


The Royal Wolverhampton NHS Trust		
<b>Trust Board Report</b>		
<b>Meeting Date:</b>	25 <sup>th</sup> July 2016	
<b>Title:</b>	Nurse Staffing Report	
<b>Executive Summary:</b>	<p>This paper details - Planned Versus Actual Staffing by Ward – June 2016 data; which includes the <b>average</b> fill rate by Registered Nurse / Health Care Assistant [HCA] / shift and ward for the month of June 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	
<b>Author: Contact Details:</b>	Rose Baker, Head of Nursing - Workforce rosebaker@nhs.net	
<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	<p><b>Actual vs. predicted nurse staffing</b></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 inpatient nursing and midwifery staffing.</p> <p>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.</p> <p>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.</p>																																																																																											
2	<p><b>Findings from Actual vs Predicted nurse staffing</b></p> <ul style="list-style-type: none"> <li>• <b>Planned staffing with actual 'fill rate' per shift with differentiation between Registered Nurses (RN) and Health Care Assistants (HCA).</b></li> </ul> <p>The table in Appendix 1 provides the average percentage fill rate of rostered (planned) hours against actual hours worked and related comments.</p> <p>a. Tabulated fill rates of less than 80% or greater than 120% (national thresholds) are shaded red &amp; 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.</p> <p><b>Table 1 – Number of wards below average 80% fill</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>July</th> <th>Aug</th> <th>Sept</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>June</th> </tr> </thead> <tbody> <tr> <td><b>RN day</b></td> <td>3</td> <td>5</td> <td>6</td> <td>5</td> <td>10</td> <td>9</td> <td>11</td> <td>10</td> <td>10</td> <td>8</td> <td>6</td> <td>8</td> </tr> <tr> <td><b>RN night</b></td> <td>2</td> <td>13</td> <td>3</td> <td>13</td> <td>15</td> <td>14</td> <td>16</td> <td>16</td> <td>14</td> <td>11</td> <td>10</td> <td>10</td> </tr> <tr> <td><b>HCA day</b></td> <td>7</td> <td>4</td> <td>8</td> <td>2</td> <td>3</td> <td>3</td> <td>2</td> <td>3</td> <td>1</td> <td>4</td> <td>4</td> <td>2</td> </tr> <tr> <td><b>HCA night</b></td> <td>2</td> <td>2</td> <td>3</td> <td>2</td> <td>1</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>3</td> <td>2</td> <td>0</td> </tr> <tr> <td><b>Total</b></td> <td>14</td> <td>24</td> <td>20</td> <td>22</td> <td>29</td> <td>28</td> <td>31</td> <td>31</td> <td>27</td> <td>26</td> <td>22</td> <td>20</td> </tr> <tr> <td><b>Total %</b></td> <td>19</td> <td>32</td> <td>27</td> <td>30</td> <td>39</td> <td>38</td> <td>42</td> <td>42</td> <td>37</td> <td>35</td> <td>30</td> <td>27</td> </tr> </tbody> </table>		July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	<b>RN day</b>	3	5	6	5	10	9	11	10	10	8	6	8	<b>RN night</b>	2	13	3	13	15	14	16	16	14	11	10	10	<b>HCA day</b>	7	4	8	2	3	3	2	3	1	4	4	2	<b>HCA night</b>	2	2	3	2	1	2	2	2	2	3	2	0	<b>Total</b>	14	24	20	22	29	28	31	31	27	26	22	20	<b>Total %</b>	19	32	27	30	39	38	42	42	37	35	30	27
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**Table 2 - Monthly average% Trust fill rate**

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
RN day	91.4	91.3	91.3	90.0	89.2	89	87.5	86	87.2	89.5	90.4	90.0
RN night	91.4	88	91.2	88.9	88.1	87.2	87.4	88.3	87.3	89.4	89.4	90.8
HCA day	106.5	109.3	107.1	105.8	111.6	109.3	112.9	111.1	110.6	115	113.6	110.2
HCA night	117.9	122.5	118.1	121.7	131.4	131.5	132.9	135.7	136	132.8	139.1	124.4

Summary

**Table 1**

*Results for June* - This shows that there has been a slight improvement in the number of wards falling below the 80% fill rate required, this equates to 27% of all inpatient wards. Of these 21% 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 June* - The average fill rate for RN's days has deteriorated slightly and the fill rate for nights has slightly improved. 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 June. The Trust attended a feedback session on 22<sup>nd</sup> June 2016 with other Trusts who had undertaken the pilot of the CHPPD metric combined with the cost of care per patient day.

