


The Royal Wolverhampton NHS Trust		
<b>Trust Board Report</b>		
<b>Meeting Date:</b>	30 <sup>th</sup> November 2015	
<b>Title:</b>	Safe Staffing; Planned Versus Actual Staffing by Ward – October 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 of October 2015</p> <p>The paper details reasons when staffing hours are <math>\geq 120\%</math> or <math>\leq 80\%</math> by ward as reported to Unify.</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 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'.	
<b>Report of:</b>	Cheryl Etches, Chief Nursing Officer	
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<b>Links to Trust Strategic Objectives</b>	1, 2, 4 & 6.	
<b>Resource Implications:</b>	Recruitment staffing costs.	
<b>Risks: BAF/ TRR</b> (describe risk and current risk score)	TRR Risk - 3644	
<b>Public or Private:</b> (with reasons if private)	Public	
<b>References:</b> (eg from/to other committees)	<p>The external facing Trust intranet page has a dedicated section on safe staffing  <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>	<p>a. '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</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  <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></p>	

<p><b>NHS Constitution:</b> (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"><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>
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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 red & lilac respectively 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**

	Nov	Dec*	Jan	Feb	Mar	April	May**	June	July	Aug	Sept	Oct
<b>RN day</b>	6	9	5	7	10	7	4	4	3	5	6	5
<b>RN night</b>	3	5	10	14	10	11	9	10	2	13	3	13
<b>HCA day</b>	8	9	6	3	1	4	1	2	7	4	8	2
<b>HCA night</b>	2	2	3	2	2	1	2	1	2	2	3	2
<b>Total</b>	19	25	24	26	23	23	16	17	14	24	20	22
<b>Total %</b>	26	34	32	35	31	31	22	23	19	32	27	30

\* 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**

	Nov	Dec*	Jan	Feb	Mar	April	May**	Jun	July	Aug	Sept	Oct
RN day	91	90	91	90	87	92.5	92.5	92.9	91.4	91.3	91.3	90.0
RN night	87.6	87.9	89	86	88	91.9	90.9	90.4	91.4	88	91.2	88.9
HCA day	104.5	100	102	104	103	104.8	107.2	107	106.5	109.3	107.1	105.8
HCA night	117.2	116.6	116.6	119	118	116.2	122	123	117.9	122.5	118.1	121.7

\* 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 there has been a deterioration in the number of wards falling below the 80% fill required, this in part due to the increasing rate of Maternity leave in some areas, vacancies and an increase in short term sickness. Local recruitment continues to be challenging, hence 3 overseas trips arranged for Europe and the Phillipines respectively looking to recruit 220 nurses in total. This recruitment will take between 2 – 9 months to impact the Trust. Assurances have been provided to our HE colleagues and pending graduates regards positions on successful competition and application.

The table also identifies an improvement regards to HCA fill rate on both days and nights, which supports some of the RGN deficit, however recognising this isnt the ideal.

**Table 2.**

This shows a slight deterioration in average fill rate of 88.9% for RN nights and consistently this remains at 90% for RN's on days and HCA's for days and nights.

Factors continue to 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, A14, A23,C15,C22,CHU,ASU, B14,Neuro rehab Unit, WP1.
- Flex capacity is utilised in CHU, D7, Cadiac Day ward – following risk assessment.
- 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.
- There is an increase in Maternity leave in some directorates of which staffing plans have been developed to mitigate risk as much as reasonably possible given the above.

- 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 requested Chief Nurse, NHS England, to incorporate nurse workforce planning into the 5 year forward plan initiatives.
- f. Lord Carter , workforce efficiency collaborative**  
NHPPD (National Hours per Patient Day) was collated throughout October, this has been submitted to the DOH for analysis and feedback is awaited.  
  
The Trust now has access to the Workforce diagnostic toolkit and this is being reviewed to understand what is required to best utilise the software.  
  
Work regarding efficient roster utilisation is ongoing, there is collaborative working between Nursing, Payroll, HR and Finance to facilitate and drive this forward.  
  
A corporate role will commence on the 7<sup>th</sup> December to expedite work streams related to roster efficiency and workforce utilisation.

## Appendix 1

## The Royal Wolverhampton NHS Trust Inpatient staff planned with actual – October 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	81.6%	114.0%	103.2%	125.8%				21		5	Extra band 2 on nights to support 1:1 care of patients
A6	80.6%	131.0%	103.2%	146.8%	✓			11	2	11	Extra band 2 on nights to support 1:1 care of patients
A7	95.2%	112.9%	77.4%	109.7%				22	1	4	The third RN was moved to support other wards within the directorate. A7 was safely staffed on the nights when this occurred
A8	85.2%	107.5%	93.5%	100.0%				17	2	5	
A9	91.7%	85.5%	76.9%	103.2%				13	1	7	Uplift agreed for Band 2's for SAU/A12/A14 to support vacancies.

