


The Royal Wolverhampton NHS Trust		
Trust Board Report		
Meeting Date:	30 th March 2016	
Title:	Safe Staffing; Planned Versus Actual Staffing by Ward – February 2016 data	
Executive Summary:	<p>This paper details the average fill rate by Registered Nurse / Health Care Assistant [HCA] / shift and ward for the month of February 2016</p> <p>The paper details reasons when staffing hours are $\geq 120\%$ or $\leq 80\%$ by ward as reported to Unify.</p>	
Action Requested:	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'.	
Report of:	Cheryl Etches, Chief Nursing Officer	
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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.royalwolverhamptonhospitals.nhs.uk/patients_public/safe_staffing_levels.aspx</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. How to ensure the right people, with the right skills, are in the right place at the right time. National Quality Board Nov 2013 http://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf</p>	

<p>NHS Constitution: (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">✚ 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
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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 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 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 (HCA).

- a. The table in Appendix 1 provides the average percentage fill rate of rostered (planned) hours against actual hours worked and related comments.
- 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

	Mar	April	May**	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
RN day	10	7	4	4	3	5	6	5	10	9	11	10
RN night	10	11	9	10	2	13	3	13	15	14	16	16
HCA day	1	4	1	2	7	4	8	2	3	3	2	3
HCA night	2	1	2	1	2	2	3	2	1	2	2	2
Total	23	23	16	17	14	24	20	22	29	28	31	31
Total %	31	31	22	23	19	32	27	30	39	38	42	42

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

Table 2 - Monthly average% Trust fill rate

	Mar	April	May*	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
RN day	87	92.5	92.5	92.9	91.4	91.3	91.3	90.0	89.2	89	89.6	87.3
RN night	88	91.9	90.9	90.4	91.4	88	91.2	88.9	88.1	87.2	87.6	87.8
HCA day	103	104.8	107.2	107	106.5	109.3	107.1	105.8	111.6	109.3	115.1	112.5
HCA night	118	116.2	122	123	117.9	122.5	118.1	121.7	131.4	131.5	130.5	132.1

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

Summary

Table 1

Results for February - This shows that there has been no improvement in the number of wards falling below the 80% fill rate required, this equates to 42% of all inpatient wards. Of these 27% is shortages of RN's on days and 43% RN's on nights. This in part remains due to the rate of Maternity leave in some areas, ongoing vacancies and an increase in short/long term sickness.

There are a number of recruitment initiatives in progress and in March we supported an RCN jobs fair in Birmingham where we interviewed and made offers of employment on the day. There are further jobs fairs which we will be attending in the near future.

Table 2.

Results for February - 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 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 of patients in the majority of wards.
- Flex capacity is utilised in CHU, D7 and C21, – following risk assessment.
- Some 'cross floor' working in Beynon Short Stay, C18 & 19, A5 & A6, A12& A14 has ensured safety whilst supporting efficiency.
- Accepted reduction in planned staffing mapped to patient dependency in ICCU & Hilton Main PACU as per National Guidance.

c. Ward A5/ A6 continues to have 12 beds closed to support the staffing deficit pending the ongoing recruitment.

d. Lord Carter , workforce efficiency collaborative

NHPPD (National Hours per Patient Day) was collated throughout October 2015, and submitted, we are still awaiting the outcome from the DoH of our data analysis.

E roster efficiency exploration is in progress, this will be enhanced by the upgrade of the current version of E-roster software later this year.

Appendix 1

The Royal Wolverhampton NHS Trust Inpatient staff planned with actual – February 2016

Ward	Amber = Fill rate \geq 120% or \leq 80%				Rationale		Nurse Sensitive Indicators					Vacancies wte		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	Hospital Acquired Infections	RN	HCA	
A5	81.5%	125.6%	101.8%	150.0%		✓		22		9		7.19	-1.8	All bank requests were not filled and wards have moved staff around to ensure safe staffing. Recruitment is ongoing. 6 beds remain closed
A6	80.5%	112.6%	106.9%	144.8%		✓		18		4		8.6	-2.14	All bank requests were not filled and wards have moved staff around to ensure safe staffing. Recruitment is ongoing. 6 beds remain closed
A7	85.2%	110.3%	79.3%	120.7%	✓	✓		12		1		5.39		used B2 to backfill on nights to ensure safety

A8	80.3%	102.9%	78.2%	122.4%	✓	✓		8	1	1		0.63	-0.89	used B2 to backfill on nights to ensure safety
A9	83.9%	98.7%	78.2%	120.7%	✓	✓		11		9		3.58	-0.63	Vacancy factor, maternity leave and long term sickness reducing fill factor for Band 5's. Ward safe.
A12	78.0%	152.6%	71.3%	255.2%	✓	✓		10	2	11		2.56	1.95	Vacancy factor, maternity leave and long term sickness reducing fill factor for Band 5's. Band 2's over fill factor as supporting Band 5 deficiency No incidents due to staffing
A14	84.5%	117.9%	69.0%	203.4%	✓	✓		9	2			3.09	0.9	Band 2's over fill factor as supporting Band 5 deficiency No incidents due to staffing
A23	87.3%	103.4%	100.0%	100.0%				6		6		2.95	-0.89	
B7	92.1%	125.0%	69.0%	262.1%	✓	✓		9				1.66	-0.77	Backfill with HCA to maintain patient safety. Additional HCAs on nights due to extra 6 bedded capacity whilst on C21.

