


The Royal Wolverhampton NHS Trust		
Trust Board Report		
Meeting Date:	28th September 2015	
Title:	Safe Staffing; Planned Versus Actual Staffing by Ward – July & August 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 of July & August 2015</p> <p>The paper details reasons when staffing hours are $\geq 120\%$ or $\leq 80\%$ by ward as reported to Unify.</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 as per NQB guidance 'How to ensure the right people, with the right skills, are in the right place at the right time' and the Government's commitment set out in 'Hard Truth's'.	
Report of:	Cheryl Etches, Chief Nursing Officer	
Author: Contact Details:	Debra Hickman, Deputy Chief Nursing Officer Tel 01902 694298 Email debrahickman@nhs.net	
Links to Trust Strategic Objectives	<p>To improve the culture of compassion, safety and quality in every department and service we offer</p> <p>To attract, retain and develop all employees and improve employee engagement year on year</p>	
Resource Implications:	Nil	
Risks: BAF/ TRR (describe risk and current risk score)		
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 http://www.royalwolverhamptonhospitals.nhs.uk/patients_public/safe_staffing_levels.aspx</p>	
Appendices/References/Background Reading	<p>a. 'Hard Truths' Commitments NHS England http://www.england.nhs.uk/2014/04/01/hard-truths/ April 2014</p> <p>b. 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</p>	

<p>NHS Constitution: (How it impacts on any decision-making)</p>	<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
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Background Details

- 1 **Introduction**
- a. 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.
 - b. 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 of the data.
 - c. 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 **Planned staffing with actual 'fill rate' per shift with differentiation between Registered Nurses [RN] and Health Care Assistants.**
- a. The tables in Appendix 1 provide the average percentage fill rate of rostered (planned) hours against actual hours worked and related comments.
 - b. 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	July	Aug
RN day	5	6	9	5	7	10	7	4	4	3	5
RN night	3	3	5	10	14	10	11	9	10	2	13
HCA day	11	8	9	6	3	1	4	1	2	7	4
HCA night	0	2	2	3	2	2	1	2	1	2	2
Total	19	19	25	24	26	23	23	16	17	14	24

* Includes Cannock Chase Hospital site from this date onwards

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

Table 2 - Monthly average% Trust fill rate

	Oct	Nov	Dec*	Jan	Feb	Mar	April	May**	June	July	Aug
RN day	91	91	90	91	90	87	92.5	92.5	92.9	91.4	91.3
RN night	89.2	87.6	87.9	89	86	88	91.9	90.9	90.4	91.4	88
HCA day	104	104.5	100	102	104	103	104.8	107.2	107	106.5	109.3
HCA night	112	117.2	116.6	116.6	119	118	116.2	122	123	117.9	122.5

* 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

This shows that night registered nurse fill rates remain a challenge and are a result of unfilled funded vacancies, and sickness absence, August being a particularly challenging month due to increase in short term sickness and reduced Bank availability. Overall there were 64% of wards showing a below 80% fill rate, they were deemed safely staffed as HCAs were used as temporary substitutes for registered nurses, in some areas activity was also reduced therefore mitigating some of the risks associated.

Table 2.

This shows a decrease in average fill rate of 88% for RN nights, however consistently this remains above 90% for RN's on days and HCA's for days and nights.

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(increased bed occupancy), Cadiac Day ward.
 - Some 'cross floor 'working, Beynon Short Stay,C18 &19, A5 & A6
 - Accepted reduction in planned staffing mapped to patient dependency in ICCU & Hilton Main PACU
- c.** Ward A5 has a further 6 beds closed now totaling 12 beds closed to support the staffing deficit pending ongoing recruitment with the Division are working closely with HR.
- d.** Late observations are currently also compounded by a delay in software upgrade by the Learning clinic, providers of our vital pac software. This is inhibiting the use of new generation ipods that are now in stock due to compatability issues with current software.
- e. Biannual skill mix review**
First round of confirm and challenge exercises with CNO took place June /July2015.
- f. 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.

