Agenda Item No	

Meeting	Board of Directors

Date	26th June 2014

Title	Staffing Paper

Executive Summary • *Why is this paper going to the Board* • *To summarise the main points and key issues that the Board should focus on including risk, compliance priorities, cost and penalty implications, KPI's, Trends and Projections, conclusions and proposals*	This report is the third report relating to the series of updates to the Trust Board in relation to the provision of safe staffing levels across all inpatient areas. In June 2013 the Trust Board received a report requesting additional information into ward staffing to bring the Trust in line with the recommended nurse/patient ratios of 1:8 on day duty and 1:12 on night duty for general medical/surgical inpatient areas. This request was accepted by the Board and an additional investment was agreed. In January 2014 the Quality Assurance Committee received a Gap Analysis report against the 10 recommendations being made by the National Quality Board (NQB), and this report outlines the actions taken to address identified gaps. From June 2014 there is a requirement set out by NHS England to publish planned and actual staffing levels across all inpatient areas in the Trust. On the 24th June 2014 this information will be published on the NHS Choices Web Pages. From June 2014 the Trust Board will receive monthly updates in relation to staffing performance which will mirror the NHS England published submissions from the Trust in relation to planned and actual staffing numbers **Recommendations** The Trust Board are asked to accept this report as assurance in relation to the NHS England requirements for staffing. The Trust Board are asked to agree the 6 monthly reporting for a formal paper on staffing commencing June 2014. The Trust Board are asked to accept the recommendation that the Ward to Board Heat Map will be amended to reflect the NHS England monthly return in relation to planned and actual nursing hours.

Next steps/future actions *Clearly identify what will follow a Board decision i.e. future KPI's, assurance requirements*				
	Discuss		Receive	
	Approve		Note	✓

Assurance to be provided by:	

This Report Covers (please tick relevant boxes)

Strategy	*	Financial Implications	
Performance		Legal Implications	
Quality	*	Regulatory	*
Workforce	*	Stakeholder implications	
NHS constitution rights and pledges		Equality Impact Assessed	
For Information		Confidential	

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STAFFING PAPER

1 Introduction

This report is the third report relating to the series of updates to the Trust Board in relation to the provision of safe staffing levels across all inpatient areas.

In June 2013 the Trust Board received a report requesting additional information into ward staffing to bring the Trust in line with the recommended nurse/patient ratios of 1:8 on day duty and 1:12 on night duty for general medical/surgical inpatient areas. This request was accepted by the Board and an additional investment was agreed.

In January 2014 the Quality Assurance Committee received a Gap Analysis report against the 10 recommendations being made by the National Quality Board (NQB), and this report outlines the actions taken to address identified gaps.

From June 2014 there is a requirement set out by NHS England to publish planned and actual staffing levels across all inpatient areas in the Trust. On the 24th June 2014 this information will be published on the NHS Choices Web Pages. From June 2014 the Trust Board will receive monthly updates in relation to staffing performance which will mirror the NHS England published submissions from the Trust in relation to planned and actual staffing numbers (Appendix 1).

This will be represented through the Heat Map information presented to the Board.

This report also provides an update in relation to the Trust position against the 10 expectations set out by the NQB, and included information on staffing for inpatient areas, including Adult, Maternity and Paediatrics.

2 Bolton FT Response to the NQB 10 Recommendations

ACCOUNTABILITY & RESPONSIBILITY	Trust Progress
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	In June 2013 the Trust Board agreed the investment in Nursing staffing ratios. The Trust Board now receive an overview of staffing establishments measured against quality indicators through the Heat Map. All board papers are available on the Trust Internet and Intranet pages. The E rostering system is being utilised to collate information in relation to the monthly return for planned and actual staffing hours. A staffing escalation plan is under development Safety Huddles are in place. All staff are encouraged to raise staffing deficits through the incident management process

