NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS' MEETING

Meeting Date: 28 October 2015

Title and Author of Paper: Safer Staffing – September Exception Report
Gary O'Hare, Executive Director of Nursing and Operations

Paper for Debate, Decision or Information: Information

Key Points to Note:

In March 2014 NHS England and the Care Quality Commission jointly published guidance on the delivery of the Hard Truths commitments associated with publishing staffing data regarding nursing, midwifery and care staff. The commitments are to publish staffing data from April 2014.

As agreed at the June 2014 Board of Directors, monthly exception reports would be received explaining the reasons for staffing being 10% under planned and 20% over planned.

Following the annual review of the skill mix on our inpatient wards we have altered the budgets to reflect an increase in the registered staff ratio on a number of wards to enhance the care we provide.

Over the next few months these wards will appear to be below our planned registered staffing levels whilst we recruit into these posts.

The unregistered planned staffing levels have been reduced and the wards that are under on the planned registered level will be over on the unregistered levels. This will ensure that the total number of staff on the ward remains safe during this transitional period.

September exceptions:
- 2 wards were within the agreed ranges.
- 13 wards had qualified staff under 90% and 18 under 80%. Reasons for understaffing are due to changes in the qualified ratio results in vacancies and supplementing staffing with unqualified staff.
- 2 wards had unqualified staff under 90% and 3 under 80%. With the reason in most cases having been reduced clinical activity.
- 22 wards had staffing above 120% which was due to increased clinical activity, ranging from 310.71% to 120.33%. **6** of these wards had staffing over 200%.

Also included in this month's report is the first Annual Safer Staffing Review. Further work to develop this report will be undertaken over the next two months.

Outcome required:
Board of Directors to receive for information and discussion.

Safer Staffing Annual Review

Background:

From April 2014, all Trusts with inpatient areas are required to publish information about the number of nursing, midwifery and care staff working on each ward, together with the percentage of shifts meeting safe staffing guidelines.

NHS England and the Care Quality Commission (CQC) have issued joint guidance on the 'Hard Truths' commitments regarding nursing, midwifery and care staff capacity and capability. The 'Hard Truths' commitments represent the Government's response to the Francis Report (2013) into the poor care identified at Mid Staffordshire NHS Foundation Trust.

The key priorities from the 'Hard Truths' for Trusts are to provide:

- A six-monthly Board report describing the staffing capacity and capability, following an establishment review, using evidence-based tools where possible
- To display information at ward-level about the nurses, midwives and care staff deployed for each shift compared to what has been planned
- A monthly Board report containing details of planned and actual staffing levels on a shift by shift basis at ward level for the previous month
- The monthly report must also be published on the Trust's website, and Trusts will be expected to link or upload the report to the Trust's webpage on NHS Choices
- At Northumberland, Tyne and Wear NHS Foundation Trust, we take the care of our patients very seriously and already have a number of mechanisms in place to ensure that our wards are safely staffed. Each month, we will publish information about our staffing levels and provide links to papers discussed in public at our Trust Board meetings.
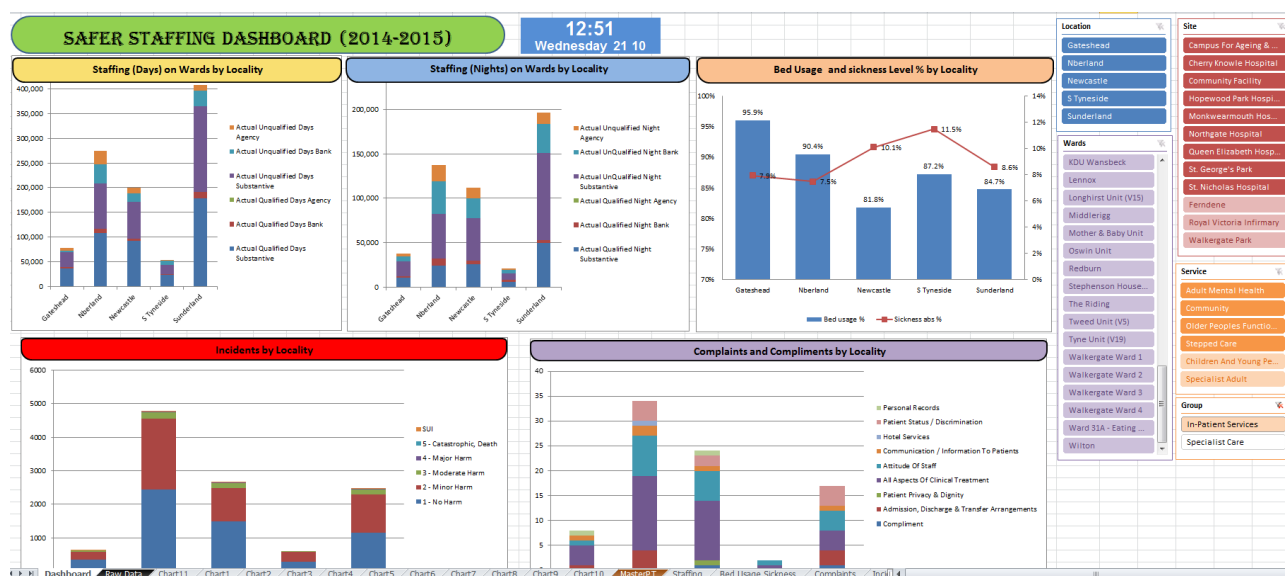
Within the Trust at this point, 78% of the patients in wards are currently detained under the Mental Health Act. This, from a staffing perspective, increases the workload as staff provide increased engagement and support to those patients, as well as increasing workload due to the levels of documentation and reporting required.

Safer Staffing Dashboard:

The dashboard was developed to enable the Safer Staffing Group to more readily assess information, and can be manipulated at locality, service, group or ward level. It was compiled from a selection of data sources which build a picture of the staffing on the wards, the influences and possible impacts. A picture of the ward was built up from the bed usage and staff absences, supplied through the dashboard and taken from a report from ESR respectively. How the ward is manned considering these factors is taken from the bank and agency usage per ward across day and night shift including the type of staff being used, this data is taken from an annual report.

To establish if the any of these factors impact the performance or quality of services being delivered on the ward, we have used the complaints and incident reports from the safety team dashboard.

Screenshot of a dashboard view:

Methodology:

Data was collated for the period March 2014 to April 2015, for all inpatient wards including those in Specialist Group, however social care units were not to be included.

Information was separated into days and nights, and by registered nursing staff and unregistered care staff. It does not include staff that are supernumerary, but does include ward managers.

The gathering of the staffing data was made simpler as the majority of our inpatient wards use the Time Attendance electronic Rostering system (TAeR) and all of the bank usage was electronic. All of the time that staff were clocked in was included in the data - this would give a slight variance from the planned if staff clocked early or left late without any additional staff been on duty, e.g. if you have only one member of staff planned for duty and that person comes in 10 minutes before their night shift every day, then they would potentially be on duty 2 hours more over a month. This would result in a percentage higher than 100%.

