The Royal Wolverhampton NHS Trust	

Trust Board Report

Meeting Date:	28 July 2014
Title:	Nursing Workforce Review – six monthly update
Executive Summary:	This paper provides assurance that the ward staffing levels and monitoring of agreed indicators ensure safe care is delivered. The Trust is meeting all the recommendations laid out in the report published by the National Quality Board (NQB) in November 2013 Daily monitoring of patient acuity and dependency is now routinely carried out across the Trust using SafeHands technology at New Cross and manually at West Park. The investment of £1.5M into nurse staffing from 1 July 2014 will be reflected in next month's 'Planned against Actual' Board report The Senior Nursing Forum has developed an annual timetable for nursing workforce review across all areas in line with NQB recommendations.
Action Requested:	For the Board to receive assurance that staffing levels are monitored against acuity and dependency in line with national guidance.
Report of:	Cheryl Etches, Chief Nursing Officer
Author: **Contact Details:**	Charlotte Hall, Deputy Chief Nurse
Resource Implications:	None
Public or Private: **(with reasons if private)**	Public
References: **(eg from/to other committees)**	Senior Nurses Forum
Appendices/ **References/** **Background Reading**	NHS England ***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 13 November 2013
NHS Constitution: **(How it impacts on any decision-making)**	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: - Equality of treatment and access to services - High standards of excellence and professionalism - Service user preferences - Cross community working - Best Value - Accountability through local influence and scrutiny

1.0 Background

1.1 There have been a number of national reviews with increased focus on nurse staffing and the quality of care in the last 3 years. The most recent was published by the National Quality Board (NQB) and specifically recommended that NHS Trusts formally undertake a formal review of inpatient staffing levels every 6 months with recommendations made to the Trust Board by the Chief Nurse.

1.2 The Senior Nurses Forum has implemented this and all other recommendations and has developed an annual timetable of nursing workforce review across every speciality including outpatients. The use of accredited workforce tools has started and as new ones are published by NICE, will be used. The bulk of this work will be the review of inpatient acuity dependency and a separate review of all Clinical Nurse Specialists.

2.0 NICE Safe Staffing Guideline May 2014 Consultation

The draft guidance produced by Nice was released in June for consultation, this closed and final publication is due for release imminently. Whilst the recommendations do not prescribe the number of staff per patient, an issue which continues to be part of a wider national debate, they do support the use of an evidenced based workforce tools that RWT is continuing to deploy.

3.0 The Safer Nursing Care Tool (SNCT)

3.1 Traditionally nursing establishments have been based on staff numbers predominantly led by professional judgement, and centred on a medical model of care; however most patients admitted to hospital have multiple comorbidities and this simplistic method is no longer valid. The 'SNCT' is a nationally validated tool which enables evidence based reviews. It takes account of acuity with dependency so covering multiple comorbidities. It calculates the amount of nursing time required translating this into whole time equivalents so supporting the deployment of staff where need is most.

3.2.1 The tool supports the review of patient acuity/dependency and the results should be triangulated with patient outcomes providing the evidence to determine optimal staffing levels.

4.0 Patient and staff outcomes

4.1 The table below details the ward demographics, budgeted nursing pay establishments expressed in whole time equivalents and the establishment as calculated using the acuity and dependency data for June which also includes the 22% uplift for leave. This was the third month of capturing data. Also included are a range of patient outcomes pre-determined by the NQB and supported by NICE in the draft guidance.

4.2 Staff outcomes consist of capacity including absence through sickness, extra hours worked through overtime and bank, again expressed more meaningfully in whole time equivalents.

Staff FFT (Friends and Family) will become available from HR in due course and is considered a measure of staff wellbeing

4.3 Patient outcomes include;
% of completed vital signs, 100% is best,
Avoidable pressure ulcers grade 3 or 4 in the last 6 months
Number of falls in 5 months with falls causing serious harm in red

The % of harm free care expressed through the Safety Thermometer, this is a point prevalence audit with the best being 100%.
Patient FFT, an indicator of whether the patient would recommend us to their friends/family

4.4 Finally investment drawn down into the individual ward nursing budgets based on the additional funding of £1.5M.

5.0 Recommendations

3.1 Using the range of data now available a number of recommendations for next steps have emerged. This needs to be taken forward by the nurses and midwives through the divisions with support from clinical and managerial colleagues.

