

Board of Directors Meeting

30th April 2014

Subject:	Bi annual Nursing and Midwifery Staffing Review
Report Prepared By:	Marie Thompson Director of Nursing & Quality
Date of Report:	22 April 2014
Service Implications:	To support delivery of safe care to our patients.
Data Quality Implications:	N/A
Financial Implications:	Investment agreed within 14/15 budget.
Legal Implications:	N/A
Links to the Principles of The NHS Constitution:	<p>The NHS aspires to the highest standards of excellence and professionalism.</p> <p>The NHS works across organizational boundaries and in partnership with other organizations in the interest of patients, local communities and the wider population.</p>
Links to the Blackpool Way:	<p>To achieve a culture of zero tolerance towards avoidable patient harms.</p> <p>To offer the best in NHS care to our patients.</p> <p>To be the first choice for residents of the Fylde Coast and beyond.</p> <p>To develop a fully engaged workforce, where individuals and teams have greater influence and autonomy in driving the Trust towards best in class performance.</p>
Links to Key Organisational Objectives:	<p>To achieve a culture of zero tolerance towards avoidable patient harms.</p> <p>Provision in 'Best in NHS' care for our patients.</p>
Links to Care Quality Commission Quality and Safety Standards	Links to all CQC outcomes
In case of query, please contact:	Marie Thompson x3470
Purpose of Report/Summary: To provide a bi-annual nurse staffing review to the Board. Also to set out the Trusts response to ' <i>Hard Truths Commitments Regarding the Publishing of Staffing Data</i> ' following letter to all Trusts from NHS England and the Care Quality commission on 31 st March 2014.	

Key Issues: The outputs from the Nursing & Midwifery Staffing review has been discussed at the February meeting of the Quality Committee and Finance Committee. A £1 million investment in nursing establishments has been agreed for 14/15.

The Board is asked to:

- 1) To receive this report and approve the next steps outlined in section 6.0
- 2) To determine if any further actions and / or information is required to support implementation of the 'Hard Truths Commitments Regarding the Publishing of Staffing Data.'

Risk Rating (Low/Medium/High): BAF/CRR Number: Low	Board Review Date: Nov 14
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Report Status: the Author must indicate whether the document is "for information", "for discussion" or "for approval" (please indicate).

1 For Information <input type="checkbox"/>	2 For Discussion <input type="checkbox"/>	3 For Approval <input checked="" type="checkbox"/>
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Document Status: the Author must indicate the level of sensitivity of the document (please indicate).
 This relates to the general release of information into the public arena.

1 Not sensitive: <input checked="" type="checkbox"/> For immediate publication	2 Sensitive in part: <input type="checkbox"/> Consider redaction prior to release.	3 Wholly sensitive: <input type="checkbox"/> Consider applicable exemption
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Reason for level of sensitivity selected:

Trust Board

Nursing & Midwifery Staffing Review April 2014

1.0 Introduction

This report provides the Trust Board with the current level of Nurse, Midwifery and care Staffing establishment in Unscheduled Care, Scheduled Care, Adult and Long Term Conditions and Maternity / Paediatric Services. The Quality Committee received a staffing report with the supporting Divisional working papers in February 14, the agreement for £1 million investment was agreed by the Finance Committee.

This review builds on the extensive work undertaken in 2010, the '10 x10' nurse staffing project which undertook a thorough review of nursing establishments and resulted in a £1.8 million investment, followed by a £1.5 million investment in additional nursing posts in 13/14.

This report also sets out the Trust response and responsibilities following the receipt of a letter to all Trusts from Jane Cummings Chief Nursing Officer, NHS England and Sir Mike Richards, Chief Inspector of Hospitals regarding implementation of the guidance on the delivery of the Hard Truths commitments associated with publishing staffing data regarding nursing, midwifery and care staff.

2.0 Background

Following the Francis Public Inquiry Report and the Government's response to the Inquiry Recommendations – 'Hard Truth's' it is expected that at a public board meeting, Boards receive assurance on the Nurse Staffing Position bi-annually. In November 2013 the National Quality Board published new staffing guidance to support providers and commissioners to make the right decisions about Nursing, Maternity and Care staffing capacity and capability. The expectations set out in the guidance aims to create a supportive environment where staff are able to provide compassionate care, of high quality and with the best possible outcomes for patients.

Whilst this guidance is welcomed, challenges remain nationally and locally in recruiting sufficient registered nurses due to national supply and demand issues.

3.0 National Quality Board's (NQB) Ten Expectations

The Trust current position in relation to the NQB's ten expectations under six themed headings is set out below,

3.1 Accountability and Responsibility

- *Expectation 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.*

The Board's responsibility in this regard is a given and this report builds on the work undertaken in recent years to provide regular information on nurse staffing and also patient safety and quality performance data.

