Surrey and Sussex NHS
Healthcare NHS Trust

TRUST BOARD IN PUBLIC		Date: 15 December 2016 Agenda Item: 4.3
REPORT TITLE:		Safer Staffing Review Paper
EXECUTIVE SPONSOR:		Fiona Allsop Chief Nurse
REPORT AUTHOR (s):		Victoria Daley, Deputy Chief Nurse Susan Carr, Matron for Nursing Workforce
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)		Executive Committee 14 December
Action Required:		
Approval ( )	**Discussion (√)**	**Assurance (√)**

Purpose of Report:

This report provides a review of nursing acuity and dependency on the acute inpatient adult wards in the Trust in line with the recommendation of the National Quality Board Paper relating to Safe Staffing published in November 2013. Following review at the Executive Committee the paper will be presented at Trust Board.

Summary of key issues

- The last review of nurse staffing was undertaken in June 2015, utilizing the Safer Nursing Care Tool, establishments and nurse sensitive indicators.
- This current review provides a comparative position to the June 2015 data and an analysis of the output from the Safer Care pilot on four wards within Medicine.
- The results concluded that the nursing establishments are sufficient to provide safe and effective care in the Trust.
- Safer staffing levels are dependent on the type of ward, acuity, dependency, professional judgement and date evidence.

Recommendation:

The Board is asked to note the contents of this report for assurance purposes.

Relationship to Trust Strategic Objectives & Assurance Framework:

SO1: Safe – Deliver safe high quality and improving services which pursue perfection and be in the top 20% against our peers
SO2: Effective – As a teaching hospital deliver effective, improving and sustainable clinical services within the local health economy
SO3: Caring – Working in partnership with staff, families and carers
SO4: Responsive – Become the secondary care provider of choice our catchment population
SO5: Well led - Become an employer of choice and deliver financial and clinical sustainability around a patient focused clinical model

Corporate Impact Assessment:	
Legal and regulatory impact	Yes – failure to demonstrate appropriate level and skill mix of nursing staff will result in adverse regulatory and legal judgements
Financial impact	Yes – impact on productivity, efficiency and safety resulting in increased costs
Patient Experience/Engagement	Yes – potential impact resulting in poor patient experience and reputational risk for the Trust

Risk & Performance Management	Yes – impact on productivity, efficiency and safety resulting in increased risk and poor performance
NHS Constitution/Equality & Diversity/Communication	Yes – potential failure to meet NHS Constitution
Attachment:	
Appendix A: 2015 Safer Staffing Results summary.	

TRUST BOARD REPORT – 22nd December 2016
Safer Staffing Report

1. Executive Summary

In response to the second Francis report in 2013, the National Quality Board (2013) recommended that nurse staffing be reviewed on a regular basis and presented to Trust Board. These reviews should be comprehensive, triangulating information from a variety of sources in order to arrive at optimal staffing levels. The National Quality Board (NQB) guidance was revised in June 2016 to include recommendations from the Five Year Forward View and the Carter Review.

In line with guidance, this review acknowledges the requirement to include professional judgement methods alongside the quantitative assessment tools in order to provide balanced assurance on nursing staffing levels in the Trust.

This report provides the Executive and Board with an overview of the planned and actual staffing levels for 20 days in October 2016 on all inpatient wards and acute admission units based on the UNIFY monthly return and the information derived from the 'SafeCare' pilot on Charlwood, Newdigate, Holmwood and Chaldon wards and provides a comparison to the benchmarked data previously provided to the board in April 2015.

2. Background

The Safer Nursing Care Tool (SNCT) (Shelford Group 2014) was used in November 2014 to determine a baseline of nursing staffing requirements of the Trust using an acuity and dependency tool.

From May 2016, Care Hours Per Patient Day (CHPPD) became the principal measure of nursing, midwifery and healthcare support worker deployment and provider organisations have been submitting this data to NHS Improvement on a monthly basis. The introduction of CHPPD for nurse and healthcare support staffing in the inpatient/acute setting has been the first step in developing a methodology for a tool that can contribute to a review of staff deployment in line with the recommendations from the Carter Review and the NQB in June 2016.

As with other indicators, CHPPD should never be viewed in isolation but as part of a local quality dashboard that includes patient outcome measures alongside workforce and finance indicators. The aim of this is to assist ward sisters/charge nurses, clinical matrons and hospital managers to make safe, efficient and effective decisions about staff deployment.