3.2 Skill mix: Implement the new ward establishments and review skill mix, this was agreed with the Chief Nurse as 70/30 with 60/40 in rehabilitation areas, however some adjustment needs to be considered and agreed with the between the Heads of Nursing with the CNO. To note an urgent review of A5 and A6 and Ward 2 & 3 at West Park Hospital

3.3 Acuity scores should be peer reviewed regularly to ensure continuity and validity of scoring is maintained. Whilst the majority of wards demonstrate consistency in the last two months there are still some anomalies.

3.4 West Park staff require more training in the use of an acuity/dependency tool, this will be done by the Matron now in post.

3.5 AMU will adopt the use of the new Acute Assessment Tool (NICE May 2014) which is a more robust tool to use with their case mix of patients. This can be done with training between the DCNO and Matron.

3.6 Alternative methodologies should be used to review the establishments of wards with less than 15 beds because the SNCT is known to be invalid in wards with bed numbers less than 15 and this has been evidenced in RWT data for A23, C17, NRU, BSS where anomalies in data are very apparent.

3.7 A focus on managing sickness rates to below Trust target should be undertaken across all wards with particular focus on unregistered staff.

3.8 The use of overtime is greater than bank so analysis needs to be undertaken to consider whether overtime is more cost effective than bank. This will need to be done on a ward by ward basis because of the complexities of cost with part time staff working additional hours.

3.9 E Roster needs to be monitored before further investment is undertaken as a matter of urgency to ensure the use of substantive staff is maximised. This is being led as a three year PID by finance with professional support from the corporate nursing team. There needs to be a step change in the quality of nurse rostering.

3.10 The use of a specific module called SafeCare as part of the Health Assure system linked to our e rostering and assurance system is being proposed through the Nursing Technology Fund which has representation from nursing, Vitalpac, IT, governance and Teletracking. This system will support an early warning system alerting staff to live issues impacting on patient safety and quality. It will link our current systems together improving frontline reporting and alerts. It is predicated on e rostering being live and supports the move to paper light systems of working across nursing. It will be used by nurses at ward and

executive level demonstrating real time gaps in safe staffing and suggesting solutions whilst supporting national reporting for safe staffing.

Conclusion

The challenge for the organisation is to ensure staff are in the right place at the right time and, unlike other Trusts who undertake a nursing review only twice a year, RWT has this information every day through Teletracking technology. The recommendations will be carried out and a review formally prepared for the Board again in January 2015.

Despite heavy investment across many NHS Trusts into nursing establishments, this level of investment is not sustainable and so the move to measure patient need based on acuity and dependency then matching staff to patient need means a more robust system of staff movement will be required. This will require systems and processes to support escalation of concerns about wards that we are concerned about (worry wards). We have a policy detailing formal escalation processes for nurses that will be ratified through the September policy group.

Nationally we are now seeing Trusts make decisions to disinvest and move funding from one ward to another based on patient need matched to staff capacity which is led by acuity dependency review and this will begin to be considered as more difficult decisions have to be made in the absence of new funding to support additional staff. Traditional staffing models will be challenged and the evidence will support transparent decision making based on patient need.