- *Expectation 2: Processes are in place to enable staffing establishments to be met on a shift-to-shift basis.*
 Processes are in place within Divisions to manage the day to day deployment of nursing staff and to address shortfalls and mitigate risk. In preparation for the publication of the NQB guidance, the Director of Nursing introduced a formal reporting of the staffing

position from each Division which provides a twice daily hospital staffing position. Following the NQB guidance it is expected that a board report that contains details of planned and actual staffing on a shift-by-shift basis at ward level for the previous month is presented to the Board monthly. This monthly report must also be published on the Trust website, and Trusts will be expected to link or upload the report to the relevant hospital webpage on NHS Choices by June 14. The Director of Nursing & Quality with the Director of HR and Organisational Development is leading the work to develop options to meet this expectation.

3.2 Evidence-Based Decision Making

- *Expectation 3: Evidence based tools are used to inform nursing, midwifery and care staffing capacity and capability*

In BTH the '10x10' framework introduced to the organisation a process to review nursing establishments in conjunction with senior nurses / midwives, Divisional Finance Managers and HR Business Partners. The principles of this approach are still maintained nearly five years on. Where available, staffing reviews are based on evidence-based tools, in conjunction with professional judgement and scrutiny, are used to inform staffing requirements, including numbers and skill mix. 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.

Validated Tools / Evidence used in BTH to support staffing reviews –

- Acuity and dependency scoring
- Nurses per occupied bed
- Professional Judgement
- Nationally agreed norms or standards e.g. Royal College Nursing guidance
- Nurse Sensitive Indicators and Workforce Indicators e.g Patient harms, Nursing Care indicators, Complaints, Sickness Absence etc

It should be noted that none of these tools and approaches provides an exact prescription and the National Institute for Clinical Excellence (NICE) is currently reviewing the available evidence in order to accredit tools. The first output of this work is expected in July 14.

Each Division has built on the work undertaken in 12/13 and 13/14 to refresh and review their Nursing, Midwifery and Care Staffing establishments. Where national guidance is available this has been applied – Safe Staffing Alliance, RCN, Critical Care , Maternity Birth Rate plus in addition to nurse to bed ratio, nurse to patient ratio, skill mix , professional judgement and review of quality ,safety and patient experience data per area. The summary papers were available in the reference documents for the Quality Committee meeting (February 2014).

3.3 Supporting and Fostering a Professional Environment

Expectation 4: Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns.

This expectation sets out the requirement to ensure that the organisation supports and enables staff to deliver compassionate care, that staff work in well-structured teams and are enabled to carry out the role required of them safely and effectively and have supportive management. This also sets out the clarity of expectation for nurses, midwives and care staff, in line with their professional accountability to the Nursing and Midwifery Council, to be able to raise concerns if they consider that their patients or themselves are at risk. This includes the use of whistleblowing

policies and states that organisations must ensure and be able to evidence that they act on such concerns.

Expectation 5: A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments.

The Director of Nursing & Quality leads the process of reviewing staffing requirements and as described earlier in this report involves a multi-disciplinary approach. The final position on the reviews undertaken and subsequent reporting to Quality Committee and Finance involves the CEO and Executive Directors to ensure that the interdependencies between staffing, operational delivery, strategic direction and financial planning are aligned.

Expectation 6: Nurses, Midwives and Care Staff have sufficient time to fulfil responsibilities that are additional to their direct care duties.

Staffing establishments are required to take account of the need to allow Nursing, Midwifery and Care staff time to undertake continuous professional development, and to fulfil mentorship, preceptorship and supervision roles. Also, providers of services are required to make realistic estimations of the likely levels of planned and unplanned leave, and factor this into establishments. Establishments should also afford Ward Sisters/ Charge Nurses time to assume supervisory status, and that the benefits of this are monitored locally. Following the '10x10' project establishment 'uplifts' were reviewed to reflect the workforce profile. Divisions in line with the staffing reviews continue to assess the level of uplift required to support study leave, sickness absence and annual leave. The e-roster template is built on the agreed level which ranges between 22% -24% across the ward areas. Supervisory status is built into the agreed establishments but attainment is dependent on management of sickness and annual leave across the ward nursing team.

3.4 Openness and Transparency

Expectation 7: Boards receive monthly updates on workforce information, and staffing capacity and capability is discussed at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review.

A full Nursing and Midwifery establishment review was presented to the Feb 14 Quality Committee as a sub committee of the Board. This report also provides the Board with the findings and conclusion of that review. It is proposed to align the six monthly reviews to support the budget setting process and therefore the next full review will be presented to the October Quality Committee and November Trust Board.

