

TRUST BOARD**30th July 2015**

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 Hospitals NHS Foundation Trust for June 2015.
BOARD ASSURANCE (Risk) / IMPLICATIONS	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.
ALIGN TO TRUST RISK REGISTER	
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 July 2015
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 (ASPH) for June 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 were 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" (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

In 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. This is to provide assurance that staffing levels are as they should be. When staffing levels fall short of the planned establishment, the shortfalls are managed so that they do not present a risk to patient safety and quality. The data is presented by ward and shows the contingency planning as well as mitigating actions to address staffing shortfalls.

The judgement and the RAG ratings as to whether the variance from the planned staffing level presents a risk are 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 Midwifery. This results in an internal Trust RAG rating of the shortfall. Appendix 1 shows by ward the amount of shifts for which staffing levels are rated 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 ward.

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

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

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

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

Women's Health and Paediatrics: [T:\Ward Monitoring-Weekly Reporting\15-16 KPIs\WHPDaily 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)

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	-	√	-	-	-	-
MAU	-	√	-	√ (+)	√ (+)	√ (+)
MSSU	√	√	√ (-)	-	-	-
Maple	√	-	√ (-)	-	-	√ (+)
WWW/Chauce	-	√	-	√ (+)	√ (+)	√ (+)
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	-	-	-	-	-	√ (+)

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

From the 30th June there will be 60 registered nurse vacancies across medicine, with the most on Aspen, Medical Short Stay and Birch wards. The Emergency Department (ED) has 13 vacancies; recruitment to these areas is a priority for the Division. There is a total of 6 whole time equivalent (WTE) trained staff joining medicine in the next two months.

Following the closures of Fielding and Wordsworth wards at Ashford Hospital, Health Care Assistants (HCAs) have been redeployed into the medical wards on the St Peters site and there are now only 2 HCA vacancies in the Division.

Birch ward has achieved a level 2 Best Care accreditation; however, Swift ward has dropped from level 2 to level 1. Action plans are in place to improve the areas of concern and these have been discussed at the Best Care Surveillance meeting, ED has achieved level 3 Best Care.

4.4 Trauma and Orthopaedics

This reporting period remains a challenging time for Swan ward but there has been improvement with Swan recording level 1 and Dickens ward level 2 for their Quality, Experience, Workforce and Safety (QEWS).

Dickens ward scored 2 in the Best Care audit for June while Swan ward remains 0. An action plan has been put in place and a re- audit is due in July.

Dickens ward has a recorded 62% of green rated shifts .There have been continued short term intervals of staff sickness and this is being managed effectively. The ward manager has returned from long term sick. All staffing vacancies for Dickens ward have been filled. The staffing continues to be flexed according to its workload and the lighter elective surgery days.

Swan ward has recorded 61% of green shifts for June. The team has been successful in recruiting 3 WTE registered nurses who have all commenced in post. There remains 2 WTE registered nurse post vacancies. The band 7 ward manager role and the band 7 clinical practice educator (CPE) role have been recruited to and have commenced in post. Swan ward has seen an increase in sickness reporting with 5 WTE registered nurses on long term sickness. The use of bank and agency staff to fill night and weekend shifts continues to be monitored.

4.5 Theatres, Anaesthetics, Surgery and Critical Care

Staffing has continued to be challenging over this reporting period particularly for Kingfisher ward and Falcon ward due to vacancies and the inability to recruit despite regularly participating in the Trust recruitment days. These wards are looking at the possibility of introducing twilight shifts in order to close the gap.

The Intensive Care Unit (ICU) continues with its recruitment drive and vacancies are being filled

slowly, however the skill mix still remains very junior and these nurses require greater supervision.

Operating Department Practitioners (ODPs) and Scrub Nurses at on the St Peters site continue to have high vacancy numbers that are increasingly difficult to recruit to. In order to try and address the staffing challenge the Division has recently undertaken a further skill mix review and has converted 10 WTE band 5 vacancies into bands 2, 3 & 4. This will provide a career structure for the unqualified nurse with the intention of being able to retain staffing levels. The Division is participating in a bespoke overseas recruitment event and the Associate Director of Nursing will be going to Poland in the middle of August to recruit staff for all areas.

Falcon, Kingfisher and Heron wards have achieved QEWS level 1 and have developed action plans to improve, whilst the remainder of the Division has scored level 2.

4.6 Paediatrics and NICU

Data continues to be collected using the paediatric acuity and nursing dependency tool (PANDA). This system collects data that will contribute to the calculation for safer staffing requirements for paediatric wards which will enable more accurate future workforce planning.