Following guidance from NHS Employers in 2007 (NHS employers (2007) Electronic rostering: helping the workforce), the organisation procured and implemented e- rostering in 2008 and its use is embedded in the organisational management of nursing staff rotas. In February 2016, the Trust upgraded to the Cloud based Healthroster V10.61 and procured SafeCare as an additional adjunct to the project. The SafeCare function allows nursing staff to capture actual patient numbers by acuity and dependency and allows divisions and the Trust as a whole to review their staffing needs to see if they match demand. SafeCare uses the Safer Nursing Care Tool and when used in conjunction with Nurse Sensitive Indicators, provides nurses with a reliable method for reviewing the nursing workforce service provision.

Table 1 provides the classification levels for the Safer Nursing Care Tool.

Table 1 The Safer Nursing Care Tool (SNCT) (Shelford Group 2014) based on the critical care patient classification (Comprehensive Critical Care 2000)

Level 0	Patient requires hospitalisation Needs met by provision of normal ward care
Level 1a	Acutely ill patients requiring intervention or those who are UNSTABLE with a GREATER POTENTIAL to deteriorate.
Level 1b	Patients who are in a STABLE condition but are dependent on nursing care to meet most or all of the activities of daily living.
Level 2	May be managed within clearly identified, designated beds, resources with the required expertise and staffing level OR may require transfer to a dedicated Level 2 facility /unit
Level 3	Patients needing advanced respiratory support and/or therapeutic support of multiple organs

3. Methodology

A staffing review was conducted for 22 days during October 2016. A variety of methods were used to inform the Staffing Review as SafeCare had only recently gone live and is currently still being embedded into everyday clinical practice.

Unify

This method of capturing staffing information has continued since the last safer staffing review in 2015 and uses an electronic tool to record the planned versus actual data. This information is uploaded to Unify and reported to the Trust Board on a monthly basis as part of the Chief Nurse report. It is collated and reported nationally via Unify, which is published on the NHS choices website as well as the Trust's own website. .

Care Hours Per Patient Day (CHPPD)

Care hours per patient day have been reported to NHS Improvement since June 2016. These metrics are calculated by dividing the total numbers of nursing hours (registered nurses and nursing assistants) on a ward or unit by the number of patients in beds at the 23:59 census each day. This calculation provides the average number of care hours available for each patient on the ward or unit. Currently the hours reported are for nursing in acute inpatient areas only.

The CHPPD tool, links with planned versus actual reporting and other data such as the safety thermometer, incident reporting, sickness rates, vacancy rates and professional judgement to determine the appropriate staffing levels for each ward or unit.

SafeCare Pilot

The benefits of the SafeCare system operationally are that it will help the Trust to spot issues in the nursing establishment, drive the shift by shift recording of acuity and dependency of patients and, when used alongside other metrics such as ratios and clinical judgement, help the wards to make confident decisions to redeploy staff before relying on bank or agency.

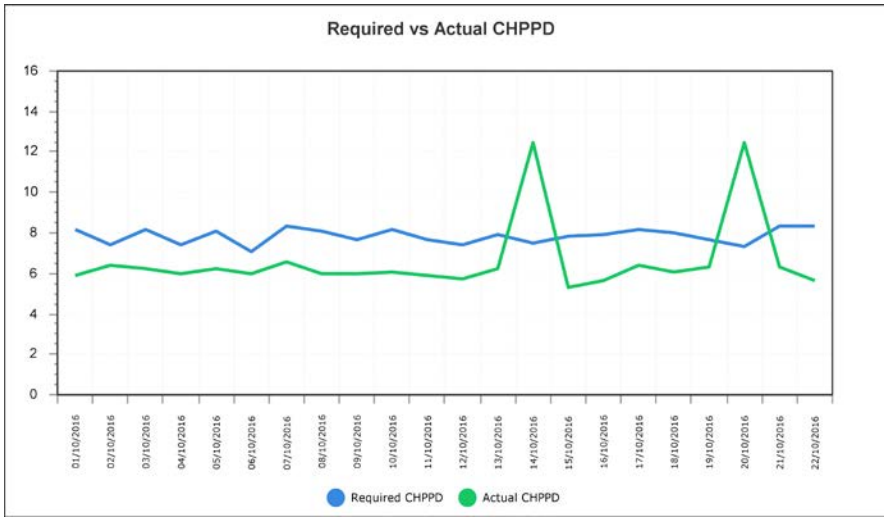
The SafeCare pilot was released in a controlled way on four wards, to establish any trend data and its fitness for purpose. The pilot allowed the Trust to see planned versus actual staffing based on patient acuity. The pilot also allowed the Trust to trial the capture of patient acuity levels and using controlled sample group, undertake some moderation to make sure staff were categorising in a similar way and not over or under representing patient led demand. The wards included in the SafeCare pilot were Charlwood, Newdigate, Holmwood and Chaldon.

