Reporting to:	Trust Board - 26 June 2014
Title	Nursing and Midwifery Establishment Review
Sponsoring Director	Director of Nursing & Quality
Author(s)	Philip Fewtrell, Quality Manager
Previously considered by	
Executive Summary	The Care Quality Commission (CQC) and NHS England have recently issued guidance to support the implementation of the requirements set out in the National Quality Board (NQB) report “How to ensure the right people, with the right skills, are in the right place at the right time”, and to deliver the commitments detailed by the Government in “Hard Truths: The Journey to Putting Patients First” in relation to publishing nurse staffing data. It is a requirement that the Board receives a report every six months on staffing capacity and capability, which has involved the use of an evidence-based tool (where available). In March 2014 the Safer Nursing Care Tool (SNCT) was used, in conjuction with professional scrutiny to review patient acuity and dependency and staffing in all inpatient areas where the tool is validated for use. This paper provides a summary evaluation of the findings, in addition to reviews of staffing in areas including Women and Children's, Critical Care and the Emergency Departments. As a result of this review no further changes to the nursing establishment in adult inpatient wards are recommended at this time. The Board will receive the next establishment review in January 2015.
Strategic Priorities ☒ Quality and Safety ☐ Healthcare Standards ☐ People and Innovation ☐ Community and Partnership ☐ Financial Strength	**Operational Objectives** Develop robust recruitment plans to recruit to establishment to ensure safe staffing levels.
Board Assurance Framework (BAF) Risks	☒ If we do not deliver **safe care** then patients may suffer avoidable harm and poor clinical outcomes and experience ☐ If we do not implement our **falls** prevention strategy then patients may suffer serious injury ☒ Risk to **sustainability** of clinical services due to potential shortages of key clinical staff ☐ If we do not achieve safe and efficient **patient flow** and improve our processes and capacity and demand planning then we will fail the national quality and performance standards ☐ If we do not have a clear **clinical service vision** then we may not deliver the best services to patients ☐ If we do not get good levels of **staff engagement** to get a culture of continuous improvement then staff morale and patient outcomes may not improve ☐ If we are unable to resolve our (historic) shortfall in **liquidity** and the structural

	imbalance in the Trust's **Income & Expenditure** position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	☒ Safe ☒ Effective ☒ Caring ☐ Responsive ☒ Well led
☒ **Receive** ☐ **Review** ☒ **Note** ☐ **Approve**	**Recommendation** **NOTE the findings and RECEIVE the report**

Paper 9i

Nursing and Midwifery Establishment Review – June 2014

1. Purpose

The Care Quality Commission (CQC) and NHS England have recently issued guidance to support the implementation of the requirements set out in the National Quality Board (NQB) report "How to ensure the right people, with the right skills, are in the right place at the right time", and to deliver the commitments detailed by the Government in "Hard Truths: The Journey to Putting Patients First" in relation to publishing nurse staffing data.

In order to comply with the statutory requirements, the Trust is required to undertake and report to the Board on a six monthly basis, a nursing and midwifery staffing capacity and capability review.

In March 2014 the Trust used the Shelford Group Safer Nursing Care Tool (SNCT) to review staffing and patient acuity and dependency in all inpatient areas where the tool is validated for use. This paper provides a summary evaluation of the findings of the review, plus details regarding reviews of staffing in areas including midwifery, Critical Care and the Emergency Departments, where the SNCT is not currently appropriate for use. The paper also provides an update in relation to the recommendations of the previous staffing review presented to the Board in November 2013, and other relevant workforce information pertinent to nursing and midwifery staffing. Going forward the Board is expected to, and will receive, a review on a twice yearly basis.

2. Background

It is well recognised that nursing, midwifery and care staff, working as part of wider multidisciplinary teams, play a critical role in ensuring that we deliver high quality care and excellent outcomes for our patients. The Trust has a duty to ensure that its wards are staffed adequately, and that patients are cared for by appropriately qualified and experienced staff. This is incorporated with the NHS Constitution for England (2013) and the Health & Social Care Act (2012).

Multiple studies and several high profile reports have clearly linked low staffing levels to poor patient outcomes and increased mortality rates, and identified how equally important it is to not only have the right staff "capacity", but to ensure the skill mix is appropriate for each work area, and that staff have the right capabilities to be able to deliver high quality care 24 hours a day.

The National Quality Board's paper published in November 2013 sets out clear expectations of healthcare commissioners and providers in relation to getting nursing, midwifery and care staffing right. Fundamental to these expectations is the absolute requirement for Boards to take full accountability and responsibility for the quality of care provided to patients and, as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability. Boards must, at any point in time, be able to demonstrate to their patients, carers and families, commissioners, the CQC, the Trust Development Authority or Monitor, that robust systems and processes are in place to assure

themselves that the nursing, midwifery and care staffing capacity and capability in their organisation is sufficient to deliver safe and effective care.

3. Summary of key actions implemented from the 2013 establishment review

The Trust has already demonstrated its commitment in ensuring that our levels of staffing reflect the increasing acuity and dependency needs of our patients. Following the previous extensive establishment review in August / September 2013, the Board approved the recommendation to increase the nursing pay budget by £3.583 million to recruit an addition 79.3 (95 including uplift) whole time equivalent (wte) nurses and healthcare assistants (HCAs) (54.52 nurses and 40.68 HCAs). A review of all registered nurse : patient ratios and the skill mix ratio (registered nurses : HCAs) has resulted in changes to adult ward staffing templates that are currently being implemented as vacancies are recruited to.

4. Methodology for 2014 Establishment Review

A literature review was undertaken prior to commencement of the review in order to incorporate the latest evidence to inform the methodology and the recommendations. During the process of evaluating the results of March's review the National Institute for Health and Clinical Excellence (NICE) produced its draft guideline for consultation: "Safe staffing for nursing in adult inpatient wards in acute hospital". Once published, any further nurse staffing reviews in our adult inpatient areas will be based on this guidance; with guidance for other areas including maternity, A&E and acute inpatient paediatric and neonatal wards, expected in the future from NICE.

In addition the review has taken into account a variety of recommended methods for reviewing and setting safe staffing levels, namely:

- Use of the Shelford Group Safer Nursing Care Tool (SNCT)
- Nurse sensitive indictors (NSIs)
- Birthrate Plus
- Professional scrutiny

As an extensive review of the Trust's registered nurse : patient ratio and registered nurse : HCA ratios was undertaken previously, this has not taken place on this occasion as the Trust is currently implementing the previously agreed changes.

