

TRUST BOARD
28th July 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 June 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 new 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>		
RECOMMENDATION:	To receive this paper as assurance that safe staffing data is submitted in	

	<p>accordance with Safer Staffing expectations 2 and 7.</p> <p>To note and seek assurance where required pertaining to the practices of the nursing leadership teams to ensure safer staffing is observed.</p>
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	Russell Wernham, Deputy Chief Nurse
PRESENTED BY DIRECTOR NAME/ROLE	Heather Caudle, Chief Nurse
DATE	28 th July 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 changed from the 1st May 2016. The data collection moved from shift fill against establishment predictor, to that of 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, 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 May period were significant. The staffing of escalation areas was discussed daily and the nurses based within corporate teams were used to support these escalation areas.

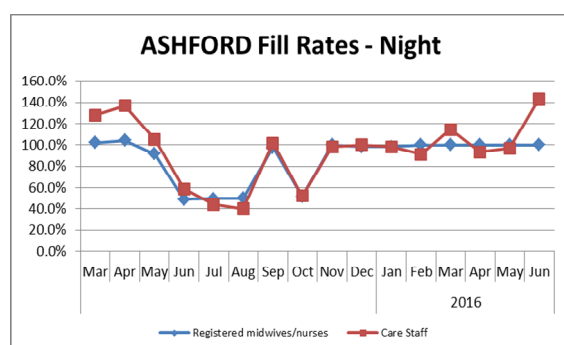
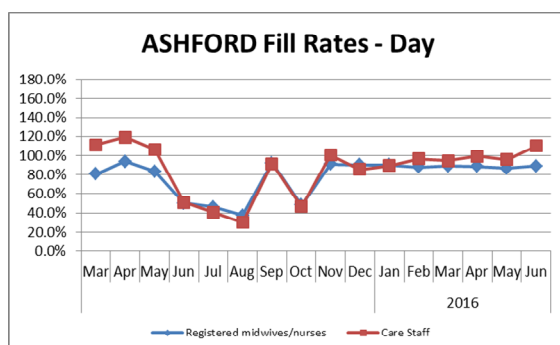
- Actions to address gaps

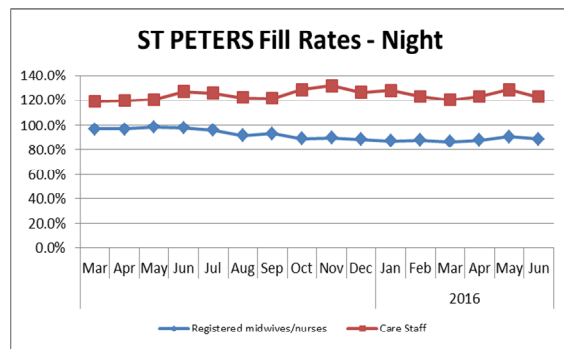
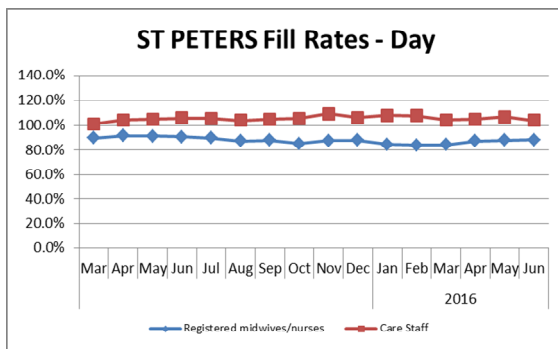
Planned and actual staffing levels are reviewed on a shift by shift basis by the Ward Manager and Clinical Nurse Leader and discussed at daily Capacity Action Team meetings.

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 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	89.2%	110%	100%	143.3%
St Peter's	88.3%	104.3%	89.1%	122.8%





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](#)

4. 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.

5. Impact measures and follow up

Monitoring of patient acuity and dependency using the safer staffing tool was completed in March 2016. The next period of review is nearing its conclusion with data reporting due in August.

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 June 2016.

