

TRUST BOARD
24 November 2016

AGENDA NUMBER	ITEM	5.3
TITLE OF PAPER	Safer Staffing Report	
Confidential	NO	
Suitable for public access	YES	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED		
None		
<u>STRATEGIC OBJECTIVE(S):</u>		
Best outcomes	√	Expectation 2 and 7
Excellent experience	√	Expectation 2 and 7
Skilled & motivated teams	√	Expectation 2 and 7
Top productivity	√	Expectation 2 and 7
EXECUTIVE SUMMARY		
<p>This paper provides a review of the safer staffing levels within inpatient areas in Ashford and St Peter's Hospitals NHS Foundation Trust for October 2016 in accordance with the national reporting requirements and guidelines.</p> <p>The Trust continues to follow its policy on safer staffing escalation, thus supporting the delivery of safe, high quality care.</p> <p>The report shows the percentage fill rates by ward of against the recording requirement of Care Hours per Patient Day (CHPPD). Data is collected each day about the number of patients on the ward at midnight, the numbers of staff on duty in the previous twenty four hours and the breakdown of registered and unregistered staff. These percentage fill rates have been triangulated with ward-level quality performance including the numbers of Serious Incidents and Nursing red flags. Divisions have provided evidence of mitigation where required in the form of a bulleted narrative.</p> <p>There is still a challenge to consistently meet safer staffing levels, however, risks are constantly being mitigated through daily actions and professional judgement.</p>		

Paper 7.0

RECOMMENDATION:	To receive this paper as assurance that safe staffing data is submitted in accordance with Safer Staffing expectations 2 and 7. To note and seek assurance where required pertaining to the practices of the nursing leadership teams to ensure safer staffing is observed.
SPECIFIC ISSUES CHECKLIST:	
Quality and Safety	Ensuring adequate staffing levels to provide excellent care
Patient Impact	Ensuring high quality staffing to provide excellent care
Employee	Ensuring correct staffing levels to provide support and supervision to staff
Other Stakeholder	n/a
Equality & Diversity	n/a
Finance	Promoting safer staffing levels and reducing reliance on agency and bank staffing
Legal	n/a
Link to Board Assurance Framework (BAF) Principle Risk	Links to BAF risks 1.4 workforce aligned to acuity and risk 3.1 recruitment.
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PRESENTED BY DIRECTOR NAME/ROLE	Heather Caudle, Chief Nurse
DATE	24 th November 2016
BOARD ACTION	Assurance

1. Background and scope

ASPH follows an agreed methodology for reviewing nurse staffing levels on the inpatient wards. The Board requires assurance that the Trust is managing staffing capacity and capability alongside the considerations on decisions and initiatives with the associated accountability for these. The data collected to provide this assurance is the number of Care Hours per Patient Day (CHPPD). The data in Appendix 2 still shows a percentage fill, but this percentage is the actual number of care hours filled against planned.

2. Strategic issues and options

- Recruitment and retention issues

Recruitment continues overseas, both in and out of Europe, alongside local initiatives.

- Monitor Agency Cap

This is reported on weekly with feedback provided to senior management.

- Operational pressures

The operational pressures on the Trust during September continued to be significant, with extra beds opened on the Ashford site. The staffing of escalation areas was discussed daily and the nurses based within corporate teams were used to support these escalation areas as required.

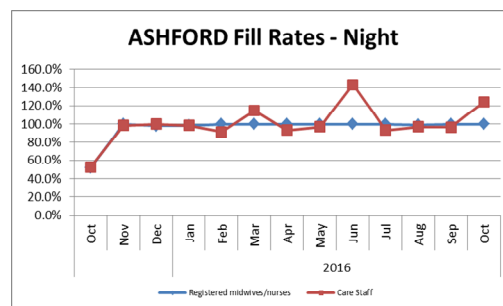
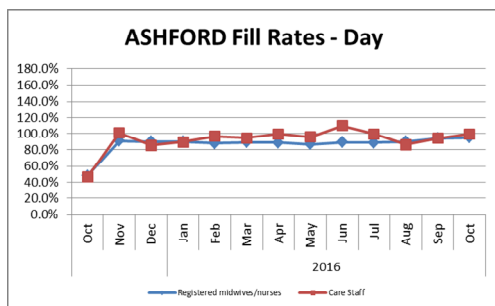
- Actions to address gaps

