

TRUST BOARD MEETING - PUBLIC

Meeting held on Wednesday 3rd August 2016

Title of Report:	Report on Safe Nurse Staffing and bi-annual Acuity Study	
Sponsoring Director:	Michelle Norton, Director of Nursing	
Author(s):	Dilly Wilkinson, Deputy Director of Nursing	
Background Paper(s):	A guide to nursing, midwifery and care staffing capacity and capability from National Quality Board July 2016.	
Assurance Framework Link(s):	2.2.1; 2.3.1; 5.1.1:	
CQC Link(s):	9; 10; 18;	
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):	Use of bank and agency staff due to vacancies.	
Impact on Health Inequalities including Equality & Human Rights:	Affects all patients equally	
Patient and/or Public Involvement:	Members Advocacy Panel (MAP) and Patients Advisory Forum (PAF) visits and audits are supported and responded to appropriately.	
Purpose of Report:	To provide the Board with a safer staffing policy update, the monthly safer staffing update and the bi-annual acuity study findings.	
Report Summary:	<ul style="list-style-type: none"> • This report reviews the staffing for June 2016 and confirms that the daily escalation remains in place. • 1 red shift reported with it being deemed as amber for safety. • The bi-annual acuity study support earlier decisions made regarding skill mix changes on core wards. • Monthly national submissions of staffing levels continues to be published on the NHS Choices website and include care contact hours (CHPPD) 	
Recommendation(s):	<ul style="list-style-type: none"> • The Board is asked to accept the most recent safe staffing report and note escalation in place. • The Board is asked to acknowledge the acuity study and recommendations. 	
Acronyms and	NHSP NHSPProfessionals	

Abbreviations	WTE HCA GEH NHSI CHPPD NQB	Whole time equivalent Healthcare Assistant George Eliot Hospital NHS Improvement Care Hours Per Patient Day National Quality Board
----------------------	---	---

Safe Nurse Staffing and bi-annual Acuity Study 3rd August 2016

1.0 Introduction

This report will include an update on the national policy context regarding safer staffing, the monthly safer staffing update with vacancies and the report of the bi-annual acuity study undertaken in June 2016.

2.0 Policy Context

In February 2013, the final report of the inquiry into failings at Mid Staffordshire NHS Foundation Trust was published by Sir Robert Francis. This report with the Chief Nursing Officer's Compassion in Practice published in 2012 and the government's response, Hard Truths: the journey to putting patients first led to fundamental changes in the assurance required by the NHS provider boards. The National Quality Board set out its expectations regarding getting nurse staffing right in November 2013 and has refreshed its guidance in July 2016. As a Trust we have reported in line with these requirements and the monthly report reflects this.

The Carter Report and the NHS Five Years Forward View planning guidance make it clear that workforce and financial plans must be consistent to optimise clinical quality and the use of resources. The Carter report highlighted variation in how acute trusts currently manage staff, from annual leave, shift patterns and flexible working through to using technology and e-rostering. Lord Carter's report recommended a new metric, care hours per patient day (CHPPD), as the first step in developing a single consistent way of recording and reporting staff deployments.

The Carter report identified that one of the obstacles to eliminating unwarranted variation in the deployment of nursing and healthcare support workers has been the absence of a single means of recording and reporting how staff are deployed. From May 2016, CHPPD is the principal measure of nursing, midwifery and healthcare support worker deployment.

The introduction of CHPPD for nurse and healthcare support staffing in the inpatient setting is the first step in developing the methodology as a tool that can contribute to a review of staff deployment. The aim is to help ward sisters/charge nurses, clinical matrons and hospital managers make safe, efficient and effective decisions about staff deployment.

CHPPD is calculated by adding the hours of registered nurses and the hours of healthcare support workers and dividing the total by every 24 hours of inpatient admissions (or approximating 24 patient hours by counts of patients at midnight). CHPPD is reported as a total and split by registered nurses and healthcare support workers to provide a complete picture of care and skill mix.

Care hours per patient day =
$$\frac{\text{Hours of registered nurses and midwives alongside} + \text{hours of healthcare support workers}}{\text{Total number of inpatients}}$$

The National Quality Board expects the Trust Boards will gain assurance regarding each of the 3 expectations:

- **Right staff** – through evidence based workforce planning, professional judgement and benchmarking with peers.
- **Right skills** - Mandatory training and development, working as a multiprofessional team and recruitment and retention.

