

TRUST BOARD
30th June 2016

AGENDA NUMBER	ITEM	5.3
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 May 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>Both the establishment performance by shift, together with the planned versus actual staffing levels have been triangulated with ward-level quality performance and evidence of mitigation where required.</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:		
<p>To receive this paper as assurance that safe staffing data is submitted in 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.
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PRESENTED BY DIRECTOR NAME/ROLE	Heather Caudle, Chief Nurse
DATE	30 th June 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. This methodology changed from the 1st May 2016 and this report now represents a staffing hours percentage shift fill calculation with historical comparison data also shown.

2. Strategic issues and options

- Recruitment and retention issues

Recruitment continues overseas, alongside local initiatives.

- NHS Improvement (formerly Monitor) Agency Cap

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

- Operational pressures

The operational pressures on the Trust during May 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

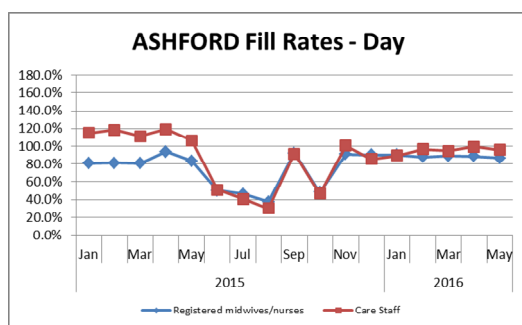
The report has used information from the e-Rostering system; the reported fill rate is based on the number of nursing hours deployed as a percentage of the number of nursing hours planned in the rota. The table and graphs below show the average fill rates for May 2016 as part of a 12 month trend.

Table 1 Average fill rates by time period and site

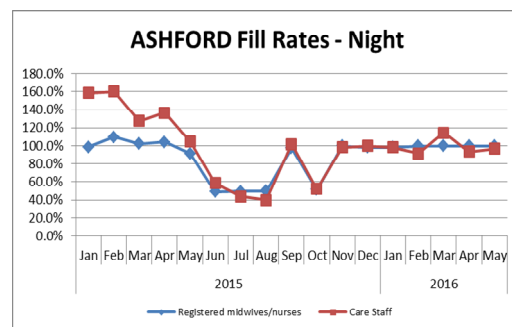
Site	Day		Night	
	Average fill rate RN/RM %	Average fill rate care staff %	Average fill rate RN/RM %	Average fill rate care staff %
Ashford	86.7%	95.8%	100%	96.8%
St Peter's	88.1%	106.9%	90.9%	128.5%

Graphs 1 to 4 show fill rates by site and time period.

Graph 1 – Ashford day

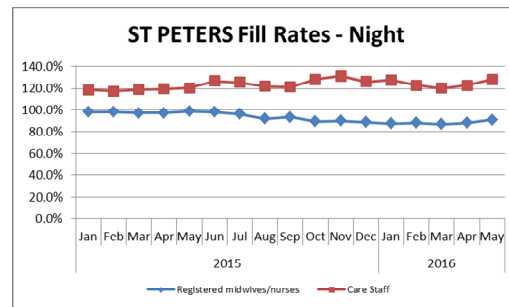
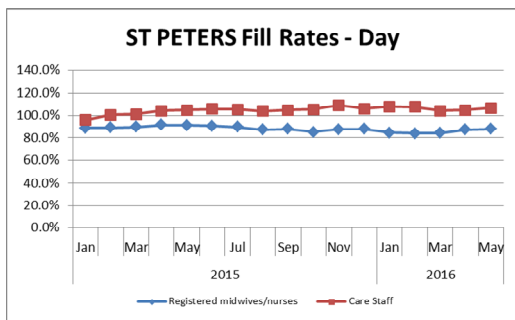


Graph 2 – Ashford night



Graph 3 – St Peters day

Graph 4 – St Peters night



Below are the links 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 will commence in July 2016.

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 May 2016.

