


The Royal Wolverhampton NHS Trust		
Trust Board Report		
Meeting Date:	1st June 2015	
Title:	Safe Staffing; Planned Versus Actual Staffing by Ward –April 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 April 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)	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

Number of wards below average 80% fill

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

*Includes Cannock Chase Hospital site from this date onwards

2.3 Monthly average% Trust fill rate :

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

*Includes Cannock Chase Hospital site from this date onwards

The average shortfall remains the same as March however the overall fill rate shows an improving picture for Rns and over fills seen in appendix 1 are attributable to:

- Funded unfilled vacancies
- 11 of 91 European nurses awaiting NMC PINs ; 2 are at 'Admitted' stage, i.e. close to receiving their PIN numbers, 8 are still in assessment stage and 1 awaiting replacement documentation.
- 1:1 observations/specialling of some patients in several wards

- High acuity of patients in CHU and additional capacity open
- Additional capacity is open in cardiology
- As the figures are average they are skewed by planned reduced staffing. A number of wards flex down the actual staffing to the patient dependency this could not specifically be captured in the average nor accommodated as a variance in the Unify spread sheet but will be amended from May 2015 data

2.4 Recruitment

The Trust has participated in a regional recruitment event in Turin with the offer of 4 posts to registered nurses.

Open day had a below expected footfall but considerable electronic interest. Awaiting of data for conversion to employment offers.

2.5 Biannual skill mix review.

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

2.6 Safer Staffing: A Guide to Care Contact Time.

A guide for providers identifying 'care contact time' was published by NHS England in November 2014. The Trust was one of 14 pilot sites for this initiative.

The guide sits alongside the NQB guidance; NICE guidelines and NICE endorsed safe staffing toolkits, giving providers a suite of toolkits to support them in making decisions to secure safe staffing for their patients and service users. The guidance recommends for those Trusts that have not already undertaken this exercise an assessment should be undertaken by summer 2015 to provide a baseline indication of the construction of care provided, undertake the exercise biannually and undertaken in the following circumstances

- if the care model is changed (for example the introduction of seven day working)
- if there is a change in skill mix,
- introduction of new technology, including major IT programmes,
- on a six monthly basis as outlined in the NQB guidance and NICE guideline

The guidance recognises that appropriate care contact time will vary according to the patient dependency and specialty. For example, Intensive Therapy Units would be expected to have a higher level of contact time than general wards, as their patients have a higher level of acuity and dependency. It is noted that whilst significant amounts of nursing and midwifery staff time should be spent providing direct care, there needs to be a balance. This should include an appropriate level of time dedicated to indirect care, non-direct activities such as staff training and appraisals.

The Trust is currently exploring the model of data collection using available technology where practicable and the meaningful presentation of this data alongside other indicators such as dependency, acuity and the important narrative of the clinical area at the time of the sample.

Appendix 1

The Royal Wolverhampton NHS Trust Inpatient staff planned with actual – April 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	78.1%	116.7%	68.9%	121.7%			0	12	1	0	Capacity reduction due to Norovirus Unfilled Bank shifts / additional HCA's used where there has been a shortfall in qualified staff.
A6	94.4%	108.7%	80.0%	220.0%			0	23	0	0	Unfilled Bank shifts / additional HCA's used where there has been a shortfall in qualified staff.
A7	96.6%	132.3%	95.5%	116.1%			0	7	0	4	Additional HCA required to provide 1:1 observation both day and night
A8	72.3%	107.8%	80.0%	103.3%	✓	✓	0	6	0	7	Additional HCA provided in place of RN
A9	79.3%	83.3%	69.4%	121.7%			0	5	1	2	Capacity reduction due to Norovirus as well as additional HCA's used because of there being a number of newly qualified and oversees nurses working supernumerary.
A12	87.0%	124.0%	77.8%	176.7%			0	11	1	4	Capacity reduction due to Norovirus.