As discussed earlier in this report the work to establish a meaningful process to present a monthly report to the board is in development with the intention to pilot during May prior to implementation of the national directive to publish by June 14.

Expectation 8: NHS Providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift.

This requires staffing information to be made available to patients and the public that outlines which staff are present and what their role is. This is to include the full range of support staff available on the ward during each shift.

In December 13 Wards have commenced using available white boards to display this information. However, further work is required to ensure that the information is displayed in a standardised way and is in a prominent position within the ward environments.

3.5 Planning for future workforce requirements

Expectation 9: Providers of NHS Services take an active role in securing staff in line with their workforce requirements.

The Director of Human Resources and Organisational Development with support from the Medical Director and Nurse Director is developing a new Workforce Strategy and plan for the Trust. A new Workforce Committee has been established and had its inaugural meeting on 22nd April 2014.

3.6 The Role of Commissioning

Expectation 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.

The requirements of this expectation, has been included in the Quality Schedule supporting the contracts for 14/15. The assurances that the Commissioners will require to support quality monitoring have yet to be formally agreed.

Boards must, at any point in time, be able to demonstrate to their Commissioners 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 to provide safe care. Monitor and CQC have supported the NQB guidance and will be seeking compliance with the actions expected of Trusts.

4.0 Establishment Review Findings

In 13/14 the Trust invested £1.5 million to uplift the Nursing establishment within the Medical Wards and the Orthopaedic Rehabilitation Ward. The current round of Nurse Staffing reviews has been timed to support the Trust budget setting process to ensure that despite a challenging financial situation that the Trust continues to support appropriate nurse staffing levels in line with the planned service models and patient acuity.

The detailed Nurse Staffing Review papers are available as reference documents and illustrate the methodologies used to calculate the Nurse Staffing position.

4.1 UNSCHEDULED CARE

Staffing Review Summary Report (Phase 2 Priority Areas)

A review of the staffing levels was completed against the Safe Staffing Alliance recommendations; 'that under no circumstances is it safe to care for patients in need of hospital treatment with a ratio of more than 8 patients per registered nurse during the day time on general acute wards, including those specialising in care of older people.' It is noted that all wards comply in the morning and afternoon parts of the day shifts of 1 RN to 8 patients, but, for the evening part of the shift only 7 out of 17 wards assessed fit this fundamental criteria.

Further reviews of the establishments have been facilitated within speciality areas who have separate benchmarking, peer review and speciality standards to compare and comply against. These include critical care, emergency department, acute medical unit, care of the elderly wards and haematology / oncology ward. All other areas have been subject to professional judgement review and consideration of application of bay based nursing concept in these clinical areas, which will allow for targeted qualified nurse care co ordination across an allocated bay and associated side rooms to facilitate a patient inclusive approach to care planning and care

delivery. The outcome of all these reviews equated to a further financial investment of £2.5 million and based on clinical / operational judgement and the risks associated to not investing into each area, a list of priority areas for investment were identified.

Unscheduled Care Division

Nurse Staffing Review - Phase II Priority Areas

Ward/Clinical Area	Qualified			Unqualified			Full Year Impact		Risk Score
	Wte	Avg Cost Per wte	Additional Cost - £000s	Wte	Avg Cost Per wte	Additional Cost - £000s	Wte	Additional Cost - £000s	
Stroke Unit	5.2	39,409	205	0.0	0	0	5.2	205	16
Ward 25	0.0	0	0	3.4	23,245	79	3.4	79	12
Ward 26	0.0	0	0	3.4	23,245	79	3.4	79	12
Haematology Ward	2.3	31,569	73	0.0	0	0	2.3	73	12
A&E	5.2	39,959	208	0.0	0	0	5.2	208	12
Ward C	0.0	0	0	9.8	11,700	115	9.8	115	12
Ward 18	2.2	36,250	80	0.0	0	0	2.2	80	12
Ward 2	2.4	35,669	87	(1.9)	20,126	(38)	0.5	49	12
CH - Ward 1	3.8	34,768	133	(1.2)	30,961	(37)	2.6	96	12
CH - Ward 3	3.8	34,768	133	(1.2)	30,961	(37)	2.6	96	12
CH - Ward 4(incl Derm overnight)	3.0	34,811	104	(1.2)	30,961	(37)	1.8	67	12
Total	28.0		1,022	11.1		124	24.8	1,146	

Notes:

Yellow areas denote areas of priority for investment. Total £839k less 6 mth effect Ward C = £781,670k

1. Ward C is due to close in Oct 14 and the likelihood of recruiting to the qual part of this requirement is unlikely therefore only HCA uplift included and will only have implication for 6 months of the cost.