6. Assurance

Maintaining safe staffing levels in the face of recruitment and retention challenges alongside high levels of inpatient activity remains 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 May 2016

SAFE STAFFING LEVELS DATA – May 2016									
Division	Wards	Total shifts	Red	Amber	Green	% Green	Ward SI's	Ward Red Flags	QEWS LEVEL
Acute and Emergency Medicine	A & E	248	0	10	269	108	6	3	1
	Aspen	93	-	4	89	96			2
	CCU & Birch	93	3	14	76	82	1		2
	Cedar	93	6	53	34	37			2
	Holly	93	13	47	33	35			1
	May	93	6	16	71	76			1
	AMU	93	10	15	68	73			1
	Cherry	93	-	2	91	98			2
	Maple	93	21	22	50	54			2
	Chaucer	93	2	6	85	91			2
	Swift	93	-	12	81	87			1
T&O	Dickens	93	24	23	46	49			2
	Swan	93	9	20	64	69	1		0
TASCC	Kingfisher	93	6	27	60	65			1
	Falcon	93	-	4	89	96			1
	SDU	93	1	-	92	99			2

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	Heron	93	1	2	90	97		1	2
	SAU	93	15	39	39	42			1
	ITU	93	10	38	45	48			2
	MHDU	93	10	-	83	89			2
Women's Health and Paediatrics	Abbey BC	62	-	-	62	100			
	Ash	62	-	-	62	100			2
	NICU	248	51	42	155	63	1	2	2
	Labour Ward	124	5	20	99	80	1		2
	Joan Booker	124	-	15	109	88			2

Appendix 2 Staffing Average fill rate with sickness, maternity and new starters May 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	Leavers
		Average Register	Average Care Staff	Average Registered	Average Care Staff					
Chaucer	314 -	95.1%	97.8%	100.0%	100.0%	-1.4%	0.3%	5.4%	0.00	0.00
Dickens	110 - TRAUMA &	81.1%	94.6%	100.0%	93.5%	11.1%	5.0%	3.7%	0.00	0.00
Aspen	340 - RESPIRATORY	99.4%	99.6%	100.0%	107.5%	3.8%	2.2%	0.0%	0.00	1.00
BACU	300 - GENERAL	94.9%	117.8%	98.9%	112.9%	4.4%	0.7%	13.1%	2.00	0.00
Cedar	300 - GENERAL	79.1%	97.6%	99.2%	101.6%	0.1%	2.8%	2.0%	0.00	0.00
Falcon	100 - GENERAL	97.5%	143.6%	98.9%	187.1%	9.6%	2.4%	3.8%	0.00	1.00
Heron	100 - GENERAL	97.8%	125.0%	100.0%	177.4%	4.3%	7.6%	2.5%	1.00	0.00
Holly	430 - GERIATRIC	72.7%	108.1%	66.7%	136.6%	24.1%	0.0%	0.0%	0.00	0.00
Kingfisher	100 - GENERAL	82.1%	111.9%	74.2%	206.5%	20.8%	0.8%	3.8%	0.00	1.00
Maple	300 - GENERAL	74.7%	106.6%	98.9%	100.0%	26.9%	2.5%	1.8%	2.00	1.00
May	300 - GENERAL	85.6%	112.1%	73.1%	200.0%	20.9%	0.8%	4.6%	0.00	1.00
SAU	100 - GENERAL	86.1%	94.6%	90.3%	100.0%	9.0%	0.5%	0.0%	1.00	0.00
Swan	110 - TRAUMA &	88.7%	101.6%	96.8%	106.5%	15.6%	10.1%	9.1%	0.00	0.00
Ash	420 - PAEDIATRICS	115.5%	0.0%	124.2%	0.0%	1.1%	4.4%	0.8%	2.00	0.00
Joan Booker	501 - OBSTETRICS	96.8%	107.9%	94.4%	190.3%	8.1%	5.3%	6.0%	0.00	3.89
Labour	501 - OBSTETRICS	83.4%	124.6%	95.7%	93.5%					
Abbey Birth Centre	501 - OBSTETRICS	100.0%	0.0%	100.0%	0.0%					
ITU	192 - CRITICAL CARE	101.8%	21.1%	99.4%	0.0%	5.5%	2.7%	4.5%	1.61	0.00
MH DU	192 - CRITICAL CARE	103.2%	83.9%	101.6%	93.5%					
SDU	100 - GENERAL	99.5%	0.0%	87.1%	0.0%	9.0%	0.3%	4.7%	0.00	0.00
NICU	420 - PAEDIATRICS	72.6%	66.7%	71.2%	55.9%	11.3%	2.3%	2.9%	0.61	2.00
Swift	100 - GENERAL	73.6%	136.7%	52.4%	219.4%	16.7%	1.2%	0.0%	1.00	0.00
Cherry	300 - GENERAL	88.7%	105.7%	100.0%	105.6%	11.0%	0.0%	0.0%	0.00	0.00
AMU	300 - GENERAL	87.8%	100.3%	98.9%	144.4%	26.1%	1.5%	0.0%	1.00	1.00

