

REPORT TO THE TRUST BOARD (Part 1 - Public)
ON 2nd July 2014

Title	Safer Staffing Monthly Report				
Sponsoring Executive Director	Executive Director of Nursing				
Author(s)	Executive Director of Nursing				
Purpose	<p>To provide the Trust Board with the new Safer Staffing monthly report as required by NHS England, with requirements identified by the National Quality Board (NQB)</p> <p>To provide the Trust Board with detailed information of planned nurse staffing and actual nurse staffing for May 2014, to ensure safer staffing is considered by the Board and actions taken as required</p>				
Action required by the Board:	Receive		Approve	X	
Previously considered by (state date):					
Trust Executive Committee			Mental Health Act Scrutiny Committee		
Audit and Corporate Risk Committee			Nominations Committee (Shadow)		
Charitable Funds Committee			Quality & Clinical Performance Committee		
Finance, Investment & Workforce Committee			Remuneration Committee		
Foundation Trust Programme Board					
<i>Please add any other committees below as needed</i>					
Board Seminar	10 th June 2014				
Staff, stakeholder, patient and public engagement:					
The report information has been discussed and reviewed with Matrons and Ward Sisters					
Executive Summary:					
<p>The details of the compliance requirements against the National Quality Board's standards are highlighted in 'How to ensure the right people, with the right skills, are in the right place at the right time' (National Quality Board November 2013) and the recent document 'Hard Truths Commitments regarding the publishing of staffing data' sent to Trust CEOs and Directors of Nursing on 31 March 2014.</p> <p>This report forms one of the compliance requirements, and details actual staffing against planned levels on a shift by shift basis. The report includes an evaluation of the overall position associated mitigating actions and impact on quality of patient care.</p> <p>A local RAG rating has been developed and applied to the data to enable the Trust to work to address shortfalls where identified. In addition clinical indicators are reviewed to triangulate staffing information to clinical outcomes.</p> <p>The Executive Director of Nursing & Workforce has sought assurance where data indicates shortfalls and actions are in place to review these areas.</p> <p>The processes for reviewing and triangulating data is in place in the Directorates and there is ongoing work following this first report improve assurance to the Board.</p>					
<i>For following sections – please indicate as appropriate:</i>					
Trust Goal (see key)	Quality				
Critical Success Factors (see key)	CSF1 CSF2 CSF 9				
Principal Risks (please enter applicable BAF references – eg 1.1; 1.6)					
Assurance Level (shown on BAF)	Red		Amber		Green
Legal implications, regulatory and consultation requirements	The report meets new requirements identified by NHS England				
Date: 24 TH June 2014	Completed by: Executive Director of Nursing				

**Isle of Wight NHS Trust Board
Safer Staffing
Monthly Report
Wednesday 02 July 2014**

1. EXECUTIVE SUMMARY

- 1.1. This paper is to provide a report to the Trust Board on the status of Nursing and Midwifery safe staffing at the Isle of Wight NHS Trust for May 2014.
- 1.2. The details of the compliance requirements against the National Quality Board's standards are highlighted in **'How to ensure the right people, with the right skills, are in the right place at the right time'** (National Quality Board November 2013) and the recent document **'Hard Truths Commitments regarding the publishing of staffing data'** sent to Trust CEOs and Directors of Nursing on 31 March 2014.
- 1.3. This report forms one of the compliance requirements, which details actual staffing against planned levels on a shift by shift basis and advises those wards where there were shortfalls. This is the Unify report. (Appendix 1)
- 1.4. The report includes an evaluation of the overall position associated mitigating actions and impact on quality of patient care. The Trust is currently using data collected from the Roster Management System (MAPS). Through the course of this exercise it is clear more work is required to make sure the information provided by the clinical areas is contemporaneous and accurate.
- 1.5. For areas that are rated red (Appendix 2) under our own local rating the Executive Director of Nursing & Workforce has sought assurance that areas are aware understand the reasoning behind this, and action plans are in place to address this. Weekly reporting is in place to enable more detailed information to be provided to the Board in future monthly reports.

