

**TRUST BOARD****April 2015**

<b>TITLE</b>	<b>Safer Staffing Levels</b>
<b>EXECUTIVE SUMMARY</b>	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 March 2015.
<b>BOARD ASSURANCE (Risk) / IMPLICATIONS</b>	The paper will report by exception the average fill rate and act as assurance to the Board meeting Expectation 2: processes are in place to enable staffing establishments to be met on a shift-to-shift basis and Expectation 7 of the National Quality Board's publication entitled: 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.
<b>LINK TO SO:</b>	<b>SO1:</b> Best Outcomes
<b>STAKEHOLDER / PATIENT IMPACT AND VIEWS</b>	Safer staffing levels will result in a better staff experience for nurses and safer care and an improved experience for patients.
<b>EQUALITY AND DIVERSITY ISSUES</b>	None identified
<b>LEGAL ISSUES:</b>	Failure to monitor and manage staffing levels effectively can lead to poor and unsafe care with the potential legal and regulatory compliance issues.
<b>The Trust Board is asked to:</b>	Consider the extent of assurance given
<b>Submitted by:</b>	Heather Caudle Chief Nurse
<b>Date:</b>	April 2015
<b>Decision:</b>	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 Hospitals Foundation Trust (ASPH) for March 2015.

### 2 Background

ASPH follows an agreed methodology for reviewing nurse staffing levels on the wards. The Shelford 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, 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 Directors of Nursing / Associate Director of Midwifery. 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 for 2014/15 and 2015/16.

##### Acute and Emergency Medicine Division:

[T:\Ward Monitoring-Weekly Reporting\14-15 KPIs\AMES\Daily Tool](#)

[T:\Ward Monitoring-Weekly Reporting\15-16 KPIs\AMES\Daily Tool](#)

##### Theatres, Anaesthetics, Surgery and Critical Care:

[T:\Ward Monitoring-Weekly Reporting\14-15 KPIs\TASCC\Daily tool](#)

[T:\Ward Monitoring-Weekly Reporting\15-16 KPIs\TASCC\Daily Tool](#)

##### Diagnostics, Therapeutics, Trauma and Orthopaedics:

[T:\Ward Monitoring-Weekly Reporting\14-15 KPIs\DTTO\Daily Tool](#)

[T:\Ward Monitoring-Weekly Reporting\15-16 KPIs\DTTO\Daily Tool](#)

##### Women's Health and Paediatrics:

[T:\Ward Monitoring-Weekly Reporting\14-15 KPIs\WHP\Daily Tool](#)

[T:\Ward Monitoring-Weekly Reporting\15-16 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 Table 1)
2. A QEWS level of either 0 or 1 (see Table 1)
3. An average fill rate day – registered nurses / midwives of less than 95% or more than 120% during the day (see appendix 1)
4. An average fill rate day – care staff of less than 95% or more than 120% during the night (see appendix 1)
5. An average fill rate day – registered nurses / midwives of less than 95% or more than 120% during the day (see appendix 1)
6. An average fill rate day – care staff of less than 95% or more than 120% during the night (see appendix 1)

Table 1: Staffing Level Risk Exception Matrix – March 2015

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%)
<b>Acute and Emergency Medicine</b>						
A and E	-	✓	-	-	-	-
Aspen	✓	✓	✓ (-)	✓ (+)	-	-
CCU & Birch	✓	-	✓ (-)	✓ (-)	-	-
Cedar	-	✓	✓ (-)	-	-	-
Holly	✓	-	✓ (-)	-	-	-
May	✓	✓	-	✓ (-)	-	-
MAU	-	✓	✓ (-)	✓ (-)	✓ (+)	✓ (+)
MSSU	✓	✓	✓ (-)	-	-	-
Maple	-	✓	-	-	-	✓ (+)
Fielding	✓	-	✓ (-)	✓ (+)	-	-
WWW/Chaucer	-	✓	✓ (-)	✓ (+)	-	✓ (+)
Swift	-	-	✓ (-)	-	-	✓ (+)
<b>Trauma and Orthopaedics</b>						
Dickens	✓	-	✓ (-)	-	-	-
Swan	✓	✓	✓ (-)	-	-	✓ (+)
<b>Theatre, Anaesthetics, Surgery, Critical Care</b>						
Kingfisher	✓	✓	✓ (-)	-	✓ (-)	✓ (+)
Falcon	-	✓	✓ (-)	✓ (+)	-	✓ (+)
SDU	-	-	-	-	✓ (+)	-
Heron	-	✓	-	-	-	-
SAU	-	-	-	-	-	-
ITU	✓	-	✓ (-)	✓ (-)	✓ (-)	-
MHDU	-	-	-	-	-	-
<b>Women's Health and Paediatrics</b>						
Abbey Birth Centre	-	✓	-	-	-	-
Ash	-	-	-	-	✓ (+)	-
NICU	✓	-	✓ (-)	✓ (-)	✓ (-)	✓ (-)
Labour Ward	-	-	-	-	-	-
Joan Booker	-	-	-	✓ (-)	-	✓ (+)

