


The Royal Wolverhampton NHS Trust		
<b>Trust Board Report</b>		
<b>Meeting Date:</b>	27 <sup>th</sup> June 2016	
<b>Title:</b>	Nurse Staffing Report	
<b>Executive Summary:</b>	<p>This paper details -Planned Versus Actual Staffing by Ward – May 2016 data; which includes the <b>average</b> fill rate by Registered Nurse / Health Care Assistant [HCA] / shift and ward for the month of April 2016 and provides the reasons when staffing hours are <math>\geq 120\%</math> or <math>\leq 80\%</math> by ward as reported to Unify.</p> <p>The paper also provides an update on revalidation, recruitment and retention.</p>	
<b>Action Requested:</b>	<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>	
<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 (describe risk and current risk score)</b>	TRR Risk - 3644	
<b>Public or Private: (with reasons if private)</b>	Public	
<b>References: (e.g. from/to other committees)</b>	<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>	

<b>NHS Constitution: (How it impacts on any decision-making)</b>	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <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

**Actual vs predicted nurse staffing**

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 inpatient nursing and midwifery staffing.

b. Staffing information is provided by Senior Sisters / Charge Nurses and collated centrally. Matrons review the data for their respective wards. Heads of Nursing/Midwifery contribute some further analysis of the data.

c. This staffing data is reported to the Senior Nurse Group and posted on the Trust intranet site. The Unify staffing data is published monthly on the Trust internet site and NHS choices.

**Revalidation for Nurses and Midwives**  
This is the process that all nurses and midwives in the UK will need to follow to maintain their registration with the NMC.

2

**Findings from Actual vs Predicted nurse staffing**

- **Planned staffing with actual 'fill rate' per shift with differentiation between Registered Nurses (RN) and Health Care Assistants (HCA).**

The table in Appendix 1 provides the average percentage fill rate of rostered (planned) hours against actual hours worked and related comments.

a. 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**

	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
<b>RN day</b>	4	3	5	6	5	10	9	11	10	10	8	6
<b>RN night</b>	10	2	13	3	13	15	14	16	16	14	11	10
<b>HCA day</b>	2	7	4	8	2	3	3	2	3	1	4	4
<b>HCA night</b>	1	2	2	3	2	1	2	2	2	2	3	2
<b>Total</b>	17	14	24	20	22	29	28	31	31	27	26	22
<b>Total %</b>	23	19	32	27	30	39	38	42	42	37	35	30

**Table 2 - Monthly average% Trust fill rate**

	Jun	July	Aug	Sep t	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
RN day	92.9	91.4	91.3	91.3	90.0	89.2	89	89.6	87.3	88.4	90.8	92.3
RN night	90.4	91.4	88	91.2	88.9	88.1	87.2	87.6	87.8	87.1	88.5	90.5
HCA day	107	106. 5	109. 3	107. 1	105. 8	111. 6	109. 3	115. 1	112. 5	110. 1	114. 7	113. 4
HCA night	123	117. 9	122. 5	118. 1	121. 7	131. 4	131. 5	130. 5	132. 1	131. 7	127. 2	130. 6

Summary

**Table 1**

*Results for May* - This shows that there has been a slight improvement in the number of wards falling below the 80% fill rate required, this equates to 30% of all inpatient wards. Of these 16% is shortages of RN's on days and 27% RN's on nights. This in part remains due to the rate of Maternity leave in some areas, ongoing vacancies and combination of short/long term sickness.

**Table 2.**

*Results for May* - The average fill rate for RN's both days & nights has improved and particularly for the days it is now 92.3%. Fill rate for HCA's remains healthy, in part supporting some of the RN shortages but also supporting patient complexities requiring enhanced observations.

Factors continue to include:

- Unfilled funded RN vacancies.
- 1:1 observations/enhanced care of some patients in a number of wards requiring an over fill.
- High acuity of patients in the majority of wards.
- Flex capacity being utilised on CHU and D7, – following risk assessment.
- Some 'cross floor' working in C18 &19, A5 & A6, A12& A14 has ensured safety whilst supporting efficiency.
- Accepted reduction in planned staffing mapped to patient dependency in ICCU & Hilton Main PACU as per National Guidance.

