

Public Board Meeting

Report

1. Introduction

This report is provided to update the Board of Directors on nurse and midwifery staffing based on the Trust position against the requirements of the National Quality Board (NQB) Safer Staffing Guidance, the National Institute for Health and Care Excellence (NICE) guidance issued in 2014 and NQB 2016 guidance supporting NHS Providers to deliver the right staff, with the right skills in the right place at the right time. The guidance is provided to ensure Trusts provide safe and effective nursing care through the provision of appropriate nursing establishments and skill mix for wards.

The monthly report is intended to bring to the attention of the Board of Directors any actual or potential nursing and midwifery workforce risks to enable the Trust to demonstrate compliance with safer staffing guidance.

A full summary of the position by ward has been provided at **Appendix 1**. The summary details 'actual' nurse staffing levels reported, comments related to safety for the ward and a number of predetermined patient outcome measures which are utilised by senior nurses to support decision making about future safe staffing requirements. **Appendix 2** provides the guidance against which the report is written.

2. Monthly report – safe staffing

Ward staffing information is submitted monthly as part of the national safer staffing UNIFY. The monthly UNIFY submission does not include all ward and department areas within the Trust. The information within **Appendix 1** details the summary of planned and actual staffing for all ward areas in the Trust for July 2017. **Appendix 2** details the data monitoring colour codes.

The number of areas with **red** ratings (actual staffing level is below the accepted 80% level and highlights a potential significant risk) saw a significant increase to **8 wards** in July. This increase is related to some areas that have seen an increase in their Registered nursing establishment which have yet to be recruited into. It is important to note that staffing has not decreased below the 1-8 ratio which is used as a guideline in relation to safe staffing. The wards with a red ratings confirmed actions were taken to maintain safe staffing levels. There has been no reportable increase in harms or patient safety incidents within these areas.

The number of areas with **amber** ratings (staffing fill rate is less than the accepted 90%, but above 80%) has slightly **increased** this month to **11 wards**. The increase has been explained by reduced bed occupancy, activity and patient acuity, enabling staff to be redeployed and utilised in other areas.

July saw **14 wards** of the 29 areas monitored recording a **blue** rating (actual staffing figures are greater than 110% fill rate) this figure has decreased from the previous months data; it has been closely monitored by the ward sisters/charge nurses, matrons and their Heads of Nursing.

The rationale for each ward is captured in the **Appendix 1** narrative, and demonstrates a predominantly typical monthly picture with the exception of Surgery, whose workforce redesign plan is currently in progress.

Graph 1 and **table 1** below, displays over a 12 month period, where the Trust has not staffed to its expected planned level (red below 80% and amber between 80% & 90%) and the staffing fill rates above planned (greater than 110% blue).