A14	95.2%	98.3%	92.2%	113.3%			0	4	0	0	
A23	82.8%	108.3%	96.7%	96.7%			0	8	0	9	
B7	87.0%	129.2%	76.7%	200.0%	✓	✓	0	7	0	0	Additional HCA on day shift to cover for ward assistant. Additional HCA nights to replace gaps on RN rota
Bey SS	67.4%	66.0%	100.0%	100.0%			1	1	0	0	Due to x2 wte, band 5 vacancies that have now been filled.
C16	115.7%	106.7%	67.8%	98.3%		✓	0	15	1	1	Bank unable to fill RN gaps on rota
C17	93.3%	86.7%	85.0%	100.0%			0	11	1	1	
C18	95.7%	105.8%	97.8%	90%			0	6	1	0	
C19	92.3%	120.8%	77.8%	106.7%			0	5	0	0	Day HCA numbers include overseas staff still waiting for pin number
AMU (A21)	86.3%	92.5%	91.1%	97.5%			0	13	0	1	
C22	96.4%	94.8%	96.8%	145.2%			0	8	1	1	Additional support required for individual patients at night to ensure safety
C24	99.5%	110.7%	68.9%	105.0%	✓	✓	0	7	0	4	Vacancies and short term sickness for RN and bank unable to fill
C25	112.9%	110.0%	83.3%	101.7%			0	9	0	1	
CHU	116.7%	109.2%	107.8%	240.0%			0	7	0	4	Additional staff to support the increased acuity of patient case mix
Deansley - C35	91.7%	80.0%	100.0%	100.0%			0	5	0	0	

Maternity – D10	83.6%	88.7%	90.0%	113.3%			0	N/A	0	1	
Cardiology – B14	88.3%	253.3%	-	123.3%			0	3	1	2	Additional capacity opened / additional HCA support.
Cardiothoracic – B8	85.8%	93.3%	84.4%	86.7%			0	3	0	8	
West Park 1	96.7%	111.1%	98.3%	183.3%			0	N/A	0	1	Additional HCA booked to support 1:1 of challenging patients
West Park 2	77.8%	124.8%	96.7%	126.7%	✓	✓	1	N/A	0	0	Vacancies and short term sickness in RN bank unable to fill with RN, HCA sent as alternative
West Park 3	77.8%	106.7%	100.0%	100.0%	✓	✓	0	N/A	0	1	Bank unable to fill RN gaps so HCA utilised to increase numbers
NRU	73.3%	146.7%	100.0%	113.3%	✓	✓	0	N/A	0	0	Bank unable to fill RN gaps so HCA utilised to increase numbers
Neonatal Unit	115.7%	80.0%	118.6%	50.0%			0	N/A	0	0	
A21	104.2%	77.8%	109.0%	100.0%			0	N/A	0	0	Dependency of ward A21 did not require full complement of HCAs particularly as some trained overseas staff remain in supernumerary status
ASU - B12	81.5%	90.0%	120.6%	93.3%			0	4	0	4	Additional RN required to support acuity of patients
C41	113.8%	91.9%	98.9%	96.7%			2	4	0	0	

D7	110.8%	143.3%	76.7%	-							Extra HCA cover when unable to get RN from Bank -To manage extra capacity due to outliers. 3 Trained when medical outliers on ward. Acuity of patient. 266 hours HCA against 0 planned HCA. Taken off 1 trained and substituted with HCA due to staffing levels. Increased trained and added HCA's as and when capacity requires.
							0	8	0	2	
ICCU	100.0%	100.6%	78.3%	88.3%			0	N/A	0	1	Capacity changes
C15	91.4%	156.7%	105.0%	91.7%			0	17	0	2	Overseas nurse included in HCA numbers as still waiting for their PIN numbers
Fairoak - CCH	89.0%	107.1%	100.0%	100.0%			0	N/A	0	0	
Hilton Main – CCH	111.4%	97.6%	125.0%	76.7%			0	N/A	0	0	