2. Monthly Report of Safer Staffing

- 2.1. The Trust is reporting on the "actual against planned" staffing levels for each month. The wards where staffing pressures have been identified are highlighted, (Appendix 2) and the potential impact on patient care are assessed using the Quality indicators (Appendix 3).
- 2.2. In May 2014, there were shortfalls identified in the Unify report at Appendix 1. Senior nurses have made decisions with colleagues to mitigate the risks by strategies such as moving staff from one area to another or making a judgement that additional staff are not required, or a non registered member of staff may be required.
- 2.3. The current method of collecting actual staffing data against planned establishment is undertaken through ward staff inputting into the MAPS© database and making a Professional Judgement following a discussion with the Matron or Head of Clinical Service (HOC). We are currently developing a rating system which the mitigation decision can be taken against a pre-defined template of thresholds, as to whether the staffing level is **'agreed'**, **'minimum safe'**, or requires **'escalation'**. This is moderated through their Professional Judgement dependent upon the activity and dependency in the ward or department at the time.

2.4. The report gives some indication as to where there has been substitution i.e. a Registered Nurse (RN) shift replaced by a Health Care Assistant (HCA) shift. This will be reported in more detail in future months.

2.5. Professional Judgement is used to determine 'whether the actual staff used was safe or of concern. We have developed a local RAG rating to identify where actions need to be taken. (Table 1)

2.6. Table 1

Safer Staffing Level Achieved	95% - 100%	Green
'minimum', i.e. minimum level compatible with safe care	90% - 94%	Amber
'minimum', i.e. minimum level compatible with safe care	90% - 94% - Professional Opinion denotes no concern	Blue
and 'escalation, requiring action to ensure safe care	<90%	Red

3. Reporting of Shortfalls

3.1. There will be occasions, due to unforeseen circumstances, when last minute changes to the planned rota result in a potential or actual shortfall. This may arise from last minute sickness or emergency leave. The current process for documenting shortfalls is inconsistent. The Director of Nursing team (DNT) are currently in the process of approving a rostering procedure which clearly articulates the expectation not only in safe roster production, but also the expected actions to be taken when rosters fall short. We are currently working with the MAPS provider "Allocate software" on the development of functionality to support the rapid deployment of staff to cover such shortfalls.

3.2. Minimum staffing and escalation levels are addressed locally then escalated as required through Matrons, Heads of Clinical Service, Deputy Director of Nursing, Executive Director of Nursing and (Duty Managers out of hours) as outlined in the Trusts Rostering Procedure.

3.3. Ward Boards are updated daily and reviewed by the Matron. Rapid deployment is sometimes required at the discretion of the Matron or Head of Clinical Service. This will be captured in the MAPS system for future reporting.

3.4. In May 2014, it was not always possible to fill all escalation shifts. On these occasions various steps were taken to ensure patient safety. These actions included: adjusting planned workload; admitting emergencies to other wards; adding the ward sister to the rostered numbers on the wards; moving Site Practitioners to assist the ward; greater ward support from Allied Health Professionals or the temporary closure of beds. By adopting such measures a safe clinical environment for patients was maintained in all cases.

This is reflected in rating action E as amber in the Timetable of Actions identified by NHS England

Reasons for shortfalls

The following information is provided by Ward Sisters/Charge Nurses in relation to rationale for shortfalls

- Vacancies or sickness not being able to be filled with bank staff
- Sudden sickness with limited time to request bank
- Rota's not reflective of true requirements

Actions to mitigate

- Our recruitment drive will support the addition of staff to vacancies, staff to new posts and additions to the bank however this is not without its own risks relating to being able to deliver a successful recruitment programme.
- There is ongoing work to drive down sickness in the organisation
- Templates on the MAPS system have been thoroughly reviewed and this will continue over the month of June.