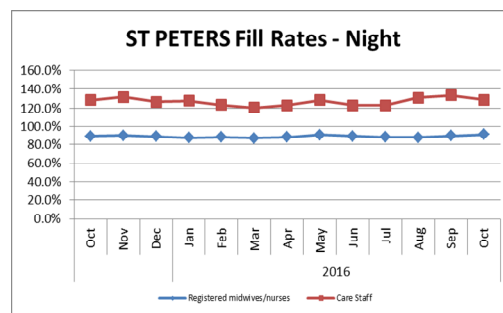
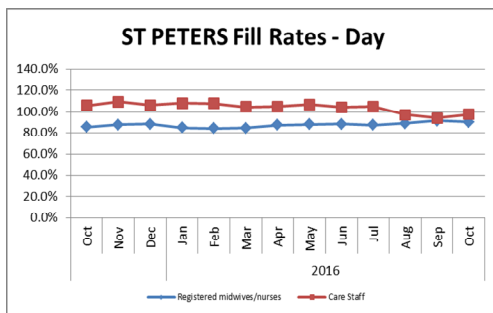
Planned and actual staffing levels are reviewed on a shift by shift basis by the Ward Manager and Clinical Nurse Leader and discussed at daily Capacity Action Team meetings.

3. Numbers

The report has used information from the e-Rostering system; the reported fill rate is based on the number of nursing hours deployed as a percentage of the number of nursing hours planned in the rota. The table and graphs below show the average fill rates for October 2016 as part of a 12 month trend.

Site	Day		Night	
	Average fill rate RN/RM %	Average fill rate care staff %	Average fill rate RN/RM %	Average fill rate RN/RM %
Ashford	94.9%	99.5%	100.0%	124.2%
St Peter's	90.4%	97.5%	91.2%	128.7%





Below is the link to additional supporting data

Acute and Emergency Medicine Division: [T:\Ward Monitoring-Weekly Reporting\16-17 KPIs\AMESDaily Tool](#)

Theatres, Anaesthetics, Surgery and Critical Care: [T:\Ward Monitoring-Weekly Reporting\16-17 KPIs\TASCCDaily Tool](#)

Diagnostics, Therapeutics, Trauma and Orthopaedics: [T:\Ward Monitoring-Weekly Reporting\16-17 KPIs\DTTODaily Tool](#)

Women's Health and Paediatrics: [T:\Ward Monitoring-Weekly Reporting\16-17 KPIs\WHPDaily Tool](#)

Context

Senior nursing and midwifery management at ASPH continue to monitor and report the inpatient ward staff levels. Divisional commentaries are provided in Appendix 3.

Whilst ongoing capacity pressures and recruitment shortages continue there is still a sustained vigilance over staffing levels daily, weekly and monthly. In addition there are bespoke projects specifically responsive to staffing issues in critical areas.

4. Impact measures and follow up

Monitoring of patient acuity and dependency using the safer staffing tool was completed in July 2016. This data was reported to Trust Board in September with recommendations. The next period of review is due for completion in January 2017.

Monitoring of Paediatrics acuity and dependency continues using the Paediatric Acuity and Dependency Assessment tool (PANDA).

Appendix 1 shows the Safer Staffing and Quality RAYG rating dashboard for October 2016.

5. Assurance

Maintaining safe staffing levels in the face of recruitment and retention challenges alongside high levels of inpatient activity remain a risk to the Trust. This risk is managed through a range of actions to address both operational and workforce issues and therefore the Board can be assured that:

1. There is evidence that escalation of and mitigations against staffing red flags are increasingly timely and effective.
2. Accountability of adherence to both the nursing agency caps and the safer staffing on the wards has been strengthened.