Each ward area carried out a daily staffing submission for a period of 22 days from the 1st – 22nd October 2016. Data collection for SafeCare was achieved by twice daily census taken between 07.00hrs and 10.00hrs and 19.00hrs and 22.00hrs.

Table 2 Care Hours Per Patient Day (CHPPD)

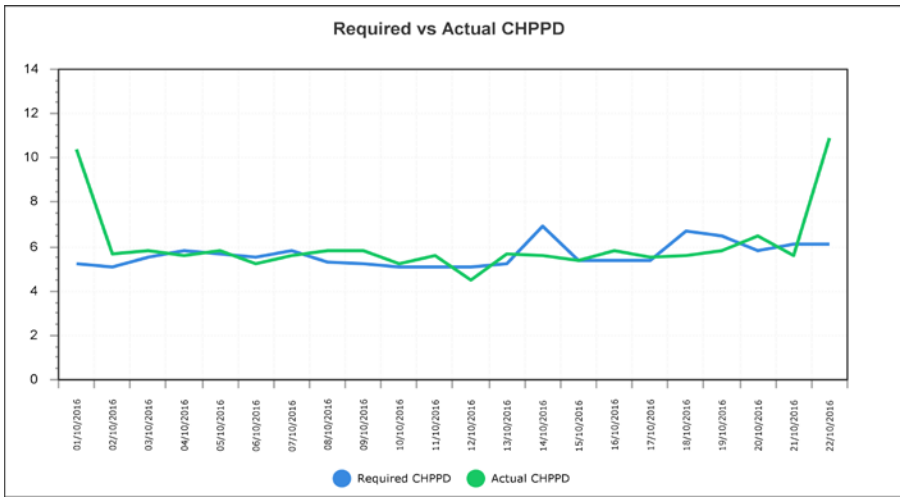
Environment			Fill Rates				CHPPD		Temporary Staffing		DATIX		Nursing Sensitive Outcome Indicators			
Division	Ward	Beds	DAY		NIGHT						Incidents	Complaints				
Division	Ward	Beds	Average fill rate: RN/Midwives %	Average fill rate: Care Staff %	Average fill rate: RN/Midwives %	Average fill rate: Care Staff %		Sickness Rate	Bank hours	Agency hours			Hospital Aquired Pressure Ulcers ALL GRADES	Falls with Harm / Total Falls	MRSA Trust Incidence	CDiff Trust Incidence
cancer services	Godstone Ward (Haem)		98%	96%	100%	-	10.0	15%	881.5	172.5	2	0	0	0 / 0	0	0
Medicine	Abinger Ward		99%	86%	100%	100%	5.8	5%	1436.5	758.5	5	0	2	0 / 3	0	1
	Acute Medical Unit		99%	89%	100%	93%	8.5	2%	2141.5	1722.25	16	0	0	2 / 5	0	0
	Bletchingley Ward		100%	96%	100%	95%	6.2	1%	903	413.5	10	0	6	0 / 1	0	1
	Capel Annex I Ward		100%	97%	103%	100%	6.2	0%	805	501.5						
	Capel Ward		96%	94%	97%	93%	6.4	4%	1203	895	19	0	1	2 / 10	0	1
	Chaldon Ward		98%	90%	100%	89%	6.0	11%	1154.9	229.5	11	0	0	2 / 6	0	1
	Coronary Care Unit		98%	-	100%	97%	9.1	0%	1312	506	3	0	1	0 / 0	0	0
	Discharge Lounge		96%	96%	97%	100%	14.5	12%	566	46						
	Godstone Ward (Med)		100%	90%	101%	96%	6.0	1%	1762	1092.5	21	0	1	0 / 10	0	0
	Holmwood Ward		99%	93%	100%	92%	4.7	1%	combined with ccu	combined with ccu	23	0	14	1 / 2	0	0
	Meadvale Ward		95%	96%	100%	100%	5.7	2%	1087.5	557.3	5	0	0	0 / 4	0	1
	Nutfield Ward		97%	94%	98%	100%	4.8	1%	1240.5	520.5	12	0	2	2 / 5	0	0
	Tilgate Annex		98%	96%	89%	100%	6.7	2%	956.5	863						
	Tilgate Ward		98%	91%	98%	93%	5.2	4%	1228.7	1450.5	17	0	2	3 / 9	0	0
Surgery	Brook Ward		100%	100%	98%	33%	5.8	4%	664	177.5	1	0	0	0 / 0	0	0
	Charlwood Ward		98%	98%	100%	98%	5.7	1%	822.5	415	15	0	1	1 / 7	0	0
	Copthorne Ward		98%	95%	100%	98%	5.6	4%	798.5	460	7	0	1	1 / 3	0	0
	Buckland Ward		99%	98%	100%	98%	6.1	1%	871	656	14	0	2	1 / 6	0	0
	ITU/HDU		99%	94%	99%	90%	21.3	5%	1117	1239						
	Leigh Ward		98%	96%	100%	100%	5.5	4%	617	363	24	0	6	3 / 11	0	0
	Newdigate Ward		97%	101%	100%	96%	5.8	2%	1184	387.5	10	0	3	0 / 2	1	0
	Surgical Assessment Unit		99%	97%	100%	85%	13.2	2%	981.5	980	6	0	1	0 / 1	0	0
	Tandridge Ward		95%	90%	100%	97%	7.1	1%	1538	1185	7	0	0	1 / 1	0	0
	Woodland Ward		98%	99%	100%	102%	6.4	4%	818	396.5	16	0	0	1 / 3	0	0
Women and Children	Birthing Centre		84%	-	83%	-	19.0	0%	106	0	2	0	0	0 / 0	0	0
	Brockham Ward		98%	96%	100%	97%	6.7	1%	1086	773.5	11	0	0	0 / 0	0	0
	Burstow Ward		93%	92%	75%	95%	5.4	4%	1110.7	11.5	22	0	0	0 / 0	0	0
	Delivery Suite		92%	91%	97%	95%	30.9	0%	816	368	38	0	0	0 / 1	0	0
	Neonatal Unit		97%	88%	98%	97%	9.4	4%	183	76	10	0	0	0 / 0	0	0
	Outwood Ward		98%	66%	97%	57%	8.5	4%	298	229.5	7	0	0	1 / 2	0	0
	Rusper Ward		93%	-	97%	-	7.3	0%	45.5	11.5	4	0	0	0 / 0	0	0

