BOARD STAFFING SIX MONTHLY REVIEW

December 2014 - May 2015

Executive Summary

In November 2013 as part of the National response to the Francis enquiry the National Quality Board published a guide to Nursing, Midwifery and Care Staffing Capacity and Capability - How to ensure the right people with the right skills are in the right place at the right time. This report required a Trust to conduct a six monthly review of ward staffing and produce a Board report to that effect. In May 2014 all Trusts were notified of their requirement to publish staffing data on NHS Choices website, this was for inpatient areas only and was in regard to their fill rates, actual Vs planned hours. This data has continued to be submitted by the Trust on a monthly basis and is available in the monthly staffing data to the Trust Board.

Purpose

This paper forms the six month review of nurse staffing in line with the commitment requested by the National Quality Board (2013). This paper will focus on the nursing reviews that have taken place in the last six months with reference also to any national changes and guidance from NICE and will include the monthly data for May 2015.

Key Points

- National Quality Board Guidance November 2013
- Safe Staffing for Nursing in Adult Inpatient Ward in Acute Hospitals
- Review of Quality Matrix
- Safer Staffing: Guide to Contact Care Time
- Safe Midwifery Staffing for Maternity Settings
- Safe Staffing for Nursing in Emergency Departments
- Safe Staffing Programme: Future Plans
- Vacancies
- Temporary Staffing
- Recruitment
- e-Rostering
- National Unify Return - May 2015
- Bank and Agency Usage - May 2015
- Unfilled Shifts - May 2015

