Nursing and Patient Experience
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![Whittington Health NHS]

Whittington Health Trust Board

3rd December 2014

Title:	Safe Staffing (Nursing and Midwifery)				
Agenda item:	**14/179**		**Paper**		**12**
Action requested:	For information				
Executive Summary:	This paper summarises the safe staffing position for nursing and midwifery on our hospital wards in October 2014. Key issues to note include: • Most areas had greater than 95 per cent 'actual' versus 'planned' staffing levels • One area fell below 95 per cent 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. • A number of newly qualified, newly appointed nurses have commenced in post which has reduced vacancies and helped to maintain safe staffing. A further ward nursing establishment review was undertaken 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 October 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 and NICE recommendations.				
Reference to related / other documents:					
Reference to areas of risk and corporate risks on the Board Assurance Framework:	3.4 Staffing ratios versus good practice standards				
Date paper completed:	November 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
October 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 October 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 October 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 the 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, particularly on the surgical wards or variation 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. Staff were also moved to ensure wards/areas were staffed a safe ratio of permanent versus temporary staff.

Appendix 1 details a summary of fill rates 'actual' versus 'planned' in October 2014.
Average fill rate range was between 93.3% - 133.6% for registered staff and 100% - 232.3% for care staff during the day and 96% - 182.8% for registered staff and 96.8% - 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 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. There were also an unusually large number of high dependency patients on general wards during this month who required 1:1 care by Registered Nurses.

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 October can be seen in Appendix 2. In summary, in October a total of 26/1488 (1.75%) shifts triggered 'red'. Of these, 14/837 (1.67%) occurred in the division of Integrated Care and Acute Medicine (ICAM), 6/279 (2.15%) in the Women's, Children and Families (WCF) division and 6/372 (1.61%) 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, 10 to 'late' duty shifts and seven to 'night' duty shifts.

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

➢ Nursing vacancy rates which are reducing as a result of local and overseas recruitment.
➢ Continued demand for staff to provide 1:1 care for our vulnerable patients.
➢ Unusually high number of high dependency patients on the general wards.

5.0 Conclusion

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

Fill rate data - summary
October 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				
31,765 hours	33,790 hours	8,849 hours	12,098 hours	24,802 hours	26,304 hours	6,106 hours	7,542 hours	106.4%	136.7%	106.1%	123.5%

			October - SHIFT DATA							
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
ICAM		Meyrick	93	1	1	0	2	2.15		Staffing sufficient, vacancies or sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
		Cloudesley	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
	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	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
	Respiratory	Nightingale	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
	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	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
	MAU	MSN	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
	Emergency	ED	93	1	1	0	2	2.15		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	5	6	3	14	1.67		
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	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
	Ortho (planned)	Thorogood	93	1	1	0	2	2.15		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	3	3	0	6	1.61		
WCF	Paediatrics	IFOR	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
	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	4	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
		TOTAL	279	1	1	4	6	2.15		
		TRUST TOTAL	1,488	9	10	7	26	1.75		