

TRUST BOARD

30th April 2015

TITLE	Safer Staffing Framework – Nursing In-patient Ward Establishments 2015/16 Update
EXECUTIVE SUMMARY	This paper updates the Board on the implementation of the Trust Safer Staffing Framework and the intended output of that work in the form of proposed nursing establishments for the in-patient ward areas for 2015-16. Owing to anomalies in the acuity data, the process will be refreshed and submitted in June 2015 following detailed scrutiny from the Workforce and OD Committee.
BOARD ASSURANCE (Risk) / IMPLICATIONS	Trust Board can be assured that the nursing establishments are being calculated using the Trust's agreed Safer Staffing Framework. Where wards have shown an adverse correlation between quality and staffing, investments have already gone in during the year following a multidisciplinary improvement summit.
LINK TO SO:	SO2: Excellent Experience; Improve the staff experience of delivering care
STAKEHOLDER / PATIENT IMPACT AND VIEWS	Safer staffing levels will result in a better staff experience for nurses and safer care and an improved experience for patients.
EQUALITY AND DIVERSITY ISSUES	None identified
LEGAL ISSUES:	Failure to monitor and manage staffing levels effectively can lead to poor and unsafe care with the potential legal and regulatory compliance issues.
The Trust Board is asked to:	Discuss and note the update and seek additional assurance
Submitted by:	Heather Caudle Chief Nurse
Date:	24 th April 2015
Decision:	For Assurance

Safer Staffing Levels

Introduction

In June 2014 it became a national requirement for all hospitals to publish information about staffing levels on their wards. This request followed the publication of reviews and reports including Francis report on Mid Staffordshire (Francis 2013) and the Cavendish review an independent inquiry into healthcare assistants and support workers in the NHS and social care setting (Cavendish 2013).

NICE issued evidence based guidelines and recommendations for safer staffing in adult inpatient wards in acute hospitals (July 2014) with the emphasis being on the provision of safe patient care not the number of available staff.

The recently published CQC quality report (March 2015) for Ashford and St Peter's Hospitals NHS Foundation Trust summary of findings identified that the NICE guidelines on safe staffing levels were not being consistently met.

Process

The Trust Safer Staffing Framework was developed to agree the nursing and midwifery establishments and skill mix in Ashford and St. Peter's MHS Foundation Trust and was approved by the Board in June 2013.

The Trust uses the Shelford Group Safer Nursing Care tool (SNCT) methodology for data collection on acuity and dependency. To enable consistency data was collected on every patient in participating wards at 15.00hrs daily, Monday to Friday for 20 days.

All adult in patient areas were included with the exception of maternity, critical care, A&E, Theatres and ICU. Prior to data collection all Ward Managers were contacted and given a copy of the acuity and dependency tool and updated on the process for completion of the data sheets.

To enable quality control data collection forms were collected daily from the ward areas and information entered onto a central data base. It became clear from the raw data that in some cases acuity and dependency varied according to who completed the data sheet. Spot checks on the completion of forms were undertaken using the nursing handover sheets and while clarity was requested for some entries none of the data was changed.

Clinical Nurse Leaders and Associate Directors of Nursing were advised and general feedback regarding compliance of data completion was provided at the weekly Senior Nurse and Midwifery Leadership Team (SNMLT) meeting.

Results

Owing to anomalies in the data at this point a full review of the all the in-patient wards has not been possible and therefore cannot be presented to the Board for approval. The review and re-presentation of this data to the Workforce and OD Committee Board Sub-Committee would mean that the results can be shown in June 2015.

Safer Staffing and Investments

There have been some approvals of investments, which have resulted in some clinical areas each reaching a safer staffing level. The following staffing investments have been approved over the last

financial year:

- Investments in Aspen Ward nursing establishment following Improvement Summit.
- Investment of 3.39WTE Registered Nursing for Interventional Radiology and Radiology Day Cases
- Business Case approval, pending description of operational model, of 2.93WTE Registered Nursing in the Critical Care Outreach Team

The approximate combined cost of the IR, Radiology and Critical Care Outreach Team Registered Nurses investment equates to approximately £200,000, which is substantial, given the financial pressure the Trust is currently under. This investment is undoubtedly needed and will go some way to address the quality and safety risks owing to sub-optimal staffing levels.

