

TRUST BOARD
27 July 2017

AGENDA ITEM NUMBER	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		
STRATEGIC OBJECTIVE(S):		
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 June 2017 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. The report provides the Board with an overview of the planned and actual staffing levels for Inpatient Wards and Emergency Departments. Fill rates vary against plan in response to activity and patient acuity/dependency levels.</p> <p>The report shows the percentage fill rates by ward against the recording requirement of Care Hours Per Patient Day (CHPPD). 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 which is detailed in an insights and actions log in Appendix 4.</p> <p>Continued vacancies on both sites necessitate reliance on temporary staffing to ensure maintenance of appropriate staffing levels. Clinical Nurse Leaders ensure all shifts across all ward are led by experienced staff.</p> <p>Work continues with establishment review. Findings from the early 2017 review are detailed in Appendix 5 and initial finding support the position of being able to support the current nursing need without the indicated 10.75 WTE investment. This has been found after both professional review and benchmarking of wards using the Model Hospital Dashboard.</p>		

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.
AUTHOR NAME/ROLE	Sue Harris, Lead Nurse Tissue Viability on behalf of Russell Wernham, Deputy Chief Nurse/Associate Director of Quality
PRESENTED BY DIRECTOR NAME/ROLE	Heather Caudle, Chief Nurse
DATE	24 July 2017
BOARD ACTION	Assurance

1. Background and scope

Ashford and St Peter's Hospitals NHS Foundation Trust (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 shows a percentage fill, but this percentage is the actual number of care hours filled against planned.

2. Strategic issues and options

Recruitment continues overseas, both in and out of Europe, alongside local initiatives. Issues remain with the English tests imposed by the NMC and the uncertainties over European Union membership. The Monitor Agency Cap is reported on weekly with feedback provided to senior management.

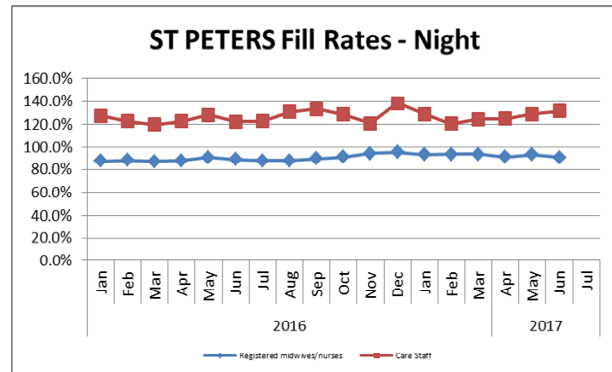
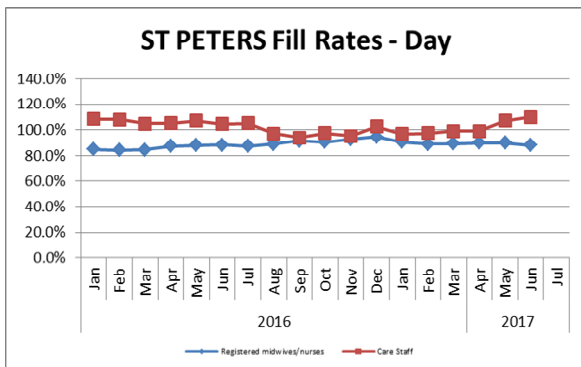
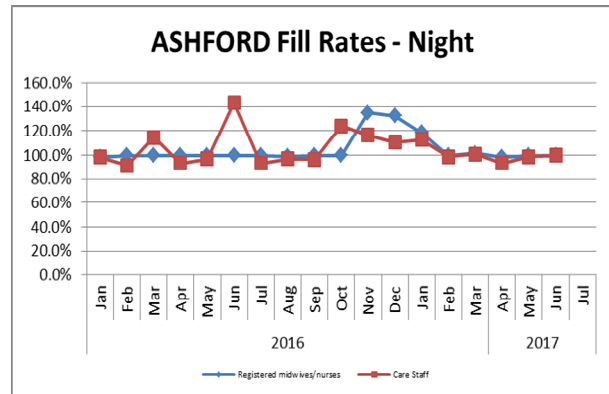
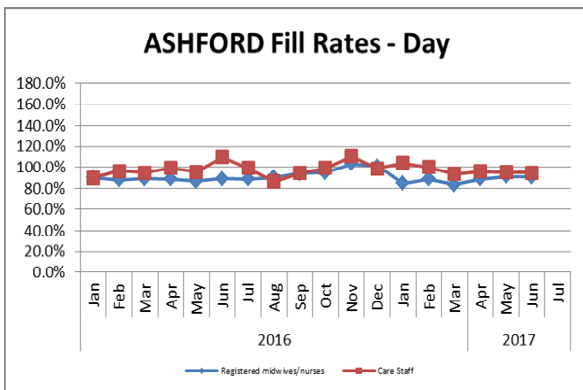
The operational pressures on the Trust continued during June, with extra beds opened. The staffing of escalation areas were discussed daily and the specialist nurses based within the Divisions and corporate teams were used to support these escalation areas.