5. Safer Nursing Care Tool

Supported by the Quality Manager and Clinical Audit Team, the SNCT was used to collect data in relation to patient acuity and dependency and staffing for 20 days in March 2014. The SNCT recognises that in addition to the delivery of direct patient care, additional activities also contribute to the nursing workload, and data is collected in relation to these activities for the duration of the data collection period. These activities include admissions, discharges, transfers in and out, ward attenders and deaths. Nurse sensitive indicators (NSIs) refer to quality indicators that can be linked to nurse staffing issues, including leadership, establishment levels, skill-mix and training and development of staff. The NSIs used within the SNCT project (including official complaints, slips, trips and falls, pressure ulcers and drug errors) have been identified as service quality indicators with specific sensitivity to nursing interventions. This data was collected retrospectively at the end of the

data collection period and when aligned to patient flow and acuity and dependency, support professional judgement and enable appropriate nursing establishments for meeting the patients' needs to be agreed.

6. Summary of SNCT data collection findings

The data collected in March has provided us with a very clear "profile" of the acuity and dependency of patients across the wards, as well as the staffing levels available at the time; in addition to staffing that would be available using the 2014/15 staffing templates. On the whole the data demonstrated that the new ward establishments previously agreed are more closely aligned to that "recommended" by the SNCT tool. Feedback from a number of Ward Managers who have now staffed and work to their new 2014/15 templates also quantifies this.

The data derived from a number of wards (wards 4 (PRH), 15 (PRH) and 25 (RSH)) has shown that the approved 2014/15 total establishment may not yet be optimised, based solely on the acuity / dependency of patients at the time of data collection. Whilst this may be an indicator that a further review of staffing in these areas in indicated, it is recommended that acuity and dependency are measured over a period of time (at least twice yearly) to identify seasonal trends in response to changing demographics and healthcare needs. Moving forward we will collect data using the SNCT every quarter – we are currently collecting data (June), and will subsequently collect data in in September 2014 and January 2015, acknowledging that as an organisation, this method of consistent measuring of acuity and dependency of patients has to-date been minimal.

Based on the data analysed, and through discussions with the Senior Nursing Team there are currently no further proposed changes to adult ward establishments at this time until further data is collected and scrutinized using the SNCT tool. This acknowledges that no national workforce tool can incorporate all factors, and so combining methods (triangulation) is recommended to arrive at optimal staffing levels, which includes quantitative assessments such as those encapsulated in the SNCT and other more qualitative and professional judgement methods to increase confidence in recommended staffing levels and provide balanced assurance.

The Trust has had a number of ward moves since the SNCT data collection period and their nursing establishments have been adjusted accordingly. At RSH Ward 21 Oncology has moved to Ward 23 to form a combined Oncology and Haematology ward (with an increase of 2 beds). Ward 23 Short-Stay has moved to Ward 21 (with a reduction of 2 beds). At PRH Ward 17 Short-Stay Medical opened, which is a 28-bedded unit (previously located on Ward 12 with 21 beds).

We will use the June SNCT patient acuity and dependency case mix data to benchmark our wards against the national average SNCT case-mixes available for 14 specialities, and this information will be reported in the next establishment review Board paper.

A scoping exercise is currently being undertaken to explore the "IT" options to enable to record and monitor our patient acuity and dependency levels in "real time". This would enable us to monitor the dependency of patients across the organisation and allow for more effective use of nurse resource across all wards when demand in one area may be higher than another.

7. Staffing Reviews – Other Areas

The Safer Nursing Care Tool is currently not validated for use in a number of areas: acute admission units, Emergency Departments, Critical Care and midwifery settings. These areas have been subject to a staffing review in the last 6 months where appropriate.

Emergency Departments

A skill mix review of the Emergency Departments has recently been undertaken and will be presented to the Hospital Executive Committee for discussion.

Adult Critical Care Units

Staffing in Critical Care Units is in line with national recommendations. A review of staffing was undertaken as part of the Surgical Services reconfiguration in 2012 and staffing adjusted across the Trust's 2 Units. A recent review of patient acuity and dependency in our Critical Care Unit at PRH has highlighted that they are at times working over the recommended bed occupancy / funding dependency mark. A Business Case to staff to the required dependency level was approved by the Executive Directors Committee in June.

Children's Wards / Neonatal Unit

As part of the reconfiguration programme a review of current staff templates has been undertaken for the Paediatric and Neonatal Units at RSH and PRH. From September onwards the Paediatric ward at PRH will provide 36 inpatient beds including 3 oncology beds, plus 2 day case oncology beds. The Children Assessment beds (CAU) has 8 beds providing a 24/7 service. In addition, the RSH site will provide a Monday to Friday CAU unit which will be open for 13 hours per day. To ensure safe staffing levels to meet the needs of the paediatric wards, the staff template model has been based on national paediatric staff standards and has been discussed and presented through the Women and Children's Care Group.

The Neonatal Unit staffing template and staff skill mix is also under review and the Women and Children's Care Board have recently given approval to increase the HCA establishment by 2.57 WTE to provide 24/7 cover. This will be achieved within the current staffing budget.

Maternity Service

The continual provision of Midwifery Services staffed at a safe and effective level is vital for the delivery of maternity care. Our maternity services are provided across several sites including Shrewsbury, Telford, Oswestry, Bridgnorth, Ludlow, Market Drayton and Whitchurch. Midwives and Women's Services Assistants deliver Shropshire's Midwifery services in the acute and community settings.

Midwifery staffing requirement is calculated annually using the modified Birth rate tool. This analysis considers the number of births, the location of birth, the imported and exported births, added to the recommended % for specialist midwifery / managerial.

The recommended staffing in midwifery for 2014/15 is 194.65 WTE. The total budgeted establishment is 193.37 WTE. This deficit is currently being covered by additional hours however approval has been given to appoint substantive posts to fill this deficit, and the recruitment process is underway.

8. Registered Nurse : Patient Ratios

Whilst there are some UK national staffing recommendations related to particular specialist areas such as intensive care, midwifery and acute paediatric care, nurse staffing levels are not mandated in law in the UK.

There are no plans at present on a national level to mandate nurse staffing levels in law however there is growing evidence which shows that nurse staffing levels make a difference to patient outcomes (mortality and adverse events), patient experience, quality of care and the efficiency of care delivery (RCN 2012). More recently in Prof Sir Bruce Keogh's review of 14 hospitals with elevated mortality rates, a positive correlation was found between inpatient staff ratios and higher hospital standardised mortality ratios (HSMR's) (Keogh 2013).

