Whittington Health NHS

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Whittington Health Trust Board

April 2017

Title:	Safe Staffing - Nursing and Midwifery – March data		
Agenda item:	**17/064**	**Paper**	**04**
Action requested:	For information		
Executive Summary:	This paper summarises the safe staffing position for nursing and midwifery on our hospital wards in March 2017. Key issues to note include: 1. An increased fill rate for Registered Nurses displayed in the UNIFY report 2. Reduced use of shift requests to provide enhanced care to support vulnerable patients March (137) vs February (142) 3. No red shifts were reported in March 4. The number of RMN used to provide enhanced care for patients with a mental health conditions was higher in March (47) compared to February (43). 5. CHPPD measure during the month was increased from (8.76) in March compared to (8.46) on February 6. The continued use of agency and bank staff to support safe staffing. 7. There were no Datix reports in March highlighting staffing as an issue which were defined as “Patient Harm”		
Summary of recommendations:	Trust Board members are asked to note the March 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:	March 2017		

Author name and title:		**Sandra Harding-Brown** **Clinical Workforce Systems Lead (Healthroster)**		**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?**	

Ward Staffing Levels – Nursing and Midwifery

1.0 Purpose

1.1 To provide the Trust Board with assurance with regard to the management of safe nursing and midwifery staffing levels for the month of March 2017.

1.2 To provide context for the Trust Board on the UNIFY safe staffing submission for the month of March 2017.

1.3 To provide assurance of the constant review of nursing/midwifery resource using Healthroster.

2.0 Background

2.1 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.

2.2 Staffing levels are viewed alongside reported outcome measures, patient acuity, '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.

2.3 The electronic HealthRoster (Allocate) with its 'SafeCare' module is utilised across all inpatient wards. The data extracted, provides information relating to the dependency and acuity of patients. This, in addition to professional judgement is used to manage ward staffing levels on a number of occasions on a daily basis.

2.4 Care Hours per Patient Day (CHPPD) is an additional parameter to manage the safe level of care provided to all inpatients. This measure uses patient count on each ward at midnight (23.59hrs). CHPPD is calculated using the actual hours worked (split by registered nurses/midwives and healthcare support workers) divided by the number of patients at midnight (for February data by ward please see Appendix 1).

2.3 Staff fill rate information appears on the NHS Choices website www.nhschoices.net. Fill rate data from 1st – 31st March 2017 for Whittington Hospital was 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 able to see how hospitals are performing on this indicator on the NHS Choices website.

2.4 Summary of Staffing Parameters

Standard	Measure	Summary
Patient safety is delivered though consistent, appropriate staffing levels for the service.	Unify RN fill rate	Day – 88.4% Night – 93.2%
	Care hours per Patient Day - CHPPD	Overall the CHPPD for March was 8.78 which is lower than last month, the RN delivered care continues to be consistent
Staff are supported in their decision making by effective reporting.	No Red triggered shifts	No shifts triggered 'Red' in March 2017 this was less than February

3.0 Fill rate indicator return

3.1 The 'actual' number of staffing hours planned is taken directly from our nurse roster system (Allocate). On occasions when there was a deficit in 'planned' hours versus 'actual' hours, and additional staff were required, staff were reallocated to ensure safe staffing levels across our organisation. Staff are also reallocated to ensure wards/areas are staffed to a safe ratio of permanent to temporary staff.

3.2 Appendix 1 details a summary of fill rates 'actual' versus 'planned'. The average fill rate was 88.4% for registered staff and 115.2% for care staff during the day and 93.2% for registered staff and 122.3% for care staff during the night.

3.3 On the day shift, 9 wards reported below 90% fill rates for qualified nurses. Seventeen wards had above 100% fill rate for unqualified nurse and Eight wards had above 100% fill rate for qualified nurses.

3.4 The UNIFY report show some wards with unusually high percentage fill rates; for example, Mary Seacole North and South at above 200% for HCAs. In these areas Band 4 Assistant Practitioners have been appointed as HCAs thereby increasing the HCA workforce on the wards. Where the percentages are low for Registered Nurses they are correspondingly high for Healthcare Assistants and vice versa. This is a professional decision which is taken by the Matron depending on the needs of the specific patient group.

