


The Royal Wolverhampton NHS Trust		
<b>Trust Board Report</b>		
<b>Meeting Date:</b>	25 <sup>th</sup> January 2016	
<b>Title:</b>	Safe Staffing; Planned Versus Actual Staffing by Ward – November/December 2015 data	
<b>Executive Summary:</b>	<p>This paper details the <b>average</b> fill rate by Registered Nurse / Health Care Assistant [HCA] / shift and ward for the month of November &amp; December 2015</p> <p>The paper details reasons when staffing hours are <math>\geq 120\%</math> or <math>\leq 80\%</math> by ward as reported to Unify.</p>	
<b>Action Requested:</b>	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'.	
<b>Report of:</b>	Cheryl Etches, Chief Nursing Officer	
<b>Author: Contact Details:</b>	Rose Baker, Head of Nursing - Workforce Email rosebaker@nhs.net	
<b>Links to Trust Strategic Objectives</b>	1, 2, 4 & 6.	
<b>Resource Implications:</b>	Recruitment staffing costs.	
<b>Risks: BAF/ TRR</b> (describe risk and current risk score)	TRR Risk - 3644	
<b>Public or Private:</b> (with reasons if private)	Public	
<b>References:</b> (e.g. from/to other committees)	<p>The external facing Trust intranet page has a dedicated section on safe staffing  <a href="http://www.royalwolverhamptonhospitals.nhs.uk/patients_public/safe_staffing_levels.aspx">http://www.royalwolverhamptonhospitals.nhs.uk/patients_public/safe_staffing_levels.aspx</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. How to ensure the right people, with the right skills, are in the right place at the right time. National Quality Board Nov 2013  <a href="http://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf">http://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf</a></p>	

<p><b>NHS Constitution:</b> (How it impacts on any decision-making)</p>	<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 **Introduction**

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 nursing and midwifery staffing.

b. Staffing information is provided by Senior Sisters / Charge Nurses and collated centrally. Matrons review data of their respective wards. Divisional Heads of Nursing/Midwifery contribute to the analysis of the data.

c. This staffing data is reported to the Senior Nurse Strategic Group and posted on the Trust intranet site. The Unify staffing data is published monthly on the Trust internet site and NHS choices.

2 **Planned staffing with actual ‘fill rate’ per shift with differentiation between Registered Nurses [RN] and Health Care Assistants.**

a. The tables in Appendix 1 provide the average percentage fill rate of rostered (planned) hours against actual hours worked and related comments for months of November and December 2015.

b. Tabulated fill rates of less than 80% or greater than 120% [national thresholds] are shaded red & lilac respectively and exceptions are reported in the comments box. Senior Sisters / Charge Nurses are required to indicate the reasons for their staffing levels being above or below those planned. To note there are examples where below planned staffing is acceptable when mapped to bed occupancy/patient dependency

**Table 1 - Number of wards below average 80% fill**

	Jan	Feb	Mar	April	May**	June	July	Aug	Sept	Oct	Nov	Dec
<b>RN day</b>	5	7	10	7	4	4	3	5	6	5	10	9
<b>RN night</b>	10	14	10	11	9	10	2	13	3	13	15	14
<b>HCA day</b>	6	3	1	4	1	2	7	4	8	2	3	3
<b>HCA night</b>	3	2	2	1	2	1	2	2	3	2	1	2
<b>Total</b>	24	26	23	23	16	17	14	24	20	22	29	28
<b>Total %</b>	32	35	31	31	22	23	19	32	27	30	39	38

\*\* Planned flexing of staffing at weekends and bank holidays included from this date onwards

**Table 2 - Monthly average% Trust fill rate**

	Jan	Feb	Mar	April	May**	Jun	July	Aug	Sept	Oct	Nov	Dec
RN day	91	90	87	92.5	92.5	92.9	91.4	91.3	91.3	90.0	89.2	89
RN night	89	86	88	91.9	90.9	90.4	91.4	88	91.2	88.9	88.1	87.2
HCA day	102	104	103	104.8	107.2	107	106.5	109.3	107.1	105.8	111.6	109.3
HCA night	116.6	119	118	116.2	122	123	117.9	122.5	118.1	121.7	131.4	131.5

\*\* Planned flexing of staffing at weekends and bank holidays included from this date onwards

Summary

**Table 1**

*Results for November* - This shows that there had been no improvement in the number of wards falling below the 80% fill required, this equates to 39% of all inpatient wards. Of these 40% is shortages of RN's on nights and 27% RN's on days. This in part remains due to the rate of maternity leave in some areas, ongoing vacancies and short term sickness.

