

TRUST BOARD PUBLIC – MAY 2016

Agenda Item Number: 66/16  
Enclosure Number: (5)

<b>Subject:</b>	Nursing - Safe Staffing
<b>Prepared by:</b>	Debra Elliott, Deputy Director of Nursing
<b>Sponsored by:</b> <b>Presented by:</b>	Cathy Stone – Director of Nursing Cathy Stone – Director of Nursing
<b>Purpose of paper</b>	To share the findings of the December 2015 adult in patient Ward Based Staffing review and update the Trust Board on current status and benchmarking against Safer Staffing Tool recommendations
<b>Key points for Trust Board members</b> <i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i>	<p>The purpose of this report is to present to the Trust Board the review of ward establishments as directed by the National Quality Board (NQB).</p> <p>The NQB has stipulated that; 'Boards must 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'.</p> <p>It is a requirement that every six months the Trust Board should receive and discuss at a Public Board meeting a report on staffing capacity and capability.</p> <p>This paper provides the Trust Board with a report on the December 2015 ward based staffing review findings. These recommendations have been achieved through a ward based staffing review using the Safer Nursing Care Tool (AUKUH) overlaid by a professional judgment exercise. The findings were also mapped against the 2015-16 funded ward establishments, showing any dependency and acuity trends using historical establishment information.</p> <p>The paper identifies that the ward based nursing staffing is in line with both national guidance and supported by acuity based triangulation following an internal realignment of the surgical CSC budget.</p> <p>The Board will receive a report in six months' time.</p>
<b>Options and decisions required</b> <i>Clearly identify options that are to be considered and any decisions required</i>	To note Safe Staffing Report and gain assurance the ward based staffing levels are in line with national quality benchmark standards.
<b>Next steps / future actions:</b> <i>Clearly identify what will follow the Trust Board's discussion</i>	To incorporate the agreed actions into the Trust business planning cycle and Trust board reporting, as part of the workforce planning and quality monitoring in the Trust.
<b>Consideration of legal issues (including Equality Impact Assessment)?</b>	
<b>Consideration of Public and Patient Involvement and Communications Implications?</b>	

**Links to Portsmouth Hospitals NHS Trust Board Strategic Aims, Assurance Framework/Corporate Risk Register**

<b>Strategic Aim</b>	Strategic Aim 1: To deliver safe, high quality patient centred care Strategic Aim 4: Be a hospital whose staff recommend the Trust as a place to work and a place to receive treatment.
<b>BAF/Corporate Risk Register Reference (if applicable)</b>	1.1, 1.2, 1.3, 1.4, 1.9, 4.1, 4.3
<b>Risk Description</b>	
<b>CQC Reference</b>	All Domains

<b>Committees/Meetings at which paper has been approved:</b>	<b>Date</b>

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## 1. Introduction

The purpose of this report is to present to the Board a review of ward establishments as directed by the National Quality Board (NQB).

The NQB has stipulated that; 'Boards must 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'. Within their recommendations it states that every six months the Trust Board should receive and discuss at a Public Board meeting a report on staffing capacity and capability. This requirement came following a number of national reports.

- The Francis report on Mid Staffordshire (2013) resulted in the publication of a number of documents focussing on the importance of safe nurse staffing levels.
- Keogh review into the quality of care and treatment provided in 14 hospital trusts in England (2013).
- Cavendish review (2013), an independent enquiry into healthcare assistants and support workers in the NHS and social care setting.
- Berwick report on improving the safety of patients in England (2013).
- 'How to ensure the right people, with the right skills, are in the place at the right time. A guide to nursing, midwifery and care staffing capacity and capability' (National Quality Board 2013).
- 'Hard truths. The journey to putting patients first' (DH, 2013).

As a result of the recommendations 'Safe staffing for Nursing in adult inpatient wards in acute hospitals' (NICE 2014) was developed, this provides detail on the methodology for undertaking a staffing review and, processes required for escalation including the introduction of 'red flags' which were a series of incidents that NICE identified should be reported by ward staff. These are reported through datix and reviewed quarterly.

The Trust Board currently receives monthly information on the percentage of staff shifts filled. Ward staff display daily information shift by shift the staff available versus those that were planned for the shift.

In November 2014 'Safer staffing: A guide to care contact time' was released this recommends that a contact time assessment is undertaken that would provide a baseline for each ward on the amount of contact time staff have with patients or on other nursing activities versus time that is unproductive. The Trust was part of the Wessex collaborative exercise and undertook a pilot across eleven wards; these results were published in the July 2015 Board papers.

