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| **Safer Nurse Staffing – January and February 2018** |

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| For approval: |  | For assurance: | *√* | To note: |  |

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| **Accountable Director** | Vicky Morris- CNO |
| **Presented by** | Jackie Edwards- Deputy Director of Nursing | **Author**  | Sarah Needham – Associate Director of Nursing  |
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| **Alignment to the Trust’s strategic priorities** |
| Deliver safe, high quality, compassionate patient care | *√* | Design healthcare around the needs of our patients, with our partners | *√* | Invest and realise the full potential of our staff to provide compassionate and personalised care | *√* |
| Ensure the Trust is financially viable and makes the best use of resources for our patients |  | Develop and sustain our business | *√* |  |  |
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| **Alignment to the Single Oversight Framework** |
| Leadership and Improvement Capability |  | Operational Performance | *√* | Quality of Care | *√* |
| Finance and use of resources |  | Strategic Change |  | Stakeholders |  |

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| **Report previously reviewed by**  |
| Committee/Group | Date | Outcome |
| People and Culture | 23/03/18 | Reported noted – limited assurance |
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| **Assurance**: *Does this report provide assurance in respect of the Board Assurance Framework strategic risks?*  | Y  | BAF number(s) |  |
| **Significant assurance***High level of confidence in delivery of existing mechanisms/objectives* |[ ]  **Moderate assurance** *General confidence in delivery of existing mechanisms /objectives* |[ ]  **Limited assurance***Some confidence in delivery of existing mechanisms /objectives* |[x]  **No assurance***No confidence in delivery* |[ ]
|  |
| Recommendations | The board is requested to: note the data for January and February 2018 regarding levels of nursing and midwifery staffing across the 42 inpatient ward areas of the Trust.Note for assurance the mitigations put into place to ensure patients’ care needs are met. |

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| Executive Summary |
| This paper provides an account of nursing and midwifery staffing levels on inpatient ward areas for January and February 2018, the average fill rate per ward and the care hours per patient per day. This data is triangulated with incident reports from staff that highlight potential patient harm caused to patients as a result of staffing levels which fall below the safer staffing establishment template. * The safer staffing App continues to provide a clear audit trail to enable a review of comments and narrative related to actions taken to mitigate the staffing levels.
* Escalation of staffing levels and risks where staffing levels fall below 80% takes place through to the Divisional Nurse Directors (DDN), in turn to Chief Nursing Officer. Senior Nurses review staffing levels which fall below the safe staffing establishment for the shift by reviewing the acuity and dependency scoring and utilising professional judgement in terms of what the safe staffing requirement and skill mix is for that shift and take action to address the staffing gap.

**Headlines from January safer staffing data*** The Trust had 84 red flag shifts, which is 2% of our total shifts for the Trust. This was an increase from 1.4 % from December data. A number of these shifts have been recorded by staff as being related to sickness and opening additional bed areas which were required to meet extreme capacity surges the Trust experienced.
* Of the 84 red flag shifts only 31 incident reports were submitted, 30 reported minor harm (examples include late medications, delays in documentation etc, and 1 with no harm. A red flag shift occurs whereby staffing (which includes bank/agency staff) falls below 80% and DDNs and Matrons have not been able to add additional staff to increase the overall staffing levels. The Trusts Standard Operational Policy for Safer Staffing outlines the escalation process and is available on request.
* Escalations as required and mitigations were recorded to ensure assessment of patient acuity and patient needs for all of the 84 red flag shifts. The actions captured on the staffing app highlighted that staff from buddy wards were utilised to cover gaps on a shift by shift basis and includes moving our bank and agency staff if and when required.