	<p>Chief Executive, NHS England ,has requested Chief Nurse, NHS England, to incorporate nurse workforce planning into the 5 year forward plan initiatives.</p> <p>g. Following the Lord Carter review and workforce efficiency collaborative agency spends have been reviewed and individual Trusts receive their own cap based on previous years spend.</p>
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Appendix 1 – The Royal Wolverhampton NHS Trust Inpatient staff planned with actual – August 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	96.8%	173.4%	98.4%	116.1%			0	13	1	5	Patients requiring extra 1:1 care due to risk of falls.
A6	76.7%	147.1%	77.4%	277.4%			0	14	0	4	This will be due to the high number of patients at risk of falls
A7	89.0%	132.9%	83.9%	103.2%			0	13	0	1	Large number of patients requiring 1:1 supervision. Where possible this has been from within team other times it has been necessary to use MH agency and security.
A8	82.9%	116.7%	84.9%	117.7%			0	10	0	5	
A9	80.9%	81.0%	74.7%	101.6%	✓	✓	0	5	0	7	Although reduced RGN's no impact on quality – late obs device related

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A12	85.6%	154.4%	68.8%	167.7%	✓	✓	0	10	0	5	Short term sickness
A14	98.4%	158.8%	71.0%	209.7%	✓	✓	0	5	0	4	Although reduced RGN's no impact on quality – late obs device related
A23	95.4%	135.5%	91.3%	100.0%			0	4	0	0	Over established with HCA's currently to support previous qualified deficit
B7	100.0%	100.0%	74.2%	167.7%	✓	✓	0	5	0	0	Back fill with HCA to cover RN shortfall due to vacancies , 1 long term leave and 2 Maternity Leave =30% and 4.75% sickness rate
Bey SS	83.6%	71.1%	100.0%	96.8%			0	3	0	0	HCA staffing low due to sickness. Nurse Bank covered some shifts
C16	105.5%	104.5%	72.0%	124.2%	✓	✓	0	19	0	2	Back fill with HCA to cover RN shortfall due to vacancies 25% and 7% sickness rate
C17	93.0%	78.5%	100.0%	100.0%		✓	0	15	1	0	Unable to get bank to cover the band 2 shifts. The SSr supported the ward and safety was maintained at all times.
C18	91.6%	100.0%	88.2%	95.2%			0	4	0	0	

Title: Safe Staffing; Planned Versus Actual Staffing by Ward – August 2015 data

C19	93.5%	108.1%	69.9%	129.0%	✓	✓	0	6	0	0	Additional HCA booked to cover gaps in RN that bank have not been able to fill.
AMU (A21)	101.7%	101.3%	89.2%	100.0%			0	9	0	2	
C22	89.2%	138.7%	100.0%	182.3%			0	5	0	1	Large number of patients requiring 1:1 supervision. Where possible this has been from within team other times it has been necessary to use MH agency and security.
C24	94.0%	98.7%	68.8%	141.9%	✓	✓	0	12	0	1	Back fill with HCA to cover RN shortfall due to 22% vacancies, long term leave and 7% sickness rate
C25	88.9%	113.5%	67.7%	125.8%	✓	✓	0	12	1	2	Back fill with HCA to cover RN shortfall due to 27% vacancies and 11% sickness rate
CHU	84.2%	91.9%	79.0%	209.7%	✓	✓	0	6	0	4	Unable to fill RN gaps with bank additional HCAs booked to ensure patient safety
Deansley - C35	85.7%	83.1%	100.0%	100.0%			0	6	0	0	
Maternity – D10	87.3%	109.0%	84.7%	101.6%			0	N/A	0	3	