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

The Acute Medicine and Emergency Services (AMES) Division continues to carry out 4/6 weekly bespoke open days for areas with specific staffing vacancies. This approach is proving helpful in the recruitment of staff

Birch Ward is on a drive for Band 6 posts to support the 24/7 PCI service which extends to these hours commencing in June. We are looking to working collaboratively with Inhealth to recruit in Ireland in May.

Birch has dropped from a Best Care level 3 to a level 1. This was on the standards of documentation and the hand hygiene compliance from one physiotherapist and one nurse. Daily spot checks by the Ward Manager, Band 6 and Clinical Nurse Lead for this area have now commenced focusing on these areas of documentation and hand hygiene. The Best Care audit will be repeated in 3 months' time.

Swift Ward continues to be in need of urgent recruitment substantively and it has an open day on the 25<sup>th</sup> of April. Swift has now been funded as a permanent ward rather than an escalation ward.

The Clinical Nurse Lead is working with the Admiral and Dementia Nurse Lead to develop an increased dementia friendly environment and improve staff knowledge. We are also offering Care of the Elderly (COE) and dementia courses through the University of Surrey. There is a new locum COE Consultant for the ward to help drive and support this patient group.

The HCA trust recruitment day is April 28<sup>th</sup>. Currently the Medical Short Stay Unit has the greatest need with 6 vacancies.

### 4.4 Trauma and Orthopaedics

This reporting period remains a challenging time for both Swan Ward, which currently scores level 0 on the QEWS dashboard and Dickens Ward, which scores level 2.

Dickens Ward has seen an increase in green rated shifts from 39% to 59% in March. There have been continued short term intervals of staff sickness and ensuing absences continue to be managed effectively. 1 WTE Registered Nurse vacancy will go to vacancy panel mid-April, to mitigate the shortfall the Registered Nurse vacancy is expected to be filled with a member of staff completing their adaptation programme in April/ May 2015. Staffing for Dickens continues to be flexed according to its workload and the lighter elective surgery days.

Swan Ward staffing numbers remain the same in March with 68% green and they support some Trust escalation areas when staffing allows. There are 3 WTE Registered Nurses recruited, 1 commences employment on 11/05/15, and 2 are proposed to start within the next 6 weeks. Two WTE Registered Nurse posts remain allocated to the nursing staff recruited from the Philippines.

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### 4.5 Theatres, Anaesthetics, Surgery and Critical Care

Staffing has continued to be challenging over this reporting period due to vacancies and sickness coupled with the additional pressure of providing staffing for escalation beds. There

have been further staffing challenges due to the extra theatre activity required in order to meet the 18 week targets. Across the two theatre complexes and Day Surgery Unit 46 extra weekend lists were booked in March, which have been covered by staff working bank or by agency.

The surgical wards particularly Kingfisher Ward still hold a high vacancy factor and in order to mitigate some of the risk 1 Whole Time Equivalent (WTE) Registered Nurse has been moved from Heron Ward and 1 WTE Registered Nurse from the Surgical Assessment Unit for a period of 3 months to offer support and provide charge cover.

The Intensive Care Unit (ICU) currently has 3 WTE band 6 vacancies which have been out to advert repeatedly without success. The team is looking to develop future succession planning through a band 5 rotational programme. The vacancy rate is reducing slowly and 3 new starters commenced employment in March with another 3 expected at the end of April. Whilst this improves the overall staffing numbers the skill mix remains very junior and these nurses are being supported by the Clinical Nurse Leader, Clinical Practice Educator and a critical care nurse who has been seconded to assist.

Operating Department Practitioners (ODPs) and Scrub Nurses continue to have high numbers of vacancies. The recruitment process is on-going with an additional recruitment event planned for Thursday 30<sup>th</sup> April along with the Trust recruitment day on Saturday May 16<sup>th</sup>.

The Division is still awaiting the arrival of the nurses recruited from the Philippines and other than 2 who are expected in May, we are anticipating a start date of August for the remaining 19 nurses.

Falcon, Kingfisher and Heron Wards have achieved QEWS level 1 and the remaining surgical areas are level 2.

#### **4.6 Paediatrics**

Work has been completed by the Paediatric Clinical Nurse Leader and the Associated Director of Nursing for Paediatrics to agree the nursing establishment for Ash Ward. This has been based on the Care Quality Commission (CQC) recent report and recommendations and by following Royal College of Nursing guidelines for Children and Young People.