Next Steps

1. Fulfill Expectation #6 of ASPH compliance to NQB, 2013

The Trust needs to fulfill its commitment to move to full supervisory status forward sisters/managers and team leaders by FY 16/17, appendix 1. This will be phased so that by the end of this financial year all full establishments will incorporate 4 days per week supervisory time for every ward sister/manager and midwifery team leader.

2. Collate and complete analysis of acuity data

The acuity and dependency data of the wards, once reviewed, will be discussed in detail at the Workforce and OD Committee in May and presented to the Board in June 2015.

3. Agree in-patient areas investment

The Associate Directors of Nursing / Midwifery as per the Framework will apply professional judgement in order to sensibly reach a level of investment in consideration of need, risks to quality and financial context for each of the remaining wards.

4. Care Contact Time

The Trust received a national award for its use of the Releasing Time to Care Programme to drive improvements on the wards. This methodology will be used as the Trust's method of improving Care Contact Time as per the NHS England *Safer Staffing Guide: A Guide to Care Contact Time*.

5. Emergency Department Nursing Staff Review

Apply the finding of review of the nursing staff establishment that was undertaken as part of a wider staffing review within the Emergency Department last year to the significant changes to the proposed changes to the emergency pathway model of care. The impact of this change on staffing needs is yet to be determined and so substantive changes to the ED establishment have not yet been made. There is a process in place for adhoc and temporary uplifts to their nursing establishment to take be agreed in response to increases in activity

The National Institute for Clinical Excellence (NICE) circulated the draft *Safe staffing for nursing in A & E departments* for consultation from 16th January 2015 to 12th February 2015.

<https://www.nice.org.uk/guidance/gid-accidentandemergencysettings/documents/accident-and-emergency-departments-guideline-consultation3>

Conclusion

The Board is asked to make a note of this update, discuss the implications and seek assurance of the Trust's observance of the Safer Staffing Framework.

Appendix 1 - Expectations 1-10 and ASPH compliance (NQB, 2013)

Expectation	ASPH Assurance of compliance	ASPH Sustaining compliance
<p>EXPECTATION 1: Boards 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>	<ol style="list-style-type: none"> 1. Board approved Safer Staffing Framework June 13 2. Board in receipt of paper March 14 outlining proposed establishments for FY14/15 3. Board receives monthly Quality Report 4. Board receives and discusses Workforce metrics 5. All relevant discussions, papers and metrics and available to the public and discussed in open session. 	<ol style="list-style-type: none"> 1. Board to receive second establishment review in accordance with the agreed Safer Staffing Framework Jan2015 2. Board receives monthly report outlining nurse staffing capacity and capability in terms of actual staff on duty on a shift to shift basis versus establishment staffing levels from April 14
<p>EXPECTATION 2: Processes are in place to enable staffing establishments to be met on a shift-to-shift basis.</p>	<ol style="list-style-type: none"> 1. Data collection processes are in place to collect actual staff on duty on a shift to shift basis versus establishment staffing levels 2. Data collection re-enforces and supports day to day management and risk mitigation 3. E-rostering is operational within the organisation 4. Staffing management and escalation policies are in place within the organisation 	<ol style="list-style-type: none"> 1. Board receives monthly report outlining nurse staffing capacity and capability in terms of actual staff on duty on a shift to shift basis versus establishment staffing levels from April 14
<p>EXPECTATION 3: Evidence-based tools are used to inform nursing, midwifery and care staffing capacity and capability.</p>	<ol style="list-style-type: none"> 1. ASPH Safer Staffing Framework set out the use of the evidence based Safer Nursing Care Tool to support and inform the development of appropriate nursing establishments that are responsive to patient acuity and dependency and triangulated with Best Care metrics (nursing sensitive indicators) 	<p>ASPH Safer Staffing Framework set out timetable for use of Safer Nursing Care Tool use and review</p>
<p>EXPECTATION 4: Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns</p>	<ol style="list-style-type: none"> 1. Nursing and midwifery staff work within structures teams with a highly visible and effective Nursing and Midwifery Senior Leadership Team 2. Nurses and midwives are enabled to deliver professional and compassionate care through support such as; ward clerks, housekeepers, IT systems such as erostering and Datix Wed (for reporting incidents) as well as peripatetic teams to support infection, prevention and control, end of life care, critical care and other pathways of care 3. Together we Care the ASPH strategy for Nursing 	<ol style="list-style-type: none"> 1. Building digital nursing and bedside support capability as part of IT Strategy – national funding approved 2. Continued implementation of Together we Care and Employee Promise 3. Wider participation in Schwartz Rounds 4. Work to improve the quality of appraisal will be undertaken and will link to the work around nursing and midwifery re-validation as part of the NMC consultation

