

TRUST BOARD27th November 2014

TITLE	Safer Staffing Levels
EXECUTIVE SUMMARY	This report provides a review of the Safer Staffing levels within the inpatient areas in Ashford and St. Peter's NHS Foundation Trust for October 2014.
BOARD ASSURANCE (RISK)/ IMPLICATIONS	The paper will report by exception the average fill rate and act as assurance to the Board meeting Expectation 2: <i>Processes are in place to enable staffing establishments to be met on a shift-to-shift basis</i> and Expectation 7 of the National Quality Board's publication entitled: <i>How to ensure the right people, with the right skill, are in the right place at the right time: a guide to nursing, midwifery and care setting capacity and capability.</i>
LINK TO SO	SO1 : Best Outcomes
STAKEHOLDER/ PATIENT IMPACT AND VIEWS	Safer Staffing levels will result in a better staff experience for nurses and safer care and an improved experience for patients.
EQUALITY AND DIVERSITY ISSUES	None identified
LEGAL ISSUES	Failure to monitor and manage staffing levels effectively can lead to poor and unsafe care with the potential legal and regulatory compliance issues.
The Trust Board is asked to:	Consider the extent of assurance given.
Submitted by:	Heather Caudle, Chief Nurse
Date:	24 th November 2014
Decision:	For Assurance.

Safer Staffing Levels

1 Introduction

This report provides a review of the Safer Staffing levels within the inpatient areas in Ashford and St. Peter's Hospitals NHS Foundation Trust for October 2014.

2 Background

ASPH follows an agreed methodology for reviewing nurse staffing levels on the wards. The Telford model and Royal College of Nursing (RCN) guidelines which was recommended by the Chief Nursing Officer for England, Jane Cummings, in a document entitled "How to ensure the right people with the right skills, are in the right place at the right time" dated of 19th November 2013.

The National Quality Board Safe Staffing Initiative has impacted on the ASPH Board involvement in managing staffing capacity and capability, agreeing on staffing, establishments and considering the impact of wider initiatives (such as cost improvement plans) on staffing, and whether there is accountability for decisions made.

On the rare occasions where suitable skilled staff cannot be deployed to fulfill a shift, then redeployment of staff from other areas is effected and Ward Managers or Clinical Nurse Leaders will provide additional clinical support.

3 Safe staffing levels

By June 2014 it became a national requirement for all hospitals to publish information about staffing levels on their wards. This initiative is part of the NHS response to the Francis Report, which called for greater openness and transparency in the health service.

4 Establishment Monitoring

ASPH has increased the planned and actual staffing levels of all inpatient areas across the Trust. They provided assurance that either staffing levels were as they should be or, where staffing fell short of the planned establishment, the shortfall was managed so that it did not present a risk to quality and safety. The data is presented by ward and shows the contingency planning as well as mitigating actions in the face of staffing shortfalls.

The judgement and the RAG ratings as to whether the variance from the planned staffing level presents a risk were based on nursing ratios, the acuity and dependency calculations conducted over the past year; and professional judgement on the part of the Associate Director of Nursing / Associate Director of Midwife. This resulted in an internal Trust RAG rating of the shortfall. Appendix 1 shows by ward the amount of shifts for which staffing levels were rated to be red, amber or green.

4.1 Division Data

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 wards.

Please find below the links to all the Divisions' planned and actual staffing.

Acute and Emergency Medicine Division: [T:\Ward Monitoring-Weekly Reporting\14-15 KPIs\AMES\Daily Tool](#)

Theatres, Anaesthetics, Surgery and Critical Care: [T:\Ward Monitoring-Weekly Reporting\14-15 KPIs\TASCC\Daily Tool](#)

Diagnostics, Therapeutics, Trauma and Orthopaedics: [T:\Ward Monitoring-Weekly Reporting\14-15 KPIs\DTTO\Daily Tool](#)

Women's Health and Paediatrics: [T:\Ward Monitoring-Weekly Reporting\14-15 KPIs\WHP\Daily Tool](#)

4.2 Exception Report

Both the establishment performance by shift, together with the planned versus actual staffing levels have been triangulated with the 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:

