

Safe staffing levels at our hospitals

Frequently asked Questions

Why is this data being published?

This is part of the Department of Health's (and NHS's) response to the Francis Report which called for more openness and transparency across the health service.

The requirement for hospitals to publish information about staffing levels on wards and the percentage of shifts meeting their agreed staffing levels is a welcome step to make the right level of information available to the public so that patients can see how their hospitals are performing on a range of quality and safety indicators.

What does this data tell me?

The data tells you the percentage 'fill rate' per ward by month, by shift and by registered nurses and care staff (unregistered nurses). This means the number of hours we planned for each ward to care for patients compared to the actual hours that were filled.

However reviewing staffing levels alone does not indicate how safe or unsafe a ward is. There are many reasons for wards being above or below the hours that were planned.

For example:

Over 100% - could be because of the acuity (sickness/clinical condition) and dependency of patients, more patients requiring 1-2-1 nursing care.

Under 100% - vacancies on the ward, sickness and absence and maternity leave, will provide the rationale for why some hours are not filled as planned. Please be assured that all rosters are reviewed and approved by the matron for the area. With our electronic rostering system, key performance indicators are reviewed, these are;

- Safety maintained in clinical area
- Roster is effective and meets the plan
- Correct amount of Annual Leave has been used
- Roster is fair to all staff
- Unavailability of staff is clear
- Roster with allocated budget
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Where there are staffing shortages, we look to cover these shifts through staff choosing to work additional hours, or matrons moving staff across wards, to fill any gaps identified. Once this process has been completed any staffing gaps are filled through bank and agency staff. On average we fill 70% of requests with bank and agency cover. Overtime will be considered to ensure clinical safety is maintained.

On a daily basis ward base staffing is reviewed at the local staffing/bed meetings, these meetings detail;

- the clinical condition - known as the acuity of the patients on the ward
- the empty beds on the ward
- the activity on the ward, patients going to theatres, patients going home
- staffing gaps and movement of staff across the ward areas
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At this meeting, staff are moved if necessary across ward areas. Any staff available in the area, in support posts (matrons, practice development educators and nurse specialists) will be called upon to work clinically in our ward areas, these staff are not in the published figures, but offer valuable experience, mentorship and extra support to under-filled wards.

The staffing requirements for each ward area is escalated to the Head of Nursing, if safe staffing is not maintained, the real time staffing drive is updated in real time, and actions to mitigate any risk undertaken and documented at this point.

We look at a wide range of indicators to monitor safety on our wards – including falls, pressure ulcers, infections, serious untoward incidents, complaints, staffing and ‘friends and family’ test scores. It is important to look at all of these indicators when considering safety.

Are your wards safe?

All Trusts will closely monitor safety of their wards by looking at a wide range of indicators – real-time and over time to see trends. This includes falls, pressure ulcers, infections, incidents, complaints, staffing and ‘friends and family’ test scores. Leicester Hospitals is no different and it is important to look at all of these indicators together and not in isolation to get a true picture of safety in ward areas.

We maintain real time staffing monitoring within Leicester Hospitals, this is managed by the matrons, deputy heads of nursing and heads of nursing. Twice daily the monitoring is completed and safety statement inserted alongside staffing numbers.

Safety Statements are detailed below;

- Ward staffed to establishment/plan, therefore no concerns.
- Ward has manageable shortfall in staffing and is being managed across the CMGs, this will result in all bullet points above being implemented
- Ward has unmanageable shortfall in staffing and Director Support is required, this is extremely rare, and has not occurred in any of our ward areas during May.

If all avenues have been explored and a clinical area is still deemed unsafe, this is escalation to the Chief Nurse for her intervention and action to mitigate any risks identified.

This data is then shared with our Trust Board to ensure they keep in touch with safety concerns on our wards.