The National Quality Board Guidance

The NHS National Quality Board published a new guidance in November 2015 to support providers and commissioners to make the right decisions about nursing, midwifery and care staffing capacity and capability "How to ensure the right people with the right skills are in the right place at the right time": A Guide to Nursing, Midwifery and Care Staff Capacity and Capability.
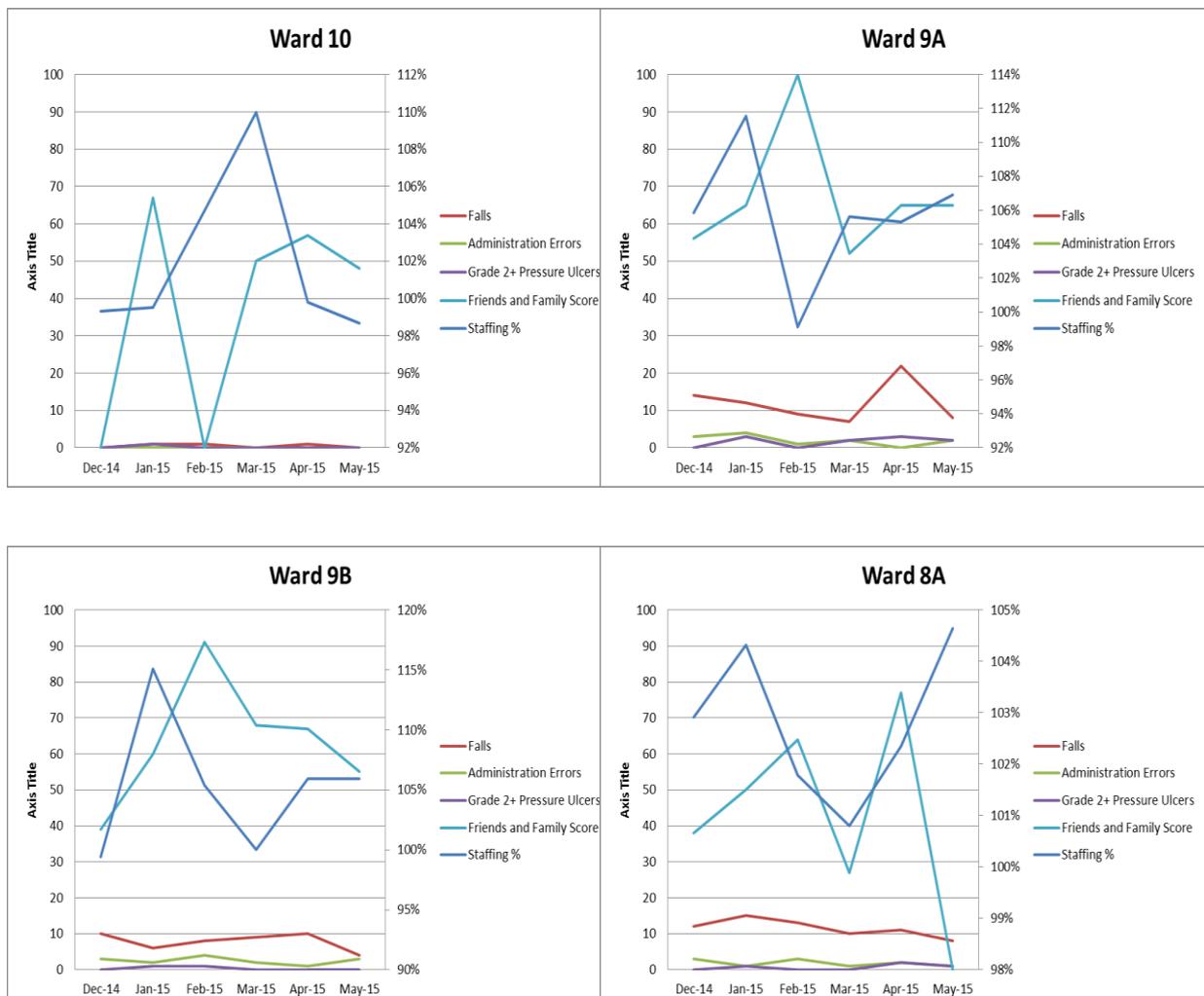
