

Safe Staffing Report to the Board of Directors

1. Introduction

In November 2013 the National Quality Board (NQB) and NHS England (NHSE) published national guidance '*How to Ensure the right people, with the right skills, are in the right place at the right time*' outlining Boards responsibilities in relation to ensuring safe nursing staffing levels. A summary of this guidance was presented to the Board of Directors in March 2014.

On the 31st March 2014 NHS E and the Care Quality Commission (CQC) issued further guidance regarding the implementation of the requirements set out in the NQB report and the Governments commitments in '*Hard Truths: The Journey to Putting Patients First*' outlining a number of milestones:

- From April 1 2014 information to be displayed in each ward on a shift by shift basis about the nurses and health care support workers deployed compared to what has been planned
- By the end of June a monthly Board report containing details of planned and actual nursing staff on a shift-by-shift basis at ward level for the previous month.
- By the end of June 2014 a Board report describing the staffing capacity and capability, following an establishment review, using evidence based tools where possible, to be presented to the Board every six months
- The monthly report must be published on the Trusts website and Trusts will be expected to link or upload the report to the relevant hospital(s) webpage on NHS Choices.

On 20 May 2014 the Chief Nursing Officer England issued further guidance requiring the May in-patient nursing staffing data to be uploaded to the Unify system by the 10 June aggregating the monthly data for the day and night shift in hours.

This report provides the Board with an overview of the actions taken to meet the recent guidance and includes a shift by shift review of our staffing levels for April 2014. The report highlights reasons for shortfalls or overfills and provides some analysis of our current staffing levels and nursing workforce data.

This first report focuses on inpatient nurse staffing levels, future reports will also consider nursing establishments within community services. This is an ongoing iterative process which is being refined in order to meet national requirements as well providing more sophisticated information related to safe staffing levels and nursing establishments..

2. Actions to Date

Twice monthly safe staffing meetings have been held (since December 2013 to plan the implementation of the National Quality Board guidance, the meetings have been supported by each Directorate, Finance and HR. An initial benchmark of nursing data reviewed establishments, E -Roster (ward based) templates for shift planning, vacancies and nursing ratios.

From 1st April 2014 all inpatient areas have been displaying shift by shift nursing data showing both planned and actual nurses on duty as well as supernumerary/supervisory staff.

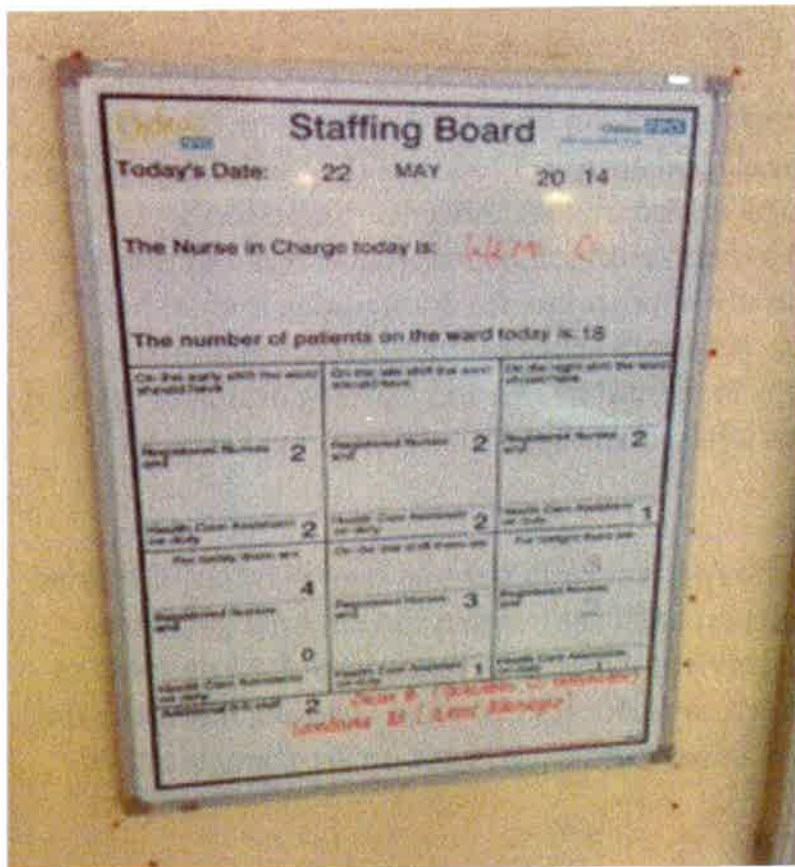
On the 23 April 2014 we completed a national stock take about the process of implementing the national guidance (this did not include any data sharing) and NHSE will undertake a further stock take on the 28 May 2014.

