

EXECUTIVE SUMMARY**REPORT TO THE BOARD OF DIRECTORS****HELD ON 21 JANUARY 2015**

Subject	Monthly Staffing Report
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Status¹	D

PURPOSE OF THE REPORT

This report provides the Board of Directors with information on the details of the actual hours of Registered nurses/midwives and Clinical Support staff's time on ward day shifts and night shifts versus planned staffing levels for December 2014.

KEY POINTS

- For each of the 72 clinical inpatient areas, the optimal number of hours of nursing or midwifery staff time required for day shifts and night shifts has been calculated for the month and the actual fill rate has been recorded.
- Overall the actual fill rate for day shifts for Registered Nurses was 93.2% and for other care staff against planned levels was 91.3%. Overall the actual fill rate for night shifts for Registered Nurses against planned levels was 90.9% and for other care staff the actual fill rate was 99.9%.
- This report details those areas where there was a variance of greater than 15% between actual fill rates and planned staffing levels. The reasons for the variance are given and any actions being taken are detailed.

IMPLICATIONS²

	AIM OF THE STHFT CORPORATE STRATEGY 2012-2017	TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Deliver Excellent Research, Education & Innovation	

RECOMMENDATIONS

The Board of Directors is asked to debate the contents of this report and agree that the actions proposed are appropriate to maintain optimal levels of staffing.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Board of Directors	21 January 2015	
Healthcare Governance Committee	26 January 2015	

¹ Status: A = Approval

A* = Approval & Requiring Board Approval

D = Debate

N = Note

² Against the five aims of the STHFT Corporate Strategy 2012-2013

1. INTRODUCTION

At Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) we aim to provide safe, high quality care to our patients and our staffing levels are continually assessed to ensure we meet this aim.

In 2013, the National Quality Board¹ produced a document entitled “*How to ensure the right people, with the right skills, are in the right place at the right time – A guide to establishing nursing, midwifery and care staffing capacity and capability*” which outlines ten expectations for NHS providers and commissioners in relation to nursing and midwifery staffing. Expectation 7, states that Boards receive monthly updates on workforce information and staffing capacity and capability. These updates which are to be discussed at the Public Board meeting will also be available on the Trust internet site.

Further guidance circulated by Jane Cummings, Chief Nursing Officer, NHS England, in May 2014 clarified that the Board of Directors will be advised of those wards where staffing capacity and capability materially falls short of the plan, the reasons for the gap, the impact and actions being taken to address it. This can be presented as an exception report, providing the Trust website publishes ward by ward data on actual versus planned numbers of staff by registered nurse / midwife / care staff and day duty / night duty.

The average fill rate for the Trust and individual hospital inpatient sites in December 2014 was:

SITE	DAY		NIGHT	
	Average fill rate registered nurses / midwives	Average fill rate care staff	Average fill rate registered nurses / midwives	Average fill rate care staff
STHFT (TOTAL)	93.2%	91.3%	90.9%	99.9%
Northern General	92.9%	90.5%	91.5%	101.2%
Royal Hallamshire	93.4%	92.8%	88.6%	96.4%
Weston Park Hospital	96.6%	86.7%	106.6%	113.3%
Beech Hill Intermediate Care Centre	89.7%	96.3%	95.7%	99.1%

For most wards, there will be a difference between the planned and actual staffing hours. In some cases, departments will have used more hours than they planned to use and in other cases they will have used less hours than they planned. The reasons for using more staff hours than planned could include needing to open and staff additional beds, or needing to care for patients who are either more unwell or who have greater care needs than those patients usually cared for on that ward. The reasons for using less staff hours than planned could include using fewer beds than planned, or caring for patients who are less unwell or with fewer care needs than those patients usually cared for on that ward

During the extended bank holiday period in December we have seen a reduced occupancy rate and activity in some ward areas, which allowed staff to be given annual leave at short notice or be safely redeployed to other clinical areas. However, towards late December we have seen an unprecedented sustained increase in

¹ 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 establishing nursing, midwifery and care staffing capacity and capability

activity within the Trust, mainly in relation to emergency admissions. This has led to the opening of additional capacity which has generated increased movement of staff between wards to maintain optimum staffing levels. We have also redeployed nursing staff who work in non-clinical roles to work in wards and departments to assist with meeting the operational pressures. In addition the adverse weather also impacted upon some of the actual hours worked during December as some staff were unable to attend for duty due to snow and ice.

In April 2013 there were 163 nursing and care support staff on parental leave; this has risen steadily until November 2014 when there were 215 on parental leave showing an increase on April 2013 of 52 or 32%.

The planned staffing level is based on optimal staffing levels and where actual staff is below this on a shift, the Trust has a number of mechanisms to ensure the staffing on that shift remains at a safe and appropriate level. These are detailed further later in the paper.

2. THE DIFFERENCE BETWEEN PLANNED STAFFING AND ACTUAL STAFFING

For each clinical area, the number of hours of nursing or midwifery staff time required for day shifts and night shifts has been calculated for the calendar month.