Planned hours were established from existing ward whole time equivalent staffing complement, while actual hours were collated from the staff that had clocked in and out, or via collation of 'off duty' records if the ward is not using TAeR. Ward Managers were added using a Monday to Friday 9 a.m. to 5.00 p.m. calculation. Bank and agency hours allocated to each ward were also included. The sum of all of these gave total hours.
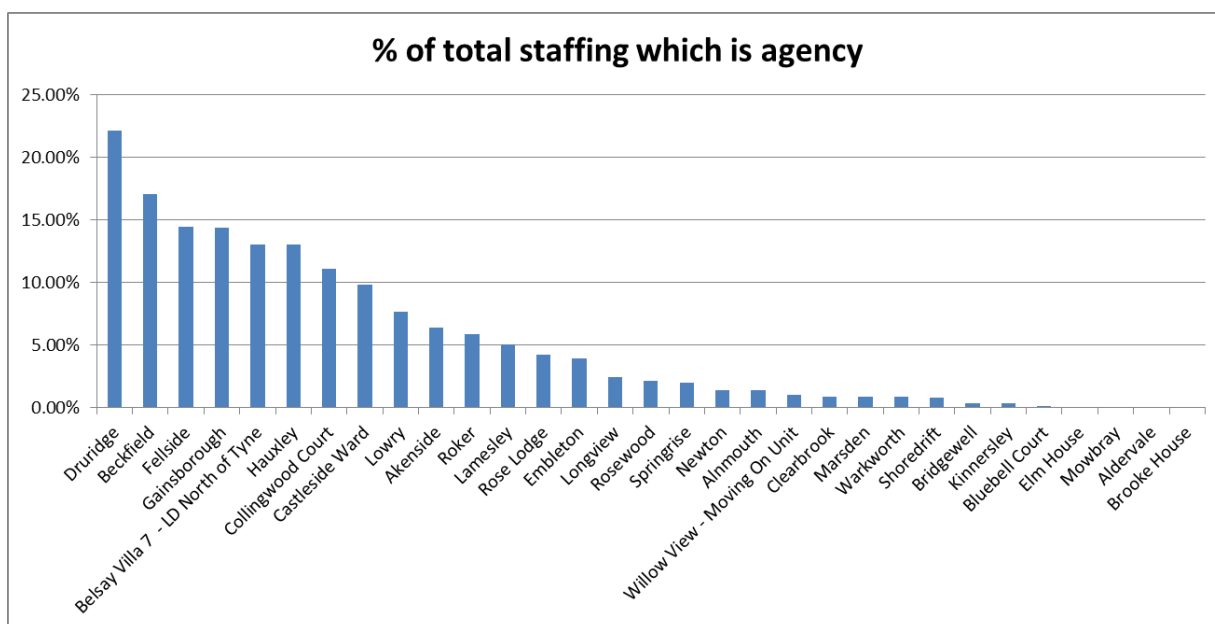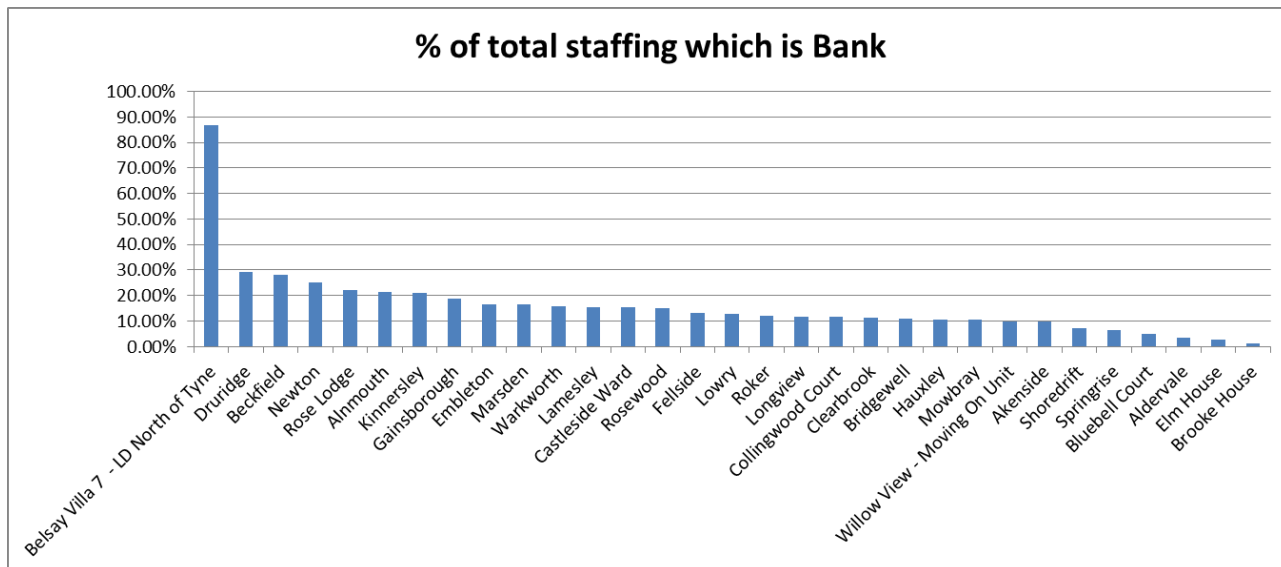
12 Month Review of Data:

Vacancy position as at 21st October 2015 (listed as wte):

Banding	Inpatient vacancies	Specialist vacancies	Total vacancies

2	2		2
3	3	12	15
4	2		2
5	38.64	56	94.64
6	8	5	13
	Inpatient total = 53.64	Specialist total = 73	Overall total = 129.34

Inpatient Group:

Staffing levels – comparison of levels of bank and agency staffing, as a proportion of total staffing:
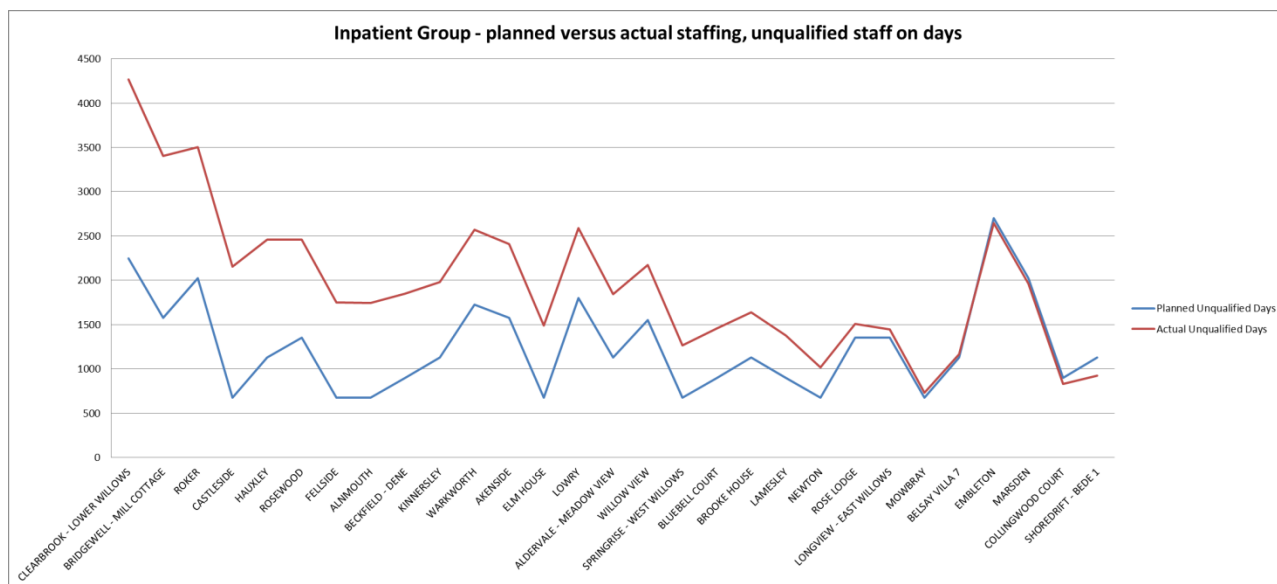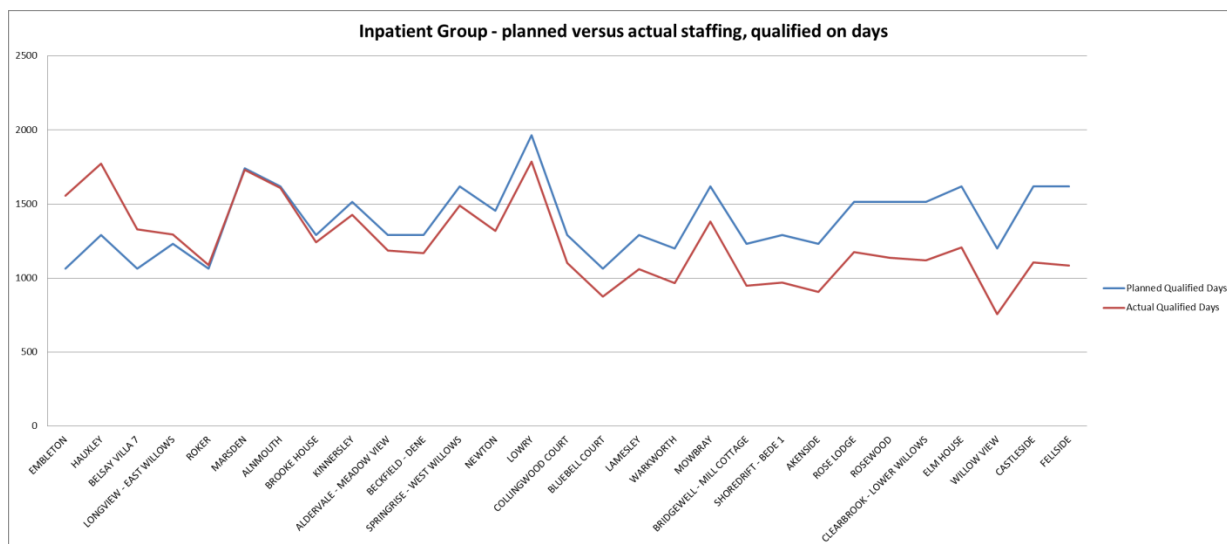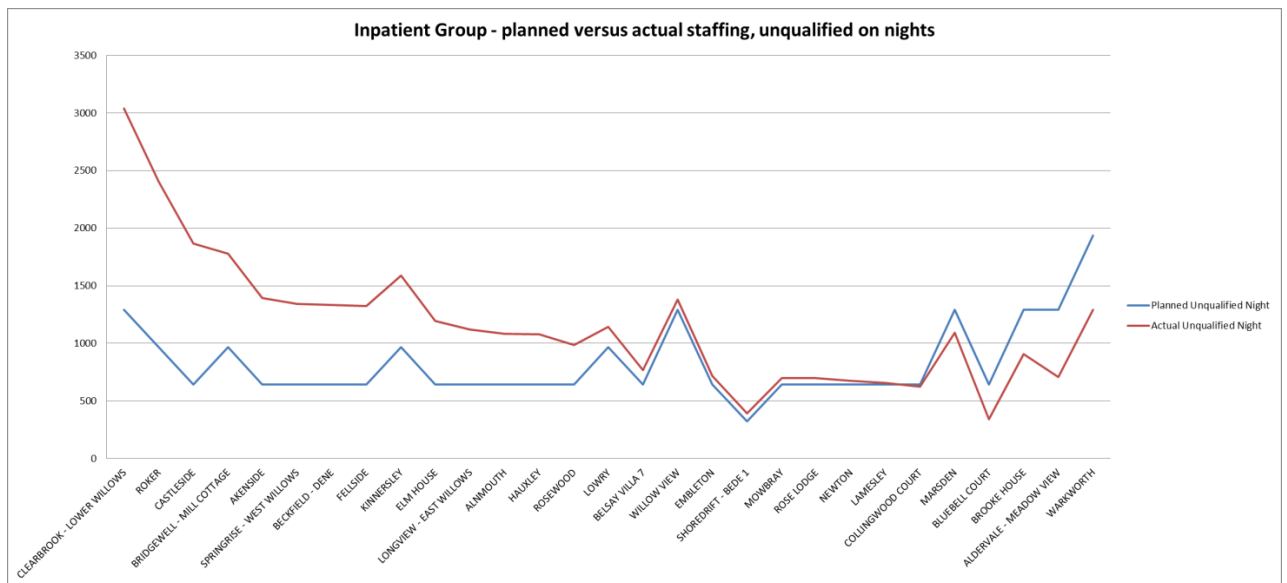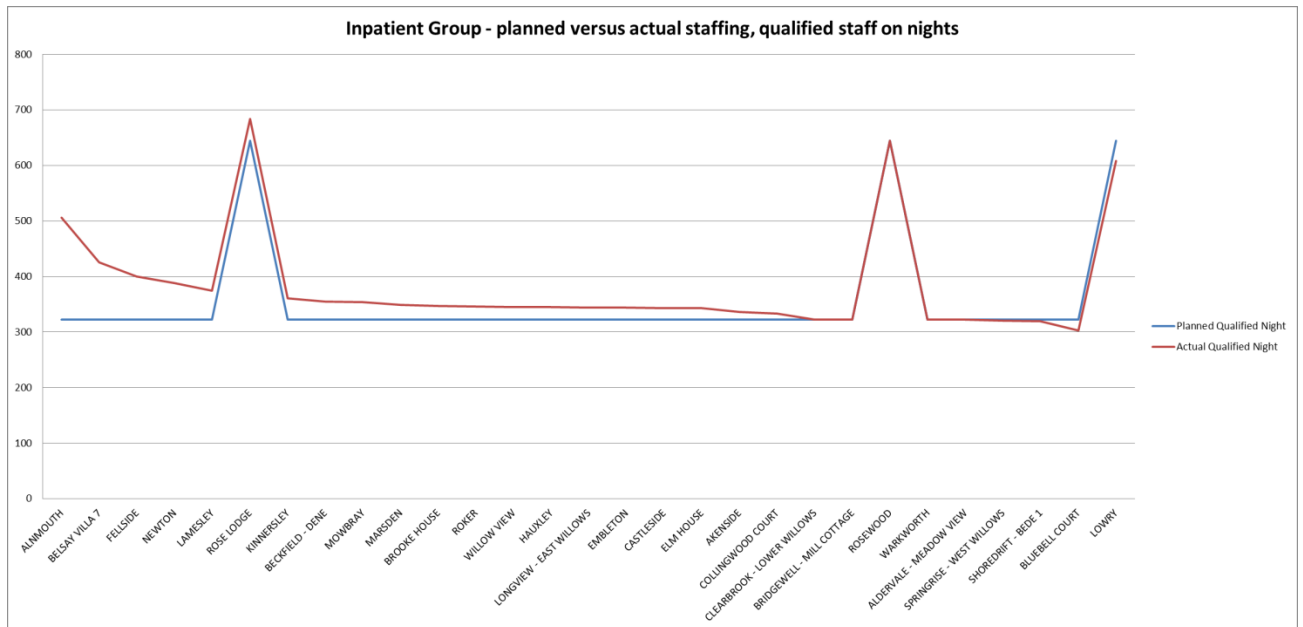

% of total staffing which is Bank

% of total staffing which is agency

Planned versus actual staffing levels, shown for the month of September 2015 – further analysis is needed on a wider date range for confidence:

Comparing the qualified and unqualified staffing levels, it is apparent that more than half of wards have significantly more unqualified staff than was planned, whereas
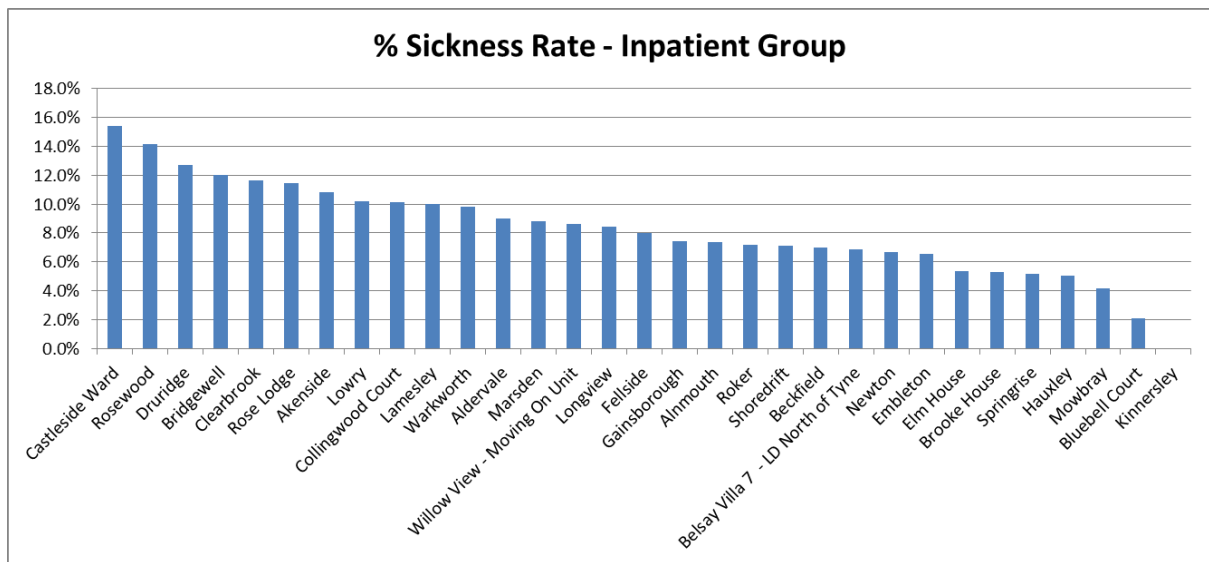
only 4 wards have more qualified staff than planned, and these 4 wards change from dayshift to nightshift. The types of patients and number of detentions within each ward should be factored into the analysis going forward, as this will affect observation levels, etc. It is noteworthy that over 80% of wards have less actual qualified dayshift staff than was planned, but at nights, this is vastly reduced, with only 4 wards showing a difference.

On dayshift, the balance in many wards has shifted, with less qualified staff than planned, but more unqualified staff.
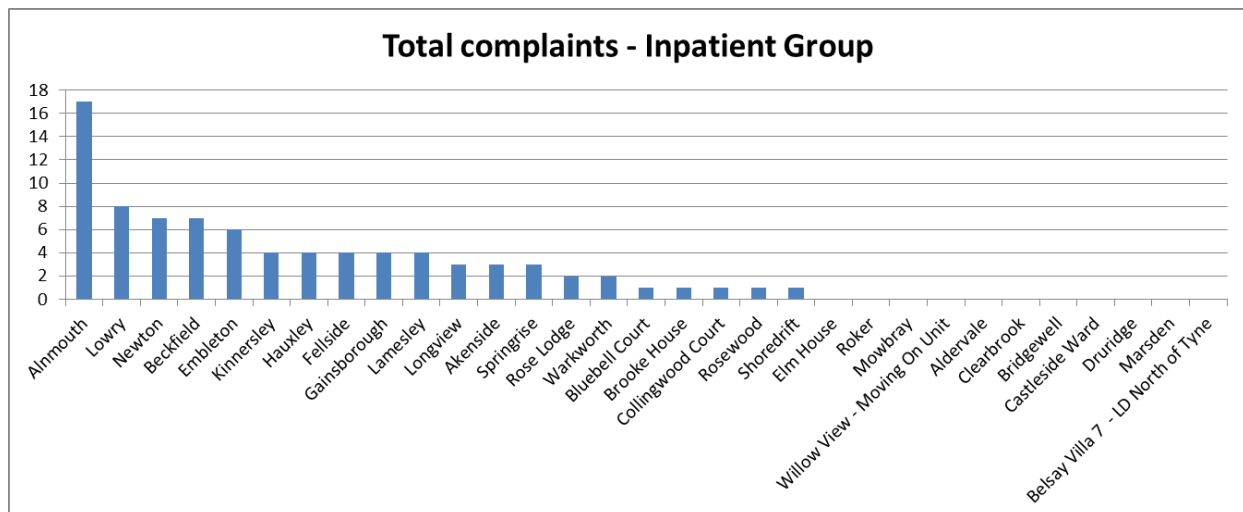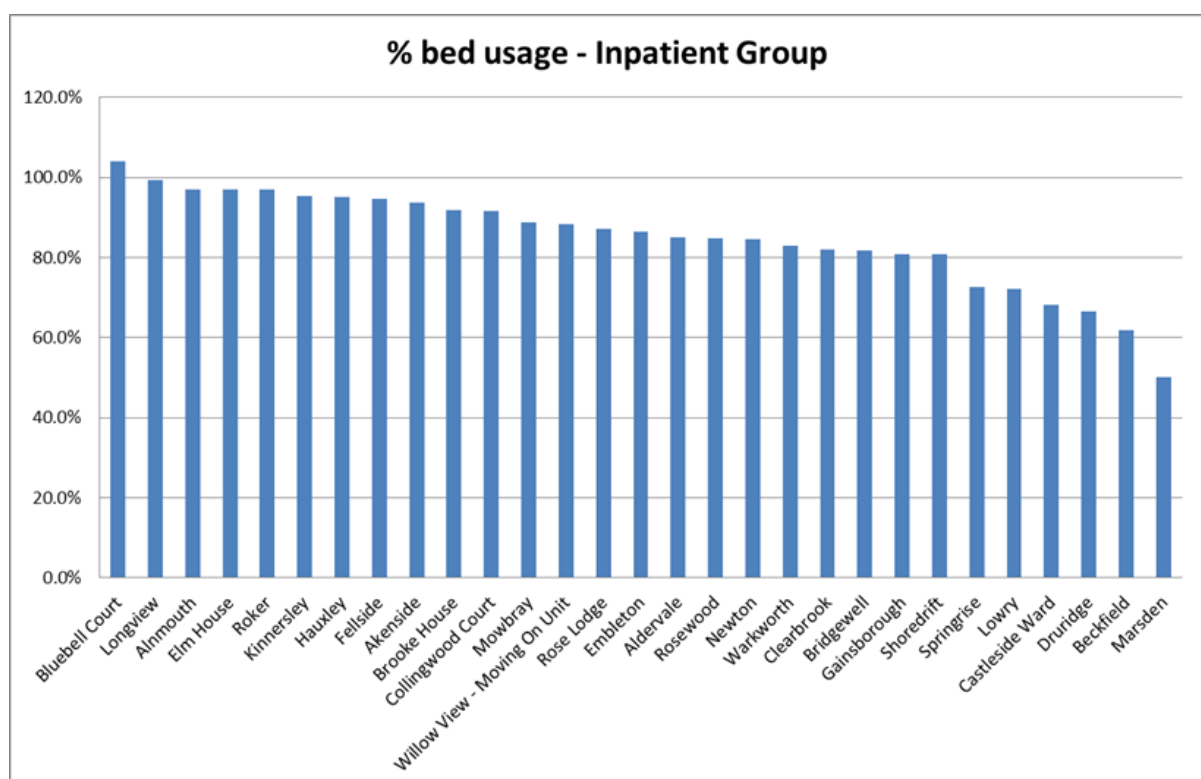
Inpatient Group - planned versus actual staffing, qualified staff on nights

Inpatient Group - planned versus actual staffing, unqualified on nights

Sickness rates:

% Sickness Rate - Inpatient Group

Complaints and compliments:

Total complaints - Inpatient Group

Only 1 compliment was recorded in the data provided, for Lowry Ward – this needs further work to ensure others are logged.
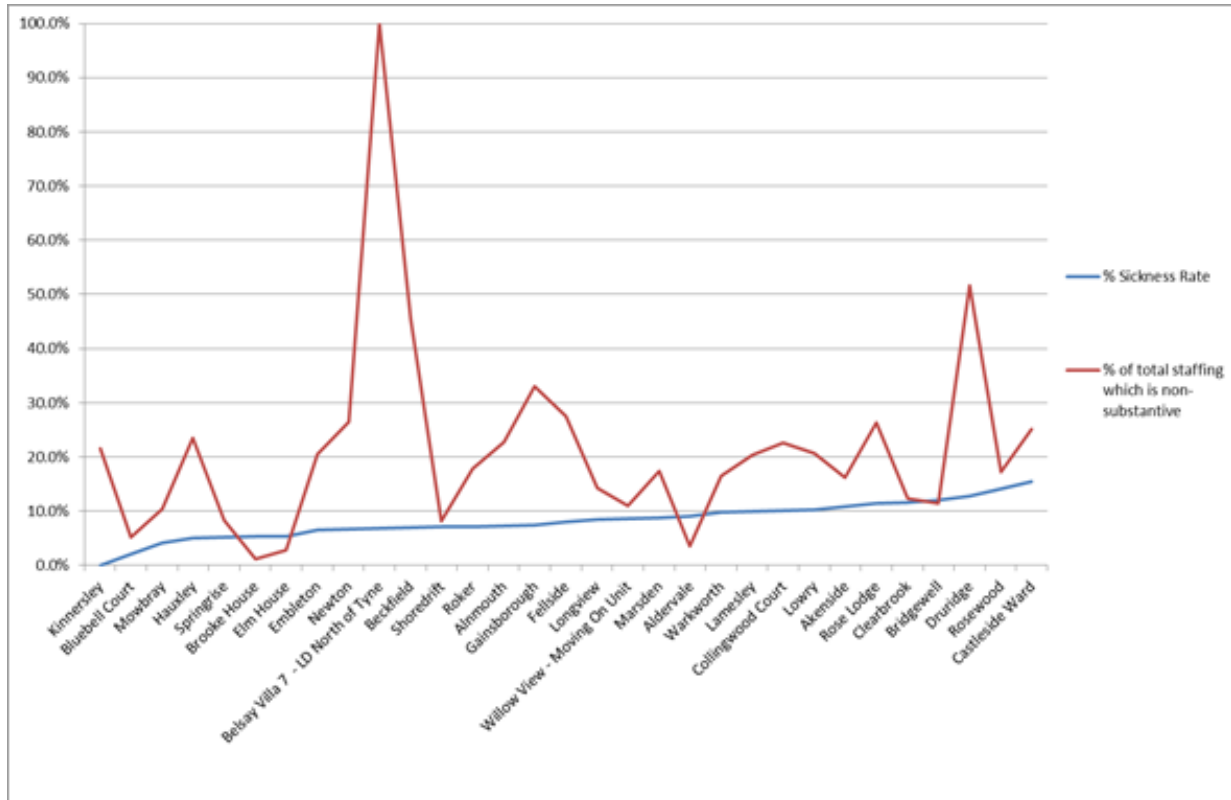
Bed Usage:
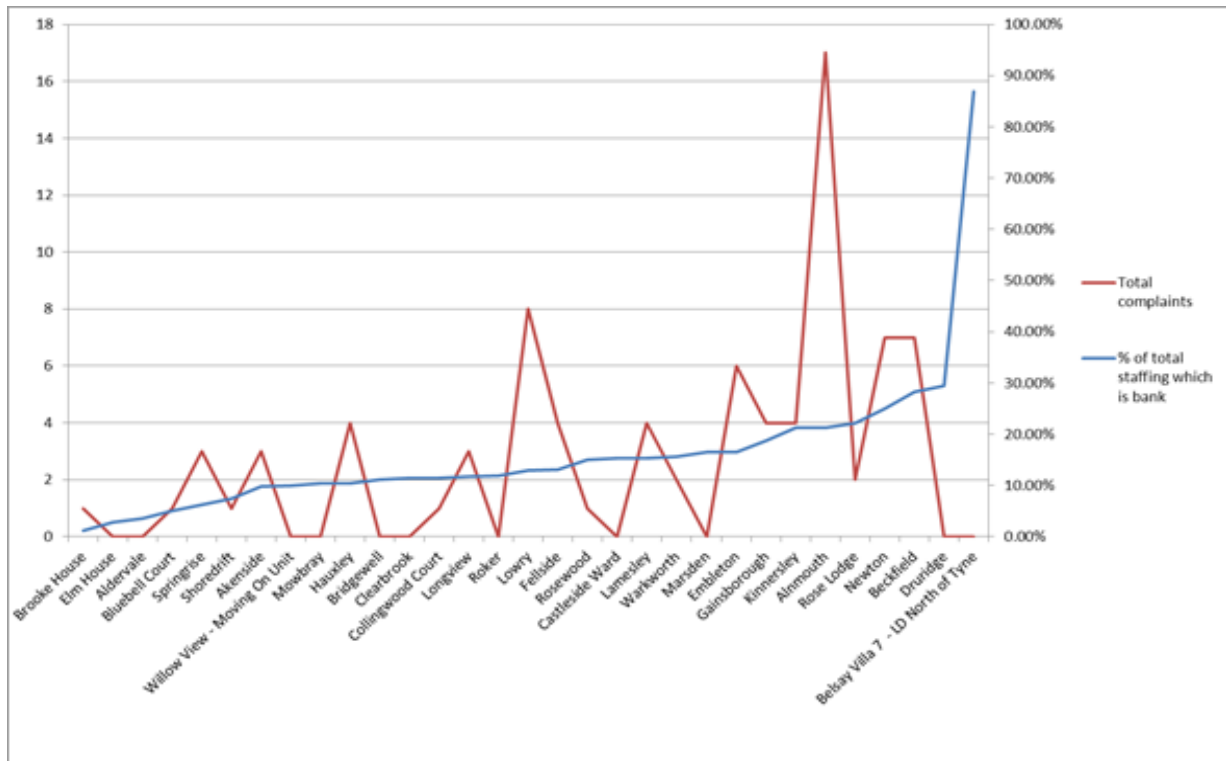

% bed usage - Inpatient Group

Commentary:

- Every main hospital site has some of the highest and lowest bed usage rates within it, with an average of 84.8% across the Group (when the 0% wards are excluded)
- The ward with the highest bed occupancy rate also has the lowest sickness rate (Bluebell Court, Stepped Care, St George's Park)
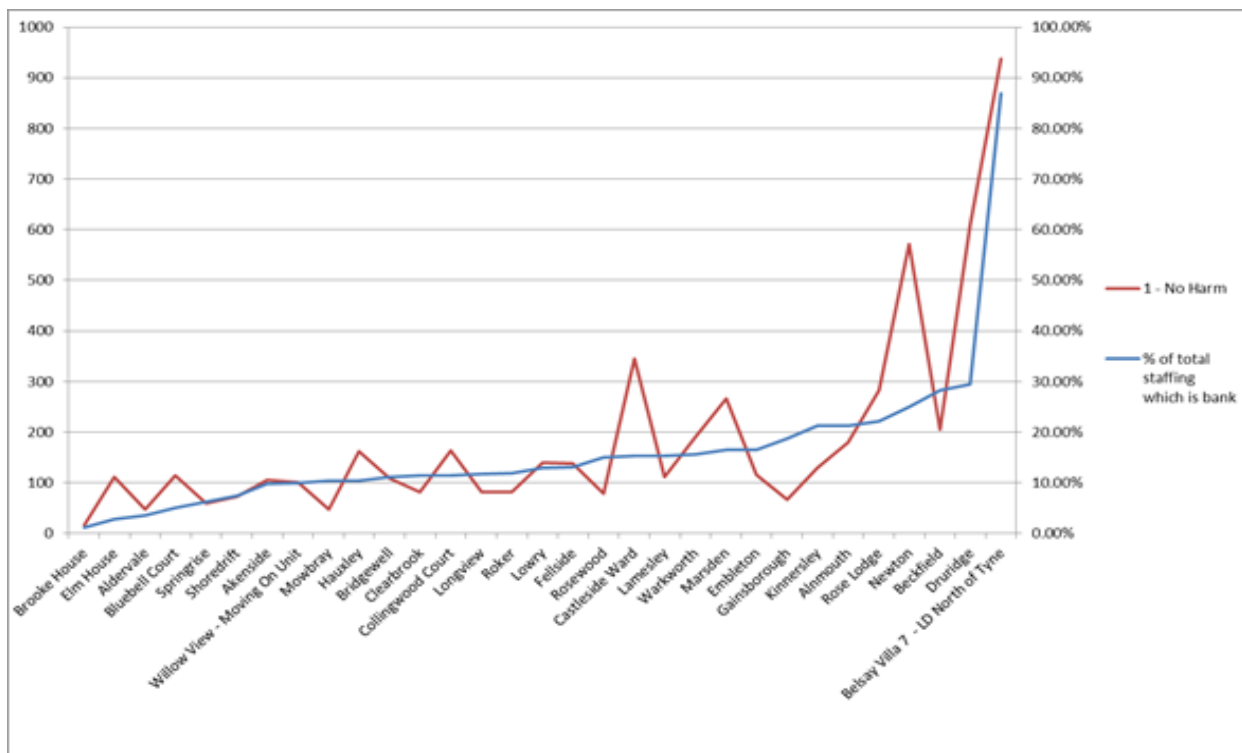
- There is no linkage seen between bed occupancy levels and SUI or complaint rate
- Sickness rates range from 0 to 15.4%, with almost all wards over 5% - there is no data given on whether this is long term or short term sickness, and reasons, all of which would warrant further analysis
- Some of the highest sickness is at CAV and in Stepped Care at Hopewood, but there is no overall discernible pattern across sites or services
- Use of Bank staffing ranges from 1.17% to 86.93%, and agency staffing from 0% to 22.16% - there is no pattern across hospital sites
- There is no linkage between sickness rates and levels of non-substantive staff (bank and agency) used – see chart below:
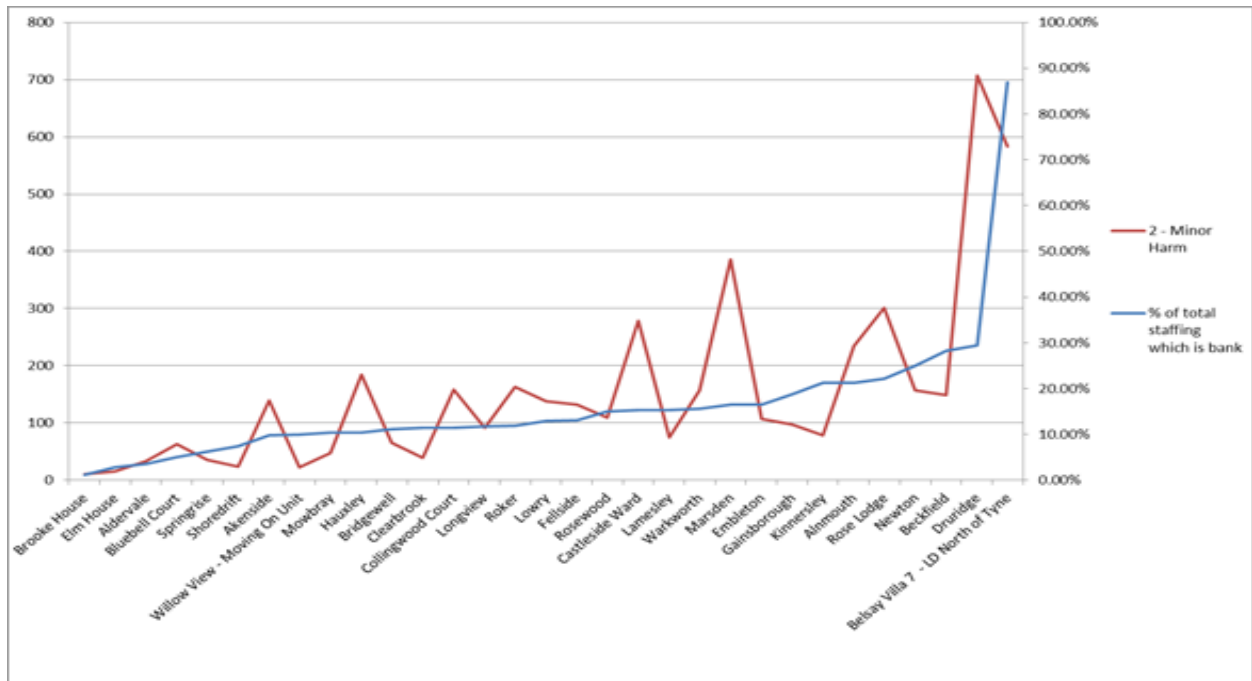

