Northern Lincolnshire and Goole NHS
NHS Foundation Trust

NLG(16)339

DATE OF MEETING	**26th July 2016**
REPORT FOR	**Trust Board of Directors – Public**
REPORT FROM	**Tara Filby, Chief Nurse**
CONTACT OFFICER	**Sue Peckitt, Deputy Chief Nurse**
SUBJECT	**6 monthly nurse staffing update report**
BACKGROUND DOCUMENT (IF ANY)	**None**
REPORT PREVIOUSLY CONSIDERED BY & DATE(S)	**N/A**
EXECUTIVE COMMENT (INCLUDING KEY ISSUES OF NOTE OR, WHERE RELEVANT, CONCERN AND / OR NED CHALLENGE THAT THE BOARD NEED TO BE MADE AWARE OF)	**This paper provides assurance that nurse staffing establishment reviews for inpatient wards have been undertaken in accordance with guidance from the National Quality Board (NQB)**
HAVE THE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	**N/A**
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	**N/A**
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	**N/A**
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	**-**
ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	**None**
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	**N/A**
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO SUSTAINABILITY IMPLICATIONS (QUALITY & FINANCIAL) & CLIMATE CHANGE?	**N/A**
THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S) AND COMPLIANCE WITH THE REGULATORY STANDARDS LISTED	**N/A**
ACTION REQUIRED BY THE BOARD	**To note the report**

1. PURPOSE

The purpose of this paper is to provide the Trust Board with a six monthly report on Nursing and Midwifery Staffing and to provide assurance that the Trust has a clear and validated process for monitoring and ensuring safe in-patient area staffing. This is in accordance with best practice set out by National Institute of Clinical Excellence (NICE), the expectations of NHS England National Quality Board (NQB Ten Expectations) and the Care Quality Commission (CQC).

2. BACKGROUND

Following the Francis report, the NQB published guidance[1] that established 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. This was followed in 2014 by the NICE guidance related to safe staffing in adult in-patient wards[2] and in 2015 related to safe midwifery staffing[3].

Demonstrating sufficient staffing is one of the essential standards that all health care providers must meet in order to be compliant with CQC requirements. We have been required to publish staffing data since April 2014 and to date we have done so by:

- Nursing/Midwifery staffing levels each shift (planned and actual) displayed at ward level.
- Monthly nursing and midwifery staffing capacity and capability report to the Trust Board.
- Monthly report published on the Trust's website and uploaded onto NHS Choices website.

The NQB require the Trust to review in-patient nursing and midwifery staffing establishments every six months in order to ensure that the appropriate number and skill mix of the nursing and midwifery staff is appropriate for the needs of our patients. This paper details the establishment reviews conducted for the six month period to 30th June 2016 and also provides details of the on-going work to assure and monitor 'safe staffing' levels on our in-patient wards.

[1] 'How to ensure that the right people with the right skills are in the right place at the right time'. NQB, November 2013
[2] 'Safe staffing for nursing in adult inpatient wards in acute hospitals' NICE, July 2014
[3] 'Safe midwifery staffing for maternity settings' NICE, February 2015

2. NLaG's APPROACH TO REVIEW SAFE NURSE/MIDWIFERY STAFFING

A full establishment review is undertaken every six months in order to ensure that the appropriate number of staff and skill mix meets the needs of our patients. The review is completed with the involvement of the Associate Chief Nurse of each care Group, Operational Matrons who were asked to engage with their ward sisters, finance and in some cases the Associate Chief Operating Officer. Using national staffing models including the safer nursing care tool[4] for adult in-patient wards; Royal College of Nursing (RCN); British Association of Perinatal Medicine (BAPM) guidelines for NICU; and birthrate plus[5], establishments for are set taking into account of the number of beds, workforce skill mix, acuity and dependency of our patients and the expectations around safe nurse/midwifery staffing for in-patient areas have been defined as follows:

Adult in-patient wards

- 1 Registered Nurse (RN) to 8 patients which is the minimum safe standard for standard acuity wards on days as suggested by national guidance. We aspire to 1 RN to 7 patients as a standard on days to maintain high standards of care
- 2 registered nurses on each shift as a minimum (days or nights) on in-patient wards
- Supervisory ward sisters/charge nurses with the proportion of time being proportionate to the size of their nursing establishment
- Establishments based on a headroom allowance of 23.8% for sickness, absence, training and leave is built into the plan

