

TRUST BOARD MEETING - PUBLIC

Wednesday 28th January 2015

Title of Report:	Nurse Staffing Report “Safer Staffing”	
Sponsoring Director:	Dawn Wardell Director of Nursing and Quality	
Author(s):	Dilly Wilkinson, Deputy Director of Nursing Dawn Wardell Director of Nursing and Quality	
Background Paper(s):	National Quality Board Safer Staffing Guidance NICE Safer Nurse Staffing	
Assurance Framework Link(s):	Safe and timely Quality of patient care.	
CQC Link(s):	1,2,4,5	
Corporate Objective(s) supported by this paper:- (please tick)	Patient care/Experience ✓	Service Development/ Stakeholders ✓
	Service Delivery ✓	Achieving targets ✓
	Workforce ✓	
Legal Implication(s):	Legal claims reduced as quality and safety improved.	
Resource Implication(s):	To be confirmed at next board paper	
Impact on Health Inequalities including Equality & Human Rights:	Affects all patients equally	
Patient and/or Public Involvement:	Feedback from PAF visit and Impressions relevant to staffing included.	
Purpose of Report:	To appraise the Board of the progress made regarding nurse staffing and to discuss further support required.	
Report Summary:	The formal review of staffing has been carried out using the national tools and standards available. The trust is compliant with the following <ul style="list-style-type: none"> • National standard for nursing shift fill rates and also publishing this information to the public. • Monitoring of shift levels with a robust system of escalation for gaps identified to be filled to ensure safer staffing. Red shifts have remained below the tolerance identified. • National staffing guidance around ratio of 1:8 and local standard of 60/40 skill mix • Acuity Monitoring Twice Yearly reported to the board • Quality Standards have been maintained when reviewed at the Quality Assurance Group 	

	<ul style="list-style-type: none"> • Impressions and other patient feedback ie FFT has remained strong, but there are still areas for us to improve
<p>Recommendation(s):</p>	<ul style="list-style-type: none"> • The Board is asked to note the progress being made to substantively recruit staff to the areas and to support in next steps. • Additonal capacity areas have an impact on the achievement of safer staffing.
<p>Acronyms and Abbreviations</p>	

Nurse Staffing Proposal and Update

15th January 2015

Introduction

In November 2013 the Board of Directors received and acted upon a staffing proposal presented regarding the 3 key areas. These are the development of the new emergency patient flow to include the reconfiguration of the wards to develop a 41 bedded Acute Medical Unit (AMU), the issues associated with having extra capacity wards opened during the winter period and also to review acuity on the wards. This paper will update on the position with nurse staffing in all of these areas including the current ward acuity study.

Investment over the last 12 months

Over the past twelve months the Board have approved the following investment in nurse staffing levels:

- £312k net investment in nursing the majority of which was qualified for the in-patient wards. This represents an investment in a further 12.27 WTE across nursing.
- £15k budget support for a band 8a Matron for Medicine
- £20k band 2 audit support administrator (12 month post)

The total investment in nursing over the last 12 months is £337k and in 2012/13 the Trust invested £2.3m across nursing and midwifery.

Outcomes

The improved staffing has contributed to improvement in quality and this is shown through the following measures:

- Safer staffing return positively benchmarked with peer group and fully meeting the Safer Staffing Guidelines.
- CQC assessment of staffing levels found to be fully compliant.
- A significantly increase in both scores and response rates in our Friends and Family Test (FFT) across the organisation.
- Reduction in avoidable pressure ulcers and more accurate reporting and management of admitted and unavoidable pressure ulcers.
- Continued low infection rates across the hospital.
- Improved quality indicators on wards and department although this is under pressure at times of surge when extra capacity is opened and staffing levels are stretched.
- Matrons are more able to not only respond to complaints but to ensure that there is learning from them.
- The appointment of the band 2 within the nursing audit team has enabled the audit nurse to be released to spend more time on the wards which has ensured the better implementation of Patienttrack, work regarding better management of the deteriorating patient and implementation of the medicine's safety thermometer which has led to improvements in medicine's safety.
- The Falls Group have been able to launch the Falls Campaign.

Current position

Throughout 2014 Mary Garth ward which is an extra capacity ward of 18 beds has remained open. Although there is no established permanent budget for this area through the recruitment programme we have been able to recruit 5.82 WTE band 5 and 4.4 WTE band 2 nurses. The ward has a Trust seconded Band 6 as ward lead. The benefit of this is that there is a core group of staff who are able to ensure quality and safety through continuity of standards and also a reduction of costs as substantive staff are significantly less costly than temporary staff. This is evidenced through low infection rates, reduced

complaints, good patient experience feedback and improved nurse sensitive indicators. Appointing substantive staff does give a potential risk to the organisation should this area close within the year. However due to turnover and vacancies across the organisation the risk is minimal.

In November a second area of extra capacity was opened, which was not included in the winter plan. Lydgate Ward is a 22 bedded ward which was originally opened to 10 beds and has fluctuated between 10 and 22 beds as required. The ward was closed for 4 days over Christmas but reopened before the New Year and remains open currently to 22 beds. Staffing for this area is based on temporary staffing being used to release substantive staff from their ward areas to ensure we have Trust nurses on the ward at all time. This is adding further pressure to the nurse staffing and has at times been very challenging to maintain standards. At times it has relied on senior nurses undertaking shifts on the ward rather than undertaking their normal roles, which can undermine normal working.

