


The Royal Wolverhampton NHS Trust		
<b>Trust Board Report</b>		
<b>Meeting Date:</b>	25 <sup>th</sup> April 2016	
<b>Title:</b>	Safe Staffing; Planned Versus Actual Staffing by Ward – March 2016 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 March 2016</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	
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<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 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**

	April	May**	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
RN day	7	4	4	3	5	6	5	10	9	11	10	10
RN night	11	9	10	2	13	3	13	15	14	16	16	14
HCA day	4	1	2	7	4	8	2	3	3	2	3	1
HCA night	1	2	1	2	2	3	2	1	2	2	2	2
<b>Total</b>	<b>23</b>	<b>16</b>	<b>17</b>	<b>14</b>	<b>24</b>	<b>20</b>	<b>22</b>	<b>29</b>	<b>28</b>	<b>31</b>	<b>31</b>	<b>27</b>
<b>Total %</b>	<b>31</b>	<b>22</b>	<b>23</b>	<b>19</b>	<b>32</b>	<b>27</b>	<b>30</b>	<b>39</b>	<b>38</b>	<b>42</b>	<b>42</b>	<b>37</b>

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

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

	April	May*	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
RN day	92.5	92.5	92.9	91.4	91.3	91.3	90.0	89.2	89	89.6	87.3	88.4
RN night	91.9	90.9	90.4	91.4	88	91.2	88.9	88.1	87.2	87.6	87.8	87.1
HCA day	104.8	107.2	107	106.5	109.3	107.1	105.8	111.6	109.3	115.1	112.5	110.1
HCA night	116.2	122	123	117.9	122.5	118.1	121.7	131.4	131.5	130.5	132.1	131.7

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

Summary

**Table 1**

*Results for March* - This shows that there has been a slight improvement in the number of wards falling below the 80% fill rate required, this equates to 37% of all inpatient wards. Of these 27% is shortages of RN's on days and 38% RN's on nights. This in part remains due to the rate of Maternity leave in some areas, ongoing vacancies and short/long term sickness.

There are a number of recruitment initiatives in progress which includes attendance at further jobs fairs where the plan is to interview and make offers of employment on the day, as this approach had worked well at the fairs the Trust attended in March.

**Table 2.**

*Results for March* - 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 being utilised on CHU and D7, – 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 have not received the outcome from the DoH of our data analysis.

However this metric has now changed to CHPPD( Care hours per patient day). The Trust is currently supporting the pilot capture of data to support this metric which includes reporting actual vs predicted staffing data alongside the number of occupied beds at midnight. It is uncertain yet when the Trust will be required to report data in the new format it may be from April or May.

This proposed new metric does not capture any patient acuity or activity through the ward in the 24 hours period so will only demonstrate part of the elements to be considered when formulating the staffing establishment for a ward.

E roster efficiency exploration is in progress, a scoping and working group has been established. This group will complete some of the necessary ground work before 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 – March 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	83.3%	109.7%	98.4%	141.9%	✓			24	2	6		7.93	-1.8	Additional HCA on nights to support: <ul style="list-style-type: none"> <li>reducing the risk of falls experienced overnight</li> <li>To support the higher dependency patient needs</li> </ul> Safety on ward maintained.

A6	76.3%	110.2%	101.6%	141.9%	✓	✓		16		12		8.6	-2.14	<p>Gaps in RN day due to an increase in long term and short term sickness, hence additional HCA booked</p> <p>Additional HCA on nights to support:</p> <ul style="list-style-type: none"> <li>reducing the risk of falls experienced overnight</li> <li>To support the higher dependency patient needs</li> </ul> <p>Safety on ward maintained.</p>
A7	86.5%	103.8%	84.9%	112.9%	✓	✓		13	1	1		5.39		
A8	83.5%	102.7%	79.6%	124.2%	✓	✓		10	1		1	0.13	-0.89	<p>HCA's used to backfill qualified vacancies and sickness.</p> <p>Sickness for March = 4.41%</p>
A9	84.4%	86.7%	69.9%	138.7%	✓	✓		11	2	2		4.58	0.41	<p>2 overseas qualified staff are on induction and are not counted in numbers.</p> <p>Additional HCAs on night shifts. Ward also required 1:1 nurses for dementia patients.</p> <p>Ward safe</p>

A12	84.0%	167.5%	74.2%	232.3%	✓	✓		13		3	1	2.56	1.95	Ward has a high level of maternity leave and staff on long term sickness. Additional HCAs booked to ensure patient safety.
A14	94.3%	111.6%	73.1%	190.3%	✓	✓		12			1	4.0	-	Additional HCAs booked to provide enhanced care for challenging patients and to ensure patient safety in the absence of qualified nurse. Ward safe
A23	82.0%	101.6%	100.0%	96.8%				8		2		3.56	-0.89	
B7	89.9%	119.4%	66.7%	258.1%	✓	✓	1	4				4.66	-1.2	HCA used to backfill RN vacancies and to provide enhanced level of observation for challenging patients particularly on nights. Ward was safe
Bey SS	98.4%	102.6%	93.5%	71.0%	✓	✓		8		1		-	-	Gap in night HCA due to short term sickness. Ward safety maintained
C16	105.1%	120.6%	66.7%	124.2%	✓	✓		13				3.03	-1.38	HCA used to backfill RN vacancies also newly qualified staff awaiting their NMC registration are captured in the HCA %. Ward was safe



