

## Whittington Health Trust Board

3<sup>rd</sup> September 2014

Title:		Safe Staffing (Nursing)					
Agenda item:		14/137		Paper		11	
Action requested:		For agreement					
Executive Summary:		This paper summarises the monthly position on safe staffing for nursing. Key issues to note include: <ul style="list-style-type: none"><li>• All areas had greater than 95% staffing levels</li><li>• Some areas were greater than 150%, and this was attributed in the main to the use of specials</li><li>• There continues to be an emphasis on recruitment to vacancies</li><li>• A further establishment review will commence in October and report to the board before the end of the year.</li></ul>					
Summary of recommendations:							
Fit with WH strategy:		Efficient and effective care. Francis Report recommendations Cummings recommendations NICE recommendations					
Reference to related / other documents:							
Reference to areas of risk and corporate risks on the Board Assurance Framework:		3.4 Staffing ratios vs good practice standards					
Date paper completed:		20 August 2014					
Author name and title:		Philippa Davies – Director of Nursing and Patient Experience		Director name and title:		Philippa Davies – Director of Nursing and Patient Experience	
Date paper seen by EC		Equality Impact Assessment complete?		Risk assessment undertaken?		Legal advice received?	



## **Safe Nurse Staffing Levels July 2014**

### **1.0 Purpose**

To provide the Board with an overview of nursing and midwifery staffing levels on our wards in July 2014 and an assurance that these levels are monitored and managed daily.

### **2.0 Background**

Whittington Health is committed to ensuring that levels of nursing staff, which include Registered Nurses (RNs), Registered Midwives (RMs) and Health Care Assistants (HCAs), match the acuity and dependency needs of patients within clinical ward areas in the hospital. This includes an appropriate level of skill mix of nursing staff to provide safe and effective care. These staffing levels are viewed along with reported outcome measures, 'registered nurse to patient ratios', percentage skill mix ratio of registered nurses to HCAs and the number of staff per shift required to provide safe and effective patient care.

As of June 2014, all hospitals with in-patient beds were required to publish their staff fill rates (actual versus planned) in hours, taking into consideration day and night shifts and registered and un-registered staff. This fill rate information appears on the NHS Choices website [www.nhschoices.net](http://www.nhschoices.net). Fill rate data from 1<sup>st</sup> – 31st July 2014 for The Whittington Hospital has been uploaded and submitted on UNIFY.

Patients and the public are now able to see how hospitals are performing on this indicator on the NHS Choices website. This data sits alongside a range of other safety indicators. Following NICE guideline publication - SG1- Safe staffing for nursing in adult inpatient wards in acute hospitals (July 2014), a gap analysis is currently being undertaken to determine action required.

### **3.0 Fill rate indicator return**

As described above, the 'Fill rate indicator return' was completed and submitted. A copy of the UNIFY submission is available on request and is available to view on the Trust website. The 'actual' number of staffing hours planned is taken directly from our nurse roster system, following which a look back exercise is undertaken. There were occasions when planned hours were revised either up or down taking into account an increase or reduction in patient bed numbers or changes in patient acuity. On occasions when there was a deficit in 'planned' hours versus 'actual' hours, staff were moved from other areas to ensure safe staffing levels across our hospital.

Appendix 1. details a summary of fill rates 'actual' versus 'planned' in July 2014. Average fill rate range was between 96.9% - 111.8% for registered staff and 95.2% - 275% for care staff during the day and 97.0% - 137.7% for registered staff and 97.7% - 177.3% for care staff during the night.

Average fill rates in excess of 100% can be accounted for and relate primarily to additional staff being booked during the night and day time to ensure that our most vulnerable patients which include elderly patients with severe dementia, those at high risk of falls and younger adults with acute mental health problems, received 1:1 care when necessary.

Additional registered nurses were, for example, also booked to care for patients discharged from intensive care who required higher levels of nurse input and to look after particularly challenging patients suffering from alcohol withdrawal.

All patients who were identified as requiring 1:1 care 'Specialling' are required to be risk assessed by a senior nurse prior to approval and the shift request sent to the Temporary Staffing office for bank/agency cover.

#### **4.0 'Real Time' management of staffing levels to mitigate risk**

Safe staffing levels are reviewed and managed on a daily basis. At the 08.30am bed meeting, the Director of Nursing/Deputy Director of Nursing in conjunction with matrons, site managers and other senior staff review all registered and unregistered workforce numbers by ward. Consideration is given to bed capacity and operational activity within the hospital which may impact on safe staffing. Actions are agreed to ensure that all areas are made safe.

We are currently agreeing a process to rate a ward shift 'red' 'amber' or 'green' according to numbers of staff on duty, taking into account patient numbers, acuity and dependency. This detail will be presented in future board reports.

#### **5.0 Conclusion**

Trust Board members are asked to note the July UNIFY return position and processes in place to ensure safe staffing levels in the organisation.

**Fill rate data - summary  
July 2014**

Day				Night				<u>Average fill rate data- Day</u>		<u>Average fill rate data- Night</u>	
Registered nurses/ midwives		Care staff		Registered nurses/ midwives		Care staff		Registered nurses/ midwives	Care staff	Registered nurses/ midwives	Care staff
Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	104.4%	134%	104.7%	128%
30,152 hours	31,490 hours	9,007 hours	12,066 hours	24,140 hours	25,274 hours	5,959 hours	7,627 hours				