The actions to address gaps in planned versus 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 (CAT) meetings.

3. Numbers

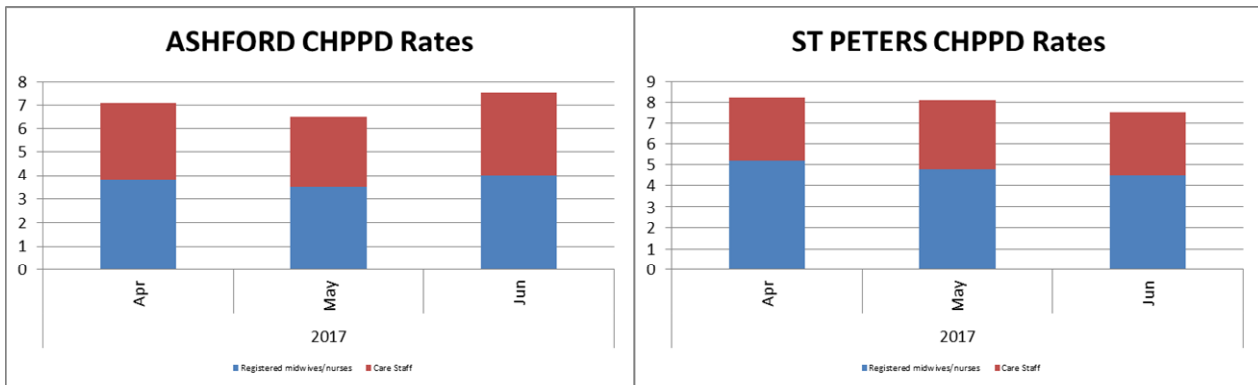
The report has used information from the e-Rostering system; the reported fill rate is based on the number of nursing hours deployed as a percentage of the number of nursing hours planned in the rota. The table and graphs below show the average fill rates for June 2017 as part of a 12 month trend.

Site	Day		Night	
	Average fill rate RN/RM %	Average fill rate care staff %	Average fill rate RN/RM %	Average fill rate care staff %
Ashford	90.7%	94.9%	100.0%	100.0%
St Peter's	88.1%	109.8%	90.7%	131.7%



Care Hours Per Patient Day for June 2017 are detailed below and show that the Trust is above the national median for this metric.

Site	Day	Night
	RN/RM	Care Staff
Ashford	4.0	3.5
St Peter's	4.5	3.0



Below is the link to additional supporting data

Acute and Emergency Medicine Division [_L.L.L.Ward Monitoring-Weekly Reporting\17-18 KPIs\AMES\Daily Tool](#)

Theatres, Anaesthetics, Surgery and Critical Care: [_L.L.L.Ward Monitoring-Weekly Reporting\17-18 KPIs\TASCC\Daily Tool](#)

Diagnostics, Therapeutics, Trauma and Orthopaedics: [_L.L.L.Ward Monitoring-Weekly Reporting\17-18 KPIs\DTTO\Daily Tool](#)

Women's Health and Paediatrics: [_L.L.L.Ward Monitoring-Weekly Reporting\17-18 KPIs\WHP\Daily Tool](#)

Context

Senior nursing and midwifery management at ASPH continue to monitor and report the inpatient ward staff levels. Divisional action timetables 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 over a 4 week period in January - February 2017. This data, including recommendations, was presented to Trust Board in May. The Board made recommendations which have been enacted and this is fed back in appendix 4. Monitoring of Paediatrics acuity and dependency continues using the Paediatric Acuity and Dependency Assessment tool (PANDA) with the next episode of monitoring due in August 2017.