**Headlines from February safer staffing data*** The Trust had 179 red flag shifts which is 5% of our total shifts for the Trust, where qualified nurse staffing levels were documented as below the ward safer staffing establishment. Of the 179 red flag shifts there were 17 Incident reports. Only 1 incident reported moderate harm due to staffing pressures and overcrowding in ED and long waits for beds, 16 reported minor harm and the remainder were unreported.
* During February, staffing challenges were experienced which were attributed to extreme weather conditions (where staff were unable to get to work) and a significant number of times when additional bed capacity was required to be open due to the extreme capacity surges the Trust experienced.
* Escalation as required and mitigations were put in place to ensure assessment of patient acuity and patient needs on the 179 red flag shifts occurred. The actions captured on the staffing app highlighted that staff from buddy wards were utilised to cover gaps on a shift by shift basis.
* The escalation areas which required staffing, over and above ward establishments needed daily coordination to ensure staffing met the requirements. Daily quality audits were put in place for all these additional inpatient areas to ensure adequate scrutiny and assurances given the constraint on staffing. Therefore all senior nurses were asked to undertake a Quality audit for each patient in these areas as well as engaging with staff, patients and relatives to understand the impact on their experience.
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| Background |
| Following the Francis Report (2014), all NHS Trusts are required to submit monthly data, detailing ward nursing and midwifery staffing fill rates against a benchmark of 80% fill rate. This information is required to be presented to a Board Committee and published on the Trust website. The integrated score card (See Appendix 1) reports the January and February 2018 data. This data has also been reported in March 2017 to the People and culture committee.The staffing level fill rates are RAG rated as Green above 90%, Amber 80-89% and Red 79% and below.  |
| Issues and options |
| Assurance can be provided that overall staffing levels across the Trust for the months of February and January 18 were above the national requirement of 80%, however, some areas reported staff levels below 80% as referenced below and highlighted in appendix 2.**January data*** The average fill rate of planned hours for registered nurses and midwives were below the national requirement of 80% for some areas

The ward areas which did not achieve an overall fill rate of above 80% for the month of January were:* AGH; Wards 2,5,11,16 and 18 and Critical care.
* Worcester site- Gynaecology and Lavender Suite.

Although only 2% of the wards were declared as red flag shifts.* Trust wide fill rate for day shifts was 95.15%, and nights were 93.59% and non-registered nurses for days 118.10% with nights at 93.59%.
* The Safer Staffing App was further improved in month by;
* Adding a RAG rating dot which highlights whether acuity data has been completed.
* Adding the detail of the ward acuity to the front page so that it is easier for senior nursing staff to determine where staffing can be flexed if required.
* One to one meetings with ward managers has taken place when requested to support them in the completion and utilisation of the app.

**Registered Nurse (RN)/Health care Assistant (HCA) fill rates for days and nights – Overall Trust position (inpatient)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RN day** | **RN night** | **HCA day** | **HCA night** | **Red flag shifts** | **Trust Staff % fill** |
| **95.15 %** | **93.59%** | **118.10%** | **93.59%** | **84 (2% of shifts)** | **86.33%** |

**February data*** The average fill rate of planned hours for registered nurses and midwives is above the national requirement of 80%. Day shifts were 93.66%, and nights were 94.89% and non-registered nurses for days 91.99% with nights at 182.82%.

**Registered Nurse (RN)/Health care Assistant (HCA) fill rates for days and nights – Overall Trust position (inpatient)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RN day** | **RN night** | **HCA day** | **HCA night** | **Red flag shifts** | **Trust Staff % fill** |
| **93.66 %** | **94.89%** | **91.99%** | **182.82%** | **179 (5%)** | **85.10%** |

The table above demonstrates that the average of staffing across the Trust in the month of February is above 90%. Of note is that our HCA workforce is reporting as above 100% due to fact that band 4 nursing associate/practitioners do not report in to our qualified workforce and HCA’s are utilised to backfill qualified staffing gaps. Our nursing associates/ practitioners support our qualified workforce in assessment, intervention and evaluation of patient care.Although the above overall safer staffing data is above the 80 % staffing requirement across the Trust. We recognise that there are hot spot areas which needed additional support by:* Moving staff from other areas to fill the staffing gaps,
* Redeploying bank/agency staff from other areas to ensure the site is safe.
* Matrons/ ward managers/ corporate nursing staff working clinically

It is also acknowledged that moving staff who are already stretched to support other areas is impacting on:* Staff morale as staff are physically tired.
* Potential impact on patient care due to inconsistency of staff on shift.
* Potential impact on fill rates for bank/agency shifts as they don’t like to be moved from their booked areas.