In determining this, the types and numbers of patients expected to be cared for by a ward or department during the month are considered. Alongside this, the number of hours of registered nurse or midwife time and the number of hours of care staff time that it is thought will be required to provide safe, compassionate and effective care to those patients are determined .

The number of hours of actual staffing is a combination of the hours worked by permanent nursing/midwifery/care staff and those worked by temporary nursing/midwifery/care staff on a ward or department during that calendar month.

On occasions appropriately skilled staff are re-deployed from other areas or temporary staff will be included in the establishment to cover unforeseen leave or sickness / absence etc. At STHFT, the temporary staff we use are mostly supplied by our partner, NHS Professionals (NHSP). The staff they supply are either existing STHFT staff working additional hours or NHSP staff who, following a period of training and induction, mostly work for STHFT and so are familiar with the routines on the Trust's wards and department. There would be fewer hours used when a temporary staff member works a shift instead of a permanent staff member as there are some duties that permanent staff undertake which cannot be undertaken by temporary staff. These include mentoring student nurses or new staff, participating in on-ward training or undertaking audits or duties such as monitoring stock levels.

The thresholds for considering when the deficit between planned and actual staffing levels should be reported to the Board of Directors will ultimately be set by NHS England but the timetable for this is not yet determined. For the purpose of this report, any deficit between planned and actual staffing of greater than 15% is reported together with the reasons for the variance and any actions taken to address the cause, if appropriate.

3. MAINTAINING SAFE STAFFING LEVELS

We have developed and implemented a Nursing and Midwifery Escalation Policy, building on existing practice, which details how to address any shortfalls in staffing, for example because of unexpected absence. We have Senior Nurses available on

both hospital campuses throughout the 24 hour period to assess any suboptimal nursing or midwifery staffing levels and take actions to maintain the safety of our patients.

4. DATA QUALITY

In order to submit the information in a timely manner, the data are extracted from the Trust eRostering system and from the NHSP system. Both these systems should be updated and accurate, however the logistics of extracting data from over 70 clinical areas involving over 3000 individual members of staff are complex. This month has been particularly challenging due to the number of specialities which have moved wards and the need to open additional capacity to meet increased demand for inpatient care. In order to confirm the accuracy of these data a series of audits and checks will be run to confirm that the data submitted are accurate. It is anticipated that the Internal Audit programme for 2015/16 will include e-rostering.

5. VARIANCE REPORT BY WARD / DEPARTMENT

The following wards have been identified as having a variance of greater than 15% against either their day or night staffing for registered nurses / midwives or care staff during December 2014. The Trust website lists the results for all the inpatient wards or departments and details whether there was a deficit or surplus between the planned and actual staffing.

WARD	DAY		NIGHT		COMMENTS / ACTION TAKEN	FURTHER ACTION REQUIRED
	Average fill rate registered nurses / midwives	Average fill rate care staff	Average fill rate registered nurses / midwives	Average fill rate care staff		
<u>Emergency Care</u>						
Brearley 1	98.7%	82.4%	100.5%	102.8%	An assessment of appropriate care staff levels is made on a shift by shift basis. Where it is deemed necessary appropriately skilled care staff will be re-deployed from another area or bank staff used. Longer term actions are also carefully considered and implemented as soon as practical.	In recent weeks 14.6 wte Registered Nurses and 11.4 wte Clinical Support Workers have been appointed to the Care Group to fill existing vacancies and recruitment is ongoing. Newly appointed staff will undergo appropriate induction and training before taking up posts over the coming months.
Robert Hadfield 3 (Brearley 6)	102.1%	79.0%	99.8%	97.6%		
Huntsman 5	85.5%	79.9%	85.7%	88.8%		
Cystic Fibrosis Ward	96.7%	70.3%	102.3%	92.5%	Over the holiday period, occupancy on the Cystic Fibrosis ward was reduced, allowing staff to be safely allocated to other clinical areas.	No further action required.
<u>South Yorkshire Regional Services</u>						
CICU	86.7%	115.8%	83.1%	82.0%	An assessment of appropriate Registered Nurse and care staff levels is made on a shift by shift basis. Where it is deemed necessary appropriately skilled nurses or care staff will be re-deployed from another area or bank nurses used. Longer term actions are also carefully considered and implemented as soon as practical.	In recent weeks 12.4wte Registered Nurses and 7.2 wte Clinical Support Workers have been appointed to the Care Group to fill existing vacancies and recruitment is ongoing. Newly appointed staff will undergo appropriate induction and training before taking up posts over the coming months.
Firth 7	94.0%	73.4%	93.0%	101.3%		
RUE	99.5%	83.5%	100.1%	96.8%		
RUF	97.6%	82.8%	96.3%	100.8%		