The narrative provided by the Divisions details relevant changes with key issues highlighted. These changes and issues have been given completion dates to prevent a rolling narrative occurring with no action being completed.

Appendix 1 shows the Safer Staffing and Quality RAYG rating dashboard for May | 2017.

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:

- There is evidence that escalation of and mitigations against, staffing red flags are increasingly timely and effective
- Where fill rates are below required levels during days, gaps that need to be filled are covered by reallocating staff or using Clinical Nurse Leaders or Clinical Nurse Specialists. This staffs are not all on published rotas therefore this additional fill is not reflected within the data. In the future, this will be changed in order to better capture the actual fill rates per shift.
- Accountability of adherence to both the nursing agency caps and the safer staffing on the wards has been strengthened. The rostering meetings held to review the use of agency staff have been supported by direct intervention of the Chief Nurse. There has also been further representation from the Divisional Chief Nurses
- Safer staffing was tabled as a discussion topic for Quality Performance Committee during Q1 of 2017/18. This included a review of workforce and nursing shift patterns as described above with a paper tabled at Nursing Midwifery and Assurance Committee in July 2017. Further work has been done on benchmarking wards using the NHSI Model Hospital.

Appendix 1 Safer Staffing QEWS RAYG Rating June 2017

SAFE STAFFING LEVELS DATA – Jun 2017												
Division	Wards	Total shifts	Red	Amber	Green	% Green	% Green shifts sparkline Apr 16- Jun 17	Ward Sls	Ward Sls Sparkline Apr 16- Jun 2017	Ward Red Flags	Ward Red Flags Sparkline Apr 16- Jun 17	QEWS LEVEL
Acute and Emergency Medicine	AandE	248	51	30	189	76%		0		8		1
	Aspen	90	11	17	62	69%		0		8		1
	CCU & Birch	90	11	27	52	58%		0		0		2
	Cedar	90	0	3	87	97%		0		1		2
	Holly	90	0	3	87	97%		0		0		3
	May	90	3	7	80	89%		1		0		1
	ACU	60	16	16	28	47%		0		0		-
	AMU	90	2	13	75	83%		0		0		2
	Cherry	90	0	0	90	100%		0		0		3
	Maple	90	1	9	80	89%		1		0		2
	Chaucer	-	-	-	-							-
	Swift	90	0	0	90	100%		0		0		2
	Wordsworth	90	21	6	63	70%		0		0		2
T&O	Dickens	90	11	21	58	64%		0		1		2
	Swan	90	42	13	35	39%		0				2
TASCC	Kingfisher	90	54	17	19	21%		0		1		2
	Falcon	90	6	5	79	88%		0		3		2
	SDU	90	54	17	19	21%		0		1		2
	Heron	90	5	0	85	94%		0		0		3
	SAU	90	9	21	60	67%		0		0		2
	ITU	90	14	26	50	56%		0		0		2
	HDU											
Women's Health and Paediatrics	Abbey BC	60	2	0	58	97%		0		0		-
	Ash	60	0	1	59	98%		0		0		3
	NICU	240	31	45	164	68%		0		6		3
	Labour Ward	120	2	24	94	78%		0		0		2
	Joan Booker	120	0	12	108	90%		0		1		3