It must be remembered if the establishment of the ward for HCAs is 1 wte and two staff work then this represents a 100% increase.

Day		Night	
Average fill rate registered Nurses /Midwives	Average fill rate Care Staff	Average fill rate registered Nurses/Midwives	Average fill rate Care Staff
88.4%	**115.2%**	**93.2%**	**122.3%**

4.0 Additional Staff to provide 1:1 enhanced care

4.1 When comparing March's total requirement for 1:1 staff to provide enhanced care with previous month, the figures demonstrate a decrease in the number of shifts required (Appendix 2). March saw 137 requests for 1:1 enhanced care provision compared to 142 requests in February. The requests made for this level of care were to ensure the safe management of particularly vulnerable groups of patients.

4.2 The number of RMN staff booked for shifts to provide enhanced care for patients with a mental health condition was higher in March (47) compared to February (43). All requests for registered mental health nurses are validated by the Heads of Nursing and a clinical assessment made as to the therapeutic need. These requests may then be downgraded to provide an HCA rather than an RMN.

4.2 There continues to be a high level of need for provision of enhanced care for patients with mental health conditions and for caring for patients who require constant supervision to prevent falls.

5.0 'Real Time' management of staffing levels to mitigate risk

5.1 Safe staffing levels are reviewed and managed three times daily. 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 all areas are made safe. Matrons and Heads of Nursing review staffing levels again at 13.00 and 17.00 to ensure levels remain safe.

5.2 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 and are managed in conjunction with patient dependency and acuity. The matron will be alerted, and take appropriate action. 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.

5.3 Red Shifts

During March no shifts triggered red.

Month	% shifts triggering red in month	Actual number of red shifts
March	0	0
February	0	0
January	0.2	3

5.4 Wards triggering red shift

	Initial Red Shifts				
Wards	Early	Late	Night	Number of shifts where staffing initially fell below agreed levels	% of shifts where staffing fell below agreed levels and triggered a red rating

5.5 Summary of factors affecting red triggering shifts

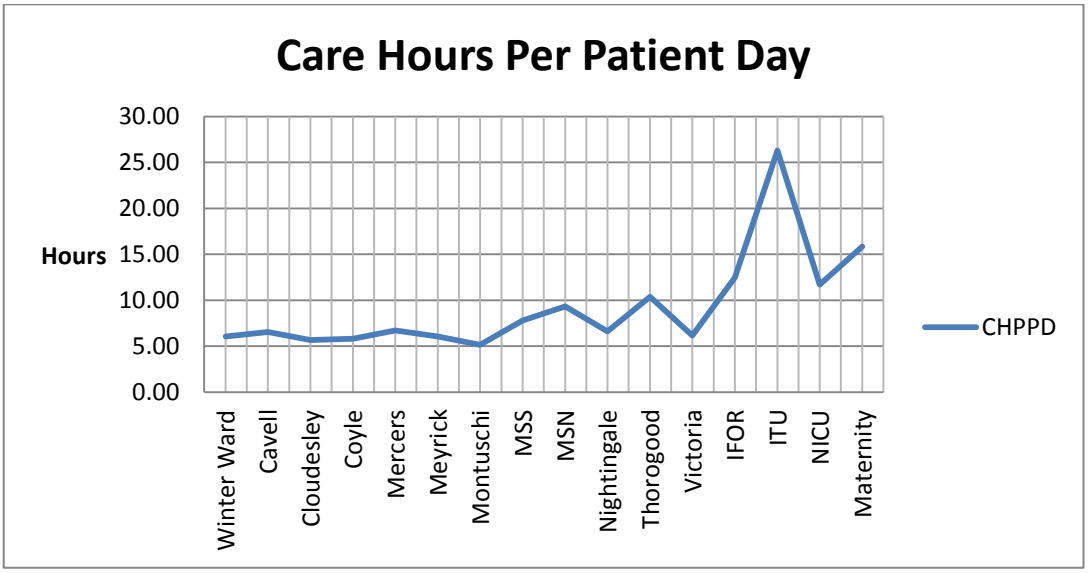
a. Temporary staffing fill
b. Vacancy rate – Nurse Vacancy rate at ward level remains high and continues to impact on temporary staffing requirement.
c. 1:1 care requirement
d. Additional beds opened to increase bed base capacity

6.0 Reported Incidents of Reduced Staffing (Datix Reports)

6.1 Staff are encouraged to report using the Datix system any incident they believe may affect safe patient care. During March there were 12 Datix reports submitted relating to staffing, none of these incidences related to injury, harm or adverse outcome.

