

TRUST BOARD
31 March 2016

AGENDA ITEM NUMBER	6.4	
TITLE OF PAPER	Safer Staffing Levels	
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 February 2016.</p> <p>The paper presents the actual staffing levels for all in patient areas and the trend in fill rates by site on a day and night basis over the previous 12 months. The paper also provides data on sickness, maternity and new starters for the month. The RAG rated table shows shift fill, red flag and Serious Incidents Requiring Investigation by ward for the month. The Trust continues to follow its policy on safer staffing escalation, mandating ward and theatre staff to capture, escalate and mitigate shortages of staff. Supporting this by recording actions with red flags with real time data capture.</p> <p>This data will provide the Board with assurance that expectation 2 and 7 of the National Quality Boards publication on care setting, capacity and capability are met.</p>		
RECOMMENDATION:		
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
PRESENTED BY DIRECTOR NAME/ROLE	Heather Caudle, Chief Nurse
DATE	24 March 2016
BOARD ACTION	Assurance

1. Background and scope

ASPHFT 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.

2. Strategic issues and options

- Recruitment and retention issues

Recruitment continues to be a significant problem within specialist areas.

- Monitor Agency Cap

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

- Operational pressures

The operational pressures on the Trust during February period were substantial, however, optimal and pre-emptive planning as agreed in the Trust winter plan allowed senior staff to ensure robust cover of any opened escalation areas.

- Actions to address gaps

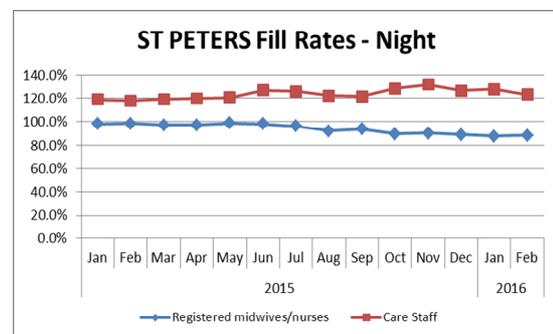
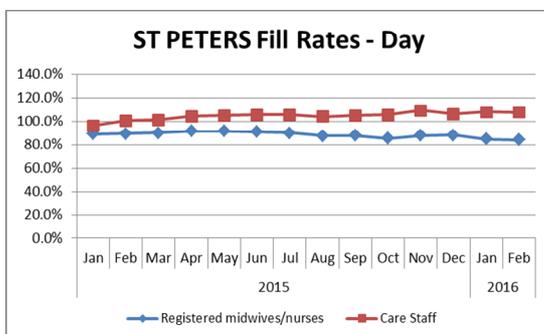
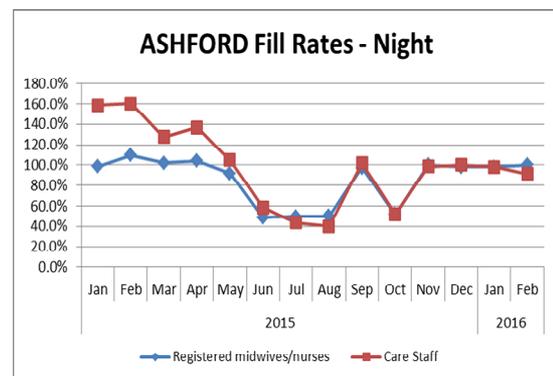
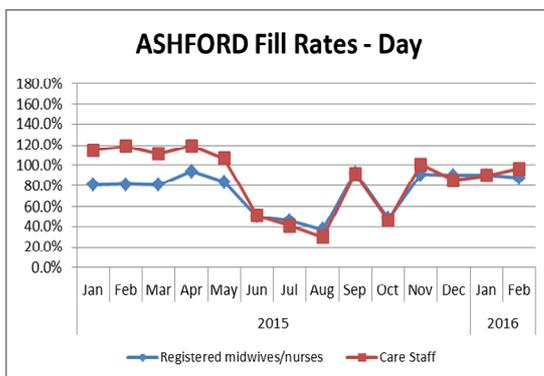
Planned and actual staffing levels are reviewed on a shift by shift basis by the Ward Manager and Clinical Nurse Leader and discussed at daily Capacity Action Team

meetings. The 6 monthly audits of acuity and dependency is currently being collated for reporting to Trust board in April 2016.

