

Board Public

30th July 2014

Agenda Item	4.5
Title	Monthly report on safe Nurse/Midwife staffing levels at Imperial College Healthcare NHS Trust
Report for	Noting
Report Author	Priya Rathod, Associate Director – Chief of Staff (Nursing Directorate)
Responsible Executive Director	Janice Sigsworth, Director of Nursing
Freedom of Information Status	Report can be made public

Executive Summary:

This paper was presented to the Executive Committee on 8th July and to the Quality Committee on 9th July.

The Board received a paper on safe nurse/midwife staffing at its meeting on 28th May 2014.

Following the publication in November 2013 of the Government's full response to the Mid-Staffordshire Inquiry, the National Quality Board published a document titled *How to ensure the right people with the right skills are in the right place at the right time (2013)*. Subsequently, a series of letters have been sent by the chief nursing officer and chief inspector of hospitals, setting out the requirement for Trusts to publish monthly data on the actual nursing and midwifery staff available versus the planned level for each inpatient ward area. This information should be published on the Trust's website as well as on the NHS Choices site.

Since June 2014, the Trust has submitted two data sets (for the months of May and June) on the actual nursing/midwife staff available versus the planned staffing levels for all inpatient ward areas. The information is reported in hours and then an average fill rate calculated. This information is presented by hospital site, ward and speciality and is split out by registered and unregistered staff and also by day and night.

The information was published on the NHS choices website (for each hospital site) alongside other quality and safety metrics and also on the Trust's website on 24th June.

Overall the Trust reported above 95% for the average fill rate for registered and unregistered nursing/midwife staff during the day and night for the month of May and above 90% for June.

For both months there were some ward areas where the fill rate was below 90%. Key reasons for this include; vacancies and/or inability to fill with temporary staff due to specialist skills required (e.g. chemo training), patients requiring unplanned one to one care, small numbers in some areas which

showed a bigger impact on the overall fill rate for that area and complexities with how to reflect case mix change and/or reduced bed occupancy on the roster.

On these occasions senior nurses have made decisions to mitigate any risk to patient safety by strategies such as using the cover of supernumerary staff, reducing activity e.g. in the chemo suite, reducing bed occupancy where appropriate and redeploying staff from other areas.

During May and June, the impact on patient safety/quality as a result of staffing fill rates was assessed by undertaking the following:

- Analysing the harm free care report indicators and triangulating the data with the staffing data for that month.
- The director of nursing meeting monthly with each divisional director of nursing to talk through the performance of each ward area and any concerns.
- Analysis and confirmation by the divisional directors of nursing, the divisional director and director of operations about any impact on safety as a consequence of staffing fill rates.
- Executive analysis and sign off by the director of nursing, chief operating officer and the director of people and organisation development prior to external submission and publication.

Having undertaken the above process which will be continued every month going forward, it was deemed that there was no adverse impact on patient safety/quality during May and June.

The safe nurse/midwife staffing requirements have introduced a new way of working for Trusts and will take a period of time to be embedded both locally and nationally. The information therefore presented in the early phases of this work may be somewhat subject to change as processes and systems are refined and bedded in to every day practice.

Next steps

- Review the implications of the recently published NICE safe staffing guideline, for the Trust.
- In order to systematically assess and triangulate the impact of staffing fill rates on safety and quality outcomes, from July the information will be presented alongside the harm free care report indicators. The outputs of this will be presented to the Quality Committee in August.
- Transfer management of the monthly safe staffing data to the performance team from September.
- Internal audit to review safe nurse/midwife staffing reporting in late 2014.

Recommendations to the Board:

- Note the paper and next steps

Trust strategic objectives supported by this paper:

1. To develop and provide the highest quality, patient focused and efficiently delivered services to all our patients.

Monthly report on safe Nurse/Midwife Staffing levels at Imperial College Healthcare NHS Trust