7.0 Care Hours per Patient Day (CHPPD)

7.1 Care hours per patient day is calculated using the patient count on each ward at midnight (23.59hrs). CHPPD is calculated taking the actual hours worked (split by registered nurses/midwives and healthcare support workers) divided by the number of patients at midnight. The graph below shows the average individual care hours per patient for each clinical area. ITU have the most care hours (26.31) and Montuschi ward have the least (5.16).



7.2 The average number of hours of Registered Nurse time spent with patients was calculated at 6.27 hours and 2.51 hours for care staff. This provides an overall average of 8.78 hours of care per patient day.

	CHPPD
Registered Nurse	**6.27**
Care Staff	**2.51**
Overall hours	**8.78**

7.3 The total care hours per patient day is one of the metrics used on a daily basis by the Senior Nursing Team to monitor the level of nursing man hours required to delivery care on our inpatient wards.

7.4 The new SaferCare module of the Healthroster system provides an estimate of the total time required to provide the necessary care using the acuity and dependency of patients and calculates the available nursing time.

7.5 The data from CHPPD indicates the total amount of care hours delivered to patients over the last four months has remained similar. Each ward maintained a high level of care delivery when comparing the total registered nurses hours available.

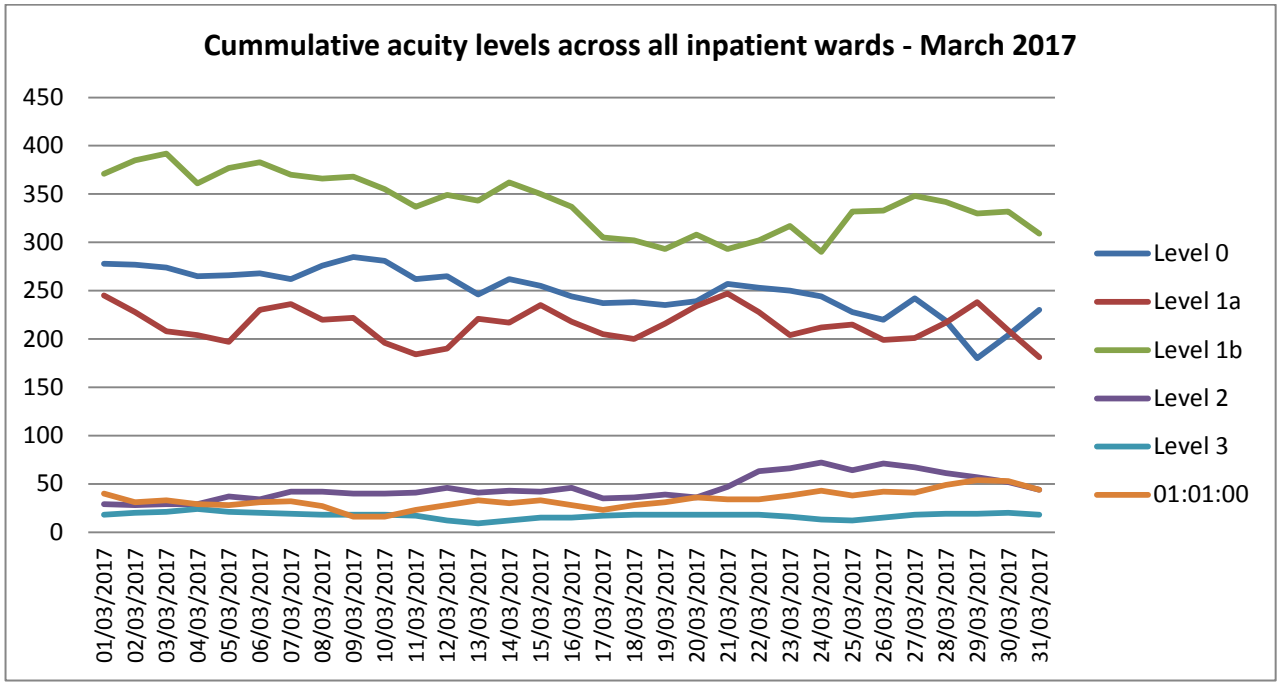
7.6 The table below shows the CHPPD hours for each in patient ward over the last four months and indicates the level of need remained stable overall. There is a slight increase in hours of care delivered in March compared to February.