Graph 1. Staffing over and under-fill captured through the Unify report

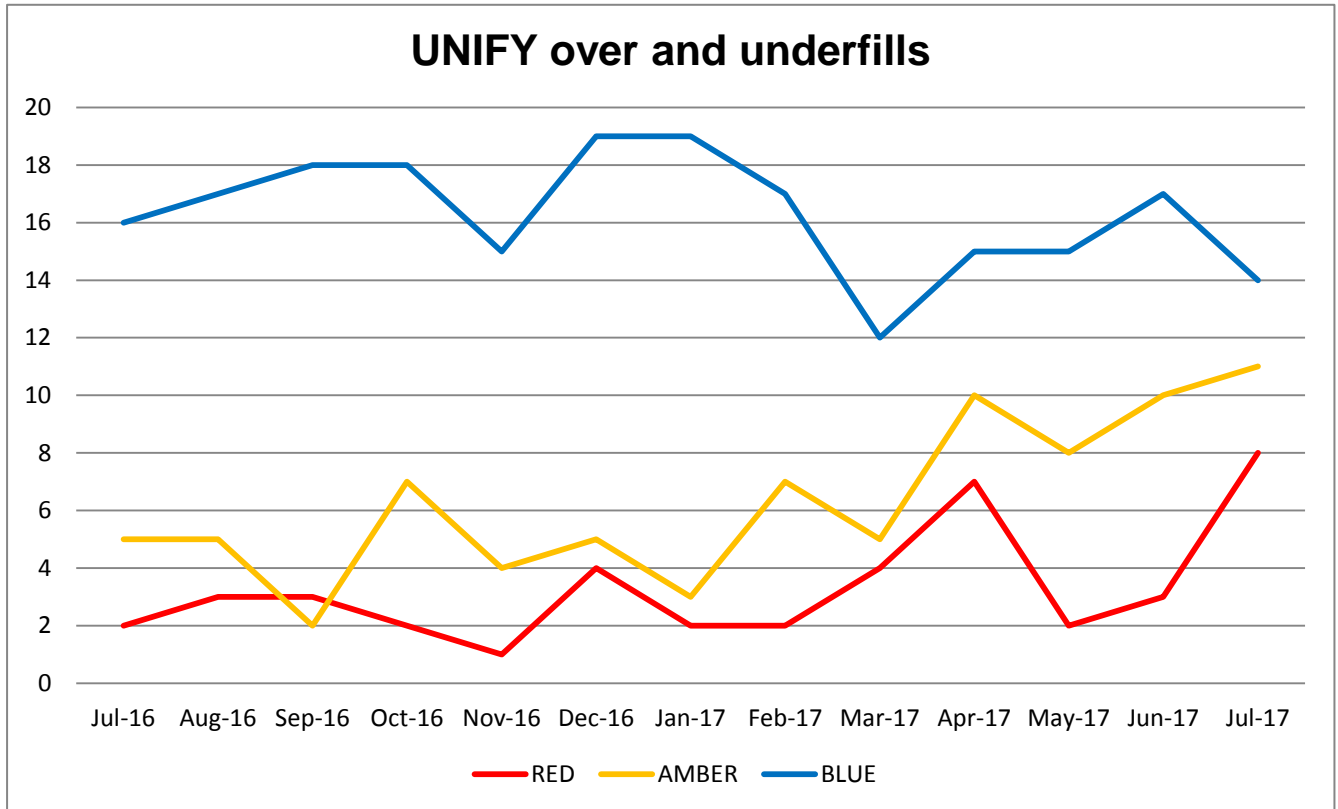


Table 1. Volume of wards identifying under and over-fill staffing levels.

	RED	AMBER	BLUE
Jul-16	2	5	16
Aug-16	3	5	17
Sep-16	3	2	18
Oct-16	2	7	18
Nov-16	1	4	15
Dec-16	4	5	19
Jan-17	2	3	19
Feb-17	2	7	17
Mar-17	4	5	12
April-17	7	10	15
May-17	2	8	15
June-17	3	10	17
July-17	8	11	14

The surgical bed base reconfiguration has been developed into a workforce plan that has recently been accepted at Workforce change group and executive board. It is expected to take several months to fully implement therefore figures provided will continue to demonstrate some of the anomalies seen over the recent months.

Within this the Orthopaedic wards continue to flex their bed base across the trauma and elective services to support the demand on the service. Staffing in these areas is monitored closely by the charge nurses and the Matrons ensuring that an increased demand in patient numbers,

dependency and acuity is provided for with an increased supply of appropriately skilled nursing staff.

The Emergency Assessment Unit (EAU) reduced their bed base to 40 beds (from 52) following executive agreement for a 3 month period due to ongoing staffing constraints. At times this has flexed further by reducing to 34 beds when either further staffing challenges were noted or demand has allowed.

There has been further reduction in beds across the adult inpatient wards with Ward 24 remaining on 16 beds (from 24) and Ward 36/SSU flexing to 16 beds (from 24) for periods of the month. This visibility and flexible management of the bed base has ensured safe staffing is in place in a controlled and proactive manner being managed on a daily basis.

The inpatient adult wards continue to report increased numbers of patients requiring enhanced observations due to dementia or delirium. Allocation of nurses from the Virtual Ward continues to help to provide a higher quality of care for these patients at a lower cost. Promoting a patient's independence and ensuring they remain safe, observed and cared for continues to be the priority of the wards whilst devising innovative ways that this can be achieved in a cost effective manner.. A full organisational audit has been undertaken during July to review adherence to Trust Enhanced Observation Policy and consideration of the patient experience. An action plan is in place and further reviews will be undertaken.