The use of bank and agency workers remains high due to vacancies, staffing extra capacity and covering for sickness and maternity leave. Sickness continues to be managed actively with HR and long term sickness is reducing with areas being able to support staff returning to work more quickly. Maternity leave is causing difficulties in a number of areas. CCU, A&E, Victoria and AMU are currently particularly stretched with individual plans being developed for each area. Maternity leave is not taken into account in budgets so to cover the absence ward managers have to plan either temporary appointments or some bank and agency which adds cost.

Vacancy levels

From summer 2014 the Trust has held fortnightly recruitment events for band 5 nurses. Table 1 shows the number of vacancies for qualified nurses by month through the year. The recruitment is supported by an ongoing advertising campaign that is run for generic medicine and surgery vacancies and also for specific areas such as AMU or A&E. The panels are made up from senior nurses from wards, matrons, education and practice development staff and the nursing audit team. Candidates’ feedback that they find the experience supportive, feel valued by the organisation and are able to give of their best during the process.

On 16th January 2015 we held our first ‘recruiting for values’ event for HCAs. This recruitment included a Maths and English test which ensures that those recruited will be able to undertake the healthcare certificate which is being introduced in April 2015. The advert attracted over 200 applicants of which 38 were shortlisted and invited to interview. In due course these applicants will fill the HCA vacancies across medicine and surgery. It is intended that all recruitment for HCAs will be done in this way in the future as and when it is required. The approach has the full support of the ward nursing teams and the practice development team.

Table 1: Ward vacancy totals are for qualified nurses and excludes ICU and A&E.

	March	April	May	June	July	August	September	October	November	December
Wards	36.08	36.05	37.92	15.82	9.52	7.33	8.51	20.85	20.58	21.54
Mary Garth	13.45	14.45	14.45	15.45	14.25	14.25	11.07	12.25	11.25	10.18

Vacancies are shown by month by whole time equivalent

Table 2 and table 3 show the current position with the ward budgeted staffing, posts offered and remaining vacancies. The ‘posts offered’ level is high as we continue to be able to recruit but these posts still attract costs as until the member of staff commences in the organisation we need to cover the posts with temporary staffing.

Table 2: Qualified Nurses as at 5th January 2015

Ward	Budget	Posts offered	Ongoing Vacancies
AMU	37.70	3.0	1.8
Alexandra	17.90	1.80	2.24
Nason	17.90	2.00	0.15
Victoria	17.90	3.80	3.79
Melly	18.30	2.00	0
Bob Jakin	15.60	2.00	0.30
Adam Bede	15.60	0	0.70
Elizabeth	20.10	4.80	2.07
CCU	13.90	0	2.89
Felix Holt	14.00	0	4.40
Mary Garth	16.00	3.50	10.18
A&E	32.68	1.00	0.27
Total	237.58	23.90	21.81

Table 3: Health Care Assistant

Ward	Budget	Posts offered	Ongoing Vacancies
AMU	21.30		0.60
Alexandra	9.13		2.80
Nason	7.67		+1.43
Victoria	6.40		1.00
Melly	10.12		1.52
Bob Jakin	10.00		0.52
Adam Bede	10.00		0
Elizabeth	11.00		0.20
CCU	0		0
Felix Holt	9.07		+1.30
Mary Garth	10.00	4.40	5.60
Total	104.69	4.40	8.31

Table 4: Total Ward Vacancy Rate

Ward	Vacancy % total
AMU	4.6%
Alexandra	18.6%
Nason	5%
Victoria	19.7%
Melly	6.2%
Bob Jakin	3.37%
Adam Bede	2.73%
Elizabeth	9.32%
CCU	20.7%
Felix Holt	13.4%
Mary Garth (Winter)	60%
A&E	0.80%

RAG Rating for Vacancy Rate	
RED	10>%
AMBER	6-10%
GREEN	<5%
Bank and Agency Backfill is used to cover vacancies	

The above table illustrates the vacancy rate as at 5 January 15. A one day snapshot and by its nature very dynamic. The key drivers for the above rates are :-
 Alexandra Ward- Turnover with staff moving to the new AMU and other roles within the trust
 Victoria Ward- Previously very low turnover but now staff moving to new areas

CCU- staff have been promoted to specialist or more senior roles, higher number as small establishment
 Felix Holt- Staff have moved to promotion and specialist roles within the trust. Previously very stable and low turnover

Mary Garth- Now being made a substantive ward many of the core staff appointed were previously temporary staff working on the ward last winter.

Overall close monitoring of this position is undertaken two weekly by the Director of Nursing with Matrons at the Agency Review Group.

