


The Royal Wolverhampton NHS Trust		
Trust Board Report		
Meeting Date:	26 th October 2015	
Title:	Safe Staffing; Planned Versus Actual Staffing by Ward – September 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 September 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:	<p>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'.</p>	
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	1,2,4 & 6.	
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)	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	a. 'Hard Truths' Commitments NHS England http://www.england.nhs.uk/2014/04/01/hard-truths/ April 2014 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>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	<p>Introduction</p> <p>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.</p> <p>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.</p> <p>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.</p>																																																																																																																																																										
2	<p>Planned staffing with actual ‘fill rate’ per shift with differentiation between Registered Nurses [RN] and Health Care Assistants.</p> <p>a. The tables in Appendix 1 provide the average percentage fill rate of rostered (planned) hours against actual hours worked and related comments.</p> <p>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</p> <p>Table 1 - Number of wards below average 80% fill</p> <table border="1"> <thead> <tr> <th></th> <th>Oct</th> <th>Nov</th> <th>Dec*</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>April</th> <th>May**</th> <th>June</th> <th>July</th> <th>Aug</th> <th>Sept</th> </tr> </thead> <tbody> <tr> <td>RN day</td> <td>5</td> <td>6</td> <td>9</td> <td>5</td> <td>7</td> <td>10</td> <td>7</td> <td>4</td> <td>4</td> <td>3</td> <td>5</td> <td>6</td> </tr> <tr> <td>RN night</td> <td>3</td> <td>3</td> <td>5</td> <td>10</td> <td>14</td> <td>10</td> <td>11</td> <td>9</td> <td>10</td> <td>2</td> <td>13</td> <td>3</td> </tr> <tr> <td>HCA day</td> <td>11</td> <td>8</td> <td>9</td> <td>6</td> <td>3</td> <td>1</td> <td>4</td> <td>1</td> <td>2</td> <td>7</td> <td>4</td> <td>8</td> </tr> <tr> <td>HCA night</td> <td>0</td> <td>2</td> <td>2</td> <td>3</td> <td>2</td> <td>2</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td>2</td> <td>3</td> </tr> <tr> <td>Total</td> <td>19</td> <td>19</td> <td>25</td> <td>24</td> <td>26</td> <td>23</td> <td>23</td> <td>16</td> <td>17</td> <td>14</td> <td>24</td> <td>20</td> </tr> </tbody> </table> <p>* Includes Cannock Chase Hospital site from this date onwards ** Planned flexing of staffing at weekends and bank holidays included from this date onwards</p> <p>Table 2 - Monthly average% Trust fill rate</p> <table border="1"> <thead> <tr> <th></th> <th>Oct</th> <th>Nov</th> <th>Dec*</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>April</th> <th>May**</th> <th>June</th> <th>July</th> <th>Aug</th> <th>Sept</th> </tr> </thead> <tbody> <tr> <td>RN day</td> <td>91</td> <td>91</td> <td>90</td> <td>91</td> <td>90</td> <td>87</td> <td>92.5</td> <td>92.5</td> <td>92.9</td> <td>91.4</td> <td>91.3</td> <td>91.3</td> </tr> <tr> <td>RN night</td> <td>89.2</td> <td>87.6</td> <td>87.9</td> <td>89</td> <td>86</td> <td>88</td> <td>91.9</td> <td>90.9</td> <td>90.4</td> <td>91.4</td> <td>88</td> <td>91.2</td> </tr> <tr> <td>HCA day</td> <td>104</td> <td>104.5</td> <td>100</td> <td>102</td> <td>104</td> <td>103</td> <td>104.8</td> <td>107.2</td> <td>107</td> <td>106.5</td> <td>109.3</td> <td>107.1</td> </tr> <tr> <td>HCA night</td> <td>112</td> <td>117.2</td> <td>116.6</td> <td>116.6</td> <td>119</td> <td>118</td> <td>116.2</td> <td>122</td> <td>123</td> <td>117.9</td> <td>122.5</td> <td>118.1</td> </tr> </tbody> </table> <p>* Includes Cannock Chase Hospital site from this date onwards ** Planned flexing of staffing at weekends and bank holidays included from this date onwards</p>													Oct	Nov	Dec*	Jan	Feb	Mar	April	May**	June	July	Aug	Sept	RN day	5	6	9	5	7	10	7	4	4	3	5	6	RN night	3	3	5	10	14	10	11	9	10	2	13	3	HCA day	11	8	9	6	3	1	4	1	2	7	4	8	HCA night	0	2	2	3	2	2	1	2	1	2	2	3	Total	19	19	25	24	26	23	23	16	17	14	24	20		Oct	Nov	Dec*	Jan	Feb	Mar	April	May**	June	July	Aug	Sept	RN day	91	91	90	91	90	87	92.5	92.5	92.9	91.4	91.3	91.3	RN night	89.2	87.6	87.9	89	86	88	91.9	90.9	90.4	91.4	88	91.2	HCA day	104	104.5	100	102	104	103	104.8	107.2	107	106.5	109.3	107.1	HCA night	112	117.2	116.6	116.6	119	118	116.2	122	123	117.9	122.5	118.1
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onwards