Whilst there is currently no minimum recommended RN : patient ratio, there is evidence that when the ratio is higher than 1:8 care is compromised and the risk of harm significantly increases. The Safe Staffing Alliance recommend that during the day time on general acute wards including those specialising in the care for older people, one RN should care for no more than 8 patients. There is currently a lack of clarity on the suggested requirements for night shifts, which historically has been lower due to lower activity levels.

A full review of our adult inpatient registered nurse : patient ratios was undertaken at the last establishment review, and wards are aligning to these as they move to their new ward templates. Table 1 details the current RN : patient ratios on our adult inpatient wards, and table 2 details the ratios that will be in place when all wards are working to their new templates. Please note this excludes ITU/HDU, neonatal unit and the inpatient paediatric wards, whose staffing is already aligned to national staffing recommendations.

Table 1 – Current RN : Patient Ratios – Adult Inpatient Wards			
PRH Site			
Shift	**Range**	**Average**	**Median**
Day	1:4.6 to 1:8.3	1:6	1:5.6
Night	1:4.7 to 1:14*	1:9.2	1:9.3
RSH Site			
Shift	**Range**	**Average**	**Median**
Day	1:4 to 1:7.7	1:5.9	1:6
Night	1:4 to 1:12	1:8.1	1:8

* Until all registered nursing vacancies in the new templates are filled a number of areas where the registered nurse : patient ratio was higher at night, are having an additional HCA on-duty to mitigate the current shortfall temporarily.

Table 2 – RN : Patient Ratios – Adult Inpatient Wards – 2014/15 Ward Templates			
PRH Site			
Shift	**Range**	**Average**	**Median**
Day	1:4.6 to 1:7	1:5.8	1:5.5
Night	1:4.7 to 1:11* *Elective orthopaedics	1:7.5	1:8
RSH Site			
Shift	**Range**	**Average**	**Median**
Day	1:4 to 1:7.7	1:5.9	1:6
Night	1:4 to 1:10* *Wd 32 (with support from Wd 32 Gynae Staff = 1:7.3)	1:7.5	1:7.7

9. Uplift to nursing pay budgets

The Trust has approved uplift to the 2014/15 nursing pay budgets which is broken down into the following areas:

	2013 / 14	2014 / 15	Difference
Annual Leave	14.1%	15%	+ 0.9%
Sick Leave	3.9%	4%	+ 0.1%
Maternity Leave **(held centrally to ensure**	1.5%	1.5%	0
Study Leave	1.2%	1.5%	+ 0.3%
Total uplift	**20.7%**	**22%**	**+ 1.3%**

Due to the low turnover of staff within the Trust a higher proportion of staff have longer periods of service and are therefore entitled to the maximum period of annual leave. The

previous uplift for annual leave was 14.1%; this has been increased to 15% for this year, which will ensure that staff are able to take their entitled leave.

Undertaking continuous professional development is a key part of developing staff capability. This can improve the quality of care to patients, as staff who undertake such development are more likely to have up to date knowledge, skills and judgement. It is also a requirement to maintain registration with the Nursing and Midwifery Council (NMC) that nurses and midwives much declare that they have completed 35 hours of learning activity in the previous 3 years. Staff engagement and productivity is also likely to increase when they are allowed to undertake these activities and patients and organisational outcomes are better where staff engagement is higher (West and Dawson 2012).

This year's percentage for study leave has been set and approved at 1.5%. In setting learning and educational priorities, the allocation of Learning Beyond Registration (LBR) monies for 2014/15 from Health Education West Midlands, will be closely aligned to the identified clinical training needs of the organisation.

An uplift of 22% is now in line with the majority of other providers.

10. Supervisory status of Ward Managers

Strong and clear nurse leadership is central to the delivery of high quality care, and to ensure that staff are well led and motivated. The allocation of time for Ward managers to assume supervisory status can help to ensure that leaders have sufficient time to co-ordinate activity on the ward, manage and support staff, and ensure standards are maintained.

The Trust currently funds 60% supervisory time for all Ward Managers with the exception of the Emergency Departments and Acute Medical Units, who receive 80% supervisory time in reflection of the acuity and high patient flow of these clinical areas. It is essential that for these reasons, the supervisory status of our Ward Manager is preserved.

11. Vacancies

Following the previous nurse staffing review the Trust has a significant number of vacancies in its nursing and midwifery workforce (Table 3). This in part is as a result of the Board's approval to fund an additional 95 WTE nurses and HCA's, in addition to the vacancy factor that existed prior to this approval, and small monthly staff turnover.

The majority of our registered nurse vacancies are Band 5 nurses. Whilst this is significant in itself, it does also demonstrate that we have a very small number of vacancies amongst our more senior nurses who play a pivotal role in ensuring staff are well led and motivated.

The majority of registered nurse vacancies are spread across the wards and departments in the Unscheduled and Scheduled Care Groups, some areas, notably AMU RSH, Ward 16 Stroke Ward PRH, Ward 17 PRH, Ward 27 RSH, Ward 32 RSH and our Orthopaedic Wards at PRH all have >3 WTE vacancies currently. There are significant vacancies in Theatres on both sites, due in part to increasing staffing at night in theatres at RSH, and at PRH the planned move of Women's & Children's in September 2014. Nationally and regionally there

are difficulties in recruiting experienced anaesthetic practitioners and scrub practitioners, which both departments are experiencing.

Care Group	Women's Services Assistants	Midwives	Registered Nurses	Healthcare Assistants	Total
Shropshire Maternity Service Information correct as of 1 June 2014	3.98 [waiting to start]	1.4 [waiting to start]	NA	NA	**5.38** [waiting to start]
Gynae and Children's Information correct as of 1 June 2014	NA	NA	8.37	1.28	**9.65**
Unscheduled Care Information correct as of 11 June 2014	NA	NA	46.25*	15.92*	**62.17***
Scheduled Care – Wards including ITU/HDU Information correct as of 5 June 2014	NA	NA	28.9*	15.57*	**44.47***
Scheduled Care – Other Areas e.g. theatres, endoscopy, outpatients Information correct as of 5 June 2014	NA	NA	17.7*	18.7*	**36.4***
Total	**3.98 WTE** [waiting to start]	**1.4 WTE** [waiting to start]	**101.22* WTE**	**51.47* WTE**	**158.07 WTE**

* **Please note:** The above figures represent "live" vacancy information provided by the Heads of Nursing / Midwifery and does not include staff that have been appointed and are waiting to commence employment.