Bey SS	73.4%	98.2%	96.6%	100.0%		✓		9	1				-2.8	
C16	92.1%	111.7%	66.7%	146.6%	✓	✓		7				1.03	-1.38	Band 2's over fill supporting Band 5 deficiency No incidents due to staffing
C17	95.4%	112.6%	100.0%	100.0%				9				1.25	1.2	
C18	83.8%	156.9%	70.1%	153.4%	✓	✓		8				5.95	0.48	Band 2's have been used to backfill band 5 shortfalls
C19	79.0%	132.8%	67.8%	131.0%	✓	✓		5				3.10	-0.42	Band 2's have been used to backfill band 5 shortfalls
AMU (C58)	101.3%	112.9%	95.8%	120.7%	✓	✓		19	2	4		3.71	-0.82	Additional Staff cover for support of CDU staffing. Back fill with HCA for RGN vacancy
C22	89.3%	113.1%	100.0%	150.0%	✓	✓		7		1		0.59	-1.6	additional B2 used during the night for the complexity of the pt's to ensure safety
C24	95.6%	101.4%	66.7%	143.1%	✓	✓		9	1	9		4.86	-0.22	Backfill with HCA to maintain patient safety

C25	72.4%	104.1%	65.5%	132.8%	✓	✓		18	1			3.79	0.99	Backfill with HCA to maintain patient safety
CHU	71.0%	95.4%	95.4%	100.0%		✓		7		6	2	6.75	-1.41	
Deansley - C35	74.9%	105.2%	134.5%	100.0%				8			1	4.18	-1.23	Used B2 to ensure safety.
Maternity - D10	84.4%	109.7%	88.8%	106.9%				N/A				0.71	0.83	
Cardiology - B14	88.9%	146.0%	87.9%	116.0%				8		8		0.96	1.08	Additional HCA to provide 1:1 support for patient acuity
Cardio-thoracic - B8	89.3%	93.1%	91.6%	100.0%				9		2		4.46	-0.14	
West Park 1	100.0%	122.4%	101.7%	206.9%	✓	✓		N/A				-1.67	0.67	Extra HCA shifts are requested to ensure direct care is given promptly and deteriorating patients are alerted. Twice weekly staffing/dependency review meetings are held to ensure staff are moved within the directorate to support safety.

West Park 2	73.6%	135.0%	112.1%	153.4%	✓	✓		N/A	1	1		3.0	-0.43	Extra HCA shifts are requested to ensure direct care is given promptly and deteriorating patients are alerted. Twice weekly staffing/dependency review meetings are held to ensure staff are moved within the directorate to support safety. QN overfill at night was for the enhanced care
West Park 3	78.2%	125.6%	103.4%	131.0%	✓	✓		N/A	1	1		3.48	-0.59	Extra HCA shifts are requested to ensure direct care is given promptly and deteriorating patients are alerted. Twice weekly staffing/dependency review meetings are held to ensure staff are moved within the directorate to support safety. QN overfill at night was for the enhanced care
NRU	66.4%	170.1%	100.0%	162.1%	✓	✓		N/A				4.47	-0.16	Extra HCA shifts are requested to ensure direct care is given promptly and deteriorating patients are alerted. Twice weekly staffing/dependency review meetings are held to ensure staff are moved within the directorate to support safety.

														QN overfill at night was for the enhanced care
Neonatal Unit	112.8%	55.2%	105.4%	100.0%	✓	✓		N/A		1		0.9		
A21	96.3%	56.9%	104.1%	55.2%		✓		N/A		3		-1.24	0.8	Current vacancies within HCA complement – advertised and appointed but have not started.
ASU - B12	80.5%	109.2%	88.5%	84.5%				12		1		2.0	3.46	
C41	100.4%	103.9%	79.3%	124.1%	✓	✓		9		1		0.2	1.02	Increase in HCA requests due to bank unable to fill RN shift.
D7	100.9%	87.5%	69.0%	207.1%	✓			12				0.76		Additional HCA's used to increase workforce numbers. Area remained safe.
ICCU	86.9%	85.3%	77.6%	93.1%				N/A		1		12.0	1.69	The nature of Critical Care Medicine means service delivery can be extremely fluid and is hard to depict in a singular matrix. We provide 1:1 nursing for level 3 patients and 1:2 for level 2 patients. As soon as all

														capacity is prospectively utilised we address the deficit with an increase via utilisation of ICCU's own nurse bank pool
Fairoak - CCH	72.9%	119.7%	100.0%	98.3%	✓	✓	1	N/A				0.25	-0.59	Extra HCA shifts are requested to ensure direct care is given promptly and deteriorating patients are alerted.
Hilton Main – CCH	85.6%	100.7%	77.2%	96.6%				N/A				2.4	1.18	Ward not at full capacity so nurse numbers were acceptable on these shifts, Safe on all days
C15	83.7%	121.6%	66.7%	248.3%	✓	✓		15				2	-0.5	Backfill with HCA to maintain patient safety. Additional HCA required at night for 1 to 1 supervision
PAU	100.0%	75.9%	100.0%	79.3%		✓		N/A						Current vacancies within HCA complement plus maternity leave – vacancies advertised and some appointed – further interviews in 2/52.