There are nine key expectations that apply to the Trust and Appendix 1 provides an update on the expectations and the compliance within Yeovil District Hospital.
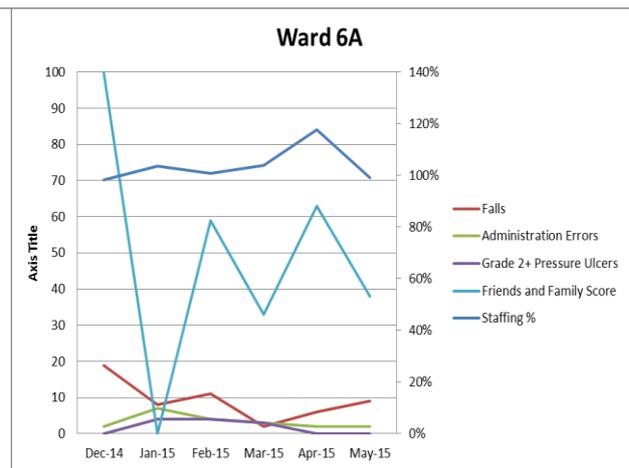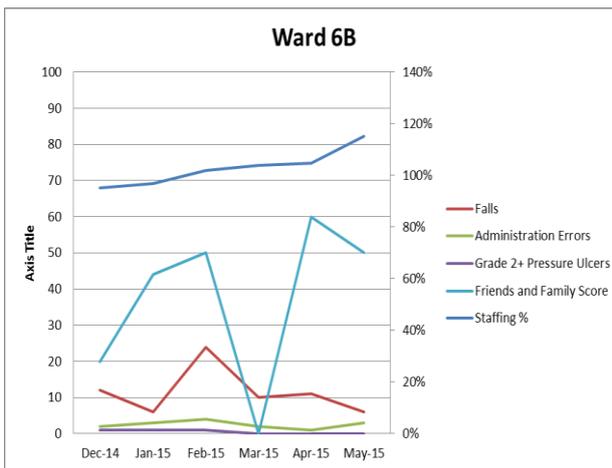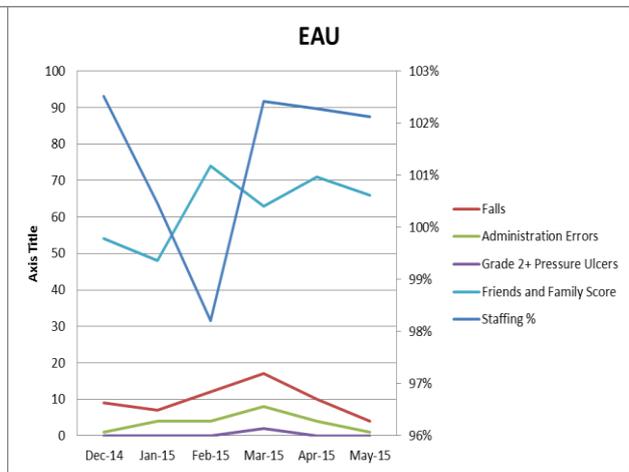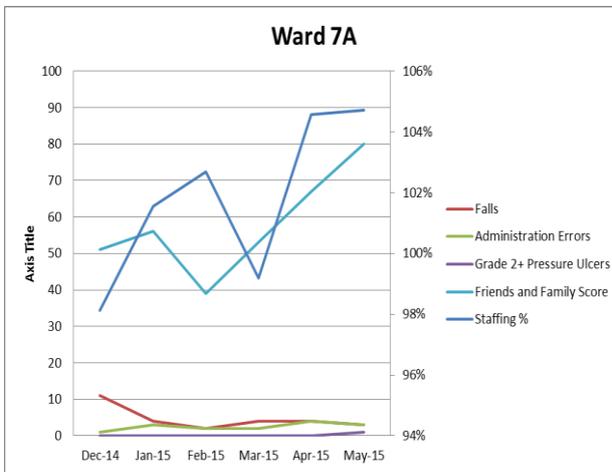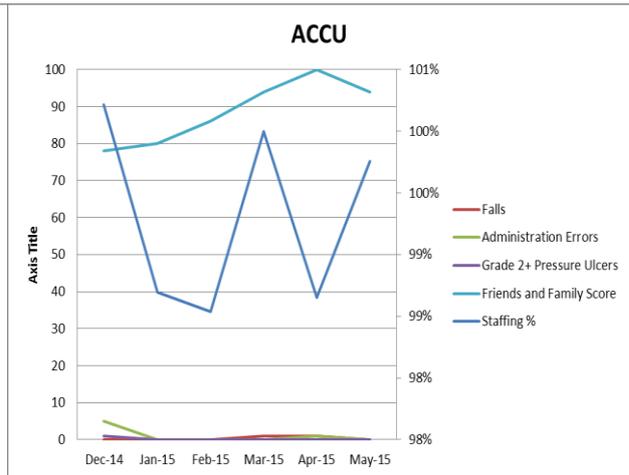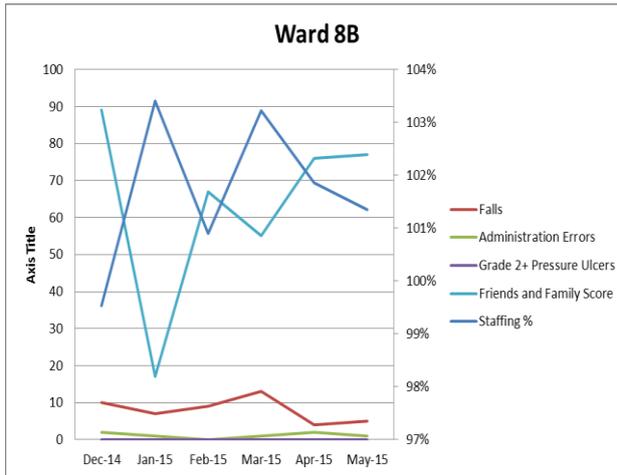
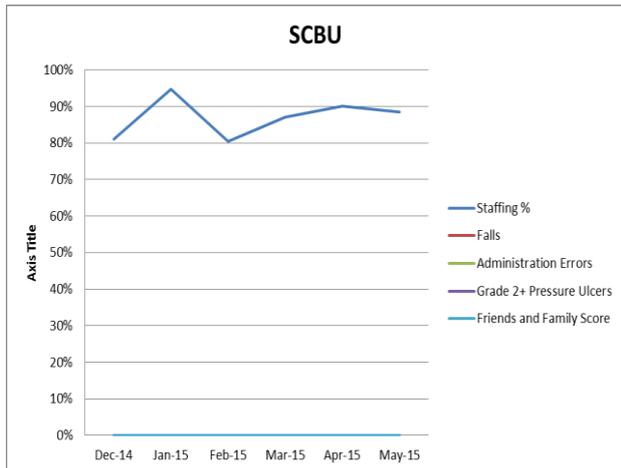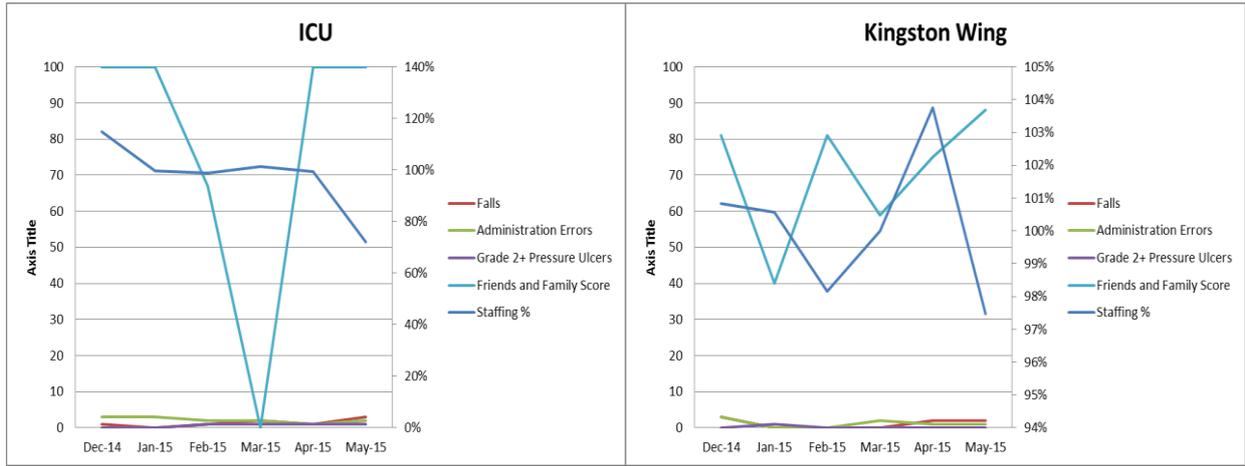## Safe Staffing for Nursing in Adult Inpatient Ward in Acute Hospitals