6. 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 June 2016

SAFE STAFFING LEVELS DATA – June 2016									
Division	Wards	Total shifts	Red	Amber	Green	% Green	Ward SI's	Ward Red Flags	QEWS LEVEL
Acute and Emergency Medicine	AandE	248	0	7	263	106	2		0
	Aspen	90	1	9	80	89			2
	CCU & Birch	90	5	10	75	83			2
	Cedar	90	8	27	55	61		1	2
	Holly	90	8	31	51	57			1
	May	90	-	22	68	76		1	1
	AMU	90	8	12	70	78			1
	Cherry	90	-	1	89	99	1	1	2
	Maple	90	20	22	48	53			1
	Chaucer	90	-	2	88	98			2
	Swift	90	14	16	60	67	1		1
T&O	Dickens	90	16	22	52	58			2
	Swan	90	17	16	57	63			1
TASCC	Kingfisher	90	5	20	65	72			2
	Falcon	90	-	-	90	100			2
	SDU	90	3	-	87	97			2
	Heron	90	-	8	82	91	1		2

	SAU	90	4	21	65	72			1
	ITU	90	2	20	68	76			3
	HDU	90	8	-	82	91			3
Women's Health and Paediatrics	Abbey BC	60	2	-	58	97			
	Ash	60	-	-	60	100			2
	NICU	240	19	65	156	65			3
	Labour Ward	120	5	32	83	69			2
	Joan Booker	120	2	50	68	57			2

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

Percentage of Care Hours delivered by 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 -	95.9%	139.6%	100.0%	186.7%	-1.4%	0.3%	4.5%	0.00	0.00
Dickens	110 - TRAUMA &	84.8%	92.9%	100.0%	100.0%	22.6%	0.7%	0.0%	0.00	0.00
Aspen	340 - RESPIRATORY	106.3%	87.9%	100.0%	95.6%	8.5%	2.2%	0.0%	0.00	0.00
BACU	300 - GENERAL	96.4%	105.0%	97.8%	96.7%	18.8%	0.7%	16.2%	0.00	0.88
Cedar	300 - GENERAL	77.7%	96.2%	99.2%	101.7%	3.7%	2.8%	2.7%	0.00	0.00
Falcon	100 - GENERAL	94.0%	121.8%	101.1%	126.7%	18.1%	2.4%	4.0%	0.00	0.60
Heron	100 - GENERAL	101.6%	97.5%	100.0%	100.0%	4.3%	7.6%	4.0%	0.00	0.00
Holly	430 - GERIATRIC	74.4%	121.5%	66.7%	158.6%	26.0%	5.5%	0.0%	0.00	0.00
Kingfisher	100 - GENERAL	81.8%	116.2%	65.0%	243.3%	28.9%	0.8%	3.4%	0.00	2.00
Maple	300 - GENERAL	81.1%	98.8%	100.0%	99.2%	31.2%	2.5%	2.9%	0.00	0.00
May	300 - GENERAL	85.4%	120.9%	73.3%	220.0%	28.2%	0.8%	4.8%	0.00	0.00
SAU	100 - GENERAL	94.4%	99.5%	95.6%	100.0%	17.8%	0.5%	0.0%	0.00	1.00
Swan	110 - TRAUMA &	76.4%	106.3%	100.0%	128.3%	20.1%	10.1%	10.3%	0.00	1.00
Ash	420 - PAEDIATRICS	117.0%	#DIV/0!	125.0%	#DIV/0!	1.1%	4.4%	1.4%	0.00	0.00
Joan Booker	501 - OBSTETRICS	93.6%	83.2%	83.3%	175.0%	9.6%	5.1%	6.4%	2.00	2.61
Labour	501 - OBSTETRICS	91.0%	78.4%	92.6%	90.0%					
Abbey Birth Centre	501 - OBSTETRICS	100.0%	#DIV/0!	96.7%	#DIV/0!					
ITU	192 - CRITICAL CARE	92.7%	53.5%	92.0%	#DIV/0!	13.8%	2.7%	5.5%	0.00	0.61
MH DU	192 - CRITICAL CARE	101.7%	86.7%	100.0%	100.0%					
SDU	100 - GENERAL	96.7%	#DIV/0!	98.9%	#DIV/0!	24.5%	0.3%	0.0%	0.00	0.00
NICU	420 - PAEDIATRICS	73.9%	60.0%	69.2%	50.0%	16.1%	2.5%	3.0%	0.00	3.00
Swift	100 - GENERAL	69.4%	161.5%	48.3%	226.7%	24.2%	1.2%	0.0%	0.00	0.00
Cherry	300 - GENERAL	91.3%	105.4%	100.0%	100.0%	15.6%	0.0%	3.8%	0.00	0.00
AMU	300 - GENERAL	86.4%	105.0%	98.9%	130.8%	32.4%	1.5%	0.0%	0.00	2.00
Admissions Lounge	301 - GENERAL					37.9%	0.0%	0.0%	0.0%	0.0%