Significant work is underway to support staff with a range of work streams in progress, these being:* Recruitment and retention (NHSI supported work stream) action plans,
* Introduction of ‘allocate’ soft wear to provide ,
* International nurse assessment and training packages,
* development of simulation laboratory at Kidderminster,
* Second cohort of Associate nurses.
* ACP fast-track programme (NHSI supported work stream)
* We have also begun work with University on development of a programme of step back into clinical practice following retirement.
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| Recommendations |
| The board is requested to: note the data for January and February 2018 regarding levels of nursing and midwifery staffing across the 42 inpatient ward areas of the Trust.Note for assurance the mitigations put into place to ensure patients’ care needs are met. |
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| Appendices 1 – terminology used2 – Jan/Feb data |

**Appendix 1**

**Terminology and explanatory terms**

**Shifts and Hours**

* Early - 6 Hours
* Late - 6 Hours
* Night - 12 Hours
* Long Day (Early Without a Late) - 12 hours

**Total Planned Hours** - The amount of Planned Staff multiplied by shift hours

Note: See **Shifts and Hours** above.

**Total Actual Hours** - The amount of actual staff multiplied by shift hours

Note: See **Shifts and Hours** above.

**Avg Fill Rate %** - Percentage of the shift hours fill rate.

(Total Planned Hours / Total Actual Hours) \* 100

Note: If a shift does not have any planned staff for that shift the number is defaulted to 1.

For Example: Ward A has 0 planned HCAs. If Ward A has covered a night shift with a HCA this will show up as 1200% because the default number is 1 hour but the night shift is 12 hours long.

**Avg Care Hours Per Day** - AVG Actual RN Hours + AVG Actual HCA Hours

AVG = Sum of the actual staff hours / Day Range input above.

**Avg Care Hours Per Patient Per Day** - AVG Care Hours Per Day / Number of Available Beds

**Unsafe Shifts** - Amount of unsafe shifts during the time period input above.

**% Trust Staff** - Percentage of staff that were trust staff and not bank.

**Data Collection Method** - This data is being collected by staff on the wards and manually inputted into the safer staffing application. If there is data missing this may be due to the shift not being filled by the ward staff.