The registered nurse workforce capacity across the local region and nationally is a challenge to all health providers. The Trust have undertaken comprehensive recruitment within Europe over the last two years and have seen a considerable reduction in vacancies. Bank (NHSP) and agency staff are utilised to maintain safe staffing of wards where necessary.

This paper covers a review of ward based staffing levels on all adult inpatient wards, including:

- December 2015 safer staffing dependency and acuity assessment results.
- Comparison of results with 2015-16 ward based budgeted staffing establishments.
- Recommendation for rebalance within surgery.

With the exception of the Surgical Assessment Unit, all acute inpatient area wards across the Trust meet safer staffing requirements.

As a result of altered activity and the correct utilisation of the surgical assessment unit, a shift in workload has arisen between two surgical areas. A rebalancing of staff can be achieved without an increase in expenditure budget, the proposal is fully reported by the CSC.

## **2. December 2015 adult in patient staffing review**

Since the last report in July 2015, a series of meetings have been held involving ward sisters, matrons, Heads of Nursing and senior nursing and finance staff, in order to review every ward establishment, reviewing skill mix, supervisory time and staffing numbers. All ward establishments were signed off by the senior CSC and financial management endorsed by the Director of Nursing.

In addition, weekly meetings reviewing ward rosters has been implemented. These meetings have reviewed how the staffing establishment is being utilised at shift level by reviewing every roster within the Trust and looking at the subsequent use of establishment. A Rostering Masterclass has been organised on four occasions to enable all ward sisters to have an update on the principles of rostering and sessions on the use of the E-roster system in the Trust. It is a mandatory part of new ward managers inductions.

The ward based staffing review took place in December 2015 using the NICE recommended Safer Nursing Care Tool (previously called AUKUH) which was followed by a professional judgement review.

Following the review all wards, with the exception of SAU, are in line with the Safer Nursing Care Tool recommendations.

## **3. Quality Metrics**

Quality metrics for wards are monitored each month and form part of the overall quality dashboard for the Trust. When looked at individually, the majority of wards demonstrate high levels of harm free care.

During Q3 and Q4 of 2016/2016 the Trust was consistently reporting harm free care in the upper quartile nationally.

## **4. Current Vacancy Position**

The Trust has proactively recruited nurses from Europe and the UK within the last year. Approximately 350 registered nurses have been recruited (some in conjunction with NHSP) to fill vacancies within the Trust. The current position is that including staff jointly recruited with NHSP (whom will be employed at the end of their year's contract) and placed by the military, the Trust will have only 50 RN vacancies following induction of new starters. This is a very positive picture for the Trust and places the Trust in a better position than most organisations in the South of England.

## **5. Escalation of Staffing Issues**

Staffing levels are comprehensively monitored over the twenty four hour period by a senior member of the nursing team and escalated to a nominated senior nurse as required to enable mitigation plans to be put in place to maintain safety and capacity. Since September 2015 this has been further strengthened within core hours by having a designated senior member of the nursing team coordinating staffing following the staffing meeting and being accessible by bleep for all issues that cannot be mitigated within the CSC or have a Trust-Wide impact. The senior member of the nursing team will escalate to the Lead Nurse for Workforce, Deputy Director of Nursing. And ultimately the Director of Nursing for mitigation and resolution.

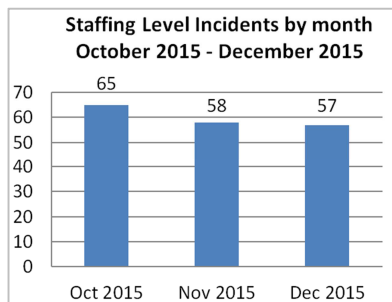
## **6. Incidents in connection with staffing**

NICE Safer Staffing Guidelines identified the requirement for Trusts to report any red flag incidents that occur. NICE specify a list of red flag incidents which include less than 2 Registered Nurses per shift, more than 25% reduction in planned staffing, care omissions e.g. turns, feeding, observations, pain relief. In line with neighbouring providers, the Trust have added the red flags to the Datix reporting system and briefed ward sisters and teams on their importance and how to report red flag event.