Risks and issues the Trust is seeking to address

The current method of collecting actual staffing data against planned establishment is through MAPS database which is underutilised, open to user error but able to provide data on a shift by shift basis. In order to improve the robustness of data collection and reporting arrangements, the Trust is collaborating with Allocate Software who are the main provider of the rostering system. Support has been requested on the following areas;

1. Use of MAPS for the management of safe staffing. Rota allocation and an even spread of the resource available.
2. The use of roster perform – This identifies rota compliance against 4 core standards
 - a. Safety
 - b. Effectiveness
 - c. Fairness
 - d. Unavailability

The Trust is working to improve the quality and staffing metrics in order to triangulate the impact of staffing levels.

Triangulation Quality Indicators

Appendix 3 shows the aggregated quality indicators that will be used to assess staffing impact on the quality of care delivered in that area. Early analysis suggests that those areas that have a higher number of unachieved indicators (Emergency Department & Maternity Services) are not necessarily those with the highest rate of fill. Future reports will detail the quality indicators set against the fill rate for each clinical area.

The Trust's compliance with the Timetable of Actions

The details of the overall requirement for the Trust against the 'Timetable of Actions' included within the documents published on the 31 March 2014: is indicated in Table 2

Table 2

<p>A Six monthly reports to the Trust Board on staffing capacity and capability, through a review of the staffing establishments using an evidence based tool. This review of establishment was last undertaken in January 2014 and is next planned for June 2014. This will be reported to the December 2014 Trust Board. We expect to see NICE guidance later this financial year which will prompt further reviews of patient acuity and dependency. This is an iterative process. As such the total numbers of staff required will be fine tuned at regular intervals throughout the year.</p> <p>The 6 monthly report is provided in the Board papers for June 2014.</p>	
<p>B Shift by shift display of actual staff numbers against expected by designation i.e. Registered or Health Care Assistant, on boards on the wards – this is in place across the Trust.</p>	
<p>C The Trust Board receives a report update detailing actual staffing against planned on a shift by shift basis and is advised of those wards where there are shortfalls. This includes the reasons for the gap and the impact on quality of care as well as action taken to address the gap¹</p>	
<p>D The Trust will publish the report in a form accessible to patients and the public on its website and on NHS Choices, under an accessible site entitled 'Nurse Staffing' – Board reports are available to the public via our webpage's on 24th June 2014 as per national timescales.</p>	
<p>E The planned and actual staffing should be reviewed on a shift by shift basis. This occurs for each shift and actions are put in place i.e. requesting bank staff, moving staff from one area to another or making a professional judgement as to whether the ward can provide care with the reduce number of staff for that shift (i.e. tasks may be allocated to a later shift or non urgent activities postponed. This is rated amber currently as there is ongoing work to enable us to capture this information in order to provide assurance to the Board.</p>	

Recommendations

The Trust Board is asked:

1. To note the Trust's status of compliance in relation to the National Quality Board's requirements.
2. To note the reporting process that the Trust is providing and the identification of shortfalls in staff and mitigating actions.
3. To note the urgent requirement for automation in the data collection, and reporting process to improve the quality assurance required.
4. To note the on-going progression towards reporting of quality, HR metrics with safe staffing indicators for benchmarking as these become available.

Alan Sheward

Executive Director of Nursing & Workforce

June 2014

¹ Subsequent to the National Quality Board reporting guidance, there has been a shift to reporting in hours rather than shifts. This can be seen in the Trusts Unify Submission Report ([Appendix 2](http://www.england.nhs.uk/wp-content/uploads/2013/11/ngb-how-to-guid.pdf) 2013) <http://www.england.nhs.uk/wp-content/uploads/2013/11/ngb-how-to-guid.pdf>

2. 'Hard Truths Commitments regarding the publishing of staffing data' (March 2014) <http://www.england.nhs.uk/wp-content/uploads/2014/03/timetable-actions.pdf>