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 February 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 care staff %
Ashford	87.8	96.5	96.5	91.4
St Peter's	84.2	107.9	88.2	123.1



Each division has published their data on a Trust electronic shared file and each continues to address the gaps through a range of interventions to preserve safety and quality on the ward.

Acute and Emergency Medicine Division: [T:\Ward Monitoring-Weekly Reporting\15-16 KPIs\AMES\Daily Tool](#)

Theatres, Anaesthetics, Surgery and Critical Care: [T:\Ward Monitoring-Weekly Reporting\15-16 KPIs\TASCC\Daily Tool](#)

Diagnostics, Therapeutics, Trauma and Orthopaedics: [T:\Ward Monitoring-Weekly Reporting\15-16 KPIs\DTTO\Daily Tool](#)

Women's Health and Paediatrics: [T:\Ward Monitoring-Weekly Reporting\15-16 KPIs\WHP\Daily Tool](#)

Both the establishment performance by shift, together with the planned versus actual staffing levels have been triangulated with the Quality, Experience, Workforce, Safety (QEWS) level by ward to give a composite exception rating of safer staffing level risk. In order to be judged an exception ward, at least two of the following factors must be present, comprising of item 1 with at least one other of the ratings listed below:

- Less than 80% of shifts rated green for staffing levels (see appendix 1 and 2)
- A QEWS level of either 0 or 1 (see appendix 1 and 2)
- An average fill rate day – registered nurses / midwives of less than 95% or more than 120% during the day (see appendix 1, 2, 3)
- An average fill rate day – care staff of less than 95% or more than 120% during the night (see appendix 1, 2, 3)
- An average fill rate day – registered nurses / midwives of less than 95% or more than 120% during the day (see appendix 1, 2, 3)
- An average fill rate day – care staff of less than 95% or more than 120% during the night (see appendix 1, 2, 3)

4. Assumptions

Senior nursing and midwifery management at ASPH continue to monitor and report the inpatient ward staff level. Divisional commentary is provided at point 7 of this report.

Whilst on-going capacity pressures and recruitment shortages continue, there is still a sustained vigilance over staffing levels and there are bespoke projects specifically responsive to staffing issues in critical areas.

5. Stakeholder engagement activities

See appendices for Divisional Commentary.

6. Impact measures and follow up

Monitoring of patient acuity and dependency using the safer staffing tool was completed in August 2015. The current period of review is now active and will feed back to board in March 2016.

Monitoring of Paediatrics acuity and dependency continues using the PANDA tool.

Appendix 1 Establishment Performance by Shift Feb 2016

WARD	< 80% of shifts rated green	QEWS level 0 or 1	Day		Night	
			Average fill rate - registered nurses/ Midwives (<95% or >120%)	Average fill rate - care staff (<95% or >120%)	Average fill rate - registered nurses/ Midwives (<95% or >120%)	Average fill rate - care staff (<95% or >120%)
Acute and Emergency Medicine						
A and E	-	✓	-	-	-	-
Aspen	-	-	-	✓ (-)	-	-
CCU & Birch	✓	✓	-	-	-	-
Cedar	-	✓	✓ (-)	✓ (+)	✓ (+)	-
Holly	✓	-	✓ (-)	-	✓ (-)	✓ (+)
May	✓	✓	✓ (-)	✓ (+)	-	✓ (-)
Cherry	-	✓	✓ (-)	-	-	-
AMU	-	✓	✓ (-)	✓ (-)	-	-
Maple	-	-	✓ (-)	-	✓ (-)	-
Chaucer	-	-	-	-	-	-
Swift	-	-	✓ (-)	-	✓ (-)	✓ (+)
Trauma and Orthopaedics						
Dickens	-	-	✓ (-)	✓ (-)	-	✓ (-)
Swan	-	✓	✓ (-)	-	✓ (-)	-
Theatre, Anaesthetics, Surgery, Critical Care						
Kingfisher	-	✓	✓ (-)	✓ (+)	✓ (-)	✓ (+)
Falcon	-	✓	✓ (-)	✓ (+)	✓ (-)	✓ (+)
SDU	-	✓	-	-	✓ (-)	-
Heron	-	✓	✓ (-)	✓ (+)	-	✓ (+)
SAU	-	-	✓ (-)	-	✓ (-)	-
ITU	-	-	-	✓ (-)	-	-
MHDU	-	-	-	✓ (-)	-	-
Women's Health and Paediatrics						
Abbey Birth Centre	✓	-	-	-	-	-
Ash	✓	-	-	-	✓ (+)	-
NICU	-	-	✓ (-)	✓ (-)	✓ (-)	✓ (-)
Labour Ward	-	-	✓ (-)	✓ (-)	-	✓ (-)
Joan Booker	-	-	-	✓ (-)	✓ (-)	✓ (+)