Whilst it is acknowledged that this vacancy factor has potential implications for both the quality of care delivered to our patients as well as the effects of vacancies on staff; to use temporary staff to fill all vacancies has the potential to adversely over dilute our experienced nursing workforce, as well as potentially increasing the risk of quality and safety of care. A number of wards are therefore phasing in their 2014/15 staffing template as their vacancies are filled.

12. Recruitment

The recruitment of HCA's and registered nurses continues to be via the Trust's values-based recruitment process, with both staff groups undertaking a numeracy and literacy test and values assessment based on our "Fundamentals of care" scenarios using the nursing 6 C's.

Over the last 6 months (November 2013 to April 2014) the Trust has seen 103 WTE nursing and midwifery staff new starters (headcount 118). In the same time period the Trust has seen 50.75 WTE leavers from the same group (headcount 66), giving us a net gain of 52.25 WTE (headcount 52). Monthly turnover of staff over the same time period in this group has averaged 0.4% for nurses and midwives and 0.59% for HCA's.

Based on the number of current vacancies it is predicated that it will take approximately 6 months to recruit to the HCA vacancies and approximately 12 months to recruit to the registered nurse vacancies in our inpatient areas. This will be dependent on the attrition rate during that time.

Alongside other Trusts we face similar challenges in attracting and recruiting registered nurses from a relatively small "surplus" pool nationally, and given the additional challenge of attracting nurses to our predominantly rural location, we must continue to focus on innovative methods of doing this. A nurse recruitment video has been produced which will shortly be available via a link on our Trust website ("Working for us" page) on YouTube. Members of the Senior Nursing Team and Recruitment Team will be attending job fairs hosted by Higher Education Institutions to try and attract student nurses to our hospital, and a pre-employment education package to ensure newly-qualified nurses have the requisite knowledge and skills before starting work in our wards, is currently in development. We are also using a variety of ways of advertising posts on NHS jobs, and offering a range of employment opportunities including rotational posts.

Secondment opportunities for existing unregistered staff to undertake nurse training will continue, with 15 requests submitted by the Director of Nursing to Health Education West Midlands (HEWM). The Trust has also agreed to work in partnership with HEWM to encourage nurses who have left the profession to undertake a return to practice programme. Longer term it is likely that there will be an increase in pre-registration nursing places regionally and nationally, however the benefit of this increase will not be seen for at least 3 years.

Given the predicted timeframe for the Trust to fill all its registered nurse vacancies an agency has been appointed to scope potential registered nurses from other EU countries. Whilst initially encouraging we have had to-date 7 applications for consideration, of which 4 have been shortlisted and progressed to interview, and 3 offered Band 5 posts. Other avenues for overseas nurse recruitment are now being explored, including from non-EU countries.

It must also be acknowledged that whilst our vacancies are large, as an organisation this represents a small percentage of the total nursing and midwifery workforce and in comparison with some Trusts is low.

13. Publishing Monthly Staffing Data

In fulfilling the commitments made by the Government in association with publishing staffing data regarding nursing, midwifery and care staff, from the end of June Trusts are required to submit their staffing data to NHS England on a monthly basis. This information will be published on the relevant hospital(s) profiled on NHS Choices, and a "Safe Staffing" page on the Trust's internet site will ensure that patients and members of the public are able to access the monthly Nursing and Midwifery Staffing Data Trust Board report, in addition to the Trust's full staffing details on a ward by ward basis.

There is a further requirement to display public facing information detailing the number of registered staff (nurses and midwives) and care staff (HCAs and WSAs) on duty on each shift and how many were planned to be on duty. From the end of June posters in all our inpatient areas will show this information.

14. Monitoring Patient Safety, Organisational Effectiveness and Patient Experience

Monitoring whether the available staff for nursing on the ward is adequately meeting the patient's nursing needs is essential. Quality Improvement Dashboards have been developed cross all adult inpatient areas (currently in development for paediatric and maternity areas) which are designed to bring together into one easily assessable place, a range of agreed key performance indicators, and presented in a way which makes the information useful and meaningful. The purpose is to give Ward Managers, Matrons and other Senior Nurses an improvement tool which they can use to monitor key patient safety, organisational effectiveness and patient experience metrics to facilities change, generate discussion and learning and influence behaviours, which should ultimately lead to better patient care.

From this month the staffing percentage fill rates for each individual ward will be added to the Quality Improvement Dashboards. This will allow for regular closer monitoring and scrutiny of staffing levels against the safe nurse indicators which evidence has shown to be sensitive to the number of nursing staff and skill mix, as well as other patient quality and patient experience metrics.

Through regular monitoring and triangulation of key qualitative and quantitative data we will have a more robust method of monitoring those key aspects known to be linked to the quality of care delivered to patients. A summary of which will be provided to the Board each month alongside monthly staffing fill rates.

Recommendations

The Board is asked to:

NOTE the findings of the review and **RECEIVE** the report.

References

- Department of Health (2012) *Health & Social Care Act.* London: Department of Health.

- Department of Health (2013) *The NHS Constitution of England*. London: Department of Health.

- Keogh, B (2013) *Report into the quality of care and treatment provided by 14 Trusts in England: overview report.* UK: NHS England

- National Institute for Health & Clinical Excellence (NICE) (2014) *Safe Staffing for nurses in adult inpatient wards in acute hospitals – Draft for consultation.* UK: NICE, UK.

- National Quality Board (2013) *How to ensure the right people, with the right skills, are in the right place at the right time. A guide to nursing, midwifery and care staffing capacity and capability.* London: NQB.

- NHS Commissioning Board (2012) *Compassion in Practice: Nursing, Midwifery and Care Staff. Our Vision and Strategy.* Leeds, NHSCB and Department of Health.

- Royal College of Nursing (2010) *Guidance on safe nurse staffing levels in the UK.* London: RCN.

- Royal College of Nursing (2012) *Mandatory Nurse Staffing Levels. Policy Briefing.* London: RCN.

- Safe Staffing Alliance (2013) *Safe Staffing Alliance Statement.* UK.

- Shelford Group (2013) *Safer Nursing Care Tool Implementation Resource Pack.* Shelford Group produced in conjunction with the Association of UK University Hospitals.

- West, M.A. and Dawson, J.F. (2012) *Employee engagement and NHS performance.* The Kings Fund.