The first guidance published in 2014 by NICE focused on general wards that provide overnight care for adult patients in acute hospitals. The guidelines identified organisational and managerial factors were required to support safe staffing for nursing and indicators that should be used to provide information on whether safe nursing care is being provided. In order to meet the recommendations of the guidance we are currently working towards achieving a ratio of one registered nurse to eight patients. While there is no single nursing staff : patient ratio that can be applied across all adult inpatient wards, there is evidence of increased risk of harm associated with a registered nurse caring for more than eight patients during the day. This has been challenging in the last six months however with the successful recruitment drive it is anticipated that this will be achieved in full by September 2015. Positive feedback has been received from the wards with regards to the new staffing levels and that they feel they are able to provide a safer high quality care as a result. With the ongoing investment in registered nurses, and the anticipated over recruitment we will also be working towards a ratio of 1:10 for the night shift.

Safe Nursing Indicators

In order to monitor whether the ward nursing staff establishment adequately meets patients nursing needs the guidance recommends the use of safe nursing indicators. The safe outcome measures are falls, pressure ulcers and medication nursing administration errors and should be monitored and the results from the same ward compared at least every six months. The following tables indicate the staffing levels in relation to the safety outcome measures for each ward:

Ward 8B

ACCU

Ward 7A

EAU

Ward 6B

Ward 6A

Legend (all charts):
- Falls
- Administration Errors
- Grade 2+ Pressure Ulcers
- Friends and Family Score
- Staffing %

ICU

Kingston Wing

Jasmine

Freya

SCBU

It is anticipated that an increase in % staffing will see a decrease in the number of reported quality measures. For example, this is clearly demonstrated on Wards 6A, 8B and 9B in January 2015 with regards to patient falls and administration errors. The Friends and Family score does not appear to have a direct correlation to the staffing levels of the wards.

Red Flags

The NICE Guidance also recommends that wards nursing staff establishment is monitored to ensure that it adequately meets the patients nursing needs using the safe nursing indicators. An aspect of this is giving the staff the opportunity to raise a Red Flag incident. Further awareness and education of staff is required to ensure the appropriate raising of red flags.

Staff Numbers and Publications

Publishing and displaying data is now a requirement and we published the plan of actual staffing and description of teams that is visible to patients and visitors at ward level and in the future across all clinical areas. In order to achieve this ward staffing boards have been put up at the entrance of every ward and these are updated at the start of every shift that includes planned and actual staffing available.

Supervisory Ward Sisters

As an organisation we are committed to achieving supervisory status for ward sisters, however due to the number of current registered nurses vacancies the ward sisters are finding it challenging to achieve supervisory status. It is anticipated that with the successful recruitment continuing that this will be achieved again by September 2015. The following table indicates the supervisory time achieved by ward sisters at the start of 2015/16

Supervisory Status Report
(% calculated on number of days available to work)

Ward	April (22 shifts)	May (21 shifts)	Comment
10	46%	46%	Only works three days per week, therefore only 13 shifts available.
9A	55%	52%	Sister Chell covering Level 9
9B	18%	0	Sister Norris left May 2015
8A	14%	38%	
CCU	5%	0	
8B	0	29%	
7A	0	5%	
EAU	95%	67%	Sister Brown overseeing T&O
T&O	118%	64%	Sister Daley new in post and supported by Sister Brown
Elective	0	10%	
MFFD	0	10%	
KW	0	0	Has dedicated Matron
ICU	23%	38%	

Safer Staffing: A Guide to Care Contact Time

A range of elements make up the role of the registered nurse or midwife and all are important in ensuring the patient receives the best possible quality care. The publication of Safer Staffing: A Guide to Care Contact Time in November 2014 acknowledged that safe staffing was more than just looking at the numbers of staff on ward. Both Bournemouth and Plymouth Universities have agreed for us to utilise student nurses to assist in our data collection which will be ongoing as each new cohort of students join us.

Safe Midwifery Staffing for Maternity Settings

This guidance recommends a minimum staffing ratio for women in established labour based on the evidence available. It does not however recommend staffing ratios for other areas of midwifery care due to local variation and emphasises the use of professional judgement when reviewing staffing requirements. The Head of Midwifery has reviewed the guidance and has presented to HMT her recommendations for staffing levels within the Unit.