- **Right place and time** – Productive working and eliminating waste, efficient deployment and flexibility and efficient employment, minimising agency use.

The Trust Board receives assurance from a number of sources either directly or via the board committees.

- Monthly safer staffing reports
- Unify safer staffing data
- Bi-annual acuity study reports
- CHPPD monthly
- Statutory and Mandatory training performance
- Monthly monitoring of vacancies reported to Workforce Committee
- Patient Experience report monthly to QAC
- Staff and patient Friends & Family test results

3.0 Current Position

This report to Board of Directors includes the monthly update of the safer nurse staffing levels and the submission of the data to be uploaded nationally and published on the NHS Choices website.

Table 1 shows Red shift performance for June (1st – 30th)

WARD	Budgeted (registered)	Budgeted (unregistered)	Active Vacancy (registered)	Active Vacancy (unregistered)	RED Shifts
Adam Bede	15.60	10.00	2.33	1.00	0
Alexandra	17.90	9.30	1.92	+0.55	0
AMU	37.70	21.30	7.39	+8.78	0
Bob Jakin	15.60	10.00	3.50	+2.64	0
CCU	13.90	0.00	0.06	0	0
Elizabeth	20.10	11.80	5.14	0.44	0
Felix Holt	14.00	11.80	3.07	+0.96	0
Melly	18.30	11.30	1.1	+1.00	0
Nason	17.90	18.30	4.45	5.7	0
Victoria	17.10	11.30	2.77	0.9	1
Mary Garth	16	10	7.11	0.4	0
Total vacancies	188.10	108.10	38.84	+5.49	1
ITU	42.07	1.40		0.0	
A&E	32.68	8.90	1.97	0	
Maternity					
Delivery/ Drayton	76.2	14.12	0	0.2	
SCBU	20.56	2.97	1.4	0.53	
Theatres					
Theatres			2.0		

3.1 Red shifts

In June there was 1 red shift which was on Victoria ward. The red shift was due to an agency nurse not attending despite having had their booking confirmed. The on-site and the duty matron on in the evening both attended the ward regularly to offer support to staff and ensure safety.

3.2 Vacancies

Reporting of vacancies as in table 1 is against 2015/16 budgets. These figures have been corrected from the previous two safer staffing reports due to clarification of the start point budgets now being received.

In month we have had further successful recruitment days and have been able to appoint 4 WTE registered nurses, two of whom are experienced nurses and two are newly qualified.

Table 2 shows vacancies by month.

	April	May	June
Wards	37.72	36.85	38.84

4.0 Unify data reporting

As part of the National safer staffing data (appendix 1) that is reported monthly through our Unify submission the Trust has commenced format reporting of care hours per patient day (CHPPD). Appendix 2 shows the CHPPD data as nationally uploaded.

This measure has been developed nationally as a single means of measuring nurse staffing deployment and describes the nursing staff required against the staff available in relation to the number of patients. The measure shows the areas where more intensive nursing or midwifery care is in place such as ITU or labour suite. The Trust average across all areas is 7.4 hours with the range being between 18.8 hours (labour suite) and 4.1 hours (Drayton ward).

5.0 Acuity and Dependency Study Findings

The Trust uses the National Safer Nurse Staffing Acuity and Dependency Tool to assess the nurse staffing against acuity twice a year. The tool uses the acuity level of the patients, incidents and harms to formulate the staffing requirements of the ward. This data is discussed amongst senior nurses to achieve a professional view to triangulate the findings. These are used to develop the recommendations regarding safe staffing levels for the next six months.

The June 2016 acuity study continues to improve in accuracy and reliability as the ward staff are overseen and supported by the matron for their area. The role is to help and support the data collection thus ensuring that the data collected accurately reflects the acuity on the ward.

For the first time in June 2016 the tool was applied to CDU and AMU. CDU’s staffing is part of A&E and in the past the study has excluded them as they are part of A&E. There is no plan to divide the budgeted position as the two areas are symbiotic and offer more flexibility in staffing whilst they are managed as one entity. That being said the specialist acuity tool for A&E does not include medical or surgical in-patients and this area does at times include those types of patients especially at times of surge. This data will enable us to compare CDU acuity and dependency going forward.