Expectation 2 Processes are in place to enable staffing establishments to be met on a shift-to-shift basis.	There is an E Rostering policy in place, which has been agreed and ratified by the Executive Group.
EVIDENCE-BASED DECISION MAKING	
Expectation 3 Evidence-based tools are used to inform nursing, midwifery and care staffing capacity and capability.	The AUKUH tool has previously been utilised across the Trust in relation to monitoring acuity and dependency of patients. Birth Rate Plus is utilised in Maternity Services NHS England is waiting for the guidance to be published from NICE. Professional Judgement is utilised by ward staff and supported by the Matrons and Professional Leads NMC Code of Conduct expressed in all Job Descriptions for nurses. Development of a daily acuity and dependency monitoring tool is being undertaken.
Expectation 4 Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns.	The raising concerns policy has recently been reviewed and re launched. Staff are encouraged to raise issues in relation to staffing through the incident reporting system. Safeguarding processes are in place to support staff and patients. Implementation of the ESSA Performance Management Framework All base line assessments for EESA have been completed. The ESSA performance management framework was formally launched with Ward Managers and Matrons on the 16th June 2014
Expectation 5 A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments.	The paper presented to Trust Board in June 2013 was agreed with the Executive management team prior to presentation at Board. The Executive Team acknowledge that staffing is a shared responsibility to ensure safe and effective care is delivered across all areas of the orgnaisation. All future reports in relation to staffing will be agreed jointly across Director roles. The Board Assurance Heat Map will become a regular agenda item for the Executive Board Meetings The Heat Map is now a core agenda item for Divisional and corporate meetings
Expectation 6 Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties.	The supervisory status of the Ward Managers was agreed in the Trust Board paper presented at the June 2013 Board. Implementation of the SOP Ward Manager Supervisory Status Guidance. The supervisory status of the Ward Mangers is slowing

	improving – Additional support has been given to areas from Matron Level to support with Sickness management and Appraisal.
OPENNESS AND TRANSPARENCY	
Expectation 7 Boards receive monthly updates on workforce information, and staffing capacity and capability is discussed at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review.	Staffing information is currently presented in the open Trust Board through the Ward to Board information within the Performance framework element. The Board Assurance Heat Map will be included in the staffing information presented to Trust Board The NHS England UNIFY return information has now been added to the Heat Map.
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.	Staffing Boards are now in place across all medical and surgical areas.
PLANNING FOR FUTURE WORKFORCE REQUIREMENTS	
Expectation 9 Providers of NHS services take an active role in securing staff in line with their workforce requirements.	A robust recruitment, retention and retainment plan will be developed by the Workforce Committee Following successful international recruitment and the recruitment of a cohort of newly qualified nurses, a planned workforce strategy is under development to ensure that recruitment and retention issues are addressed.
THE ROLE OF COMMISSIONING	
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.	Monthly meetings in relation to performance and quality are undertaken with commissioners in relation to monitoring quality standards. Issues in relation to staffing and the impact of this on service deliver will be discussed at this meeting. Ongoing

3   **Adult Nursing Acuity Review**

Bolton FT has undertaken a review of the acuity and dependency of patients using the Association of UK University Hospitals, Safer Nursing Care Acuity Tool in January 2014. Across the hospital the acuity and dependency of patients remains high, however we have no previous benchmarking data as the last review undertaken with this tool was over 3 years ago. The data collected for this review was collected manually and going forward we are looking at systems to collate this in a 'real time' electronic system.

Patient acuity analysis evaluates the size/mix of nursing teams to match ward activity (based on assessment of patient dependency).

The AUKUH Tool is one method that can be used to assist Directors of Nursing to determine optimal nurse staffing levels. The AUKUH Tool is evidence based and

fully validated. Within the tool the patient acuity descriptors have been based on 5 groups:

Level 0	Patient receiving standard level of care
Level 1a	Acute care (unstable)
Level 1b	Basic nursing care (significantly dependant)
Level 2	HDU Level
Level 3	ICU Level

It has to be acknowledged that all tools to measure the acuity and dependency of patients have limitations. This tool should not be used in isolation, but be used in conjunction with quantative information in relation to nursing indicators, alongside the professional judgement of clinical nursing staff working in our wards and departments. By using this triangulation we will have increase assurance in the agreed staffing levels.

A Trust Escalation Policy for staffing is under development.

4   Paediatric/Neonatal Area Staffing Assurance

Paediatric and neonatal services have produced a daily monitoring process for measuring acuity and dependency in line with the document 'Defining staffing levels for children and young people's services" published in August 2013.