**Safe Staffing for Nursing in Emergency Departments**

NICE Safe Staffing Guidelines has been published in draft and went out for consultation from 16 January - 12 February 2015. This guidance has been reviewed and a position paper has been prepared including further work to be undertaken by the Business Unit. Whilst there are no specific safe staffing concerns at present it should be noted that an initial review of the draft guidance has indicated further investment of registered nurses may be required in the future. This was also highlighted following the mock CQC inspection that took place during May 2015. However, it should now be noted that NICE have stopped work on the recommendations for Emergency Departments at the request of NHS England who will now take over the work.

Safe Staffing Programme: Future Plans

NHS England have asked NICE not to begin any new activity in the Safe Staffing programme but the existing guidance on adult inpatient acute wards and maternity settings will remain in place.

Vacancies

The graph below indicates the number of vacancies and planned recruitment with an over establishment being achieved by September 2015.
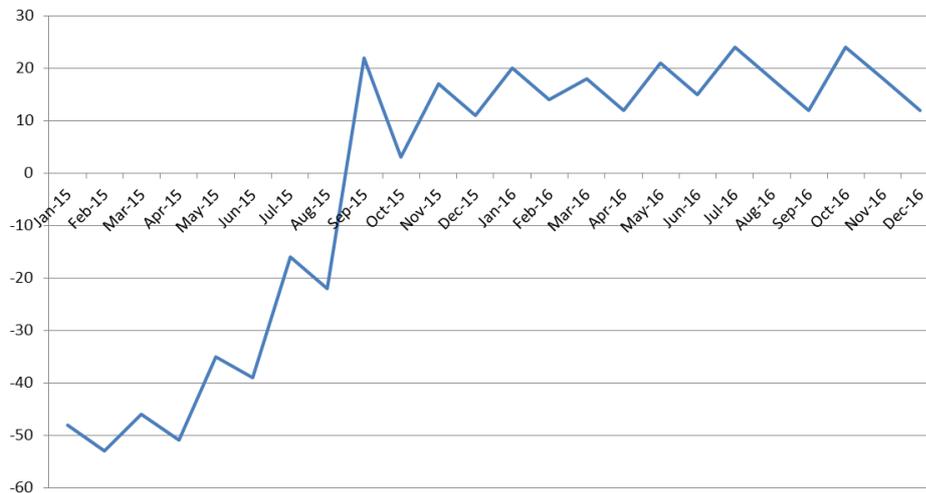
Temporary Staffing

Due to the continuing high vacancy rate and opening of escalation areas, ensuring safe staffing levels continues to be a challenge. The skill mix of every ward is reviewed daily by the Matrons and flexing of staff across all wards continues to ensure the provision of safe care including mitigating the risk of the unavailability of a registered nurse by using a health care assistant. Vacant shifts are escalated to the agencies as soon as the Staffing Solutions

Office receives them. In addition, the Associate Director of Nursing reviews all shifts and escalates to Thornbury a week in advance if required in order to maintain safe staffing levels. There is a continued replacement of bank and less expensive agencies into shifts already filled by the more expensive agencies in order to reduce the financial risk to the organisation. With the over recruitment of unregistered staff the enhanced rates of pay for unregistered nurses ceased from the 4 May 2015. As from the 1 June 2015 the enhanced rates of pay for registered nurses stopped, although this will be reviewed on a regular basis, in case of sudden demand, so that we can be sure that we have the optimum number of nursing staff to continue to provide excellent care.

Recruitment

RACE Course

12 registered nurses commenced in post on 16 March with just one candidate withdrawing after their start date. This has been publicised in the Western Gazette and in addition the Nursing Standard. Following this the Nursing Standard have written a feature piece on one of the RACE nurses, which will help to raise our profile as an 'employer of choice'.

EU Recruitment

An extended recruitment drive took place in Italy with 47 nurses being offered positions and a further recruitment drive in Spain with 14 nurses being offered positions. In May 2015, 18 EU nurses commenced in post making a total of 34 new registered nurse starters since the beginning of 2015. There is a second cohort of 25 planned for 6 July with a date in practice of 3 August 2015. There is currently no further EU trips planned although this is under constant review.

Non EU Recruitment

India: With NHS organisations throughout the country recruiting from the EU we also need to consider longer term plans of recruitment from outside the EU. We are currently exploring the possibility of recruiting directly from establishments in India. This has been recommended to us by two Indian members of staff who still have strong links with their training organisation. They have reassured us that there is a surplus of registered nurses and therefore the Trust recruiting would not have an impact on their health communities. This option will require significant planning which has already commenced as we are not proposing to use an agency, which will be more cost effective for the organisation. There are clear benefits from recruiting in this area in that our current staff are recommending us, the nurses are taught in English and are required to have two years post registration experience before they can leave their current employment; this would therefore give us a cohort of experienced nurses to complement our newly qualified.