Chaldon Ward



- Peak on 13/10/16 was due to the PM census being predicted . This occurs when the census is not updated with an accurate patient acuity level, so the system automatically pulls through a predicted census for the next two periods. This facility will be turned off on January 2017.
- Peak on 14/10/16 was due to the AM census being predicted and no data entry on the PM census.
- Peak on 19/10/16 and 20/10/16 census has again been predicted and there was no data entry on the PM on 20/10/16.
- Data entry on this Chaldon ward for this period is inconsistent.

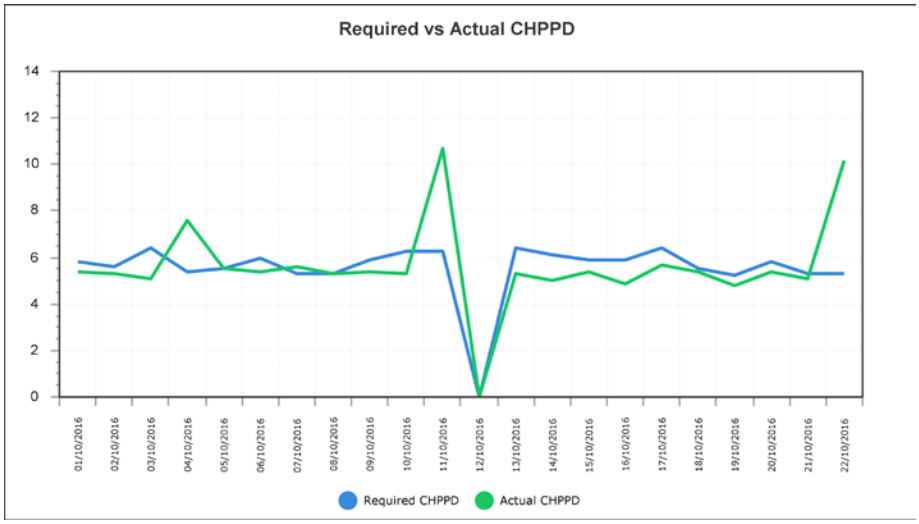
Charlwood Ward



- Criteria for data collection remain the same as described above.
- 1/10/16 AM census predicted no PM data entry
- 21/10/16-22/10/16 no data entered AM on 21/10/16 and the PM census was predicted.
- 22/10/16 AM census was predicted and no data entry for PM