Appendix 1 Safer Staffing QEWS RAYG Rating October 2016

SAFE STAFFING LEVELS DATA – October 2016											
Division	Wards	Total shifts	Red	Amber	Green	% Green	% Green shifts sparkline May - Oct 2016	Ward St's	Ward Red Flags	Ward Red Flags Sparkline Apr - Oct 2016	QEWS LEVEL
Acute and Emergency Medicine	AandE	248	6	13	260	105			4		2
	Aspen	93	-	10	83	89			0		2
	CCU & Birch	93	2	26	65	70			0		2
	Cedar	93	9	27	57	61			0		1
	Holly	93	9	45	39	42			0		3
	May	93	-	1	92	99			1		2
	ACU	42	-	7	35	83			0		-
	AMU	93	-	-	-	60			0		1
	Cherry	93	-	-	93	100			0		2
	Maple	93	17	19	57	61		2	1		2
	Chaucer	93	-	5	88	95			1		2
	Swift	93	14	25	54	58		1	2		1
T&O	Dickens	93	13	19	61	66			0		2
	Swan	93	8	14	71	76			1		1
TASCC	Kingfisher	93	13	28	52	56			0		2
	Falcon	93	2	6	85	91			2		2
	SDU	93	-	1	92	99			1		3
	Heron	93	4	13	76	82			1		3
	SAU	93	2	15	76	82			0		2
	ITU	93	4	15	74	80			0		3
	HDU	93	11	-	82	88			1		2
Women's Health and Paediatrics	Abbey BC	62	-	-	-	100		2	0		-
	Ash	62	-	1	61	98			0		2
	NICU	248	40	58	150	60			1		3
	Labour Ward	124	8	23	93	75		1	1		2
	Joan Booker	124	-	21	103	83		1	0		2

Appendix 2 Care hours percentage fill rate with sickness, maternity and new starters October 2016

Percentage Fill rates for each ward with Sickness, Maternity and New Starters										
Ward name	Main Specialties	Day		Night		Vacancy %	Sickness %	Maternity Leave %	New Starters	Leavers
		Average Register	Average Care Staff	Average Registered	Average Care Staff					
Chaucer	314 -	100.0%	105.3%	100.0%	148.4%	19.5%	7.8%	6.3%	0.00	0.00
Maple	300 - GENERAL	90.8%	97.0%	107.5%	104.8%	31.2%	1.0%	5.9%	1.00	0.00
Swift	100 - GENERAL	97.5%	86.4%	52.4%	206.5%	24.2%	3.8%	0.0%	0.00	1.00
BACU	300 - GENERAL	94.9%	87.1%	100.5%	100.0%	16.5%	4.5%	13.2%	1.00	0.00
Cedar	300 - GENERAL	76.8%	100.8%	99.2%	103.2%	7.7%	10.5%	2.8%	0.00	1.00
Cherry	300 - GENERAL	98.7%	121.4%	125.8%	116.9%	-1.3%	0.0%	3.3%	1.00	0.00
Holly	430 - GERIATRIC	76.5%	107.7%	66.7%	143.0%	31.2%	0.7%	0.0%	0.00	1.00
May	300 - GENERAL	94.0%	137.8%	67.7%	296.8%	6.4%	2.4%	0.0%	1.00	0.00
AMU	300 - GENERAL					33.0%	2.0%	2.2%	4.00	1.00
Aspen	340 - RESPIRATORY	102.6%	90.7%	100.8%	97.8%	13.7%	0.7%	5.0%	0.00	1.00
ITU	192 - CRITICAL CARE	100.0%	83.9%	103.2%	96.8%	16.7%	3.7%	4.2%	1.00	0.00
MH DU	192 - CRITICAL CARE	98.9%	#DIV/0!	97.8%	#DIV/0!					
Admissions Lounge	301 - GENERAL					37.9%	1.0%	0.0%	0.00	0.00
Falcon	100 - GENERAL	94.6%	116.2%	97.8%	151.6%	18.1%	2.9%	4.0%	0.00	0.00
Kingfisher	100 - GENERAL	77.7%	110.4%	66.9%	225.8%	34.7%	0.2%	3.7%	1.00	1.00
SAU	100 - GENERAL	92.6%	102.2%	97.8%	106.5%	25.2%	1.6%	3.7%	0.00	0.00
SDU	100 - GENERAL	98.9%	#DIV/0!	97.8%	#DIV/0!	17.5%	0.2%	0.0%	0.00	0.00
Heron	100 - GENERAL	99.4%	85.6%	100.0%	125.8%	10.3%	7.2%	6.7%	0.00	0.00
Dickens	110 - TRAUMA &	91.6%	96.0%	100.0%	100.0%	26.0%	4.9%	0.0%	0.00	0.00
Swan	110 - TRAUMA &	89.8%	110.5%	98.4%	135.5%	18.5%	7.8%	7.5%	1.00	2.00
NICU	420 - PAEDIATRICS	64.2%	48.4%	64.2%	59.1%	16.2%	2.9%	3.0%	2.00	1.00
Oak & Ash	420 - PAEDIATRICS	111.4%	#DIV/0!	127.4%	#DIV/0!	2.4%	3.6%	5.6%	3.00	0.00
Joan Booker	501 - OBSTETRICS	91.8%	93.5%	95.2%	187.1%	10.5%	3.0%	5.3%	5.00	1.00
Labour	501 - OBSTETRICS	88.5%	92.8%	95.3%	95.2%					
Abbey Birth Centre	501 - OBSTETRICS	100.0%	#DIV/0!	100.0%	#DIV/0!					

