

## Trust Board Report

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| <b>Meeting Date:</b>                                    | 30 June 2014   |
| <b>Title:</b>   | Safe Staffing; Planned Versus Actual Staffing by Ward - May 2014 data  |
| <b>Executive Summary:</b>                               | <p>NHS England have issued guidance on how every NHS Trust must deliver the commitments detailed in 'Hard Truths' in particular to publishing staffing data regarding nursing, midwifery and care staff.</p> <p>In line with TDA and NHSE requirements all data must be uploaded by the 10<sup>th</sup> of every month ready to be published.</p> <p>This paper details the average fill rate by registered nurse/care staff, shift and ward for the month of May. The information is available on the Trust's external facing website and through NHS Choices from 24 June.</p> <p>The paper provides a comparison of RWT data with other Trusts in the region all of whom, bar one, submitted data on time. RWT does not appear to be an outlier with other Trusts nationally or regionally in terms of the data.</p> <p>The additional staffing that is to be implemented on 1 July will be reflected in July figures and is anticipated to be demonstrated by a reduction in overfill in care staff on night duty.</p> <p>The paper details reasons when staffing hours are <math>\geq 120\%</math> or <math>\leq 80\%</math> by ward.</p> <p>Once the staffing data is published the Trust is expecting increase in public interest and is preparing a communication strategy to manage this appropriately.</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.  |
| <b>Report of:</b>                                       | Cheryl Etches, Chief Nursing Officer   |
| <b>Author:<br/>Contact Details:</b>                     | Charlotte Hall, Deputy Chief Nursing Officer   |
| <b>Resource Implications:</b>                           | Nil  |
| <b>Public or Private:<br/>(with reasons if private)</b> | Public   |
| <b>References:<br/>(eg from/to other committees)</b>    | <p>Monthly reports will be presented via the Strategic Nurses Group as well as at Trust Board</p> <p>The external facing Trust intranet page has a dedicated section on safe staffing<br/> <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/</b>                                      | <p>1. 'Hard Truths' Commitments NHS England<br/> <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>  |

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| <b>References/<br/>Background Reading</b>                            | <p>2. How to ensure the right people, with the right skills, are in the right place at the right time. National Quality Board Nov 2013<br/> <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:<br/>(How it impacts on any decision-making)</b> | <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> |

## 1.0 Introduction

1.1 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 information on May's nursing and midwifery staffing.

1.2 The monthly report follows the requirements as directed by NHS England and is designed to support the Board members fulfil their duties laid out by the National Quality Board, to monitor staffing capacity and capability through regular and frequent reporting on actual versus planned staffing on duty on a shift by shift basis. The first upload of information on staffing was completed ahead of schedule on 4 June 2014 via Unify. This has been followed with discussion at TDA and NHSE around the information this provides.

## 2.0 Planned staffing with actual 'fill rate' on shift

2.1 The Table in Appendix 1 provides an extract from the data that was sent to NHSE for May 2014. The paper provides, by exceptions, variances per ward per shift of staffing fill rates of less than 80% and more than 120%.

2.2 The average fill rate across the Trust, in comparison with our neighbours, is detailed below in Table 1. This shows that the Trust is not an outlier regionally and that we are, as with other Trust's, using more care staff on night duty than we are established for.

2.3 RWT is committed to increasing night staffing to safer levels and as a result of the CQC inspection has taken the decision to increase 'high risk' areas known to have higher acuity and dependency. Hence the overfill on night duty to 122% for care staff. This number reflects the use of care staff at night when trained staff are unavailable and also additional care staff on wards at night as described above.

2.4 Moving forward these reports demonstrate the need for vigilance around rostering ensuring nights and weekend shifts are covered as a priority because this is the time of highest risk and also expense with unsociable hours payments. The staffing paper in July will provide the six monthly workforce review and will detail amongst other indicators on patient outcomes, overtime and bank spend by ward.

2.5 Discussions are in place with the communications team to manage any expected interest from the media and public for 24 June.

Table 1

|  | Avg fill % -<br>nurses/midwives (Day) | Avg fill % - care<br>staff (Day) | Avg fill % -<br>nurses/midwives<br>(Night) | Avg fill % - care<br>staff (Night) |
|--|---------------------------------------|----------------------------------|--|------------------------------------|
| BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST | 101%                                  | 115%                             | 100%                                       | 114%                               |
| BIRMINGHAM CHILDREN'S HOSPITAL NHS FOUNDATION TRUST        | 99%                                   | 108%                             | 97%  | 113%                               |
| BIRMINGHAM COMMUNITY HEALTHCARE NHS TRUST                  | 73%                                   | 143%                             | 70%  | 153%                               |
| BIRMINGHAM WOMEN'S NHS FOUNDATION TRUST                    | 91%                                   | 86%                              | 95%  | 97%                                |
| BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST             | 98%                                   | 114%                             | 104%                                       | 134%                               |
| DUDLEY AND WALSALL MENTAL HEALTH PARTNERSHIP NHS TRUST     | 91%                                   | 182%                             | 93%  | 162%                               |
| HEART OF ENGLAND NHS FOUNDATION TRUST                      | 100%                                  | 97%                              | 96%  | 107%                               |
| SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST           | 110%                                  | 119%                             | 133%                                       | 129%                               |
| THE DUDLEY GROUP NHS FOUNDATION TRUST                      | 100%                                  | 115%                             | 84%  | 126%                               |
| THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST        | 100%                                  | 100%                             | 100%                                       | 100%                               |
| <b>THE ROYAL WOLVERHAMPTON NHS TRUST</b>                   | <b>93%</b>                            | <b>100%</b>                      | <b>93%</b>                                 | <b>122%</b>                        |
| UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST       | 105%                                  | 111%                             | 89%  | 109%                               |
| WALSALL HEALTHCARE NHS TRUST                               | 104%                                  | 101%                             | 100%                                       | 117%                               |
| <b>Grand Total</b>   | <b>97%</b>                            | <b>119%</b>                      | <b>98%</b>                                 | <b>124%</b>                        |

