

Report to:	Trust Board	Agenda item:	8.1
Date of Meeting:	April 2014		
Report Title:	Safe Nurse Staffing - Six Monthly Report		
Status:	For information	discussion	assurance
	x		x
Prepared by:	Jan Lynn, Deputy Director of Nursing Sue Jones, Director of Nursing		
Board Sponsor:	Sue Jones, Director of Nursing		
Appendices:	A – Safer Nursing Care Tool Report March 2014 B - AAU Recruitment Action Plan April 2014 C – Theatres Recruitment Action Plan March 2014 D – Maternity Staffing report March 2014		

Executive Summary:

The Government response to the Robert Francis report promised guidance on safe nurse staffing levels. The National Quality Board (NQB) published 'How to ensure the right people with the right skills are in the right place at the right time' in November 2013.

The Director of Nursing is responsible for providing the Trust Board with assurance around Safe Nurse Staffing using the NQB guidance against a set of 9 expectations which includes a six monthly report on safe staffing and monthly updates on Workforce Information. This is the third six monthly report.

Last month a paper explaining the NQB guidance and 9 expectations identified where we have gaps against the expectations and the plans to address the gaps.

This paper provides further detail and assurance around Safe Nurse Staffing against three of the NQB expectations, these being:

- Evidence-based tools are used to inform nursing, midwifery and care staffing capacity and capability.
- Providers of NHS Services take an active role in securing staff in line with their workforce requirements
- NHS Providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift.

The report will describe the work already undertaken in detail against these expectations and further actions going forward.

Action Required:

To note the contents of this report and the assurance on progress to date and further actions planned to ensure staffing levels are safe, effectively monitored and published openly.

Key Risks:	An unsafe workforce has implications for quality and patient safety.
Impact on Patients:	Optimising skill mix to the acuity and dependency of patients has a positive impact on mortality as well as the confidence of patients and their families.

Impact on Staff	Poor staffing levels can be very stressful for staff and impact on their ability to provide compassionate care.
Link to Trust Objectives:	Services exemplary of quality & safety,
CQC outcomes:	Outcome 13 - Staffing
NHS Constitution:	Considered as applicable
Financial Issues:	The workforce must be appropriate and cost effective. affordable; cost per bed day is one of the tools used.
Legal/regulatory Issues:	Provider organisations must make sure that there is sufficient staff with the right knowledge, experience, qualifications and skills to support people and deliver safe effective care.
Equality Issues considered	Considered throughout

1. Background

Further to the Robert Francis report, the National Quality Board (NQB) have published guidance that sets out the expectations of commissioners and providers for safe nursing and midwifery staffing, in order to deliver high quality care and the best possible outcomes for patients.

A paper was presented to the March Board which explained the guidance in more detail and identified the Trust's current position, gaps and plans against the NQB expectations. This includes the requirement for a 6 monthly Board report providing assurance in respect to Safe Nurse Staffing as well as monthly Board updates.

This report is the third of these six monthly reports.

Of the NQB expectations this report is updating Board against the following:

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

Expectation number 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.

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

The report will describe the work already undertaken against these expectations and further planned work going forward.

2. Expectation Number 3 – Using Evidence-based tools

The Safer Nursing Care Tool acuity/dependency review was undertaken over a period of one month from 13th January – 14th February 2014 using the evidence based 'Shelford Tool'¹

The Safer Nursing Care Tool was used to review the acuity/dependency of all adult in-patients in wards within Southmead and Frenchay Hospitals as well as Thornbury Hospital who wanted to undertake the review prior to their transfer to Sirona.

The results of the review (Appendix A – Safer Nursing Care Tool Report March 2014) identified the staffing levels required for the patient acuity and dependency against the budgeted (wte) staffing levels during the period of the data collection.

The data collection period was across a 7 day week and over 33 days although it should be noted that the Shelford Tool requires only 20 days continuous data from Monday to Friday. It was felt that this would support improved data collection as the nurses would get used to completing this every day and this would also support the issue of staffing levels at the weekend being just as important as Monday to Friday and also our ambition for improved 7 day working.