Reporting to:	Trust Board - 26 June 2014
Title	Nursing and Midwifery Staffing Data - May 2014
Sponsoring Director	Director of Nursing & Quality
Author(s)	Philip Fewtrell, Quality Manager
Previously considered by	Quality & Safety Committee - 19 June 2014
Executive Summary	NHS England and the Care Quality Commission (CQC) have issued joint guidance to Trusts on the delivery of the "Hard Truths" commitments made by the Government associated with publishing staffing data regarding nursing, midwifery and care staff levels. On 24th June 2014 and monthly thereafter, the Trust's staffing data will be published on its relevant hospital(s) profiled on NHS Choices, in addition to other patient safety information. Each month the Board will receive a report detailing nursing, midwifery and care staff levels for the previous month. This report will be available to the public via the Trust's internet site, together with full details of staffing on a ward by ward basis. The Board will receive the report for information, and to support them in fulfilling their responsibilities to monitor staffing capacity and capability through regular and frequent reporting of the actual staff on duty versus planned staffing levels.
Strategic Priorities ☒ Quality and Safety ☐ Healthcare Standards ☐ People and Innovation ☐ Community and Partnership ☐ Financial Strength	**Operational Objectives** Develop robust recruitment plans to recruit to establishment to ensure safe staffing levels.
Board Assurance Framework (BAF) Risks	☒ If we do not deliver **safe care** then patients may suffer avoidable harm and poor clinical outcomes and experience ☐ If we do not implement our **falls** prevention strategy then patients may suffer serious injury ☒ Risk to **sustainability** of clinical services due to potential shortages of key clinical staff ☐ If we do not achieve safe and efficient **patient flow** and improve our processes and capacity and demand planning then we will fail the national quality and performance standards ☐ If we do not have a clear **clinical service vision** then we may not deliver the best services to patients ☐ If we do not get good levels of **staff engagement** to get a culture of continuous improvement then staff morale and patient outcomes may not improve ☐ If we are unable to resolve our (historic) shortfall in **liquidity** and the structural imbalance in the Trust's **Income & Expenditure** position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment

Care Quality Commission (CQC) Domains	☒ Safe ☒ Effective ☒ Caring ☐ Responsive ☒ Well led
☒ **Receive** ☐ **Review** ☒ **Note** ☐ **Approve**	**Recommendation** **NOTE the requirements and RECEIVE the report**

Appendix 3

SaTH Nursing, Midwifery and Care Staff Data - May 2014

Care Group	Centre	Hospital Site	Ward Name	Day				Night				Day		Night	
				Registered nurses / midwives	Registered nurses / midwives	Care Staff	Care Staff	Registered nurses / midwives	Registered nurses / midwives	Care Staff	Care Staff	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / midwives (%)	Average fill rate - care staff (%)
				Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
Unscheduled Care	Emergency Assessment Centre	PRH	Acute Medical Unit (AMU)	2685	2633	2054	1863	1190	1149	942	921	98.1%	90.7%	96.6%	97.8%
Unscheduled Care	Medicine Centre	PRH	Ward 4 - Care of the Older Person	1760	1752	1428	1391	713	713	1112	1100	99.5%	97.4%	100.0%	98.9%
Unscheduled Care	Medicine Centre	PRH	Ward 6 - Coronary Care Unit	1869	1825	1070	1070	1023	1023	611	586	97.6%	100.0%	100.0%	95.9%
Unscheduled Care	Medicine Centre	PRH	Ward 7 - Gastroenterology	1768	1728	1618	1542	716	716	1109	1084	97.7%	95.3%	100.0%	97.7%
Unscheduled Care	Medicine Centre	PRH	Ward 9 - Respiratory	1795	1765	1425	1373	1070	1070	815	803	98.3%	96.4%	100.0%	98.5%
Unscheduled Care	Medicine Centre	PRH	Ward 15 - Care of the Older Person	1444	1414	1451	1348	713	713	1109	1086	97.9%	92.9%	100.0%	97.9%
Unscheduled Care	Medicine Centre	PRH	Ward 16 - Stroke & Care of the Older Person	1870	1830	1391	1316	1064	1054	864	839	97.9%	94.6%	99.1%	97.1%
Unscheduled Care	Emergency Assessment Centre	PRH	Ward 17 - Short Stay / Medical	2162	2100	2055	1980	1085	1060	1418	1368	97.1%	96.4%	97.7%	96.5%
Unscheduled Care	Emergency Assessment Centre	RSH	Acute Medical Unit (AMU)	3350	3238	2069	1966	2007	1980	1054	977	96.7%	95.0%	98.7%	92.7%
Unscheduled Care	Medicine Centre	RSH	Ward 22 - Stroke & Rehabilitation Unit	2699	2593	2798	2515	1775	1750	1680	1655	96.1%	89.9%	98.6%	98.5%
Unscheduled Care	Medicine Centre	RSH	Ward 23 - Short Stay / Medicine	1042	1042	721	638	706	706	714	492	100.0%	88.5%	100.0%	68.9%
Unscheduled Care	Medicine Centre	RSH	Ward 24 / CCU	2301	2274	1982	1828	1437	1437	1139	1082	98.8%	92.2%	100.0%	95.0%
Unscheduled Care	Medicine Centre	RSH	Ward 27 - Respiratory	2296	2047	1988	1832	1427	1415	1081	1056	89.2%	92.2%	99.2%	97.7%
Unscheduled Care	Emergency Assessment Centre	RSH	Ward 28 - Nephrology / Medicine	2310	2273	2039	1964	1437	1437	1458	1435	98.4%	96.3%	100.0%	98.4%
Unscheduled Care	Medicine Centre	RSH	Ward 32	733	660	463	451	356	356	379	379	90.0%	97.4%	100.0%	100.0%
Scheduled Care	Surgical, Oncology and Haematology Centre	PRH	Apley Ward	940	940	439	439	639	639	10	10	100.0%	100.0%	100.0%	100.0%
Scheduled Care	Head and Neck Centre	PRH	Ward 8 - Head & Neck Adult Ward	1009	1009	486	474	785	785	343	343	100.0%	97.5%	100.0%	100.0%
Scheduled Care	Musculoskeletal Centre	PRH	Ward 10 - Trauma & Orthopaedics	1671	1650	1095	1057	720	720	953	953	98.7%	96.5%	100.0%	100.0%
Scheduled Care	Musculoskeletal Centre	PRH	Ward 11 - Trauma & Orthopaedics	1395	1331	1374	1153	713	713	761	724	95.4%	83.9%	100.0%	95.1%
Scheduled Care	Theatres, Anaesthetics and Critical Care Centre	PRH	ITU/HDU	2535	2510	197	184	2120	2070	284	232	99.0%	93.4%	97.6%	81.7%
Scheduled Care	Musculoskeletal Centre	RSH	Ward 22 - Orthopaedics	1855	1673	1359	1155	1112	1075	968	906	90.2%	85.0%	96.7%	93.6%
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	Ward 21 - Oncology	705	705	731	731	540	540	275	275	100.0%	100.0%	100.0%	100.0%
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	Ward 23 - Haematology	755	755	483	483	540	540	310	310	100.0%	100.0%	100.0%	100.0%
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	Ward 23 - Oncology / Haematology	391	391	350	350	309	309	73	73	100.0%	100.0%	100.0%	100.0%
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	Ward 25 - Colorectal and Gastroenterology	2314	2245	2073	1769	1425	1400	982	920	97.0%	85.3%	98.2%	93.7%
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	Ward 26 - Urology / Surgery / ICA	2483	2223	2114	1898	1425	1413	1012	1000	89.5%	89.8%	99.2%	98.8%
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	DSU Short Stay Ward	761	724	446	434	672	622	313	276	95.1%	97.3%	92.6%	88.2%
Scheduled Care	Surgical, Oncology and Haematology Centre	RSH	SAU & Short Stay Surgical	2347	2290	1829	1709	1764	1714	1237	1162	97.6%	93.4%	97.2%	93.9%
Scheduled Care	Theatres, Anaesthetics and Critical Care Centre	RSH	ITU/HDU	3688	3507	324	312	3010	2964	0	0	95.1%	96.3%	98.5%	#DIV/0!
Women & Children's Care Group	Women and Children's Centre	PRH	Ward 19 Children's	1212	1230	356.5	394.5	1069.5	1069.5	0	0	101.5%	110.7%	100.0%	#DIV/0!
Women & Children's Care Group	Women and Children's Centre	RSH	Ward 16 Children's	1683	1683	356.5	356.5	1150	1115.5	356.5	368	100.0%	100.0%	97.0%	103.2%
Women & Children's Care Group	Women and Children's Centre	RSH	Ward 17 - Neonatal Unit	2679	2544	357	284	2537	2362	374	149	95.0%	79.6%	93.1%	39.8%
Women & Children's Care Group	Women and Children's Centre	RSH	Ward 18 Antenatal - Maternity	856	856	372	363	744	732	372	348	100.0%	97.6%	98.4%	93.5%
Women & Children's Care Group	Women and Children's Centre	RSH	Ward 19 Postnatal- Maternity	1281	1281	1116	1116	1116	1116	744	744	100.0%	100.0%	100.0%	100.0%
Women & Children's Care Group	Women and Children's Centre	RSH	Ward 20 Labour Ward - Maternity	2880	2880	930	930	1674	1674	558	558	100.0%	100.0%	100.0%	100.0%
Women & Children's Care Group	Women and Children's Centre	RSH	Shrewsbury Midwife-Led Unit	1044	897	372	342	744	720	372	336	85.9%	91.9%	96.8%	90.3%
Women & Children's Care Group	Women and Children's Centre	Ludlow	Ludlow Midwife-Led Unit	495	495	402	402	372	372	372	372	100.0%	100.0%	100.0%	100.0%
Women & Children's Care Group	Women and Children's Centre	Oswestry	Oswestry Midwife-Led Unit	469.5	469.5	372	372	372	372	372	372	100.0%	100.0%	100.0%	100.0%
Women & Children's Care Group	Women and Children's Centre	Bridgnorth	Bridgnorth Midwife-Led Unit	432	432	356.5	356.5	372	372	356.5	356.5	100.0%	100.0%	100.0%	100.0%
Women & Children's Care Group	Women and Children's Centre	PRH	Wrekin Maternity	909	909	372	372	744	744	372	354	100.0%	100.0%	100.0%	95.2%
Women & Children's Care Group	Women and Children's Centre	RSH	Ward 32 - Gynaecology	863	1077.5	356.5	333.5	713	713	356.5	356.5	124.9%	93.5%	100.0%	100.0%