AMU has collected acuity and dependency data for the first time. The funded staffing compared with the recommended staffing is -10.33WTE. This is not unexpected as this is the first time that the staff have undertaken the acuity so the robustness of the data collection remains in development. The ward manager and matron agreed that additional HCAs would be rostered on dayshifts to ensure that there was one per bay to allow for care, supervision, chaperoning and escorting to diagnostics. The ward manager and matron agreed in their professional opinions the staffing levels were safe in general and in the event of additional pressure additional staffing would be deployed.

The acuity tool is used for assessing acuity in in-patient wards and is therefore not a valid tool for A&E. The Jones tool is currently being applied to A&E which is a purpose made acuity tool for emergency departments. The results will be shared with the Trust Board in future reports.

The staffing level recommendation from the acuity study has been compared to the agreed staffing level in the budget for 2016/17.

	Melly	Nason	Alex	Felix	Adam Bede	Elizabeth	Mary Garth	CCU	Victoria	Bob Jakin
Bed No.	26	27	28	19	18	27	18	11	27	18
October 2015	-6.35	-15.59	-8.38	-4.27	3.41	-14.42	5.54	-5.78	2.46	7.4
June 2016	-17.81	-9.25	-7.69	-7.19	-4.57	-3.28	-2.42	0.4	1.99	9.02
October 2015	4th	1st	3rd	6th	8th	2nd	9th	5th	7th	10th
June 2016	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th

Table 3: shows acuity scores for October 2015 and June 2016 as a number showing the difference between their established ward numbers and the recommended by the acuity study.

Melly, Nason, Felix Holt, Alexandra, Adam Bede, Elizabeth and Mary Garth wards all have identified potential mismatched results. Victoria and Bob Jakin have a positive result. These results have been examined with changes in staffing levels made after the October 2016 acuity study and it is felt that these changes have not yet bedded in and further changes are not necessary at this time. The full implementation of e-rostering is on-going and this will identify roster efficiencies and further potential improvements to safe staffing. The professional opinion of the senior nursing team is currently being sought, in light of June data, to ensure that agreed staffing levels are providing safe staffing levels on the wards.

4.0 Conclusion

The Board is asked to acknowledge the on-going work within recruitment, retention, the bi-annual acuity study recommendations and daily management undertaken to ensure safe staffing levels are maintained on the wards. All escalation remains in place.

Appendix 1 - Data uploaded nationally and published on NHS Choices

Ward name	Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Alexandra	103.4%	104.1%	104.6%	143.6%
Victoria	96.4%	106.2%	104.6%	103.4%
Nason	98.5%	105.5%	101.1%	105.2%
ITU	98.5%	-	99.3%	-
Adam Bede	98.8%	128.3%	103.4%	122.4%
Elizabeth	93.6%	124.1%	102.3%	103.4%
Bob Jakin	110.3%	110.3%	105.1%	120.0%
Melly	101.5%	107.2%	107.1%	178.8%
Felix Holt	104.5%	103.5%	107.1%	107.1%
CCU	105.3%	-	107.1%	-
AMU	105.6%	108.9%	106.3%	108.5%
Delivery	90.0%	100.0%	96.7%	100.0%
Drayton	92.3%	92.2%	103.3%	103.3%

Appendix 2 shows Care Hours Per Patient Day (CHPPD)

Ward name	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
Alexandra	775	2.9	2.0	4.9
Victoria	715	3.2	1.9	5.1
Nason	788	2.7	2.6	5.3
ITU	192	15.4	0.0	15.4
Adam Bede	534	3.2	3.2	6.4
Elizabeth	796	2.6	2.3	4.9
Bob Jakin	534	3.1	3.3	6.4
Melly	778	2.8	2.3	5.1
Felix Holt	560	3.6	2.8	6.4
CCU	316	6.4	0.0	6.4
AMU	1124	4.5	3.4	7.9
Delivery	168	14.8	4.0	18.8
Drayton	679	2.8	1.3	4.1