Unregistered Nurses

Following two successful recruitment drives we are over recruited by eight unregistered nurses. This has resulted in a significant reduction in the use of agency unregistered staff. This is not only more cost effective for the organisation but more importantly provides continuity of care for our patients.

e-Rostering

The planned implementation of e-rostering continues with all adult inpatient wards now on the system. Maternity, Pharmacy and Theatres are currently in the process of moving over to e-Rostering which is challenging due to the size and complexity of the departments.   The

implementation of the bank booking system took place on 8 June 2015 and the reports available on the system are currently being explored. It is anticipated they will provide more accurate data for the Board report with regards to unfilled shifts and staffing numbers.

SAFER STAFFING REPORT – MAY 2015

National Unify Return - May 2015

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				
Jasmine	1032	963	1229.5	1268.5	775	786.5	600	600	93.3%	103.2%	101.5%	100.0%
KW	713	713	713	733	713	713	356.5	310.5	100.0%	102.8%	100.0%	87.1%
6A	1426	1375.5	1441.5	1454	1069.5	1081	713	701.5	96.5%	100.9%	101.1%	98.4%
6B	1069.5	1134.5	1496	1641	713	896.5	589	704	106.1%	109.7%	125.7%	119.5%
7A	1415.5	1358	944.5	1146	713	724	713	713.5	95.9%	121.3%	101.5%	100.1%
EAU	1506	1439	1586.5	1723.5	1069.5	1081	713	736	95.6%	108.6%	101.1%	103.2%
8A	1172	1196	1302	1496.5	713	713	713	724.5	102.0%	114.9%	100.0%	101.6%
8B	1350	1321	1302	1379	713	713	713	724.5	97.9%	105.9%	100.0%	101.6%
9A	1521.5	1533.5	899	1068.5	713	747.5	713	736	100.8%	118.9%	104.8%	103.2%
9B	1200	1183.5	1187	1445	713	713	713	736	98.6%	121.7%	100.0%	103.2%
10	1069.5	1075	356.5	340.5	1069.5	1069.5	0	34.5	100.5%	95.5%	100.0%	-
ICU	2506.5	2144.5	155	70.5	2495.5	2128	0	46	85.6%	45.5%	85.3%	-
CCU	1407	1418.5	0	0	883.5	872	0	11.5	100.8%	-	98.7%	-
Freya	2857.5	2716	997.5	870	1953	1921.5	651	630	95.0%	87.2%	98.4%	96.8%
SCBU	930	892.5	465	390	294.5	265.5	294.5	247	96.0%	83.9%	90.2%	83.9%

Bank and Agency Usage

	10	9A	9B	8A	8B	ACCU	7A	EAU	6A	6B	ICU	KW	JW	FREYA	Labour	SCBU	TOTAL
Registered Bank	16	19	21	17	49	20	20	21	35	21	27	15	35	13	10	34	**373**
Unregistered Bank	5	26	10	6	27	0	31	29	53	51	1	17	25	0	1	**13**	**295**
Total Bank	**21**	**45**	**31**	**23**	**76**	**20**	**51**	**50**	**88**	**72**	**28**	**32**	**60**	**13**	**11**	**47**	**668**
Registered Agency	5	50	28	42	49	13	46	47	21	114	15	17	28	3	0	0	**478**
Unregistered Agency	4	29	25	6	25	1	14	23	46	33	3	12	23	0	0	0	**244**
Total Agency	**9**	**79**	**53**	**48**	**74**	**14**	**60**	**70**	**67**	**147**	**18**	**29**	**51**	**3**	**0**	**0**	**722**
TOTAL Bank/Agency	**30**	**124**	**84**	**71**	**150**	**34**	**111**	**120**	**155**	**219**	**46**	**61**	**111**	**16**	**11**	**47**	**1390**

There has been a significant reduction in the number of agency staff used during May 2015. During April 2015 493 registered nurse shifts were used compared to 478 shifts for May 2015. The unregistered nurse shifts have reduced from 425 shifts in April 2015 to 244 shifts in May 2015. This can be attributed to the over recruitment of substantive unregistered nurses. The overall agency usage was 918 shifts compared to 722 shifts for May 2015. It is anticipated that this will be reflected in the finance position for May 2015.

Unfilled Shifts

		10	9A	9B	8A	8B	ACCU	7A	EAU	6A	6B	ICU	KW	JW	FREYA	SCBU	TOTAL
Using Professional Judgement	Registered	2	17	24	18	8	2	23	18	0	6	72	1	7			**198**
	Unregistered		1		1			1		2	1	15	15				**36**
Nurse Not Available	Registered	6	0	2	1	5	4	7	7	11	9	3	0	14	22	8	**99**
	Unregistered	6		3	2	1		2	3	3	6			12	19	16	**73**
TOTAL		**14**	**18**	**29**	**22**	**14**	**6**	**33**	**28**	**16**	**22**	**90**	**16**	**33**	**41**	**24**	**406**

The above table indicates the number of unfilled shifts across the ward areas for May 2015.