Paediatric wards

- Supervisory ward sisters/charge nurses
- Establishments based on an assumption that a headroom allowance of 23.8% for sickness, absence, training and leave is built into the plan.
- High dependency care 1 Registered Sick Children's Nurse (RSCN) to 2 patients
- In-patient care:
    - 1RSCN to 3 under 3 years
    - 1RSCN to 4 over 3 years
    - 1RSCN to 3 if children nursed in side-rooms

[4] NHS Improving Quality "Safer Nursing Care Tool" 2010

[5] "Birthrate plus, safe staffing for maternity" 2015. http://www.birthrateplus.co.uk/

Neonatal Intensive Care Unit (NICU)

- Supervisory ward sisters/charge nurses
- Establishments based on an assumption that a headroom allowance of 23.8% for sickness, absence, training and leave is built into the plan.
- In-patient care:
    - Special care 1 RN to 4 babies
    - High dependency 1 RN to 2 babies
    - Intensive care 1 RN to 1 baby
    - Transitional care 1 RN to 4 babies

Transitional Care (TC) babies are nursed on the maternity postnatal ward and require 1 member of neonatal unit staff to be away from the neonatal unit so this needs to be noted. TC babies can usually be cared for by appropriately trained Advanced Healthcare Assistants with supervision from a RN.

The model profile for each in-patient area is developed, compared with the existing establishment and is subject to challenge from the Chief Nurse/Deputy Chief Nurse. The patient acuity and dependency is validated by the Trust e-Rostering manager.

Once the revised establishment is agreed an implementation plan is agreed. The revised shift patterns and establishments would go live from the following E-Rostering cycle start date. A clear communications strategy is agreed to support implementation. Patient safety and the quality of care will be monitored via the senior nursing team providing assurance on quality through review of the dashboards and reporting by exception at NMAF/QPEC as required.

3. CURRENT CHALLENGE

The Trust has faced significant challenges over the last 12 months particularly in relation to recruitment and retention of nursing staff. Although much work has been accomplished, there is an ongoing need to ensure the acuity and dependency of patients and the nature and volume of activity is matched with the right number and skill mix of staff to ensure patient safety and quality is maintained. During the CQC visits to the Trust within 2015, there was concern noted about the shortfall in some areas and the reliance on bank and agency staff. This was further compounded by the lack of a designated shift lead in the majority of areas that were not counted within the nurse to patient ratio. A separate paper has been approved by the Resource Committee to adopt

a phased approach to implementation of the shift leader in essential areas. This will be reviewed as part of the reconfiguration work-stream of the nurse staffing sustainability programme.

4. OUTCOME OF ESTABLISHMENT REVIEWS

4.1 Surgery and Critical Care

The review of Surgery & Critical Care establishments identified that the modelling work undertaken at the previous review was in the majority of cases, an accurate reflection of the agreed nursing establishments, previously approved by the Board. In a small number of cases it identified amendments were required.

Where the model identified less than 2 x RNs per shift required, it was agreed that the minimum of 2 shifts should be preserved.

It is appropriate to support teams to consider new ways of working, whilst maintaining the minimum 1:8 ratio and in the most part, the 1:7 ratio. it is important to recognise the risk associated with changing establishments which can have an adverse impact on patients and staff.

Work is on-going to explore alternative solutions to maintaining safe staffing levels, including the development of the APiN role (Assistant Practitioner in Nursing). Revised guidance is anticipated from the National Quality Board and any new guidance will be taken into consideration and existing establishments will be benchmarked against this as guidance becomes available.

There has been much discussion about the future of B4 and the need to establish it for a higher dependency of patients due to the number of medical outliers. Until a decision has been reached, the calculations contained within this paper are based upon B4 continuing to be established as a surgical ward.