Appendix 2 Safer Staffing QEWS RAYG Rating Feb 2016

SAFE STAFFING LEVELS DATA – February 2016										
Division	Wards	Total	Red	Amber	Green	% Green	Ward S's	Ward Red Flags	QEWS LEVEL	Trend
		Shifts								
Acute and Emergency Medicine	AandE	248	0	25	236	95	1	4	1	
	Aspen	87	-	1	86	99			2	
	CCU & Birch	87	14	13	60	69	1		1	
	Cedar	87	1	3	83	95	1		1	
	Holly	87	10	44	33	38			2	
	May	87	2	16	69	79		4	1	
	AMU	87	2	16	69	79			1	
	Cherry	87	2	12	73	84	3	2	1	
	Maple	87	55	25	7	8			2	
	Chaucer	87	1	3	83	95		4	2	
	Swift	87	13	28	46	53			2	
T&O	Dickens	87	27	13	47	54	1		2	
	Swan	87	15	22	50	57	1		1	
TASCC	Kingfisher	87	17	15	55	63			1	
	Falcon	87	4	4	79	91			1	
	SDU	87	7	-	80	92			1	
	Heron	87	2	12	73	84		1	1	
	SAU	87	27	27	33	38		1	2	
	ITU	87	11	38	38	44			2	
	MH DU	87	4	-	83	95			2	
Women's Health and Paediatrics	Abbey BC	58	-	-	58	100				
	Ash	58	0	2	56	97			2	
	NICU	232	19	58	155	67			2	
	Labour Ward	116	8	19	89	77			2	
	Joan Booker	116	-	17	99	85			2	

Appendix 3 Staffing Average fill rate with sickness, maternity and new starters Feb 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
		Average Register	Average Care Staff	Average Registered	Average Care Staff				
Chaucer	314 -	90.6%	113.6%	100.0%	100.0%	-3.7%	5.8%	0.0%	0.00
Dickens	110 - TRAUMA &	86.0%	86.6%	100.0%	82.8%	22.7%	9.6%	5.0%	0.00
Aspen	340 - RESPIRATORY	97.9%	132.2%	101.7%	98.9%	-0.1%	3.2%	0.0%	0.00
BACU	300 - GENERAL	96.3%	97.4%	93.7%	110.3%	19.6%	0.7%	9.0%	0.00
Cedar	300 - GENERAL	77.9%	174.5%	126.4%	103.4%	12.0%	1.2%	2.1%	0.00
Falcon	100 - GENERAL	72.4%	162.9%	90.8%	148.3%	13.3%	1.8%	3.8%	1.00
Heron	100 - GENERAL	90.6%	121.5%	100.0%	196.6%	19.1%	7.2%	0.0%	1.00
Holly	430 - GERIATRIC	69.9%	113.4%	50.0%	200.0%	28.2%	4.2%	3.3%	0.00
Kingfisher	100 - GENERAL	74.9%	125.4%	66.4%	272.4%	31.2%	3.4%	3.8%	0.00
Maple	300 - GENERAL	74.5%	98.7%	66.7%	97.4%	35.9%	0.6%	0.0%	0.00
May	300 - GENERAL	75.5%	147.5%	113.8%	89.7%	21.3%	0.7%	4.7%	0.00
SAU	100 - GENERAL	80.4%	101.2%	83.9%	100.0%	24.8%	1.5%	0.0%	0.00
Swan	110 - TRAUMA &	80.0%	107.8%	91.4%	106.9%	8.3%	5.3%	8.3%	1.00
Ash	420 - PAEDIATRICS	106.9%	#DIV/0!	122.4%	#DIV/0!	1.8%	3.0%	0.9%	0.00
Joan Booker	501 - OBSTETRICS	96.6%	74.5%	94.0%	186.2%	5.6%	4.9%	7.3%	0.61
Labour	501 - OBSTETRICS	91.7%	79.3%	95.4%	94.8%				
Abbey Birth Centre	501 - OBSTETRICS	100.0%	#DIV/0!	100.0%	#DIV/0!				
ITU	192 - CRITICAL CARE	95.0%	36.5%	97.9%	#DIV/0!	27.0%	2.8%	3.4%	1.00
MH DU	192 - CRITICAL CARE	107.8%	91.4%	105.2%	103.4%				
SDU	100 - GENERAL	96.5%	#DIV/0!	80.5%	#DIV/0!	21.9%	4.0%	8.3%	0.00
NICU	420 - PAEDIATRICS	72.1%	46.0%	66.7%	51.7%	11.3%	3.7%	3.9%	2.00
Swift	100 - GENERAL	71.8%	114.7%	50.0%	198.3%	21.3%	3.7%	3.1%	0.00
Cherry	300 - GENERAL	89.3%	91.9%	100.0%	100.0%	23.9%	2.8%	0.0%	0.00
AMU	300 - GENERAL	77.3%	89.1%	96.6%	116.4%	55.4%	9.7%	0.0%	1.00