	<p>and Midwifery is in implementation</p> <ol style="list-style-type: none"> 4. The organisational approach to a cultural refresh and the Employee Promise 5. Introduction of Schwartz Rounds 6. Organisational commitment to Nursing Times Speak out Safely Campaign 7. Public Francis Declaration at http://www.ashfordstpeters.nhs.uk/quality/declarations 8. Nursing and Midwifery has both staff side representation and Staff Governor representation 9. Nurses & midwives supported by appraisal 	
<p>EXPECTATION 5: A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments.</p>	<ol style="list-style-type: none"> 1. The Safer Staffing Framework has been presented to Trust Executive Committee and discussed as a model for our other groups such as AHPs and medical staff to utilise in order to establish staffing levels for these groups 2. Executive Directors have worked together to produce the nursing establishments and the principles and details discussed 3. This paper outlines a proposal agreed by the Executive Team 	<ol style="list-style-type: none"> 1. The multi-professional approach set out will continue to support implementation of the Trust's Safer Staffing Framework
<p>EXPECTATION 6: Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties.</p>	<ol style="list-style-type: none"> 1. The proposed establishments are inclusive of 21% to enable study leave, and planned and unplanned leave 2. The proposed establishments incorporate 3 days per week supervisory time for every ward sister/manager and midwifery team leader 3. Together we Care has a specific workstream relating to mentoring, coaching and supervision 4. National Lean Academy Award for Trust wide approach to releasing Time to Care 	<ol style="list-style-type: none"> 1. Developing clear activities and outputs for supervisory time that can be measured 2. Maintaining the Trust approach to releasing Time to Care 3. Moving to full supervisory status for ward sisters/managers and team leaders by FY 16/17
<p>EXPECTATION 7: Boards receive monthly updates on workforce information, and staffing capacity and capability is discussed</p>	<ol style="list-style-type: none"> 1. Board in receipt of paper March 14 outlining proposed establishments for FY14/15 2. Board receives monthly Quality Report 	<ol style="list-style-type: none"> 1. Board to receive second establishment review in accordance with the agreed Safer Staffing Framework by end of FY14/15

<p>at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review</p>	<p>3. Board receives and discusses Workforce metrics 4. All relevant discussions, papers and metrics and available to the public and discussed in open session.</p>	<p>2. Board receives monthly report outlining nurse staffing capacity and capability in terms of actual staff on duty on a shift to shift basis versus establishment staffing</p>
<p>EXPECTATION 8: NHS providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift.</p>	<p>1. Ward level staffing information and current levels are displayed in every ward area in a visible and clear way</p>	<p>1. Staffing data to be published on a shift by shift basis</p>
<p>EXPECTATION 9: Providers of NHS services take an active role in securing staff in line with their workforce requirements.</p>	<p>1. The Trust's Workforce and Organisational Development Committee has been established with a Non-executive Director Chair in order to ensure that the organisation has a realistic workforce plan and monitors achievement of delivery 2. The Trust has effective links with the Local Education and Training Board 3. Together we care has a specific workstream related to nursing and midwifery marketing, recruitment and retention</p>	<p>1. Innovative workforce strategies and plans to be developed and implemented in a way that reflects supply, the changing nature of healthcare and skills and care patients need</p>
<p>EXPECTATION 10: Commissioners actively seek assurance that the right people, with the right skills, are in the right place at the right time within the providers with whom they contract.</p>	<p>1. NW Surrey CCG provided with assurance as set out by this paper</p>	<p>1. Continued work with NW Surrey to commission services and a workforce fit for skills, are in the right place at the right time within the providers with whom they contract the future</p>