Financial Impact of Establishment Review, Surgery and Critical Care

The financial impact of the revised establishments is a saving of £25,100 (full year effect)

Site	Current		Proposed		Variance		Saving/(Cost)	PYE
	RN	HCA	RN	HCA	RN	HCA		
DPoW	89.93	56.50	91.11	54.12	1.18	-2.38	£13,330	£11,100
SGH	58.18	47.34	61.78	41.43	3.60	-5.91	£11,800	£9,800
GDH	18.19	6.60	18.19	6.60	0.00	0.00	0	0
TOTAL	**166.30**	**110.44**	**171.08**	**102.15**	**4.78**	**-8.29**	**£25,100**	**£20,900**

Authorisation of revised Surgery and Critical Care Establishments

Confirm and Challenge	4th May 2016
ET	24th May 2016
Resource Committee	25th May 2016
Roster Template Change	17th June 2016
Implementation	18th July 2016 *

* B4 not yet implemented due to further establishment challenge

4.2 Paediatrics

Assessing the nursing needs of individual patients is paramount when making decisions about safe nursing staff requirements for paediatric inpatients. 2015/16 has been a challenging year for the paediatric service as they have struggled to maintain staffing fill rates above the national 80% target consistently however a recent recruitment drive has yielded positive results.

Nursing establishments of paediatric wards have previously been based on activity numbers and the clinical view of senior nursing staff, as an acuity and dependency tool has not been available without significant investment, e.g. PANDA tool developed by Great Ormond Street Hospital. In November, the roster team implemented the use of a national tool tailored for paediatrics, which continues to be reviewed nationally and indeed will be re-launched in 2016.

The nursing teams have been collating SNCT data since November. Although we don't have a full year of data, there is good indication that the supply of nurses within

the current funded establishment does not fully meet the demand based on the high acuity of patients on the ward. This data indicates that the requirement in terms of nursing hours for Disney ward is over and above the existing funded staffing template, this being the case on both the early and the late shift. The picture is replicated at Rainforest ward.

In reviewing the data in terms of activity and case mix (traditional calculation method), the result is an average nursing requirement of 3.4 WTE Registered Nurses for early and late shifts. The current staffing model is funded at 3.0 WTE RNs per shift so there is a shortfall of 0.4 WTE per shift for both the early and the late shift. This appears to be the requirement on average over the 7 day period.

As part of the establishment review, the clinical judgement of the senior nursing team is that this calculation and the output of the SNCT is reflective in terms of daily staffing need. Activities that compound the position during the day include:

- Doctor's ward rounds (which can be time consuming)
- Daily escorting of patients to and from the operating theatre
- Unpredictable requirement to attend paediatric and neonatal emergencies in A&E
- Escort off site as required (to support transfer of sick children to Sheffield)
- Unpredictability of the number of children requiring high dependency care which can suddenly deplete existing workforce (i.e. if 2 nurses are needed in the high dependency area, 1 nurse remains to care for up to 15 patients)

It is recognised that there are peaks and troughs within this workload and significant effort has been put into the consideration of creative solutions, rather than to request investment in both the early and the late shift. It was agreed to invest in 1.0 shift (8-4) 7 days per week to meet this need.

The senior nursing staff within Children's services, already operate a flexible redeployment model to cover shortfalls in staffing between departments, e.g. neonatal units, paediatric wards, community services and children's outpatients. This additional shift within the paediatric model will be used wisely during periods of short staffing to ensure safe care is delivered and reduce the existing reliance on the payment of additional hours, bank and agency. There are plans to extend this to include development opportunities to support other departments, e.g. ECC and it is important to

consider this as an opportunity to ensure the care of children is delivered efficiently and effectively by appropriately qualified nurses outside of the paediatric care setting.

This revised establishment would continue to meet the national requirements for safe staffing within paediatric units. The existing two-shift system works well providing continuity of care for the children and their families and there are no concerns around risks to patient safety hence no plans to change this other than adding in a short shift (8-4) as above.

Financial Impact of Establishment Review, Paediatrics

The financial impact of the revised establishments is a cost of £128,600

Site	Current		Proposed		Variance		Saving/(Cost)
	RN	HCA	RN	HCA	RN	HCA	
DPoW	20.35	8.15	22.12	8.15	1.77	0	£63,600
SGH	21.35	9.93	23.12	9.93	1.77	0	(£65,000)
TOTAL	**41.69**	**18.08**	**45.24**	**18.08**	**3.54**	**0**	**(£128,600)**

Authorisation of revised Paediatric Establishments

Confirm and Challenge	4th May 2016
ET	17th May 2016
Resource Committee	25th May 2016
Roster Template Change	18th July 2016
Implementation	15th August 2016 due to consultation period of staff supporting other departments delivering paediatric care

4.3 NICU

Assessing the nursing needs of individual patients is paramount when making decisions about safe nursing staff requirements for NICU. 2015/16 has been a challenging year for the neonatal service as they have struggled to maintain staffing fill rates above the national 80% target consistently, due to a combination of recruitment challenges, sickness absence and maternity leave.