The Paediatric Acuity and Nursing Dependency tool (PANDA) will be in use by 1<sup>st</sup> May. This system collects data and will contribute to the calculation for safer staffing requirements for Paediatric wards. This will enable us to be more accurate in regard to workforce planning decisions for the future.

Ash Ward was green 97% throughout March and amber for 3%, on those occasions staff were redeployed from quieter areas where possible. The Clinical Nurse Leader worked clinically when required to support staff.

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The recent Paediatric focused recruitment day saw nine nurses interviewed. Eight have accepted positions. All those recruited are newly qualified therefore will commence in September/ October 2015 with an anticipated induction period before being included within the establishment numbers.

#### **4.7 Women's Health**

On the Labour Ward 96% of shifts were green 4% of shifts were on amber and there no were no red shifts for the month.

There is always a senior band 7 midwife on duty on the Labour ward 24 hours a day. This is supplemented by one core Labour ward Band 6 midwife who supports the Band 7. Staff are redeployed from quieter areas during times of peak activity

Abbey Birth Centre is fully staffed with 2 midwives 24/7. Escalation for assistance for short periods of time during peak activity is obtained via the community midwives or Labour ward depending on activity across the unit.

Joan Booker Ward is staffed with a combination of 4 trained and 2 untrained staff. 2.5% of shifts were amber due to last minute sickness. Only one night shift was red in the category of untrained staff due to short notice sickness by maternity assistants but there was a full complement of trained staff for that night.

#### **5 Statement of Assurance**

Senior nursing and midwifery management at ASPH continue to monitor and report the inpatient ward staff level.

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.

Monitoring of patient acuity and dependency using the Safer Nursing Care Tool has been repeated on all adult inpatient areas with the exception of maternity, ICU, A&E and Theatres. The results will be reported to Board in June.

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 – March 2015							
Division	Wards	Total Shifts	Red	Amber	Green	% Green	QEWS LEVEL
Acute and Emergency Medicine	AandE	248	0	1	278	112	1
	Aspen	93	1	26	66	71	1
	CCU & Birch	93	18	24	51	55	2
	Cedar	93	1	14	78	84	1
	Holly	93	1	22	70	75	3
	May	93	8	14	71	76	1
	MAU	93	4	10	79	85	1
	MSSU	93	2	18	73	78	0
	Maple	93	1	11	81	87	1
	Fielding	93	21	8	64	69	2
	WWW/Chaucer	93	-	-	93	100	1
	Swift	93	3	10	80	86	2
T&O	Dickens	93	15	23	55	59	2
	Swan	93	11	19	63	68	1
TASCC	Kingfisher	93	11	25	57	61	1
	Falcon	93	-	1	92	99	1
	SDU	93	10	-	83	89	2
	Heron	93	1	3	89	96	1
	SAU	93	2	11	80	86	2
	ITU	93	21	23	49	53	2
	MHDU	93	2	-	91	98	2
Women's Health and Paediatrics	Abbey Birth Centre	62	-	-	62	100	
	Ash	62	0	2	60	97	1
	NICU	124	55	42	27	22	2
	Labour Ward	124	-	8	116	94	2
	Joan Booker	124	1	4	119	96	2