Appendix 1

Ward name	Day				Night				Day		Night	
	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
Shackleton	825	660.25	1635	1052.2	294.5	298.25	589	555	80.0%	64.4%	101.3%	94.2%
Orthopaedic Unit	2092.5	1916	1953	1968	1240	1210	930	859	91.6%	100.8%	97.6%	92.4%
Seagrove	997.5	1027.4	1162.5	1102.3	620	590.75	620	817.5	103.0%	94.8%	95.3%	131.9%
Osborne	1455	1343.3	997.5	925.5	930	792.25	294.5	584.75	92.3%	92.8%	85.2%	198.6%
Mottistone	930	893	397.5	342.5	620	620	0	0	96.0%	86.2%	100.0%	#DIV/0!
St Helens	1620	1527.5	1255.5	1132.5	620	620	620	609.75	94.3%	90.2%	100.0%	98.3%
Stroke	1792.5	1492.8	1627.5	1603.5	620	620	620	820	83.3%	98.5%	100.0%	132.3%
Rehab	1550	1409	1627.5	1648.01	620	670	620	747.75	90.9%	101.3%	108.1%	120.6%
Whippingham	1857	1598.5	1470	1486.5	900	790	620	702.75	86.1%	101.1%	87.8%	113.3%
Colwell	1395	1162.8	1792.5	1454	620	620	620	627.75	83.4%	81.1%	100.0%	101.3%
Intensive Care Unit	2790	2556.5	465	449.5	1774.75	1820.6	194.25	216.75	91.6%	96.7%	102.6%	111.6%
Coronary Care Unit	2325	1847	697.5	729	1550	1419.5	310	447.75	79.4%	104.5%	91.6%	144.4%
Neonatal Intensive Care Unit	1054	948.5	418.5	487.25	620	660	310	314	90.0%	116.4%	106.5%	101.3%
Medical Assessment Unit	2325	1900.5	1078.5	868.5	930	910	620	630	81.7%	80.5%	97.8%	101.6%

Afton	930	1093	930	789.75	310	308	620	612.5	117.5%	84.9%	99.4%	98.8%
Paediatric Ward	1642.5	1363.5	410	391.5	620	623	310	310	83.0%	95.5%	100.5%	100.0%
Maternity	1848	1849.83	1116	1062.17	1240	1253.5	620	610	100.1%	95.2%	101.1%	98.4%

		Day				Night				Day	Average fill rate - registered nurses - care staff (%)	Night	Average fill rate - registered nurses - care staff (%)
		Registered midwives/nurses	Total monthly planned staff hours	Care Staff	Total monthly actual staff hours	Registered midwives/nurses	Total monthly planned staff hours	Care Staff	Total monthly actual staff hours				
R1F01	St Mary's Hospital	27429	24589.38	19034	17492.68	14129.25	13825.85	8517.75	9465.25	89.6%	91.9%	97.9%	111.1%