**Appendix 2**

**January 18 Data**

Please note that we had some data quality issues regarding the average care hours per patient per day, which were resolved for February reporting.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Site | Division | Ward | Avg Registered Nurse Day Fill Rate % | Avg Care Staff Day Fill Rate % | Avg Registered Nurse Night Fill Rate % | Avg Care Staff Night Fill Rate % | Avg Care Hours Per Day | Avg Care Hours Per Patient Per Day |
| AGH  |   |   | 93.35 | 298.08 | 91.80 | 1111.64 | 123.47 |   |
| Medicine |   | 97.06 | 414.61 | 92.17 | 1886.19 | 117.27 |   |
| Alex Discharge | 95.45 | 100 |   |   | 23 | NO BED DATA |
| Coronary Care | 99.19 | 3600 | 93.55 | 3600 | 47 | 11.75 |
| Emergency Department | 89.37 | 179.03 | 92.17 | 10800 | 192 | NO BED DATA |
| MAU | 97.31 | 90.32 | 102.15 | 96.77 | 277 | 7.91 |
| Triage/AEC | 159.52 | 0 |   |   | 25 | NO BED DATA |
| Ward 12 | 88.71 | 96.37 | 97.85 | 105.65 | 173 | 6.18 |
| Ward 14 | 102.69 | 104.84 | 100 | 112.9 | 124 | 6.53 |
| Ward 2 | 94.09 | 95.16 | 67.74 | 143.55 | 125 | 5.68 |
| Ward 5 | 82.58 | 100.54 | 77.42 | 125.81 | 161 | 7.32 |
| Ward 6 | 83.33 | 114.19 | 106.45 | 104.84 | 114 | 5.18 |
| SCSD |   | 90.86 | 54.84 | 89.78 | 00.00 | 135.00 |   |
| Critical Care | 90.86 | 54.84 | 89.78 | 0 | 135 | 16.88 |
| Surgical |   | 85.69 | 90.36 | 91.61 | 94.68 | 134.80 |   |
| Ward 10 | 92.47 | 98.39 | 96.77 | 100 | 115 | 5.48 |
| Ward 11 | 72.9 | 85.48 | 100 | 100 | 132 | 6.00 |
| Ward 16 | 77.42 | 75.12 | 67.74 | 75.81 | 110 | 3.93 |
| Ward 17 | 106.45 | 95.56 | 100 | 95.97 | 178 | 6.36 |
| Ward 18 | 79.21 | 97.24 | 93.55 | 101.61 | 139 | 4.96 |
| KTC |   |   | 106.45 | 125.81 | 101.61 | 28800.00 | 73.00 |   |
| SCSD |   | 106.45 | 125.81 | 101.61 | 28800.00 | 73.00 |   |
| Ward 1 | 106.45 | 125.81 | 101.61 | 28800 | 73 | NO BED DATA |
| WRH |   |   | 98.18 | 150.13 | 95.78 | 93.18 | 156.19 |   |
| Maternity |   | 86.91 | 80.47 | 87.69 | 82.92 | 300.67 |   |
| EGAU/ANW Gynaecology  | 91.13 | 85.48 | 79.03 | 70.97 | 76 | NO BED DATA |
| Lavender Suites | 80.52 | 75.27 | 89.42 | 74.55 | 631 | NO BED DATA |
| Riverbank | 89.07 | 80.65 | 94.62 | 103.23 | 195 | 6.29 |
| Medicine |   | 94.76 | 224.39 | 90.76 | 88.97 | 162.38 |   |
| Acute Stroke Unit | 81.12 | 97.59 | 87.27 | 100.88 | 214 | 7.38 |
| Avon 2 | 100 | 87.1 | 67.74 | 98.39 | 124 | 5.64 |
| Avon 3 | 100 | 86.29 | 73.12 | 108.06 | 128 | 6.40 |
| Avon 4 | 97.85 | 109.68 | 100 | 101.61 | 172 | 7.17 |
| Emergency Department | 92.51 | 97.1 | 94.24 | 100.81 | 419 | NO BED DATA |
| Evergreen | 96.77 | 110.89 | 90.32 | 100 | 167 | 5.96 |
| Laurel 1 | 101.08 | 119.35 | 103.23 | 122.58 | 95 | 5.00 |
| Laurel 2 | 107.26 | 93.55 | 99.19 | 98.39 | 165 | 7.86 |
| Laurel CCU | 93.55 | 1800 | 96.77 | 0 | 90 | 11.25 |
| Medical Assessment Unit | 98.71 | 89.25 | 101.29 | 60.22 | 172 | 7.48 |
| Medical Day Case | 90.32 | 62.37 |   |   | 43 | NO BED DATA |
| Medical Short Stay | 87.74 | 78.41 | 91.04 | 83.19 | 188 | NO BED DATA |
| Silver Assessment Unit | 84.95 | 85.48 | 84.95 | 93.55 | 134 | 6.70 |
| SCSD |   | 86.05 | 55.38 | 82.18 | 51.62 | 166.50 |   |
| Critical Care | 91.45 | 35.48 | 89.35 | 0 | 220 | 22.00 |
| Laurel 3 | 80.65 | 75.27 | 75 | 103.23 | 113 | 7.53 |
| Surgical |   | 109.56 | 87.13 | 108.20 | 111.44 | 96.78 |   |
| Beech A | 100 | 89.25 | 66.67 | 98.39 | 115 | 5.75 |
| Beech B | 152.38 | 111.9 | 142.86 | 242.86 | 84 | 6.46 |
| Beech C | 76.34 | 85.48 | 101.61 | 100 | 105 | 6.18 |
| Beech HDU | 104.03 | 0 | 100 | 0 | 48 | 12.00 |
| Head and Neck | 84.72 | 69.35 | 101.61 | 53.23 | 75 | 6.82 |
| SCDU | 93.55 | 96.77 | 98.39 | 170.97 | 99 | 7.62 |
| Trauma and Orthopaedic A | 124.6 | 153.57 | 135.71 | 147.62 | 100 | 5.88 |
| Trauma and Orthopaedic B | 171.43 | 110.12 | 128.57 | 126.98 | 112 | 5.89 |
| Vascular Unit | 79.03 | 67.74 | 98.39 | 62.9 | 133 | 8.87 |

