 100% | 97% | 97% | 99% |
| M2 42.9 | Average: 26.1 Range 12 - 35.4 | CHPPD | 57.5 | 27 | 23 | 12 | 16.1 | 21.2 |
| | | Fill Rate | 89% | 96% | 100% | 100% | 95% | 94% |
| Dermatology 10.7 | Average: 11.5 Range 8.5 - 16 | CHPPD | 8.5 | 13.2 | 8.5 | 8.6 | 8.7 | 11.1 |
| | | Fill Rate | 100% | 100% | 100% | 100% | 100% | 100% |

| Women's & Children's | CHPPD information | Indicators | November | December | January | February | March | April |
|------------------------|--|------------|----------|----------|---------|----------|-------|-------|
| Children's 10.1 | Average: 10.8 Range 8.1 - 14.9 | CHPPD | 9.3 | 12.2 | 9.9 | 12.2 | 10 | 11.4 |
| | | Fill Rate | 104% | 98% | 95% | 97% | 103% | 107% |
| Maternity 7 | Average: 7.9 Range 5.7 - 10.9 | CHPPD | 7.6 | 7.6 | 6.6 | 7.6 | 10.9 | 6.8 |
| | | Fill Rate | 95% | 102% | 98% | 100% | 98% | 93% |
| Delivery Suite 36.6 | Average: 38.5 Range 30.8- 5.5 | CHPPD | 39 | 39 | 37.9 | 41.3 | 37.7 | 36.6 |
| | | Fill Rate | 108% | 121% | 108% | 106% | 102% | 101% |
| Ward 54 7.8 | Average: 6.7 Range 6.4 - 9.1 | CHPPD | 7.2 | 7.9 | 6.3 | 6.6 | 4.7 | 7.5 |
| | | Fill Rate | #78% | 84% | #75% | #71% | 97% | 92% |
| Neonatal 12.5 | Average: 12.6 Range 10.9-14.4 | CHPPD | 12.1 | 10.9 | 12.3 | 13.4 | 14.4 | 12.5 |
| | | Fill Rate | 99% | 93% | 103% | 90% | 96% | 99% |

| DME / Rehab | CHPPD information | Indicators | November | December | January | February | March | April |
|-----------------|--|------------|----------|----------|---------|----------|-------|-------|
| Ward 21 6.3 | Average: 5.6 Range 5.1 - 6.4 | CHPPD | 6.5 | 5.8 | 6.3 | 6.3 | 6.1 | 6.4 |
| | | Fill Rate | 105% | 95% | 109% | 107% | 105% | 104% |
| Ward 22 5.7 | Average: 5.9 Range 5.4 - 6.6 | CHPPD | 5.5 | 5.4 | 5.4 | 5.5 | 5.6 | 5.6 |
| | | Fill Rate | 99% | 96% | 96% | 97% | 99% | 98% |
| Ward 23 7.3 | Average: 7 Range 6.7 - 7.8 | CHPPD | 7.8 | 6.9 | 6.7 | 7 | 6.8 | 7.2 |
| | | Fill Rate | 97% | 98% | 97% | 98% | 99% | 105% |
| Ward 27 7.5 | Average: 6.7 Range 5.8 - 9.4 | CHPPD | 6.3 | 5.6 | 5.7 | 5.7 | 5.8 | 5.9 |
| | | Fill Rate | 99% | 97% | 89% | 91% | 91% | 96% |
| M2 Rehab 5.5 | Average: 5.6 Range 5.2 - 6 | CHPPD | 5.5 | 5.7 | 5.2 | 5.3 | 5.7 | 4.9 |
| | | Fill Rate | 98% | 97% | 97% | 96% | 97% | 92% |
| CRC 6 | Average: 6.4 Range 5.6 - 6.8 | CHPPD | 6.3 | 6.8 | 6.2 | 6.5 | 6.6 | 6.1 |
| | | Fill Rate | 106% | 107% | 107% | 114% | 113% | 98% |