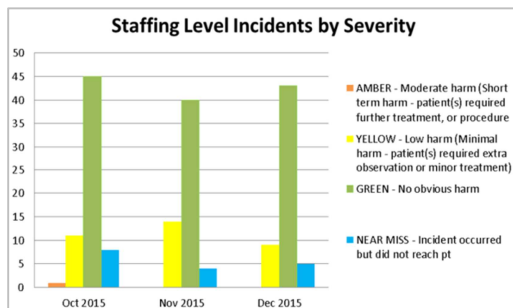
Table 1 and Table 2 below demonstrate the incidents reported in quarter 3 in relation to nursing and midwifery staffing. There has been a decrease since initial implementation but incidents reported over the last 6 months are in the range from 55-81.

A review has highlighted that no harm arose as a result of the incidents.

**Table 1: Staffing level incidents by month October to December 2015**



**Table 2: Staffing level incidents by severity**



In October there was one amber incident relating to staffing. This was in the Emergency Department and occurred overnight when there was a surge in patient admissions overnight. The quality impact in the Emergency Department is monitored through weekly metrics.

**7. NQB Fill Rate during 2015-16**

NHS England published guidance in March 2014 requiring Trusts to publish monthly information in public board papers on the planned and actual staff numbers on duty for each ward in the Trust. Since June 2014 this has been uploaded via Unify and published on NHS Choices. The board currently receives this monthly information on the percentage of staff shifts filled and ward staff display publicly daily information shift by shift the staff available versus those that were planned for the shift.

**Table 3: Actual staff numbers and skill mix**

	Actual Staff Numbers and Skill Mix			
	Average Fill Rate		Skill Mix	
	Registered Nurses %	HCSW %	Planned RN:HCSW	Actual RN:HCSW
Mar-15	90.6%	118.7%	71.1% : 28.9%	65.2% : 34.8%
Apr-15	92.4%	120.1%	70.2% : 29.8%	64.4% : 35.6%
May-15	93.7%	120.8%	70.3% : 29.7%	64.7% : 35.3%
Jun-15	92.2%	119.5%	70.4% : 29.6%	64.7% : 35.3%
Jul-15	92.7%	123.7%	70.3% : 29.7%	64.0% : 36.0%
Aug-15	91.4%	121.5%	70.1% : 29.9%	63.8% : 36.2%
Sep-15	92.3%	121.9%	70.2% : 29.8%	64.1% : 35.9%
Oct-15	92.2%	117.4%	70.4% : 29.6%	65.2% : 34.8%
Nov-15	92.7%	122.9%	70.6% : 29.4%	64.4% : 35.6%
Dec-15	93.1%	117.3%	70.5% : 29.5%	65.5% : 34.5%
Jan-16	94.0%	114.2%	70.6% : 29.4%	66.4% : 33.6%
Feb-16	93.5%	113.3%	70.6% : 29.4%	66.5% : 33.5%

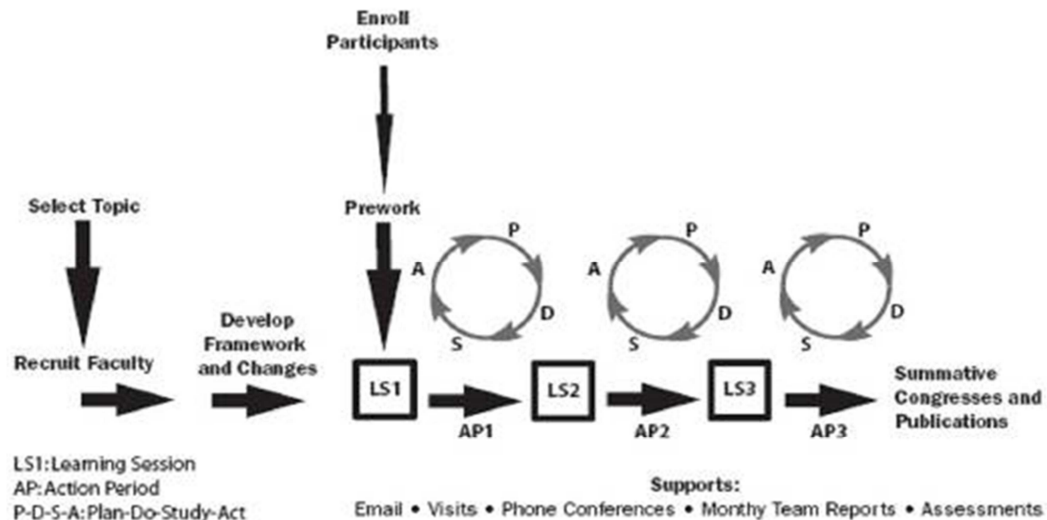
Table 3 shows that the Trust is maintaining good fill rate and the actual skill mix achieved is around the national recommendations of 65% RNs to 35% HCSWs.

