Safe Staffing Levels
Executive Summary

From June 24th 2014 data on staffing fill rates for nurses, midwives and care staff will be presented on the NHS Choices website. Patients and the public will be able to see how hospitals are performing on this indicator in an easy and accessible way. The data will sit alongside a range of other safety indicators.

As well as submitting monthly staffing data on UNIFY, all Trusts are required to publish their actual versus planned staff fill rates on a ward by ward basis on their Trust website. Trusts will, within the template which is set up on UNIFY, provide the URL (web address) to their own “Safe Staffing” web page. The URL will enable the NHS Choices team to establish this link from the NHS Choices web page to the Trust website. Each Trust has a nominated member of staff who is able to coordinate this.

WWL have the required processes in place to ensure full compliance with this directive.

Background

Jane Cummings, Chief Nursing Officer in England said:

“We have very clear evidence of a link between appropriate staffing and the outcomes of our patients. This evidence must be used to set staffing levels locally. Patients and the public are therefore entitled to know that we have the right number of people in place to provide safe, quality care every time.”

“We first encouraged a move towards greater transparency on staffing levels in my nursing strategy, but we are now going further. Hospitals will have to publish this information – at ward level – and present the evidence they have used to determine staffing levels in public. That is the right way to ensure there is rigour around decisions that are taken, as well as to provide hospitals and other services with the flexibility they need to get the right staff in the right place. We need the right level of staffing in every locality – and that cannot be mandated centrally.”

Trust Board Reporting

It is an expectation set out in the National Quality Board (NQB) guidance published in November 2013 that Boards take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full responsibility for nursing, midwifery and care staffing capacity.

Reports to Trust Boards must meet the requirements set out in the NQB guidance, with particular reference to monthly publishing. The guidance states that the Board will be advised of those wards where staffing capacity and capability frequently falls short of what is planned, the reasons why, any impact on quality and the actions taken to address gaps in the staffing. This could 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/midwifery/care staff and day duty/night duty.

Current Position

The appropriate systems are in place to ensure that the staffing data is uploaded to UNIFY prior to 24th June. The Trust website is setup and ready to allow publication of the staffing data on a ward by ward basis in readiness for the web address link to be published on NHS Choices. Staffing levels will be included in the Board Performance Report from June 2014.
Further discussion is required to agree exactly what level of detail the Board requires in the monthly Performance Report.

A bi annual detailed staffing report will be submitted to Board which will include details of the reports, and the evidence based tools used to determine the staffing establishment requirements.

Since 2011 WWL has undertaken Adult nursing establishment review on a quarterly basis; March, June, September and December utilising the Safer Nursing Care Tool™ (SNCT). This tool was developed in collaboration with the Association of United Kingdom Hospitals (AUKUH) utilising the research evidence undertaken by Keith Hurst1. The tool is recognised by the Quality Management Board (QMB)2. SNCT utilises methodology to determine the staffing required to delivery care to patients within a given area dependent on actual individual patient levels of acuity and dependency. The tool also takes into consideration patient flow and nurse sensitive indicators (NSI’s) in determining the appropriate level of care. Professional judgement is required to determine the skill mix of the staff employed within each area, and to also assess the variability of staffing requirements which may be affected by changes in acuity and dependency levels of patients.

Within paediatric services the Paediatric Acuity and Nursing Dependency Assessment Tool (PANDA™) has been commissioned for use. This tool is based on the Department of Health criteria for paediatric high dependency and ward intensive care. The tool is used to score patients twice a day and to then calculate ward staffing levels based on the RCN Guidance for staffing children’s wards3. Professional judgement again is required to address variability in activity flows in order to determine median staffing requirements. This tool is currently being developed and implemented and it is anticipated that data will be available for the December 2014 report.

Birthrate Plus ® is the national tool available for calculating midwifery staffing levels. The purpose of this tool is to provide a recommended ratio of clinical midwives to births to assure safe staffing levels. Decision making is determined on assessment of clinical risks and the needs of women and their babies during labour, delivery and in the immediate post-delivery period. The outcomes of the tool support professional judgement in the determination of staffing requirements based on specific activity, case mix, demography and skill mix. Historically the Trust has undertaken assessment of staffing levels annually.

The first of the bi annual reports will be presented to Board in July. This will include the outcome of the June review of staffing establishments using the tools discussed above.

Summary

The Board:

- Receives an update containing details and summary of planned and actual staffing on a shift by shift basis. Is advised about those wards where staffing falls short of what is required to provide quality care, the reasons for the gap, the impact and the actions being taken to address the gap

---

1 Hurst, K (2012): Safer Nursing Care Tool Staffing Multipliers (2012) – Method and Results  
2 Quality Management 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.  
3 RCN (2013): Defining staffing levels for children and young peoples’ services. RCN standards for clinical professionals and health service managers.
• Evaluates risks associated with staffing issues
• Seeks assurances regarding contingency planning, mitigating actions and incident reporting
• Ensures that the Executive team is supported to take decisive action to protect patient safety and experience
• Publishes the report in a form accessible to patients and the public on their Trust website (which could be supplemented by a dedicated patient friendly “safe staffing” area on the Trust website.

Recommendations

The Board are asked to:
• Receive the paper for information and assurance that the “Safer Staffing” reporting system is in place for the 24th June deadline.