Summary

Table 1

This shows that there has been significant improvement of the number of wards falling below the 80% fill required, this in part has been due to the reduction of short term sickness and in some areas new recruits commencing in post. However Recruitment continues to be challenging and not as expedient as we would wish. Greater success has been had on recent overseas trip with HEWM and the Trust has a further independent trip planned for Late October/ Early November to Italy, Portugal and Spain.

Table 2.

This shows an improvement in average fill rate of 91.2% for RN nights and 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 a number of wards requiring an over fill.
 - High acuity of patients in wards A5, A6, A7,C15,C16,C22,CHU,B7, B14,Neuro rehab Unit, WP1.
 - Additional capacity is open in CHU, D7(increased bed occupancy), Cadiac Day ward.
 - Some 'cross floor' working in Beynon Short Stay,C18 &19, A5 & A6 has ensured safety whilst supporting efficiency.
 - Accepted reduction in planned staffing mapped to patient dependency in ICCU & Hilton Main PACU as per National Guidance.
- c. Ward A5/ A6 continues to have 12 beds closed across the 2 areas to support the staffing deficit pending ongoing recruitment with the Division are working closely with HR.
- d. **Biannual skill mix review**
Data presented by Divisions identified a qualified staffing deficit within Division 2, minimal deficit identified within Division 1 which agreed with HON could be managed locally. Given the unfilled vacancy position further discussions are being held to explore different role utilisation to release 'time to care' by Qualified staff in the first instance.
- e. **NICE staffing guidance**
The Government has reconsidered NICE (the National Institute for Clinical Excellence) from producing further guidance on safe staffing levels in the NHS, and work is indicated to resume. Chief Executive, NHS England ,has

	<p>requested Chief Nurse, NHS England, to incorporate nurse workforce planning into the 5 year forward plan initiatives.</p> <p>f. Lord Carter , workforce efficiency collaborative Following the Lord Carter review and workforce efficiency collaborative agency spends have been reviewed and individual Trusts have received their own cap based on previous years spend.</p> <p>g. Further information has since been received informing trusts of the Agency framework for agreed providers. The Agency providers used within the Trust for specific Mental Health supervision are complinat with the framework.</p> <p>h. Trust has received access to the National Diagnostic toolkit which when competed will provide a baseline position for Agency and Bank utilisation.</p> <p>i. Following a Matrons 'Professional day' detailed work is being undertaken with regards to workforce planning, e roster efficiency and escalation in line with the National work from the Department of health, TDA & Monitor.</p>
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Appendix 1

The Royal Wolverhampton NHS Trust Inpatient staff planned with actual – September 2015

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	96.0%	150.8%	101.7%	133.3%			0	14	1	5	To allow for Dementia patients and those at high risk of falls.
A6	86.2%	139.3%	101.7%	153.3%			0	13	1	3	More patients at high risk of falls and confused. Additional HCA's required at night for 1:1 care
A7	91.7%	145.3%	81.1%	100.0%			0	12	2	1	Additional HCA booked to do 1:1 patient observation
A8	79.0%	113.3%	93.3%	101.7%	✓	✓	0	7	0	2	Short term sickness bank unable to fill with RN so HCA substituted to ensure safety
A9	95.3%	80.8%	76.7%	103.3%		✓	0	10	0	3	There were no incidents of harm, ward remained safe
A12	78.3%	164.9%	73.3%	200.0%	✓		0	12	0	8	Staffing levels at night should be 3 qualified and HCA. Currently running on 2 qualified and 2 HCAs due to maternity leave and long term sickness.
A14	96.1%	143.0%	78.9%	170.0%	✓		0	9	0	2	1:1 care required