Through the recruitment we are attracting high numbers of staff who require a period of preceptorship (Preceptorship is a period of supported practice undertaken to achieve competencies for newly qualified nurses. These are either newly qualified nurses from the university or staff who have worked for a long period of time outside the acute setting such as in nursing homes). The National project to attract nurses who are out of current practice to 'return to nursing' has also led to an increased number of return to nursing students. All newly qualified and new to Trust nurses are offered preceptorship with learning opportunities and support. The Trust's practice development department is small and comprises 1WTE practice development facilitator who is currently supported by 1WTE nurse who will be returning to her substantive role within the next few weeks. In comparison to other organisations of a similar size this is a very department and so a separate business case is being developed to address the shortfall in support. We continue to attract nurses to work here and have not had to go to overseas recruitment unlike a number of other organisations across the region and nationally but we need to ensure that we are offering a programme to ensure that staff develop, maintain competencies and are retained by the organisation.

Safer Staffing Report

The Board receives a monthly Safer Staffing report which will be incorporated into the report for this month. In December 2014 there has been 5 red shifts and 69 amber shifts these shifts have been managed by the on-site team to ensure that staffing across the organisation is as safe as possible. On a number of occasions the team have had to make two areas amber to avoid one being red. The majority of amber shifts are seen in areas that have high vacancies and this is being address urgently through the recruitment days with staff being particularly targeted at the wards with the higher staff vacancies. Table 4 shows red, amber and green shifts for December 2014.

Table 4: Shift Performance for December(1st-31st) – number of shifts

WARD	RED	AMBER	GREEN
Adam Bede	0	1	92
Alexandra	2	3	88
AMU	2	21	70
Bob Jakin	0	0	93
CCU	0	2	91
Elizabeth	1	16	76
Felix Holt	0	11	82
Melly	0	8	85
Nason	0	2	91
Victoria	0	5	88
	5	69	856
Mary Garth*	0	10	83
DPU			
Lydgate	0	5	88
Maternity			
Delivery	0	0	93
Drayton Ward	0	0	93
SCBU	0	0	93

*Mary Garth, Lydgate and DPU are shown as extra capacity only
 (Tolerance levels >1.5% Red 1.0-1.4% Amber ,1.0% Green - for Continuous Quality Improvement Plan)
 Current position on CQIP is 0.5% which is a green rating

The monthly national return is attached at appendix A. This also includes the benchmarking against similar size organisations.

Ward Staffing levels

Twice per year an acuity and dependency tool is used to measure the staff available on the roster and the needs of the patients. This is then reviewed against incidents and other quality measures to determine if further investment is required. The results of the October 2014 study are now available. There are areas that need more in depth review and this will be completed in time for the February Board meeting.

Recommendations

Further analysis is now required for the areas with shortfalls identified in table 5. The recommendation is to provide a full options appraisal and potentially a business case to Board for consideration in due course. This case will be taken to Executive Team Meeting and Finance committee prior to coming to Board. The TDA have requested a review of nurse staffing which is has or is planned for all TDA Trusts. It will also be used as further external assurance of the validity of the business case internally

Conclusion.

The formal review of staffing has been carried out using the national tools and standards available. The trust is compliant with the following

- National standard for nursing shift fill rates and also publishing this information to the public.
- Monitoring of shift levels with a robust system of escalation for gaps identified to be filled to ensure safer staffing. Red shifts have remained below the tolerance identified.
- National staffing guidance around ratio of 1:8 and local standard of 60/40 skill mix
- Acuity Monitoring Twice Yearly reported to the board
- Quality Standards have been maintained when reviewed at the Quality Assurance Group
- Impressions and other patient feedback ie FFT has remained strong although there are still areas for us to improve.

As Director of Nursing I will be reviewing all the areas identified in the report but at this current time I am satisfied that none of the areas fall below the safe level that we have agreed upon. Further investment may be required due to changes in the acuity of our patients to ensure quality is maintained and further improved. This will be clarified in the Safer Staffing Paper at the February Board.

Appendix A

DAY

NIGHT

Ward name	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Alexandra	100.0%	105.1%	97.8%	96.8%
Victoria	94.9%	116.0%	104.3%	103.2%
Nason	110.2%	89.1%	96.8%	100.0%
ITU	100.0%	N/A	100.6%	N/A
Adam Bede	104.3%	99.2%	96.8%	98.4%
Elizabeth	96.7%	103.9%	94.6%	168.8%
Bob Jakin	102.7%	96.8%	100.0%	98.4%
Melly	98.1%	118.7%	97.8%	106.5%
Felix Holt	93.4%	114.5%	100.0%	100.0%
CCU	101.1%	N/A	94.6%	N/A

AMU	94.5%	100.8%	101.9%	100.8%
Delivery	107.1%	95.2%	98.4%	100.0%
Drayton	100.0%	98.4%	129.7%	90.3%
SCBU	101.3%	97.4%	100.0%	1560.0%

Benchmarking against similar size organisations comparing October/November 2014

HOSPITAL		DAY	NIGHT
George Eliot Hospital	RGN	106%	100%
	HCA	101%	101%
SWFT	RGN	94%	97%
	HCA	101%	103%
Burton	RGN	94%	101%
	HCA	101%	133%
Walsall	RGN	101%	100%
	HCA	105%	110%
Wye Valley	RGN	96%	99%
	HCA	100%	108%