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Whittington Health NHS

Whittington Health Trust Board

4th March 2015

Title:	Safe Staffing (Nursing and Midwifery)				
Agenda item:	**15/044**		**Paper**		**11**
Action requested:	For information				
Executive Summary:	This paper summarises the safe staffing position for nursing and midwifery on our hospital wards in January 2015. Key issues to note include: • The majority of areas reported greater than 95 per cent 'actual' versus 'planned' staffing levels • A number of areas reported 'actual hours worked' over and above those 'planned' which was attributed in the main to the provision of RMNs/RGN's/HCA's to support patients under a Mental Health Section, patients with increased dependency and 1:1 'specialing' of some of our most vulnerable patients. • In the Emergency Department 14 shifts 'triggered' red in January, 10 of which related paediatric nursing hours. Shifts were supported by moving staff from paediatric in-patient and ambulatory care services.				
Summary of recommendations:	Trust Board members are asked to note the January 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:	February 2015				
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
January 2015

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 January 2015 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.

Staff fill rate information appears on the NHS Choices website www.nhschoices.net. Fill rate data from 1st – 31st January 2015 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.

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. 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 to a safe ratio of permanent versus temporary staff.

Appendix 1 details a summary of fill rates 'actual' versus 'planned' in January 2015. Average fill rate was 103.3% for registered staff and 114% for care staff during the day and 100.4% for registered staff and 125.1% for care staff during the night.

Two wards fell below average fill rates for qualified nurses but were managed safely using newly qualified nurses who were waiting for their Nursing and Midwifery Council (NMC) personal identification number (PIN) working as HCAs and by moving staff from other green ragged rated areas. Above average fill rate occurred on one ward where an additional RMN nurse was required to care for patients subject to a Mental Health Section. Above average fill rates in excess of 100% for HCA's continues on wards where vulnerable patients require 1:1 care. On wards where one HCA is planned, provision of an additional HCA raises the percentage to 200% for that shift.

In the first week of August 2014 the number of HCA 'specials' used for patients on our wards was 162. In January 2015 between 14 and 36 HCA 'specials' were required, under a

quarter of the number in August. The number of RMN 'specials' required to care for patients under a mental health section continues at a rate of between 15 and 30 shifts per week.

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 January can be seen in Appendix 3. In summary, in January a total of 40/1488 (2.69%) shifts triggered 'red' which is fractionally higher than previous months but continues to be low. Of these, 22/837 (2.63%) occurred in the division of Integrated Care and Acute Medicine (ICAM), 2/279 (0.72%) in the Women's, Children and Families (WCF) division and 16/372 (4.3%) shifts were reported to have triggered 'red' in the division of Surgery, Cancer and Diagnostics (SCD).

Out of the 22 shifts which triggered red in ICAM, 10 were in the paediatric emergency department due to paediatric nursing vacancies. ICAM covered rotas with support from paediatric in-patient and ambulatory care services. Additional paediatric nurses have been recruited and are in the recruitment process.

Of all shifts that initially triggered 'red', 14 were related to 'early' duty shifts, 12 to 'late' duty shifts and 14 to 'night' duty shifts.