## 8. DH Workforce Efficiency Collaborative Project

The Trust has been participating in the DH Workforce Collaborative as part of the Cohort of 22 Trusts selected for the Workforce Efficiency Programme by Lord Carter. The aim of the collaborative has been to use the Breakthrough Series Model developed by the Institute for Healthcare Improvement (Table 4) to work on self-identified workforce initiatives through a systematic approach within a cohort to share learning between organisations. The benefits of working within the collaborative being:

- New or improved services developed by the 22 Trusts working to the same goal – being more efficient with the workforce resources they have.
- Being able to identify which changes give most efficiency gain before implementing across the whole organisation.
- Engaging organisations in the process of change which will result in greater culture change and sustainability.
- Wider geographical reach or access to new beneficiary groups who may have made improvements in areas causing some organisations difficulty.
- Financial savings and better use of existing resources.
- Knowledge, good practice and information sharing.
- Sharing the risk in new and untested projects.
- Capacity to replicate success.
- Stronger, united voice.
- Better co-ordination of organisations' activities.
- Mutual support between organisations.

**Table 4: Institute for Healthcare Improvement BTS model**



The Trust selected rostering as the project for the DH Collaborative and have been undertaking a comprehensive systematic review of all ward rosters over the six month period of the project. The key performance indicators monitored during this period were NQB staffing fill rate data, sickness absence data, headroom data and bank and agency spend.

The project commenced in July 2015 with a small specialist team reviewing all nursing rosters with additional scrutiny from an external advisor. Twice weekly meetings with Clinical Service Centres (CSCs) were set up to establish a baseline review and judgement of roster capability. Areas that were demonstrating excellent performance were highlighted and chosen to demonstrate practices and tools being used to other CSCs. Since then weekly reviews of all rosters (when sustaining excellent practice reviews go to monthly) have continued to check and ensure rosters are balanced, additional staff (NHSP or agency) are requested only when vacancies are present or for urgent clinical situations. The Roster Policy has been reviewed, standardised requirements for rosters, standardised NHSP booking collations and Matron's checklist have been implemented. All wards have met with the Director and Deputy Director of Nursing, Deputy Director of Finance, Lead Nurse for Workforce and Specialist Advisor to review establishments agreed by Trust Board and sign off for budgets and staffing levels have occurred by all members. Education has been given to ward managers regarding good rostering and expectations of the roster clinics clearly set.

The roster clinics have been predominantly met with positive regard from the CSCs as they are seen as 'enabling' to 'deep dive' on rosters and how staff are utilising the staffing resource. Some areas have required a more formal approach for improvement. Rosters are more balanced when reviewed and staff are increasingly confident to challenge teams about working patterns and service requirements. Data from NHSP and Agency use shows a significant reduction over approximately 7000 hours (excluding additional staff required for escalation capacity). The Trust NQB safe staffing fill rate has maintained at over 90% for RNs. What has become evident is that monitoring sickness through the roster clinics will be essential going forward now that rosters are more balanced. The plan post the project is to maintain monthly roster clinics to monitor performance and provide a balance between support and scrutiny to ensure staffing resource is used to best effect for patient care.

The work undertaken as part of the project was presented nationally at the final collaborative workshop and the case study presented to the DH was showcased in the DH report by Lord Carter in February 2016.



## 9. Care Hours per Patient Day data

The Trust also participated in the DH collection in October 2015 of all ward data on staffing fill. The voluntary collection of data allowed the DH to develop a methodology to enable benchmarking of ward data between organisations so that Trusts could identify any unwarranted variation. Further work will be undertaken by NHS Improvement in 2016 to refine this methodology for roll-out to all organisations. The Lord Carter report in February 2016 stated that the CHPPD data sampled in October showed that the range of Care Hour per Patient Day (CHPPD) from Trusts sampled was 6.33 – 15.48 with an average of 9.1.

