

The Publication of Nurse staffing Data – February 2015

Introduction

In accordance with National Quality Board requirements to provide assurance on safe staffing the Trust is now publishing staffing data in the following ways:

- Information about nurses, midwives and care staff deployed, by shift, against planned levels has been displayed at ward level since April. The levels are displayed using a red, amber green status; green depicts staffing levels are as planned; amber depicts that the ward is slightly short staffed but not compromised; red rag rating depicts an acute shortage for that shift. The display allows staff to explain the reasons for any shortage and also what actions they have taken to mitigate the situation, thereby offering assurance to patients and visitors.
- Ward staffing reviews are repeated every 6 months and the October review was reported to the Trust Board in January 2015.
- Monthly reports detailing planned and actual staffing on a shift by shift basis for the previous month has been presented monthly to the Board since May. This report is also published on the Trust website and to the relevant hospital webpage on NHS choices. Nurse sensitive quality metrics are now included, shown in figure 3.

Planned and actual staffing

Revised National Quality Board guidance published in May 2014 outlined the requirement for % fill of planned and actual hours to be identified by registered nurse and care staff, by day and by night, and by individual hospital site. Reported data is derived from the E-Rostering and NHS-Professionals systems and aggregated fill rates in February are 98% at WHH, over 96% at QEQM and 91% across K&C, shown in Figure 1.

Figure 1. % hours filled planned against actual by site during February 2015

	% Hours filled - planned against actual Feb 2015							
	D.	ΑY	NIC					
	Average fill		Average fill					
	rate -		rate -					
	registered	Average fill	registered	Average fill				
	nurses/	rate - care	nurses/	rate - care	Overall %			
Hospital site	midwives (%)	staff (%)	midwives (%)	staff (%)	hours filled			
Kent & Canterbury	87.8%	85.6%	96.8%	106.3%	91.15			
Queen Elizabeth the Queen Mother	90.8%	101.1%	100.5%	102.2%	96.72			
William Harvey	95.8%	99.9%	97.0%	106.9%	98.19			

It should be possible to fill 100% of hours if:

- There are no vacant posts
- All vacant planned shifts are covered by overtime or NHS-P shifts
- Annual leave, sickness and study leave is managed within 22%

Gradual improvement was seen over the first months of reporting, shown in figure 2. The slight reductions seen in December and February reflect the requirement for additional shifts during winter pressures not always being filled by NHSP. Work to ensure that

roster templates closely reflect the budgeted establishments and include shifts necessary for additional beds has supported the increased fill rates seen over time.

Figure 2. % hours filled planned against actual 2014/15

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lospital site	May-14	Jun-14	1 Jul-14	Aug-14	Sep-14	Oct-14 N	lov-14	Dec-14	Jan-15	Fe
Cent & Canterbury	92	91.08		94.97	95.65		94.31	91.09	93.40	9
Queen Elizabeth the Queen Mother	94	91.34	+ +	93.37			02.70	99.63	100.65	9
Villiam Harvey	93	93.16	95.66	95.82	98.83	100.93	00.94	97.17	99.10	9
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Senior nursing leaders have reported that:

- It is still too soon to say which organisations have concerning levels of staffing using this data;
- Some Trusts may achieve high % fill rates but have planned for what are already sub-optimal levels;
- Many Trusts reporting the lowest fill rates have invested in to nursing in the last year;
- There may be inconsistencies in the methodology as those Trusts using E-Rostering tend to report lower fill rates.

Work to evaluate care contact time, one of the recommendations made by NICE, will be undertaken in 2015/16 to identify the % time spent by nursing staff on activities related to direct care, indirect care and also non patient care, by ward. This will provide a baseline to enable detailed understanding of how nurses spend their time and enable strategies to be developed to support and optimise patient benefit.

Figure 3 shows total monthly hours actual against planned and % fill during February by ward. Work has been undertaken to explore the reasons for the gap, the impact and the actions being taken to address the gap. Some wards achieve higher than 100% due to additional shifts worked through NHS-P during times of increased demand and additional bed use.

No national RAG rating tolerances have been determined, but wards achieving under 80% have been RAG rated Red, in Figure 3, and detail is provided on contributory factors. Key quality indicators have also been included by ward although there does not appear to be a clear link between actual fill <80% and patient experience and safety.

Data validation and sign-off steps have been implemented and the data will be reported externally via Unify/NHS Choices on 16th March. The national data will be published representing each hospital site on the NHS Choices website.

Figure 3. Total monthly hours actual against planned and % fill by ward during February 2015

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Richard Stevens Stroke Unit 105:65 71:63 100:08 89.49 100.78 6.7% RN Sickness. 4.5% RN Parenting, 1.91 WTE RN Vacancy, 96 100 19 14 Harbledown 105:65 71:63 100:08 76:13 27.8% HC Sickness. 86 100 16 16 16 16 16 16 16 16 16 16 16 16 16	Fordwich Stroke Unit	87.49	120.27	98.73	105.57		97	95.8	3	1
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RESCBU 86.59 95.95 101.76 N/A N/A 100 0	QE MLU	102.30	79.45	196.83	85.71	14.3% MCA Sickness.	N/A	N/A	0	0
	QE SCBU	86.59	95.95	101.76	N/A		N/A	100	0	0