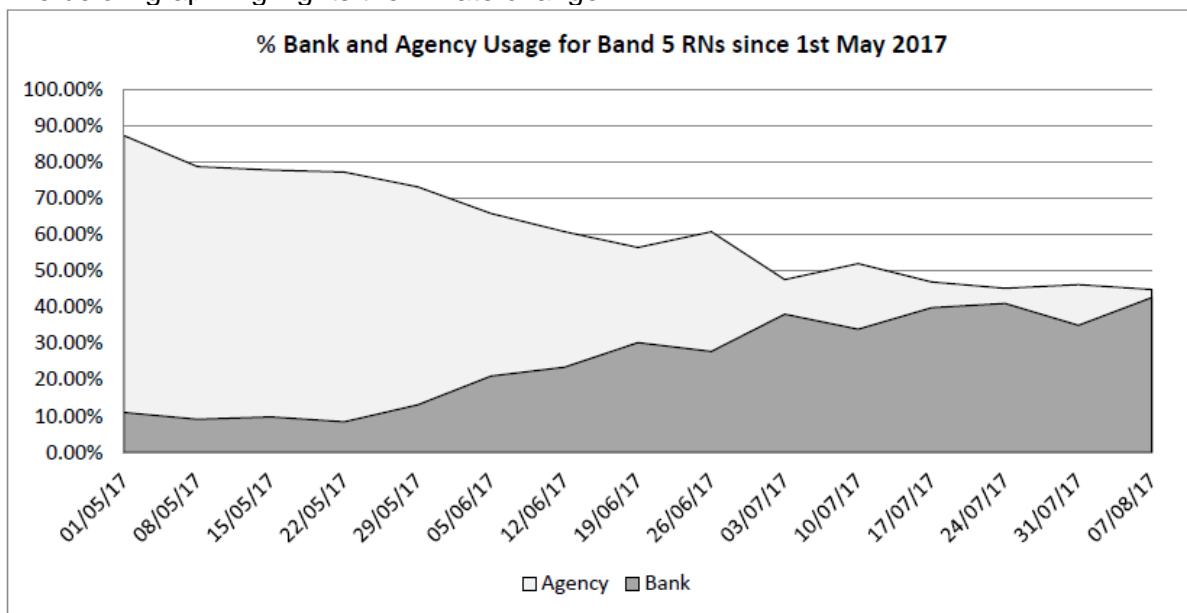
On analysis of this month's data there remains no apparent links or trends over a period of time linking type, frequency or severity of patient harm with overall staffing levels specifically under-fill levels or those areas where there are overfills due to requests for enhanced observations.

No safe staffing issues were escalated during July and no ward was left with staffing levels which were reported as unsafe.

3. Temporary staffing

Registered Nurse Band 5 fill rates have continued to increase. Bank fill rate as at 7th August 2017 was 42.6%, when compared to c9.5% in May 2017. A similar reduction has been reported in agency fill rate.