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0.0% demonstrates that the planned hours were initially zero on the roster. However, if in fact actual staffing was allocated to a shift originally rostered as zero hours for that staffing category, the tool formula reflects only that no staff were planned; i.e., it does not reflect if actual numbers of staff were used on the zero roster shift. The impact is that staffing may have been higher than stated on such a shift, but would not be lower.

In cases where very high fill rates are shown, such as 200%, this usually reflects shifts which had a very low number of staff rostered of that grade to begin with, but several additional staff then worked the shift. This gives a high apparent fill rate and may reflect substitutions of staff among RN/HCA at times of differing need.

Appendix 3

Divisional Narrative

Medicine and Emergency Services

Concerns and Mitigations

- Vacancy factor whilst improving month on month remains a significant risk for the Division.
- Recruitment campaigns continue and are yielding staff but the deficit was significant so the resolution is slower than we would like.
- Large number of overseas nurses who are not familiar with the UK health system.
- Longer periods of supervised support. Clinical Practice Educator (CPE) working with new nurses to educate and support them. All Filipino nurses have now passed their OSCE so PINs will be forthcoming.
- Escalation areas remain open on both sites diluting number of RNs available for shifts.
- Skill mix reviewed on a daily basis by Clinical Nurse Leaders (CNL) 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 NHS Improvement cap on agency staff.
- Situation is improving although there have been periods where shifts have been left unfilled due to this. Human Resources have worked hard to resolve matters with agencies.

Theatres, Anaesthetics, Surgery and Critical Care

Concerns and Mitigations

- Long lead in time for Registered Nurses recruited from overseas to commence employment with the Trust. The division is currently waiting for over 20 new starters.
- Vacancies are covered by ward's substantive staff and put to temporary staffing for cover. Staffing is reviewed daily by the Clinical Nurse Leader and staff are moved across the division to maintain safety.
- Safer Staffing Tool highlights that in May SAU had 42% green rated shifts and ITU 48%.
- Management of risk involves staff being moved on a daily basis to ensure safe levels across the Division. Datix completed and red flag triggers are escalated as per policy.
- Ward Managers have to forgo their supervisory days to work clinically to maintain safe staffing levels therefore other elements of the role are missed.
- Support given by Clinical Nurse Leader.
- Theatre nurse vacancies are gradually reducing but recruiting to Operating Department Practitioner (ODP)/anaesthetic nurse posts remains challenging.
- The division is holding bespoke recruitment days and will be attending a recruitment event at the University of Surrey to recruit final placement ODP students.
- Whilst the vacancies are reducing on Critical Care the skill mix remains problematic due to large numbers of junior staff.
- Staff are supported by a CPE and senior staff. Bespoke training and rolling educational programmes are running alongside language support courses.