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					
Wordsworth (nee Chaucer)	314 -	89.5%	92.8%	100.0%	100.0%	36.9%	5.0%	10.0%	0.00	0.00
BRAD	300 - GENERAL	100.0%	99.4%	100.0%	100.0%					
Maple	300 - GENERAL	87.5%	118.8%	97.8%	121.7%	18.3%	4.0%	7.5%	2.00	0.00
Swift	100 - GENERAL	88.4%	146.3%	52.5%	280.0%	12.9%	0.6%	2.8%	1.00	0.00
BACU	300 - GENERAL	93.8%	88.3%	97.2%	86.7%	19.0%	1.6%	2.7%	0.00	0.00
Cedar	300 - GENERAL	77.0%	193.3%	102.2%	175.0%	13.4%	2.1%	6.1%	0.00	0.64
Cherry	300 - GENERAL	96.7%	102.1%	96.7%	133.3%	29.4%	3.5%	4.0%	0.00	1.00
Holly	430 - GERIATRIC	88.1%	117.3%	67.8%	152.2%	21.6%	1.1%	0.0%	1.00	1.00
May	300 - GENERAL	89.2%	135.0%	83.3%	190.0%	19.4%	0.5%	0.0%	2.00	0.00
AMU	300 - GENERAL	80.2%	119.7%	98.3%	151.7%	33.8%	2.6%	3.9%	2.00	2.00
Aspen	340 - RESPIRATORY	91.1%	94.4%	96.0%	100.8%	36.2%	1.6%	8.3%	0.00	0.35
ITU	192 - CRITICAL CARE	83.3%	25.0%	81.4%	56.7%	24.4%	1.9%	0.0%	0.00	2.00
MHDU	192 - CRITICAL CARE									
Falcon	100 - GENERAL	94.1%	135.0%	96.7%	190.0%	20.9%	5.1%	0.0%	0.00	0.00
Kingfisher	100 - GENERAL	76.0%	104.6%	86.7%	81.1%	46.1%	0.2%	0.0%	0.00	1.00
SAU	100 - GENERAL	95.9%	76.2%	100.0%	100.0%	22.6%	0.8%	7.7%	0.00	1.00
SDU	100 - GENERAL	93.9%	#DIV/0!	96.7%	#DIV/0!	14.7%	3.1%	0.0%	0.00	0.00
Heron	100 - GENERAL	97.2%	125.9%	100.0%	213.3%	17.7%	6.2%	0.0%	0.00	0.00
Dickens	110 - TRAUMA &	91.8%	97.2%	100.0%	100.0%	14.2%	9.3%	0.0%	0.00	0.00
Swan	110 - TRAUMA &	82.1%	106.1%	94.2%	107.8%	31.4%	2.2%	17.9%	1.00	0.00
NICU	420 - PAEDIATRICS	82.2%	55.6%	78.6%	57.8%	9.2%	1.4%	3.7%	0.00	1.00
Oak & Ash	420 - PAEDIATRICS	107.5%	#DIV/0!	123.3%	#DIV/0!	22.7%	5.7%	4.9%	0.00	1.00
Joan Booker	501 - OBSTETRICS	90.4%	100.9%	97.5%	190.0%	10.0%	5.0%	7.2%	1.00	3.07
Labour	501 - OBSTETRICS	94.6%	87.6%	94.4%	98.3%					
Abbey Birth Centre	501 - OBSTETRICS	98.3%	#DIV/0!	98.3%	#DIV/0!					

Appendix 3 Care hours by ward June 2017

Ward name	Main 2 Specialties		Day				Night				No of Pts at 23:59
	Specialty 1	Specialty 2	Registere	Care			Registere	Care			
			Total	Total	Total	Total	Total	Total	Total	Total	
Wordworth	314 -		1,147.50	1,026.75	1,147.50	1,065.25	645.00	645.00	645.00	645.00	495
Dickens	110 - TRAUMA &		1,182.00	1,085.50	997.50	969.75	645.00	645.00	322.50	322.50	352
Aspen	340 - RESPIRATORY		2,295.00	2,091.00	1,912.50	1,804.50	1,612.50	1,548.00	1,290.00	1,300.75	843
BACU	300 - GENERAL	320 -	2,677.50	2,512.00	382.50	337.75	1,935.00	1,881.25	322.50	279.50	578
BRAD	300 - GENERAL		765.00	765.00	1,155.00	1,148.50	322.50	322.50	645.00	645.00	588
Cedar	300 - GENERAL		1,912.50	1,472.75	765.00	1,479.00	967.50	989.00	645.00	1,128.75	644
Falcon	100 - GENERAL		1,725.00	1,622.50	765.00	1,032.75	967.50	935.25	322.50	612.75	628
Heron	100 - GENERAL		1,130.00	1,098.00	765.00	963.50	645.00	645.00	322.50	688.00	334
Holly	430 - GERIATRIC		1,912.50	1,684.00	1,725.00	2,023.25	967.50	655.75	967.50	1,472.75	896
Kingfisher	100 - GENERAL		2,295.00	1,744.25	1,147.50	1,200.25	967.50	838.50	967.50	784.75	903
Maple	300 - GENERAL		2,107.50	1,843.50	1,725.00	2,049.75	967.50	946.00	1,290.00	1,569.50	870
May	300 - GENERAL		1,530.00	1,365.25	765.00	1,033.00	967.50	806.25	322.50	612.75	660
SAU	100 - GENERAL		1,695.75	1,626.50	1,364.25	1,039.75	838.50	838.50	322.50	322.50	399
Swan	110 - TRAUMA &		2,107.50	1,729.75	1,912.50	2,028.25	1,290.00	1,214.75	967.50	1,042.75	922
Ash	420 - PAEDIATRICS		1,725.00	1,854.50	0.00	322.00	1,290.00	1,591.00	0.00	311.75	382
Joan Booker	501 - OBSTETRICS		1,380.00	1,248.00	1,035.00	1,044.00	1,380.00	1,345.50	345.00	655.50	700
Labour	501 - OBSTETRICS		3,105.00	2,938.50	690.00	604.50	3,105.00	2,932.50	690.00	678.50	218
Abbey Birth Centre	501 - OBSTETRICS		690.00	678.50	0.00	0.00	645.00	634.25	0.00	0.00	27
ITU	192 - CRITICAL CARE		4,590.00	3,825.50	765.00	191.25	3,870.00	3,149.75	322.50	182.75	257
SDU	100 - GENERAL		1,147.50	1,077.25	0.00	25.75	967.50	935.25	0.00	21.50	194
NICU	420 - PAEDIATRICS		4,140.00	3,404.00	1,035.00	575.00	3,870.00	3,042.25	967.50	559.00	529
Swift	100 - GENERAL		1,912.50	1,690.00	1,530.00	2,238.00	1,290.00	677.25	645.00	1,806.00	780
Cherry	300 - GENERAL		1,912.50	1,849.00	1,530.00	1,561.75	967.50	935.25	967.50	1,290.00	874
ACU	300 - GENERAL		765.00	484.50	382.50	561.25	0.00	43.00	0.00	0.00	407
AMU	300 - GENERAL		3,442.50	2,760.75	1,912.50	2,288.75	1,935.00	1,902.75	1,290.00	1,956.50	1,140
		ASHFORD	2,329.50	2,112.25	2,145.00	2,035.00	1,290.00	1,290.00	967.50	967.50	847
		St PETERS	46,963.25	41,365.00	23,264.25	25,552.50	31,768.50	28,809.50	13,612.50	17,921.25	13,773