The review of the establishments identified that the modelling work undertaken at the previous review was in the main, an accurate reflection of the agreed nursing numbers.

Activity across both departments has been analysed and the cot occupancy found to be 109% at Grimsby and 99% at Scunthorpe on average. It is noteworthy that the birth rate in Grimsby is a third higher than in Scunthorpe.

The data confirmed that the current numbers of staff are sufficient for the workload, to deliver a safe and effective service. It was suggested however that based on the average case mix, a review of the skill mix within both units was appropriate. The review identified that a reduction one registered nurse and an increase in 1 HCA per day and night shift on each site was appropriate.

This revised establishment would continue to meet the BAPM requirements for safe staffing within neonatal units. The existing two-shift system works well providing continuity of care for the babies and their families and there are no concerns around risks to patient safety hence no plans to change this.

Financial Impact of Establishment Review, NICU

The financial impact of the revised establishments is a saving of £101,200 (full year effect)

Site	Current		Proposed		Variance		Saving/(Cost)
	RN	HCA	RN	HCA	RN	HCA	
DPoW	27.39	5.43	22.01	10.87	(5.38)	5.44	£60,600
SGH	21.96	5.43	16.57	10.87	(5.38)	5.44	£40,600
TOTAL	**49.35**	**10.86**	**38.59**	**21.74**	**(10.76)**	**10.88**	**£101,200**

Authorisation of revised Paediatric Establishments

Confirm and Challenge	4th May 2016
ET	17th May 2016
Resource Committee	25th May 2016
Roster Template Change	18th July 2016
Implementation	15th August 2016

4.4 Remaining areas to undergo Establishment review

Medicine Group establishments are underway and should be completed and implemented by September 2016

Maternity Services have been reviewed but require further consideration by the Executive Team.

Community establishments will commence review in August 2016.

5. Workforce Metrics

As part of the Trust sustainability programme we have a nursing controls section which has 5 work streams. Each work stream has a plan of delivery (POD), activity is mapped against a milestone tracker and has a risk register of risks to delivery. These are reviewed monthly and are detailed below with the exception of nurse reconfiguration which is delivered by the ward establishment reviews as presented earlier:

5.1 Nurse Rostering and Bank and Agency Controls

The aim of this work stream is to:

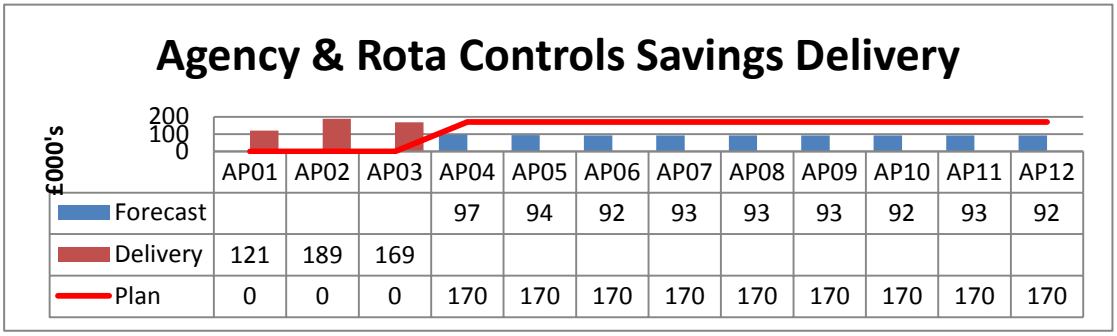
- Assure adequate electronic skill mix and competency within rosters
- Centralise electronic rosters
- Enhance rostering controls
- Redefine and implement auto roster rules with nights and weekends having priority for shift fill
- Ensure safe deployment of nursing staff
- Use Clinical Nurse Specialists/Professionals Allied to Medicine to support registered nursing workforce

Work is progressing on plan with this work stream Figure 1 demonstrates the detail regarding cost savings from April 2016 – June 2016

The e-Roster team are currently reviewing the controls on non-registered nurse roster lines to ensure that Band 3 HCA's and pre-registered/overseas nurses awaiting NMC are rostered appropriately.