Appendix 4

Divisional Narrative

- **Medicine and Emergency Services**

The Division continues to report unfilled shifts on a daily basis. The risk is mitigated by the Clinical Nurse Leaders deploying staff in a measured way to fill staffing gaps and maintain an adequate skill mix. Datix reports are being completed for staffing shortfalls however the quality of the information submitted requires some improvement.

The Division is feeling the pressure of the Agency Caps and the Tier 1 and 2 agencies who have not been preferred in terms of providing staff are struggling to keep up with the demand which is heightened due to winter pressures and escalation beds being opened.

Numbers will improve as overseas nurses achieve registration with the Nursing & Midwifery Council (NMC). This has taken slightly longer than anticipated due to the complexities of the pre-registration process. These nurses have been working in a supernumerary capacity on the wards enabling them to gain some confidence whilst supporting the substantive staff. A Clinical Practice Educator has been appointed to the Division and her focus will be to ensure the overseas nurses (from the Philippines, Portugal, Romania and Spain) are equipped with the knowledge and skills required to work unsupervised on the wards.

Recruitment is ongoing and there is discussion on some targeted campaigns for specific areas such as Cardiology and the Acute Medical Unit. Within this we are looking at rotational opportunities for the Emergency Department and some Masters level programmes of study for Older Peoples Services as these have been particularly hard to recruit to.

- **Theatres, Anaesthetics, Surgery and Critical Care**

The Division has seen a significant decrease in the vacancy rate and the daily staffing numbers are improving. The challenge is now the skill mix with a large proportion of the establishments being filled with newly qualified and overseas nurses.

The safer staffing tool has shown that SDU, Falcon and HDU achieved at least 91% of their shifts recorded as green with Heron at 84%, Kingfisher at 63%, SAU at 38% and ITU at 44%. There has been difficulty in filling the vacancies with temporary staffing.

Oversees recruitment to Rome in February 2016 proved successful and there is planned recruitment to Romania in March 2016 and the Philippines in April 2016. The Division continues to support the Trust recruitment open days for trained and untrained nurses and the next one is planned for 19 March.

The current vacancy rate for the surgical inpatient areas, (wards) is 15 WTE Band 5, of which 14 are in the HR process. ITU have 1.00 Band 7 planned to start in May, 4:50 Band 6's and 6.00 Band 5 WTE's. Theatres have 7.91 Band 5 Scrub, 1.00 Band 5 Recovery and 10:83 Band 5, ODP WTE.

- **Diagnostics, therapies, Trauma and Orthopaedics**

Swan Ward QEWS score 1 & Dickens Ward QEWS score 2. Best care audits were completed in January 2016 and Dickens Ward maintained a score of 2 whilst Swan Ward is scored at 1.

Dickens Ward currently has 1 WTE Band 6 vacancy and 1.3 WTE Band 3 position. Recruitment continues via allocated Trust recruitment days. For this reporting period Dickens daily staffing shifts were RAG rated as 54% green, 15% amber & 31% red. Escalation of red rated shifts continues to be managed on a daily basis.