FINAL REPORT YET TO BE APPROVED BY TRUST

Appendix 2

Unify data for May – Rag rated with locally set RAG rating

Ward name	Day		Night		Ward self assessment – Professional Judgement
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	
Shackleton	80.0%	64.4%	101.3%	94.2%	Further assessment required in June 2014. Night shift
Orthopaedic Unit	91.6%	100.8%	97.6%	92.4%	Quality Data requires rating in June 2014
Seagrove	103.0%	94.8%	95.3%	131.9%	Workforce Utilisation assessment taking place June 2014. MAPS template requires further refining.
Osborne	92.3%	92.8%	85.2%	198.6%	MAPS template requires further adjustment in June 2014.
Mottistone	96.0%	86.2%	100.0%	N/A	Substitution for RN with HCA Shifts.
St Helens	94.3%	90.2%	100.0%	98.3%	Some shortfalls. Phase 1 of recruitment.
Stroke	83.3%	98.5%	100.0%	132.3%	Some shortfalls. Phase 1 of recruitment.
Rehab	90.9%	101.3%	108.1%	120.6%	Beds Closed. HCA Substitution and additional 1:1's
Whippingham	86.1%	101.1%	87.8%	113.3%	HCA used to fill 3rd RN on night shift due to staff vacancies and bank being unable to backfill. Urgent Review by Deputy Director of Nursing
Colwell	83.4%	81.1%	100.0%	101.3%	Priority recruitment plan in place. Daily assessment by Matron. EDoNW reviewing monthly.
Intensive Care Unit	91.6%	96.7%	102.6%	75.6%	Data error
Coronary Care Unit	79.4%	104.5%	91.6%	144.4%	Patient number changes. Number of vacancies. Planned recruitment supported.
Neonatal Intensive Care Unit	90.0%	116.4%	106.5%	101.3%	
Medical Assessment	81.7%	80.5%	97.8%	101.6%	Four shifts unable to cover due to

Unit					short term sickness but patient care not compromised as the coordinator covered the ward with health care assistants. Unused shifts on roster which has been recently changed.
Afton	117.5%	84.9%	99.4%	98.8%	
Paediatric Ward	83.0%	95.5%	100.5%	100.0%	
Maternity	100.1%	95.2%	101.1%	98.4%	Although staffing acceptable. Concerns over Quality Indicators requiring further assessment in June 2014.

