


The Royal Wolverhampton NHS Trust		
Trust Board Report		
Meeting Date:	29 th June 2015	
Title:	Safe Staffing; Planned Versus Actual Staffing by Ward –May 2015 data	
Executive Summary:	<p>This paper details the average fill rate by Registered Nurse / Health Care Assistant [HCA] / shift and ward for the month May 2015</p> <p>The paper details reasons when staffing hours are $\geq 120\%$ or $\leq 80\%$ by ward.</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.	
Report of:	Cheryl Etches, Chief Nursing Officer	
Author: Contact Details:	Lynne Fieldhouse, Deputy Chief Nursing Officer	
Resource Implications:	Nil	
Public or Private: (with reasons if private)	Public	
References: (eg from/to other committees)	The external facing Trust intranet page has a dedicated section on safe staffing http://www.royalwolverhamptonhospitals.nhs.uk/patients_public/safe_staffing_levels.aspx	
Appendices/ References/ Background Reading	<ol style="list-style-type: none"> 1. 'Hard Truths' Commitments NHS England http://www.england.nhs.uk/2014/04/01/hard-truths/ April 2014 2. 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 	
NHS Constitution: (How it impacts on any decision-making)	<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 	

1.0 Introduction

- 1.1 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.
- 1.2 Staffing Information is provided by Senior Sisters / Charge Nurses and collated centrally. Matrons review data with their respective wards. Heads of Nursing contribute some analysis to the data.
- 1.3 This staffing data is reported to the Senior Nurse Strategic Group and posted on the Trust intranet site.
- 1.4 The Unify staffing data is published monthly on the Trust internet site.
- 2.0 **Planned staffing with actual 'fill rate' per shift with differentiation between Registered Nurses [RN] and Health Care Assistants.**
- 2.1 The tables in Appendix 1 provide the average percentage fill rate of rostered (planned) hours against actual hours worked.
- 2.2 Tabulated fill rates of less than 80% or greater than 120% [national thresholds] are shaded amber 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

	Oct	Nov	Dec*	Jan	Feb	Mar	April	May**
RN day	5	6	9	5	7	10	7	4
RN night	3	3	5	10	14	10	11	9
HCA day	11	8	9	6	3	1	4	1
HCA night	0	2	2	3	2	2	1	2
Total	19	19	25	24	26	23	23	16

*Includes Cannock Chase Hospital site from this date onwards

** Planned flexing of staffing at weekends and bank holidays included

2.3 Table 2.Monthly average% Trust fill rate :

	Sept	Oct	Nov	Dec*	Jan	Feb	Mar	April	May**
RN day	87.5	91	91	90	91	90	87	92.5	92.5
RN night	84.1	89.2	87.6	87.9	89	86	88	91.9	90.9
HCA day	103.2	104	104.5	100	102	104	103	104.8	107.2
HCA night	118.1	112	117.2	116.6	116.6	119	118	116.2	122

*Includes Cannock Chase Hospital site from this date onwards

** Planned flexing of staffing at weekends and bank holidays included

Summary.

Table 1 shows an improved picture which is in part due to data cleansing in light of recent TDA feedback on reporting standards .

Table 2 shows a consistent picture contributing factors include;

- Unfilled funded RN vacancies

- 1:1 observations/specialling of some patients in several wards
- High acuity of patients in wards A7,A8, C22.CHU, Neuro rehab Unit.
- Additional capacity is open in CHU, West Park wards 2 &3
- Some 'cross floor 'working
- Accepted reduction in planned staffing mapped to patient dependency in ICCU and B12

Note Ward A5 has 6 beds closed to support the staffing deficit pending active recruitment

2.4 Biannual skill mix review.

2.5 Confirm and challenge exercise with CNO scheduled for end of June 2015.

Appendix 1

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

Ward	Amber = Fill rate \geq 120% or \leq 80%				Rationale		Nurse Sensitive Indicators				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	77.1%	118.3%	67.7%	125.8%	✓	✓	0	19	0	2	Reduced capacity to support staffing deficit.
A6	91.0%	125.2%	77.4%	280.6%	✓	✓	0	16	0	4	A5 & A6 working across floor. Particularly high month of patients with risks of falls and dementia.
A7	100.6%	144.5%	86.0%	122.6%	✓	✓	0	11	0	3	Additional HCA on days to support 1:1 of challenging patients .Bank unable to fil RN shifts on nights therefore additional HCA utilised
A8	81.3%	112.4%	89.2%	129.0%			0	6	0	6	Additional HCA on nights to provide 1:1 with challenging patients
A9	87.8%	89.5%	86.0%	112.9%			0	5	0	1	
A12	89.8%	163.2%	79.6%	158.1%	✓	✓	0	11	2	3	