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Cardiology – B14	91.8%	93.0%	96.4%	109.8%			0	3	1	4	
Cardiothoracic – B8	85.7%	91.9%	89.1%	80.6%			0	6	0	5	
West Park 1	94.8%	115.1%	100.0%	206.5%			0	N/A	0	3	Patients requiring supervision following a risk assessment and additional staff identified in terms of HCA
West Park 2	73.7%	128.6%	101.6%	103.2%	✓	✓	0	N/A	0	0	No harm as a result of this action
West Park 3	67.7%	119.4%	98.4%	101.6%	✓	✓	0	N/A	0	0	No harm as a result of this action
NRU	65.3%	171.0%	100.0%	154.8%	✓	✓	0	N/A	0	0	Patients requiring supervision following a risk assessment and additional staff identified in terms of HCA
Neonatal Unit	119.8%	88.7%	112.4%	112.9%			0	N/A	0	0	
A21	106.5%	58.1%	109.7%	77.4%			0	N/A	0	0	Currently have 1.92 wte band 2 vacancies and 2 x staff on L/T leave. Activity on unit ↓ and not necessary to use bank staff – assessed on a shift by shift basis. Also some staff sent to NNU and paed ED to support short term sickness absence

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ASU - B12	90.3%	108.1%	91.4%	83.9%			0	6	0	0	
C41	98.8%	98.6%	94.6%	104.8%			1	3	0	3	
D7	110.1%	107.3%	74.2%	80.6%			0	3	0	0	The 74% for trained at night is due to vacancy – we aim for 3 and often end up with 2. Recruitment has taken place.
ICCU	102.2%	99.8%	70.9%	93.3%			0	6	1	0	In August the unit went through a particularly quiet spell both on general and cardiac. Some staff took ad hoc annual leave and on eleven night shifts in august a trained member of staff went to work on other wards. At no point were staffing levels unsafe and no elective surgery was cancelled due to lack of staff.
Fairoak - CCH	92.6%	99.5%	100.0%	98.4%			0	N/A	1	0	
Hilton Main – CCH	63.4%	82.0%	86.6%	92.2%			0	N/A	0	0	Activity down and staffing rates adjusted to reflect. No Safety issues
C15	92.2%	100.8%	66.7%	187.1%	✓	✓	0	14	0	6	Back fill with HCA to cover RN shortfall due to 29% vacancies

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PAU	100.0%	61.3%	100.0%	71.0%			0	N/A	0	0	Currently have 1.92 wte band 2 vacancies and 2 x staff on L/T leave. Activity on unit ↓ and not necessary to use bank staff – assessed on a shift by shift basis. Also some staff sent to NNU and paed ED to support short term sickness absence
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Ward	Amber = Fill rate ≥ 120% or ≤ 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	88.5%	119.9%	101.6%	129.0%			0	10	0	5	1 patient needed 1:1 care increasing HCA ratio
A6	84.9%	138.7%	81.7%	303.2%	✓	✓	0	11	4	0	2 patients needed 1:1 care increasing HCA ratio
A7	95.2%	134.8%	92.5%	108.1%	✓	✓	0	10	0	1	Additional HCAs were booked to provide 1:1 nursing for confused patients
A8	85.2%	117.2%	96.8%	116.1%			0	5	1	0	
A9	85.3%	85.1%	84.9%	98.4%			0	5	0	1	
A12	84.4%	150.0%	75.3%	187.1%	✓	✓	0	12	0	3	Night staffing adjusted from 3:1-majority of nights now 2:2 to assist cover for day shifts due to vacancies/sickness/maternity leave.
A14	98.9%	159.6%	88.2%	129.0%			0	7	1	3	Night staffing adjusted from 3:1-majority of nights now 2:2 to assist cover for day shifts due to vacancies/sickness/maternity leave.
A23	84.3%	125.8%	87.7%	100.0%			0	6	0	8	Confused patient needed 1:1 care increasing HCA ratio and high dependency tracheostomy patients within one particular week.
B7	93.5%	109.7%	83.9%	138.7%	✓		0	5	0	0	Additional HCAs were booked to maintain patient safety
Bey SS	91.2%	80.7%	100.0%	100.0%			0	3	0	0	