Some of the wards data was not included in the final report to determine sufficient staff (8 wards out of 50) as the budgeted data was unavailable. Their data has been reported as N/A.

¹ The Shelford Group is an organisation comprising of the Chief Executives of ten leading NHS multi-speciality NHS academic healthcare organisations in England. The 'safer nursing care tool' is evidence based and validated by Dr Keith Hurst.

The Safer Nursing Care Tool results identified that there were 2 Directorates that flagged with staffing budgeted numbers being below the numbers required (Table 1).

The average calculated staffing wte numbers for these Directorates being as below:

Table 1

Directorate	Average nursing requirement (wte)	Budgeted nursing requirement (wte)	Variance wte (under)
Medicine	41.3	34.7	6.6
Surgery	30.3	28.6	1.7

The individual Wards which were identified during the data collection period as being below sufficient budgeted staffing levels are identified below: (Table 2).

A few wards did not complete sufficient data (below 20 days), so these have been 'greyed out' as technically this was insufficient data capture to make them valid.

Neurosciences did not have their budgeted wte identified as their staffing skill mix is shared between wards. Therefore their staffing level requirement on most of their wards was unable to be determined using this tool, this will be resolved with the move into the Brunel building.

Table 2

Medical Directorate				
Ward	No Days data	Ave: wte required	Budgeted wte	Variance (under)
D ward	32	22.0	21.8	-0.2
Elgar 1	8	31.0	27.2	-2.8
Elgar 3	32	41.7	28.8	-12.9
Elgar 4	32	49.1	31.6	-17.5
K Ward	30	28.9	27.1	-1.8
Malvern	14	30.4	21.9	-8.5
Ward 103	29	44.7	32.8	-11.9
Ward 205	31	44.5	32.6	-11.9
Ward 206	27	41.8	36.4	-5.4
				Total = -61.6*
<i>*Total does not include Wards where the data was insufficient (greyed out)</i>				
Surgical Directorate				
Ward	No Days data	Ave: wte required	Budgeted wte	Variance (under)
Short Stay	18	25.1	22.0	-3.1
U Ward	29	40.7	33.6	-7.1
Ward 204	32	35.3	32.0	-3.3
Woodlands	33	29.7	20.1	-9.6
				Total = -23.1
Neurosciences				
Ward	No Days data	Ave: wte required	Budgeted wte	Variance (under)
Burden	28	22.9	16.9	-6.0