- There may be a relationship between the number of complaints and the amount of Bank staffing used, although this is not always the case – the type of patients in each ward and their ability/tendency towards making registered complaints would be a factor to take into account here, and so warrants further analysis:
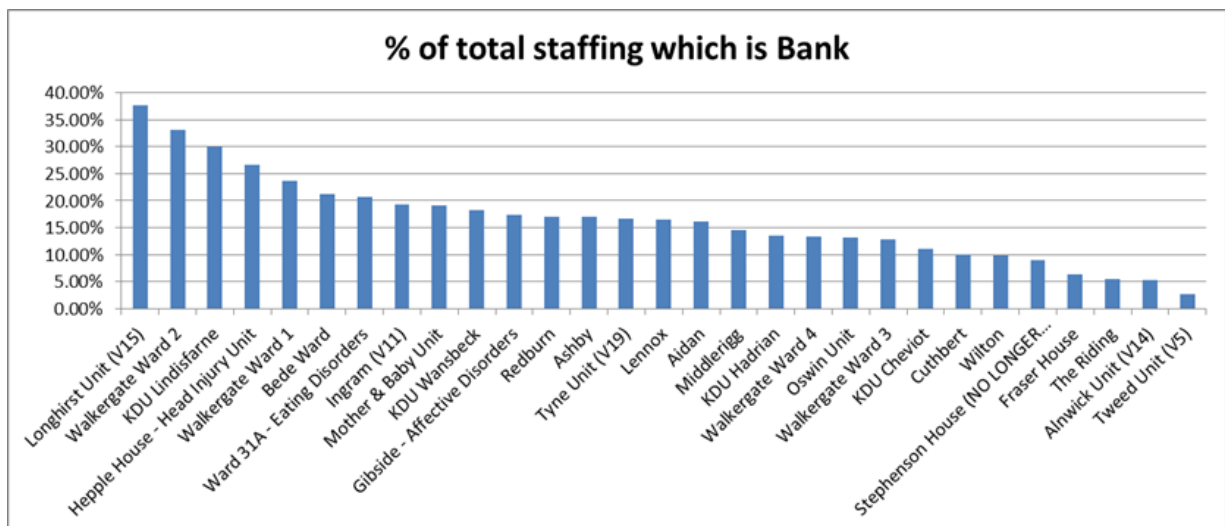
- There appears to be a relationship between the proportion of staffing which are Bank and the number of Level 1 and Level 2 Incidents, but not with the number of Levels 3, 4, 5 or SUIs – there is no relationship seen between the total staffing level and the number of incidents/SUIs, so what may be more important is the proportion of those staff who are Bank – the types of wards and patients with high levels of Level 1 and 2 incidents needs further analysis
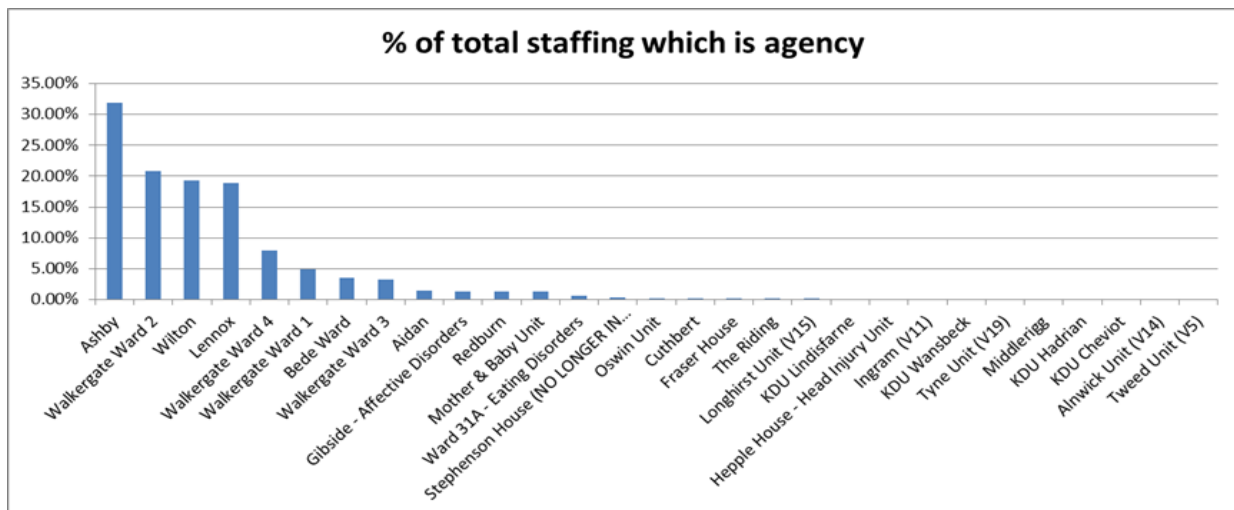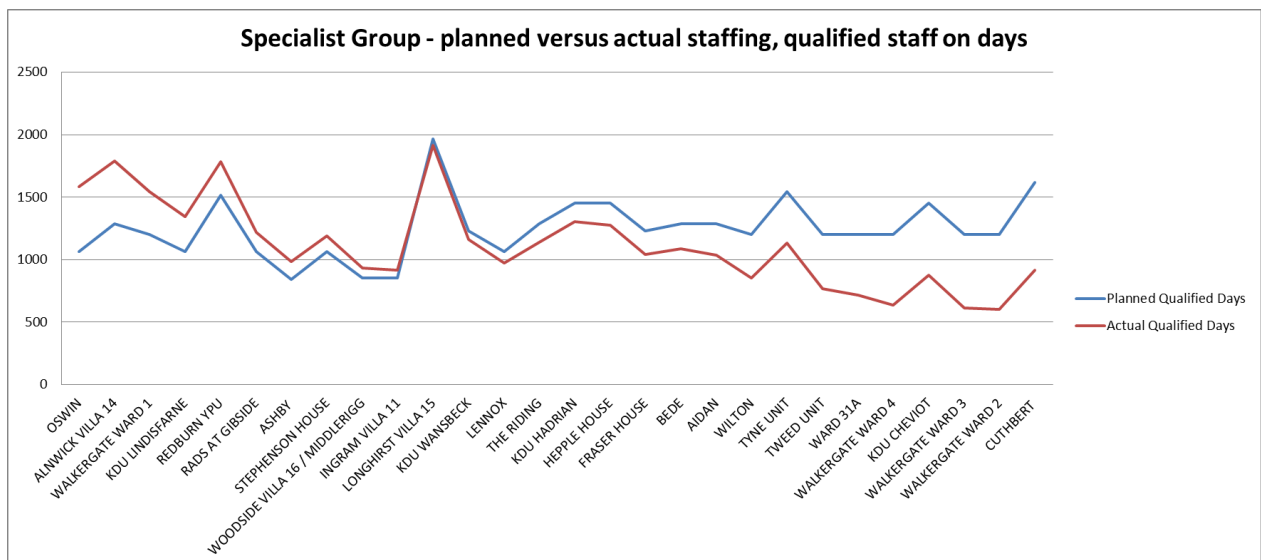
Specialist Care Group:

Staffing levels – comparison of levels of bank and agency staffing, as a proportion of total staffing:

% of total staffing which is Bank
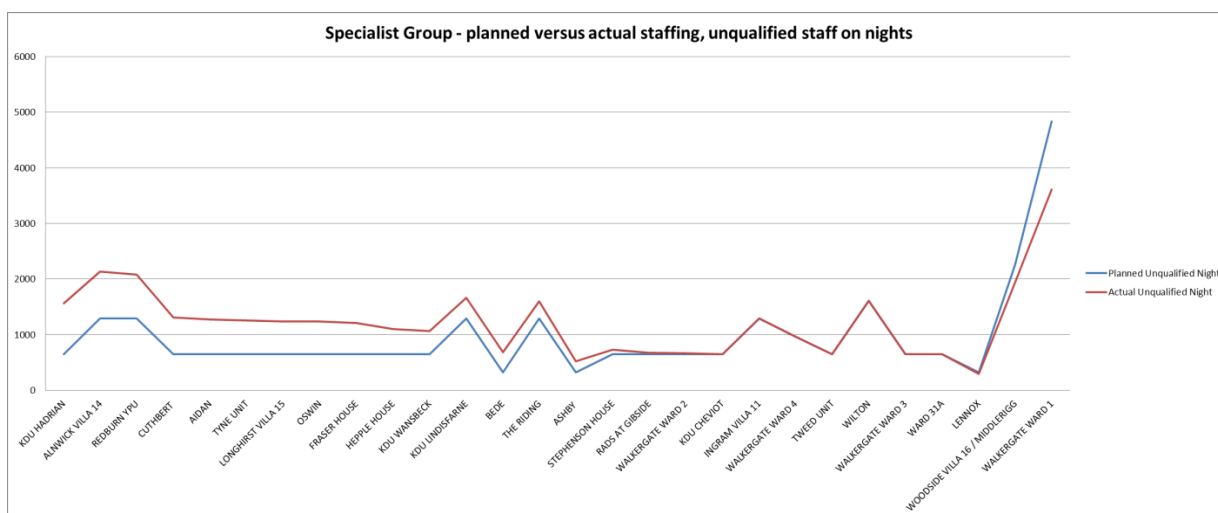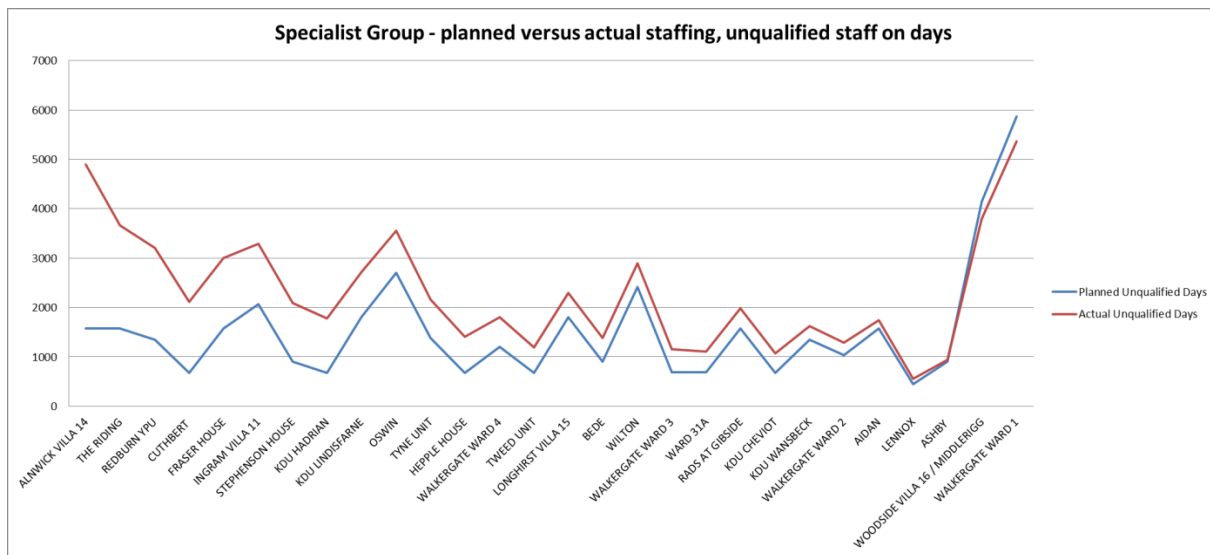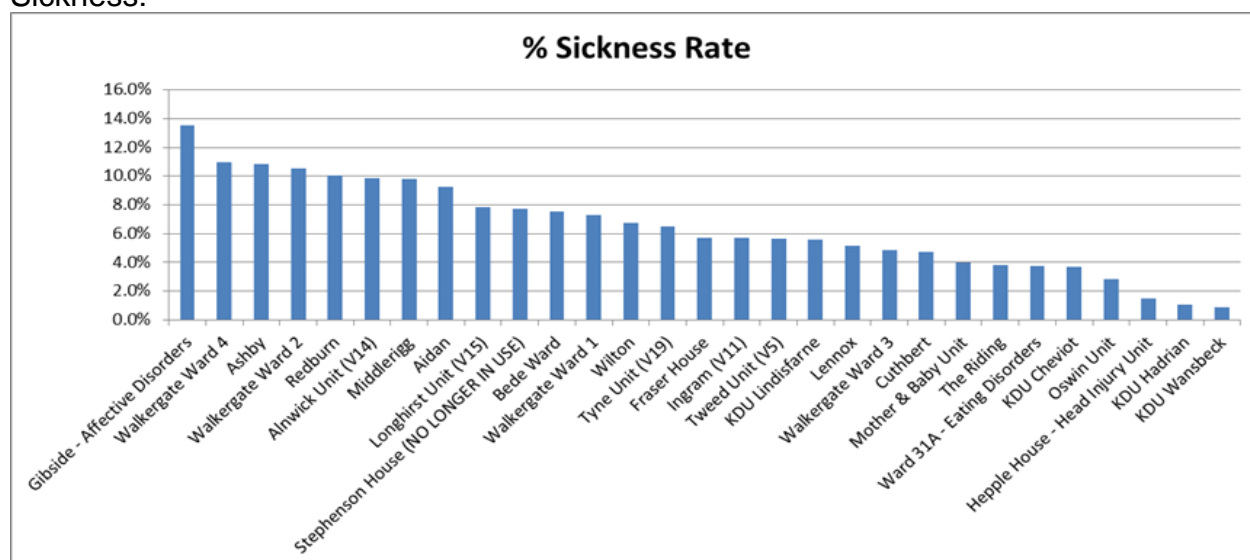
% of total staffing which is agency