Site Summary	Site	Day RN planned	Day RN actual	Day CS planned	Day CS actual	Night RN planned	Night RN actual	Night CS planned	Night CS actual	Day fill RN	Day fill CS	Night fill RN	Night fill CS
Site Summary	Princess Royal Hospital (PRH)	25024	24626	16811.5	15956.5	14364.5	14238.5	10703	10403	98.4%	94.9%	99.1%	97.2%
	Royal Shrewsbury Hospital (RSH)	41316	39858.5	25629	23760	28620	28090.5	15808	14857.5	96.5%	92.7%	98.1%	94.0%
	Bridgnorth Hospital (Maternity)	432	432	356.5	356.5	372	372	356.5	356.5	100.0%	100.0%	100.0%	100.0%
	Ludlow Hospital (Maternity)	495	495	402	402	372	372	372	372	100.0%	100.0%	100.0%	100.0%
	The Robert Jones & Agnes Hunt Orthopaedic Hospital (Maternity)	469.5	469.5	372	372	372	372	372	372	100.0%	100.0%	100.0%	100.0%

Paper 9ii

Nursing and Midwifery Staffing Data – May 2014

1. Introduction and Background

Nursing, midwifery and care staff, working as part of wider multidisciplinary teams, play a critical role in ensuring that we deliver high quality care and excellent outcomes for our patients. Multiple studies and high profile reports have clearly linked low staffing levels to poor patient outcomes and increased mortality rates. Research demonstrates that staffing levels are linked to the safety of care, and that fewer staff increases the risk of patient safety incidents occurring.

In November 2013 the National Quality Board (NQB) published its paper “How to ensure the right people, with the right skills, are in the right place at the right time”. This paper set out clear expectations of healthcare commissioners and providers in relation to getting nursing, midwifery and care staffing right. Fundamental to these expectations is the absolute requirement for Boards to take full accountability and responsibility for the quality of care provided to patients and, as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability.

Guidance from the Care Quality Commission (CQC) and NHS England has recently been issued to support the implementation of these requirements, in addition to the timescale to deliver the commitments detailed by the Government in “Hard Truths: The Journey to Putting Patients First” in relation to publishing nursing and midwifery staffing data.

In fulfilling the requirements this report provides the Board with an overview of nursing and midwifery staffing data in all inpatient areas for the month of May 2014. Moving forward this will be a standing agenda item at each Board meeting, which will be supplemented with a more detailed staffing review every 6 months.

This monthly report adheres to the requirements laid down by NHS England, and is designed to support the Board members to fulfil their duties by monitoring staffing capacity and capability through regular reporting of staffing levels.