This acuity and dependency tool is updated daily by the ward manager and allows for movement against the outlined standard reporting compliance against these and flexing of staff across the service, based on the patient/service need. An example of this tool is included in Appendix 2 for your information.

5   Midwifery Staffing Assurance

In September 2013 the Trust Board received a workforce update in relation to midwifery staffing.

National guidance in relation to midwifery staffing levels in the form of the Birth Rate Midwifery Staffing Tool. Birth rate + is a service based tool which takes into account both activity and acuity levels within the maternity service. It has been developed to monitor the delivery of 1:1 care in labour and includes time required for management, holidays, sickness and study leave.

The National and Greater Manchester ratio for midwifery is 1:28. However, due to the decrease in births booking into the Bolton Maternity Services, the ratio has been 1:26.

The report presented to Board made a number of recommendations in relation to service requirements, working with stakeholders and commissioners, redesigning services – whilst remaining in line with national recommendations and maintaining quality.

6   Recruitment/Retention

The Trust Board are aware of the challenges the Trust has experience in relation to recruitment and the retention of nurses, and alongside this issue the impact of high levels of sickness across many of our wards and departments.

There has been a tremendous focus on the management of sickness absence particularly on ward areas where absence levels were slightly higher. This sustained

effort has resulted in a reduction in sickness absence for the fourth consecutive month and so the impact on wards is more manageable. However, the nature of sickness absence means that it is impossible to predict and so robust management in accordance with the policy in every case is the only way to ensure that sickness absence levels do not drift.

Staff retention in the ward areas was considered by the Workforce Committee in May 2014 in the context of improving the exit interview process. A report will go to the July Quality Assurance meeting to look at all the leavers in the last 12 months alongside the reason for leaving to establish any trends and consider any interventions that could be introduced which would impact on the retention rates in these areas.
The Trust continues to have the recruitment of high quality staff as a priority. Systems and processes that support staff through the preceptorship process have been relaunched and reviewed to support the retention of staff in clinical areas.

The Trust has also made a /commitment to pursue the international recruitment of Spanish and Portuguese nurses and have agreed to the recruitment of 40 nurses across specialties within the Trust.

Work through the review of the Sickness Policy and improved support to the Divisions is ongoing.

7   Conclusion

Overall the Trust is progressing its assurance processes to ensure safe staffing levels across all areas.

There is still work to be undertaken in relation to providing assurance relating to Community staffing/non-usual based staffing.

8   Recommendations

The Trust Board are asked to accept this report as assurance in relation to the NHS England requirements for staffing.

The Trust Board are asked to agree the 6 monthly reporting for a formal paper on staffing commencing June 2014.

The Trust Board are asked to accept the recommendation that the Ward to Board Heat Map will be amended to reflect the NHS England monthly return in relation to planned and actual nursing hours.

Appendix 1

Overview of the UNIFY Submission to NHS England June 2014

Ward Area	Sickness	Vacancies	Day		Night	
			Average fill rate - registered nurses/midwives (%)*	**Average fill rate - care staff (%)***	**Average fill rate - registered nurses/midwives (%)***	**Average fill rate - care staff (%)***
Birth Suite	5.3	0	96.9%	65.8%	74.2%	74.2%
Central Delivery Suite	5.3	0	88.1%	91.9%	89.0%	132.3%
Clinical Decisions Unit	2.88	4.16	86.7%	96.4%	95.4%	100.3%
Coronary Care Unit	3.34	0	98.6%	123.3%	100.0%	100.0%
High Dependancy Unit	1.43	0.58	89.5%	97.7%	97.3%	100.0%
Intensive Care Unit	3.54	2.75	93.8%	72.5%	94.1%	100.0%
Neonatal Unit	5.71	15.59	124.9%	45.2%	108.2%	21.0%
Ward B1	24.19	0	94.7%	109.5%	93.6%	119.4%
Ward B2	13.2	5.1	87.4%	143.7%	93.5%	142.0%
Ward B4	4.48	0.68	91.6%	136.2%	100.0%	167.7%
Ward C1	4.28	0.87	86.6%	97.3%	100.0%	137.1%
Ward C2	2.49	0	95.8%	139.3%	100.0%	150.0%
Ward C3	4.72	2.4	78.3%	150.3%	98.4%	212.9%
Ward C4	9.36	3.47	82.9%	107.5%	90.3%	154.8%
Ward D1	7.25	0	84.6%	98.1%	89.1%	108.1%
Ward D2	6.22	1.39	80.8%	99.3%	89.4%	120.9%
Ward D3	3.84	1.22	92.8%	108.4%	103.2%	114.8%
Ward D4	13.95	2.81	85.8%	106.5%	100.0%	125.8%
Ward E3	3.81	1.87	88.0%	97.8%	98.4%	108.0%
Ward E4	10.86	3.77	73.1%	107.0%	97.0%	127.4%
Ward E5	1.44	6.16	89.0%	74.8%	93.5%	106.5%