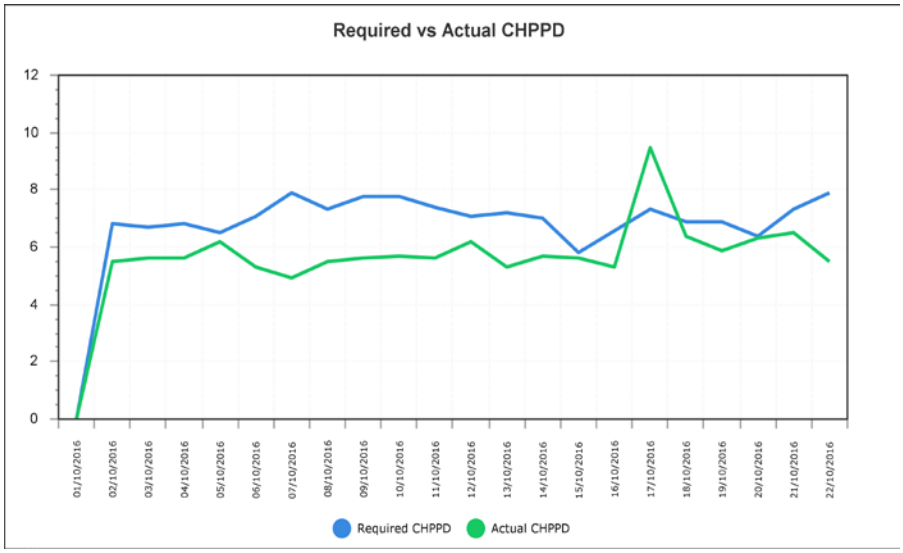
- The remaining data indicates that the rostered hours met the patient acuity demand.
- Given the limitations of the data collection period early indications are that the staffing template is correct from this small snapshot.

Holmwood Ward



- Explanation of analysis as above.
- 11/10/16 AM census is predicted no PM data collected
- 12/10/16 not data entry for either census period.
- 22/10/16 AM predicted and no data entry PM
- Inconsistent data entry makes it difficult to evaluate.

Newdigate



- 1/10/16 no data entry recorded
- 17/10/16 AM census recorded and the PM is predicted

- More than half the data entry has been predicted making it difficult to evaluate the accuracy of the patient acuity versus staffing for this snapshot.

CHPPD required hours are generated from the patient acuity information entered during the census period. The actual hours required are collated from the staff on duty within Healthroster. Staff on duty is calculated in hours not by grade.

Table 3 Qualitative Data

Ward	**FFT** (% recommended – October '16**)**	**Complaints** (Number in 12 months)	**Safety Thermometer** (% of harm free care – new harm – Oct '16)	**Staff Survey** (There are enough staff at my organisation to do my job properly - % agree)
Godstone Haematology	100	0	20*	46
Abinger	0*	6	82.6	38
AMU	91	15	100	31
Bletchingly	100	7	100	15
Capel Annex	93.1	4	95.2	26
Capel Ward	100	3	100	8
Chaldon Ward	97.8	3	95	22
CCU	96.1	1	87.5	22
Godstone Medicine	91.5	19	96.4	0
Hazelwood Ward	100	3	100	---
Holmwood Ward	100	9	100	22
Meadvale Ward	100	4	95.6	31
Nutfield Ward*	94.4	4	85.7	5
Tilgate Annexe	95	3	90.5	33
Tilgate Ward	93.7	9	96.1	19
Brook Ward	100	5	90.1	38

Charlwood Ward	100	1	95	31
Copthorne Ward	88	8	100	31
Buckland Ward	94.9	5	100	8
ITU/HDU	0	3	93.3	33
Leigh Ward*	95.7	3	100	8
Newdigate Ward*	95	6	100	9
SAU	--	10	100	21
Tandridge	91.5	9	91.7	21
Woodland Ward	--	14	95.6	38
Birthing Unit	--	0	--	12
Brockham Ward	95.8	6	90.1	---
Delivery Suite	--	14	100	12
Neonatal Unit	--	0	100	22
Outwood Ward	92.6	8	0	49
Rusper Ward	--	2	100	12

4. Analysis

The SafeCare pilot was completed in a small sample of wards, which provided a snapshot of data. There were limitations in the reliability of the data due to variations in the data processes and collection. As per the Shelford Safer Nursing Care Tool Implementation Guidance, the organisation should identify two to three key staff members per ward to complete the daily scoring during the collection period, to achieve consistency of data inputting.