**b.** Ward A5/ A6 continues to have 12 beds closed to support the staffing deficit pending the ongoing recruitment.

**c. Lord Carter , workforce efficiency collaborative**

The Trust has reported nationally CHPPD (Care hours per patient day) in May. This included reporting actual vs predicted staffing data alongside the number of occupied beds at midnight. This will enable the Trust to start benchmarking with other hospitals once sufficient data has been captured.

This new metric does not capture any patient dependency or activity through the ward in the 24 hours period so will only demonstrate part of the elements to be considered when formulating the staffing establishment for a ward. The Trust will be attending a feedback session on 22<sup>nd</sup> June 2016 with other Trusts who undertook the pilot.

3

**Revalidation, Recruitment and Retention**

**Revalidation**

As an employer the Trust has since November 2015 supported staff via a variety of methods :-

- Revalidation Awareness sessions on all sites
- Confirmer training ( inc. portfolio building)
- Revalidation portfolio building
- Access to resources on the Nursing and Midwifery Website
- Host for RCN Revalidation event 27 August 2015
- Attending the Research network 17 March 2016 to discuss Revalidation

Topic	Number delivered	Number of staff attended
Revalidation awareness sessions	14 sessions	345
Portfolio building sessions	4-5 times a Month	103
Confirmer Training commenced	3-4 times a Month	122

**Recruitment**

- 12 Newly Qualified staff from September 2016 -Cohort 213 have secured staff nurse posts in the Trust. Interviews with a further 15 will be conducted w/c 6th June 2016. An additional 23 newly qualified have been offered posts via job fair events.
- Return to Practice  
The Trust continues to offer placements for Return To Practice (RTP) to support the Health Education West Midlands RTP recruitment drive. 6 have undertaken placement within the last year. 1 has completed and secured employment on Deansley ward and a further 2 started in March 2016.

**Retention**

**Making the Trust an attractive employer.**

- A development opportunity for third year nursing students to have a day shadowing a senior nurse within the organisation commences July 2016.

**Care Certificate**

All Health Care Assistant staff joining the Trust with little or no health care experience, or who have no evidence of competence are commenced onto the 'Care Certificate programme'. The underpinning knowledge is delivered during nurse induction. 26 received their certification from the Chief Nursing Officer in May at an achievement event.

**Nursing Assessment and Accreditation Scheme (NAAS)**

Delivering high quality and appropriate care to patients is of paramount importance. The Trust overall must account for the quality of care it delivers to patients and that care should be evidence based and appropriate to the needs of the patient.

Measuring the quality of nursing care delivered by individuals and teams is not easy. This performance assessment framework is based on the core standards to service delivery it incorporates standards and key clinical indicators. Each question is linked to Compassionate Care, the 6cs of: care, compassion, competence, communication, courage and commitment, whilst providing evidence for the Care Quality Commission's Core Domains, links to the Quality Account objectives and the Sign up to Safety Pledges.

<p>The framework is designed around 13 standards with each standard subdivided into Environment, Care and Leadership.</p>			
	NAAS Standard	Care Quality Commission Domain	Professional Values and Standards
1	The environment will be safe for patients, staff and visitors	Safe	Safe and Effective
2	The clinical area will be effectively managed and organised	Well Led	Safe and Effective
3	Every patient will be treated with compassion and as an individual	Caring	Kind and caring
4	End of life care – patients will have control over their choice of care	Caring	Kind and Caring
5	Patients will feel safe, secure and supported	Safe	Safe and Effective
6	Patients will be cared for in an environment where infection prevention is maximised	Safe	Safe and Effective
7	Pain will be controlled to an acceptable level	Effective	Safe and Effective
8	Patient vital signs will be monitored and deterioration escalated in accordance with policy and documented accurately	Safe	Safe and effective
9	Avoidable harm in relation to the management of medicines will be eliminated	Safe	Safe and effective
10	All patients will have their nutrition and hydration needs met	Effective	Safe and effective
11	Patients and carers will experience effective communication	Responsive	Kind and caring
12	All patients will have their elimination needs met	Effective	Safe and effective
13	The condition of the patients skin will be maintained or improved	Effective	Safe and effective
<p>The NAAS is designed to support nurses in practice to understand how they deliver care, identify what works well and where further improvements are needed. The Chief Nursing Officer has set a goal of all wards achieving Gold Standard by 2019. This will reassure patients that they are receiving excellent care every time they visit The Royal Wolverhampton NHS Trust and provide current staff with recognition for care they are giving whilst at the same time demonstrating to prospective employees how seriously we value excellence as the norm.</p>			