Ash ward was green 98% throughout June and amber for 2%, on those occasions staff were redeployed from quieter areas. The clinical nurse leader works clinically when required to support staff.

Historical working patterns continue to be challenged and the roster closely monitored. There is now senior cover on all shifts supporting clinical decision making and supervising junior staff. Skill mix is reviewed daily and a flow chart for the process of escalation has been developed.

There are a number of vacancies across paediatrics. The division is working to produce a robust escalation plan to be in place in the next 3 weeks, with the view to reducing paediatric beds during the summer when traditionally there is less inpatient activity. This will enable the maintenance of a safe service throughout paediatrics.

There are eight band 5 newly qualified staff due to commence in September/October.

In June the capacity and occupancy levels for NICU were vastly reduced, particularly the numbers of intensive care and high dependency babies. This resulted in the nursing numbers required to safely staff the shift being reduced. Bank nurses were not being booked up to establishment due to the staffing levels according to categories of cares for babies based on BAPM guidelines being followed and adhered to.

The reduction in the employment of bank nurses was also intentional as income for the unit during that period would have been reduced due to lack of baby numbers.

The trust safe staffing template does not allow that reflection on the NICU at St Peters, hence going forward commentary will be added to the weekly staffing reports to reflect when this is the case and therefore the flag would be more accurately reflective of the risks associated with actual staffing levels.

4.7 Women's Health

On Labour ward 77 % of shifts were green. There was 16% of night shifts and 26% of day shifts with one trained member of staff short and therefore these were rated amber. There was 1 red day shift for the month. This is due to a combination of unfilled bank shifts to cover 14.28 WTE midwives on maternity leave.

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.

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. There were no red shifts. 7 short shifts (11%) were amber due to last minute sickness.

Staffing numbers are maintained by midwifery bank shifts which equated to 11.3 WTE in June. A successful recruitment campaign has employed 11 maternity assistants to post. Of these 4.66 WTE have started their induction in July and another 4.29 WTE will commence in August.

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 will be repeated on all adult inpatient areas with the exception of maternity, ICU, ED and Theatres from June 29th – 6th August. The results will be reported to Board in August 2015.

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

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 – June 2015							
Division	Wards	Total Shifts	Red	Amber	Green	% Green	QEWS LEVEL
Acute and Emergency Medicine	AandE	248	2	3	265	107	1
	Aspen	90	10	15	65	72	2
	CCU & Birch	90	0	2	88	98	2
	Cedar	90	1	27	62	69	1
	Holly	90	-	7	83	92	3
	May	90	-	2	88	98	1
	MAU	90	-	-	90	100	1
	MSSU	90	-	9	81	90	1
	Maple	90	-	11	79	88	2
WWW/Chaucer	90	-	-	90	100	1	
	Swift	90	-	6	84	93	1
T&O	Dickens	90	15	19	56	62	2
	Swan	90	17	18	55	61	1
TASCC	Kingfisher	90	6	12	72	80	1
	Falcon	90	1	3	86	96	1
	SDU	90	3	-	87	97	2
	Heron	90	-	9	81	90	2
	SAU	90	2	24	64	71	2
	ITU	90	5	25	60	67	2
	MH DU	90	-	-	90	100	1
Women's Health and Paediatrics	Abbey Birth Centre	60	-	-	60	100	
	Ash	60	0	1	59	98	1
	NICU	120	60	41	19	16	2
	Labour Ward	120	1	17	102	85	2
	Joan Booker	120	-	12	108	90	3