1. Background

- 1.1** Following the publication in November 2013 of the Government's full response to the Mid-Staffordshire Inquiry, the National Quality Board published a document titled *How to ensure the right people with the right skills are in the right place at the right time (2013)*. Subsequently, a series of letters have been sent by the chief nursing officer and chief inspector of hospitals, setting out the requirement for Trusts to publish monthly data on the actual nursing and midwifery staff available versus the planned level for each inpatient ward area. This information should be published on the Trust's website as well as on the NHS Choices site.
- 1.2** The national guidance states that the monthly dataset should include all members of registered nursing/midwifery and care staff on the duty rota including supervisory ward/team leaders, staff specifically booked to special a patient (provide one to one care) and staff doing additional hours on top of their booked shift.
- 1.3** The information is reported in hours and then an average fill rate calculated for each inpatient ward area. This information should be presented by hospital site, ward and speciality and split out by registered and unregistered nursing/midwifery staff and also by day and night.
- 1.4** Within the Trust, the current method of collecting actual nursing and midwifery staffing data against planned levels is undertaken using the roster system. A process of validation, analysis and sign off is then undertaken within clinical divisions and at executive level.
- 1.5** For the months of May and June, the Trust submitted the data via the national reporting system UNIFY, ahead of the national deadline set.
- 1.6** The Executive Committee received a paper on 17th June summarising NHS England's intention to publish a range of patient safety data alongside the safe nurse/midwife staffing data.
- 1.7** This information was published on the NHS choices website (for each hospital site) and on the Trust's website on 24th June. Please refer to Appendix 1 for a screenshot of the information available on NHS Choices.
- 1.8** Currently, the staffing data has not been nationally RAG rated and no parameters or thresholds have been set in terms of performance.
- 1.9** It is important to note that on 15th July 2014 the National Clinical Institute for Health and Care Excellence (NICE) published a guideline on *Safe staffing for nursing in adult inpatient wards in acute hospitals*. In essence, the guideline makes recommendations about the factors that should be systematically assessed at ward level to determine the nursing staff establishment. It then recommends on-the-day assessments of nursing staff requirements to ensure that the nursing needs of individual patients are met throughout a 24-hour period.
- 1.10** The guideline also makes recommendations for monitoring and taking action according to whether nursing staff requirements are being met and, most importantly, to ensure patients are receiving the nursing care and contact time they need on the day. The guideline recognises that

“there is no single nursing staff-to-patient ratio that can be applied across the whole range of wards to safely meet patients' nursing needs”.

1.11 The guideline describes a series of ‘red flag’ events that should trigger a Trust to undertake early analysis of its performance related to nursing indicators such as; falls, pressure ulcers and national inpatient survey results. Work is currently underway to understand the implications of this guideline for the Trust.

2. Purpose of the report

2.1 The following report provides the Board with an overview of the actual nursing/midwifery staff available versus planned staffing levels for the months of May and June 2014.

3. Summary of performance for May and June 2014

3.1 The table below summarises the Trust's performance based on the information submitted for 64 inpatient ward areas.

• May

Division	Day						Night					
	Registered Nurses/Midwives			Care Staff			Registered Nurses/Midwives			Care Staff		
	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled (Average)	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled (Average)	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled (Average)	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled (Average)
Medicine	48897.63	46970.64	96.05%	20005.50	19407.50	96.83%	34508.00	34015.50	98.63%	18289.50	18232.50	99.62%
Surgery & Cancer	54258	52338.4	95.52%	13423.70	12967.70	96.35%	42312.00	41624.00	98.52%	8898.50	8728.50	98.62%
Women's & Children's	29649.15	29163.15	98.33%	5193.25	5033.18	98.30%	25443.00	25204.25	99.10%	4719.50	4577.50	98.62%
TRUST TOTAL	132789.8	128426.2	96.24%	38622.45	37408.38	96.93%	102217.00	100797.75	98.67%	31907.50	31538.50	99.08%

• June

Division	Day						Night					
	Registered Nurses/Midwives			Care Staff			Registered Nurses/Midwives			Care Staff		
	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled (Average)	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled (Average)	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled (Average)	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled (Average)
Medicine	48063.38	44355.51	92.29%	20232.75	18264.28	90.27%	34033.00	32527.50	95.58%	17652.00	16892.50	95.70%
Surgery & Cancer	54290.43	51490.85	94.84%	13634.33	12180.80	89.34%	41608.94	40310.47	96.88%	8309.03	7741.53	93.17%
Women's & Children's	28915.57	28066.78	97.06%	5070.25	4874.90	96.15%	24939.50	24547.67	98.43%	4531.50	4404.50	97.20%
TRUST TOTAL	131269.38	123913.14	94.40%	38937.33	35319.98	90.71%	100581.44	97385.64	96.82%	30492.53	29038.53	95.23%

3.2 Overall the Trust reported above 95% for the average fill rate for registered and unregistered nursing/midwife staff during the day and night for the month of May and above 90% for June.