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

Staffing Level Risk Exception Matrix – October 2014

WARD	< 80% of shifts rated green	QEWS level 0 or 1	Day		Night	
			Average fill rate - registered nurses/ Midwives (<95% or	Average fill rate - care staff (<95% or	Average fill rate - registered nurses/ Midwives (<95% or >120%)	Average fill rate - care staff (<95% or >120%)
Acute and Emergency Medicine						
A and E		✓	No data	No data	No data	No data
Aspen	✓	✓	✓(-)	✓(+)	✓(-)	-
CCU & Birch	✓		-	✓(-)	✓(-)	-
Cedar	✓		✓(-)	-	✓(-)	-
Holly			✓(-)	✓(+)	-	✓(+)
May		✓	✓(-)	-	-	✓(+)
MAU		✓	✓(-)	✓(-)	-	-
MSSU	✓	✓	✓(-)	-	✓(-)	-
Maple		✓	✓(-)	-	-	✓(+)
Fielding			✓(-)	✓(+)	-	✓(+)
WWW/Cha			-	✓(+)	-	✓(+)
Trauma and Orthopaedics						
Dickens	✓	✓	✓(-)	✓(-)	-	-
Swan		✓	✓(-)	-	-	✓(+)
Theatre, Anaesthetics, Surgery, Critical Care						
Kingfisher	✓	✓	✓(-)	-	✓(-)	✓(+)
Falcon		✓	✓(-)	-	✓(-)	✓(+)
SDU			-	✓(+)*	✓(-)	✓(+)*
SAU	✓		✓(-)	-	✓(-)	-
ITU	✓		✓(-)	✓(-)	✓(-)	✓(+)*
Women's Health and Paediatrics						
Ash			-	N/A*	✓(+)	N/A*
NICU	✓		✓(-)	✓(-)	✓(-)	✓(-)
Labour Ward	✓		✓(-)	-	-	-

Key: N/A* Monthly planned and actual staff hours were zero

✓(+)* Planned staff hours were zero, but actual hours exceeded planned

There are 16 wards that have two or more staffing risk factors which is the same as last month.

4.3 Acute and Emergency Medicine

Staffing levels within the Acute Medicine and Emergency Services Division are assessed by a senior nurse on a daily basis and staff redeployed to ensure safe staffing levels, acuity and dependency of patients, on all wards. The opening of further escalation areas due to the increased number of medical admissions has led to the mobilisation of staff from wards to these areas to ensure the safety of patients.

The Emergency Department has progressed from 0 to level 1 QEWS.

Aspen has progressed from 0 to Level 1 QEWS.

Recruitment is on-going with overseas recruitment to Portugal complete and with a plan to go the Philippines within the next three months. There will be preliminary meetings with Human Resources to look at offering incentives for recruitment of substantive trained staff. Divisional staffing deficit added to the risk register.

4.4 Trauma and Orthopaedics

Dickens Ward has maintained a QEWS level of 2 and continues to flex staffing according to numbers of elective surgical patients on the ward

Swan Ward has maintained level 1 on the QEWs dashboard and continues to improve with staffing levels. All posts have now been recruited to and the final 3 recruits start in post in October. Shortfalls in September were due to sickness and inability to fill vacant shifts. It is still necessary at times to give one to one nursing care for patients. 1wte trained nurse is supporting Swift Ward due to vacancies.

4.5 Theatres, Anaesthetics, Surgery and Critical Care

Kingfisher and the Intensive Care Unit (ICU) continue to have high number of vacancies however six new B5s will commence with Kingfisher in January 2015. The ICU has recently filled three B5 vacancies. A further recruitment day will take place on Saturday 22 November and 21 potential candidates have been shortlisted for surgery.

A recruitment drive is also planned to the Philippines for December. In order to support the unit, the Deputy Chief Executive, Interim Director of Operations and Associate Director of Operations are having weekly meetings with the ICU team and are in the process of formulating a short term plan to address the immediate staffing issues within the unit and ensure retention of current staff and a longer term plan to attract new recruits to the department.

An evidence-based escalation matrix is currently being developed to assess and manage risk due to staffing in ICU.

4.6 Women's Health and Paediatrics

Maternity have filled staffing requirements with bank shifts to maintain required numbers of midwives on duty each shift with the correct skill mix. High numbers of staff are on maternity leave. The Birth Centre maintains 100% staffing numbers with additional senior support as required.

Ash Ward remains green.