**February 2018 Data**

|  |  | Day | Night | Care Hours Per Patient Day (CHPPD) |
| --- | --- | --- | --- | --- |
|  Hospital Site Name | Ward Name | Average Fill rate - Registered Nurses/Midwives (%) | Average Fill rate - care Staff (%) | Average Fill rate - Registered Nurses/Midwives (%) | Average Fill rate - care Staff (%) | Cumulative Count Over the month of patients at 23:59 each day | Registered Midwives/ Nurses | Care Staff | Overall |
| WRH | Acute Stroke Unit | 86.9% | 99.2% | 87.2% | 109.6% | 863 | 3.9 | 3.4 | 7.3 |
| WRH | Avon 2 | 90.5% | 89.3% | 78.6% | 107.1% | 615 | 2.8 | 3.1 | 5.9 |
| WRH | Avon 3 | 94.0% | 90.2% | 73.8% | 94.6% | 553 | 3.1 | 3.3 | 6.4 |
| WRH | Avon 4 | 95.8% | 110.7% | 108.9% | 98.2% | 664 | 2.6 | 4.8 | 7.3 |
| WRH | Beech A | 98.2% | 93.5% | 70.2% | 107.1% | 564 | 3.0 | 2.9 | 6.0 |
| WRH | Beech B | 98.8% | 83.8% | 92.5% | 120.0% | 247 | 3.7 | 2.8 | 6.5 |
| WRH | Beech C | 78.0% | 81.5% | 98.2% | 98.2% | 468 | 3.1 | 3.2 | 6.3 |
| AGH | Coronary Care | 100.0% | - | 100.0% | - | 106 | 12.7 | 0.0 | 12.7 |
| AGH | Critical Care | 82.4% | 75.0% | 81.5% | - | 145 | 22.8 | 1.7 | 24.5 |
| WRH | Critical Care | 98.6% | 82.1% | 98.6% | - | 314 | 21.1 | 0.9 | 22.0 |
| WRH | EGAU/ANW Gynaecology | 97.3% | 79.5% | 89.3% | 78.6% | 238 | 5.3 | 4.5 | 9.7 |
| WRH | Evergreen | 75.4% | 90.2% | 66.7% | 120.2% | 726 | 2.3 | 3.3 | 5.7 |
| WRH | Evergreen 2 | 98.1% | 113.8% | 78.3% | 136.7% | 732 | 2.1 | 2.8 | 4.9 |
| WRH | Head and Neck | 86.7% | 80.4% | 98.2% | 66.1% | 298 | 4.4 | 3.3 | 7.8 |
| WRH | Laurel 1 | 100.0% | 128.6% | 100.0% | 128.6% | 523 | 3.2 | 2.1 | 5.3 |
| WRH | Laurel 2 | 99.1% | 95.5% | 95.5% | 100.0% | 593 | 4.4 | 3.3 | 7.7 |
| WRH | Laurel 3 | 75.9% | 75.6% | 75.0% | 100.0% | 410 | 4.9 | 2.7 | 7.6 |
| WRH | Laurel CCU | 96.9% | - | 96.4% | - | 212 | 12.3 | 0.1 | 12.3 |