A23	81.4%	140.0%	89.4%	100.0%			0	5	0	2	
B7	100.0%	103.3%	88.9%	126.7%			0	4	0	0	Additional HCA booked to support complex patient care
Bey SS	89.0%	69.3%	100.0%	93.3%			0	11	1	0	Band 2 –sickness. Area assessed each day for following day regarding Theatre lists in DCU staff moved across the floor as needed during the shifts. Are remained safe at all times.
C16	113.3%	98.7%	82.2%	121.7%			0	18	0	1	Additional HCA booked to support RN staff to ensure patient safety
C17	86.1%	85.6%	98.3%	100.0%			0	15	2	0	
C18	95.0%	97.5%	88.9%	93.3%			0	5	2	0	
C19	96.3%	96.7%	72.2%	133.3%	✓	✓	1	6	0	0	Available RN staff on nights allocated across C17, C18 and C19 to match patient acuity and additional HCA booked to ensure safety
AMU (A21)	83.9%	96.9%	89.6%	100.0%			0	20	0	2	
C22	95.9%	117.3%	100.0%	158.3%			0	6	0	0	Additional HCA on nights to observe and care for high acuity patients

C24	101.9%	89.3%	73.3%	140.0%	✓	✓	0	12	0	0	Additional HCAs booked to cover RN gaps on rota (gaps are vacancies and short term sickness). Ward safety assured
C25	93.8%	98.0%	74.4%	121.7%	✓	✓	0	20	0	3	Additional HCAs booked to cover RN gaps on rota (gaps are vacancies and short term sickness). Ward safety assured
CHU	77.0%	87.8%	68.3%	246.7%	✓	✓	0	10	0	7	Additional HCAs booked to cover RN gaps on rota (gaps are vacancies and short term sickness). The additional HCAs on nights are to ensure sufficient staff to maintain observation of patients whilst the RN are giving chemotherapy. Patient safety assured
Deansley - C35	91.9%	98.3%	100.0%	100.0%			0	5	0	0	
Maternity – D10	86.4%	108.7%	80.0%	101.7%			0	N/A	0	2	Short term sickness and being unable to fill shifts with Bank at short notice. Remained safe - although, if required the escalation policy would have been implemented whereby staff from other areas within the unit would have been moved to the ward.
Cardiology – B14	90.5%	148.1%	99.2%	98.1%			0	6	0	3	Agreed over establishment of band 2s to support logistics of ward which has shown a reduction in patient falls.
Cardiothoracic – B8	88.4%	100.0%	96.5%	90.0%			0	8	1	6	

West Park 1	92.7%	112.2%	100.0%	153.3%			0	N/A	0	0	Additional HCA booked to observe patients with challenging behaviours
West Park 2	84.4%	119.5%	100.0%	100.0%			0	N/A	2	0	
West Park 3	71.7%	124.8%	100.0%	103.3%	✓	✓	0	N/A	0	0	Additional HCA booked to cover gaps in RN rota. Ward safety ensured
NRU	70.8%	166.7%	100.0%	173.3%	✓	✓	0	N/A	0	0	Additional HCA booked to cover gaps in RN rota. Ward safety ensured
Neonatal Unit	113.8%	93.3%	109.5%	106.7%			0	N/A	0	0	
A21	114.7%	79.2%	112.0%	76.7%			0	N/A	0	0	Reduced number of HCAs due to vacancies, but activity low, therefore patient safety unaffected
ASU - B12	89.3%	106.1%	94.4%	103.3%			0	10	0	2	
C41	97.1%	91.9%	92.2%	108.3%			1	5	0	1	
D7	108.3%	94.2%	80.0%	70.0%	✓		0	11	0	1	Planned staff is 3 trained and 1 untrained for each night shift however it had been agreed that there would be reduced trained staff numbers due to vacancies for the night shift. Remained safe.

ICCU	97.3%	60.5%	97.8%	82.3%			0	65	0	4	
Fairoak - CCH	84.3%	95.7%	100.0%	98.3%			1	N/A	0	0	
Hilton Main – CCH	63.9%	80.6%	87.8%	88.5%			0	N/A	0	0	Reduced staff due to reduced numbers of patients and theatre closures for cleaning. Ward remained safe
C15	89.5%	132.5%	100.0%	250.0%			1	13	1	1	Additional HCAs booked to care for and observe confused and high acuity patients
PAU	101.7%	90.0%	100.0%	80.0%			0	N/A	0	0	Reduced number of HCAs due to vacancies, but activity low, therefore patient safety unaffected