CCU	101.7%	76.2%	95.1%	N/A	This is a very small staff group and so minor levels of absence can adversely affect the percentage of shifts worked, particularly for care support staff.	No further action required.
<u>Surgical Services</u>						
Burns Unit	87.9%	81.6%	88.5%	85.6%	This is a very small staff group and so minor levels of absence can adversely affect the percentage of shifts worked, particularly for care support staff.	No further action required.
Huntsman 4	96.9%	76.5%	94.5%	93.1%	An assessment of appropriate Registered Nurse and care staff levels is made on a shift by shift basis.	Recruitment was initiated to provide additional staff to cover long term sickness and maternity leave.
Huntsman 6	83.4%	101.4%	90.9%	114.2%	Where it is deemed necessary appropriately skilled nurses or care staff will be re-deployed from another area or bank nurses used.	In recent weeks 10.8 wte Registered Nurses and 14.8wte Clinical Support Workers have been appointed to the Care Group to address such instances and recruitment is ongoing.
Huntsman 7	81.9%	93.2%	87.5%	116.1%	Longer term actions are also carefully considered and implemented as soon as practical.	Newly appointed staff will undergo appropriate induction and training before taking up posts over the coming months.
Vickers 4	99.0%	75.9%	80.9%	92.7%		
Firth 8	78.3%	115.5%	94.6%	100.0%		
Firth 9	90.4%	85.8%	88.2%	80.6%		
<u>Head and Neck Services</u>						
Ward L1	81.7%	114.0%	92.5%	90.3%	An assessment of appropriate care staff and registered nurse levels is made on a shift by shift basis.	Recruitment was initiated to fill vacancies and cover maternity leave.
Ward L2	81.7%	89.9%	98.4%	96.8%	Where it is deemed necessary appropriately skilled nurses or care staff will be re-deployed from another area or bank nurses used. Longer term actions are also carefully considered and implemented as soon as practical.	In recent weeks 6.0wte Registered Nurses and 10.04wte Clinical Support Workers have been appointed to the Care Group to address such instances and recruitment is ongoing. Newly appointed staff will undergo

Osborne 4	101.4%	79.3%	100.0%	103.3%		appropriate induction and training before taking up posts over the coming months.
<u>Specialised Cancer, Medicine and Rehabilitation</u>						
Osborne 1	92.0%	67.8%	102.2%	93.5%	An assessment of appropriate care staff and registered nurse levels is made on a shift by shift basis. Where it is deemed necessary appropriately skilled nurses or care staff will be re-deployed from another area or bank nurses used.	Recruitment was initiated to fill vacancies and cover maternity leave. In recent weeks 28.4 wte Registered Nurses and 10.21wte Clinical Support Workers have been appointed to the Care Group to address such instances and recruitment is ongoing.
Osborne 2	85.1%	68.4%	86.0%	123.9%	Longer term actions are also carefully considered and implemented as soon as practical.	Newly appointed staff will undergo appropriate induction and training before taking up posts over the coming months.
Osborne 3	90.0%	83.9%	87.9%	161.3%	There are 4 beds closed on Osborne 3, due to infection control constraints and a risk assessment was completed for utilising beds on a flexible basis. This has led to reduced occupancy levels. Safely staffing the night shifts has been prioritised over staffing in the day. During the day further support for patients is available from nursing staff working in non-clinical roles and other registered staff such as physiotherapists and their assistants.	
<u>OSCCA</u>						
ITU NGH	92.5%	93.3%	85.8%	78.0%	An assessment of appropriate care staff levels is made on a shift by shift basis. Where it is deemed necessary appropriately skilled care staff will be re-deployed from another area or bank nurses used.	Recruitment was initiated to fill vacancies and cover maternity leave. In recent weeks 10.64 wte Registered Nurses and 18.8 wte Clinical Support Workers have been appointed to the Care Group to address such

					Longer term actions are also carefully considered and implemented as soon as practical.	instances and recruitment is ongoing. Newly appointed staff will undergo appropriate induction and training before taking up posts over the coming months.
<u>LEGION</u>						
Labour Ward	89.3%	100.9%	81.7%	94.8%	Labour ward together with Whirlow, Rivelin and Norfolk wards comprise the Maternity unit and staff are deployed between the wards to best meet the needs of women and babies. Longer term actions are also carefully considered and implemented as soon as practical.	Recruitment was initiated to provide additional care staff to cover maternity leave. In recent weeks 3.64 wte Clinical Support Workers, 5.72 wte Registered Nurses and 1.6 wte Registered Midwives have been appointed to the Maternity Unit, with a further 7 Midwives being interviewed on 12/01/15
Rivelin	94.5%	75.8%	98.4%	96.6%		
Norfolk	95.9%	82.5%	100.8%	76.8%		
Whirlow	116.9%	75.8%	98.4%	96.6%		
NICU	78.1%	106.5%	78.4%	100.0%		

6. CONCLUSION

The Board of Directors is asked to debate the contents of this report and agree that the actions proposed are appropriate to maintain necessary levels of staffing.