*Results for December* - This shows that there has been a slight improvement in the number of wards falling below the 80% fill required, this equates to 38% of all inpatient wards. Of these 38% is shortages of RN's on nights and 24% RN's on days. This in part remains due to the rate of maternity leave in some areas, ongoing vacancies and long/short term sickness.

A number of recruitment initiatives are already in progress, we saw a successful trip to the Phillipines of which 223 qualified nurses being offered posts pending completion of NMC registration. The majority of these recruits will need to undertake an IELTS (International English Language Test) to progress their NMC application, in the main these are arranged for January / February. There is a second recruitment session in the Phillipines planned to commence 28<sup>th</sup> January for a further 100 qualified nurses. There are a number of exisiting HCA's within the organsation who have a nursing registration in their native country who wish to pursue obtaining their NMC registration in the UK. The Trust are working with local colleges to enable these individuals to access the appropriate study to progress as swiftly as possible.

**Table 2.**

*Results for November* - The average fill rate for RN's both days & nights remains a challenge with both falling short of 90%. Fill rate for HCA's remains healthy, in part supporting some of the RN shortages but also supporting patient compexities requiring close observations.

*Results for December* - There is an increase in maternity leave in some directorates of which staffing plans have been developed. The average fill rate for RN's both days & nights remains a challenge with both falling short of 90%. Fill rate for HCA's remains healthy, in part supporting some of the RN shortages but also supporting patient complexities requiring close observations.

Factors continue to include:

- Unfilled funded RN vacancies.
- 1:1 observations/specialling of some patients in a number of wards requiring an over fill.
- High acuity of patients in the majority of wards.
- Flex capacity is utilised in CHU and D7, – following risk assessment.
- Some 'cross floor' working in Beynon Short Stay, C18 & 19, A5 & A6 has ensured safety whilst supporting efficiency.
- Accepted reduction in planned staffing mapped to patient dependency in ICCU & Hilton Main PACU as per National Guidance.
- There is an increase in Maternity leave in some directorates of which staffing plans have been developed to mitigate risk as much as reasonably possible given the above.

c. Ward A5/ A6 continues to have 12 beds closed to support the staffing deficit pending ongoing recruitment with the Division who are working closely with HR.

d. **Lord Carter , workforce efficiency collaborative**

NHPPD (National Hours per Patient Day) was collated throughout October, and submitted, we are still awaiting the outcome from the DoH of our data analysis.

E roster efficiency exploration is in progress, IT have undertaken a review of the system's speed and acknowledge this is significantly lacking in some areas. An external review commissioned by HR has proved useful, initial discussions have highlighted some key areas for focus.

## Appendix 1

## The Royal Wolverhampton NHS Trust Inpatient staff planned with actual – November 2015

Table 3

Ward	Amber = Fill rate $\geq$ 120% or $\leq$ 80%				Rationale		Nurse Sensitive Indicators				Hospital Acquired Infections	Comments
	Average fill rate – RN's / midwives Day	Average fill rate - HCA Day	Average fill rate – RN's / midwives Night	Average fill rate - HCA Night	HCA instead of RN ✓	Bank Unable to fill ✓	Falls with Harm	Late Obs %	Avoidable PU's	Staffing Breaches		
A5	96.0%	152.5%	103.3%	133.3%	✓			22	2	12		Several patients requiring 1:1 supervision due to Confusion and also significant numbers of patients at high risk of falls
A6	83.3%	124.4%	103.3%	146.7%	✓			15		9		Extra at night due to acuity of patients and those at risk of falls
A7	88.7%	136.7%	72.2%	110.0%	✓	✓		9	1	5	1	Short term sickness additional HCA booked to cover as bank unable to provide RN. Additional HCA in day to aid supervision of confused patients in the day. Ward was safe.
A8	82.3%	111.1%	90.0%	116.7%	✓	✓		9	1	3		
A9	90.8%	100.0%	78.3%	111.7%	✓	✓		12		1	1	No incidents as a result of staffing levels.