The Neonatal Intensive Care Unit continues to be under established and the staffing levels do not represent an accurate picture. The shift pattern is dependent on the numbers of babies on the

unit. The staff is flexed accordingly with support from the Special Care Unit. During October the unit refused two intrauterine transfers due to staffing. The Matron for NICU appointed and commences her role on the 8th December so will ensure a high priority to address safer staffing levels.

5 Red Flags Monitoring

Following the publication of several papers evidencing the need for guidelines on safe staffing, including, Francis report on Mid Staffordshire (2013) and Keogh review into the quality of care provided in 14 hospital trusts in England (2013), NICE was commissioned by DoH and NHS England, to develop evidence-based guidelines on safe staffing, with a particular focus on nursing staff. The resulting paper Safe Staffing for Nursing in Adult Inpatient Wards in Acute Hospitals was published in July 2014. There is no national set timeline for implementation of a red flag monitoring system and the Chief Nurse has commissioned a project to implement such a system of monitoring the red flags.

NICE recommends that nurses on wards who are in charge of shifts should:

1. Make a daily assessment of nursing staff available to meet patients' nursing needs.
2. Monitor the occurrence of the nursing red flag events throughout each 24-hour period.
3. If a nursing red flag event occurs, it should prompt an immediate escalation response by the registered nurse in charge. An appropriate response may be to allocate additional nursing staff to the ward.
4. Keep records of the on-the-day assessments of actual nursing staff requirements and reported red flag events so that they can be used to inform future planning of ward nursing staff establishments or other appropriate action.

The Red Flag project will deliver recommendations 2 to 4 of the national guidance of safer staffing (Appendix 3) however it is recognised that at the point when nurse to patient ratios drop below a safe threshold is when the ward staff are most pressurised and least able to undertake non-clinical activities such as monitoring. Therefore this project will look at other options to record the information as well as the nursing staff.

5.1 PROJECT DEFINITION

5.1.1 Project Outcome

On successful completion of this project there will be a hospital-wide systematic approach to monitoring Nursing red flags - indicators that identify unsafe ward nursing levels (see fig 2.1) along with an escalation process and decision making tool that allows measures to be put in place to reduce the risk of any adverse events e.g redistribution of staff, closure of capacity.

Fig 2.1 Nursing red flags

- Unplanned omission in providing patient medications.
- Delay of more than 30 minutes in providing pain relief.
- Patient vital signs not assessed or recorded as outlined in the care plan.
- Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan. Carrying out these checks is often referred to as 'intentional rounding' and covers aspects of care such as:
 - Pain: asking patients to describe their level of pain level using the local pain assessment tool.

- Personal needs: such as scheduling patient visits to the toilet or bathroom to avoid risk of falls and providing hydration.
- Placement: making sure that the items a patient needs are within easy reach.
- Positioning: making sure that the patient is comfortable and the risk of pressure ulcers is assessed and minimised.
- A shortfall of more than 8 hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement for the shift. For example, if a shift requires 40 hours of registered nurse time, a red flag event would occur if less than 32 hours of registered nurse time is available for that shift. If a shift requires 15 hours of registered nurse time, a red flag event would occur if 11 hours or less of registered nurse time is available for that shift (which is the loss of more than 25% of the required registered nurse time).
- Less than 2 registered nurses present on a ward during any shift.

5.1.2 Progress

The guideline does not override the need and importance of using professional judgement to make decisions appropriate to the circumstances. Testing of the data collection is currently taking place. The project's timescales for completion are below.

Milestone	Planned Completion
Stage One	
Project Board held approach agreed	October 2014
Meet with all stakeholders for ideas/thoughts/risks on how to deliver	October and November 2014
Communication plan written	November 2014
PID written and authorised at Strategic Delivery TEC	November 2014
Electronic monitoring system developed	December 2014
Staffing group identified to carry out monitoring	December 2014
Pre-pilot patient satisfaction questionnaire complete	December 2014
Pilot system on 1 ward	January 2015
Analyse pilot data and process	February 2015
Stage Two	
Implement system with one whole Division	March 2015
Implement system Trust-wide	April 2015

6 Acuity and Dependency Calculation

The data collection processes are in place to collect actual staff on duty on a shift to shift basis versus establishment staffing levels. Following the data collection presented to the Board in March 2014, this was repeated and presented at Workforce and OD Committee in May 2014.

The process is currently being repeated again and, despite significant operational pressures, collection will be completed during the autumn of this year as planned, finishing in early December 2014.