The Trust is currently developing a Nurse Staffing Policy which will encompass establishment setting, roster approval, roster control, agency and bank nurse booking and an escalation process.

Figure 1 Agency and Rota Control Savings Delivery



	AP01	AP02	AP03	AP04	AP05	AP06	AP07	AP08	AP09	AP10	AP11	AP12
Forecast				97	94	92	93	93	93	92	93	92
Delivery	121	189	169									
Plan	0	0	0	170	170	170	170	170	170	170	170	170

5.2 Nurse Retention

The work stream aims to establish a clear retention strategy based on an affordable vision that is evidenced by financial and workforce information and analysis. It aims to deliver a 2% reduction in nursing turnover rates in the first year.

A series of staff listening events have been completed and the findings presented to NMAF who are now developing actions. The registered nurse turnover rate as of June 2016 was 13.13% which is an improved position from 15.15% in June 2015.
Exit interviews are encouraged and the main findings that contribute to staff leaving are cited as the challenging staffing situation with a significant use of bank and agency staff.

The Trust is currently experiencing an overall 7% vacancy factor. Registered Nurses are experiencing a 10.36% vacancy rate equating to 166.75 WTE and unregistered nurses are currently 1.44% over establishment which equated to 10.56 WTE (see Figure 2). The breakdown of nursing vacancies per group is displayed in Figure 3.

In order to maintain safe staffing levels all ward staffing is reviewed at least daily in the operational meetings and bank and agency registered nurses are booked according to ward needs and skill mix. Figure 4 compares our registered nurse spend broken down by contracted hours, agency and bank against our WTE vacancy.

Figure 2: Nursing Vacancy Factor

Staff Groups	*Budgeted Exc bank WTE	Contracted WTE		Vacancies WTE	Vacancy Factor
Registered Nurses	1609.82	1443.07		166.75	10.36%
Unregistered Nurses	735.66	746.22		(10.56)	(1.44%)
Total Nursing	**2345.48**	**2189.29**		**156.19**	**6.66%**

Figure 3: Breakdown of Registered and unregistered Nursing vacancies by group

	*Budgeted Exc bank WTE	Contracted WTE		Vacancies WTE	Vacancy Factor
Registered Nursing Total	**1,609.82**	**1,443.07**		**166.75**	**10.36%**
Medicine	567.62	477.75		89.87	15.83%
Clinical Support Services	61.87	56.16		5.71	9.23%
S&CC	424.80	373.15		51.65	12.16%
C&TS	174.15	163.42		10.73	6.16%
W&CS	318.11	310.67		7.44	2.34%
Diagnostics	63.27	61.92		1.35	2.13%
Unregistered Nursing Total	**735.66**	**746.22**		**(10.56)**	**(1.44%)**
Medicine	317.03	324.11		(7.08)	(2.23%)
Clinical Support Services	80.76	75.19		5.57	6.90%
S&CC	160.57	169.82		(9.25)	(5.76%)
C&TS	63.80	62.74		1.06	1.66%
W&CS	113.50	114.36		(0.86)	(0.76%)
Nursing Total	**2,345.48**	**2,189.29**		**156.19**	**6.66%**

5.3 Agency Spend and Procurement.

The aim of this work stream is to:

- remove all off framework agency staff and consolidate to one framework
- Achieve monitor agency cap rates for all agency staff rates
- Increase the use of bank staff to fill gaps rather than agency staff
- Strengthen and improve bank processes and links to operational requirements

Significant work has been undertaken to reduce the cost of our agency spend and all of the agencies that we now use are at the April Monitor Agency Cap rate which, from June 2016 will be reflected in our registered Nurse spend as detailed in Figure 4. The

framework compliance from April 2016 is demonstrated in Figure 5 and shows that in June 2016 there was a significant increase with compliance to Framework, this is mainly due to the cessation of the use of the agency Plan B which was not compliant with the Framework. To mitigate the risk of removing this agency actions were put in place to increase the use of Framework compliant agencies and strengthen our internal Nurse Bank.

