

REPORT TO THE TRUST BOARD - PUBLIC
29 JUNE 2017

Title	Safer Staffing 6 monthly Review of Staffing Levels
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Purpose of the Report:

To present to the Board with a report on in-patient nurse staffing levels in line with the national expectations of NHS providers in providing safe staffing levels and a requirement to provide the Board with a report outlining the assurance and issues related to safe nurse staffing levels at six monthly intervals.

Summary of Key Issues:

This is the sixth report to inform the Trust Board on the steps taken to meet the expectations detailed in the guidance produced by the Chief Nursing Officer and the National Quality Board, 'How to Ensure the Right People with the Right Skills are in the Right Place at the Right Time: A guide to Nursing, Midwifery and Care Staffing Capacity and Capability(2013)

This paper focuses on our approach to ensuring that levels of nurse staffing, which includes registered and unregistered nursing staff, match the dependency needs of patients within inpatient wards during the period November 2016 to April 2017. The paper identifies variances, causes and actions taken to address issues relating to safe staffing.

There are no recommended changes to the current inpatient staffing levels at this time however this may change as further guidance is issued.

Strategic priorities this paper supports (Please check box including brief statement)

Improving service user satisfaction	<input checked="" type="checkbox"/>	
Improving staff satisfaction	<input checked="" type="checkbox"/>	
Maintaining financial viability	<input checked="" type="checkbox"/>	

Committees/Meetings where this item has been considered:

Date	None

Implications:

Equality Analysis	The Trust has a duty to promote equality in the recruitment of the nursing workforce.
Risk and Assurance	The following clinical risks are associated with inadequate nursing and care staffing capacity and capability: Inadequate staffing numbers compromise safe and compassionate care. Poor monitoring of staffing capacity and capability can give rise to unacceptable patterns of inadequate staffing Not having the right skill mix in clinical environments can place unacceptable, additional demands upon staff and give rise to unsafe and ineffective care. If staff feel unable to speak out, then potentially unsafe staffing levels go undetected and reported and steps to maintain patient safety not be taken as required.
Service User/Carer/Staff	Inadequate staffing numbers compromise safe and compassionate care

Financial	There are no financial implications for the period reported on.
Quality	Insufficient staff compromise safe and compassionate care

Supporting Documents and Research material

<p>a. Reference: How to Ensure the Right People with the Right Skills are in the Right Place at the Right Time: A guide to Nursing, Midwifery and Care Staffing Capacity and Capability(National Quality Board 2013)</p> <p>b. Reference: Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time. Safe sustainable and productive staffing (National Quality Board July 2016)</p>
<p>c. Mental Health Staffing Frame work</p> <p>https://www.england.nhs.uk/6cs/wp-content/uploads/sites/25/2015/06/mh-staffing-v4.pdf</p>

Glossary

Abbreviation	
NQB	National Quality Board

1.0 Background

- 1.1 Further to the Robert Francis Report (2013), the National Quality Board(NCB) have published guidance that sets out 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 service users.
- 1.2 In July 2016 the NQB issued a follow up paper “*Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time. Safe sustainable and productive staffing*” which outlines an updated set of NQB expectations for Nurse staffing within Acute Trusts.
- 1.3 East London NHS Foundation Trust is currently engaged as a stakeholder with NHS Improvement in providing benchmarking data to support the introduction of a Care Hours Per Patient Day (CHPPD) metric in line with a similar requirement for Acute Trusts.
- 1.4 This seventh report to the Board summarizing the results of the Trust monitoring of staffing levels across all mental health and continuing care wards and covers the six month period November 2016 to April 2017.

2.0 Management of staffing levels

- 2.1 To ensure appropriate staffing levels are maintained a number of actions continue to be taken and have previously been reported on.
- 2.2 Staffing levels by ward are reviewed shift by shift by ward staff and immediate managers and are subject to review in the weekly locality senior nurse meetings and two monthly rota reviews with the Directors of Nursing and Lead Nurse Health Roster.
- 2.3 The ward staffing information is published monthly on the NHS Choices and Trust Websites

3.0 Analysis of Trust Results/Average Fill rates

Green indicates above 90%, Amber 80-90% and Red Below 80%

- 3.1 There is no change in the number of wards reporting variances during this period (22) in comparison with the previous reported period (22). 6 wards reports red variances and 19 reported amber variances.
- 3.2 The wards identified as having the most difficulty in achieving expected staffing levels are listed below in table 1. For each of these wards immediate actions were taken by the ward management team including asking existing staff to work more hours, staff who would normally be supernumerary working as part of the nursing team and redeploying staff within a site for part of a shift.
- 3.3 Individual wards have reported variances to fill rates created by short term variances including high levels of activity and short notice absence.

Table 1.

Ward	Nov	Dec	Jan	Feb	March	April
Bow				RMN		
Broadgate				HCA		
Cedar Lodge				HCA		
Clerkenwell		HCA			HCA	
Coborn Acute		RMN		HCA	RMN	HCA
Coborn Picu				HCA		
Columbia				HCA		HCA
East India		RMN			RMN	
Globe						RMN
Lea				HCA		
Limehouse				RMN		
Morrison				RMN		
Poplars	RMN					
Rosebank				HCA		
Ruby Triage						RMN
Sally Sherman				RMN/HCA	RMN/HCA	
Thames House				HCA	HCA	RMN
Victoria		RMN				
Onyx		RMN			RMN	HCA
Cedar House				RMN	HCA	
Keats		RMN	RMN		HCA	RMN/HCA
Willow	RMN		RMN		HCA	RMN

4.0 Wards reporting ad hoc variations:

4.1 Actions taken to ensure adequate staffing levels included adjusting the skill mix, redeploying staff, utilising available senior staff.