Ward Name	March	Feb	Jan	Dec
Bridges				
Winter Ward	6.05	5.97	5.66	5.51
Cavell	6.55	6.70	5.95	7.00
Cloudesley	5.68	5.59	5.39	5.57
Coyle	5.82	6.04	5.96	5.90
Mercers	6.72	6.54	6.81	7.13
Meyrick	6.05	5.82	5.51	6.20
Montuschi	5.16	5.94	6.13	6.31
MSS	7.79	7.02	6.81	7.10
MSN	9.32	9.17	8.39	8.98
Nightingale	6.63	6.02	6.25	5.93
Thorogood	10.36	7.93	6.67	7.09
Victoria	6.17	6.03	5.80	6.45
IFOR	12.45	12.97	12.85	11.09
ITU	26.31	25.36	26.82	26.71
NICU	11.70	11.33	11.30	11.41
Maternity	15.84	13.84	15.87	15.53
Total	8.78	8.46	8.54	8.76

8.0 Patient Acuity

8.1 The acuity of patients is dependent on their care requirements. Those patients requiring a low level of care are assigned level 0 and those requiring intensive care are assigned level 3. The trust is experiencing a high number of patients with levels of acuity at level 1b. This level indicates a patient is requiring a high level of nursing support. Many patients required total support with their activities of daily living which would include washing, toileting and feeding. These patients require two staff to care for their daily needs.

8.2 The graph below demonstrates the level of acuity across inpatient wards in March. As expected, there are a low number of level 3 patients and a high number of level 0 patients. The number of level 1b patients remains high. This increased number of dependant patients requires a greater nursing support.



9.0 Temporary Staff Utilisation

9.1 Temporary staff utilisation (nursing and midwifery) is monitored daily by the Deputy Director of Nursing. All requests for temporary staff (agency) are reviewed by the Head of Nursing/Midwifery. A further review and final authorisation is then made by the Deputy Director of Nursing.

9.2 Monitoring the request for temporary staff in this way serves two purposes:

a) The system in place allows for the most appropriate use of high cost temporary agency staff across the organisation and provides a positive challenge mechanism for all requests.

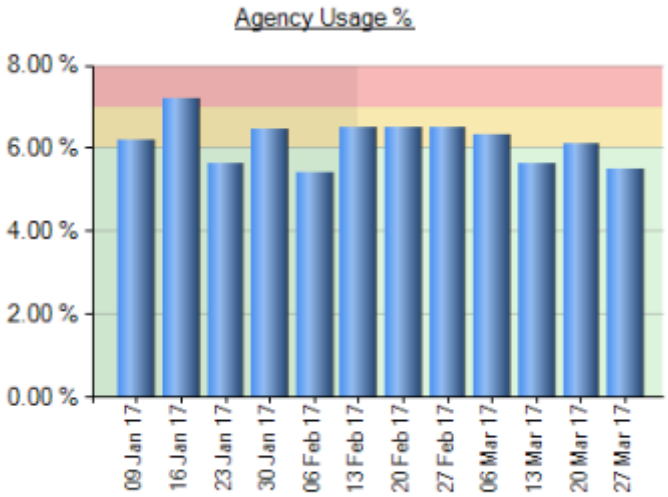
b) The process allows for an overview of the total number of temporary staff (agency) used in different clinical ward areas and provides a monitoring mechanism for the delivery of safe quality care.