Appendix 1 - Actual v's predicted staffing

The Royal Wolverhampton NHS Trust Inpatient staff planned with actual – May 2016

Ward	Amber = Fill rate $\geq$ 120% or $\leq$ 80%				Rationale		Nurse Sensitive Indicators					Vacancies wte		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	% Obs on time	Avoidable PU's	Staffing Breaches	Hospital Acquired Infections	RN	HCA	
A5	91.4%	117.2%	96.8%	143.5%				79	3	1		7.93	-2.47	Additional HCA booked to provide enhanced observation of complex patients
A6	89.8%	124.2%	114.5%	140.3%				83		2		9.4↑	-0.67↓	Additional HCA booked at night to provide enhanced observation of complex patients
A7	93.5%	132.9%	79.6%	119.4%	✓	✓		91	1	6		5.49	0.92	HCA used to backfill to maintain safety
A8	96.5%	91.4%	81.7%	124.2%				92	1	2			-0.89	Additional HCA required on nights to support enhanced observation of patients
A9	106.1%	99.2%	80.1%	121.0%	✓	✓		87		3		7.14↑	-0.11	

A12	87.5%	162.3%	67.7%	283.9%	✓	✓		88	1	4		1.75↑	↓	Ward requiring extra Band 2's to cover short fall in Band 5 cover Extra HCA required on nights to ensure patient safety for 1:1 observation
A14	92.6%	152.6%	69.9%	245.2%	✓	✓		92				3.00	-1.00	Ward required HCAs to provide 1:1 enhanced observation due to multiple falls on ward area (Dementia Patient)
A23	85.1%	77.4%	93.5%	100.0%	✓	✓		92		3		3.95	-0.17	No adverse incidents or risks related to reduced number of HCA on nights.
B7	87.6%	122.6%	66.7%	229.0%	✓	✓		96				5.3↑	-1.2	HCA used to backfill RN vacancies and additional used to provide enhanced level of observation
Bey SS	76.8%	78.1%	100.0%	96.8%	✓	✓		92				4.83↑	-0.11	Both day case and ward area short staffed due to vacancy factors, maternity / adoption leave. Band 7 working clinically to ensure area is safe. Bank usage mainly on N's to ensure safety and cover provided from other departments during day shifts.
C16	98.6%	108.4%	74.2%	248.4%	✓	✓		80				4.03↑	0.42↓	HCA used to backfill RN vacancies Increased staffing levels on nights during decant to C21 and opening of additional capacity whilst

C17	95.7%	94.6%	100.0%	106.5%				90	2	1		0.9	1.36	
C18	85.5%	106.5%	80.6%	103.2%				93	2			3.95	1.93	Band 2's used to back fill due to high number of maternity leave, along with vacancies  C17 & C18 support as much as possible and patient safety has been maintained at all times
C19	79.4%	128.2%	68.8%	140.3%	✓	✓		93			1	3.34↑	-1.22	
AMU (C58)	105.4%	106.7%	99.3%	103.2%			1	83		5				
C22	89.6%	113.5%	100.0%	150.0%				92					-2.08	
C24	91.2%	110.3%	66.7%	159.7%	✓	✓		91		5		5.66↑	-1.22	HCA used to backfill RN vacancies and additional used to provide enhanced level of observation
C25	97.7%	101.9%	66.7%	143.5%	✓	✓		87	1			4.2	0.9	HCA used to backfill RN vacancies and additional used to provide enhanced level of observation
CHU	86.1%	84.4%	100.0%	100.0%			1	90	1			8.24	1.47↑	
Deansley - C35	66.8%	121.8%	100.0%	100.0%	✓	✓		94				6.18	-1.23	Additional HCA used to backfill vacancies and combination of short and long term sickness.