Appendix 4 Divisional Insights and Actions – June 2017

Area	Insight	Actions
Recruitment and Retention	<ul style="list-style-type: none"> • Vacancies remain elevated, but some small inroads have been made. • The lead time for nurses arriving in the UK has increased and poses significant management support • The Recruitment Agency used by the Trust to source overseas nurses is struggling to find suitable nurses for the division in order to fill vacancies 	<ul style="list-style-type: none"> • Recruitment days continue on a regular basis with central team support • The Assistant Director of Workforce and OD is leading an initiative to support new staff • Campaigns continue. Uptake for recruitment to RN positions from overseas trained nurses is high however many do not yet have the IELTSs which is essential for NMC registration • We continue to recruit and are filling approximately 10 positions per month but the timeframe to onboarding for some staff is exceeding 6 months
Suboptimal Staffing Red Flags	<ul style="list-style-type: none"> • There are a significant number of unfilled vacancies in ITU leading to an increased demand in the use of agency staff • Emergency Department template has not been Updated. The Template to be reviewed by Divisional Team and Andrea Lewis(ED) • Plan in progress in conjunction with service redesign changes (CDU2 and streaming) Review Aug 17 12 agreed so currently working at 6 extra staff per shift which is not sustainable 	<ul style="list-style-type: none"> • Incidents were responded to in real time by senior nurses/midwives and actions taken to mitigate against risk • The Chief Nurse is actively reviewing rosters prospectively with Divisional Chief Nurses to support safe and effective staffing • The next Acuity and Dependency review commences on 24th June. • Bed and staffing reconfiguration initiative to commence at the end of the week • Birthrate plus review of staffing requirements on Labour and Joan Booker Wards.
Operational Pressures	<ul style="list-style-type: none"> • Heavy reliance on temporary staffing to meet the additional staffing needs • Failure to action care needs and journals 	<ul style="list-style-type: none"> • Two agencies are very vocal against our agency use. • There are complaints that require senior intervention and letters of apology.

Appendix 5 Acuity and Dependency Report Update

The January 2017 nurse staffing acuity and dependency review was reported to Trust Board in May 2017. The report continued the trend of reporting a need to increase nurse staffing.

The current report identifies the need to increase the number of nursing posts by 10.75 WTE. The report also identified several areas that were staff rich in the review.