Ill Rate Indicator Return June 2015

Ashford And St Peter's Hospitals NHS Foundation Trust		Staffing: Nursing, midwifery and care staff														
Hospital Site Details		Main 2 Specialties on each ward		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	Ward 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	314 - REHABILITATION		765	888	577.5	945.5	322.5	462.25	322.5	623.5	116.10%	163.70%	143.30%	193.30%
RTK02	Ashford Hospital - RTK02	Dickens	110 - TRAUMA & ORTHOPAEDICS		1182	1054	997.5	932.25	645	645	322.5	322.5	89.20%	93.50%	100.00%	100.00%
RTK01	St Peter's Hospital - RTK01	Aspen	340 - RESPIRATORY MEDICINE		2295	1825.25	1147.5	1302	1290	1300.75	645	774	79.50%	113.50%	100.80%	120.00%
RTK01	St Peter's Hospital - RTK01	BACU	320 - CARDIOLOGY		2295	2256.75	765	924.5	1935	1913.5	322.5	462.25	98.30%	120.80%	98.90%	143.30%
RTK01	St Peter's Hospital - RTK01	Cedar	300 - GENERAL MEDICINE		1920	1697	1342.5	1397.5	1290	1290	645	645	88.40%	104.10%	100.00%	100.00%
RTK01	St Peter's Hospital - RTK01	Falcon	100 - GENERAL SURGERY		1725	1538.25	765	1008.5	967.5	892.25	322.5	591.25	89.20%	131.80%	92.20%	183.30%
RTK01	St Peter's Hospital - RTK01	Heron	100 - GENERAL SURGERY		1130	1117.25	765	733.25	645	645	322.5	397.75	98.90%	95.80%	100.00%	123.30%
RTK01	St Peter's Hospital - RTK01	Holly	430 - GERIATRIC MEDICINE		1725	1538.25	1530	1691	645	645	967.5	1247	89.20%	110.50%	100.00%	128.90%
RTK01	St Peter's Hospital - RTK01	Kingfisher	100 - GENERAL SURGERY		2107.5	1820.25	1147.5	1282.75	1290	849.25	322.5	784.75	86.40%	111.80%	65.80%	243.30%
RTK01	St Peter's Hospital - RTK01	Maple	300 - GENERAL MEDICINE		1,530.00	1,448.50	1,530.00	1,555.25	645	645	967.5	1,290.00	94.70%	101.70%	100.00%	133.30%
RTK01	St Peter's Hospital - RTK01	MAU	300 - GENERAL MEDICINE		1,912.50	2,040.00	1,147.50	1,587.25	1,290.00	1,634.00	967.5	1,354.50	106.70%	138.30%	126.70%	140.00%
RTK01	St Peter's Hospital - RTK01	May	300 - GENERAL MEDICINE		1342.5	1392.5	952.5	1120.5	645	666.5	645	763.25	103.70%	117.60%	103.30%	118.30%
RTK01	St Peter's Hospital - RTK01	MSSU	300 - GENERAL MEDICINE		2677.5	2474.25	1912.5	1919.25	1612.5	1612.5	1290	1365.25	92.40%	100.40%	100.00%	105.80%
RTK01	St Peter's Hospital - RTK01	SAU	100 - GENERAL SURGERY		1912.5	1747.25	1147.5	1147.5	967.5	956.75	322.5	344	91.40%	100.00%	98.90%	106.70%
RTK01	St Peter's Hospital - RTK01	Swan	110 - TRAUMA & ORTHOPAEDICS		1912.5	1576.25	1342.5	1423.25	967.5	978.25	645	731	82.40%	106.00%	101.10%	113.30%
RTK01	St Peter's Hospital - RTK01	Ash	420 - PAEDIATRICS		1725	1755	0	190.25	1290	1569.5	0	21.5	101.70%	-	121.70%	-
RTK01	St Peter's Hospital - RTK01	Joan Booker	501 - OBSTETRICS		1380	1335	1035	999.5	1380	1380	345	563.5	96.70%	96.60%	100.00%	163.30%
RTK01	St Peter's Hospital - RTK01	Labour	501 - OBSTETRICS		2760	2654	690	664.5	2760	2702.5	690	678.5	96.20%	96.30%	97.90%	98.30%
RTK01	St Peter's Hospital - RTK01	Abbey Birth Centre	501 - OBSTETRICS		690	690	0	0	645	645	0	0	100.00%	-	100.00%	-
RTK01	St Peter's Hospital - RTK01	ITU	192 - CRITICAL CARE MEDICINE		3825	3519.25	382.5	154.5	3225	3031.5	0	86	92.00%	40.40%	94.00%	-
RTK01	St Peter's Hospital - RTK01	MHDU	192 - CRITICAL CARE MEDICINE		765	778	382.5	382.5	645	645	322.5	322.5	101.70%	100.00%	100.00%	100.00%
RTK01	St Peter's Hospital - RTK01	SDU	100 - GENERAL SURGERY		1147.5	1185.75	0	248.75	967.5	946	0	268.75	103.30%	-	97.80%	-
RTK01	St Peter's Hospital - RTK01	NICU	501 - OBSTETRICS		3450	2967	1035	540.5	3225	2752	967.5	397.75	86.00%	52.20%	85.30%	41.10%
RTK01	St Peter's Hospital - RTK01	Swift	100 - GENERAL SURGERY		1530	1250.25	1912.5	2239.25	645	655.75	967.5	1720	81.70%	117.10%	101.70%	177.80%