A total of 99 registered nurse shifts were not filled due to the unavailability of staff and a total of 73 unregistered shifts, a significant reduction from 127 in April 2015 due to safe staffing numbers.

The total number of registered nurse shifts not covered using professional judgement has increased from 139 in April 2015 to 198 in May 2015, this is however to be expected and reflects the new staffing numbers.

When registered nurse shifts were unfilled by using professional judgement the shift will have been filled with an unregistered nurse where possible so that the number of staff on duty was sufficient, although the skill mix did not meet the 1:8 ratio.

Conclusion

This report fulfils the reporting arrangements as detailed in the National Quality Board 2013 and demonstrates to the public the Board's diligence at reviewing both staffing capacity and capability on a monthly and six monthly basis.

Recommendation

The Board is asked to note the findings of the six monthly ward review and the Trust position in relation to National Guidance on staffing levels and to discuss the report at Open Board as a requirement of the National Quality Board expectations around safe staffing assurance and to note the ongoing progress in implementing the NICE Guidelines on Safe Staffing.

Expectations in respect of Nursing, Midwifery and Care Staffing Capacity and Capability

Expectations	Key Requirements	Position
1. Boards take full responsibility for the quality of care provided to patients and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability.	a. Boards ensure there are robust systems and processes in place to assure themselves that there is sufficient staffing capacity and capability to provide high quality care to patients.	a. Safer Staffing paper received monthly by Board and incidents reviewed.
	b. Boards are actively involved in managing staffing capacity and capability, by agreeing staffing establishment and are accountable for decisions made.	b. Board currently agrees nurse establishments and is accountable for decisions made.
	c. Boards monitor staffing capacity and capability through regular and frequent reports on the actual staff on duty on a shift to shift basis, versus planned staffing levels.	c. Monthly reports show planned vs actual staff provided, including the use of professional judgement.
	d. Board examine trends in the context of key quality and outcome measures.	d. The Board receive a quality report.
	e. Boards ask about the recruitment, training and management of nurses, midwives and care staff and give authority to the Director of Nursing to oversee and report on tis at Board level.	e. Board receives a report on recruitment and absence, overseen by Director of Nursing.
	f. Board papers are accessible to patients and staff working at all levels and across different parts of the organisation.	f. Board papers are published on Trust intranet.
	g. Board ensure their organisation is open and honest if they identify potentially unsafe staffing levels, and take steps to maintain patient safety.	g. Good escalation systems in place to maintain safety.
	h. Boards must, at any point in time, be able to demonstrate that robust systems and processes are in place to assure themselves that the nursing, midwifery and care staffing capacity and capability in their organisation is sufficient.	h. The Board regularly receives effective information on capacity; quality information is reported that is indicative of capability.

Expectations	Key Requirements	Position
2. Processes are in place to enable staffing establishments to be met on a shift to shift basis.	a. The Executive team should ensure that policies and systems are in place, such as e-rostering and escalation policies, to support those with responsibility for staffing decisions on a shift to shift basis. b. The Director of Nursing and their team routinely monitor shift to shift staffing levels, including the use of temporary staffing solutions, seeking to manage immediate implications and identify trends. c. Where staffing shortages are identified, staff refer to escalation policies which provide clarity about the actions needed to mitigate any problems identified.	a. Both e-rostering and escalation processes / policies are in place with oversight and daily operational management. b. Shift to shift staffing is overseen by Matrons with escalation to Associate Director of Nursing. c. Operationally managed day to day by an identified Matron with senior support available for escalation.
3. Evidence based tools are used to inform nursing, midwifery and care staffing capacity and capability.	a. As part of a wider assessment of workforce requirements, evidence based tools, in conjunction with professional judgement and scrutiny, are used to inform staffing requirements including numbers and skill mix. b. Senior nursing and midwifery staff and managers actively seek out data that informs staffing decisions and they are appropriately trained in the use of evidence based tools and interpretation of their outputs. Staff use professional judgement and scrutiny to triangulate the results of tools with their local knowledge of what is required to achieve better outcomes for their patients.	a. All establishments are calculated using recognised tools and guidance, this includes use of a 'professional model'. b. The Shelford tool has been trialled in a clinical area but further work is required. A professional guidance tool is available to aid decision making.