SafeCare is in the process of being rolled out across the rest of the Trust. During this time, feedback is being obtained from the staff using the Safecare tool in order to establish any educational or operational concerns and to provide additional training and support on the use of the system.

It is not possible to directly compare Care Hours per Patient Day with the nurse staffing ratios discussed in the previous Safer Staffing Report in June 2015 as the methodology is different. It is worth noting that whilst the ward composition and speciality have not changed, the Trust is seeing a higher acuity of patients. When comparing ward quality indicators to those areas reviewed in 2015, there is little evidence in the majority of cases to suggest that this higher acuity is having a negative impact on patient care.

Of note, there are four wards: - Nutfield, Newdigate, Leigh and Abinger, which have a lower staffing ratio on nights compared to the rest of the Trust (1:14), with feedback from staff verbalizing that it is a pressured environment to work in. Whilst these four areas feature in the lower end of the CHPPD it is comparable with a number of other wards across the organisation. From a quality perspective however, Leigh is highlighted as an outlier for Datix reported incidents, falls, hospital acquired pressure damage and the staff survey results. Similarly Nutfield and Newdigate have also been rated in the lower end of the staff survey question relating to sufficient staff numbers to do the job properly, and Nutfield and Abinger have demonstrated a lower than average results for the Safety Thermometer – Harm free Care. Tilgate has recently had its registered nurse establishment increased on nights to 3, in support of higher acuity of patients requiring non-invasive ventilation (NIV).

The 2015 staff survey did not highlight staffing levels of an area of particular concern. The 2016 survey has just been completed, with results expected in the Spring of 2017.

* There are some anomalies in the data which the performance and patient experience team are aware of, however there are no concerns for safety or patient experience in these areas.

5. Maternity

The Trust currently has a ratio of 1:33 (as assessed by Birthrate Plus in 2014, which is within the lower range when compared with other similar sized Acute Trusts in the Kent, Surrey and Sussex Region.

Where shortfalls are identified, staff are redeployed from other areas of the service and coordinators are utilized in the staffing numbers to both support and improve the provision of 1:1 care in labour.

New maternity staffing guidance is expected to be published in the New Year, following which a maternity staffing paper will be delivered to the Executive Committee, detailing the Trusts position again the new guidance.

6. Establishment Reviews

In the current financial year the Divisional Chief Nurses, Human Resources Business Partners and Ward Managers reviewed all nursing establishments. Once completed the establishments were signed off by the Chief Nurse and validated as financially correct by the Chief Finance Officer. The reviewed establishments including the agreed budgeted uplift have been uploaded into Healthroster.

7. Management days

Ward managers work in a non-clinical capacity for two shifts per week (50% clinical/50% non-clinical). The expectation being that this time is used to undertake ward management tasks to include supporting staff in their professional development.

8. Recruitment and Retention activity

Recruitment

Despite having a robust multi stranded approach to nurse recruitment, the organisation continues to experience recruitment and retention challenges. There is ongoing recruitment activity with both international recruitment campaigns and direct recruitment via NHS Jobs. At the time of reporting, there are 24 registered nurses, 23 nursing assistants and 3 midwives in progress in the recruitment process. 12 midwives have recently commenced employment at the Trust.