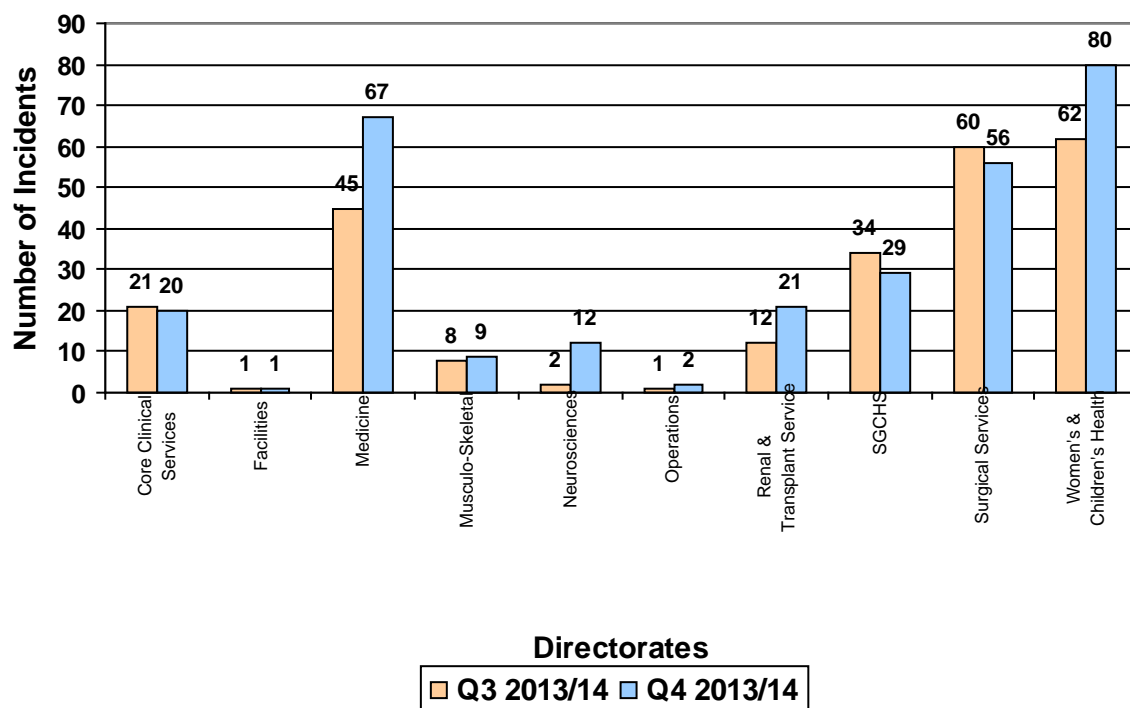
The Safer Nursing Care Tool Report (Appendix A - Safer Nursing Care Tool Report March 2014) also noted the number of incidents where staffing levels have been reported, and it is noted that the Medical Directorate has the highest reported number over the 11 months from April 2013.

The number unsafe staffing incidents by Directorate recorded via the incident reporting system (e-AIMS) are noted for both Quarter 3 and Quarter 4 (2013/14).

Both the Medical Directorate and Women’s and Children’s Directorate have seen an increase in the number of incident reports from Quarter 3 to Quarter 4 and have the highest number of incidents reported (Table 3). Medicine is consistent with the safer nursing care tool report, and for womens and childrens the vacancy factor prior to the move of specialist paediatrics was also a known and managed factor.

Table 3

Unsafe Staffing Incidents by Directorate Oct 13 - Mar 14



Within the Medical Directorate the Medical Admissions Wards have had significant nursing vacancies and a short term Recruitment plan has been in place to support their day to day staffing levels. This has included enhanced payments for Bank nurses and redeploying staff from other areas. With the transfer to Brunel and amalgamation of Medical and Surgical Admissions to create an Acute Admissions Unit (AAU), the staffing levels are adequate for this area against the agreed skill mix.

The nursing vacancies continue to be very actively managed and in the planning phase prior to the move to the new Hospital a turnover rate of 15% was this was factored into the workforce planning numbers.

It must be noted that the data collected for the Safer Nursing Care Tool was not formally validated this time and therefore we are not able to determine the level of accuracy of the data. However this Tool has been used in the Trust before, back in 2012 and many Sisters were familiar with the Tool. Also some of the Matrons were involved with the data collection in support of their Sisters undertaking the data collection.

2.1 Midwifery staffing levels

Midwife to birth ratios are routinely monitored against the Birthrate Plus recommended 1:28 ratio, benchmarked with other units and reviewed against quality outcomes in the Women's and Children's directorate and flagged up at Executive Review meetings. Our current ratios are 1:35 and a summary of the midwifery workforce review is contained in appendix D – Maternity Staffing Report March 2014. The Birthrate plus acuity tool is due to be repeated in May 2014.

2.2 RN ratio against suggested guidance 1:8 patients

Significant concerns were raised about nurse staffing levels at Mid Staffordshire NHS Trust in the wake of the Francis Enquiry. This has raised the issue and debate about what constitutes safe staffing within acute Hospitals. A Safe Staffing Alliance made up of nurse leaders who came together as part of the Nursing Standard / Patients Association Care campaign has suggested that there should be a minimum of 1 Registered Nurse to 8 patients (1:8) to provide safe care.