10.0 Agency Usage Inpatient Wards (month ending March)

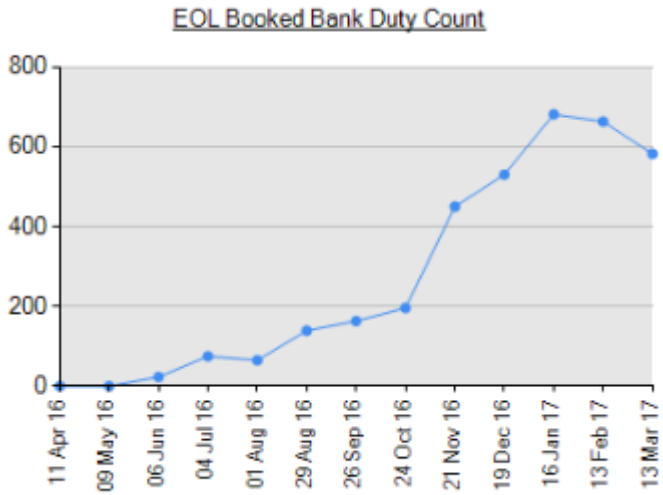
10.1 The utilisation of agency staff across all inpatient wards is monitored using the Healthroster system. The bar chart below graphically represents total usage of agency staff on inpatient wards month ending March (this is cumulative data captured from roster performance reports).

10.2 A key performance indicator (KPI) of less than 6% agency usage (agency shifts compared to total shifts assigned) was set to coincide with the NHS England agency cap. The percentage continues to fluctuate close to the agreed 6% target

The increase in Agency usage during March relates to the opening of additional in-patient beds



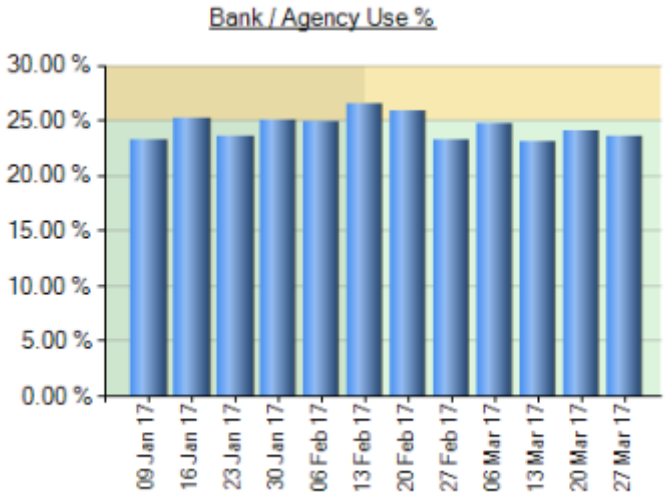
Bank staffs continue to book themselves directly into shifts and this is improving over time. This is however reliant on the wards making these shifts available with sufficient notice.



10.3 Temporary staff usage across the inpatient wards fluctuates depending on nurse vacancies and the need to provide additional support for 1:1 care or additional beds.

10.4 Temporary staffing usage (Bank and Agency) across inpatients wards remains high and

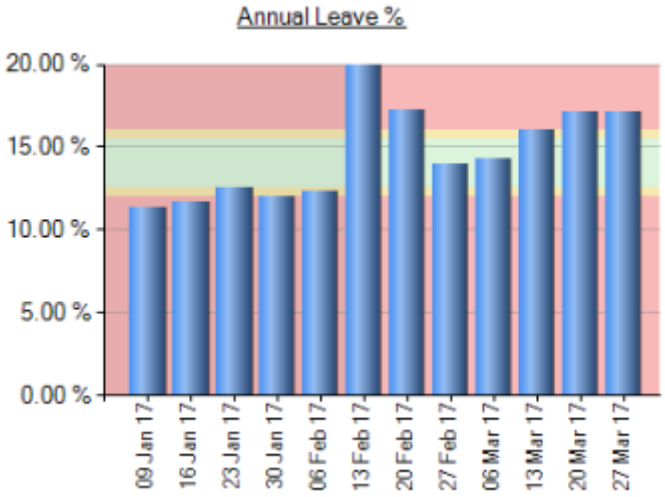
fluctuates between 20 – 24%. Recruitment to reduce the current vacant posts is ongoing.