| Medicine | CHPPD information | Indicators | November | December | January | February | March | April |
|-----------------------|---|------------|----------|----------|---------|----------|-------|-------|
| Ward 26 6.6 | Average: 6.1 Range 5.6 - 6.7 | CHPPD | 6 | 5.7 | 5.9 | 6.4 | 6.6 | 6.2 |
| | | Fill Rate | 94% | 94% | 94% | 102% | 108% | 96% |
| Ward 30 8.1 | Average: 7 Range 6.2 - 7.5 | CHPPD | 7 | 7.4 | 6.2 | 6.3 | 6.6 | 6.3 |
| | | Fill Rate | 90% | 88% | 87% | 91% | 97% | 92% |
| Ward 32 6.7 | Average: 5.9 Range 5.6 - 10.5 | CHPPD | 5.8 | 6 | 5.6 | 5.8 | 5.9 | 6 |
| | | Fill Rate | 94% | 91% | 91% | 94% | 97% | 95% |
| CCU 14.9 | Average: 12.5 Range 12.1 - 16.3 | CHPPD | 12.1 | 13.2 | 12.8 | 12.3 | 12.6 | 12.1 |
| | | Fill Rate | 93% | 87% | 86% | 89% | 95% | 91% |
| Ward 33 | Average: 6.2 Range 5.8 - 6.9 | CHPPD | 5.9 | 5.9 | 6 | 6.2 | 6.2 | 6.9 |
| | | Fill Rate | 92% | 90% | 92% | 95% | 92% | 97% |
| Ward 36 6 | Average: 5.5 Range 5.2 - 6 | CHPPD | 5.6 | 5.5 | 5.2 | 5.3 | 5.7 | 5.5 |
| | | Fill Rate | 94% | 91% | 90% | 92% | 95% | 91% |
| Ward 37 7.5 | Average: 6.4 Range 5.8 - 7.9 | CHPPD | 6.9 | 6.8 | 6.7 | 5.8 | 6.1 | 6.1 |
| | | Fill Rate | 96% | 91% | 94% | 100% | 100% | 101% |
| Ward 38 5.7 | Average: 5.5 Range 3.2 - 5.9 | CHPPD | 5.6 | 5.7 | 5.7 | 5.3 | 5.4 | 5.5 |
| | | Fill Rate | 98% | 91% | 99% | 97% | 103% | 101% |
| Ward 25 9.4 | Average: 9 Range 7.5 - 11.4 | CHPPD | 11.4 | 9 | 7.5 | 7.1 | 10.4 | 9.1 |
| | | Fill Rate | 119% | 124% | 122% | 115% | 110% | 107% |
| Ward 24 (IPC) | Average : 6.5 Range 5.6 -7.2 | CHPPD | | 7.2 | 6.8 | 7 | 5.6 | 5.8 |
| | | Fill Rate | | 100% | 92% | 98% | 101% | 93% |

| Acute Care | CHPPD information | Indicators | November | December | January | February | March | April |
|--------------------|---|------------|----------|----------|---------|----------|-------|-------|
| MSSW 8.2 | Average: 6.6 Range 5.9 - 8.8 | CHPPD | 7.2 | 6 | 6.3 | 7 | 6.9 | 6.4 |
| | | Fill Rate | 89% | 79% | 84% | 91% | 90% | 85% |
| AMU 10.6 | Average: 11.4 Range 9.5-14.9 | CHPPD | 9.5 | 13.8 | 14.2 | 10.3 | 10.5 | 9.9 |
| | | Fill Rate | 91% | 92% | 97% | 102% | 105% | 100% |
| EDRU 9.6 | Average: 9.4 Range 7.7-10.7 | CHPPD | 10.6 | 10.5 | 7.7 | 9.6 | 9.2 | 8.9 |
| | | Fill Rate | 103% | 99% | 101% | 99% | 100% | 105% |
| ITU 35.8 | Average: 29.4 Range 26.8- 41.6 | CHPPD | 29.2 | 26.8 | 29.6 | 33.9 | 28.3 | 28.5 |
| | | Fill Rate | 90% | 94% | 89% | #72% | #73% | 64% |
| HDU 27.6 | Average: 24.5 Range 21.1 - 36.3 | CHPPD | 30.9 | 25.2 | 23.7 | 21.6 | 24.3 | 21.1 |
| | | Fill Rate | 98% | 96% | 96% | 95% | 95% | 91% |

ITU is a specialist care area where patient acuity and bed occupancy can change. This area has also been highlighted as having increased numbers of staffing incidents forms during March and April but with low incident risk scores. Whilst overall fill rates have been RAG rated as Red, ADN assurance indicates safe staffing was in place at all times. Formal additional monitoring measures of staffing levels have been implemented and are detailed within the staffing incident section of this report.

An Associate Director of Nursing (ADN) nurse staffing assurance report is in place to provide an auditable trail. The report provides details from Ward Sisters/Charge Nurses and Matrons on rational for variance from planned staffing, mitigating actions that have been taken and an overall sign off from the ADN to provide assurance that safe staffing was in place. This assurance report also helps monitor trends for both over 100% and under 100% fill rates to help inform divisions regarding staffing establishments. Following on from the introduction of

this report there is also an increased level of confidence in the data reported as all variances are reviewed at a greater level.