The challenges of ensuring adequate staffing levels on wards during January can be attributed to the following:
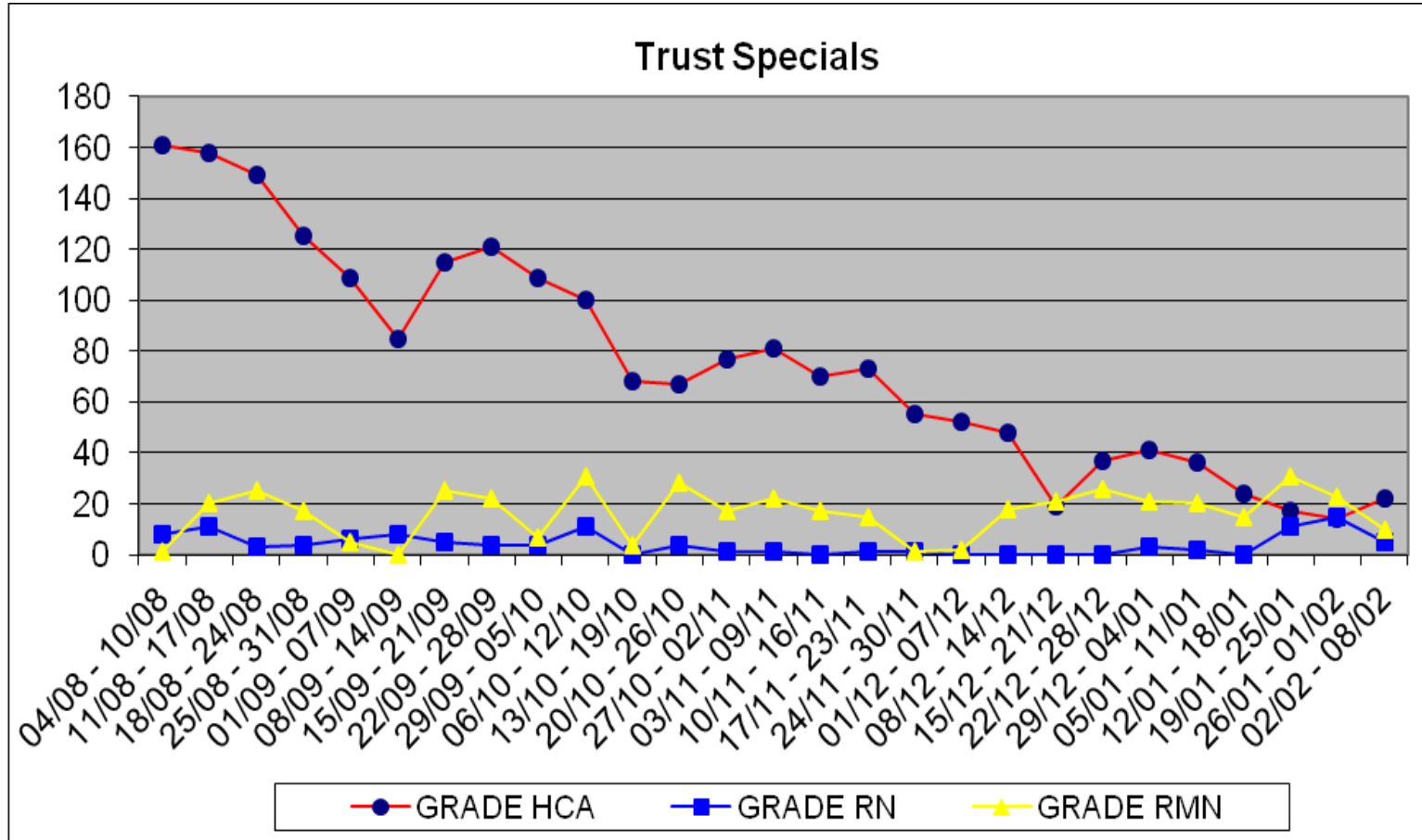> ➢ Nursing vacancy rates in the Paediatric Emergency Department which are reducing as a result of local and overseas recruitment.
> ➢ Patients requiring 1:1 care by an RMN.
> ➢ Continued demand for staff to provide 1:1 care for our vulnerable patients, particularly on three wards.

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

Fill rate data - summary
January 2015

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				
34,282 hours	29,057 hours	10,424 hours	11,887 hours	28,450 hours	28,572 hours	6,566 hours	8,211 hours	103.3%	114%	100.4%	125.1%

Trust Specials

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
								January – SHIFT DATA		
ICAM	Elderly Care	Meyrick	93	1	0	0	1	1.07	(Green)	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	0	0	0	0	0	(Green)	Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
		Cavell	93	0	0	0	0	0	(Green)	Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
		Bridges	93	1	1	1	3	3.23	(Green)	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	(Green)	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	(Green)	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	2	0	2	2.15	(Green)	Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
	MAU	MSS	93	0	0	0	0	0	(Green)	Staffing sufficient, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
		MSN	93	0	0	0	0	0	(Green)	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	4	0	10	14	15.05	(Orange)	Staffing levels proved challenging, vacancies and sickness covered by bank or agency nurses or staff moved to provide cover to ensure patient safety not affected
		TOTAL	837	6	3	13	22	2.63		
SCD	ITU	ITU	93	2	2	0	4	4.3	(Green)	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	4	4	0	8	8.6	(Orange)	Staffing levels proved challenging, 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	1	1	0	2	2.15	(Green)	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	(Green)	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	8	8	0	16	4.3		
WCF	Paediatrics	IFOR	93	0	0	0	0	0	(Green)	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	(Green)	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	0	2	2.15	(Green)	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	0	2	0.72		
	TRUST TOTAL		1,488	15	12	13	40	2.69		