

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. This month's paper includes the required six monthly review.

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 May 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) was **2 wards** in May. The wards with a red ratings confirmed actions were taken to maintain safe staffing levels, the figures related to areas that have seen an increase in establishment which have yet to be recruited into, staffing has not decreased below the 1-8 ratio which is used as a guideline in relation to safe staffing.

The number of areas with **amber** ratings (staffing fill rate is less than the accepted 90%, but above 80%) has **decreased** this month to **8 wards**. The increase has been explained by reduced bed occupancy and activity, enabling staff to be utilised in other areas or alternate shifts.

May saw **15 wards** of the 29 areas monitored recording a **blue** rating (actual staffing figures are greater than 110% fill rate) this figure was exactly the same the previous month due to increased dependency; it has been closely monitored by the ward sisters/charge nurses and their matrons. A review will be undertaken during July to triangulate blue rated wards, against the new nursing 'breach report' which highlights where additional staffing has been booked to support patients who require enhanced observations and assurance that the level of enhance observation is accurate to patient dependency requirement.

The rationale for each ward is captured in the **Appendix 1** narrative and demonstrates a typical monthly picture with no specific hotspots identified in month.

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

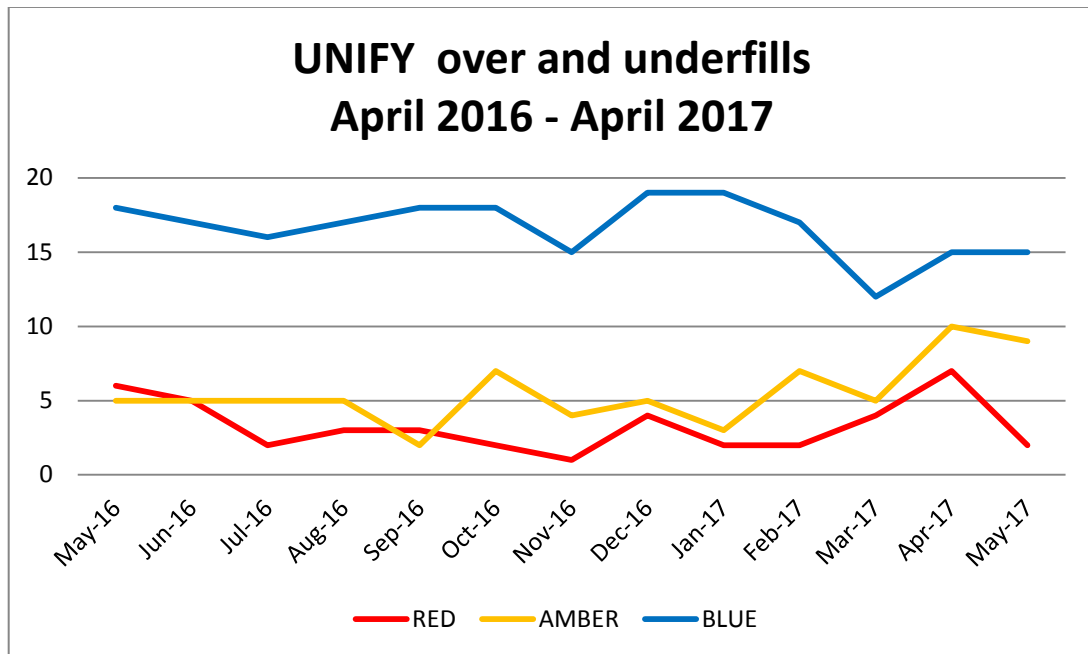


Table 1. Volume of wards identifying under and over-fill staffing levels.

	RED	AMBER	BLUE
May-16	6	5	18
Jun-16	5	5	17
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

The data available through the SafeCare live site is now fully operational, will facilitate detailed analysis of staffing requirements based on the dependency and acuity of patients for all adult inpatient wards and will allow this to be tracked against the 6 national red flag escalations identified within the national NICE safer staffing guidance.