2. Staffing Data - Key Requirements

Staffing information is required to be submitted to NHS England via Unify on a monthly basis. This will subsequently be published on the relevant hospital profile pages on NHS Choices. Appendix 1 details the data that is required to be submitted.

May’s staffing data was submitted prior to the deadline of 12 midday on 10th June. This data will be published as a “Hospital site monthly fill rate” on the relevant hospital profile pages on NHS Choices on 24th June 2014, together with other patient safety information.

A “Safe Staffing” page on the Trust’s internet site will ensure that patients and members of the public are able to access this monthly Board report; in addition to accessing the Trust’s full staffing details on a ward by ward basis.

A "Staff Information" poster displayed in each inpatient clinical area will also inform patients and members of the public, on a shift by shift basis, the number of nurses, midwives and care staff on-duty compared to the number that was planned; together with the name of the person in charge (Appendix 2).

3. Hospital Site Monthly Fill Rates

The table below details monthly percentage fill rates by hospital site for May 2014, together with the number of planned (P) and actual (A) hours. Please refer to Appendix 3 for a full breakdown of individual wards grouped by Care Group.

Hospital Site	Day		Night	
	Registered Staff	Care Staff	Registered Staff	Care Staff
Princess Royal Hospital	**98.4%**	**94.9%**	**99.1%**	**97.2%**
	24626 (P) of 25024 (A)	15956.5 (P) of 16811.5 (A)	14238.5 (P) of 14364.5 (A)	10403 (P) of 10703 (A)
Royal Shrewsbury Hospital	**96.5%**	**92.7%**	**98.1%**	**94.0%**
	39858.5 (P) of 41316 (A)	23760 (P) of 25629 (A)	28090.5 (P) of 28620 (A)	14857.5 (P) of 15808 (A)
Bridgnorth Hospital – Maternity	**100%**	**100%**	**100%**	**100%**
	432 (P) of 432 (A)	356.5 (P) of 356.5 (A)	372 (P) of 372 (A)	356.5 (P) of 356.5 (A)
Ludlow Hospital – Maternity	**100%**	**100%**	**100%**	**100%**
	495 (P) of 495 (A)	402 (P) of 402 (A)	372 (P) of 372 (A)	372 (P) of 372 (A)
Robert Jones & Agnes Hunt Hospital – Maternity	**100%**	**100%**	**100%**	**100%**
	469.5 (P) of 469.5 (A)	372 (P) of 372 (A)	372 (P) of 372 (A)	372 (P) of 372 (A)

Fill Rates

- A percentage fill rate of 100% indicates that the hours of care planned match the hours that were ultimately provided. These hours of care may have been provided solely by substantive Trust staff, or may be a combination of substantive Trust staff, Trust temporary staff and / or external Agency staff.
- A percentage fill rate of <100% indicates that the actual hours provided were less than was planned, and that these hours were not covered by another source e.g. substantive staff overtime, hospital temporary staff or agency staff.
- A percentage fill rate of >100% indicates that there were more staff on duty than was planned, which may be for a number of reasons including having additional staff to "special" patients at risk of falls, and patients with increased dependency due to increased cognitive impairment who may be at risk of absconding.

4. Exception Report – May 2014

Site	Ward	Staff Group	Time of Day	% Fill Rate	Comment
RSH	NNU	Care Staff	Night	39.8%	39.8% fill rate is reflective of a new initiative to enhance the untrained support for the neonatal service. During the coming 12 months a reshaping of the skill mix will enable a greater fill rate against this aspirational staffing template. Actions already taken: 1. Approval to appoint a 2.93 WTE HCAs. *2.* Review current staffing template as this inaccurately reflects a deficit of staff on the NNU. At night the registered staff are undertaking all the roles required to care for the neonate, and this fill rate in care staff does not represent a clinical risk to patient care.

5. Actions taken to identity staffing shortages and mitigate risk

Scheduled and Unscheduled Care Groups

To ensure the Trust is able to monitor staffing levels on a shift-by-shift basis and mitigate risks associated with staffing shortages in a timely and responsive manner, the following processes are in place:

- Daily site safety reports completed by the Clinical Site Managers (CSM) which identify staffing shortages and actions taken across each site. In hours the CSM and Matrons work together to ensure staff are flexibly deployed to ensure risk is mitigated optimally. Out of hours the CSM is responsible for this and receives support from the off site manager and executive director on call where appropriate.

- Twice daily Site Safety Report detailing staffing shortages and actions taken to address.

- Staffing issues and concerns discussed at bed meetings held throughout the day on both sites.

- A daily staffing report has now been implemented which details each ward in relation to planned versus actual staff on duty. Matrons and Ward Managers review their staffing levels on a daily basis and will make a clinical judgement based on a number of factors including who is on-duty, the acuity and dependency of the patients on the ward at that time and the number of empty beds, as to the appropriate action that needs to be taken in relation to filling any shortage. This may be through redeployment of staff from one area to another, substansive staff overtime, use of hospital bank or Agency staff, and Ward Managers may come off their supervisory ward managemet shift to work clinically, either for part or all of the shift. There are occasions when the decision is made that the staff shortage is not assessed to be a clinical risk

- As from 1st July 2014 the Trust has implemented weekly pay for staff who work for the Temporary Staffing Department. Weekly pay has been introduced with the aim of increasing the number of shifts that are covered by this department and therefore reduce our reliance on external agencies and the associated increase cost.

- Monthly staffing fill rates have been added to the Trust's "Quality Improvement Dashboards". These dashboards have a number of Key Performance Indicators (KPIs) including patient safety, clinical effectiveness and patient experience indicators, as well as the number of shifts covered by Agency staff. Monitoring staffing levels against safe nurse indicators (number of falls, hospital acquired pressure ulcers and medication errors) which are shown to be sensitive to the number of available nursing staff and skill mix, will allow for closer and frequent scrutiny at ward level. This information is discussed 1:1 with Ward Managers by the Matron for their area, and at monthly peer group meetings.

- A scoping exercise is currently being undertaken to identity potential electronic acuity systems that enable nurses to assess patient acuity and dependency on a daily basis and over a cumulative period, ensure nursing establishments reflect patient need in each ward. A system of this nature would enable "real time" information about the dependency of patients across the organisation and allow for more effective use of nurse resource across all wards when demand in one area may be higher than another.