The Royal Wolverhampton NHS Trust

Safe Staffing 6 Month Review - July 2014

Ward Demographics			Budget		WTE assessment using Safer Nursing Care Tool			Staffing Capacity					Patient Outcomes (May data)					Investment	
			14/15 Month 2 Nursing Budget		WTE requirement based on 30 day asssessment of patient acuity/dependancy using 'Safer Nursing Care Tool'			Staff sickness % June		Extra hours used June (WTE)		Staff FFT	% complete vital signs	Avoidable Gr 3 & 4 Pressure Ulcers	Falls (Harm)	Safety Thermometer	Friends & Family Score (Pts)	Nursing WTE Investment 1 July 2014	
Ward	Bed Nos.	Speciality	Whole time equivalent	Skill mix (RN/HCA)	Jun-14	May-14	Apr-14	RN	HCA	Overtime	Bank	June	June	Jan - June	Jan - May	May	June	RN	HCA
A5	32	T&O	39.18	61/39	35.83	34.53	50.89	2.2%	6.4%	3.68	7.81		94%		17	88.5%	84	2.13	2.13
A6	22	T&O	37.73	64/36	23.02	22.01	21.87	0.5%	16.1%	4.1	10.76		86%	1	7 (1)	86.4%	100	2.13	2.13
A9/SAU	22	Surg	29.14	74/26	14.63	15.09	28.14	5.8%	17.0%	5.22	1.81		95%		11	100.0%	97		2.13
A12	28	Surg	30.59	68/32	31.26	31.72	49.31	6.7%	7.2%	2.14	5.70		92%		11 (1)	100.0%	87		2.13
A14	26	Surg	29.54	73/27	27.6	34.96	47.89	8.7%	0.0%	3.19	5.25		94%		1	92.3%	90		2.13
A23	12	H&N	20.01	72/28	15.36	14.15	15.24	1.8%	9.6%	2.38	1.63		97%		13	100.0%	88		
Cardiol	35	Cardio	54.62	86/14	28.94	33.29	50.82	3.5%	12.8%	7.92	5.09		97%		19	100.0%	95		
CTW	31	Cardiotho	43.52	82/18	39.82	35.99	33.44	5.2%	1.8%	6.28	3.49		97%		14	100.0%	82		
D7	22	Gynae	27.40	79/21	22.38	28.46	9.9	23.3%	0.0%	4.51	0.56		97%		6	100.0%	76		
Beynon SS	12	Short surg	29.19	74/26	10.7	9.49	11.22	10.6%	0.0%	4.12	3.75		96%		19	100.0%	100		
CHU	18	Haematol	29.85	72/28	27.67	27.78	27.39	12.5%	1.9%	3.66	2.24		98%		5	100.0%	95		
Deansley	17	Oncology	22.23	77/23	25.82	27.15	21.32	2.8%	12.6%	3.54	1.41		94%	1	6	76.5%	100		
C15	21	Med	24.10	68/32	29.34	30.9	29.65	10.3%	0.0%	5.86	2.20		100%		19 (1)	90.5%	100	1.5	
C16	28	Med	26.12	67/33	37.67	36.67	38.97	2.9%	3.1%	4.8	5.04		91%	1	37	92.9%	100	2.13	2.13
C17	17	Med	20.65	71/29	17.24	17.96	19.09	0.0%	2.4%	1.56	7.97		97%		28	100.0%	100		
C18	28	Med (Res)	29.70	75/25	36.91	34.06	34.48	1.5%	0.0%	3.37	3.29		98%		28 (2)	92.9%	100		2.6
C19	27	Med (Res)	26.79	75/25	33.48	36.37	36.31	0.0%	1.5%	4.29	4.89		91%		38	74.1%	91	2.6	
C22	20	Dementia	30.28	67/33	30.07	32.56	31.9	5.9%	2.9%	4.27	2.95		94%		40	100.0%	100		
C24	27	Med	24.75	68/32	38.05	38.87	41.67	4.0%	6.1%	5.93	1.67		96%		18	81.5%	100	2.13	2.13
C25	28	Med	27.17	66/34	40.18	39.27	42.6	12.0%	6.8%	5.93	2.51		97%		48 (1)	89.3%	100	2.13	2.13
A7	28	Eld Med	27.36	62/38	41.70	43.55	49.63			5.85	3.56		91%		22	89.3%	100	7.33	3.33
A8	28	Eld Med	28.78	68/32	44.66	44.44	61.74	3.6%	0.0%	5.28	2.22		91%		57	82.1%	100	4.34	4.17
B7	20	Winter	26.70	72/28	24.46	28.53	30.88	4.1%	1.5%	4.54	0.61		100%		24	89.5%	100		
Stroke	23	Stroke	34.28	62/38	30.66	28.32	33.09	23.0%	23.0%	5.52	3.92		92%	1	27	95.5%	100		
AMU	48	Acute Em	80.16	66/34	48.48	40.36	36.96	4.1%	5.7%	13.21	2.11		93%		42 (1)	100.0%	100		
NRU	10	Rehab	19.00	62/38	8.2		18.02	5.0%	7.2%	1.26	3.53		100%		8	100.0%	80		
Wd 1	22	Rehab	28.43	65/35	35.2		25	7.5%	10.4%	2.12	5.04		100%	1	19 (1)	100.0%	0		
Wd 2	28	Rehab	27.28	51/49	24		14.63	7.8%	4.7%	5.75	3.82		93%		43	89.3%	100		
Wd 3	28	Rehab	28.20	50/50	43.5		14.04	7.8%	18.5%	5.68	5.10		90%		16 (1)	93.3%	100		

Data Sources: July 2014
Budget data: Finance/ checked and clarified by HoNs
Falls data: Governance recorded on Sharepoint
Safety Thermometer: Safety Thermometer lead recorded on N&M website
Acuity/Dependancy data: SafeHands daily reports
Staff sickness: Human Resources June data
Overtime/Bank usage: Finance June data
% Vital signs: Vitalpac June data
Bed Numbers: Capacity Team Daily Bed state
Staff FFT: HR survey results not available at time of report
Pressure Ulcers: Tissue Viability Nurse/Datix Governance resource