Swan Ward has 4.4 6 WTE Band 5 vacancies. There is currently 2 WTE Band 6 on maternity leave and 2 WTE Band 5 Senior Staff Nurses on long term sickness. Daily staffing RAG rated shifts for this period were 57% green, 25% amber & 17% red. Agency fill of vacant shifts continues to make up a portion of the green RAG rated shifts. Staffing shortfalls, sickness continues to be managed on a daily basis by the Ward Manager & Clinical Nurse Leader. There have been high levels of short term sickness which is being proactively managed.

- **Women's Health and Paediatrics**

Maternity

There are currently 12 WTE midwives on maternity leave and 4 WTE midwifery vacancies. This has led to difficulties in filling all of the midwifery shifts particularly on Joan Booker Ward and the service is reliant on bank shifts to fill any vacant shifts. The maternity service does not use agency staffing and only midwives who are substantive staff or regularly work bank shifts are deployed to cover vacant shifts. This approach maintains safety, continuity and team work within the midwifery team. The management team and supervisor of midwives on call have supported staffing numbers when the unit is very busy. In addition, midwives are moved clinical areas in response to workload and clinical requirement. Maternity has recently increased the Band 7 midwifery numbers to ensure 2 Band 7s on Labour Ward each shift and also to support staff numbers on Joan Booker Ward to maintain staffing numbers and ensure women are getting regular support to feed and care for their baby.

The examination of the new-born is now carried out by the midwifery team in over 80% of cases which assists with patient flow and continuity but has stretched midwifery staff this month. The service is finding that the caseload of women are becoming more complex and that staff are needing a range of midwifery and nursing skills to maintain safe care.

Recruitment of 7 WTE midwives has just been completed.

Paediatrics

Although the Daily staffing tool states that Ash Ward was green for 97% of February this was not the case. The Daily safe staffing tool does not reflect either our establishment or safe staffing in paediatrics as safe staffing is dependent on the number, age and acuity of the children. Typically it is recognized that children under 2 years old there should be a nurse patient ratio of 1:3 and for the over 2's 1:4. (Defining Staffing levels for children and young people's services RCN2013).

We are currently still waiting for the establishment review to be agreed and implemented within paediatrics and in the meantime we manage the areas as safely as possible in the following ways. Ward Manager/ Paediatric Clinical Nurse Leader will work clinically; relocating staff, The Nurse in charge of the shift takes a patient allocation (does not meet RCN guideline)

There is currently a lot of interest from newly qualified nurses to come and work within paediatrics at St Peters with 12 applications from the recruitment day. It is proving more challenging to recruit staff nurses with experience. One 0.6 WTE band 6 has started on Ash ward and 1x Band 6 has applied through the recruitment day.

NICU

For the month of February the activity in NICU reflected a high number of special care and high dependency category babies. Activity in intensive care was below 50% capacity for 20 out of the 29 days in February. This is reflective of the nursing safe staffing numbers for February. Intensive Care category of babies, NICU was RED for 24%, Amber for 31% and Green for 45% of the month.

High Dependency category of babies, Red 7%, Amber 71% , Green 23%.
Special Care and Transitional Care, Red 0%, Amber 3%, Green 97%. The Unit is fully established for nursery nurses who cover this area.

This report clearly shows that Safe Staffing nursing issues are highlighted in the care of intensive care babies. These specialised nurses require the extra skills and qualifications to be able to safely care for these babies. Safe staffing in NICU is related to acuity and cot occupancy. With variations on a daily basis this leads to a mixture of Red and Amber shifts.

There are a number of ways that safety is maintained, although not always achieved, including not accepting babies from out of the Trusts catchment area in particular at nights and weekends. The Clinical Nurse Leader regularly works clinically by looking after a baby/babies and also provides support on weekends and nights by email and telephone.

The Nurse in Charge of the unit is taking babies although they are supernumerary and in charge of the shift which leads to them not being able to support the other nurses in the unit. The Clinical Practitioner Educator and nursing staff on management days work clinically to support the unit and ensure that it is safe. Mandatory study days have been cancelled to cover the unit when activity for intensive care is high.

There will be 4 newly qualified intensive care nurses completing the course in September 2016 which will assist in safely staffing the intensive care area in NICU if the current establishment of ITU trained nurses is retained.