A12	73.6%	160.5%	72.0%	187.1%	✓	✓		14		12	4 Qualified nurses on maternity leave, 1 on secondment and 1 on long term sick.
A14	91.6%	157.9%	67.7%	190.3%	✓	✓		7		1	1:1 Care required at night - confused patients.
A23	93.8%	129.0%	92.4%	100.0%	✓			9	3	8	Increased complexity of patients in area – extra HCA cover to support trained nurses.
B7	97.7%	104.0%	77.4%	161.3%	✓	✓		6		4	Additional HCA booked to cover RN gaps. Ward was risk assessed safe
Bey SS	81.7%	96.5%	98.4%	93.5%				13		2	
C16	98.6%	113.5%	72.0%	112.9%	✓	✓		35		1	Additional HCA booked to cover RN gaps. Ward was risk assessed safe
C17	86.6%	89.2%	100.0%	100.0%				14			
C18	89.7%	104.8%	82.8%	104.8%				8			
C19	91.9%	111.3%	69.9%	140.3%	✓	✓		8		1	Additional HCA booked to cover RN gaps and to ensure sufficient cover to release RNs to support the NIV service between Wards C18 and C19. Ward was risk assessed safe

AMU (A21)	89.5%	98.1%	92.5%	99.2%				25		1	
C22	98.2%	109.0%	101.6%	150.0%				7			Additional HCA at night to support 1:1 observation of some patients
C24	98.6%	96.8%	66.7%	141.9%	✓	✓		8		1	Additional HCA booked to cover RN gaps. The ward was deemed safe
C25	92.6%	92.9%	69.9%	117.7%	✓	✓		25		1	Additional HCA booked to cover RN gaps. The ward was deemed safe
CHU	71.0%	106.5%	70.2%	280.6%	✓	✓		5		5	Additional HCAs booked to cover RN gaps and support enhanced observation of patients at night. Ward was deemed safe
Deansley - C35	82.0%	64.5%	100.0%	109.7%		✓		22			Short term sickness, bank unable to fill gaps. Ward was deemed safe
Maternity – D10	95.0%	107.1%	89.5%	104.8%				N/A		3	
Cardiology – B14	90.7%	162.3%	97.2%	107.5%	✓		1	6		5	Extra band 2 for safety reasons due to logistics of ward and to help reduce falls at night  The reason for the increase in untrained on days was for trained shortfall and specialing of confused patients.



Cardiothoracic – B8	90.4%	101.6%	99.4%	93.5%				8		6	
West Park 1	91.0%	106.5%	100.0%	145.2%				N/A	1	2	Additional HCA at night to support enhanced observation of patients
West Park 2	78.0%	124.0%	98.4%	108.1%	✓	✓		N/A			Additional HCA booked to cover RN gaps. The ward was deemed safe
West Park 3	71.0%	123.5%	100.0%	104.8%	✓	✓		N/A			Additional HCA booked to cover RN gaps. The ward was deemed safe
NRU	86.3%	135.5%	100.0%	177.4%				N/A			Additional HCA booked to support enhanced observation complex/vulnerable patients
Neonatal Unit	107.6%	112.9%	104.6%	119.4%				N/A		1	
A21	107.5%	51.6%	107.7%	93.5%		✓		N/A		2	Awaiting commencement of new appointed HCA's to fill current vacancies
ASU - B12	86.0%	137.6%	95.7%	122.6%	✓	✓		18		4	Additional HCA booked to support enhanced observation complex/vulnerable patients
C41	103.2%	88.9%	84.9%	116.1%			1	6		2	

D7	107.7%	88.7%	76.3%	77.4%				13	2	<p>The average fill for HCA and registered Nurses at night is non-compliant due to vacancy and sickness. We are presently out to advert for trained band 6 registered nurses.</p> <p>Patient care was not to optimum standard. However, no adverse outcome for patient care reported. Datix for suboptimal staffing was completed.</p> <p>Nurses working above 1:8 nurse-patient ratio at night when only 2 registered nurses.</p>	
ICCU	89.6%	90.5%	79.8%	100.0%				N/A	1	5	Staffing met the dependency scoring of the patients in the department. No safety issues
Fairoak - CCH	82.0%	100.5%	100.0%	98.4%				N/A		2	
Hilton Main – CCH	66.1%	85.0%	85.7%	96.2%				N/A			<p>Staffing is increased/decreased based on activity.</p> <p>Service remained safe.</p>
C15	87.1%	88.7%	67.7%	222.6%	✓	✓		17	1	<p>Additional HCAs booked to cover both RN gaps and provide enhanced observation of challenging patients. The ward was deemed safe</p>	

PAU	108.1%	90.3%	104.8%	90.3%				N/A			
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