Appendix 3 Care hours by ward

Ward name	Speciality	Day Registered		Day Care		Night Registered		Night Care		NO. of Pts at 23:59
		Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	
		Total	Total	Total	Total	Total	Total	Total	Total	
Chaucer	314 -	765.00	733.50	577.50	806.25	645.00	645.00	322.50	602.00	409
Dickens	110 - TRAUMA &	1,188.50	1,008.25	997.50	926.50	645.00	645.00	322.50	322.50	408
Aspen	340 - RESPIRATORY	1,912.50	2,033.75	1,530.00	1,345.00	1,290.00	1,290.00	967.50	924.50	816
BACU	300 - GENERAL	2,677.50	2,582.00	382.50	401.50	1,935.00	1,892.00	322.50	311.75	594
Cedar	300 - GENERAL	1,920.00	1,492.50	1,342.50	1,291.25	1,290.00	1,279.25	645.00	655.75	654
Falcon	100 - GENERAL	1,725.00	1,621.50	765.00	931.75	967.50	978.25	322.50	408.50	646
Heron	100 - GENERAL	1,130.00	1,148.50	765.00	746.00	645.00	645.00	322.50	322.50	345
Holly	430 - GERIATRIC	2,049.75	1,525.75	1,491.75	1,812.00	967.50	645.00	935.25	1,483.50	872
Kingfisher	100 - GENERAL	2,107.50	1,723.75	1,147.50	1,333.00	1,290.00	838.50	322.50	784.75	971
Maple	300 - GENERAL	2,107.50	1,708.50	1,725.00	1,704.00	967.50	967.50	1,290.00	1,279.25	870
May	300 - GENERAL	1,530.00	1,307.25	765.00	925.25	967.50	709.50	322.50	709.50	660
SAU	100 - GENERAL	1,912.50	1,804.50	1,147.50	1,141.25	967.50	924.50	322.50	322.50	407
Swan	110 - TRAUMA &	1,912.50	1,461.50	1,530.00	1,626.00	1,290.00	1,290.00	645.00	827.75	909
Ash	420 - PAEDIATRICS	1,725.00	2,018.75	0.00	256.00	1,290.00	1,612.50	0.00	193.50	491
Joan Booker	501 - OBSTETRICS	1,380.00	1,292.00	1,035.00	861.00	1,380.00	1,150.00	345.00	603.75	703
Labour	501 - OBSTETRICS	3,105.00	2,826.50	690.00	541.00	3,105.00	2,875.00	690.00	621.00	232
Abbey Birth Centre	501 - OBSTETRICS	690.00	690.00	0.00	0.00	645.00	623.50	0.00	0.00	34
ITU	192 - CRITICAL CARE	3,825.00	3,544.75	382.50	204.50	3,225.00	2,967.00	0.00	0.00	212
MH DU	192 - CRITICAL CARE	765.00	777.75	382.50	331.50	645.00	645.00	322.50	322.50	78
SDU	100 - GENERAL	1,147.50	1,109.25	0.00	38.25	967.50	956.75	0.00	0.00	233
NICU	420 - PAEDIATRICS	4,140.00	3,059.00	1,035.00	621.00	3,870.00	2,676.75	967.50	483.75	505
Swift	100 - GENERAL	1,912.50	1,326.50	1,173.00	1,894.25	1,290.00	623.50	645.00	1,462.00	644
Cherry	300 - GENERAL	1,912.50	1,746.75	1,530.00	1,613.00	645.00	645.00	1,290.00	1,290.00	874
AMU	300 - GENERAL	4,207.50	3,633.75	2,295.00	2,409.75	1,935.00	1,913.50	1,290.00	1,687.75	1,147

Appendix 4

Divisional narrative providing top concerns and actions to mitigate

Medicine and Emergency Services

- Large number of overseas nurses who are not familiar with the UK health system.
- Longer periods of supervised support. Clinical Practice Educator working with new nurses to educate and support them. New CPE in post for MAU commencing in July.
- Escalation areas remain open on both sites diluting number of RNs available for shifts.
- Skill mix reviewed on a daily basis by CNLs in order to maintain safety across the Division.
- ED has had some changes to its pathways and processes resulting in the need for a higher establishment.
- This is a short term measure whilst the physical footprint is being changed and will revert to a more stable establishment when complete. We will not recruit to these posts permanently for that reason.
- Maintaining adherence to the Monitor cap on agency staff.
- Situation is improving although there have been periods where shifts have been left unfilled due to this. HR has worked hard to resolve the disputes with agencies.