Figure 4: Registered Nurse Spend versus Vacancy WTE

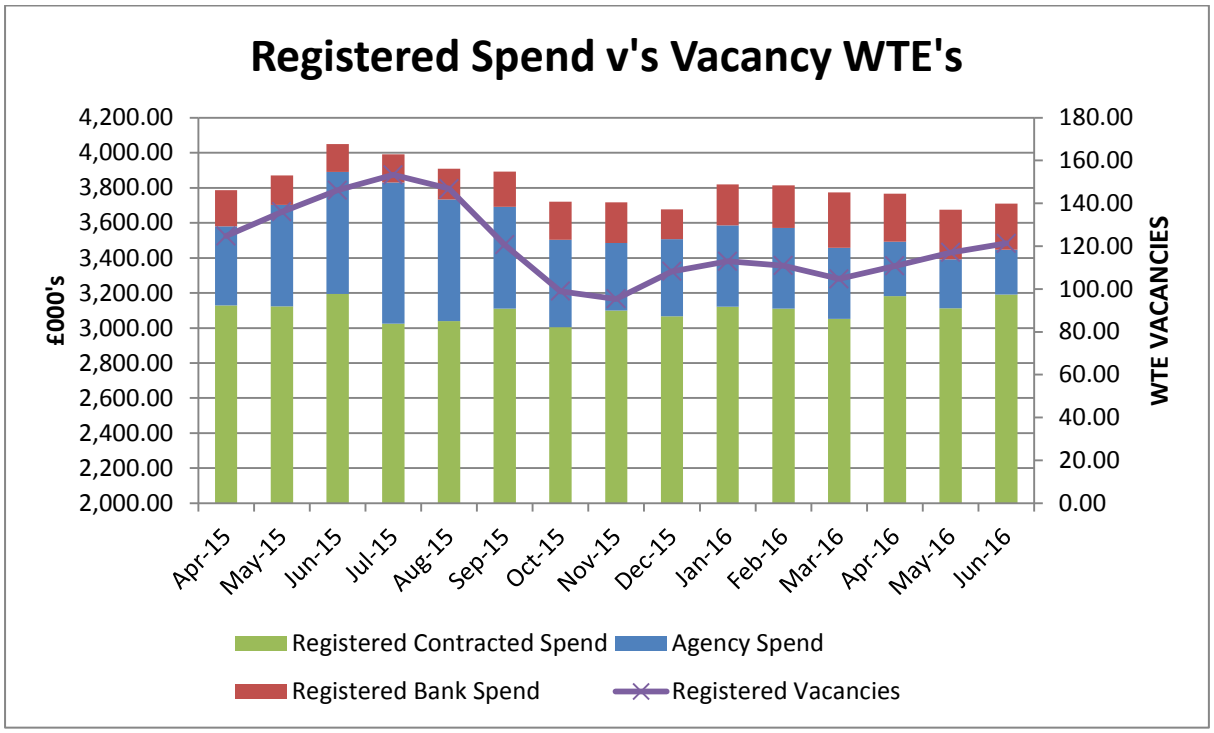
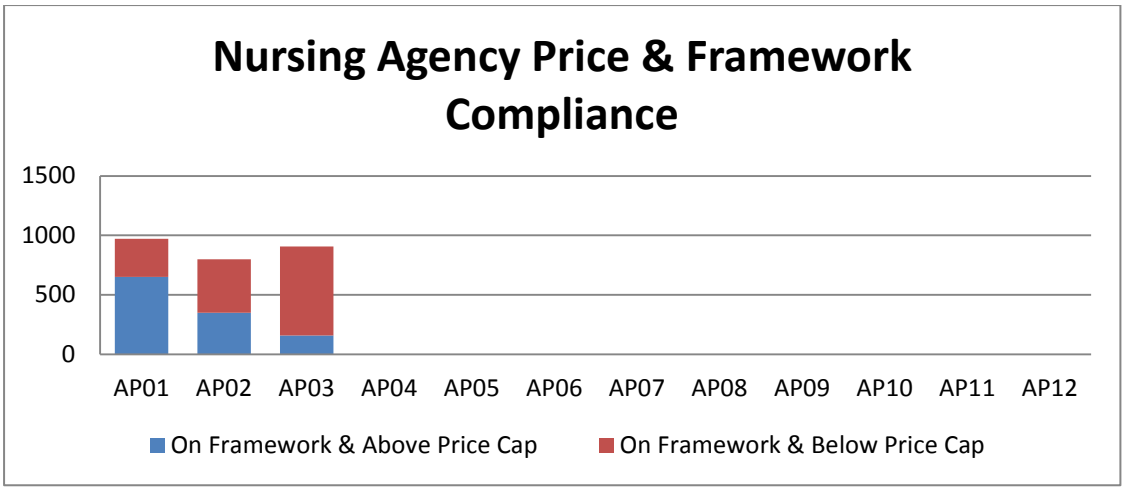