A12	77.1%	102.9%	72.4%	248.3%	✓	✓		9		2		2 Band 5 and 2 band 2 nurses on nights only as support is being provided to A12 and SAU due to critical nursing levels. This has increased the need to provide extra Band 2's on nights and day shifts due to staff moves to provide support to qualified staff. No incidents as a result of staffing. On occasions an extra HCA may be added to workforce dependant on the acuity level on the ward to ensure safety.
A14	94.7%	131.7%	74.7%	265.5%	✓	✓		11	1	1	1	Due to vacancy factor and unfilled Band 5 Bank shifts at night. No incidents as a result of staffing. Both for A12 and A14 significant levels of band 2 to support the drop in band 5s by 1 per night shift plus Dementia patient on A14 and both areas required specialising of patients at various points throughout the month.
A23	91.2%	111.7%	78.9%	100.0%	✓			8		4		We currently utilize additional Band 2 to support our Band 5 shortages. No incidents as a result of staffing on nights.
B7	96.7%	107.5%	68.9%	190.0%	✓	✓		6				Bank unable to fill gaps on rota with RN and provided HCA instead. Ward safety maintained
Bey SS	76.1%	85.1%	103.4%	96.6%	✓	✓		11		1		RN Vacancies, 3 RN on Maternity Leave, short term sickness, unfilled bank shifts, October interviews – no one turned up. No incidents as a result of staffing.

C16	97.1%	110.0%	66.7%	141.7%	✓	✓	1	17				Bank unable to fill gaps on rota with RN and provided HCA instead. Ward safety maintained
C17	101.1%	106.7%	100.0%	100.0%				18	1	1		
C18	85.0%	125.0%	72.2%	101.7%	✓	✓		12				Additional HCA in day to support observation of wandering or confused patient. Bank unable to fill RN gaps on rota at night HCA utilised instead. Ward safety maintained
C19	88.3%	125.8%	68.9%	133.3%	✓	✓		11				Additional HCA in day to support observation of wandering or confused patient. Bank unable to fill RN gaps on rota at night HCA utilised instead. Ward safety maintained
AMU (A21)	85.6%	103.1%	90.4%	97.5%				23	1			
C22	98.9%	116.0%	100.0%	150.0%				7				Additional HCA at night to provide close observation of patients
C24	95.7%	102.7%	67.8%	148.3%	✓	✓		10		2		Vacancies and short term sickness resulted in gaps in rota. Bank unable to fill gaps on rota with RN and provided HCA instead. Ward safety maintained
C25	90.5%	109.3%	68.9%	125.0%	✓	✓		16	1		2	Vacancies and short term sickness resulted in gaps in rota. Bank unable to fill gaps on rota with RN and provided HCA instead. Ward safety maintained



CHU	77.7%	87.2%	75.0%	216.7%	✓	✓		6		6	3	Vacancies and short term sickness resulted in gaps in rota. Bank unable to fill gaps on rota with RN and provided HCA instead. Ward safety maintained. Additional HCAs at night supported enhanced observation
Deansley - C35	75.7%	110.8%	100.0%	100.0%	✓	✓		7				Short-term sickness, bank unable to cover with RN hence HCA booked to ensure safety of patients
Maternity – D10	87.7%	112.0%	89.2%	105.0%				N/A		1		
Cardiology – B14	91.2%	178.4%	96.3%	121.6%				7		7		Area has been supporting Division with staffing concerns and also increased band 2 support due to acuity of patients.
Cardiothoracic – B8	90.5%	100.0%	97.7%	83.3%				8		7		
West Park 1	98.0%	110.6%	100.0%	203.3%				N/A		1		
West Park 2	78.3%	132.9%	100.0%	150.0%	✓	✓	1	N/A	1			Vacancies and short-term sickness, bank unable to fill day shifts, HCA booked instead. Additional HCA at night to support enhanced observation of patients Ward safety maintained
West Park 3	67.8%	135.2%	100.0%	145.0%	✓	✓		N/A				Vacancies and short-term sickness, bank unable to fill day shifts, HCA booked instead. Additional HCA at night to support enhanced observation of patients Ward safety maintained

NRU	71.7%	156.7%	110.0%	186.7%	✓	✓		N/A				Vacancies and short-term sickness, bank unable to fill day shifts, HCA booked instead. Ward safety maintained. Additional HCA at night to support close observation of a patient who has DoLs in place and has wandered off the ward twice
Neonatal Unit	121.0%	58.3%	113.3%	140.0%	✓			N/A		1	4	Sickness of 1 support worker (5.5 wte total). Additional support workers on night duty to support trained nurses due to over agreed activity / dependency levels
A21	106.4%	55.0%	108.7%	76.7%		✓		N/A		5		Vacancies within HCA team 2.0wte HCAs started 7/12/15 and 2.0wte HCAs awaiting final clearances. No incidents as a result of staffing
ASU - B12	88.5%	124.4%	88.9%	111.7%	✓	✓		16		4		Additional HCA booked as bank unable to fill RN gaps
C41	96.7%	100.0%	78.9%	130.0%	✓	✓		5				Short term sickness bank unable to fill RN gaps on rota hence HCA alternative provided. Ward safely covered
D7	114.6%	78.3%	68.9%	133.3%				10		2		HCA fill in day - this was due to short notice and bank not filled as well as vacancy  Trained - HCA put on instead of Trained on night due to vacancy and staff member moved to other area.
ICCU	82.7%	82.7%	80.2%	103.3%				65	1	7		

