

EXECUTIVE SUMMARY**REPORT TO THE BOARD OF DIRECTORS****HELD ON 19th NOVEMBER 2014**

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 October 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 shifts for Registered Nurses was 95.2% and for other care staff against planned levels was 92.2% during day shifts. Overall the actual fill rate for shifts for Registered Nurses against planned levels was 92.7% during night shifts and for other care staff the actual fill rate was 103.1%.
- 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	19 November 2014	

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 October 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)	95.2%	92.2%	92.7%	103.1%
Northern General	94.8%	92.0%	93.4%	104.5%
Royal Hallamshire	96.1%	92.2%	90.9%	98.6%
Weston Park Hospital	95.2%	92.1%	98.3%	138.5%
Beech Hill Intermediate Care Centre	91.2%	96.4%	95.5%	99.8%

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 October we have seen a reduced occupancy rate in some ward areas across the Trust, this has facilitated the redeployment of staff to maintain safe staffing levels.

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.

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

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 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.

On 13 October industrial action took place for a period of four hours and staffing levels for Registered Nurses/ Midwives and care staff were unaffected.

4. DATA QUALITY

In order to submit the information in a timely manner, the data will be 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. In order to confirm the accuracy of these data over the coming months a series of audits and checks will be run to confirm that the data submitted are accurate. Until these checks have been completed these early data need to be viewed with caution.

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 either registered nurses / midwives or care staff during October. 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		
Emergency Care						
Brearley 1	97.9%	80.1%	103.5%	95.8%	<p>An assessment of appropriate care staff levels is made on a shift by shift basis.</p> <p>Where it is deemed necessary appropriately skilled nurses or care staff will be re-deployed from another area or bank nurses used.</p> <p>Longer term actions are also carefully considered and implemented as soon as practical.</p>	<p>In recent weeks 18.0 wte Registered Nurses and 4.00 wte Clinical Support Workers have been appointed to the Care Group to address such instances and recruitment is ongoing.</p> <p>Newly appointed staff will undergo appropriate induction and training before taking up posts over the coming months.</p>
CF Ward	105.2%	78.7%	106.6%	82.6%	<p>This is a small staff group and so minor levels of absence can adversely affect the percentage of shifts worked.</p>	<p>No further action at this time.</p>
Robert Hadfield 1	97.1%	73.1%	100.5%	101.9%	<p>An assessment of appropriate care staff levels is made on a shift by shift basis.</p> <p>Where it is deemed necessary appropriately skilled nurses or care staff will be re-deployed from another area or bank nurses used.</p> <p>Longer term actions are also carefully considered and implemented as soon as practical.</p>	<p>Recruitment was initiated to provide additional care staff to cover long term sickness and maternity leave.</p> <p>In recent weeks 18.0 wte Registered Nurses and 4.0 wte Clinical Support Workers have been appointed to the Care Group to address such instances and recruitment is ongoing.</p> <p>Newly appointed staff will undergo appropriate induction and training before taking up posts over the coming months.</p>

P1	106.2%	70.2%	101.1%	91.4%	This is a small staff group and so minor levels of absence can adversely affect the percentage of shifts worked.	No further action at this time.
Combined Community and Acute Group						
Huntsman 5	88.1%	80.6%	85.1%	103.5%	<p>An assessment of appropriate care staff and registered nurse levels is made on a shift by shift basis.</p> <p>Where it is deemed necessary appropriately skilled nurses or care staff will be re-deployed from another area or bank nurses used.</p> <p>Longer term actions are also carefully considered and implemented as soon as practical.</p> <p>In some instances temporary Clinical Support Worker shifts are booked where temporary Registered Nurse shifts are not filled; ensuring that the resulting skill mix is still appropriate to deliver safe care.</p>	<p>Recruitment was initiated to provide additional staff to cover long term sickness and maternity leave.</p> <p>In recent weeks 19.51 wte Registered Nurses and 10.36 wte Clinical Support Workers have been appointed to the Care Group to address such instances and recruitment is ongoing.</p> <p>Newly appointed staff will undergo appropriate induction and training before taking up posts over the coming months.</p>
South Yorkshire Regional Services						
CICU	85.6%	103.6%	82.7%	82.0%	<p>An assessment of appropriate care staff levels is made on a shift by shift basis.</p> <p>Where it is deemed necessary appropriately skilled nurses or care staff will be re-deployed from another area or bank nurses used.</p> <p>Longer term actions are also carefully considered and implemented as soon as practical.</p>	<p>In recent weeks 19.2 wte Registered Nurses and 4.6wte Clinical Support Workers have been appointed to the Care Group to address such instances and recruitment is ongoing.</p> <p>Newly appointed staff will undergo appropriate induction and training before taking up posts over the coming months.</p>
CCU	112.1%	64.5%	96.0%	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.