The international recruitment campaign continues. There are currently 269 candidate nurses in the pipeline. Based on past experience it is anticipated that approximately 50% will complete the process and arrive over a nine to 12 month period commencing in March 2017

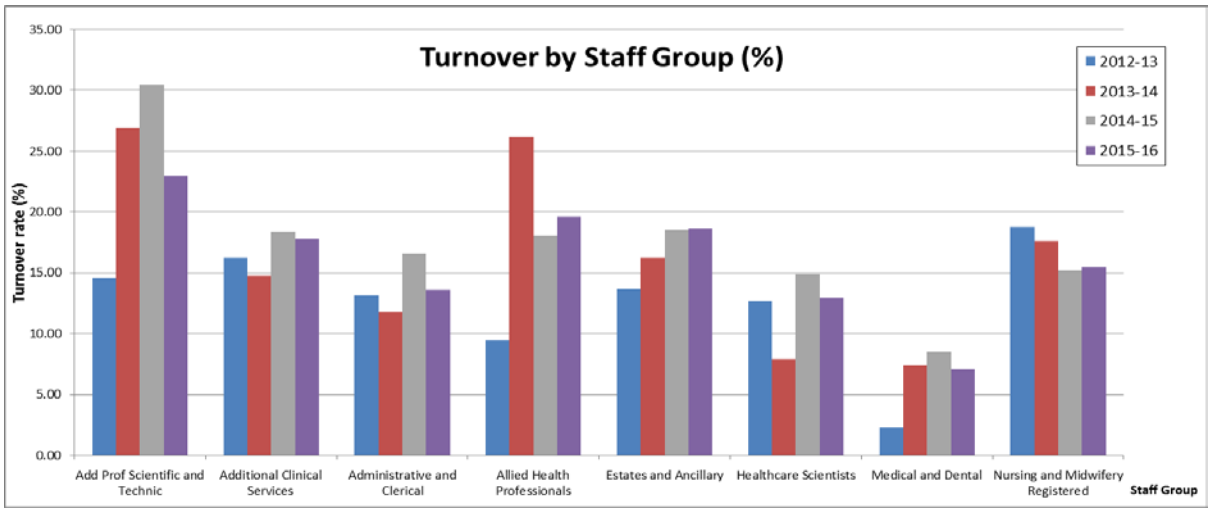
Retention

The Deputy Chief Nurse and the Deputy Director of Human Resources have written a Trust-wide Retention Strategy. This was presented to the Trust Executive Group on 14 December 2016 for approval.

The retention strategy identifies and promotes the need for innovative career progression planning to attract, retain and develop existing and newly qualified practitioners. A number of new initiatives are now accessed via the Practice Development Team and have been well received.

Turnover rate

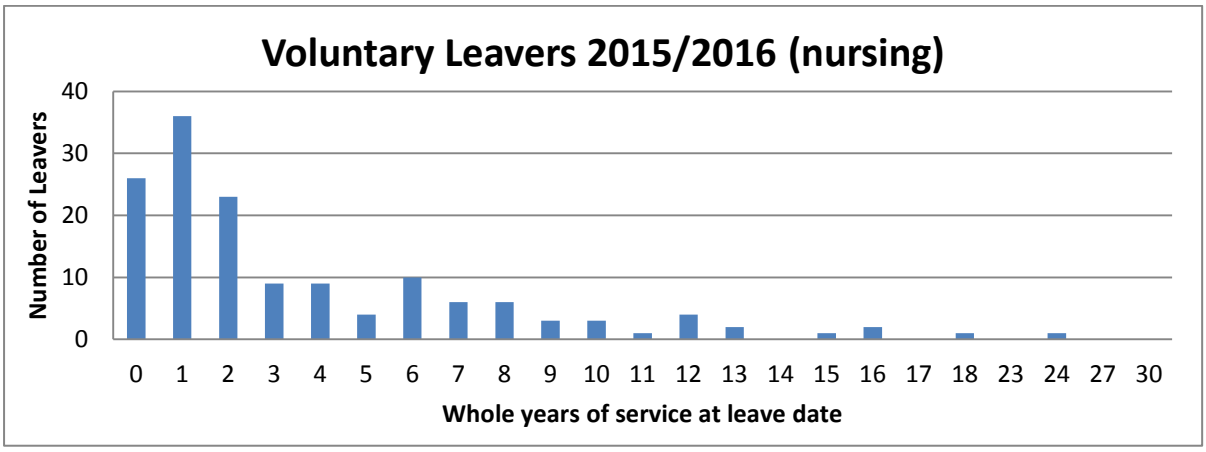
The current turnover rate in Nursing and Midwifery is 15.3%. This rate is static when compared to 2014-2015 and an improvement on both 2012-2013 and 2013-2014. In comparison to other acute trusts within the Surrey/Sussex region, SASH is not an outlier for vacancies or turnover of nursing staff.



Leavers

The Trust has an established process for undertaking exit interviews within the organisation-wide Managing Leavers Policy. The exit interview can be undertaken face to face or via an online survey.

