

BOARD MEETING – PUBLIC**To be held on 30 April 2014**

Title of Report:	Nurse Staffing Report “ Safer Staffing”	
Sponsoring Director:	Dawn Wardell, Director of Nursing	
Author(s):	Dilly Wilkinson, Deputy Director of Nursing, Dawn Wardell, Director of Nursing	
Background Paper(s):	National Quality Board, "How to ensure the right people, with the right skills are in the right place, at the right time" (2013).	
Assurance Framework Link(s):	Safe High Quality Care	
CQC Link(s):	Safe, Effective, Caring, Responsive, Well led domains.	
Corporate Objective(s) supported by this paper:- (please tick)	Patient care/Experience√	Service Development/ Stakeholders√
	Service Delivery√	Achieving targets√
	Workforce√	
Legal Implication(s):	Potential risk of litigation / exposure to risk of litigation if clinical standards are not met, links to health policy	
Resource Implication(s):	Budget agreed/ number of posts agreed previous board meeting	
Impact on Health Inequalities including Equality & Human Rights:	Aims to support a reduction in health inequalities and improve life expectancy	
Patient and/or Public Involvement:	Supports the agenda by ensuring patients and public are aware of staffing levels.	
Purpose of Report:	inform the Board on recent activity and compliance.	
Report Summary:	<ul style="list-style-type: none"> • In response to a government paper of safer staffing the board will now receive a monthly update on nurse staffing in line with the requirements. • Maternity staffing will be provided in the same way to the board from May 14 • The process for classification and escalation of shift safety is in place in the trust. • There have been no red shifts in march and recruitment is actively underway to resolve vacancies • Agency staffing is reducing as a result of new starters and majority of wards achieved the Green standard above 85% • The expectations of the board in respect of safe staffing are identified and a number of these are completed in advance of the national deadline. 	
Recommendation(s):	The Board is asked to note the monthly reporting process.	
Acronyms and Abbreviations		

Safe Nurse Staffing 14th April 2014

Safe Nurse Staffing - How to ensure the right people, with the right skills, are in the right place, at the right time.

In November 2013 the Government published its full response to the Mid-Staffordshire enquiry and the National Quality Board published a document titled "How to ensure the right people, with the right skills are in the right place, at the right time" (2013). The document sets out the expectations for commissioners and providers in relation to getting nursing, midwifery and care staffing levels right so that they can provide high quality care and ensure the best outcomes for patients. There are 10 expectations described of which the following have implications for the Trust.

	Progress	Due Date
Sign off by the Trust Board of the staffing establishments for clinical areas twice a year. (first to be no later than June 2014)	Acuity complete full analysis is underway	Due to be completed by June 2014
The board should receive monthly updates on staffing in the form of agreed staffing levels vs. actual staffing levels by shift	Report to board April 2014	completed
Publication of monthly staffing information which will be shown at ward level and will be available on a single national website. (thought to be going to be NHS Choices from June 2014)	Template in development	Due to be completed for June 2014
Safe staffing levels will be set and agreed using an evidence based acuity tool and outcome data as well as professional judgement within a multi-professional approach. (decision to include nursing, operations and finance input)	Feb 14 Acuity completed full analysis underway	Due to be completed June 2014
Daily information about nurse, midwife and care staffing levels present on each ward on each shift to be displayed to the public.	Safer staffing Boards outside each ward	completed
Ward managers should have sufficient time to undertake duties other than direct clinical care to include management and supervision in their own clinical areas.	Management and supervision time in place	completed

The Trust has developed a robust escalation plan for nurse staffing levels where shifts are RAG rated and if shifts are amber or red there is an escalation to senior staff. The executive team receive a weekly report which informs them of performance against agreed staffing levels in the past week.

Work is underway to ensure that we can report weekly to the executive team, monthly to the Board and from June 2014 publish data on the NHS Choices website.

The Trust already uses the Safer Nursing Care acuity tool twice a year and in May 2014 a new IT system, Real-time Hospital will be implemented. This applies the Safer Nursing Care tool to each inpatient every day and will give a real-time acuity for each ward across the organisation. The acuity study will be assessed with professional judgement to propose, set and agree nurse staffing levels.

To ensure that staffing in Maternity is monitored in the same way the safer staffing escalation and safer staffing boards have been implemented and their data will be included in the monthly report to Board from May 2014.

Safer Nurse Staffing March 2014

In March 2014 there were 1,023 shifts within 11 acute general ward areas. Of those 81 were designated as amber and 0 were designated as red through the internal safer staffing escalation plans.

Performance for March 2014 (1st-31st)

WARD	Budgeted (qualified)	Budgeted (unqualified)	Vacancy (qualified)	Vacancy (unqualified)	RED	AMBER	GREEN	% GREEN
Adam Bede	18	10	0.10		0	4	89	96%
Alexandra	19.90	11.30	4.37	0.60	0	13	80	86%
AMU	46.30	21.30	11.40	0.37	0	10	83	89%
Bob Jakin	18	10	3.50		0	16	77	83%
CCU	18.10	0			0	0	93	100%
Elizabeth	22.10	11.80	5.87		0	4	89	96%
Felix Holt	19.80	11.80		0.70	0	2	91	98%
Mary Garth*	18	10	13.45	10	0	1	92	99%
Melly	20.30	11.30	4.30		0	19	74	80%
Nason	19.90	11.30	3.45		0	5	88	95%
Victoria	19.90	11.30	3.09		0	7	86	92%

*Mary Garth is the winter capacity ward which has 4.55WTE substantive qualified staff who will be redeployed into vacancies when the ward closes.

Key

Green shifts are when the skill mix and the head count are the same as the agreed staffing level.

Amber shifts are when there is a reduction in skill mix but the head count remains the same as the agreed staffing levels.

Red shifts are when there is a reduction in head count from the agreed staffing levels of either qualified or unqualified nursing staff.

Skill mix is the ratio of qualified to unqualified nursing staff.

Headcount is the total number of nurses on the shift both qualified and unqualified.

Standard

The target is for the minimum of 85% of the total shifts to be green for March to May14 with a trajectory to achieve a minimum of 90% going forward. This will be reviewed by the board in June with the board paper relating to acuity and nurse staffing levels.