Diagnosics, therapies, Trauma and Orthopaedic

Concerns and Mitigations

- Swan ward has had 10% red rated safer staffing levels, 22% amber rated therefore 69% green rated levels. Dickens ward has had 26% red rated shifts, 25% amber therefore 49% green.
- Even though Dickens ward shows higher numbers of red and amber rated shifts these are on days where elective activity is low and has not had an impact on quality and safety. Staffing is adjusted accordingly dependent upon a definite period of reduced activity. Swan ward has an increased percentage of green rag rated shifts due to the use of bank and agency staff.
- Swan ward remains with two Band 6 Sisters on maternity leave until August which means the leadership team is reduced during this time. Dickens ward has a 0.6 wte Band 6 vacancy. Swan ward has a Band 7 CPE on maternity leave until September which is impacting on training and education along with quality support.
- Clinical Nurse Leader (CNL) and Ward Manager are covering short term/last minute absence to assure safe levels of staffing where possible. Both Band 6 sisters are due to return to work in July and August 2016. The Dickens ward post will be advertised this month.
- Vacancy rate on Swan ward for trained nurses is now 1.46 wte. A further RN has resigned from post and left at the beginning of May. Dickens ward has 1 wte Band 5 post and 1 wte Band 2 post.
- Recruitment plans – advertisements are being placed where necessary, recruitment days are attended and active recruitment is ongoing. Staffing structure and establishment review remains under consideration for both ward areas. At the last recruitment event 3 RNs and 2 HCAs were employed for Swan ward with an expected start date of July/August 2016. Swan ward and Dickens ward cross cover shifts where safely possible.
- Sickness on both wards remained high during May. Dickens ward had 1 member of the team on long term sick leave whilst Swan ward had 3 RN's on long term sick leave.
- CNL and Ward Manager are covering short term/last minute absence to assure safe levels of staffing where possible. Human Resources support is in place for Ward Managers to manage an individual's sickness.
- Due to long term sickness and vacancy rates Swan ward has seen an increase in agency usage through May. This has had an impact on both continuity and quality of care with an increase in patient falls.
- Multidisciplinary working/cross professional boundary working is undertaken to enhance team approach and ensure safe levels of care is in place. The ward staff meeting held in May discussed concerns and agreed a management plan to address any safety concerns. Measurements and actions are being drawn up by the Ward Manager and CNL. The new daily working trial continues on Swan ward with daily ward visits by the CNL and weekly documentation audits carried out by the Ward Manager. Swan ward has seen a reduction in pressure ulcer damage for May.

Women's Health and Paediatrics

Maternity

Concerns and Mitigations

- Labour ward experienced a high peak of activity in May as there were 365 births which is higher than the usual 330. There were 5 red shifts and 20 on amber. Joan Booker had no red shifts and 15 on amber.
- Requests for bank staff were put out and 11.5 wte were used to assist with boosting the numbers.
- These shortages were due to vacancies, 12.5 wte on maternity leave, unfilled bank shifts and last minute sickness of 5.3%.
- Staff were redeployed from various areas according to the activity on the shift. Managers assisted with clinical workload. At night community midwives and supervisors sometimes provided the extra support which was determined from use of the escalation policy.

Paediatrics

Concerns and Mitigation

- Ash ward continues to support the establishment in the Paediatric Emergency Department.
- Successful recruitment of Band 5 nurses is beginning to reduce the vacancy factor.
- Registered Mental Nurse (RMN) usage has significantly reduced due to the introduction and training of paediatric HCAs. RMNs from agency are typically only booked when requested by Child and Adolescent Mental Health Service or a specific complex clinical need is indicated.
- To further mitigate this risk a Registered Mental Nurse has been appointed as a substantive member of the ward team.

NICU

Concerns and Mitigations

- Lack of intensive care trained nurses.
- Investment in professional development and training.
- Vacancies at Band 6 level.
- Ongoing retention and recruitment drive.
- The paediatric nursing establishment now has executive approval and the budgets have been adjusted accordingly.
- The paediatric staffing escalation tool is in practice and evidenced with Datix submissions and audit to provide assurance.