Fairoak - CCH	71.9%	124.8%	100.0%	100.0%	✓	✓		N/A				Short term sickness resulted in gaps on RN rota that bank was unable to cover hence HCAs utilised. Ward safely covered
Hilton Main – CCH	65.9%	89.3%	84.0%	96.1%	✓			N/A				Staffing levels have been safe – numbers of staff flex dependant on beds utilised. Currently safer staffing levels have been based on 28 beds but unit only ever opens to maximum of 25 and staffing is appropriate to reflect this. Therefore staffing levels will be amended for next month.
C15	78.6%	129.2%	68.9%	253.3%	✓	✓		13	2			Vacancies and short-term sickness, bank unable to fill shifts, HCA booked instead. Ward safety maintained. . Additional HCA at night to support enhanced observation of patients
PAU	100.0%	88.3%	100.0%	93.3%				N/A				

## Appendix 2

## The Royal Wolverhampton NHS Trust Inpatient staff planned with actual – December 2015

Table 4

Ward	Amber = Fill rate $\geq$ 120% or $\leq$ 80%				Rationale		Nurse Sensitive Indicators				Hospital Acquired Infections	Comments
	Average fill rate – RN's / midwives Day	Average fill rate - HCA Day	Average fill rate – RN's / midwives Night	Average fill rate - HCA Night	HCA instead of RN ✓	Bank Unable to fill ✓	Falls with Harm	Late Obs %	Avoidable PU's	Staffing Breaches		
A5	69.6%	126.3%	100.0%	133.9%	✓	✓		17	2	12		RN gaps are due to vacancies or last minute sickness. Staff are also moved around between A5/A6 to balance nurse staffing levels and to ensure patient safety. Additional HCAs have been utilised to offset the shortage in RNs and support additional observation of challenging patients at night. Ward was risk assessed as safe
A6	75.6%	117.7%	101.6%	150.0%	✓	✓		17	1	15		RN gaps are due to vacancies or last minute sickness. Staff are also moved around between A5/A6 to balance nurse staffing levels and to ensure patient safety. Additional HCAs have been

												utilised to offset the shortage in RNs and support additional observation of challenging patients at night. Ward was risk assessed as safe
A7	91.0%	136.1%	77.4%	104.8%	✓	✓		10	1	1		RN gaps are due to vacancies or short term sickness. Additional HCAs have been utilised to offset the shortage in RNs and provide enhanced observation of patients. Ward safety ensured
A8	82.9%	106.5%	91.4%	109.7%				9		2	1	
A9	86.6%	87.5%	73.7%	138.7%	✓	✓		11		5		RN gaps due to 7.8wte band 5 vacancies plus 3.0wte Band 5 staff on maternity leave plus long term sickness absence. Additional HCA booked to support nights. Ward safety maintained
A12	82.6%	164.0%	68.8%	254.8%	✓	✓		12		2	2	RN gaps due to 4.8 wte band 5 vacancies, long term sickness absence and 5.0wte maternity leave – using additional HCAs to cover trained staff shifts. Ward safety maintained

A14	87.6%	133.5%	67.7%	229.0%	✓	✓		8			1	RN gaps due to 3.2wte band 5 vacancies, long term sickness absence, 2.0wte maternity leave– using additional HCAs to cover trained staff shifts
A23	86.4%	114.5%	100.0%	100.0%				8		3		
B7	94.9%	107.3%	69.9%	209.7%	✓	✓		5		1		RN gaps are due to vacancies or short term sickness. RN gaps on nights include the third RN being moved to support other wards and replaced with a HCA. Additional HCAs have been utilised to offset the shortage in RNs. Ward safety ensured
Bey SS	79.5%	81.6%	98.1%	88.9%				12				Shift shortfalls are due to there being 3 wte RN vacancies and 1 RN currently on maternity leave. Ward safe
C16	98.2%	104.5%	66.7%	143.5%	✓	✓		26				RN gaps are due to vacancies or short term sickness. Additional HCAs have been utilised to offset the shortage in RNs. Ward safety ensured
C17	101.6%	103.2%	100.0%	100.0%				16		1		

