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Whittington Health **NHS**

The Whittington Hospital NHS Trust
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Whittington Health Trust Board

5th November 2014

Title:	Safe Staffing (Nursing and Midwifery)

Agenda item:	**14/164**	**Paper**	**9**

Action requested:	For information

Executive Summary:	This paper summarises the safe staffing position for nursing and midwifery on our hospital wards in September 2014. Key issues to note include: • Most areas had greater than 95% 'actual' versus 'planned' staffing levels • Two areas fell below 95% of planned nursing/midwifery hours required but were covered by senior nursing staff (matrons, professional develop nurses, specialist nurses) working clinically when necessary. • A number of areas reported 'actual hours' worked over and above those 'planned' which was attributed in the main to the provision of 1:1 'specialing' of some of our vulnerable patients. • There continues to be an emphasis on recruitment to vacancies A further establishment review commenced in October. The findings will be presented and discussed at the Board in the New Year.
Summary of recommendations:	Trust Board members are asked to note the September Unify return position and processes in place to ensure safe staffing levels in the organisation. Unify is the online collection system used for collating, sharing and reporting NHS and social care data.
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:	October 2014

Author name and title:		**Alison Kett – Deputy 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
September 2014

1.0 Purpose

To provide the Board with an overview of nursing and midwifery staffing levels in terms of 'actual' versus 'planned' hours on our wards in September 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. Fill rate data from 1st – 30th September 2014 for The Whittington Hospital has been uploaded and submitted on Unify, the online collection system used for collating, sharing and reporting NHS and social care data.

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 has been 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 September 2014. Average fill rate range was between 93.5% - 130.4% for registered staff and 95.4% - 197% for care staff during the day and 96.7% - 146.7% for registered staff and 97.8% - 200% 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 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, 'specialing', are required to be risk assessed by a senior nurse prior to approval by the Director/Deputy Director of Nursing 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 daily 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.

Ward shifts are rated 'red' 'amber' or 'green' according to numbers of staff on duty, taking into account patient numbers, acuity and dependency.

➢ Green shifts are determined to be safe levels and would not require escalation as these constitute the levels expected through the agreed ward establishment.

➢ Amber shifts are determined to be at a minimum safe level. The matron will be alerted, but no further escalation will be required. Staff will prioritise their work and adjust their workload through the shift accordingly, with a continual review of any changes to the acuity and dependency of patients.

➢ Red shifts are determined to be at an unsafe level. Mitigating actions will be taken, and documented, which may include the movement of staff from another ward and utilisation of supernumerary staff within the numbers or reducing the number of patients on the ward to match the staff availability. In exceptional circumstances, activity would be reduced through reduction in the number of beds. This addresses the risk and reduces the shift to an amber rating.

Details of wards that initially triggered 'red' in September can be seen in Appendix 2. In summary, in September a total of 21/1488 (1.41%) shifts triggered 'red'. Of these, 17/837 (2.03%) occurred in the division of Integrated Care and Acute Medicine (ICAM) and 4/279 (1.43%) in the Women's, Children and Families (WCF) division. No shifts were reported to have triggered 'red' in the division of Surgery, Cancer and Diagnostics (SCD).

Of all shifts that initially triggered 'red', nine were related to 'early' duty shifts, seven to 'late' duty shifts and five to 'night' duty shifts.

The challenges of ensuring adequate staffing levels on wards during September can be attributed to the following:

➢ Nursing vacancy rates, which will reduce as a result of local and overseas recruitment
➢ Additional open capacity due to operational pressures

➢ Continued demand for staff to provide 1:1 care for our vulnerable patients.

5.0 Conclusion

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

Fill rate data - summary
September 2014

Day				Night				Average fill rate data- Day		Average fill rate data- Night	
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				
29,437 hours	31,343 hours	8,732 hours	10,318 hours	23,273 hours	24,889 hours	5,925 hours	7,465 hours	106.5%	118.2%	106.9%	126.0%

Division	Speciality	Ward		Total No. of shifts available	Early	Late	Night	Number of shifts where staffing fell below agreed staffing levels and triggered 'Red'	% of shifts where staffing fell below agreed staffing levels and triggered a 'Red' rating	RAG rating following action taken	DoN statement of actions taken to ensure safe staffing levels
											September - SHIFT DATA
ICAM		Meyrick		93	1	0	0	1	1.07		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
		Cloudesley		93	2	2	0	4	4.3		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
	Elderly Care	Cavell		93	0	0	0	0	0		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
	Cardiology	Montuchi		93	0	0	1	1	1.07		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
	Respiratory	Nightingale		93	3	2	1	6	6.45		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
	Gastro/Haem/Onc	Mercers		93	0	1	0	1	1.07		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
		MSS		93	0	0	0	0	0		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
	MAU	MSN		93	0	0	0	0	0		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
	Emergency	ED		93	2	1	1	4	4.3		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
		TOTAL		837	8	6	3	17	2.03		
SCD	ITU	ITU		93	0	0	0	0	0		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
	Surgical	Victoria		93	0	0	0	0	0		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
	Ortho (Trauma)	Coyle		93	0	0	0	0	0		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
	Ortho (planned)	Thorogood		93	0	0	0	0	0		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
		TOTAL		372	0	0	0	0	0		
WCF	Paediatrics	IFOR		93	0	0	1	1	1.07		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
	Maternity	All mat wards		93	0	0	0	0	0		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
	Neonatal ITU	NICU/SCBU		93	1	1	1	3	3.23		Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
		TOTAL		279	1	1	2	4	1.43		
	TRUST TOTAL			1,488	9	7	5	21	1.41		