The decision was made that the combined cost and care hours per patient day would be reported monthly. The results will be uploaded along with other workforce and quality metrics to the Model Hospital Dashboard. The Dashboard will be available for Trusts and wards to access from September 2016. As this dashboard is populated it will give the Trust an opportunity to benchmark with both other Trusts and wards of similar speciality.

3

**Recruitment and Retention**

**Recruitment**

- 29 Newly Qualified staff from September 2016 -Cohort 213 have secured staff nurse posts in the Trust.
- Return to Practice  
 The Trust continues to offer placements for Return To Practice (RTP) to support the Health Education West Midlands RTP recruitment drive. We supported 9, employed 4 with 3 active on the course.

**Retention**

Sponsorship onto registration programmes

Over 40 members of staff applied, 13 were short listed for interview. The calibre of candidates this year has been significantly high and inspirational. Only those individuals with a secured place on a pre-registration course were interviewed. As part of the interview process the new values based framework was used. Positive feedback from interviewers received. One candidate was unsuccessful at interview.

The successful candidates are accessing the courses as follows:-

<u>Programme of study</u>	<u>University</u>	<u>No</u>	<u>Comments</u>
Physiotherapy	Keele	2	
ODP	BCU	1	
Midwifery	Stafford and Wolverhampton	2	
Adult Nursing	BCU and Wolverhampton	8	2 on MSc 2 year fast track

The funding from HEWM will support all successful candidates for 2016/17. This includes 3 second registration sponsorship places.

Management & leadership.

1. A survey monkey has been carried out to evaluate the effectiveness of team events facilitated by the Practice Education Facilitators (Clinical Leadership) over the last two years. Results are very positive with 100% respondents saying that the event(s) met their expectations and 85% respondents saying that the event(s) achieved the anticipated outcomes.
2. Band 7 insights have been re-launched monthly at all three hospital sites. They include: Conflict in the Workplace, Recruitment and Retention and Writing Reports
3. Planning has commenced for Making the Leap - Cohort 3 which will run from September/October 2016. This initiative is currently being prepared for submission for publication to the Journal Nursing Management.

Appendix 1 - Actual v's predicted staffing

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

Ward	Amber = Fill rate $\geq$ 120% or $\leq$ 80%				Rationale		Nurse Sensitive Indicators					Vacancies w.t.e		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	68.9%	127.2%	98.3%	146.7%	✓	✓		82		12		8.93	-2.47	Sickness rate of 15% in June 2.8WTE on long term sick.  Ward never left unsafe as staff moved from either A6 or other ward areas to ensure minimum of 2 staff on shift at all times
A6	83.3%	125.6%	113.3%	156.7%	✓			86		8		9.4	-0.67	8 occasions during the month where a third nurse was on duty – some of which were used to support A5 shortages.

A7	95.7%	135.3%	81.1%	131.7%	✓	✓		91	1	3		5.49	0.92	
A8	89.0%	99.5%	78.5%	119.4%	✓	✓	1	92		2	1	0.63	0.11	Number of staff on night duty maintained with HCA, this has been necessary due to supporting other wards in the directorate with QN
A9	102.3%	100.8%	80.0%	126.7%	✓	✓	1	87	1	3		8.14	-0.11	
A12	91.7%	155.3%	73.3%	226.7%	✓	✓		90		5		1.75	-0.55	Ward requiring extra Band 2's to cover short fall in Band 5 cover, due to dependency of patients and ensuring safety on N shifts additional HCA booked.  2 per night extra required due to patient safety.
A14	92.1%	149.1%	71.1%	230.0%	✓	✓		94				3.0	-1.0	Night shifts were supported by HCA as we did not have enough nurse cover due to sickness/Annual leave and Nurse Bank unable to support. Ratio of 2:3 to ensure safety of ward.