A14	102.7%	94.6%	88.2%	122.6%	✓	✓	0	6	1	0	
A23	90.8%	143.5%	100%	100.0%	✓		0	4	0	3	Percentage figures in red are not correct. With regards to average fill rate for HCA Night (124%)
B7	99.2%	97.4%	83.9%	196.8%	✓	✓	0	4	0	0	Bank unable to fill RN gaps on nights so HCA booked instead
Bey SS	67.7%	82.3%	100.0%	100.0%			0	5	0	0	Reduction in electives.
C16	107.4%	102.6%	66.7%	196.8%	✓	✓	0	15	0	2	Bank unable to fill RN gaps on nights so HCA booked instead, safety of ward was maintained
C17	80.1%	98.9%	90.3%	103.2%			0	12	0	0	
C18	101.7%	105.0%	102.2%	96.7%			0	7	0	0	
C19	93.2%	109.7%	72.0%	116.1%	✓	✓	0	12	0	0	Ward safety was maintained
AMU (A21)	91.2%	99.7%	90.7%	100.0%			0	11	0	0	
C22	91.8%	107.7%	100.0%	146.8%			0	13	0	1	Additional HCA on nights to provide 1:1 with challenging patients
C24	98.2%	103.2%	67.7%	100.0%		✓	0	8	1	4	The RN shortfall on nights was as a result of short term sickness and vacancy . Safety of the ward was maintained

C25	107.8%	94.8%	81.7%	98.4%			1	10	0	1	
CHU	88.7%	104.8%	88.7%	277.4%			0	4	0	0	Additional HCA on nights used to replace RN gaps and to support complex patients management
Deansley - C35	92.2%	88.4%	100.0%	100.0%			0	5	0	0	
Maternity – D10	83.9%	98.7%	94.4%	104.8%			0	N/A	0	0	
Cardiology – B14	94.8%	152.0%	94.0%	72.0%	✓	✓	0	5	1	1	Risk assessed based on need. Movement to support other areas.
Cardiothoracic – B8	89.4%	103.2%	95.4%	132.3%	✓	✓	0	4	0	1	
West Park 1	98.7%	107.5%	100.0%	171.0%			1	N/A	0	1	Additional HCA on nights to enable night RN to be hospital bleep holder
West Park 2	84.9%	127.2%	101.6%	135.5%			0	N/A	0	0	Additional beds open hence requirement for additional HCA to support care
West Park 3	82.8%	116.6%	96.8%	103.2%			0	N/A	0	3	
NRU	76.6%	141.9%	100.0%	122.6%			0	N/A	0	0	Additional HCa required to support challenging patients
Neonatal Unit	110.8%	67.7%	105.1%	90.3%	✓	✓	0	N/A	0	0	
A21	104.2%	83.9%	116.6%	93.5%			0	N/A	0	0	
ASU - B12	82.1%	101.6%	92.5%	77.4%			0	6	0	1	Decision taken not to fill vacant HCA gaps on night rota as dependency of patients could be supported with available staff

C41	104.4%	100.9%	96.8%	104.8%			0	3	0	0	
D7	117.7%	123.7%	76.3%	-?	✓	✓	0	9	0	0	
ICCU	97.6%	97.9%	76.3%	101.6%			0	N/A	0	0	Dependency scoring supports staffing.
Fairoak - CCH	94.9%	99.5%	100.0%	100.0%			0	N/A	0	0	
Hilton Main – CCH	74.1%	96.7%	98.8%	96.0%			1	N/A	0	0	Elective cases support staffing deficit.
C15	89.4%	139.8%	66.7%	187.1%	✓	✓	0	13	0	2	Vacancy of RN and short term sickness, gaps on RN rota unable to be filled by bank and HCA booked to support. Ward safety was maintained