Information has been presented to the Executive on our progress of implementing the guidance providing an outline of the content and requirements of the Board reports including monthly data collection and progress with regards to reviewing establishments.

For this report in order to describe the staffing capacity and capability for all wards, a manual data collection of planned and actual staff, shift by shift was carried out utilising the data from the ward displays (appendix 1). The data submission on 10 June will be from Health Roster and a process to extract , validate and submit that data has been agreed with support from informatics.

2a Staffing Boards

The photo below shows the new staffing board for Avery Ward. It shows the number of patients on the ward during the shift as well as who is in charge. It also details the expected and actual numbers of nurses on duty.



3. Establishment Review Nursing Ratios and NICE Guidance

Our Oxleas Nursing Strategy 2013-16 outlines our commitment to ensuring we have the right number of nurses with the right skills to deliver compassionate care.

In May 2014 NICE published a safe staffing consultation document for acute hospital adult in-patient wards, recommending a ratio of 1 nurse to 8 patients. The document does not make recommendations relating to nurse to patient ratios for mental health, learning disability and community bed based services, although it may have some relevance to intermediate care services. Existing RCN guidance for Older Peoples nursing recommends ratios between 1 to 5 and 1 to 8 depending on settings and patient needs.

Tools to assess and monitor ward/unit staffing levels measure are widely used across the NHS and are accepted as 'the' standard, however there are currently no nationally developed and validated acuity / dependency tools to

measure nursing work load and estimate staffing requirements for mental health or learning disability services.

There is no single ratio or formula that can be used to determine the right staffing levels for a particular clinical area as it requires the use of local knowledge of particular clinical environments, evidence-based tools, professional judgement and a multi-professional approach. None of the existing evidence-based tools are appropriate for community, mental health and learning disability wards. A national pilot of the Hurst professional judgement model is underway in mental health and learning disability services and we propose to utilise this whilst awaiting national NICE guidance on validated staffing tools.

A brief review of planned nurse /patient ratio's shows overall ratios of trained and untrained roles to patients on each shift within the national guidance developed for acute hospital services. Our ratios range from 1.83 patients to each nurse in Atlas House which cares for people with Learning disability and challenging behaviour, to 7.7 patients to each nurse on Scadbury ward at night.

4. Shift by Shift Data Displays and Analysis

An aggregated overview of staffing levels for April 2014 is provided in Appendix 1. The summary table shows the planned shift requirements versus the actual staffing levels for all wards on a shift by shift basis and highlights where actual staff on duty exceeded or fell below plan. The data also shows the bed occupancy in the month. Specific reasons for the shortfalls or over establishment are captured with commentary. As an example the data shows Shrewsbury Ward would normally plan to utilise 180 trained staff shifts during the period as well as 143 untrained staff shifts. In fact the ward utilised 214 trained shifts and 112 untrained shifts during the period and reported the reason as using trained staff to cover untrained duties due to unavailability of untrained staff.

Where there is no variance in the data above and below plan (as in the case of Sheperdleas for registered nurses) there may have been shifts worked within the month that fell above and below plan.

The data has been collected manually and is calculated by shifts worked for the 30 day period for registered and unregistered nurses i.e if 2 registered nurses work on an early, late and night each day that is 6 nurses x 30 days which equals 180 shifts. Future reports will however be calculated in hours in line with the requirements outlined by Chief Nursing Officer England on 20 May requiring monthly staffing data to be entered on Unify.

5. Supervisory Status of the Ward Sister /Manager

The Francis report and the more recent National Quality Board guidance highlight the need for supervisory status of senior nurses such as modern matrons and ward managers so they have the time to lead, to support staff, to act as a role model and to be visible to both patients and staff. The Francis recommendations make it clear that supervisory ward sister role is essential if we are to ensure the delivery of safe, high quality care.

All in-patient areas with the exception of Bevan and SUSD where the ward sister is currently included in the shift numbers for the majority of shifts have supernumerary ward managers. The data presented describes nursing bands 2 to 6 and does not include the ward manager's role.

