


The Royal Wolverhampton NHS Trust	
Trust Board Report	
Meeting Date:	27th April 2015
Title:	Safe Staffing; Planned Versus Actual Staffing by Ward – March 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 March 2015</p> <p>The paper details reasons when staffing hours are $\geq 120\%$ or $\leq 80\%$ by ward.</p> <p>A deterioration is noted in the registered nurse fill rates due to vacancies which are subject to active recruitment</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)	<p>The external facing Trust intranet page has a dedicated section on safe staffing</p> <p>http://www.royalwolverhamptonhospitals.nhs.uk/patients_public/safe_staffing_levels.aspx</p>
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

Number of wards below average 80% fill

	Oct	Nov	Dec*	Jan	Feb	Mar
RN day	5	6	9	5	7	10
RN night	3	3	5	10	14	10
HCA day	11	8	9	6	3	1
HCA night	0	2	2	3	2	2

*Includes Cannock Chase Hospital site from this date onwards

2.3 Monthly average Trust fill rate :

	Sept	Oct	Nov	Dec*	Jan	Feb	Mar
RN day	87.5	91	91	90	91	90	87
RN night	84.1	89.2	87.6	87.9	89	86	88
HCA day	103.2	104	104.5	100	102	104	103
HCA night	118.1	112	117.2	116.6	116.6	119	118

*Includes Cannock Chase Hospital site from this date onwards

There has been a deterioration in month with 38% of areas showing an average shortfall, issues attributable to this are:

- Funded vacancies
- Sickness absence
- Increased demand to 'special'/121 patients due to their acuity and dependency
- As the figures are average they reflect the planned reduced staffing

- For Hilton Main the average figures skewed as the Trust had funded additional registered nursing staff posts thus affecting (positively) the planned baseline against which the actual will have shown a shortfall against the revised planned base, recruitment to these posts is in place in readiness for the increased bed capacity.
- A number of wards flex down the actual staffing to the patient dependency this cannot specifically be captured in the average nor accommodated as a variance in the Unify spread sheet.
- There remains additional capacity open to accommodate activity requiring additional short term staffing e.g. Cardiology day ward

2.4 Local Recruitment

A Recruitment day is scheduled for April 26th 2015

46 Nursing graduates from the University of Wolverhampton will be interviewed w/c 8th June in readiness for their September registration.

Appendix 1

The Royal Wolverhampton NHS Trust Inpatient staff planned with actual – March 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	71.0%	100.5%	100.0%	83.9%	✓	✓					Vacancy at RN, bank unable to provide RN hence HCA used
A6	84.6%	98.7%	79.6%	193.5%	✓						Vacancy at RN, bank unable to provide RN hence HCA used
A7	87.1%	143.2%	92.5%	150.0%	✓	✓					HCA used to supplement RN gaps on rota and 3 patients at risk of absconding so required close observation
A8	75.2%	94.6%	90.3%	111.3%							
A9	97.2%	116.1%	88.2%	-							
A12	87.8%	105.2%	80.6%	148.4%	✓						1x FT maternity leave and 0.8 hours for secondment of nurse to Urology OPD. 1:1 psychiatric patient increased Band 2 usage
A14	83.5%	101.6%	74.2%	200.0%	✓						1X Band 5 suspended, 3x Band 5's on long term sick leave increased Band 2's on nights to cover days. Band 5 unavailable on N's on bank.
A23	84.9%	96.8%	96.8%	96.8%							

B7	93.9%	117.7%	77.4%	193.5%	✓						RN on night moved regularly to support other wards and replaced with HCA
Bey SS	67.2%	75.8%	100.0%	96.8%							Staff moves, DNA Bank, sickness
C16	104.1%	100.0%	66.7%	100.0%		✓					Vacancy and short term sickness of RN
C17	93.0%	83.9%	96.8%	103.2%							
C18	94.8%	96.8%	89.2%	96.8%							
C19	97.4%	100.8%	81.7%	96.8%							
AMU (A21)	84.4%	96.5%	87.5%	96.0%							
C22	81.3%	100.0%	100.0%	148.4%							Additional HCA required at night to support 1:1 monitoring
C24	98.6%	110.3%	73.1%	101.6%	✓	✓					Short term sickness and late cancellation of RN bank on nights
C25	96.4%	91.0%	71.0%	101.6%		✓					Short term sickness and late cancellation of RN bank on nights
CHU	92.9%	83.3%	91.9%	167.7%							Additional HCAs booked to support the acuity of patients at night
Deansley - C35	79.8%	104.8%	100.0%	96.8%	✓	✓					RN vacancy, additional HCA booked to replace RN but bank not always able to fill
Maternity – D10	82.4%	100.6%	93.5%	109.7%							
Cardiology – B14	85.3%	253.3%	88.3%	106.5%	✓						Increased HCA to support additional capacity and RN deficit unfilled by bank.
Cardiothoracic – B8	87.9%	95.2%	86.6%	96.8%							

West Park 1	98.1%	103.2%	98.4%	196.8%							1:1 monitoring of patient
West Park 2	69.4%	112.9%	93.5%	112.9%	✓						Sickness/vacancy/ Euro nurses awaiting pin numbers/ shifts not filled by bank
West Park 3	75.3%	113.8%	91.9%	104.8%	✓						Vacancy/ sickness/ mat leave/ euro nurse no pin/ shifts not filled by bank
NRU	76.6%	129.0%	100.0%	135.5%	✓						Vacancy/ sickness/ staff pulled to support other wards/ euro nurse no pin/ shifts not filled by bank
Neonatal Unit	105.3%	79.0%	104.6%	87.1%							HCA Sickness, additional RN to support acuity mix
A21	112.3%	154.8%	80.0%	100.0%							Escalation beds, vacancy
ASU - B12	84.6%	94.1%	87.1%	66.1%		✓					Decision not to fill
C41	100.0%	102.3%	96.8%	103.2%							
D7	73.0%	98.9%	75.3%	*370.5hrs		✓					HCA bank used at night to support RN's with regard to patient acuity
ICCU	96.2%	97.8%	69.8%	95.2%							Sickness and inability to fill via bank – risk assessed and off duty changes to accommodate.
A10	74.8%	82.3%	96.8%	93.5%		✓					
Fairoak - CCH	89.4%	96.8%	100.0%	100.0%							
Hilton Main – CCH	59.6%	99.1%	82.8%	79.0%							Decision not to fill due to activity levels
C15	88.2%	160.2%	76.3%	174.2%	✓						Bank unable to fill with RN therefore HCA instead