C18	89.0%	109.7%	69.9%	103.2%	✓	✓		8	1			RN gaps are due to vacancies or short term sickness. Additional HCAs have been utilised to offset the shortage in RNs. Ward safety ensured
C19	85.8%	108.1%	67.7%	127.4%	✓	✓		9		2		RN gaps are due to vacancies or short term sickness. Additional HCAs have been utilised to offset the shortage in RNs. Ward safety ensured
AMU (A21)	98.1%	115.1%	95.7%	154.8%				20		1		Additional HCAs booked at night to support the transfer of patients from ED and to base wards
C22	98.2%	107.1%	101.6%	146.8%				7				Additional HCA booked at night to provide 1:1 observation of challenging patients
C24	100.9%	94.8%	67.7%	132.3%	✓	✓		9				RN gaps are due to vacancies or short term sickness. Additional HCAs have been utilised to offset the shortage in RNs. Ward safety ensured
C25	90.8%	93.5%	67.7%	119.4%	✓	✓		19		2	1	RN gaps are due to vacancies or short term sickness. Additional HCAs have been utilised to offset the shortage in RNs. Ward safety ensured

CHU	72.6%	93.5%	84.9%	138.7%		✓		4		6		RN gaps are due to vacancies or short term sickness. Ward safety ensured
Deansley - C35	71.4%	87.1%	100.0%	100.0%		✓		6	1			RN gaps are due to vacancies or short term sickness. Ward safety ensured
Maternity – D10	85.4%	104.5%	84.7%	106.5%				N/A		5		
Cardiology – B14	92.2%	159.6%	89.1%	117.3%				6		7	2	Additional HCAs booked to support observation of patients
Cardiothoracic – B8	88.2%	100.0%	90.3%	90.3%				8		8	1	
West Park 1	96.8%	114.0%	100.0%	238.7%				N/A		3		Additional HCAs booked to support observation of challenging patients predominately at night
West Park 2	82.3%	127.6%	109.7%	153.2%	✓		1	N/A	1			RN gaps are due to vacancies or short term sickness, bank unable to fill RN gap so provided a HCA. Additional HCAs booked to support observation of challenging patients predominately at night. Ward safety ensured



West Park 3	70.4%	139.6%	100.0%	143.5%	✓	✓		N/A		5		RN gaps are due to vacancies or short term sickness, bank unable to fill RN gap so provided a HCA. Additional HCAs booked to support observation of challenging patients predominately at night. Ward safety ensured
NRU	83.1%	158.1%	106.5%	180.6%				N/A				Additional HCAs booked to support observation of challenging patients. Ward safety ensured
Neonatal Unit	118.0%	95.2%	111.1%	132.3%				N/A			1	
A21	113.4%	42.7%	114.8%	54.8%		✓		N/A		4		HCA gaps are due to vacancies, short term sickness and maternity leave. Bank was unable to fill. Ward was safe
ASU - B12	84.6%	122.6%	87.1%	77.4%	✓	✓		14		2		Additional HCA moved from nights to cover gaps in RN. Ward safe
C41	96.0%	102.3%	78.5%	129.0%	✓	✓		7		1		RN gaps are due to vacancies or short term sickness. Additional HCAs have been utilised to offset the shortage in RNs. Ward safety ensured

D7	97.6%	71.8%	66.7%	125.8%	✓	✓		9		9		HCA fill rate for day shift – this is due to short term sickness. Where additional HCA staff were able to be booked this was used to bolster the night shift, where some short term sickness in trained staff reduced compliance. Ward safety ensured
ICCU	90.5%	90.5%	82.9%	100.0%				70		3		
Fairoak - CCH	73.3%	118.9%	101.6%	101.6%	✓	✓		N/A				RN gaps are due to vacancies and short term sickness. Additional HCAs have been utilised to offset the shortage in RNs. Ward safety ensured
Hilton Main – CCH	59.0%	84.0%	75.4%	88.9%				N/A				The number of staff required has varied according to number and acuity of patients on the ward. Where staffing numbers are below RAG rating they have still remained safe for number of patients on the ward; therefore could be considered as green. For the third week in December it was only day cases that were admitted onto the ward.

C15	77.4%	107.3%	71.0%	193.5%	✓	✓	1	15				RN gaps are due to vacancies and short term sickness. Additional HCAs have been utilised to offset the shortage in RNs. Ward safety ensured
PAU	100.0%	71.0%	98.4%	80.6%		✓		N/A				HCA gap is due to vacancies, short term sickness and maternity leave. Bank was unable to fill. Ward was safe