The orthopaedic wards continue to flex their beds 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.

EAU reduced by 6 beds during April / May and at times this was further reduced by 12 beds where safe staffing levels could not be provided. EAU and the SSU have an agreed established bed base, which they flex to meet the needs of the patients presentations, SSU has seen an increased use while EAUs numbers have reduced.

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 ward whilst devising innovative ways that this can be achieved in a cost effective way. This group of patient's continues to be reviewed by the senior nursing team daily ensuring the additional staffing requests are correct.

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.

Safe Care Live has now been fully implemented across all adult inpatient areas, it allows patient acuity and dependency to be reviewed three times daily in real-time by the nurse in charge and all appropriate actions are taken.

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

3. Safer staffing update – six monthly review

3.1 Progress against the action plan for NICE guidance 'Safe Staffing for nursing in adult inpatient wards in acute hospitals' remains on track and is expected to be completed in June.

3.2 Establishment review

In 2016/17, the Chief Nurse undertook an Establishment Review which triangulated the acuity and dependencies on the inpatient wards, against the utilisation of additional Healthcare Assistants to undertake close and constant observations of patients. In January 2017, a 90 day plan was implemented to recruit to the additional Healthcare Assistants and to have the full establishment by the 1 April 2017. As per plan, the recommended changes to the establishments have been completed, and the residual vacancies are due to attrition.

3.3 Improved effective deployment of staffing

Rostering: The Rostering Team and the Programme Manager for Nursing Taskforce has provided further Health Roster training from Chief Nurse to the Ward Sisters/ Charge Nurses. This has continued to provide control and assurance on the management of the Health Rosters, and re-instate the Ward Sisters/ Charge Nurses ownership.

Each division has their rosters performance managed on a monthly basis through scrutiny of the rotas to ensure that the rosters are working within the parameters

established as a good roster. All wards have a monthly performance dashboard to demonstrate their in-month position, and to establish areas for improvement.

3.3.2 Safe care delivery

A Safer Staffing standard operating procedure (SOP) has been developed and introduced across the trust. Each ward is measured against 6 Tipping points. These tipping points form the basis for a trigger to determine whether the ward is deemed to be safely staffed. The tipping points include:

- SFH employed registered nurse on each shift (registered nurse to be in charge as described in the Health Roster Policy);
- Minimum of 2 SFH registered nurses on each shift;
- Greater than or equal to 50% of registered nurses on each shift are employed by SFH;
- Critical Care Unit in accordance with the Specification for Adult Critical Care have a maximum of 20% agency;
- No less than 1 registered nurse for 8 patients;
- Sudden changes in the acuity and/or dependency on a ward – these are to be agreed at divisional and ward level.

Utilising BRAG rating the Trust is now able to establish where there is high agency nurses usage, and describe the mitigation and action taken to reduce the risk. The SOP enables a transparent way to monitor safe staffing proactively. The safe staffing guidance and daily escalation report is captured at Appendix 3.

The module roll out of SafeCare has been completed in line with the PID milestones. During June ongoing monitoring has been maintained across all adult areas, All wards now have a minimum of 50% of their registered nursing staff trained to input census data, and the UNIFY downloads clearly demonstrated that compliance was very high in most areas when bed occupancy figures were compared from the two systems allocate and Medway.

Discussions have been taking place with other organisations about the processes used to deliver SafeCare to monitor the Childrens version of the Safer Nursing Care Tool, within paediatrics. Paediatrics currently collect data once daily on paper. The expectation is for the rollout to occur by the end of July.

To ensure full benefits realisation from the SafeCare system, the following objectives have been agreed that a task and finish group be developed to work through the early issues of the system with the plan to discontinue once the system was fully operational and being utilised to its full potential. The first meeting for this is the end of June.