A sample of wards in the Trust was compared to this data. Based on the budgeted establishments, shift patterns and the daily staffing numbers that were signed off, the following table shows the agreed CHPPD against the actual fill for January 2016:

Care hours per patient day		
Ward	Care hours per day	
	Agreed	January actual fill
E2	6.18	7.24
SHCU	8.85	9.72
F4	7.19	7.46
G1	6.36	7.24
C5	5.55	7.08
C6	5.19	6.57

This provides the Trust Board with further assurance that staffing levels achieved within the Trust are responsive to patient needs, that there is a robust bi-annual process for reviewing patient acuity and staffing requirements and that these are adjusted over time in response to patient acuity and dependency.

## 10. Maternity Staffing Review – Birth Rate Plus

The Royal College of Midwives (RCM) and the Royal College of Obstetricians and Gynaecologists (RCOG) recommend the use of Birthrate Plus® (BRP) which was endorsed by the RCM Council in 1999 and in the Unit Commission Report: First Class Delivery (1997). There is no other research-based methodology for workforce planning in maternity services and traditional methods are of little value in today's health service.

Birthrate Plus® is the most widely used system for classifying women and babies according to their needs, using clinical outcome data to calculate the number of midwives required to provide antenatal, intrapartum and postnatal care. Together with the case mix, the number of midwife hours per woman category based on the well-established standard of one midwife to one woman throughout labour, plus extra midwife time needed for complicated categories III, IV & V, calculates the clinical staffing for the annual number of women delivered.

Analysis of the casemix for women using Portsmouth Hospitals NHS Trust Maternity Services indicates that approximately only 33% of the births are in the lower categories (I and II), with 67% in the moderate to high categories. This case mix is also an indicator of the antenatal and postnatal requirements of the women and is used to calculate staffing.

The staffing requirements for midwives and support workers are identified below:

Midwives and support workers staffing requirements						
	22.% Headroom uplift			90/10% Skill mix		
	85/15% Skill mix			90/10% Skill mix		
PHT Maternity service 5925 births 2014-15	BRP recommended WTE	PHT funded WTE	Overall Variance	BRP recommended WTE	PHT funded WTE	Overall Variance
WTE Clinical establishment (Band 3-7)	231.92	210.22	-21.7	231.92	210.22	-21.7
WTE midwives including specialist	197.13	191.94	-5.19	208.73	191.94	-16.79

Midwives and support workers staffing requirements						
	22.% Headroom uplift					
	85/15% Skill mix			90/10% Skill mix		
PHT Maternity service 5925 births 2014-15 (Band 5-7)	BRP recommended WTE	PHT funded WTE	Overall Variance	BRP recommended WTE	PHT funded WTE	Overall Variance
WTE Clinical Support staff (Band 3&4)	34.79*	18.28*	-16.51	23.19*	18.28*	-4.91
Additional non-clinical midwifery @6%	13.92	10.92	-3.00	13.92	10.92	-3.00
overall Variance			-24.70			-24.70

\*these are bands 3 or 4 posts for postnatal and community areas and excludes any band 2 roles

Irrespective of headroom uplift, in the 85/15% skill mix model of care the shortfall affects clinical support role numbers whereas in a 90/10% skill mix the shortfall affects midwives.

As part of the Trust business planning process a business case for incrementally increasing the number of midwives in response to Birthrate Plus® is on-going.

The Trust has been part of the National review of Maternity services “Better Births” and has been cited as an area of good practice and was rated as ‘good’ in the recent CQC inspection.

The NURTURE model has led to maternity services agreeing to use a different skill mix model compared to other units locally, the majority of whom use the 90/10% split. With the development of the band 3 role supporting normal postnatal care the service is able to work to an 85/15% split.

## 11. Summary

This report provides assurance to the Trust Board that the Director of Nursing has undertaken a comprehensive Safer Staffing Review as required bi-annually and the table shows that all wards (with the exception of SAU).

The report also provides detailed information on the actual fill rates month by month of staffing numbers at ward level and details any ‘red flag’ staffing incidents that occur as a result of staffing.

The Trust is in a positive position in terms of recruitment to RN vacancies when compared to the local and national RN shortages that are well publicised. There is a comprehensive process for managing vacancies and shortages that occur on a daily position with a senior nurse reviewing this throughout the twenty four hour period. This oversight helps to reduce the need for bank and agency staff being utilised in the Trust and this helps to provide continuity of care for patients.

The Trust also participate actively in external benchmarking and programmes of work to ensure that staffing is aligned to national best practice.

## 12. Recommendation

The Board is asked to note the contents of the report.