The skill mix for the new Hospital was developed using the Benchmarks available at the time and taking into account 'releasing time to care' for Registered Nurses. Therefore the skill mix for the wards in the Brunel Building supports the development of new roles and new ways of working.

In particular, the revised nursing skill mix was predicated on the development of new ways of working and the development of support roles, these being:

- Supervisory Sisters for 5 days/wk
- Increased Band 3 Health Care Assistants
- Increased Band 4 Assistant Practitioners
- Increased Ward Receptionist hours across 7 days/wk
- Ward Housekeepers
- Ward Administrators

The skill mix was designed for the new Hospital and the concept that the Supervisory Sisters will be able to lead personalised safe patient care and the overall workforce redesign would facilitate a more flexible approach whereby nurses could be deployed across wards and floors.

The average ratios of RN to patient in the Brunel Building is 7 during the day and 9 at night, wards that require more registered nurses have them and there is flexibility within the model to adjust to patient need.

2.3 Future evidence based skill mix / acuity reviews

The Safer Nursing Care Tool was a valuable and useful exercise to go through to understand the process and application and as a guide to understand wards that 'flag' as being of possible concern. However it is of note that we will be unable to compare future reviews against the same wards again as we will have moved to the Brunel Building (May 2014) where we will have different wards, case mix of patients and different skill mixes.

The Elgar Wards will also have changes in case mix and skill mix to reflect the changes with respect to the Rehabilitation Project again planned for May 2014.

An electronic version of the Tool is being purchased to link in with our ERoster (Allocate system). This will enable us to use the Tool 'Live' and scope the feasibility of determining our skill mix requirements on a day to day basis allowing us to deploy nursing staff to the area of need.

It is planned to have this in place for June 2014 with a plan to have it implemented ready for July when we will repeat the Shelford Tool again to see how our revised skill mixes are coping against

*This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.*

the patient's acuity and dependency. This will be measured alongside the qualitative data we collect such as the Ward Early Warning Trigger Tool (reported in the IBR for the first time this month).

3. Expectation Number 8 - Public information – Nurse Staffing levels

The NQB states that NHS Providers must clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift.

Two Directorates are trialling this information being displayed each shift for the public to view and the pilot areas report this is going well.

The plan is to have this information displayed in a Trust-wide format across all wards in the Trust by June 2014.

4. Expectation Number 9 - Securing staff for requirements

As noted earlier nursing Recruitment has continued however as with other Trusts locally and nationally, the registered nursing pool of recruits is drying up.

The Deputy Director of Nursing in conjunction with the Recruitment Manager has worked on a Recruitment strategy to increase the number of Registered Nurses for the Trust as well as developed targeted Recruitment Plans (Appendix B – AAU Recruitment Action Plan April 2014 and Appendix C – Theatres Recruitment Action Plan March 2014) to address 'hot spot' areas. The Recruitment strategy has included proactive advertising campaigns, for example targeting areas outside of Bristol known to have newly Registered Nurses e.g. Cardiff, as well as for our local pool of newly qualified nurses. Not surprisingly, 'selling' the new Hospital has been really helpful in terms of marketing and we have noticed more interest following our advertising.

This month the Trust has interviewed over 100 newly qualified nurses who are due to Register with the NMC during September and October 2014. We also recruited registered nurses from Spain, which again was very successful with 37 Spanish nurses being offered a position at the Trust. Some of these were experienced nurses which will help with their integration into the Hospital and enhance the skills required to support our existing nursing teams and newly qualified nurses due in September. Some of these nurses also had ITU/Theatres experience which will help with our vacancies in Critical Care and Theatres.

The plan is that the Spanish nurses will arrive in 2 cohorts during June and July 2014.

5. Summary

The Board is asked to note contents of this report against the 3 expectations of the NQB Guidance. The report is to update the Board of the progress made to date as well as actions going forward and provide assurance of actions being taken to provide safe staffing levels.