- All nurses with in charge responsibility (for wards) will have access to see staffing the whole organisation.
- The ward sisters and charge nurse are to monitor compliance with the system in their areas, this is to be overseen by the matrons and discussed in the monthly 1 to 1's the matrons have with the Heads of Nursing.
- Patient acuity and dependency data is to be reviewed, twice weekly by the matrons to validate and confirm the reliability of the information.
- The process to use the 6 national Red Flags will be activated during July following the confirmation by the senior nursing team of the escalation process.
- Reports currently are available on an adhoc basis and information is required to understand if these can be produced automatically.

3.3.3 Virtual Ward:

36.7 wte Healthcare Assistants have been recruited to the virtual ward. The virtual ward provides support through a flexible rota where there is a shortfall of HCA on individual shifts.

3.3.4 Temporary staffing:

In February 2017, the Trust made the decision to discontinue the utilisation of Agency Healthcare Assistants, and since the 24th April 2017, there has been no Band 2 agency booked, realising savings of £352k. This has had a positive outcome for our patients, as they are being cared for by trust employed staff.

In March 2017, a business case was approved to increase rates of pay for Registered Nurses on the Nurse Bank with implementation on 1 June 2017. This has had a positive outcome, as there are now 192 internal Registered Nurses on the Nurse Bank, and 24 external Registered Nurses are being recruited. In order to improve the external nurse recruitment there has been some sustainable changes which have included along with the improved rates of pay, shortened Induction course of two days, and weekly pay.

In addition, work has taken place regarding negotiation and reduction of the average hourly rate for Agency Registered Nurses. Reduction from £36.28 to £29.12 per hour for Band 5, and for Band 5 Specialist Nurses £56.55 to £36.07, this has realised a significant cost saving for the Trust.

Through the Nursing Taskforce Steering Group and discussion with ward sisters, matrons and heads of nursing an intention was made to eradicate Thornbury nursing by the summer 2017. In June 2017, following several weeks of reduction of Thornbury utilisation, the Chief Nurse, following discussion with the ward sisters, matrons and heads of nursing proposed to the Executive team that a 2 phase approach of cessation of Thornbury took place. Phase 1 commenced on 7th June with phase 2 of full removal to be implemented over the next few weeks. There has been no Thornbury Nursing Agency shifts since the 7 June 2017, this has considerably reduced nursing spend for the Trust, and has resulted in no off framework nursing agency staff.

3.3.5 Recruitment:

A refresh of nurse recruitment as part of our recruitment drive now includes regular assessment days. These enable a one stop shop approach to recruitment which has to date been relatively successful. These have been supported by our Ward Sisters, Charge Nurses, Matrons and Heads of Nursing, and the number of applications has risen since commencing this approach.

The Nursing Taskforce Steering Group are exploring the opportunity to work with two new agencies to undertake further International Recruitment, HealthPerm will work with us in order to recruit from the Philippines and PE Global to recruit from Croatia.

For the 12 month period from May 2016 – May 2017 there has been a positive position of 18.90 WTE Band 5 RN appointed to. The recruitment of Healthcare Assistant is through an agreed shortlisting criteria, to ensure that the Healthcare Assistants are in the position to complete the Care Certificate within the allocated timescale agreed by the Nursing Taskforce Steering Group, this has reduced from 12 -14 weeks, to two weeks.

The successful Health Care Assistant recruitment programme continues with all Health care Assistant vacancies fully recruited to including the full virtual ward compliment.

Staying in touch through postcards and invitations for contact and coffee sessions have been implemented for newly qualified, newly appointed and nursing associates to meet with the Chief Nurse and Senior nurses. This informal and supportive process is aimed to secure recruitment and promote retention of our newly recruited staff group. This is a dynamic process and feedback from the sessions is being used to improve our recruitment and retention processes.

4. Conclusion

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

The nursing team continues to review a variety of information to help to interpret the patient safety and staffing information resulting in a more stable and effective use of the nursing workforce.

Targeted recruitment initiatives continue with the aim of continuing to reduce the gap between planned and actual staffing.

The successful deployment of SafeCare has been achieved and it is being used to support enhanced analysis of safe staffing.

5. 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.