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

		<a href="http://www.asph.nhs.uk/safer-staffing">http://www.asph.nhs.uk/safer-staffing</a>														
Hospital Site Details		Ward name	Main 2 Specialities on each ward		Day				Night				Day		Night	
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Speciality 1	Speciality 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	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
RTK02	Ashford Hospital - RTK02	Chaucer/Wordsworth	314 - REHABILITATION		1581	1479	1588.75	2244.75	999.75	1010.5	666.5	1150.25	93.50%	141.30%	101.10%	172.60%
RTK02	Ashford Hospital - RTK02	Dickens	110 - TRAUMA & ORTHOPAEDICS		1657.75	1047.25	1185.75	1015.75	666.5	666.5	333.25	333.25	63.20%	85.70%	100.00%	100.00%
RTK02	Ashford Hospital - RTK02	Fielding	314 - REHABILITATION		1185.75	1046	1185.75	1154.75	666.5	709.5	666.5	645	88.20%	97.40%	106.50%	96.80%
RTK01	St Peter's Hospital - RTK01	Aspen	340 - RESPIRATORY MEDICINE		1976.25	1671.25	992	1238.75	1333	1343.75	666.5	720.25	84.60%	124.90%	100.80%	108.10%
RTK01	St Peter's Hospital - RTK01	Birch/CCU	300 - GENERAL MEDICINE	320 - CARDIOLOGY	2371.5	2173.5	790.5	727	1999.5	1902.75	333.25	333.25	91.70%	92.00%	95.20%	100.00%
RTK01	St Peter's Hospital - RTK01	Cedar	300 - GENERAL MEDICINE		1984	1665	1387.25	1482	1333	1333	666.5	666.5	83.90%	106.80%	100.00%	100.00%
RTK01	St Peter's Hospital - RTK01	Falcon	100 - GENERAL SURGERY		1782.5	1685.75	790.5	1161.25	999.75	999.75	333.25	623.5	94.60%	146.90%	100.00%	187.10%
RTK01	St Peter's Hospital - RTK01	Heron	100 - GENERAL SURGERY		1155.5	1142.75	790.5	771.25	666.5	666.5	333.25	333.25	98.90%	97.60%	100.00%	100.00%
RTK01	St Peter's Hospital - RTK01	Holly	430 - GERIATRIC MEDICINE		1782.5	1411	1581	1806.5	666.5	688	999.75	1085.75	79.20%	114.30%	103.20%	108.60%
RTK01	St Peter's Hospital - RTK01	Kingfisher	100 - GENERAL SURGERY		2177.75	1832	1185.75	1258.25	1333	892.25	333.25	752.5	84.10%	106.10%	66.90%	225.80%
RTK01	St Peter's Hospital - RTK01	Maple	300 - GENERAL MEDICINE		1581	1562.75	1581	1600.5	666.5	666.5	999.75	1311.5	98.80%	101.20%	100.00%	131.20%
RTK01	St Peter's Hospital - RTK01	MAU (incl AECU)	300 - GENERAL MEDICINE		2766.75	2116.5	1581	1485.25	1333	1634	999.75	1343.75	76.50%	93.90%	122.60%	134.40%
RTK01	St Peter's Hospital - RTK01	May	300 - GENERAL MEDICINE		1387.25	1329.5	984.25	903.25	666.5	666.5	666.5	634.25	95.80%	91.80%	100.00%	95.20%
RTK01	St Peter's Hospital - RTK01	MSSU	300 - GENERAL MEDICINE		2766.75	2378.5	1976.25	1937.75	1666.25	1612.5	1333	1397.5	86.00%	98.10%	96.80%	104.80%
RTK01	St Peter's Hospital - RTK01	SAU	100 - GENERAL SURGERY		1976.25	1893.75	1185.75	1198.5	999.75	989	333.25	333.25	95.80%	101.10%	98.90%	100.00%
RTK01	St Peter's Hospital - RTK01	Swan	110 - TRAUMA & ORTHOPAEDICS		1976.25	1742	1387.25	1443.25	999.75	956.75	666.5	849.25	88.10%	104.00%	95.70%	127.40%
RTK01	St Peter's Hospital - RTK01	Ash	420 - PAEDIATRICS		1782.5	1883.5	0	35.5	1333	1623.25	0	0	105.70%	-	121.80%	-
RTK01	St Peter's Hospital - RTK01	Joan Booker	501 - OBSTETRICS		1426	1412	1069.5	976.5	1426	1403	356.5	437	99.00%	91.30%	98.40%	122.60%
RTK01	St Peter's Hospital - RTK01	Labour	501 - OBSTETRICS		2852	2815	713	702.5	2852	2840.5	713	678.5	98.70%	98.50%	99.60%	95.20%
RTK01	St Peter's Hospital - RTK01	Abbey Birth Centre	501 - OBSTETRICS		713	713	0	0	666.5	666.5	0	0	100.00%	-	100.00%	-
RTK01	St Peter's Hospital - RTK01	ITU	192 - CRITICAL CARE MEDICINE		3952.5	3474.75	395.25	345.25	3332.5	2924	0	161.25	87.90%	87.30%	87.70%	-
RTK01	St Peter's Hospital - RTK01	MH DU	192 - CRITICAL CARE MEDICINE		790.5	790.5	395.25	382.5	666.5	655.75	333.25	344	100.00%	96.80%	98.40%	103.20%
RTK01	St Peter's Hospital - RTK01	SDU	100 - GENERAL SURGERY		1185.75	1135	0	0	999.75	817	0	193.5	95.70%	-	81.70%	-
RTK01	St Peter's Hospital - RTK01	NICU	420 - PAEDIATRICS		3565	3211.38	1069.5	517.5	3332.5	3053	999.75	451.5	90.10%	48.40%	91.60%	45.20%
RTK01	St Peter's Hospital - RTK01	Swift	300 - GENERAL MEDICINE		1581	1199.5	1976.25	2157	666.5	698.75	999.75	1687.75	75.90%	109.10%	104.80%	168.80%