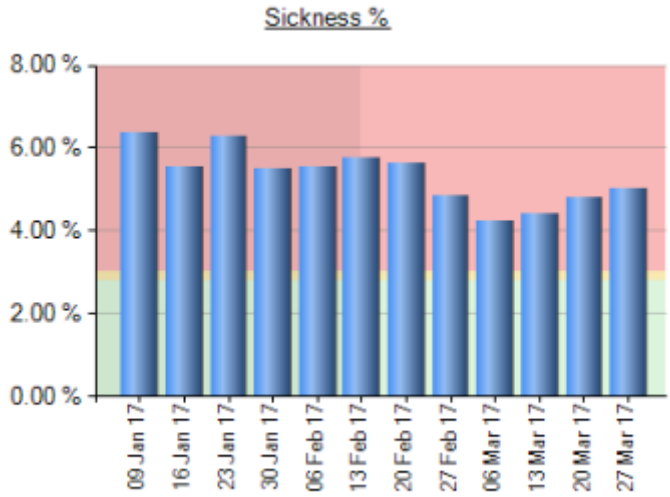
11.0 Managing Staff Resource

11.1 Annual leave taken from March to date varied over the month spanning the set tolerances of 14 -16%. These tolerance levels ensure all staff are allocated leave appropriately and an even distribution of staff are available throughout the year.

11.2 Heads of Nursing are aware of the need to remind staff to request and take holiday. This was monitored closely over the last couple of months to ensure sufficient staff take annual leave in a more consistent way by year end. The action for 2017/18 will be to monitor this more proactively



11.3 Sick leave reported in March was above the set parameter of less than 3%. Heads of Nursing ensure all individuals reporting back from sick leave undergo a sickness review. Work is underway with the HR Business Partners to review the sickness more regularly.



12.0 Conclusion

12.1 Trust Board members are asked to note the work currently being undertaken to proactively manage the nursing/midwifery resource across the ICO and the March UNIFY return position