Appendix 3 Care hours by ward October 2016

Ward name	Main 2 Specialties		Day		Care		Night		Care		No of Pts at 23:59
	Specialty 1	Specialty 2	Register		Total	Total	Register	Total	Total	Total	
			Total	Total	Total	Total	Total	Total	Total		
Chaucer	314 -		790.50	790.50	596.75	628.50	666.50	666.50	333.25	494.50	414
Dickens	110 - TRAUMA &		1,201.25	1,099.75	998.25	958.00	666.50	666.50	333.25	333.25	474
Aspen	340 - RESPIRATORY		1,976.25	2,027.25	1,581.00	1,434.50	1,333.00	1,343.75	999.75	978.25	856
BACU	300 - GENERAL	320 -	2,766.75	2,626.50	395.25	344.25	1,999.50	2,010.25	333.25	333.25	611
Cedar	300 - GENERAL		1,976.25	1,517.75	1,387.25	1,398.75	1,333.00	1,322.25	666.50	688.00	673
Falcon	100 - GENERAL		1,782.50	1,686.25	790.50	918.25	999.75	978.25	333.25	505.25	678
Heron	100 - GENERAL		1,142.75	1,136.25	790.50	676.75	666.50	666.50	333.25	419.25	372
Holly	430 - GERIATRIC		2,177.75	1,665.50	1,581.00	1,703.00	999.75	666.50	999.75	1,429.75	930
Kingfisher	100 - GENERAL		2,177.75	1,691.25	1,185.75	1,308.50	1,333.00	892.25	333.25	752.50	1,018
Maple	300 - GENERAL		2,177.75	1,977.00	1,782.50	1,729.00	999.75	1,075.00	1,333.00	1,397.50	908
May	300 - GENERAL		1,581.00	1,486.25	790.50	1,089.25	999.75	677.25	333.25	989.00	681
SAU	100 - GENERAL		1,976.25	1,829.75	1,185.75	1,211.25	999.75	978.25	333.25	354.75	448
Swan	110 - TRAUMA &		1,976.25	1,774.25	1,581.00	1,746.50	1,333.00	1,311.50	666.50	903.00	960
Ash	420 - PAEDIATRICS		1,782.50	1,985.25	0.00	333.50	1,333.00	1,698.50	0.00	333.25	514
Joan Booker	501 - OBSTETRICS		1,426.00	1,309.50	1,069.50	1,000.00	1,426.00	1,357.00	356.50	667.00	589
Labour	501 - OBSTETRICS		3,208.50	2,839.00	713.00	662.00	3,208.50	3,059.00	713.00	678.50	200
Abbey Birth Centre	501 - OBSTETRICS		713.00	713.00	0.00	0.00	666.50	666.50	0.00	0.00	30
ITU	192 - CRITICAL CARE		3,952.50	3,933.50	395.25	38.25	3,332.50	3,321.75	0.00	0.00	248
MHDU	192 - CRITICAL CARE		790.50	790.50	395.25	331.50	666.50	688.00	333.25	322.50	89
SDU	100 - GENERAL		1,185.75	1,173.00	0.00	6.25	999.75	978.25	0.00	21.50	242
NICU	420 - PAEDIATRICS		4,278.00	2,748.50	1,069.50	517.50	3,999.00	2,569.25	999.75	591.25	405
Swift	100 - GENERAL		1,976.25	1,926.25	1,581.00	1,365.50	1,333.00	698.75	666.50	1,376.00	806
Cherry	300 - GENERAL		1,976.25	1,950.75	1,581.00	1,919.00	666.50	838.50	1,333.00	1,558.75	926
ACU	300 - GENERAL		535.50	516.00	267.75	242.25	0.00	0.00	0.00	0.00	389
AMU	300 - GENERAL		3,557.25	3,257.75	2,371.50	1,950.75	1,999.50	1,945.75	1,333.00	1,655.50	1,183
		ASHFORD	1,991.75	1,890.25	1,595.00	1,586.50	1,333.00	1,333.00	666.50	827.75	888
		St PETERS	47,093.25	42,561.00	22,494.75	21,926.50	32,627.50	29,743.00	12,400.00	15,954.75	13,756