6. Workforce Data *Establishments*

Establishment and vacancy data is provided in Appendix 2 as at 30 April 2014. The data has been drawn from the Electronic Staff Record (ESR), Health Roster and the Finance Ledger.

ESR describes posts and is coded by role and where people work. The Finance Ledger describes budgeted establishment (and budgets where people are paid from) and Health Roster describes planned staffing levels and staff utilised.

This exercise has highlighted some discrepancies in data across the three systems largely relating to professional codes in ESR and updating joiners and leavers in the finance ledger. Additionally ward templates in Health Roster were set by ward managers without a process to validate against ward establishments.

Vacancies

The safe staffing group has reviewed vacancy data for nursing across all in-patient wards as of 30 April 2014 (Appendix 2) which shows variability and in some cases vacancies significantly in excess of the 14% Trust target. Whilst there are some vacancies that may show due to data error, or as part of planned reductions the overall levels are high and reflected in the use of temporary staff

Nursing vacancies will be reviewed by Heads of Nursing and HR managers. Data will be collected from wards via the Ward Assurance and Nursing Indicators tool, and Heads of Nursing will provide a regular report on nursing workforce data to the Nursing Executive and Workforce Learning and Development Group.

A survey conducted by NHS Employers for Health Education England recently and featured in the HSJ and Nursing Practice, reported of the responding 104 Trusts, 50% are planning overseas recruitment. This is due to the difficulty in recruiting generally with the study covering over 40 different specialities of nursing. The survey also revealed the extent of the vacancy rates for nursing with variance across the country with South London being the highest at 18% compared to only 6% in the North East

Currently, Oxleas utilises national and localised recruitment in addition to overseas recruitment and has recently run a campaign on the back of London buses to attract new staff.

Sickness

The April sickness data by ward is detailed in Appendix 3 with wide variability across the wards. Some areas show a considerable variation in excess of the 5% Trust target which is largely due to long term illness. Overall nursing sickness absence is 8.46% the high sickness levels also correlate with greater use of temporary staffing.

Temporary Staffing Data

The data regarding temporary staffing utilisation for each ward is outlined in the shift by shift data analysis in Appendix 1. Additional data on temporary staffing is provided in Appendix 4a and b. The data is broken down by substantive staff working bank, bank only, and agency staff. It shows overall utilisation of temporary staff is 21% for registered nurses and 33% for

unregistered. The most common reasons for booking are given as absence and sickness.

7. Headroom

Headroom is the term to describe allowance within establishments for absences such as sickness and leave. There is no Trust wide agreed calculation or application of 'Headroom' it is a recommendation of the Safe Staffing Group that the following percentage adjustments are allocated within establishments to take account of the above. The calculation is based on proposed standards for training and sick leave. It is calculated at 25%;

- 13% annual leave
- 4% sick
- 6% study leave
- 2% other (eg carers, bereavement, and other discretionary leave)

8. Escalation Policy

The Safe Staffing Group reviewed the number of incidents reporting staffing shortages for all in-patient areas from May 2013 to April 2014. Of the 31,668 shifts available during this period 81 no harm incidents were reported (0.25% of shifts). Broadly these incidents fell into two categories;

- 1) Member of staff did not attend the shift
- 2) Acuity of patients requires more staff

It is important that service are able to maintain safe staffing levels even when there are short term absences. A Trust wide escalation policy has been developed. This policy covers what happens in the event of staff shortages and the process to follow for each ward to escalate concerns. This is currently being ratified by the Safe Staffing Group to meet the needs of all Directorates.

9. Conclusion

In conclusion this is the first time we have presented comprehensive nursing staffing data to the Exec and Board. The report highlights areas for further

attention relating to reviewing establishment, data collection, management of vacancies and absences but shows over all that Oxleas have maintained adequate staffing numbers over the period of the report.

10. Recommendations

1. Agree escalation process to ensure availability of nursing staff when required
2. Review the Health Roster wards templates to ensure accurate reflection of shift requirements.
3. Consider augmenting the functionality of Health Roster to support capacity planning and monthly reporting
4. Review vacancies across all directorates and agree recruitment
5. Agree headroom allowances and apply to establishments
6. Further review utilisation of temporary staffing; absence and sickness management.
7. To reconcile discrepancies between Finance/ESR and Health Roster
8. To pilot the use of Professional Judgement model when guidance becomes available to conduct an establishment review in bed based services