FINAL REPORT YET TO BE APPROVED BY TRUST BOARD

Appendix 3

Ward Summary Dashboard - May 2014
KPIs by Location

Location	Staff Levels	% Bank Staff	Staff Sick-ness	Training	Falls	Ulcers	VTE Assm	C. Diff.	MRSA	FFT Survey	Likely to Recommend	Complaints	Concerns
Afton Ward	0 ✓	3.8% ✓	0.52% ✓	88.9% ✗	0 ✓	0 ✓	0.0% ✗	0 ✓	0 ✓	n/a !	n/a !	0 ✓	0
Cardiac Investigation Unit	-2 ✗	0.0% ✓	0.35% ✓	75.7% ✗	0 ✓	0 ✓	n/a !	0 ✓	0 ✓	n/a !	n/a !	0 ✓	0
Chemotherapy Unit	1 ✗	0.0% ✓	3.32% ✗	86.4% ✗	0 ✓	0 ✓	n/a !	0 ✓	0 ✓	n/a !	n/a !	0 ✓	0
Colwell Ward	2 ✓	8.6% ✗	3.78% ✗	81.7% ✗	0 ✓	0 ✓	100.0% ✓	0 ✓	0 ✓	35.1% ✓	88.5% ✗	0 ✓	0
Community Stroke Rehabilitation Team	-1 ✓	0.0% ✓	5.20% ✗	94.9% ✓	0 ✓	0 ✓	n/a !	0 ✓	0 ✓	n/a !	n/a !	0 ✓	0
Coronary Care Unit	-9 ✗	10.8% ✗	0.77% ✓	84.8% ✗	1 ✗	0 ✓	98.8% ✓	0 ✓	0 ✓	70.5% ✓	98.2% ✓	0 ✓	0
Day Surgery Unit	-1 ✓	0.0% ✓	7.49% ✗	75.9% ✗	0 ✓	0 ✓	100.0% ✓	0 ✓	0 ✓	n/a !	n/a !	0 ✓	0
Emergency Department	2 ✓	9.8% ✗	3.23% ✗	91.3% ✓	0 ✓	1 ✗	n/a !	0 ✓	0 ✓	14.9% ✗	93.5% ✗	0 ✓	0
Endoscopy Unit	-2 ✓	4.3% ✓	4.50% ✗	81.9% ✗	0 ✓	0 ✓	n/a !	0 ✓	0 ✓	n/a !	n/a !	0 ✓	0
General Rehab and Step Down Unit	2 ✓	12.8% ✗	4.51% ✗	94.9% ✓	1 ✗	0 ✓	66.7% ✗	0 ✓	0 ✓	36.7% ✓	94.4% ✗	0 ✓	0
Intensive Care Unit	-3 ✓	0.0% ✓	5.15% ✗	92.0% ✓	0 ✓	1 ✗	75.0% ✗	0 ✓	0 ✓	n/a !	n/a !	0 ✓	0
MAAU	-1 ✓	4.9% ✓	4.95% ✗	96.7% ✓	0 ✓	0 ✓	96.5% ✓	0 ✓	0 ✓	59.7% ✓	90.1% ✗	0 ✓	0
Main Theatres	0 ✓	1.8% ✓	2.94% ✓	72.7% ✗	0 ✓	0 ✓	n/a !	0 ✓	0 ✓	n/a !	n/a !	0 ✓	0
Maternity Services	1 ✓	2.9% ✓	3.77% ✗	75.8% ✗	0 ✓	0 ✓	21.2% ✗	0 ✓	0 ✓	11.6% ✗	92.6% ✗	0 ✓	1
Mottistone Ward	2 ✓	8.3% ✗	8.71% ✗	85.2% ✗	0 ✓	0 ✓	100.0% ✓	0 ✓	0 ✓	16.1% ✗	100.0% ✓	2 ✗	1
Neonatal Intensive Care Unit	-1 ✓	5.3% ✓	3.22% ✗	83.9% ✗	0 ✓	0 ✓	n/a !	0 ✓	0 ✓	n/a !	n/a !	0 ✓	0
Orthopaedic Unit	0 ✓	3.9% ✓	2.66% ✓	76.6% ✗	1 ✗	1 ✗	99.3% ✓	0 ✓	0 ✓	34.5% ✓	97.6% ✓	2 ✗	9
Osborne Ward	5 ✗	21.2% ✗	4.09% ✗	83.7% ✗	0 ✓	0 ✓	0.0% ✗	0 ✓	0 ✓	n/a !	n/a !	0 ✓	0
Paediatric Ward	-1 ✓	0.0% ✓	3.73% ✗	82.9% ✗	0 ✓	0 ✓	n/a !	0 ✓	0 ✓	n/a !	n/a !	1 ✗	2
Phlebotomy	4 ✗	13.3% ✗	13.67% ✗	88.4% ✗	0 ✓	0 ✓	n/a !	0 ✓	0 ✓	n/a !	n/a !	0 ✓	0
Respiratory Department	-1 ✓	0.0% ✓	0.36% ✓	95.2% ✓	0 ✓	0 ✓	n/a !	0 ✓	0 ✓	n/a !	n/a !	0 ✓	0
Seagrove Ward	3 ✗	6.5% ✗	0.80% ✓	89.6% ✗	0 ✓	0 ✓	25.0% ✗	0 ✓	0 ✓	n/a !	n/a !	0 ✓	0
Shackleton Ward	-1 ✓	3.3% ✓	2.76% ✓	93.4% ✓	0 ✓	0 ✓	n/a !	0 ✓	0 ✓	n/a !	n/a !	0 ✓	0
St Helens Ward	11 ✗	3.1% ✓	2.73% ✓	76.7% ✗	0 ✓	1 ✗	98.2% ✓	0 ✓	0 ✓	22.5% ✓	100.0% ✓	0 ✓	1
Stroke Neuro Rehab	4 ✗	17.1% ✗	4.93% ✗	86.4% ✗	0 ✓	0 ✓	100.0% ✓	0 ✓	0 ✓	18.4% ✗	88.9% ✗	0 ✓	0
Whippingham Ward	10 ✗	0.0% ✓	3.91% ✗	67.1% ✗	1 ✗	0 ✓	92.9% ✗	0 ✓	0 ✓	9.5% ✗	100.0% ✓	0 ✓	2

INTERNAL REPORT