2. The Clifton Wards included additional qualified staff on the pm shift to carry out nursing assessments. This will reduce the overall cost of implementing the Divisions QuIPP scheme to change the model of care at Clifton by £43k in 14-15 and £85k per annum thereafter

4.2 SCHEDULED CARE

As at 1st January 2014, the budgeted establishment for nursing staff across Scheduled Care is 462.6 WTE. Analysis in comparison to the current WTE establishments identifies a 14.30WTE shortfall of band 2 and 5 nurses at a cost of £342,000. In view of level of risk, clinical and operational judgement it is recommended that there are two phases to investment.

Scheduled Care Division are able to meet the Safe Staffing Alliance recommendation on the early shift but are unable to meet this on the late or nightshifts in almost all areas. These methodologies further support this case for investment.

GAP ANALYSIS

WARD / DEPARTMENT	CURRENT ANALYSIS		RISK RATING	QUALIFIED COST	UNQUALIFIED COST	TOTAL COST
	RGN's +/-	HCA's +/-		£ Per Annum	£ Per Annum	£ Per Annum
Surgical Assessment Unit	-3.6	-3.8	16	£121,824	£71,003	£192,827
Cardiac Wards	-1.8	-2	12	£60,912	£37,370	£98,282
General Surgery/	-0.6	-2.4	9	£20,304	£44,844	£65,148
Coronary Care Unit	-1	-0.2	9	£33,840	£3,737	£37,577
Cardiac Day Case Unit	1	-0.2	0	(£33,840)	£3,737	(£30,103)
Orthopedic Wards	3.1	-2.9	0	(£104,904)	£54,187	(£50,718)
Cardiac Intensive Care Unit	-0.3	0.4	0	£10,152	(£7,474)	£2,678
Urology Unit	-0.6	0	0	£20,304	£0	£20,304
TOTAL	-3.8	-11.1	4 Risks	£128,592	£207,404	£335,996

4.3 ADULT AND LONG TERM CONDITIONS

The review presents the current position in relation to District Nursing and support staffing levels described as individual localities, Blackpool, Fylde and Wyre and Lancashire North as they are currently commissioned by three CCG's.

Describing District Nurse and support staffing levels in the community is complex. There are three main measures of District Nurse staffing levels within the community.

- Nurses per 1,000 head of population.
- Caseloads.
- One WTE Specialist practitioner per 10,000 practice population.
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All of the measures present challenges making it difficult to arrive at a consistently defined data set that allows averages to be produced and comparisons drawn. This is further compounded by how "caseloads" are defined, and the variables used to calculate ratios or caseloads. For the purposes of this report, One WTE Specialist practitioner per 10,000 practice population, was used as the most consistent measure

In response to the lack of a definitive tool or methodology for providing transparency of safe staffing levels in District Nursing a small steering group was set up in July 2013 within the division led by Associate Director of Nursing. Phase one is focused on Nursing and the steering group have been proactive in staff engagement and involvement in the design of the methodology via small task and finish working groups.

By May 2014 there is a plan to describe the "as is" position of District Nursing resources and deployment.

This will highlight areas:

- Where there are potential efficiency gains.
- Where are potentially staffing level concerns.

There will be a need to formally consult with staff with regard to changes in shift patterns

2 X band 6 - 82 K

4.4 FAMILIES DIVISION

The staffing review has concluded that the Maternity, Paediatric, Neonatal, Health visiting and school nursing is compliant with the required workforce establishment to deliver the expected level of care and service to our patients.

5.0 NEXT STEPS:

- Following discussion of the staffing review position by the Quality Committee and Finance Committee it was agreed to invest £1million to further uplift establishments in 14/15. The level of investment also reflects the lead in time to recruit the new staff given the recruitment challenges faced by the organisation.
- The central funding will support the requested uplift for the following areas –
Unscheduled Care –
Scheduled Care – Surgical Assessment Unit
ALTC – 2 Band 6 Community Nurses
- To present an updated establishment review to the Quality Committee & Finance Committee in October 14 and to the Trust Board in November 14.
- To participate in two NHS England stocktakes of progress April 14 and June 14.
- To ensure that the Trust is ready to provide a monthly nurse staffing report to the Board and to publish on its website the required staffing data by June 14.

6.0 Recommendations to the Trust Board

- To receive this report and approve the next steps outlined in section 6.
- To determine if any further actions and / or information is required to support implementation of the 'Hard Truths Commitments Regarding the Publishing of Staffing Data.

Marie Thompson – Director of Nursing and Quality