Surgical Services						
Burns Unit	91.8%	100.2%	84.2%	74.4%	<p>An assessment of appropriate care staff and registered nurse levels is made on a shift by shift basis.</p> <p>At times during October there was reduced occupancy on this unit, this allowed care staff to be appropriately re-deployed to support safe staffing on other wards.</p>	No further action required.
Huntsman 6	83.6%	110.6%	76.7%	134.4%	<p>An assessment of appropriate care staff and registered nurse levels is made on a shift by shift basis.</p> <p>Where it is deemed necessary appropriately skilled nurses or care staff will be re-deployed from another area or bank nurses used.</p> <p>Longer term actions are also carefully considered and implemented as soon as practical.</p> <p>In some instances temporary Clinical Support Worker shifts are booked where temporary Registered Nurse shifts are not filled; ensuring that the resulting skill mix is still appropriate to deliver safe care.</p>	<p>Recruitment was initiated to provide additional staff to cover long term sickness and maternity leave.</p> <p>In recent weeks 18.44 wte Registered Nurses and 9.13 wte Clinical Support Workers have been appointed to the Care Group to address such instances and recruitment is ongoing.</p> <p>Newly appointed staff will undergo appropriate induction and training before taking up posts over the coming months.</p>
Firth 3	83.4%	91.2%	91.5%	102.8%	<p>An assessment of appropriate care staff and registered nurse levels is made on a shift by shift basis.</p> <p>Where it is deemed necessary appropriately skilled nurses or care staff will be re-deployed from another area or bank nurses used.</p> <p>Longer term actions are also carefully considered and implemented as soon as practical.</p> <p>In some instances temporary Clinical Support Worker shifts are booked where temporary Registered Nurse shifts are not filled; ensuring that the resulting skill mix is still appropriate to deliver safe care.</p>	<p>Recruitment was initiated to provide additional staff to cover long term sickness and maternity leave.</p> <p>In recent weeks 18.44 wte Registered Nurses and 9.13 wte Clinical Support Workers have been appointed to the Care Group to address such instances and recruitment is ongoing.</p> <p>Newly appointed staff will undergo appropriate induction and training before taking up posts over the coming months.</p>

F2	97.6%	77.8%	100.0%	86.7%	<p>An assessment of appropriate care staff and registered nurse levels is made on a shift by shift basis.</p> <p>Where it is deemed necessary appropriately skilled nurses or care staff will be re-deployed from another area or bank nurses used.</p> <p>Longer term actions are also carefully considered and implemented as soon as practical.</p> <p>In some instances temporary Clinical Support Worker shifts are booked where temporary Registered Nurse shifts are not filled; ensuring that the resulting skill mix is still appropriate to deliver safe care</p>	<p>Recruitment was initiated to provide additional staff to cover long term sickness and maternity leave.</p> <p>In recent weeks 18.44 wte Registered Nurses and 9.13 wte Clinical Support Workers have been appointed to the Care Group to address such instances and recruitment is ongoing.</p> <p>Newly appointed staff will undergo appropriate induction and training before taking up posts over the coming months.</p>
Head and Neck						
Ward L2	84.7%	90.3%	98.4%	93.6%	<p>An assessment of appropriate care staff and registered nurse levels is made on a shift by shift basis.</p> <p>Where it is deemed necessary appropriately skilled nurses or care staff will be re-deployed from another area or bank nurses used.</p> <p>Longer term actions are also carefully considered and implemented as soon as practical.</p>	<p>In recent weeks 8.0 wte Registered Nurses and 3.24 wte Clinical Support Workers have been appointed to the Care Group to fill vacant posts and recruitment is ongoing.</p> <p>Newly appointed staff will undergo appropriate induction and training before taking up posts over the coming months.</p>
Specialised Cancer, Medicine and Rehabilitation						
Ward 2 WPH	107.0%	76.3%	101.4%	96.9%	<p>An assessment of appropriate care staff and registered nurse levels is made on a shift by shift basis.</p> <p>Where it is deemed necessary appropriately skilled nurses or care staff will be re-deployed from another area or bank nurses used.</p> <p>Longer term actions are also carefully considered and implemented as soon as practical.</p> <p>In some instances temporary Clinical Support Worker shifts are booked where temporary</p>	<p>Recruitment was initiated to fill vacancies and cover maternity leave.</p> <p>In recent weeks 24.79 wte Registered Nurses and 9.96 wte Clinical Support Workers have been appointed to the Care Group to address such instances and recruitment is ongoing.</p> <p>Newly appointed staff will undergo appropriate induction and training before taking up posts over the coming months.</p>