Appendix 4

Divisional narrative providing top concerns and actions to mitigate

Medicine and Emergency Services

- Recruitment remains a challenge and our ability to fill gaps is outweighed by our attrition rate.
- On a daily basis the Clinical Nurse leaders redeploy staff around the division to ensure that any gaps are spread evenly. This is reviewed throughout the day to ensure the mitigation of any risk.
- We have recruited a large cohort of RNs from the Philippines but due to the complexities of obtaining visas and NMC registration we do not expect these staff to reach us until early into the New Year.
- Any new starters are being directed to Holly and May Wards in the first instance as this is where we perceive the biggest risk to be.
- Although several areas are rated as red, no areas have been left unsafe in terms of clinical risk.
- We have had no increase in the number of patient harms or concerns related to any reds on our dashboard and continue to encourage staff to report red flags associated with delays in care delivery.
- AECU and AMU are working to a new model that has not yet been formally agreed in an effort to assist with the ED performance recovery plan. Some of this is transitional and will be pulled back in due course so gaps documented are not a true reflection of establishment and activity because of the new models in place.
- CCU/Birch have some significant competency issues which will be resolved by the end of the calendar year.
- All staff are undertaking specialist cardiac degree modules and mentorship to ensure a skill mix that meets the acuity. Because of this current status they will show red although they do have the numbers of registered staff but not the skill mix.

Theatres, Anaesthetics, Surgery and Critical Care

- RN and ODP vacancies continue to provide challenges for the Division.
- The Division continues to participate in overseas and local recruitment events. The Division has arranged a bespoke recruitment event for the surgical wards and theatres which is being held on 17 November 2016.
- Kingfisher and SAU score red with their compliance with safer staffing
- Both wards are rated red but this does not appear to adversely affect patient safety and patient experience. Both areas have scored a QEWS level 2 and there have been no SI's on either ward.
- Kingfisher have 16% red rated shifts with 56% of shifts being rated green

- Although several areas are rated as red, no areas have been left unsafe in terms of clinical risk
- We have had no increase in the number of patient harms or concerns related to any reds on our dashboard and continue to encourage staff to report red flags associated with delays in care delivery
- Kingfisher have 13% red rated shifts with 54% of shifts being rated green.
- Despite vacant shifts being placed to Bank/Agency in a timely manner the shifts remain unfilled. The CNL will review staffing across the surgical wards on a daily basis and redeploy staff according to the acuity of the ward and unfilled shifts.
- There appears to be a long lead in time for nurses recruited from overseas, from offers being made to RN's commencing employment.
- The Division continues to chase progress via Human Resources and the Division continues to use Bank/Agency as an interim measure. The Division is also trying to get the recruitment company to set an agreed date by which the successful applicant needs to have completed their references and taken the IELTS test. This will enable the Division to plan staffing more proactively.

