

FOI 1516 230

Summary Issue: Staffing Levels

This information relates to Bristol Clinical Commissioning Group

The Government's 'Hard Truths' report outlined in 2014 that all NHS Boards must undertake a detailed review of safe nursing and midwifery staffing levels every six months. The accompanying FAQs (see <http://www.england.nhs.uk/wp-content/uploads/2014/04/staff-data-fqs-0414.pdf>) outline the points that Board reports should cover:

Papers to the Board on establishment reviews (reported every six months as a minimum) should aim to be relevant to all wards and cover the following points:

- *demonstration of the use of evidence based tool(s)*
- *what % allowance has been made in establishments for planned and unplanned leave*
- *the difference between current whole time equivalent (WTE) establishment and recommendations following the use of evidence based tool(s)*
- *the registered nurse : unregistered nurse skill mix ratio before the review, and recommendations for after the review*
- *the difference between the current WTE staff in post and current WTE establishment and details of how this gap is being covered and resourced*
- *details of any element of supervisory allowance that is included in establishments for the lead sister / charge nurse or equivalent*
- *evidence of triangulation between the use of tools and professional judgement and scrutiny*
- *details of any plans to finance any additional staff required*
- *details of workforce metrics*
- *Information against quality and outcome measures associated infections (HCAIs).*

1. What evidence-based tool(s) do you use to measure or manage safe nurse/ midwife staffing levels?

Bristol CCG is a commissioning organisation and not a provider of direct care.

2. What indicators do you use to assess safe nurse / midwife staffing levels in your Trust?

Please complete the tables below, adding in the most recent results from your last two Board meetings for those indicators reported at Board level. Please collate any results derived from multiple hospital or acute sites.

2a) Staffing specific indicators

Indicators	Figures/results from Board meeting 1	Figures/results from Board meeting 2 (most recent mtg)	N/a indicator not used by Trust	N/a indicator not discussed at last two Trust Board mtgs
overall average percentage of planned day and night for nursing and care staff in hospital(s) which are filled	N/A			
staff WTE % turnover				
staff WTE vacancies				
staff % sickness levels				
nursing hours per patient day (NHPPD)				
Other, please specify:				

2b) Care quality indicators

Indicators	Figures/results from Board meeting 1	Figures/results from Board meeting 2 (most recent mtg)	N/a indicator not used by Trust

Summary hospital-level mortality index (SHMI)	n/a
Hospital standard mortality ratio (HSMR)	
Bed occupancy rates	
Readmission rates Readmission rates with related condition Readmission rates with unrelated condition.	
No. of healthcare associated infections (HCAIs) reported	
No. of hospital acquired pressure ulcers reported Grade 4 Grade 3 Grade 2 Grade 1	
Total No. of falls reported No. of those falls reported which resulted in harm	
Other quality clinical outcomes reported, please specify:	n/a

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3) Staffing levels

Please answer the following questions?

a) How many day time shifts on general acute wards operate with an average of more than 8 patients per RN each month since July 2014?	n/a
b) What is the trust adult acute daytime average RN: patient ratio achieved (not scheduled) for Monday to Friday and for Saturday and Sunday?	
c) Can you provide the average NHPDD on acute wards for June 2015	
d) What is outcome data used /presented at board level?	

The information provided in this response is accurate as of 29th December 2015.