														Ward safe
Maternity – D10	92.6%	111.0%	83.1%	117.7%				N/A				0.27	0.8	
Cardiology – B14	89.9%	147.1%	88.7%	102.0%				96		5		↑	-1.0	B2s to cover shortfall
Cardio-thoracic – B8	84.4%	100.0%	89.7%	109.7%				91		2		3.72↑	0.13↓	
West Park 1	104.5%	131.7%	101.6%	200.0%				N/A				1.0↑	0.82↑	Additional HCAs booked to provide enhanced observation of challenging patients
West Park 2	77.4%	152.1%	108.1%	145.2%	✓	✓		N/A	1	2		2.0↓	0.2	19.49% sickness rates. Efforts are concentrating on nights and weekend cover correct for safety resulting in more bank staff requests for week day shifts Matron, Senior sisters and clinical capacity manager on ward. Extra HCA shifts are requested to ensure direct care is given promptly and deteriorating patients are alerted. Twice weekly staffing/dependency review meetings are held to ensure staff are moved within the directorate to support safety
West Park 3	76.3%	133.6%	100.0%	137.1%	✓	✓		N/A	1	2		4.54↑	-0.59	4.5% sickness rates. Efforts are concentrating on nights and weekend cover correct for safety resulting in more bank staff requests for week day shifts

														Matron, Senior sisters and clinical capacity managers on ward. Extra HCA shifts are requested to ensure direct care is given promptly and deteriorating patients are alerted. Twice weekly staffing/dependency review meetings are held to ensure staff are moved within the directorate to support safety.
NRU	58.1%	208.6%	103.2%	212.9%	✓	✓		N/A				6.25↑	0.16	Efforts are concentrating on nights and weekend cover correct for safety resulting in more bank staff requests for week day shifts Matron, Senior sisters and clinical capacity managers on ward. Extra HCA shifts are requested to ensure direct care is given promptly and deteriorating patients are alerted. Twice weekly staffing/dependency review meetings are held to ensure staff are moved within the directorate to support safety.
Neonatal Unit	112.4%	88.7%	112.4%	103.2%				N/A				3.0↑	-0.2	Some amber days- some tasks undertaken by the ward housekeeper plus students who worked under the supervision of registered nurses to keep area patient focused and safe.
A21	95.2%	58.1%	95.5%	106.5%		✓		N/A			4	6.93↑	0.73	Small number of HCA in ward establishment, number reduced due to sickness. Ward safe
ASU - B12	89.6%	110.2%	100.0%	66.1%		✓		86				4.59↑	4.29	Ward safe

C41	100.8%	100.5%	97.8%	101.6%				98			1	0.22		
D7	108.9%	100.0%	67.7%	203.2%	✓	✓		89		4	0.76	-0.78	Corresponding back fill using support staff to maintain safety. 26 beds flexed to 30 as required to increase Trust capacity some additional HCA required on nights. Remained safe	
ICCU	98.5%	79.3%	98.6%	95.2%		✓		N/A		4	1	11.97↓	0.77↓	ICCU have a very small establishment of HCSW small gaps in service regarding vacancies or sickness Area remained safe
Fairoak - CCH	80.6%	116.6%	100.0%	108.1%				N/A				3.04↑	-0.41	
Hilton Main - CCH	81.3%	100.0%	88.1%	85.5%				N/A		1		6.6	0.38	
C15	92.6%	149.5%	66.7%	219.4%	✓	✓		92	1	3		4.0	-0.5	HCA used to backfill RN vacancies and additional used to provide enhanced level of observation
PAU	100.0%	83.9%	100.0%	74.2%		✓		N/A				Included in A21		HCA's from A21 and PAU frequently work as one workforce at night when staffing levels are amber to reduce the risk to patient care. Trained staffing levels optimal. Area remained safe.