3.3 For both months there were some ward areas where the fill rate was below 90%. Key reasons for this include; vacancies and/or inability to fill with temporary staff due to specialist skills required

(e.g. chemo training), patients requiring unplanned one to one care, small numbers in some areas which showed a bigger impact on the overall fill rate for that area and complexities with how to reflect case mix change and/or reduced bed occupancy on the roster.

- 3.4** On these occasions senior nurses have made decisions to mitigate any risk to patient safety by strategies such as using the cover of supernumerary staff, reducing activity e.g. in the chemo suite, reducing bed occupancy where appropriate and redeploying staff from other areas.
- 3.5** During May and June, the impact on patient safety/quality as a result of staffing fill rates was assessed by undertaking the following:
- Analysing the harm free care report indicators and triangulating the data with the staffing data for that month.
 - The director of nursing meeting monthly with each divisional director of nursing to talk through the performance of each ward area and any concerns.
 - Analysis and confirmation by the divisional directors of nursing, the divisional director and director of operations about any impact on safety as a consequence of staffing fill rates.
 - Executive analysis and sign off by the director of nursing, chief operating officer and the director of people and organisation development prior to external submission and publication.
- 3.6** Having undertaken the above process which will be continued every month going forward, it was deemed that there was no adverse impact on patient safety/quality during May and June.
- 3.7** During July there has been a continued focus on; managing roster in real time, refining roster templates and ensuring that staffing is managed in a robust and proactive way.
- 3.8** The safe nurse/midwife staffing requirements have introduced a new way of working for Trusts and will take a period of time to be embedded both locally and nationally. The information therefore presented in the early phases of this work may be somewhat subject to change as processes and systems are refined and bedded in to every day practice.

4. Next steps

- 4.1** Review the implications of the recently published NICE safe staffing guideline, for the Trust.
- 4.2** In order to systematically assess and triangulate the impact of staffing fill rates on safety and quality outcomes, from July the information will be presented alongside the harm free care report indicators. The outputs of this will be presented to the Quality Committee in August.
- 4.3** Transfer management of the monthly safe staffing data to the performance team from September.
- 4.4** Internal audit to review safe nurse/midwife staffing reporting in late 2014.

5. Recommendations to the Board:

- 5.1** Note the paper and next steps

Appendix 1 – Screenshot of information (May 2014) published on NHS Choices on 24th June 2014

Topics	Infection control and cleanliness	Care Quality Commission national standards	Recommended by staff	Safe Staffing	Patients assessed for blood clots	NHS England patient safety notices	Open and honest reporting
Safety <input type="text" value="Safety"/> Sort by <input type="text" value="Nearest"/> Update results							
St Mary's Hospital (HQ) Remove							
Tel: 020 3312 6666 Praed Street London Greater London W2 1NY 0.35 miles away Get directions 	 As expected	 All standards met Visit CQC profile	 Within expected range with a value of 69.08%	98% of planned level	 96.80% of patients assessed	 Good - All alerts signed off where deadline has passed	 As expected
Western Eye Hospital Remove							
Tel: 020 3312 6666 153-173 Marylebone Road London Greater London NW1 5QH 0.88 miles away Get directions 	 Among the best	 All standards met Visit CQC profile	 Within expected range with a value of 69.08%	n/a Data not available	 96.80% of patients assessed	 Good - All alerts signed off where deadline has passed	 As expected
Hammersmith Hospital Remove							
Tel: 020 3313 1000 Du Cane Road London Greater London W12 0HS 2.39 miles away Get directions 	 As expected	 All standards met Visit CQC profile	 Within expected range with a value of 69.08%	97% of planned level	 96.80% of patients assessed	 Good - All alerts signed off where deadline has passed	 As expected
Queen Charlotte's Hospital Remove							
Tel: 020 3313 1111 Du Cane Road London Greater London W12 0HS 2.44 miles away Get directions 	 As expected	 All standards met Visit CQC profile	 Within expected range with a value of 69.08%	100% of planned level	 96.80% of patients assessed	 Good - All alerts signed off where deadline has passed	 As expected
Charing Cross Hospital Remove							
Tel: 020 3311 1234 Fulham Palace Road London W6 8RF 3.18 miles away Get directions 	 As expected	 All standards met Visit CQC profile	 Within expected range with a value of 69.08%	97% of planned level	 96.80% of patients assessed	 Good - All alerts signed off where deadline has passed	 As expected