Figure 5: Nursing Agency Price and Framework Compliance



5.4 Nurse Recruitment

This work stream aims to ensure that The Trust is able to recruit registered nurses in order to maintain safe staffing levels. The work stream considers a variety of recruitment opportunities both within the UK and internationally.

The Trust has been represented at a variety of careers events locally to attract the local workforce. We are forging links with local schools and colleges in order to encourage young people to consider a career in healthcare.

We are actively recruiting to Return to Practice placements for nurses who require refresher training and mentorship in order to regain their NMC Registration.

We are planning to run a series of “drop in” events over August 2016 to encourage the public to visit our hospitals, speak to staff, look around the areas and apply for vacancies.

We have 72 newly qualified nurses joining the Trust in September 2016. A preceptorship programme has been developed in order support their transition into the Trust and encourage retention.

We are currently exploring the Associate Practitioner in Nursing role (APiN). We have commenced some internal training of HCA’s to develop them into APIN’s and are registering our interest in becoming a pilot site on a national trial.

6. IMPACT OF NURSE STAFFING ON PATIENT CARE

It is imperative that we triangulate our nurse staffing data including the shift fill rate and care hours per patient day which is presented in the Monthly Nursing, Midwifery and care staffing capacity and capability paper with the patient outcomes and nurse sensitive data which is collated within the monthly quality dashboards. The analysis of this data provides assurance in the relation to the quality impact in association with nurse staffing levels. None of the quality dashboards are RAG rated red. This information is also provided monthly to the Board within the Nursing, Midwifery and care staffing capacity and capability paper.

7. ACCOUNTABILITY AND RESPONSIBILITY

Each Group Nursing team is led by an Associate Chief Nurse who in conjunction with their Operational Matrons are responsible for ensuring that the correct levels of staff are in place in each ward.

Staffing levels ‘planned and actual’ are reviewed on a shift by shift basis and at the daily Operational Meeting and decisions made regarding safe staffing levels.

The accountability for daily staffing levels is with the Ward Managers and Operational Matrons who escalate any concerns to the Associate Chief Nurse and the Deputy Chief Nurse /Chief Nurse if necessary. Decisions regarding safe staffing of wards will be taken and recorded as appropriate.

Staff are supported to complete incident forms when staffing levels are considered to be of concern.

Any red flag incidents associated to staffing will be reviewed during future establishment reviews.

8. OPENESS AND TRANSPARENCY

Monthly updates on in patient staffing ‘planned and actual’ are made available to the public on our website and NHS Choices

Information about the ward nurses and care staff working on each shift are displayed on each ward and are accessible to the public.

The nurse staffing establishments are undertaken utilising evidence based methodologies and requirements to increase or decrease the establishments are challenged by the Deputy Chief Nurse/Chief Nurse and are subject to approval at the Trust Resources Committee.

We maintain constant assessment and review with Commissioners about any issues that relate to safety and staffing levels.

9. RECOMMENDATIONS

This report demonstrates to the Board that 6 monthly staffing reviews have/are taking place. It assures the Board that the Trust complies with the expectations of the National Quality Board that the Trust Board receives a paper on the Nursing establishment review which is critical to ensuring that we have the right people, with the right skills, in the right place at the right time and that we have a robust process in place.

The Board is asked to note the contents of the report, the assurance regarding actions already underway and actins planned to ensure nurse staffing levels are safe, effectively monitored and published openly in line with the 10 NQB expectations and NICE guidance.