4.2 Wards reporting consecutive variations:

4.3 **Coborn Acute** – Staffing between Coborn Acute and Coborn PICU is fluid and local decisions based on acuity, occupancy and professional judgement result in accepted variations as both wards cross cover each other.

- 4.4 **Sally Sherman** - Combination of multiple factors. Annual leave, sickness and study leave, local decisions based on acuity and professional judgement result in acceptable variations.
- 4.5 **Thames House** - Combination of multiple factors. Annual leave, sickness and study leave, low bed occupancy and acuity allowed for ad hoc adjustments in staffing numbers which were deemed professionally appropriate.
- 4.6 **Cedar House** – Short term absences required adjustment to skill mix to ensure safe staffing numbers maintained.
- 4.7 **Keats** - Combination of multiple factors. Keats ward relocated from Wellar Wing to Townsend Court in March 2017. Adjustments in skill mix applied which was deemed professionally appropriate and the ward has made use of the availability of senior staff onsite. Due to the current vacancy rate the ward has employed two agency RMNs on a three month contract.
- 4.8 **Willow** – Staffing between Willow and Ash wards is fluid and local decisions based on acuity and professional judgement result in accepted variations as both wards cross cover each other.

5.0 Recruitment & Temporary staffing

- 5.1 The Trust has an ongoing nurse recruit cycle.

In-patient recruitment numbers by pay band November 2016 – April 2017

Band	Total
Band 2	8
Band 3	54
Band 4	11
Band 5	40
Band 6	33
Band 7	12
Band 8 a	4
Grand Total	162

- 5.2 There is a challenge faced by all NHS providers to recruit and retain substantive and bank nursing staff who meet the Trust standards in relation to values and skills.

- 5.3 ELFT London in-patient wards continue to have zero use of agency staff on wards and there are operational plans in place to minimise the use of Agency staff in the Bedford & Luton wards.
- 6. Nurse Associates**
- 6.1 Shortages in the Registered Nursing workforce have necessitated identification of new ways of working that continue to deliver high quality, cost-effective, safe care.
- 6.2 There are significant challenges for Trusts to sustain the workforce and continue to deliver high quality care. The removal of the bursary and the change of nursing to a degree programme have impacted on health care support workers who would ordinarily have trained to be registered nurses. The introduction of the Nursing associate role is seen as a practical way to bridge that gap and provide an alternative pathway for support workers to registration.
- 6.4 In December 2015 the Government announced its plan to create the Nursing Associate role. Its introduction has the potential to transform the nursing and care workforce. Crucial to its development is a clear entry and progression point and it will provide another pathway for unregistered nurses a route into registered nurse qualification.
- 6.5 A National Training programme and competencies at academic level 5 (diploma) has been developed jointly by Health Education England, Nursing Midwifery Counsel and Skills for Care. The training model is an apprenticeship style work-based programme of learning and participants will remain employees of the Trust.
- 6.6 ELFT submitted with two partnership test sites applications, which were successful. The London partnership consists of Barts Health NHS Trust (Lead Partner), City, University of London, London Southbank University, Homerton University Hospital NHS Foundation Trust, Barking Havering & Redbridge University Hospitals NHS Trust and North East London Foundation NHS Trust. The Bedfordshire partnership consists of Bedfordshire Hospital NHS Trust, University of Bedfordshire, Healthwatch Beds and Bedfordshire Clinical Commissioning Group.
- 6.7 Trainee Nursing Associates will get a rounded experience, including mental health, community health and acute secondary care as they will have placements in partner organisations
- 6.8 Across ELFT, 25 support workers have commenced training to become a Nursing Associate – 18 in London services and 7 in Luton/Bedfordshire .
- 6.9 There is no financial back-fill. The intention is that trainees across organisations will ‘swap’ into practice placement areas. The trainee will not have supernumerary status but will be part of the nursing numbers. Throughout the programme the trainee will spend a day a week in university.
- 6.11 There are regular meetings with partners to monitor and discuss the programme and reports are submitted to HEE regional bodies as required. Directors of Nursing for London and Luton/Beds are active members of the partnership Boards in their region
- 7. Ward Establishment Reviews**
- 7.1 One of the key recommendations from the NQB is that “establishment reviews are carried out at least every six months, establishment reviews are critical to ensuring that

the right people, with the right skills, are in the right place at the right time. They provide the opportunity to evaluate staffing capacity and capability over the previous six months, and to forecast the likely staffing requirements of wards for the next six months, based on the use of evidence based tools, and a discussion with ward, service and team leaders.”

- 7.2 Within ELFT ward establishment review have been undertaken as part of the annual budget setting process and or in response to localised change in demand/acuity.
- 7.3 It is proposed to formalise the approach to establishment reviews across all ELFT wards to ensure consistency, parity and transparency.
- 7.4 It is recommended that an annual establishment review is undertaken as part of the budget setting process with the Service Director (Budget Holder) Director of Nursing, Service Lead Nurse, Ward Matron, Health Roster Lead Nurse, Deputy Director of Finance and Service Management Accountant
- 7.5 As part of the review information from the Health Roster Templates, Safe Care Analysis, Roster Perform, budget spend and professional judgement will be reviewed.
- 7.6 Changes to ward establishments would be recommended to the Executive Directors Chief Operating Officer, Chief Nurse and Chief Financial Officer.

8. Summary

- 8.1 The Trust continues to monitor and report nurse staffing levels to provide assurance and that deliver safe, effective and high quality care.
- 8.2 The Trust has measures in place to manage, monitor and escalate concerns around safe staffing on a shift by shift basis with senior staff providing appropriate support to ward teams.
- 8.3 No change to the existing staffing establishments are proposed at this time.

9. Action being requested

- 9.1 The Board is asked to **NOTE** the processes and plans in place to monitor safe staffing levels.