| WRH | Lavender Suites | 81.9% | 71.0% | 90.6% | 73.4% | 814 | 16.4 | 5.4 | 21.8 |
| AGH | MAU | 104.8% | 97.9% | 109.1% | 95.5% | 949 | 4.0 | 3.7 | 7.7 |
| WRH | Medical Assessment Unit | 97.9% | 97.6% | 90.0% | 76.2% | 644 | 4.9 | 2.7 | 7.6 |
| WRH | Medical Short Stay | 93.6% | 71.3% | 91.7% | 79.0% | 702 | 4.1 | 3.3 | 7.4 |
| WRH | Neonatal TCU | 84.2% | 139.5% | 80.0% | 140.0% | 183 | 1.8 | 3.1 | 5.0 |
| WRH | Neonatal Unit | 126.1% | 133.3% | 144.4% | 155.6% | 392 | 7.5 | 1.6 | 9.0 |
| WRH | Riverbank | 87.5% | 81.3% | 95.2% | 110.7% | 491 | 9.3 | 1.9 | 11.2 |
| WRH | SCDU | 91.7% | 90.2% | 98.2% | 189.3% | 451 | 3.5 | 2.8 | 6.3 |
| WRH | Silver AU | 104.8% | 86.6% | 78.6% | 95.2% | 566 | 3.3 | 3.8 | 7.0 |
| WRH | Surgical High Care Unit | 90.8% | 77.5% | 88.2% | 70.0% | 201 | 8.1 | 1.8 | 9.9 |
| WRH | Trauma and Orthopaedic A | 88.3% | 165.0% | 137.5% | 140.0% | 480 | 2.7 | 3.1 | 5.8 |
| WRH | Trauma and Orthopaedic B | 146.3% | 99.4% | 135.0% | 125.0% | 508 | 2.7 | 3.6 | 6.3 |
| WRH | Vascular Unit | 84.3% | 67.3% | 98.2% | 55.4% | 519 | 5.3 | 2.0 | 7.3 |
| KTC | Ward 1 | 104.5% | 116.1% | 100.0% | - | 172 | 8.0 | 2.4 | 10.4 |
| AGH | Ward 10 | 103.6% | 86.9% | 92.9% | 98.2% | 503 | 3.3 | 3.1 | 6.4 |
| AGH | Ward 11 | 76.8% | 89.7% | 100.0% | 100.0% | 553 | 3.5 | 3.4 | 6.9 |
| AGH | Ward 12 | 100.5% | 119.0% | 132.0% | 122.0% | 857 | 2.8 | 3.4 | 6.2 |
| AGH | Ward 14 | 96.9% | 106.2% | 100.0% | 131.5% | 525 | 3.0 | 3.6 | 6.6 |
| AGH | Ward 16 | 72.3% | 81.1% | 72.6% | 82.1% | 374 | 4.6 | 4.0 | 8.6 |
| AGH | Ward 17 | 96.0% | 104.9% | 101.2% | 102.7% | 757 | 3.1 | 3.7 | 6.7 |
| AGH | Ward 18 | 77.8% | 99.5% | 96.4% | 151.8% | 679 | 3.2 | 3.2 | 6.4 |
| AGH | Ward 2 | 103.6% | 100.0% | 69.0% | 157.1% | 622 | 2.8 | 3.3 | 6.1 |
| AGH | Ward 5 | 86.8% | 95.8% | 82.9% | 125.0% | 607 | 4.7 | 3.0 | 7.7 |
| AGH | Ward 6 | 80.4% | 117.6% | 112.5% | 137.5% | 601 | 2.6 | 3.2 | 5.8 |