Safe staffing data commentary

1. The national safe staffing dataset is information about fill rates for ward areas within any Trust, including our own. In February 2014, two months ahead of schedule, we implemented a programme to publish shift data at ward level so that anyone can see the number of staff on duty compared to the number of staff expected.

2. During autumn 2014 we consulted on and changed our staffing rotas in many wards. These changes altered nursing numbers to reflect need. In some cases extra roles were added, especially at night, and in some cases roles were removed. In every case we complied with the NICE Safe Staffing guidance. These changes were implemented in January 2015.

3. Recruitment to these new roles has taken some time, because there are national shortages in key specialties, and lots of NHS organisations locally. At the same time sickness rates among NHS staff remain higher than they should be, and in our Trust cutting sickness rates are a priority. We have invested in a range of support for our staff including extra therapy services for muscle injuries, which can accompany physical work, and more mental health support.

4. During July 2015, we identified that the national dataset which we had been publishing contained data errors. By October 2015 we are confident that we can put in place a remedy for these issues, which arise because the data we use is drawn from several computer systems. In particular we are not confident that our latest data reflects use of agency and bank nurses and HCAs on our wards. We know that that use is extensive, because we are spending over £1m each month on temporary staff. The revised data is therefore published in draft form in the interests of openness. This is the data now going to our Board.

5. Our confidence about the safety of our care is not solely derived from this data. As our Board minutes confirm we discuss nursing staffing safety routinely, and have never relied on this information to gain confidence in how we are working. Instead we listen to the views and voices of our staff and patients and we examine measures of harm, things like falls, pressure ulcers and infection rates. Where concerns are raised through, for example, our incident system, we look into those concerns. We have made adjustments to our staffing models arising from that feedback and will continue to do so.

6. We are working to ensure, nonetheless, that on this data, we see fill rates of between 80 and 120%. Where rates fall below that level, the Chief Nurse's team will investigate on a weekly basis whether there are safety concerns which require urgent action.

Colin Ovington, Chief Nurse

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