Theatres, Anaesthetics, Surgery and Critical Care

- Vacancy factor whilst improving month on month remains a significant risk for the Division particularly Kingfisher Ward and Anaesthetic Practitioners.
- Recruitment campaigns continue with successful recruitment but the time scale from this to commencing employment is slower than we would like. Substantive staff cover vacancies and staffing is reviewed every day by the Clinical Nurse Leader and staff are moved across the division to maintain safety.
- Maintaining adherence to the NHS Improvement cap on agency staff.
- Situation is improving particularly in Theatres and CCU where the spend is reducing steadily.
- Large number of overseas nurses who are not familiar with the UK health system.
- Longer periods of supervised support is required. The Clinical Practice Educator is working with new nurses to educate and support them and the Ward Managers are trying to build in supervisory days to also provide individual support.

Diagnosics, therapies, Trauma and Orthopaedic

- Dickens Ward has had their Band 7 Ward Manager on long term sick throughout April and a vacant Band 6 post which means the leadership team is reduced in this time.
- Swan Ward has had 18% RED rated safer staffing levels, 12% AMBER rated therefore 70% GREEN rated levels. Dickens has had 27%RED rated shifts, 19% AMBER therefore 54% GREEN. Due to long term sickness Swan has seen an increase in agency usage through April. This has had an impact on continuity, quality and harm free care seeing an increase in falls (without harm) & pressure ulcer damage.
- Swan Ward remains with two Band 6 Sisters on maternity leave until August which means the leadership team are reduced in this time. Vacancy rate on Swan for trained nurses remains 4.46wte. A further RN has resigned his post and will be leaving at the beginning of May.
- Swan ward has Band 7 CPE on maternity leave until September which is impacting on training and education and quality support.
- Sickness on both wards remain high for April, Dickens had 2 members of the team on long term sick & Swan had 3 RN's on long term sick (greater than 4 weeks)
- Swan Ward and Dickens Ward cross cover shifts where safely possible.
- CNL and Ward Manager are covering short term/last minute absence to assure safe levels of staffing where possible.
- Recruitment plans – adverts out where necessary, recruitment days attended, active recruitment is ongoing. Staffing structure and establishment review remains under review for both ward areas.
- MDT working/cross professional boundary working to enhance team approach and provide safe levels of care. Ward staff meeting to be held in May to discuss concerns and agree a management plan of actions to address any safety concerns.
- Trial of new daily working commenced on Swan ward with nursing staff, daily ward visits by CNL & weekly documentation audits carried by WM.

Women's Health and Paediatrics

Maternity

- Joan Booker had 13 day shifts and 19 night shifts on amber shifts but no red shifts for June
- Birth centre was fully staffed all month.

Paper 7.0

- Labour ward had 21 shifts during the day and 16 night shifts on Amber. There were no red shifts
- Shortages are due to 12.29 WTE midwives on maternity leave and 10.39 WTE midwifery vacancies as well several staff on long term sickness and short term sickness.
- Requests always put out to see if additional staff can be obtained to work bank. This has now included a request to see if any nursing bank staff can be obtained to help with the acute workload. There were 11.8 WTE used in maternity bank for June
- An extra maternity assistant is asked for where possible if midwife numbers are low.
- The management team, supervisor of midwives on call and the specialist midwives have supported staffing numbers when the unit is very busy and no additional staff can come in. In addition, midwives are moved around the clinical areas in response to workload and clinical requirement if there is a red or amber situation.
- Attendance at the last recruitment day in July - offered out another five Band 5 posts expected start date around October.

Paediatrics

- Despite continued heavy reliance on agency staff on Ash ward as staff relocated to Paed A&E to support their 45% vacancy factor, Ash managed to remain Green throughout June
- 1x Band 6 & 1x Band 5 starting August then 7 further Band 5's starting across Ash and Paed A&E in September.
- Difficulty in recruiting to Band 6 Posts within Paediatrics so instigating a Band 6 development program for current senior band 5's.