


The Royal Wolverhampton NHS Trust		
<b>Trust Board Report</b>		
<b>Meeting Date:</b>	27 <sup>th</sup> July 2015	
<b>Title:</b>	Safe Staffing; Planned Versus Actual Staffing by Ward –June 2015 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 June 2015</p> <p>The paper details reasons when staffing hours are <math>\geq 120\%</math> or <math>\leq 80\%</math> by ward.</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.	
<b>Report of:</b>	Cheryl Etches, Chief Nursing Officer	
<b>Author: Contact Details:</b>	Lynne Fieldhouse, Deputy Chief Nursing Officer	
<b>Resource Implications:</b>	Nil	
<b>Public or Private: (with reasons if private)</b>	Public	
<b>References: (eg from/to other committees)</b>	<p>The external facing Trust intranet page has a dedicated section on safe staffing</p> <p><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>	<ol style="list-style-type: none"> <li>1. '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</li> <li>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 <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></li> </ol>	
<b>NHS Constitution: (How it impacts on any decision-making)</b>	<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>	

## 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. The Unify staffing data is published monthly on the Trust internet site and NHS choices.

## 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 and related comments

**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**	June
<b>RN day</b>	5	6	9	5	7	10	7	4	4
<b>RN night</b>	3	3	5	10	14	10	11	9	10
<b>HCA day</b>	11	8	9	6	3	1	4	1	2
<b>HCA night</b>	0	2	2	3	2	2	1	2	1
<b>Total</b>	19	19	25	24	26	23	23	16	17

\*Includes Cannock Chase Hospital site from this date onwards

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

### 2.3 Table 2. Monthly average% Trust fill rate :

	Sept	Oct	Nov	Dec*	Jan	Feb	Mar	April	May**	June
<b>RN day</b>	87.5	91	91	90	91	90	87	92.5	92.5	92.9
<b>RN night</b>	84.1	89.2	87.6	87.9	89	86	88	91.9	90.9	90.4
<b>HCA day</b>	103.2	104	104.5	100	102	104	103	104.8	107.2	107
<b>HCA night</b>	118.1	112	117.2	116.6	116.6	119	118	116.2	122	123

\*Includes Cannock Chase Hospital site from this date onwards

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

### Summary.

Table 1.

Shows that night registered nurse fill rates remain a challenge and are a result of unfilled funded vacancies, and sickness absence. Overall there were 37% of wards showing a below 80% fill rate, they were deemed safely staffed as HCAs were used as temporary substitutes for registered nurses.

Table 2.

Shows a consistent average fill rate above 90% for the third consecutive month contributing factors include;

- Unfilled funded RN vacancies
- 1:1 observations/specialling of some patients in several wards requiring an over fill
- High acuity of patients in wards A5,C16, C22,CHU, B14,Neuro rehab Unit.
- Additional capacity is open in CHU, West Park wards 2 &3,D7(high bed occupancy)
- Some 'cross floor 'working, Beynon Short Stay,C18 &19
- Accepted reduction in planned staffing mapped to patient dependency in ICCU

**Note**

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

**2.4 Biannual skill mix review.**

First round of confirm and challenge exercises with CNO took place June /July2015.

**2.5 NICE staffing guidance**

The Government has suspended NICE (the National Institute for Clinical Excellence) from producing further guidance on safe staffing levels in the NHS

Chief Executive, NHS England ,has requested Chief Nurse, NHS England, to incorporate nurse workforce planning into the 5 year forward plan initiatives.

## Appendix 1

## The Royal Wolverhampton NHS Trust Inpatient staff planned with actual – June 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	93.3%	115.0%	103.3%	135.0%			0	13	0	2	The HCA fill rate is high due to the number of patients that have been at risk of falls and patients requiring regular moving (requiring more than two nurses to move them).
A6	88.9%	106.1%	75.6%	168.3%	✓	✓	0	13	0	6	A6 the third RN may not have been filled, therefore extra HCA provided by bank.
A7	80%	134.7%	86.7%	118.3%	✓		0	9	0	2	
A8	81.7%	121.1%	93.3%	111.7%	✓		1	5	1	4	
A9	89.0%	92.5%	87.2%	103.3%			0	7	0	1	