Appendix 1

The Royal Wolverhampton NHS Trust Inpatient staff planned with actual - May 2014

| A                     | B  | C                                  | D  | E   | F   |
|-----------------------|--|------------------------------------|--|---|---|
| Ward name             | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%)                              | Comments including exception reports  |
| <b>Division 1</b>     | <b>DAY</b>   |                                    | <b>NIGHT</b>                                       |   |   |
| A5                    | 101%   | 107.8%                             | 100%   | 125.0%  | Acuity and additional staff on night duty as agreed with CNO. During the day shifts 'specialing' was required to support increased dementia needs.                  |
| A6                    | 91%  | 123.3%                             | 95%  | 106.7%  | Specialing patient and additional staff on night duty as agreed with CNO  |
| A9                    | 100%   | 59.2%                              | 89%  | 11 shifts used  | No HCAs are planned on night duty however due to staff sickness in RNs HCAs were used. There were 9 day shifts when staff were moved from A9 to support other wards |
| A12                   | 76%  | 107.3%                             | 70%  | 106%  | HCAs were used to cover gaps in RNs on day and night duty   |
| A14                   | 87%  | 91.7%                              | 87%  | 126.7%  | Night duty care staff used to fill gap in RN on night duty  |
| A23                   | 79%  | 93.3%                              | 92%  | 93.3%   | Acuity determined no need to fill to 100% RN on days  |
| Cardiology            | 88%  | 85.8%                              | 88%  | 96.7%   |   |
| Cardiothoracic (B8)   | 92%  | 106.7%                             | 91%  | 100.0%  | Additional Care staff to fill gaps in RN early shift  |
| Beynon S/Stay         | 73%  | 61.3%                              | 100%   | 93.3%   | No fill decision made because of reduced dependency   |
| Gynaecology           | 115%   | 95.6%                              | 78%  | 13 shifts of HCAs were used at night to cover gaps in RN shifts | Additional capacity open for medical outliers   |
| Maternity             | 90%  | 103.3%                             | 85%  | 111.7%  | Extra care staff to supplement lack of RMs on night duty  |
| <b>Division 2</b>     | <b>DAY</b>   |                                    | <b>NIGHT</b>                                       |   | <b>Comments including exception reports</b>   |
| A21                   | 99%  | 86.7%                              | 81%  | 90.0%   |   |
| Neonatal Unit         | 109%   | 61.0%                              | 102%   | 76.7%   |   |
| Neuro Rehab West Park | 93%  | 123.3%                             | 100%   | 100.0%  | Additional day care staff numbers now being challenged by new matron, no overfill to date in June.  |
| Ward 1                | 87%  | 110.0%                             | 72%  | 196.7%  | 27 shifts uncovered by second RN so additional care staff used –  |

|                    |      |        |      |        |   |
|--------------------|------|--------|------|--------|---|
|                    |      |        |      |        | Matron is reviewing night time rostering  |
| Ward 2             | 81%  | 119.5% | 95%  | 123.3% | Additional care staff used to fill RN gap   |
| Ward 3             | 78%  | 117.1% | 93%  | 108.3% | Additional care staff used to fill RN gap on day duty   |
| Acute Medical Unit | 93%  | 104.4% | 90%  | 76.7%  | The decision was made not to fill absent HCA shifts on night duty because of lower need, this was on 14 occasions                                 |
| A7                 | 91%  | 100.6% | 100% | 106.7% | Additional HCAs on nights to support dependency   |
| A8                 | 99%  | 96.0%  | 98%  | 100.0% |   |
| Acute Stroke Unit  | 52%  | 160.0% | 92%  | 56.7%  | Increased period of vacancies and long term sickness in RN posts means care staff have filled the gaps.   |
| C22                | 80%  | 58.0%  | 118% | 92.9%  | Decisions made not to fill late gaps in care staff due to reduced dependency  |
| CHU                | 102% | 101.7% | 94%  | 106.7% | Increased care staff at night to fill RN gap  |
| Deansley           | 87%  | 86.7%  | 100% | 100.0% |   |
| B7                 | 122% | 134.1% | 69%  | 193.3% | Specialing patient in day Additional night care staff to support gap in RN night and also special patient with increased falls                    |
| C15                | 106% | 91.1%  | 100% | 100.0% | Additional RN to fill gap on day  |
| C16                | 104% | 84.4%  | 100% | 200.0% | Additional night care staff and increased acuity in agreement with CNO and shared with C17 during the night                                       |
| C17                | 99%  | 95.6%  | 98%  | 100.0% |   |
| C18                | 95%  | 108.3% | 87%  | 143.3% | Additional care staff to fill gap in RN days and to support non-invasive ventilation  |
| C19                | 100% | 108.7% | 103% | 103.3% |   |
| C24                | 103% | 88.7%  | 100% | 100.0% |   |
| C25                | 123% | 97.3%  | 100% | 200.0% | Additional staff at night agreed with CNO and specialing high risk falls patients plus increased dependency due to increased cognitive impairment |