					Registered Nurse shifts are not filled; ensuring that the resulting skill mix is still appropriate to deliver safe care	
Ward O1	95.0%	65.7%	101.5%	96.7%	<p>An assessment of appropriate care staff and registered nurse levels is made on a shift by shift basis.</p> <p>Where it is deemed necessary appropriately skilled nurses or care staff will be re-deployed from another area or bank nurses used.</p> <p>Longer term actions are also carefully considered and implemented as soon as practical.</p> <p>In some instances temporary Clinical Support Worker shifts are booked where temporary Registered Nurse shifts are not filled; ensuring that the resulting skill mix is still appropriate to deliver safe care</p>	<p>Recruitment was initiated to fill vacancies and cover maternity leave.</p> <p>In recent weeks 24.79 wte Registered Nurses and 9.96 wte Clinical Support Workers have been appointed to the Care Group to address such instances and recruitment is ongoing.</p> <p>Newly appointed staff will undergo appropriate induction and training before taking up posts over the coming months.</p>
Osborne 1	91.5%	66.3%	94.1%	101.3%	<p>An assessment of appropriate care staff levels is made on a shift by shift basis.</p> <p>Where it is deemed necessary appropriately skilled nurses or care staff will be re-deployed from another area or bank nurses used.</p> <p>Longer term actions are also carefully considered and implemented as soon as practical.</p>	<p>Recruitment was initiated to fill vacancies and cover maternity leave.</p> <p>In recent weeks 24.79 wte Registered Nurses and 9.96 wte Clinical Support Workers have been appointed to the Care Group to address such instances and recruitment is ongoing.</p> <p>Newly appointed staff will undergo appropriate induction and training before taking up posts over the coming months.</p>

Osborne 2	81.0%	111.2%	91.6%	119.1%	<p>An assessment of appropriate care staff levels is made on a shift by shift basis.</p> <p>Where it is deemed necessary appropriately skilled nurses or care staff will be re-deployed from another area or bank nurses used.</p> <p>Longer term actions are also carefully considered and implemented as soon as practical.</p>	<p>Recruitment was initiated to fill vacancies and cover maternity leave.</p> <p>In recent weeks 24.79 wte Registered Nurses and 9.96 wte Clinical Support Workers have been appointed to the Care Group to address such instances and recruitment is ongoing.</p> <p>Newly appointed staff will undergo appropriate induction and training before taking up posts over the coming months.</p>
Osborne 3	87.3%	63.4%	86.0%	131.6%	<p>An assessment of appropriate care staff and registered nurse levels is made on a shift by shift basis but looking into the near future, it became apparent that more care staff were needed to work on nights than planned and less staff on days than planned.</p>	No further action required.
OSCCA						
ITU NGH	87.7%	81.8%	86.5%	85.7%	<p>An assessment of appropriate care staff levels is made on a shift by shift basis.</p> <p>Where it is deemed necessary appropriately skilled nurses or care staff will be re-deployed from another area or bank nurses used.</p> <p>Longer term actions are also carefully considered and implemented as soon as practical.</p>	<p>Recruitment was initiated to fill vacancies and cover maternity leave.</p> <p>In recent weeks 18.85 wte Registered Nurses and 7.64 wte Clinical Support Workers have been appointed to the Care Group to address such instances and recruitment is ongoing.</p> <p>Newly appointed staff will undergo appropriate induction and training before taking up posts over the coming months.</p>
Obstetrics, Gynaecology and Neonatology						
Rivelin Ward	112.6%	66.1%	87.1%	92.9%	<p>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.</p>	Recruitment was initiated to provide additional care staff to cover maternity leave.
Norfolk Ward	87.3%	91.7%	102.5%	75.5%		<p>In recent weeks 10.28 wte Clinical Support Workers, 11.04 wte Registered Nurses and 1.8 wte Registered Midwives have been</p>

Whirlow Ward	99.3%	80.3%	75.8%	88.8%		appointed to the Maternity Unit. Newly appointed staff will undergo appropriate induction and training before taking up posts over the coming months.
Ward G2	105.9%	85.9%	99.8%	83.5%	<p>An assessment of appropriate care staff and registered nurse levels is made on a shift by shift basis.</p> <p>Where it is deemed necessary appropriately skilled nurses or care staff will be re-deployed from another area or bank nurses used.</p> <p>Longer term actions are also carefully considered and implemented as soon as practical.</p> <p>In some instances temporary Clinical Support Worker shifts are booked where temporary Registered Nurse shifts are not filled; ensuring that the resulting skill mix is still appropriate to deliver safe care</p> <p>Also, at times during October there were reduced occupancy levels on this ward, allowing the ward to be staffed to optimum levels with fewer registered nurses and care support staff who, on occasions were redeployed to other areas.</p>	<p>In recent weeks 10.28 wte Clinical Support Workers, 11.04 wte Registered Nurses have been appointed to the Maternity Unit.</p> <p>Newly appointed staff will undergo appropriate induction and training before taking up posts over the coming months.</p>

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.