The below graph highlights the fill rate change:-



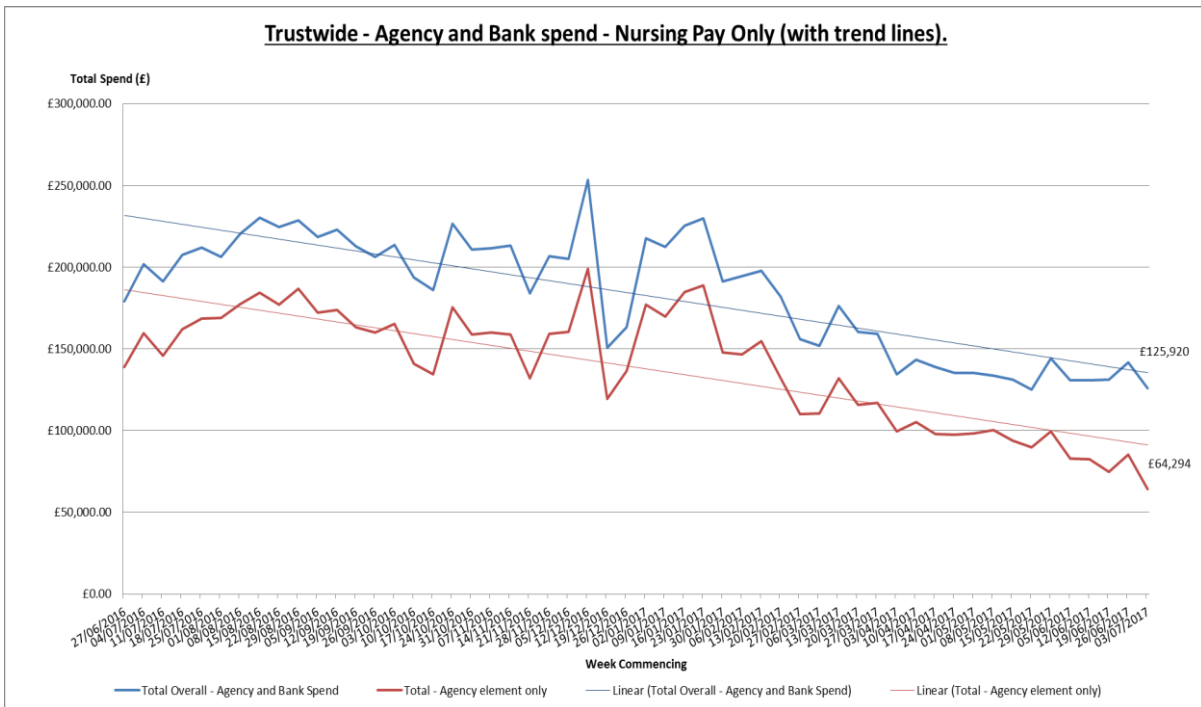
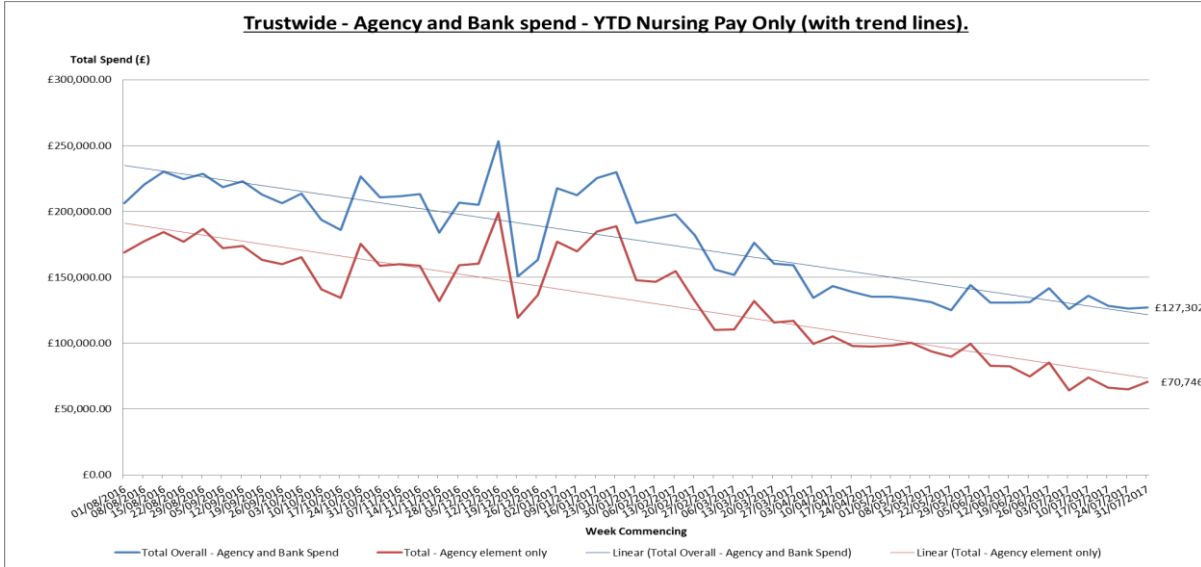
Agency temporary staffing demand for July decreased by a further 1850 hrs for the month which equates to 59 hrs per day. This represents approximately 5 shifts per day and has continued to reduce agency spend.