Expectations	Key Requirements	Position
4. Clinical and managerial leaders foster a culture of professionalism and responsiveness where staff feel able to raise concerns	a. The organisation supports and enables staff to deliver compassionate care.	a. Training available through the Academy supportive courses, such as RACE, preceptorship.
	b. Staff work in well structured teams and are enabled to practice effectively through the supporting infrastructure of the organisation (such as the use of IT, deployment of ward clerks, housekeepers and other factors) and supportive line management.	b. Trust staff surveys consider aspects of this.
	c. Nursing, midwifery and care staff have a professional duty to put the interests of the people in their care first, and to act to protect them if they consider that they may be at risk, including raising concerns.	c. Clear and comprehensive policies, processes and support in place for the safeguarding of patients and for raising concerns.
	d. Clinical and managerial leaders support this duty, have clear processes in place to enable staff to raise concerns (including about insufficient staffing) and they seek to ensure that staff feel supported and confident in raising concerns. Where substantiated, organisations act on concerns raised.	d. As per (c) and staff reporting in staffing incidents.
5. A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments.	a. Directors of Nursing lead the process or reviewing staffing requirements and ensure that there are processes in place to actively involve sisters, charge nurses or team leaders.	a. Review process is led by Director of Nursing and involves the relevant Associate Director of Nursing, Matron and Ward Sister / Charge Nurse. All proposed changes are thus authorised by the Director of Nursing.
	b. They work closely with Medical Directors, Directors of Finance, Workforce (HR) and Operations, recognising the interdependencies between staffing and other aspects of the organisations functions. Papers presented to the Board are the result of team working and reflect an agreed position.	b. Budget setting 2015/16 reflects a multi professional approach.

Expectations	Key Requirements	Position
6. Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties.	a. Staffing establishments take account of the need to allow nursing, midwifery and care staff the time to undertake continuous professional development and to fulfil mentorship and supervision roles. b. Providers of NHS services make realistic estimations of the likely levels of planned and unplanned leave, and factor this into establishments. Establishments also afford ward or service sister, charge nurses or team leaders time to assume supervisory status and benefits are reviewed and monitored locally.	a. Headroom factor is reviewed as part of every review. b. As above at (a). The review established all Ward Sister / Charge Nurses as supervisory full time. In 2014 as part of the changes to shift patterns Sisters and Charge Nurses were identified as supervisory. This has been included in the budget setting for 2015/16, although it remains a challenge to achieve.
7. Boards receive monthly updates on workforce information and staffing capacity and capability is discussed at public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review.	a. Boards receive monthly updates on workforce information, including the number of actual staff on duty during the previous month, compared to the planned staffing level, the reason for any gaps, the actions being taken to address these and the impact on key quality and outcome measures. At least once every six months, nursing, midwifery and care staffing capacity and capability is reviewed (an establishment review) and is discussed at a public Board meeting. This information is therefore made public monthly and six monthly. This data will, in future, be part of the CQC's Intelligent Monitoring of NHS provider organisations.	a. The Board receives monthly updates.
8. NHS providers clearly display information about the nurses, midwives ad care staff present on each ward, clinical setting, department or service on each shift.	a. Information should be made available to patients and the public that outlines which staff are present and what their role is. Information displayed should be visible, clear and accurate and it should include the full range of support staff available on the ward during each shift.	a. Current staffing information displayed on each ward.

Expectations	Key Requirements	Position
9. Providers of NHS service take an active role in securing staff in line with their workforce requirements.	a. Providers of NHS services actively manage their existing workforce and have robust plans in place to recruit, retain and develop all staff. To help determine future workforce requirements, organisations share staffing establishments and annual service plans with their Local Education and Training Board (LETBs), and their regulators for assurance. Providers work in partnership with Clinical Commissioning Groups and NHS England Area Teams to produce a Future Workforce Forecast, which LETBs will use to inform their Education Commissions and the Workforce plan for England led by Health Education England (HEE).	a. The Trust has: - Well supported and robust recruitment plans. - Well developed plans to recruit and develop staff.
10. Commissioners actively seek assurance that the right people, with the right skills, are in the right place at the right time within the providers with whom they contract.	a. Commissioners specify in contracts the outcomes and quality standards they require and actively seek to assure themselves that providers have sufficient nursing, midwifery and car staffing capacity and capability to meet these. b. Commissioners monitor providers quality and outcomes closely and where problems with staff capacity and capability pose a threat to quality, commissioners use appropriate commissioning and contractual levers to bring about improvements. Commissioners recognise that they may have a contribution to make in addressing staff related quality issues, where these are driven by the configuration of local services or the setting of local prices in contracts.	a. Local contract requirement Quarterly monitoring of staffing and quality standards delivered by the CCG and the Clinical Quality Review Meeting b. Local contract requirement Quarterly monitoring of staffing and quality standards delivered by the CCG and the Clinical Quality Review Meeting