Planned versus actual staffing levels, shown for the month of September 2015 – further analysis is needed on a wider date range for confidence:

Comparing the qualified and unqualified staffing levels, it is noteworthy that over 60% of wards have less actual qualified dayshift staff than was planned, but at nights, this is significantly reduced as is the case in Inpatient Group. In contrast to Inpatient Group however, on dayshift, there is less of a shift in balance between qualified and unqualified when comparing planned with actual staffing – many wards have more qualified <u>and</u> unqualified staff than was planned.

Specialist Group - planned versus actual staffing, qualified staff on days

Specialist Group - planned versus actual staffing, unqualified staff on days

Specialist Group - planned versus actual staffing, qualified staff on nights

Specialist Group - planned versus actual staffing, unqualified staff on nights

Sickness:

% Sickness Rate

Complaints and Compliments:

Total complaints - Specialist Group

Bed Usage:

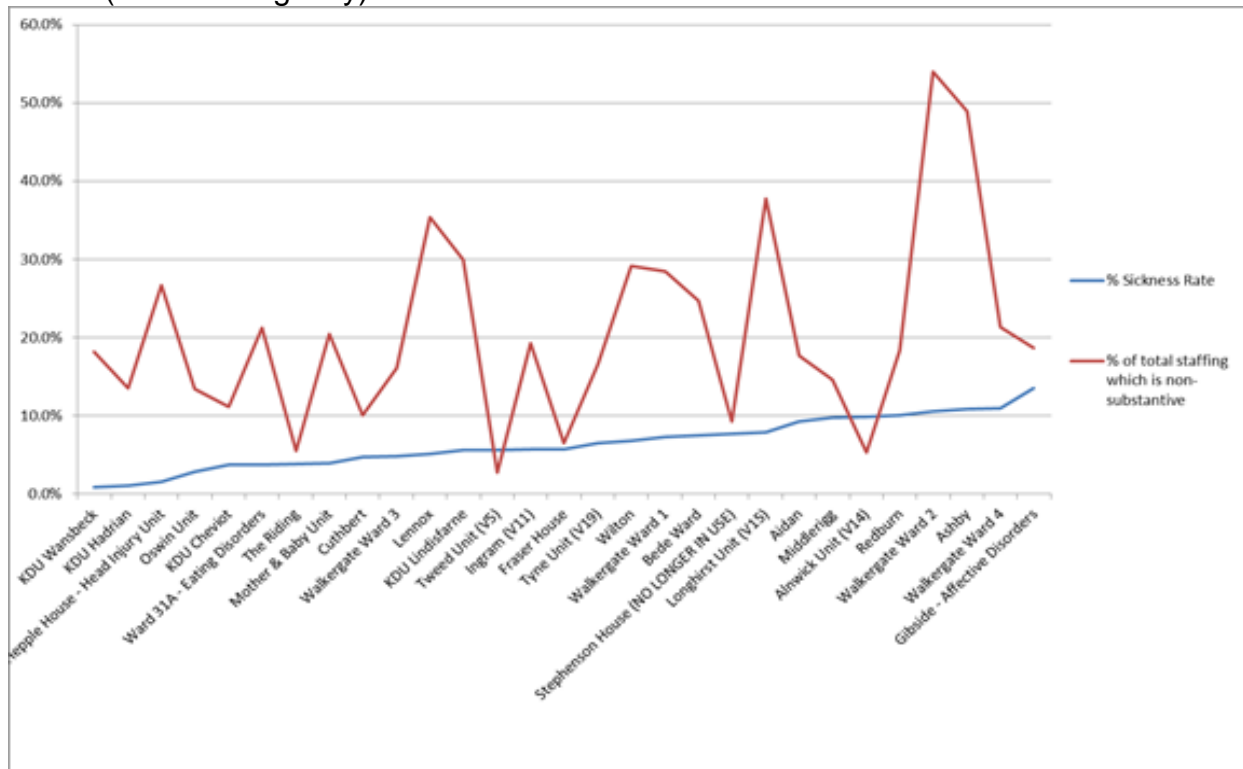% bed usage - Specialist Group

- Bed occupancy in this data set ranges from 47.9% (Walkergate Ward 4) to 154.5% (Hepple House Head Injury Unit), both of which warrant further analysis
- Every main hospital site has some of the highest and lowest bed usage rates, with an average of 88.5%, slightly higher than Inpatient Services Group
- There is no link between bed occupancy rate and staff sickness rate
- There is no linkage between bed occupancy levels and complaint rate
- There is no linkage between bed occupancy levels and incident rate, although one could argue that the SUIs appear to be higher in wards with lower occupancy – this is more likely caused by the type of wards/patients they contain, and so needs further analysis
- Sickness rates range from 0.8% to 13.6%, with 2/3 of wards over 5%
- There is no overall discernible pattern in sickness levels across sites or services
- Use of Bank staffing ranges from 2.74% to 37.72%, and agency staffing from 0% to 31.86% - there is no pattern across hospital sites
- There is no linkage between sickness rates and levels of non-substantive staff (bank and agency) used – see chart below:

- There is no relationship between total staffing levels (day or night) in the given period, and the number of incidents or SUIs
- There is no link between the levels of Bank or Agency staffing used and the number of complaints received
- There is no link between the levels of Bank staffing and the number of incidents and SUIs
- There may be a link between the levels of agency staff and the number of Level 1, 2 and 3 incidents recorded, but this needs further analysis, as it may be affected by the types of wards/patients – there is no link seen between the levels of agency staff and the numbers of Level 4 or 5 incidents and SUIs: