








The Royal Wolverhampton NHS Trust		
<b>Trust Board Report</b>		
<b>Meeting Date:</b>	29 <sup>th</sup> February 2016	
<b>Title:</b>	Safe Staffing; Planned Versus Actual Staffing by Ward – January 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 January 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 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 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 provide 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**

	Feb	Mar	April	May**	June	July	Aug	Sept	Oct	Nov	Dec	Jan
RN day	7	10	7	4	4	3	5	6	5	10	9	11
RN night	14	10	11	9	10	2	13	3	13	15	14	16
HCA day	3	1	4	1	2	7	4	8	2	3	3	2
HCA night	2	2	1	2	1	2	2	3	2	1	2	2
Total	26	23	23	16	17	14	24	20	22	29	28	31
Total %	35	31	31	22	23	19	32	27	30	39	38	42

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

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

	Feb	Mar	April	May**	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan
RN day	90	87	92.5	92.5	92.9	91.4	91.3	91.3	90.0	89.2	89	89.6
RN night	86	88	91.9	90.9	90.4	91.4	88	91.2	88.9	88.1	87.2	87.6
HCA day	104	103	104.8	107.2	107	106.5	109.3	107.1	105.8	111.6	109.3	115.1
HCA night	119	118	116.2	122	123	117.9	122.5	118.1	121.7	131.4	131.5	130.5

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

Summary

**Table 1**

*Results for January* - This shows that there has been a deterioration in the number of wards falling below the 80% fill required, this equates to 42% of all inpatient wards. Of these 43% is shortages of RN's on nights and 29% RN's on days. This in part remains due to the rate of Maternity leave in some areas, ongoing vacancies and an increase in short/long term sickness.

A number of recruitment initiatives are already in progress. The second Phillipines recruitment event commenced 28<sup>th</sup> January to employee a further 100 qualified nurses. There are a number of existing HCA's within the organisation 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 January* - 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 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.
- There is an increase in Maternity leave in some directorates of which

	<p>staffing plans have been developed to mitigate risk as much as reasonably possible given the above</p> <p><b>c.</b> Ward A5/ A6 continues to have 12 beds closed to support the staffing deficit pending the ongoing recruitment.</p> <p><b>d. Lord Carter , workforce efficiency collaborative</b> 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. There is a DoH collaborative learning event on 29<sup>th</sup> February to share good practices from Trusts nationally.</p> <p>E roster efficiency exploration is in progress, this is being supported by the option to upgrade the current version of E-roster software.</p>
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## Appendix 1

## The Royal Wolverhampton NHS Trust Inpatient staff planned with actual – January 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	67.7%	119.4%	98.4%	143.5%	✓	✓		18	1	3		6.9	-1.8	Additional HCA booked to cover gaps in RN rota. Agreement for extra HCA on nights due to acuity of patients. Ward safe
A6	75.1%	121.5%	100.0%	148.4%	✓	✓		21		13		8.45	-2.14	Additional HCA booked to cover gaps in RN rota. Agreement for extra HCA on nights due to acuity of patients. Ward safe

A7	91.9%	118.1%	75.3%	130.6%	✓	✓		14		2		5.39		RN gaps backfilled with an HCA to ensure safe staffing levels
A8	84.5%	108.1%	79.6%	132.3%	✓	✓	2	10	1			1.63	0.11	RN gaps backfilled with an HCA to ensure safe staffing levels
A9	85.2%	98.8%	74.2%	151.6%	✓	✓		12		8		2.58		Extra HCAs at night to cover deficiencies in RN cover. Ward safe
A12	79.0%	160.5%	66.7%	261.3%	✓	✓	1	12		14		4.27	1.59	Extra HCAs booked to cover deficiencies in RN cover. Ward safe
A14	87.9%	117.4%	66.7%	219.4%	✓	✓		11				2.29	0.90	Extra HCAs at night to cover deficiencies in RN 5 cover. Ward safe
A23	86.9%	96.8%	100.0%	100.0%				8		14		3.95	-0.89	
B7	87.6%	117.7%	66.7%	200.0%	✓	✓		7			1	0.46	-0.77	RN gaps backfilled with HCAs to ensure safety of the ward
Bey SS	81.3%	94.7%	98.4%	80.6%				8				2.91	-0.91	

C16	82.5%	108.4%	66.7%	146.8%	✓	✓		18		6	1	4.03	-1.38	Extra HCAs at night to cover deficiencies in band 5 cover. Ward safe
C17	109.1%	107.5%	100.0%	103.2%				12		1		2.25	1.2	
C18	79.0%	106.5%	78.5%	100.0%	✓	✓		11				4.89	1.48	HCAs have been used to backfill RN gaps, the gaps arose due to staff sickness. Senior Sister has also worked within the numbers. Ward safe.
C19	87.1%	121.0%	69.9%	135.5%	✓	✓		5			1	4.10	-0.34	HCAs have been used to backfill RNs – gaps arose due to vacancies and high level of maternity leave. Ward safe
AMU (A21)	102.2%	114.2%	97.8%	119.4%				21		1		4.14	-2.0	AMU has been supporting ED when activity peaks during the day
C22	95.7%	130.3%	100.0%	148.4%				9						Additional HCAs to support care for higher acuity patients. Most required 1:1 enhanced observation.
C24	96.8%	120.0%	68.8%	125.8%	✓	✓		7	1	5	1	5.37		Unable to fill RN night duty, therefore overfill of HCAs. Ward safe



C25	76.5%	104.5%	66.7%	138.7%	✓	✓		18				3.79	0.38	HCA's have been used to backfill RN gaps; the gaps arose due to vacancies and staff sickness. Senior Sister7 has also worked within the numbers. Ward safe.
CHU	78.1%	93.5%	95.7%	101.6%	✓	✓		11	1	2	1	2.3	0.2	Senior Sister worked clinically the ward was safe.
Deansley - C35	78.8%	111.3%	100.0%	100.0%	✓	✓		7				4.18	-1.23	Senior Sister worked clinically, the ward was safe.
Maternity - D10	87.1%	98.1%	87.9%	103.2%				N/A				0.23	0.79	
Cardiology - B14	89.9%	168.6%	87.5%	111.8%	✓	✓		6		4	1	0.9		Additional HCA rostered to cover short term sickness gaps in RN
Cardio-thoracic - B8	86.1%	95.2%	94.3%	100.0%				11		2		1.46		
West Park 1	98.1%	121.5%	103.2%	209.7%				N/A	1			-1.67	0.67	Additional HCAs booked to support the acuity of patients and provide enhanced care
West Park 2	75.3%	133.6%	103.2%	153.2%	✓	✓		N/A	1			3.0	0.2	Additional HCA rostered to cover gaps in RN on day and to provide enhanced care on

														nights for specific patients
West Park 3	79.0%	140.6%	104.8%	146.8%	✓	✓		N/A		3		3.48	-0.59	Additional HCA rostered to cover gaps in RN on day and to provide enhanced care on nights for specific patients
NRU	78.2%	160.2%	100.0%	109.7%	✓	✓		N/A				4.0	-0.16	Additional HCA rostered to cover gaps in RN on day and to provide enhanced care on nights for specific patient
Neonatal Unit	120.7%	121.0%	111.5%	151.6%				N/A						Overstaffing due to induction and supernumerary status of D9 (Transitional Care) staff and orientation into the area
A21	103.2%	43.5%	109.0%	90.3%		✓		N/A		3				HCA shortfalls due to long and short-term sickness. Attempted to be covered by bank and existing staff undertaking extra duties. Ward safe
ASU - B12	83.9%	122.6%	95.7%	62.9%		✓		10		1		1.61	3.46	HCA shortfalls due to vacancies and short-term sickness. Attempted to be covered by bank. Ward safe

C41	94.4%	106.9%	75.3%	135.5%	✓	✓		6				0.2	1.02	Nurse bank unable to supply 3rd trained nurse for night ward booked HCA to ensure ward safety
D7	94.0%	93.5%	66.7%	187.1%				10		2		0.96		<ul style="list-style-type: none"> <li>Long and short term sickness on the ward – one long term now returned. This has prevented ward from being able to staff with more than 2 trained staff on a night shift.</li> <li>Ward staffed to 26 beds. Opened to 30 beds for 10 days, in order to alleviate Trust capacity pressures. Ward safe</li> </ul>
ICCU	99.3%	94.0%	78.8%	96.8%				73		3		1.2	1.77	Staffing met the dependency scoring of the patients in the department. No safety issues
Fairoak - CCH	76.0%	118.0%	100.0%	100.0%	✓	✓		N/A				1.25	-0.41	RN gaps covered by HCA to ensure ward safety
Hilton Main – CCH	77.6%	99.3%	77.6%	108.3%	✓	✓		N/A				1.8	1.18	All shifts on Hilton Main were safely staffed with no more than 8 patients per trained nurse except for the night

														shifts of 27 <sup>th</sup> Jan (10 patients per trained nurse) and 28 <sup>th</sup> Jan 2016(11 patients per trained nurse), these shifts were also safe based on acuity of patients.
C15	81.1%	115.3%	66.7%	187.1%	✓	✓		17				3.0	0.5	RN gaps covered by additional HCA to ensure ward safety
PAU	100.0%	74.2%	100.0%	77.4%				N/A						HCA shortfalls due to current long and short-term sickness. Attempted to be covered by bank and existing staff undertaking extra duties Sickness managed as per policy. Ward safe