

Trust Board Report

Meeting Date:	29 th September 2014
Title:	Safe Staffing; Planned Versus Actual Staffing by Ward – August 2014 data
Executive Summary:	<p>NHS England have issued guidance on how every NHS Trust must deliver the commitments detailed in ‘Hard Truths’ in particular to publishing staffing data regarding nursing, midwifery and care staff.</p> <p>NHS Choices published the first set of data on 24 June in line with TDA and NHSE. There was no anticipated media coverage.</p> <p>This paper details the average fill rate by registered nurse/care staff, shift and ward for the month of August</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)	<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 information on August nursing and midwifery staffing.

2.0 Planned staffing with actual 'fill rate' on shift

- 2.1** The table in Appendix 1 provides the percentage fill rate of August rostered (planned) hours against actual hours worked. This was submitted on 12th September. The paper provides narrative where fill rates are less than 80% or greater than 120%. The hours worked do NOT take into account the amount of bank or overtime that may have been used to fill the shifts, this can impact on quality of care so the paper only provides a quantitative analysis.
- 2.2** Active recruitment to funded posts is being undertaken. 3rd Cohort of European Nurses are in post, a number are awaiting their registration PINs. 24 Trust graduates have been recruited for those gaining PINs in January 2015

Appendix 1

The Royal Wolverhampton NHS Trust Inpatient staff planned with actual – August 2014

Ward	Average fill rate - registered nurses/midwives Day	Average fill rate - care staff Day	Average fill rate - registered nurses/midwives Night	Average fill rate - care staff Night	Comments/actions where fill rate is $\geq 120\%$ or $\leq 80\%$
A5	74.9%	116.7%	65.6%	117.7%	Active recruitment to funded vacancies Inability to fill bank shifts offered out increased fill of HCA to compensate.
A6	81.7%	134.2%	57.0%	248.4%	Inability to fill bank shifts offered out increased fill of HCA to compensate. Support provided by specialist PD role.
A9	92.7%	53.2%	68.8%	Non planned	Inability to fill bank shifts, or cancellation late notice of bank shifts. HCA used where possible to substitute for trained staff. Trained staff moved within directorate to try to provide safer staffing levels using resources available.
A12	72.6%	94.8%	68.8%	Non Planned	Inability to fill bank shifts, or cancellation late notice of bank shifts. HCA used where possible to substitute for trained staff. Trained staff moved within directorate to try to provide safer staffing levels using resources available.
A14	85.3%	86.6%	78.5%	193.5%	Inability to fill bank shifts offered out increased fill of HCA to compensate.
A23	82.8%	87.1%	83.9%	93.5%	
Cardiology	85.8%	78.2%	79.4%	106.5%	Inability to fill bank shifts offered out increased fill of HCA to compensate.
Cardiothoracic (B8)	73.0%	87.1%	68.8%	87.1%	Staffing relocated to support other areas following risk assessment of acuity.
Beynon S/Stay	70.5%	56.1%	96.8%	83.9%	Inability to fill via bank or receive support from other areas.

Gynaecology	109.7%	86.0%	67.7%	Non Planned	Inability to fill via bank, support provided from BSSU as required. Additional capacity open for medical outliers for 8 days caused overfill on day and night shifts
Maternity	85.9%	94.2%	79.8%	108.1%	Inability to fill via bank, however risk assessed in line with activity and acuity and movement between areas to support as required.
A21	94.2%	106.5%	59.4%	61.3%	Staffing reduced to meet activity and patient dependency levels.
Neonatal Unit	104.6%	48.4%	100.9%	87.1%	RNs used to compensate for lack of HCAs
Neuro Rehab West Park	73.4%	148.4%	100.0%	103.2%	Inability to fill bank shifts offered out increased fill of HCA to compensate.
Ward 1	89.7%	109.7%	96.8%	112.9%	
Ward 2	82.8%	114.3%	91.9%	108.1%	
Ward 3	76.9%	121.7%	95.2%	104.8%	Inability to fill bank shifts offered out increased fill of HCA to compensate.
Acute Medical Unit	90.5%	91.7%	90.0%	96.0%	
A7	72.7%	107.1%	77.4%	Non Planned	Inability to fill bank shifts offered out increased fill of HCA to compensate. Agreement to pay enhanced rate to bank staff
A8	63.3%	89.2%	73.1%	112.9%	Inability to fill bank shifts offered out increased fill of HCA to compensate. Agreement to pay enhanced rate to bank staff
Acute Stroke Unit	54.6%	146.8%	84.9%	69.4%	Overfill of HCA on day duty as unable to get RN. Night duty shortage of HCA due to short notice

					sickness and unable to find replacement. Worked below agreed staffing levels on 8 occasions., additional staff sought at the time, but still unable to fill. No patient harm.
C22	83.5%	125.8%	100.0%	150.0%	Increased use of HCA for specialing
CHU	104.4%	103.2%	97.8%	122.6%	Increased patient dependency requiring night HCA
Deansley	83.5%	74.2%	100.0%	106.5%	Inability to fill bank shifts - Utilised staff from other areas within directorate to maintain patient safety
B7	86.4%	116.1%	66.7%	200.0%	Inability to fill bank shifts offered out increased fill of HCA to compensate. Staffing levels achieved but skill mix not always met .
C15	88.9%	111.8%	67.7%	193.5%	Inability to fill bank shifts offered out increased fill of HCA to compensate. Staffing levels achieved but skill mix not always met.
C16	80.6%	101.3%	66.7%	101.6%	Inability to fill bank shifts offered out increased fill of HCA to compensate where possible. Staff redeployed from other areas to maintain patient safety
C17	71.4%	86.0%	95.2%	100.0%	Inability to fill bank shifts offered out increased fill of HCA to compensate where possible. Staff redeployed from other areas to maintain patient safety
C18	79.5%	126.6%	72.0%	119.4%	Inability to fill bank shifts offered out increased fill of HCA to compensate.

C19	77.1%	132.3%	68.8%	109.7%	NIV requires additional staff hence overfill on days. Unable to achieve increased night staffing levels, continued to work with previous staffing levels and patient safety maintained.
C24	90.3%	80.6%	68.8%	101.6%	Inability to fill bank shifts offered out increased fill of HCA to compensate. Staff redeployed from other areas to maintain patient safety.
A10	74.2%	77.4%	98.4%	100.0%	Decision taken not to cover Band 7 annual leave. Staff able to meet patient dependency.
ICCU	101.5%	71.8%	98.9%	93.4%	Staffing mapped to dependency and acuity
C25	88.7%	100.0%	66.7%	93.5%	Inability to fill bank shifts offered out increased fill of HCA to compensate.