Diagnosics, therapies, Trauma and Orthopaedic

- Dickens had 66% of shifts RAG rated 66%, Swan 76% green rated
- Both wards continue to escalate their safer staffing levels on a daily basis to CNL, ward areas are assessed from a safety perspective and staff redeployed as needed. Both wards have seen an increase in the green safer rated shifts.
- Sickness remains high and out of parameters of KPI's for both wards
- Both ward managers taking an active approach to ensure following policy and procedure re sickness management. Swan has two staff members on long term sickness, they have been working with the bank on our team to encourage casual workers to take a line of work for a 3 month period.
- Vacancy rate for RN & HCA post remains high within both ward areas, having been an ongoing challenge over several months
- Recruitment plans – adverts out where necessary, recruitment days attended, active recruitment is ongoing. Both Swan and Dickens have had recruitment into registered nurse and health care posts. Start date expectations are November and December. Both wards remain with vacancies but a positive improvement.

- Due to maternity cover & vacancy Swan ward continues to use a high percentage of agency and bank nursing staff; the use of non-substantive does have an impact on continuity, and quality and harm free care
- MDT working/cross professional boundary working to enhance team approach and provide safe levels of care. Improvement trajectory embedded within nursing management team to increase staffing and reduce harms. To improve clinical leadership and presence on the ward the division will commence the consultant of the week programme in November to increase continuity of care and have an MDT approach to tackle inconsistencies with safer quality patient focused care. The division has seconded an associate director of nursing to focus on strategic objectives and quality improvement. The clinical nurse leader is now working clinical one day a week. This has proved positive as we have seen a reduction in falls and pressure damage.

Women's Health and Paediatrics

Maternity

- There are currently 16.4 WTE midwifery vacancies and 9 WTE midwives on maternity leave.
- Five of our student midwives have been recruited and will have completed the trust induction and are waiting for the NMC to issue their PINs. Another six vacancies have been recruited to.
- Over the summer the normal establishment for each clinical area has been difficult to maintain due to vacancies, maternity leave and sickness.
- The staff have been very flexible and are trained to work in all areas of the service and staff have been allocated to clinical areas according to workload. There has been priority given to maintaining 1:1 care in labour and to staffing the 'high dependency' area on labour ward. The specialist midwifery team have provided regular clinical shifts and the midwifery management team have supported with clinical shifts and attending safeguarding meetings.
- Recruitment and retention in midwifery remains a regional and national concern. Issues around an ageing midwifery workforce and the working pressures on midwives have resulted in the Royal College of Midwives National Campaign to improve wellbeing at work. The maternity service has agreed to sign the RCM 'Caring for You' charter and a variety of initiatives are underway to improve health, morale and wellbeing of midwifery staff.
- Maternity assistants and nursery nurses are fully recruited and have been deployed to the postnatal ward to provide additional support for new parents and assistance with

breast feeding and baby care. Alongside this we have also recruited a Divisional Governance Manager, who started this month.

Paediatrics

- Ash Ward Green 98% in October, with 5 WTE Band 5 Vacancies, shifts filled by Agency
- 5 x Band 5 new starters Sept/Oct on Ash/Oak Wards who are now at the end of their induction/supernumerary period.
- Nursing Staff throughout paediatrics reviewed daily and staff moved if appropriate to ensure all areas have safe staffing including Paediatric Emergency Department.
- Actively recruiting Band 5 into vacant posts.

NICU

- The Neonatal Unit was Green for 88% no Red days in October. Most likely because Building work commenced on the extension and for approximately 10 days there was reduced cot capacity.
- The neonatal unit was amber for 12% of October again this was around neonatal ITU trained nurses. There is a national problem of recruiting neonatal ITU nurses. Recently tried national advert and managed to recruit 1.4 WTE Band 6 nurses due to start in January 2017. Exploring the use of inducement of a “Golden handshake” to attract these specialists to St Peter’s in 2017.