The anonymised on line survey is administered by the library and knowledge services team who report to the Workforce Committee on a quarterly basis.



9. Bank and Agency Usage

To ensure that appropriate levels of safe staffing maintained, the Trust utilizes bank and agency staff to fill any nurse staffing shortfalls, in line with the NHS Improvement Agency Rules guidance on the 'break glass clause'.

The Trust does however continue to have a high-level use of agency staff for nursing and midwifery. Divisions are continuing to attend the fortnightly Agency PMO's to review and highlight their use of temporary staffing and plans to reduce this expenditure and the Healthroster PMO's are also continuing to ensure maximum benefit from effective rostering practices.

10. Benchmarking

In comparison to a similar sized acute Trust in the South-East, the Trust has a slightly lower than average level of Care Hours Per Patient Day data, however there are no material concerns for ward safety levels.

11. Recommendations

In order to achieve consistency of data inputting, the organisation should identify two to three key staff members per ward to complete the daily scoring during the collection period.

Feedback from the staff using the Safecare tool should continue to be obtained, which should be collated and evaluated in order to establish any educational or operational concerns.

It is recommended that further analysis of staffing requirements be undertaken on Nutfield, Abinger, Leigh and Newdigate to determine if further action is required to uplift registered staffing levels at night.

A full review of Maternity services will be undertaken in January 2017, following publication of the latest national Maternity staffing guidance.

12. Conclusion

The Trust uses robust methodology, based on appropriate guidance and research evidence to set and monitor nursing and midwifery establishments.

The data has concluded that the nursing establishments are sufficient to provide safe and effective care in the Trust however further analysis of data is required in the areas of Nutfield Abinger, Leigh and Newdigate.

The Trust continues to face nurse staffing pressures and is working on a number different streams to address them.

Patient safety is assured and maintained by ensuring robust escalation processes are in place for situations arising from staffing shortages or skill mix imbalance.

No decision should be made on the nursing establishment solely on the basis of this review; it should be repeated in six months' time when SafeCare has been embedded in the organisation and the daily unify staffing compliance data collection is then turned off.

Fiona Allsop
Chief Nurse
December 2016

Surrey and Sussex NHS
Healthcare NHS Trust

Appendix A

2015 Results summary showing indicators, and current and recommended establishments (including 22% uplift).

Apr-15	Beds	Indicators			Establishments inc 22%			
		FFT (Target 90% of a 30% response rate – shown in green)	**Complaints** (number in 12 months)	**Safety Therm** (%)	**RN Ratio** (% Target 65)	**Current WTE**	**Acuity Study WTE**	**Indicative Balance WTE**
Abinger	23	75	8	86.6	59	31.89	31.08	-0.81
Bletchingley	40	95.1	6	97.1	63	63.79	54.55	-9.24
Brockham	20	92.5	5	98.4	61	25.84	22.95	-2.89
Brook	11	100	2	98.6	80	12.8	12.11	-0.69
Buckland	21	97.7	4	97.4	67	28.27	27.11	-1.16
Capel Annex	21	94.7	0	95.2	55	28.8	27.87	-0.93
Capel	20	96.9	4	95.4	65	29.78	26.10	-3.68
Chaldon	28	100	1	98.6	57	37.67	38.68	1.01
Charlwood	20	70	7	96.5	72	26.19	26.08	-0.11
Copthorne	20	92.9	8	97.5	72	26.19	21.92	-4.27
Godstone (Stroke& Med)	28	90.5	0	97.1	71	34.51	39.32	4.81
Godstone (Haem)	5	100	0	93.3	76	11	8.17	-2.83
Holmwood &CCU	28+8	95	8	95	68	50.94	44.92	-6.02
Leigh	28	100	7	96.9	62	34.54	34.40	-0.14
Meadvale	23	92.9	7	91.5	59	32.01	31.88	-0.13
Newdigate	28	93.3	6	96	62	34.54	39.71	5.17
Nutfield	28	100	4	89.6	58	31.42	39.59	8.17
Tilgate Annex	21	94.1	0	95.2	58	31.42	30.78	-0.64
Tilgate	26	100	6	93.8	70	34.51	31.61	-2.90
Woodland	24	98.1	11	99.4	64	33.49	28.76	-4.73
Totals					65	639.6	617.59	-22.01

Medicine
Surgery
WACH
Cancer