A12	93.3%	156.1%	83.3%	153.3%	√	√	0	9	0	2	Using band 2s to fill band 5 bank shifts that cannot be filled. At night we use 2 band 2s in place of one band 5, hence the high night percentage.
A14	96.1%	157.0%	78.9%	170.0%	√	√	0	6	0		Bank have being unable to fill the band 5 on nights and to ensure the ward is safely staffed, we have had to book band 2's on nights.
A23	93.0%	130.0%	89.6%	100.0%	√	√	0	3	0	3	Additional HCA to cover Band 5 vacancies that cannot be filled by Bank.
B7	101.0%	125.0%	82.2%	180.0%	√		0	3	0		Overstaffed for 11 nights - staff were sometimes moved. Matron has adjusted planned staffing levels since the middle of June to address the issue.
Bey SS	75.1%	61.3%	100.0%	100.0%			0	5	0		Day case ward on Monday's and Wednesday's have a children's list and a children's nurse runs the area with support from day case staff. Staff are moved from each area depending on types of theatre lists that are operational on that day to cover short falls.
C16	108.6%	99.3%	68.9%	196.7%	√	√	0	13	0	1	Ward remained safe throughout June. HCAs covering for trained staff + 3 patients requiring 1:1 care over June (2 of which had DOLs in place)

C17	86.1%	107.8%	100.0%	100.0%			0	12	0		
C18	83.3%	89.2%	78.9%	80.0%		√	1	5	0		Due to staff supporting other areas, early start of maternity leave. Clinical area remained safe based on clinical need at that point and support from C19.
C19	96.3%	95.8%	74.4%	120.0%	√		0	8	0	3	HCA back fill to cover band 5
AMU (A21)	87.4%	105.6%	90.7%	100%			1	10	0	3	
C22	92.6%	105.3%	100.0%	93%			0	6	0		
C24	98.6%	105.3%	67.8%	140.0%	√	√	0	9	1	3	Ward remained safe.
C25	92.9%	93.3%	68.9%	101.7%		√	0	11	2	2	1 trained member of staff sick for 3 weeks who was covering nights. Ward also had to cover C15 and C16 (trained staff) on several occasions. Staff only moved if ward remained safe.

CHU	83.2%	95.2%	74.2%	222.6%	√	√	0	5	0	1	Unit currently has 6 trained vacancies & 14% sickness in June. HCAs have been utilised to cover for trained gaps - CHU has remained safe as patient dependencies have been used to decide on staffing levels required.
Deansley - C35	98.4%	103.2%	96.8%	96.8%			0	4	0	1	
Maternity – D10	86.4%	93.3%	80.8%	100.0%			0		0	2	
Cardiology – B14	93.9%	146.2%	97.9%	103.8%			0	5	0	2	Additional HCA to support complex patients.
Cardiothoracic – B8	90.1%	96.7%	93.6%	96.7%			1	5	0	2	
West Park 1	94.0%	108.3%	96.7%	193.3%			0	N/A	1	1	Local agreement with Matron to cover with additional HCAs when pregnant trained member of staff is on or staff member is holding the bleep for West Park.
West Park 2	83.3%	123.8%	98.3%	120.0%	√	√	0	N/A	0		HCAs covering trained shortfall
West Park 3	76.1%	123.3%	100.0%	100.0%	√	√	0	N/A	0		Trained staff covering HCAs as unable to cover with band 5 staff. Ward remained safe but very busy.
NRU	88.3%	138.9%	100.0%	120.0%	√	√	0	N/A	0		Extra untrained staff booked for escorting patients, extra Botox clinic and due to having 1 trained junior Staff Nurse on the late shift.

Neonatal Unit	113.6%	73.3%	111.9%	100.0%		√	0	N/A	0	1	Sickness and inability to cover via Bank.
A21	117.5%	85.0%	124.0%	83.3%			0	N/A	0		Supernumerary Trained nurses (overseas) during early June.  Ward Template changed as PAU and A21 were amalgamated – now recorded separately. Ward and PAU safely staffed
ASU - B12	90.0%	89.2%	83.9%	91.9%			0	5	0		
C41	111.3%	94.3%	100.0%	103.3%			0	14	0		
D7	115.4%	133.3%	80.0%	*275.5hrs			0	4	0	2	HCA was increased in ratio to RN for night as it back filled Band 5 vacancies and sickness plus increase HCA usage due to increased bed occupancy as ratio on staffing is for 26 pt and had 30 beds open , plus a number high dependent pts requiring increase in staffing at night.
ICCU	98.4%	100.4%	73.2%	90.3%			0	7	1	1	
Fairoak - CCH	95.7%	101.0%	100.0%	103.3%			0	1	1		
Hilton Main – CCH	74.3%	89.3%	95.1%	86.5%			0	N/A	2		



C15	79.0%	140.0%	67.8%	170.0%	√	√	0	N/A	1	HCA's compensating for trained shortfall due to high vacancies within the area. 10/6/15 – extra for 1:1 nursing
PAU	100.0%	100.0%	100.0%	100.0%			0		0	