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C16	98.2%	107.1%	68.8%	103.2%		✓	0	20	0	0	Due to 2.66 vacancies and short term sickness, the ward has had 2 RN and 2 HCA on each night. This was assessed as safe based on the acuity of patients
C17	84.9%	102.2%	100.0%	103.2%			0	15	0	0	
C18	99.0%	96.8%	96.8%	93.5%			0	5	0	1	
C19	98.4%	111.3%	73.1%	124.2%	✓	✓	0	7	0	0	Additional HCA booked to cover short term sickness, C17, C18 and C19 worked together and moved registered nurses between them to ensure acuity of patients was addressed and safety maintained
AMU (A21)	86.4%	100.0%	91.0%	99.2%			0	10	0	2	
C22	91.4%	120.0%	101.6%	150.0%			0	7	1	0	Additional HCA booked to support confused and patients with DoLs
C24	98.2%	102.6%	66.7%	133.9%	✓	✓	0	8	0	1	Additional HCA booked to ensure 5 staff on each night 2 RN and 3 HCA to ensure patient safety
C25	94.9%	96.1%	71.0%	106.5%	✓	✓	0	10	2	0	Additional HCA booked to ensure 2RN and 2 HCA each night
CHU	90.6%	87.6%	83.1%	222.6%	✓		0	3	0	1	Additional HCA booked each night to ensure staffing numbers supported the acuity of patients. There were 20 nights when 3 RN and 2HCA instead of 4RN and 1HCA
Deansley - C35	84.3%	65.8%	100.0%	100.0%			0	3	1	0	
Maternity – D10	93.1%	95.5%	81.5%	100.0%			0	N/A	0	3	
Cardiology – B14	92.6%	135.2%	92.3%	85.2%	✓	✓	0	3	0	6	RGN support provided elsewhere in the trust.

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Cardiothoracic – B8	94.2%	98.4%	95.5%	96.8%			0	6	0	3	
West Park 1	87.7%	109.1%	98.4%	203.2%			0	N/A	0	0	Additional HCA booked to support confused patients
West Park 2	81.2%	121.2%	104.8%	114.5%	✓		0	N/A	1	0	Patient safety was maintained
West Park 3	74.2%	128.1%	100.0%	108.1%	✓	✓	0	N/A	0	0	Short term sickness in RNs, additional HCA utilised to support safe staffing
NRU	71.0%	160.2%	100.0%	106.5%	✓	✓	0	N/A	0	0	Short term sickness in RNs, additional HCA utilised to support safe staffing
Neonatal Unit	115.9%	90.3%	118.0%	74.2%	✓	✓	0	N/A	0	0	Some HCA sickness and minimal vacancy, but due to D9 (SCBU) – floor 2 isolated from main NNU on floor 1, additional trained staff required at night from agreed normal staffing, i.e. 1 + 1 becomes 2 trained
A21	111.3%	83.1%	116.8%	100.0%			0	N/A	0	1	
ASU - B12	91.0%	89.8%	91.4%	75.8%			0	7	1	3	Short term sickness in HCA ,ward safety was maintained
C41	100.8%	93.5%	91.4%	106.5%			0	11	0	0	
D7	113.7%	117.2%	77.4%	-	✓	✓	0	5	0	0	Trained Nurses at night : standard is 3 however in some instances only 2 on the rota this is due to vacancy that has been recruited into – waiting for commencement dates. If 2 RN's then the ward manager will aim to have 2 HCA's on at night for support.
ICCU	97.3%	60.5%	97.8%	82.3%			0	5	0	0	High level of sickness for HCA's and we have 1.5 WTE vacancies.
Fairoak - CCH	96.3%	100.0%	100.0%	100.0%			0	N/A	1	0	

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Hilton Main – CCH	71.8%	89.2%	96.5%	92.6%			0	N/A	0	0	Activity and dependency reduced therefore the area was deemed appropriately staffed.
C15	82.9%	93.5%	66.7%	180.6%	✓	✓	0	2	1	2	Due to 3.19 vacancies and short term sickness, the ward has had 2 RN and 2 HCA on 25/31 nights. This was assessed as safe based on the acuity of patients
PAU	106.5%	100.0%	101.6%	100.0%			0	N/A	0	0	