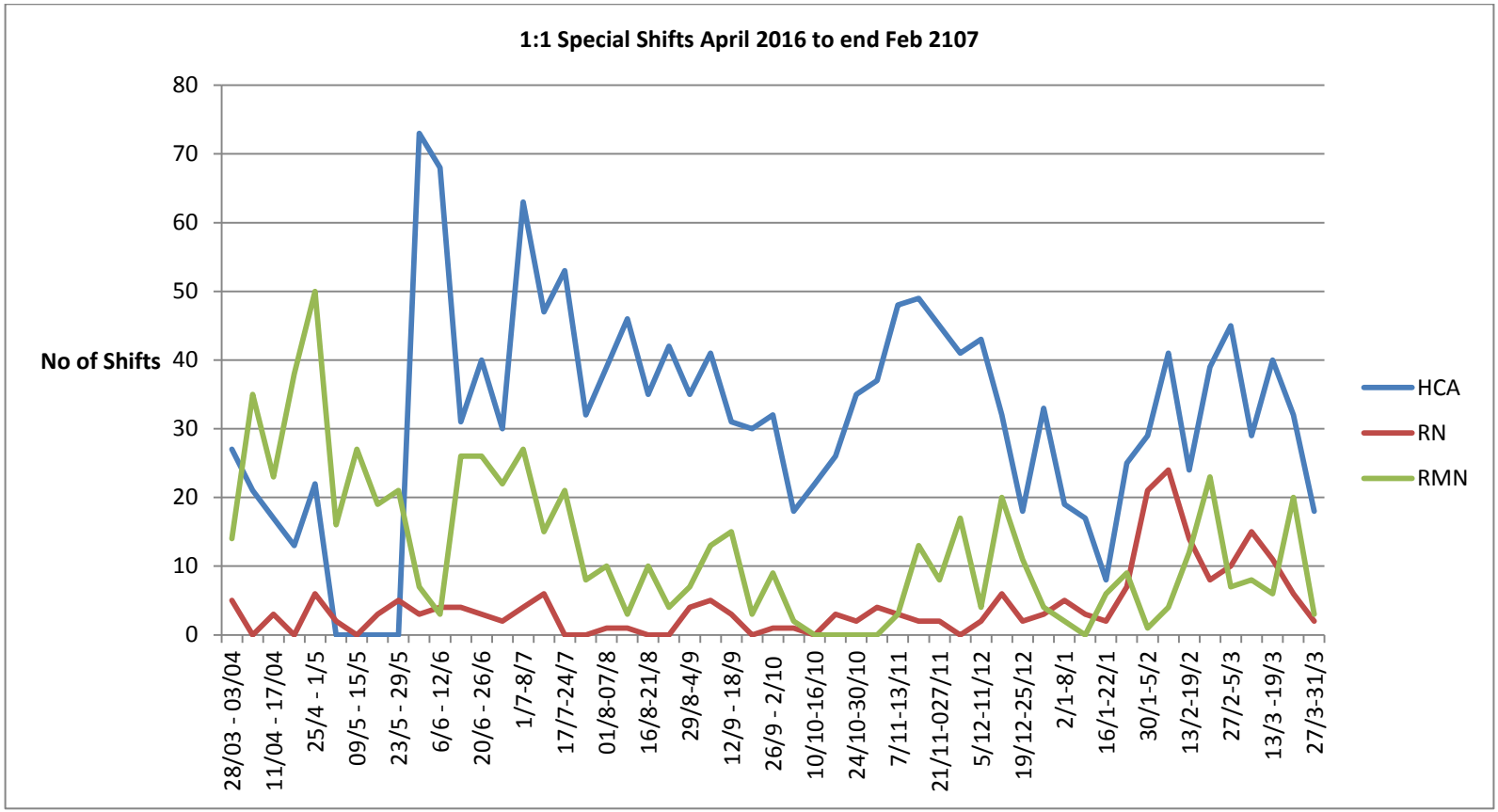
Updated tables

Fill rate data - summary
March 2017

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 (hrs)	Actual (hrs)	Planned (hrs)	Actual (hrs)	Planned (hrs)	Actual (hrs)	Planned (hrs)	Actual (hrs)	**88.4%**	**115.2%**	**93.2%**	**122.3%**
35333	**31250**	**11456**	**13192**	**29107**	**27137**	**8359**	**10224**				

Care Hours per Patient Day
March 2017

Total Patients at Midnight/Month	CHPPD Registered staff	CHPPD Unregistered staff	Average CHPPD (all staff)
9317	**6.27**	**2.51**	**8.78**


1:1 Special Shifts April 2016 to end Feb 2107
No of Shifts
80
70
60
50
40
30
20
10
0
28/03 - 03/04
11/04 - 17/04
25/4 - 1/5
09/5 - 15/5
23/5 - 29/5
6/6 - 12/6
20/6 - 26/6
1/7-8/7
17/7-24/7
01/8-07/8
16/8-21/8
29/8-4/9
12/9 - 18/9
26/9 - 2/10
10/10-16/10
24/10-30/10
7/11-13/11
21/11-027/11
5/12-11/12
19/12-25/12
2/1-8/1
16/1-22/1
30/1-5/2
13/2-19/2
27/2-5/3
13/3 -19/3
27/3-31/3
HCA
RN
RMN

Appendix 3

Average fill rate for Registered and Unregistered staff day and night

	Day		Night	
	Nurses	Care Staff	Nurses	Care Staff
Ward Name	%	%	%	
Winter Ward	87.5%	95.6%	90.6%	107.0%
Cavell	92.0%	94.7%	99.3%	96.1%
Cloudesley	78.3%	114.5%	108.4%	112.4%
Coyle	87.5%	97.0%	91.2%	96.4%
Mercers	76.6%	102.4%	97.3%	97.5%
Meyrick	82.3%	127.5%	109.2%	132.3%
Montuschi	78.7%	173.6%	105.2%	
MSS	62.1%	212.2%	71.2%	228.3%
MSN	72.5%	136.1%	92.2%	234.2%
Nightingale	109.5%	83.9%	96.8%	98.4%
Thorogood	121.4%	119.4%	117.0%	
Victoria	99.6%	79.2%	81.1%	103.9%
IFOR	93.5%	100.0%	96.8%	100.0%
ITU	100.0%		100.0%	
NICU	79.3%		81.5%	
Maternity	94.7%	147.4%	92.1%	115.9%
Total	88.4%	115.2%	93.2%	122.3%