Ward F3	17.13	5.52	82.9%	92.7%	88.3%	119.4%
Ward F4	15.34	4.37	85.9%	58.0%	91.7%	85.7%
Ward G3	4.32	0	96.5%	126.3%	100.0%	193.5%
Ward G4	2.68	9.72	67.1%	97.2%	71.7%	95.3%
Ward G5	6.75	2.58	85.2%	109.1%	93.1%	54.2%
Ward H3	2.02	0	91.0%	91.1%	98.4%	116.7%
Ward M1	0.59	0.1	92.3%	97.4%	103.2%	72.7%
Ward M2 - Obstetrics	5.3	0	95.5%	82.8%	98.9%	93.0%
Ward M4/M5 Post Natal	5.3	0	90.3%	56.8%	95.2%	69.9%

Wards B1 and B2 are highlighted in relation to the information being April 2014. This is due to the changes in the allocation of staff and ward areas and closure of B3.

* You will note that some of the percentage fill rates are above 100%. this is due to the number of 'specials' which have been allocated to wards taking them above their planned/ actual

Appendix 3 Example Neonatal Daily Activity Sheet

Jun-14	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Intensive Care(Early)	5	6	3	3	4									
High Dependency	5	5	6	6	5									
Special Care	17	19	21	20	18									
Total patients	27	30	30	29	27	0	0	0	0	0	0	0	0	0
Intensive Care (Late)	5	6	3	3	5									
High Dependency	4	5	6	5	5									
Special Care	19	19	20	21	19									
Total patients	28	30	29	29	29	0	0	0	0	0	0	0	0	0
Intensive Care (Night)	5	3	3	5	5									
High Dependency	7	6	6	5	5									
Special Care	19	20	20	18	19									
Total patients	31	29	29	28	29	0	0	0	0	0	0	0	0	0
Staff - Early Band 4	1	0	1	1	1									
Band 5	5	5	5	5	6									
Band 6	4	6	5	3	4									
Band 7	1	1	1	0	0									
Co-ordinator	0	0	0	1	1									
Total	11	12	12	10	12	0	0	0	0	0	0	0	0	0
Staff -Late Band 4	1	1	1	1	1									
Band 5	5	5	6	6	6									
Band 6	5	6	5	4	4									
Band 7	0	1	1	0	0									
Co-ordinator	1	0	0	1	1									
Total	12	13	13	12	12	0	0	0	0	0	0	0	0	0
Staff -Night Band 4	1	1	1	2										
Band 5	4	6	7	4										
Band 6	7	4	3	4										
Band 7	0	0	0	0										
Co-ordinator	1	1	1	1										
Total	13	12	12	11	0	0	0	0	0	0	0	0	0	0
Staff Required (Early)	11.8	13.3	11	11	11	0	0	0	0	0	0	0	0	0
Staff Required (Late)	11.8	13.3	11	10.8	12	0	0	0	0	0	0	0	0	0
Staff Required (Night)	13.3	11	11	12	12	0	0	0	0	0	0	0	0	0
staffing/BAPM %	102	93.1	110	100	73	###	####	####	####	###	##	###	####	####
Occupancy (Early)%	66.3	73.2	69	67.9	64	0	0	0	0	0	0	0	0	0
Occupancy (Late)%	65.3	73.2	68	65.3	70	0	0	0	0	0	0	0	0	0
Occupancy (Night)%	77.8	67.9	68	67.9	70	0	0	0	0	0	0	0	0	0