Trust Board requested that a further review of staffing be undertaken to benchmark against wards of a similar nature in neighbouring trusts. It was also suggested that comparison be made against the Model Hospital.

The Board also requested that shift patterns and multidisciplinary working be investigated in line with work done within NHS Improvement.

Benchmarking Information

Key wards with high levels of Care Hours Per Patient Day (CHPPD) were assessed against similar wards in neighbouring trusts.

The ward areas with the high levels were BACU, Dickens, SAU, SDU and Wren.

Looking at the following trusts we can see that the comparison (based on combined staffing) is as follows:

	Cardiac Care	Elective Ortho	Surgical Assess	Surgical HDU
ASPH	8.95	9.52	10.92	13.33
RSCH	9.17	6.46	6.18	6.18*
FHFT	9.32	7.69	8.44	8.44

(Figures from model hospital Nursing and Midwifery Dashboard)

*No correlation between SDU at St Peters and RSCH site.

It should also be noted that the CHPPD between wards varied at the RN/HCA split. Both RSCH and FHFT had higher HCA CHPPD than ASPH. This opens the question of establishment balance against care outcomes. These have not been investigated to date across the three organisations.

Benchmarking of CHPD has also been undertaken using the Model Hospital dashboard. This has looked at selected local trusts, the STP footprint and the NHSi sub-region. In all of these the Trust sits above both the average and peers in CHPPD.

Benchmarking follow up

The benchmarking information was discussed at Nursing Midwifery Group. This meeting requested that senior nurses within the Divisions review the Divisional ability to review establishments and provide assurance that the indicated investment of 10.75 WTE is not needed.

The analysis shows that the wards are able to provide the expected levels of care with their current establishments. The main factor in achieving this is the recruitment to full establishment, consequently reducing agency need.

Further work was undertaken to review establishments in line with CHPPD and the planned reduction of these to come in line with both the STP and Trust peer group medians. Both TASCC and MES are still working on individual benchmarking to support the data extracted from the Model Hospital.

Surgery and Theatres

SAU and SAUV are currently located within the same footprint and share the same staffing base. However, the daily staffing tool only captures the activity of SAU and does not reflect the number of patients being seen in SAUV throughout the working day.

Figures for May 2017 show the care hours per patient per day (CHPPD) as 11.29, however when finance re ran the numbers this changed to 9.88. When the daily staffing tool was adjusted to exclude the staff allocated to work in SAUV this reduced the number of CHPPD further to 8.07.

Following contact with Frimley Park Hospital (FPH), it can be confirmed that the Trust benchmarks comparably. Their SAU is open 24 hours and consists of 12 beds, 2 assessment trollies and 1 cannulation chair and closes admission to GP referrals at 8pm. It is staffed with 3 RN's and 2 HCA's, working long days and 2 RN's and 1 HCA at night.

Figures for SDU and Wren in May 2017 show the CHPPD as 11.23, however when finance reviewed this changed to 10.95. The staff work long days not earlies and lates, which is not reflected in the daily tool and when considered reduces the CHPPD to 10. It is important to note that the number of ITU patients was lower during May, resulting in fewer step down patients and there was a pause on the bariatric service.

Following contact with FPH, it can be confirmed that the Trust benchmarks comparably. Their SDU consists of 7 beds which is staffed with 3 RN's and 1 HCA, working long days and 2 RNs and 1 HCA working the night shift.

Trauma and Orthopaedics

The senior nurses from Trauma and Orthopaedics have highlighted the need to review the elective pathways that may reduce the need to have patients on the ward at weekends and consequently reduce the need to provide staffing for this.

Cardiology

The Divisional Chief Nurse for medicine has confirmed that she does not need any additional investment in her wards and has agreed that a review of establishments and shift patterns would be beneficial to reviewing the CHPPD need in these areas.

The analysis of the cardiology wards in other local hospitals shows that our CHPPD is higher. It has also shown that at two of the four do not have primary angioplasty facilities. The cardiology unit at Frimley also does not have the level of post procedure patients.

Guidelines from the British Cardiovascular Society also recommend a higher ratio of RNs trained in cardiology nursing.

Next Steps

Senior nurses have therefore agreed that the indicated investment of 10.75 WTE nurses is not required. The next review of Acuity and Dependency is due in July 2017. This review will see a change in form to include specific recording of long day shifts.

The July review will be due at Trust Board in September 2017.