As confidence has grown in the CHPPD data Senior Nursing teams can now use this to help further inform correct establishment levels. The next stage in using CHPPD to support this is to review the difference in Registered Nurse to CSW ratios and compare a breakdown of CHPPD for Registered Nurses and CSWs across the clinical specialties.

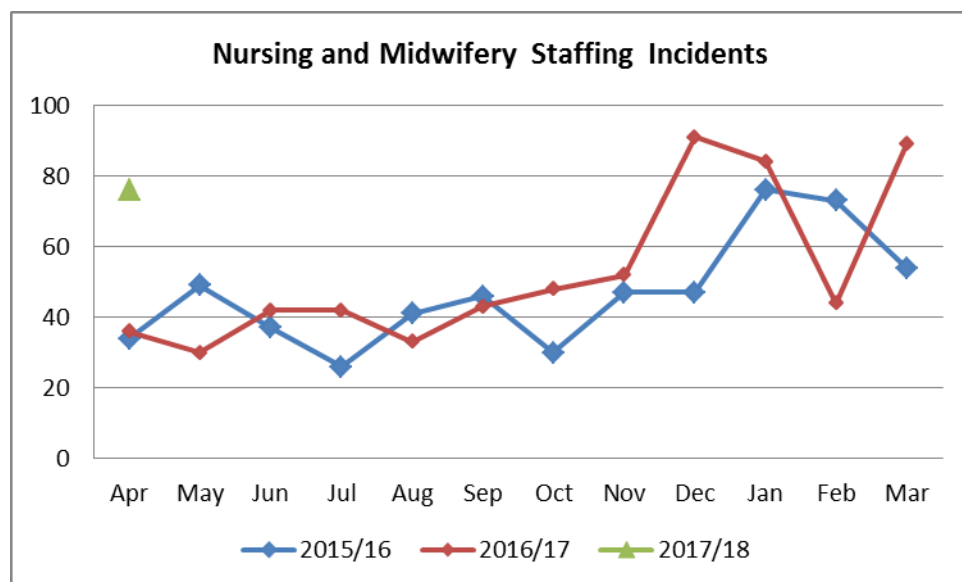
The Divisional Triumvirate has requested that a divisional average for CHPPD is included in future reports and this is displayed below.

| Division | March 2017 | | | April 2017 | | |
|--|------------|-----|-------|------------|-----|-------|
| | RN | CSW | Total | RN | CSW | Total |
| Medical Specialties | 3.9 | 3.3 | 7.2 | 3.8 | 3.3 | 7 |
| Surgical , Women’s and Children’s Division | 6.3 | 3 | 9.4 | 6.4 | 3.1 | 9.5 |

It is noted that there is a variation in the RN ratio, with medical specialties being lower than surgery, women and childrens, this information has been triangulated with data relating to vacancies , attendance and incidents and further work is planned including ensuring medical specialties is a priority within all recruitment , retention and reward initiatives.

5 Reported Staffing Incidents

The number of recorded Incidents during March and April 2017 were significantly higher than compared to previous years as displayed in the chart below. WUTH is proud to have a positive culture of incident reporting and whilst there has been an increase in the number of incidents the incident risk scores remain low. In 2016/17 there were a total of 634 Nursing and Midwifery related incidents compared with a total of 560 for 2015/16.



A monthly summary report highlighting themes and trends is reported to the Senior Nursing and Midwifery Team. During March and April 2017 Critical Care have featured as a frequently reported area. There has been a series of engagement and staff supportive work streams within critical care over the past few months; and the increase in incidents is reflective of the improvement work to encourage a positive reporting culture. There have been no notable patients harms and incident risk scores are low. The increase in incidents within this area has been placed on the divisional risk register to ensure formal senior monitoring and the Trust ‘Freedom to Speak’ Guardians visit the area frequently to support staff and encourage discussions with staff. It has been identified that there is currently outstanding vacancies, sickness and a diluted skill mix due to a high turnover of band 5 nurses with each new nurse requiring a period of supernumerary practice and the time taken

to become confident in critical care practice. To support this, the following additional provisions have been put in place:

- Daily staffing review by Band 7 sister to ensure adequate staffing
- Medical Division staffing plan overseen daily by Matron
- Introduction of enhanced payment with NHSP to encourage staff to move across from agency to NHSP
- Critical care full capacity SOP
- Reinforce the robust implementation of Trust attendance policy
- Cheshire and Mersey Critical care network agreement for transfer of critically ill patients if staffing is not at the required level

6 Conclusion

- Benchmarking WUTH performance for Care Hours per Patient Day (CHPPD) with other acute hospitals using model hospital portal allows 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 Model Hospital 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 in tandem with the new initiatives outlined in this report
- A full acuity review is currently under way and will be reported at the end of Q1 2017

7 Recommendations

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