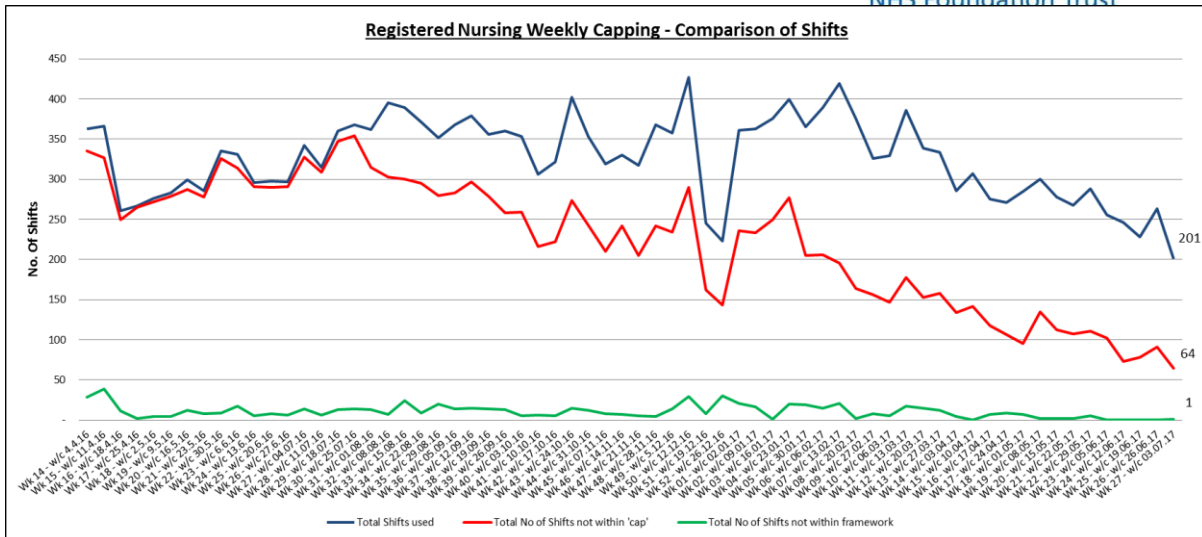
Agency wage and price cap breaches have continued to reduce in July to an average of 67 per

week, when compared to over 100 per week at the end of May 2017. Any off-framework bookings have a root cause analysis process which is overseen by the Chief Nurse.

For July the Trust reported a further reduced spend in Nursing agency of £60k on the previous month.

The below graph highlights the profile and current trajectory of agency spend and variable pay spend for the year (July 16 to July 17)





There continues to be no Agency HCA usage across the Trust for the 3rd consecutive month with all requests being managed by the trust nurse bank or deployment of the virtual ward.

The continued focus on the safe removal of Thornbury agency nursing has been successful with only 5 shifts being used across July. These were all subject to a RCA process held by the Chief Nurse

Continued focus on process and controls has ensured annual leave is managed to tolerance parameters closely and reports are produced monthly through the performance dashboards to view forthcoming annual leave.

4. Virtual ward

A full review and deep dive was undertaken of the Virtual Ward and its processes in June. In order to further improve operational processes, day to day management of shifts and rosters is now performed by the Rostering Services team in line with standard processes. Professional management (clinical, sickness etc) continues to be undertaken by the Duty Nurse Management team.

5. Safe Care

The electronic program available through allocate that is currently in use on most adult areas will be rolled out onto Paediatrics in August, with the plan to then develop and use on NICU and maternity and dependent on the Programme upgrade and its capabilities ED.

As part of the original allocate/safe care purchase The Value Add project was purchased it consists of a 5-stage approach, broadly: Project Definition, Data Gathering, Data Analysis, Improvement period, Controls and Project Closure.

The Value Add project aims to identify root causes of unwarranted variation, develop an improvement plan and then provide evidence of improvements made. During September we shall commence work with the allocate project manager to review 2 ward areas, details of progress and findings will be reported subsequently over the forthcoming months.

6. Conclusion

Safe staffing review and escalation occurs continuously in line with Trust guidance, data is captured and monitored in line with national requirements.

The continued focus on the usage of temporary staffing and other initiatives to ensure safer staffing has had a positive impact without impacting on the safe care of patient related to staffing.

7. Recommendation

The Board of Directors are asked to receive this report and note the actions taken and plans in place to provide safe nursing staffing levels across the Trust.