E-rostering continues to be operational within the organisation an innovative recruitment programme continues with the most recent Saturday Recruitment Day achieving an 88% fill rate.

Staffing management and escalation policies are in place within the organisation to ensure that where required, depleted wards owing to sickness are continuously monitored and shortfalls addressed immediately.

7 Statement of Assurance

Senior nursing and midwifery management at ASPH continue to monitor and report the inpatient ward staff level. The specialist nurses have been engaged in participating in a rota to ensure that nursing short falls are covered on the ward areas and A &E from December 2014. 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.

The Board can be ASSURED of the process and outcome pertaining to monitoring, reviewing and reporting nurse safer staffing levels.

Appendix 1

SAFE STAFFING LEVELS DATA – OCTOBER 2014							
Division	Wards	Total Shifts	Red	Amber	Green	% Green	QEWS LEVEL
Acute and Emergency Medicine	A&E	248	0	2	277	112	0
	Aspen	93	2	28	63	68	1
	CCU & Birch	93	21	21	51	55	2
	Cedar	93	21	19	53	57	2
	Holly	93	1	14	78	84	2
	May	93	3	13	77	83	1
	MAU	93	2	10	81	87	1
	MSSU	93	1	20	72	77	1
	Maple	93	1	17	75	81	1
	Fielding	93	0	7	86	92	2
WWW/Chaucer	93	0	0	93	100	2	
T&O	Dickens	93	13	14	66	71	1
	Swan	93	8	11	74	80	1
TASCC	Kingfisher	93	15	27	51	55	1
	Falcon	93	2	9	82	88	1
	SDU	93	2	0	91	98	2
	Heron	93	0	7	86	92	2
	SAU	93	20	25	48	52	2
	ITU	93	32	32	29	31	2
	HDU	93	4	0	89	96	2
Women's Health and Paediatrics	Abbey Birth Centre	62	0	0	62	100	N/A
	Ash	62	0	0	62	100	2
	NICU	124	55	48	21	17	2
	Labour Ward	124	3	24	97	78	2
	Joan Booker	124	1	16	107	86	2

**Appendix 2 Safer Staffing Fill Rate
Indicator Return October2014**

Please provide the URL to the page on your trust website where your staffing information is available

<http://www.asph.nhs.uk/safer-staffing>

Validation alerts (see control panel)