C17	100.5%	111.8%	100.0%	116.1%				9	2		1	0.25	1.2	
C18	84.5%	110.5%	78.5%	116.1%	✓	✓		5	1			5.95	1.28	HCAs used to backfill RN gaps; the planned staffing on nights is to have three Registered nurses on each ward however never fall below 5 Registered Nurses across the floor. Wards safe
C19	80.0%	136.3%	69.9%	135.5%	✓	✓		6			1	3.95	-1.22	
AMU (C58)	102.5%	102.7%	96.8%	121.8%	✓			17		2		6.0	-5.82	Additional HCA booked on nights to support enhanced observation of challenging patient
C22	92.1%	114.8%	100.0%	148.4%	✓	✓		8				0.59	-1.56	Band 2's used to cover short term sickness of B5 and an additional Band 2 used at night to provide enhanced observation to ensure patient safety
C24	96.8%	103.9%	66.7%	146.8%	✓	✓		6		1		5.86	-1.22	HCA used to backfill RN vacancies. Ward safe
C25	78.3%	121.3%	68.8%	132.3%	✓	✓		17	3		2	4.2	0.99	HCA used to backfill RN vacancies also newly qualified staff awaiting their NMC registration are captured in the HCA %. Ward was safe

CHU	76.8%	98.9%	98.9%	100.0%		✓		7			1	6.75	-1.41	RN gaps as a result of short term sickness, due to acuity of patients on ward at time actual numbers were safe
Deansley - C35	78.8%	80.6%	100.0%	100.0%		✓		5				6.18	-1.23	Gaps on day rota due to short term sickness ward supported by staff from across directorate. Ward safe
Maternity – D10	76.7%	96.1%	82.3%	106.5%				N/A				0.69	0.79	The ward remained safe and there were no incidents. Most of those shifts needed no action due to low activity
Cardiology – B14	88.6%	161.1%	88.7%	113.0%				5		2		2.32	1.0	Additional HCA booked to support enhanced observation
Cardio-thoracic – B8	81.7%	93.5%	87.1%	109.7%			1	8				4.46	-0.22	
West Park 1	99.4%	125.3%	100.0%	225.8%				N/A	1	1		-2.67	0.67	Additional HCA booked to support enhanced observation of challenging patients
West Park 2	70.4%	126.3%	112.9%	156.5%	✓	✓		N/A	1			3.0	0.2	Additional HCA booked to support RN gaps on day duty. Additional HCA booked to support enhanced observation of challenging

														patients on nights. Ward safe
West Park 3	78.0%	134.1%	100.0%	145.2%	✓	✓		N/A		1		3.9	-0.59	Additional HCA booked to support RN gaps on day duty. Additional HCA booked to support enhanced observation of challenging patients on nights. Ward safe
NRU	65.3%	205.4%	100.0%	235.5%	✓	✓		N/A				6.05	-0.16	Additional HCA booked to support RN gaps on day duty. Additional HCA booked to support enhanced observation of challenging patients on nights. Ward safe
Neonatal Unit	114.1%	83.9%	110.1%	93.5%				N/A		2	1	0.9	-	
A21	95.4%	45.2%	100.6%	96.8%		✓		N/A		7		0.76	0.73	Significantly high levels of short-term sickness, maternity leave. Unable to cover shifts with bank staff. Ward safe
ASU - B12	83.9%	108.9%	92.5%	93.5%				14		1		2.01	4.29	
C41	102.4%	93.5%	81.7%	125.8%	✓	✓		9		1	1	-0.10	0.22	Additional HCAs on nights to ensure patient safety

D7	97.2%	82.3%	66.7%	200.0%	✓	✓		9	1			0.76	-0.58	Additional HCAs on nights to ensure patient safety
ICCU	86.9%	85.3%	77.6%	93.1%								12.94	1.69	The unit remained safe and there were no incidents. The staffing requirements were less due to patient acuity and low activity at the time and no actions were required.
Fairoak - CCH	70.0%	124.4%	100.0%	98.4%	✓	✓		N/A				1.25	0.59	HCA used to backfill RN vacancies. Ward safe
Hilton Main - CCH	72.2%	95.1%	76.5%	80.6%				N/A	1			7.8	1.18	Although staffing levels lower than establishment there was decreased activity therefore all shifts were safe
C15	87.1%	130.6%	66.7%	238.7%	✓	✓		11				5.0	-0.5	HCA used to backfill RN vacancies, in addition newly qualified staff awaiting their NMC registration are captured in the HCA %. Additional HCA used to provide enhanced level of observation at night & cover ward assistant vacancy during day. Ward was safe
PAU	100.0%	83.9%	98.4%	71.0%		✓		N/A				NA	NA	Gaps in HCA shifts due to sickness. Unable to cover shifts with bank staff. Ward safe