Women and Children's Care Group

Within Women's and Children's the following processes are in place to deal with staff shortages:

- 24/7 Management on call system to cover all maternity areas (including the main consultant labour ward, antenatal, postnatal, day assessment and outpatients at both RSH and PRH and the five Midwife Led Units and community areas), the two children's wards at RSH and PRH, Neonatal Unit and Gynaecology.

- Twice daily multidisciplinary Board Rounds are held on the Labour Ward at 08.30hrs and 17.00hrs attended by the antenatal, postnatal and neonatal wards. This is held to discuss any patient or staffing issues.

- Within the Care Group there are escalation guidelines which include clear processes to follow in the event of staffing shortages.

6. Conclusion

This report provides to the Board and to the public, transparent details of inpatient ward staffing for May 2014.

Whilst our overall hospital staffing fill rate is good, we must continue to monitor fill rates on a ward by ward basis and triangulate this with safe nurse indicators which evidence has shown to be sensitive to the number of available staff and skill mix. Daily monitoring of actual versus planned staffing levels across the Trust by the Heads of Nursing and Midwifery, Matrons and Ward Managers will ensure that appropriate action is taken to mitigate risk.

Ensuring that the staffing data reported to the Board is accurate is vital. On-going work between the Workforce Team and Heads of Nursing, Matrons and Ward Managers will continue to ensure that this information can be collected electronically where possible.

Recommendations

The Board is asked to:

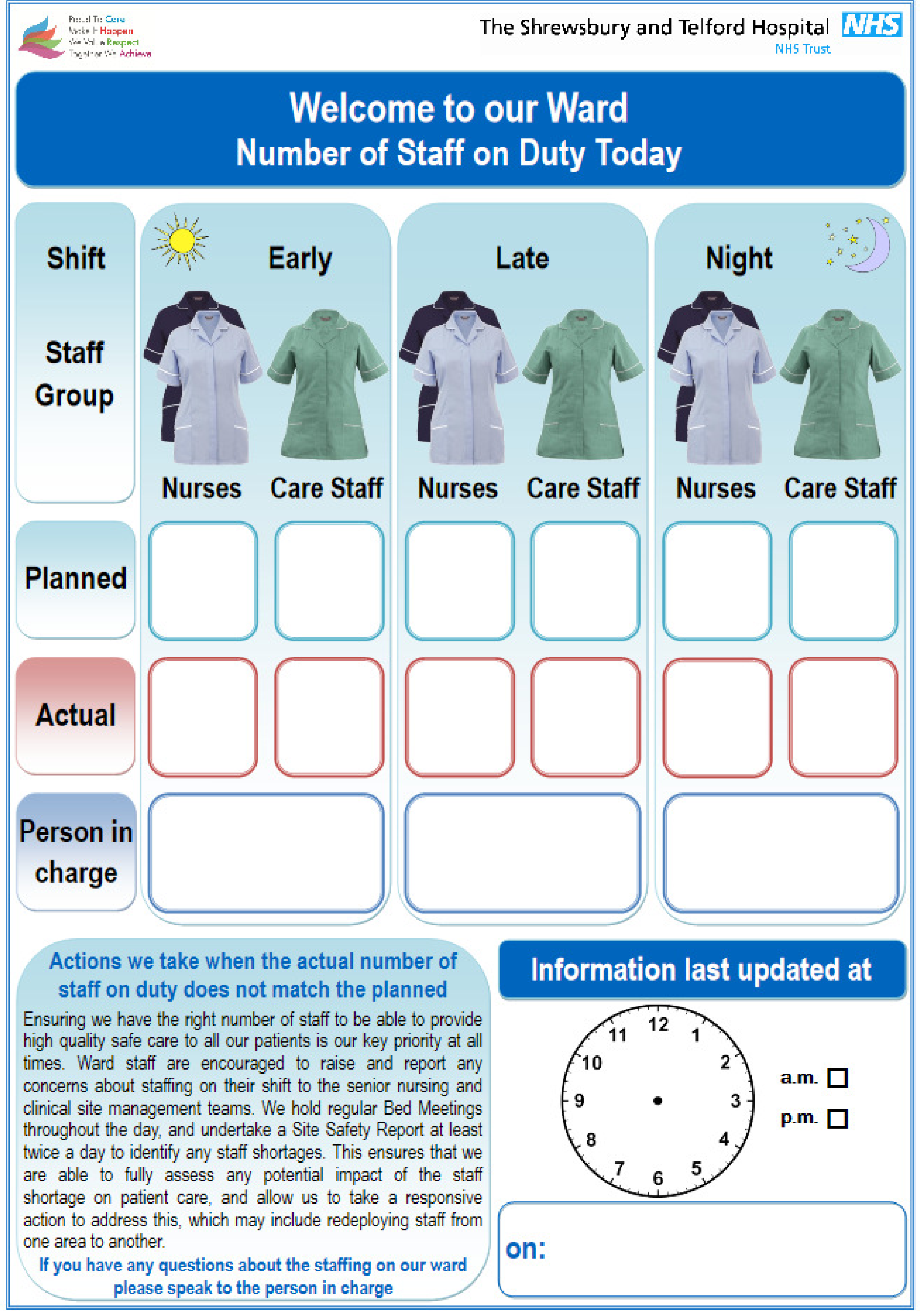
NOTE the requirements and **RECIEVE** the report.

Appendix 1

NHS England Staffing Data Requirements

<table>
<tr><th>Data Required</th><th>Detail</th></tr>
<tr><td>Total monthly planned staff hours for all inpatient areas</td><td>Total monthly planned hours for:
• Registered Nurses / Midwives on day shifts
• Registered Nurses / Midwives on night shifts
• Care Staff on day shifts
• Care Staff on night shifts</td></tr>
<tr><td>Total monthly actual staff hours for all inpatient areas</td><td>Total monthly actual hours worked for:
• Registered Nurses / Midwives on day shifts
• Registered Nurses / Midwives on night shifts
• Care Staff on day shifts
• Care Staff on night shifts</td></tr>
<tr><td>Average fill rates for each inpatient area</td><td>This information is calculated by taking the actual hours as a percentage of planned hours for:
• Registered Nurses / Midwives on day shifts
• Registered Nurses / Midwives on night shifts
• Care Staff on day shifts
• Care Staff on night shifts
This level of detail will be published on the “Safe Staffing” page of the Trust website.</td></tr>
<tr><td>Hospital site monthly fill rate</td><td>The hospital site fill rate calculation is the planned versus actual staffing as a percentage variance for the hospital site.
This level of detail will be published on the relevant hospital profile page on NHS Choices.</td></tr>
</table>

Appendix 2



Staffing Information Poster