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Day		Night	
					Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
RTK02	Ashford Hospital - RTK02	Chaucer/Wordsworth	314 - REHABILITATION		1,581.00	1,593.75	1,588.75	2,177.75	999.75	999.75	666.50	1,182.50	100.8%	137.1%	100.0%	177.4%
RTK02	Ashford Hospital - RTK02	Dickens	110 - TRAUMA & ORTHOPAEDICS		1,664.25	1,156.50	1,185.75	1,035.50	666.50	666.50	333.25	322.50	69.5%	87.3%	100.0%	96.8%
RTK02	Ashford Hospital - RTK02	Fielding	314 - REHABILITATION		1,185.75	1,109.50	1,185.75	1,487.25	666.50	645.00	666.50	989.00	93.6%	125.4%	96.8%	148.4%
RTK01	St Peter's Hospital - RTK01	Aspen	340 - RESPIRATORY MEDICINE		1976.25	1531	992	1317.75	1333	1193.25	666.5	731	77.5%	132.8%	89.5%	109.7%
RTK01	St Peter's Hospital - RTK01	Birch/CCU	300 - GENERAL MEDICINE	320 - CARDIOLOGY	2371.5	2334	790.5	733.25	1999.5	1795.25	333.25	333.25	98.4%	92.8%	89.8%	100.0%
RTK01	St Peter's Hospital - RTK01	Cedar	300 - GENERAL MEDICINE		1984	1588.5	1387.25	1366.25	1333	1236.25	666.5	688	80.1%	98.5%	92.7%	103.2%
RTK01	St Peter's Hospital - RTK01	Falcon	100 - GENERAL SURGERY		1782.5	1673.75	790.5	842	999.75	946	333.25	559	93.9%	106.5%	94.6%	167.7%
RTK01	St Peter's Hospital - RTK01	Heron	100 - GENERAL SURGERY		1174.75	1142.25	790.5	784.25	666.5	666.5	333.25	333.25	97.2%	99.2%	100.0%	100.0%
RTK01	St Peter's Hospital - RTK01	Holly	430 - GERIATRIC MEDICINE		1782.5	1110.5	1581	2158	666.5	666.5	999.75	1343.75	62.3%	136.5%	100.0%	134.4%
RTK01	St Peter's Hospital - RTK01	Kingfisher	100 - GENERAL SURGERY		2177.75	1787.75	1185.75	1211.75	1333	838.5	333.25	817	82.1%	102.2%	62.9%	245.2%
RTK01	St Peter's Hospital - RTK01	Maple	300 - GENERAL MEDICINE		1581	1480	1581	1741	666.5	698.75	999.75	1300.75	93.6%	110.1%	104.8%	130.1%
RTK01	St Peter's Hospital - RTK01	MAU	300 - GENERAL MEDICINE		2766.75	2499	1581	1134.75	1333	1386.75	999.75	999.75	90.3%	71.8%	104.0%	100.0%
RTK01	St Peter's Hospital - RTK01	May	300 - GENERAL MEDICINE		1387.25	1310	984.25	965.75	666.5	666.5	666.5	806.25	94.4%	98.1%	100.0%	121.0%
RTK01	St Peter's Hospital - RTK01	MSSU	300 - GENERAL MEDICINE		2766.75	2473.75	1976.25	1989	1666.25	1580.25	1333	1408.25	89.4%	100.6%	94.8%	105.6%
RTK01	St Peter's Hospital - RTK01	SAU	100 - GENERAL SURGERY		1976.25	1715.75	1185.75	1134.75	999.75	913.75	333.25	333.25	86.8%	95.7%	91.4%	100.0%
RTK01	St Peter's Hospital - RTK01	Swan	110 - TRAUMA & ORTHOPAEDICS		1976.25	1725.25	1387.25	1587.5	999.75	967.5	666.5	849.25	87.3%	114.4%	96.8%	127.4%
RTK01	St Peter's Hospital - RTK01	Ash	420 - PAEDIATRICS		1782.5	2058.5	0	0	1333	1698.5	0	0	115.5%	#DIV/0!	127.4%	#DIV/0!
RTK01	St Peter's Hospital - RTK01	Joan Booker	501 - OBSTETRICS		1426	1381.5	1069.5	1155.5	1426	1334	356.5	391	96.9%	108.0%	93.5%	109.7%
RTK01	St Peter's Hospital - RTK01	Labour	501 - OBSTETRICS		2852	2676	713	694.5	2852	2725.5	713	678.5	93.8%	97.4%	95.6%	95.2%
RTK01	St Peter's Hospital - RTK01	ITU	192 - CRITICAL CARE MEDICINE		3952.5	3652.75	395.25	166	3332.5	3042.25	0	75.25	92.4%	42.0%	91.3%	#DIV/0!
RTK01	St Peter's Hospital - RTK01	Abbey Birth Centre	501 - OBSTETRICS		713	713	0	0	666.5	666.5	0	0	100.0%	#DIV/0!	100.0%	#DIV/0!
RTK01	St Peter's Hospital - RTK01	MH DU	300 - GENERAL MEDICINE		790.5	784.5	395.25	382.5	666.5	709.5	333.25	322.5	99.2%	96.8%	106.5%	96.8%
RTK01	St Peter's Hospital - RTK01	SDU	100 - GENERAL SURGERY		1185.75	1153.75	0	19.25	999.75	763.25	0	268.75	97.3%	#DIV/0!	76.3%	#DIV/0!
RTK01	St Peter's Hospital - RTK01	NICU	420 - PAEDIATRICS		3565	2974.5625	1069.5	670.7425	3332.5	2921.0975	999.75	473	83.4%	62.7%	87.7%	47.3%

Appendix 3: National Quality Board 10 Expectations to Providers and Commissioners

Expectation 1	Boards take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability.
Expectation 2	Processes are in place to enable staffing establishments to be met on a shift-to-shift basis.
Expectation 3	Evidence-based tools are used to inform nursing, midwifery and care staffing capacity and capability.
Expectation 4	Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns
Expectation 5	A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments.
Expectation 6	Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties.
Expectation 7	Boards receive monthly updates on workforce information, and staffing capacity and capability is discussed at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review.
Expectation 8	NHS providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift.
Expectation 9	Providers of NHS services take an active role in securing staff in line with their workforce requirements.
Expectation 10	Commissioners actively seek assurance that the right people, with the right skills, are in the right place at the right time within the providers with whom they contract