A23	86.0%	91.7%	100.0%	96.7%				88		3		3.95	-0.17	
B7	80.6%	125.8%	64.5%	187.1%	✓	✓		96		1		5.38	-1.2	Band 2's used to backfill and medical Group have supported as required to ensure safety was maintained
Bey SS	79.0%	72.8%	100.0%	100.0%		✓		91				7.83	-0.11	Safety maintained by moving activity to other areas when shift not adequately covered and band 7 in numbers.
C16	95.2%	100.0%	66.7%	145.0%	✓	✓		84				6.03	0.42	High number of vacancies – Band 2's used to backfill and medical Group have supported as required to ensure safety was maintained
C17	100.0%	101.1%	100.0%	123.3%	✓	✓		88				2.9	1.36	
C18	84.0%	115.8%	86.7%	116.7%			1	95		1		4.0	1.93	Band 2's used to backfill – as required C18 & C17 have supported to ensure safety was maintained at all times.
C19	77.7%	130.8%	67.8%	141.7%	✓	✓		95				3.34	-1.22	

AMU (C58)	96.1%	100.0%	95.3%	97.6%				83		1		6.25	-3.83	
C22	90.7%	107.3%	100.0%	100.0%				94				1.35	-2.08	
C24	91.9%	112.7%	67.8%	150.0%	✓	✓		93	2			5.66	-1.22	Band 2's used to backfill and medical Group have supported as required to ensure safety was maintained
C25	90.5%	109.3%	74.4%	148.3%	✓	✓		87	1	1		2.2	1.51	Band 2's used to backfill and medical Group have supported as required to ensure safety was maintained
CHU	69.0%	87.1%	94.6%	98.4%		✓		92	1	5		10.16	0.47	Ward safe as patient acuity was lower than normal
Deansley - C35	65.9%	114.5%	98.4%	106.5%	✓	✓		93		3		5.79	-1.23	Ward safe, additional HCA booked to cover RN gaps
Maternity – D10	84.9%	106.0%	85.0%	101.7%				N/A		3		0.27	-0.21	
Cardiology – B14	89.3%	126.9%	90.0%	111.5%	✓	✓	1	94		3		0.29	-1.0	



Cardio-thoracic – B8	85.3%	100.0%	90.7%	116.7%				89		1		3.72	0.13	
West Park 1	98.0%	119.4%	101.7%	203.3%	✓	✓		N/A				-1.67	0.2	
West Park 2	71.7	133.3%	103.3%	140%	✓	✓		N/A		2		3.31	0.2	Additional HCA booked to cover gaps at RN
West Park 3	73.3%	101.4%	101.7%	90.0%	✓	✓		N/A		2		4.54	-0.59	Less QN required due to reduced bed capacity throughout the month ward was safe and has now closed.
NRU	91.7%	192.2%	106.7%	200.0%	✓			N/A				5.25	0.16	
Neonatal Unit	120.5%	81.7%	118.1%	100.0%				N/A		2		4.67	0.3	
A21	93.1%	81.7%	98.0%	100.0%				N/A		4		4.93	-1.27	
ASU - B12	82.8%	110.2%	92.5%	96.8%			2	87		2		4.8	4.29	
C41	100.8%	100.0%	98.9%	105.0%				98					0.22	

D7	100.0%	80.8%	66.7%	200.0%	✓	✓		91				0.52	0.81	Corresponding back fill using support staff to maintain safety. Remained safe
ICCU	98.5%	79.3%	98.6%	95.2%				NA		2		11.18	0.85	ICCU have a very small establishment of HCSW verses the number of inpatient beds. Small gaps in service regarding vacancies or sickness would easily lead to larger shifts within the total percentage achieved for this audit. Area remained safe.
Fairoak - CCH	77.0%	112.9%	98.4%	95.2%	✓	✓		N/A				2.94	-0.41	QN day cover that has not been provided by bank supported by Senior Sister and overfill of HCA
Hilton Main - CCH	87.1%	109.5%	91.5%	80.0%				N/A		1		6.68	0.38	
C15	87.6%	107.5%	66.7%	186.7%	✓	✓		89		1		4	-0.5	Additional HCA booked to cover RN gaps
PAU	100.0%	91.7%	100.0%	80.0%										