Agenda Item No	

Bolton NHS
NHS Foundation Trust

Meeting	Board of Directors

Date	27th November 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*	**Introduction** This report has been produced in line with the organisations requirements to provide a 6 monthly update regarding safe staffing levels across all inpatient areas. This report will also make reference to staffing levels across the District Nursing Services, who have been involved in a Greater Manchester evaluation of acuity. **Background** In June 2013 the Trust Board received a report requesting additional investment 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 was 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 was published on the NHS Choices web pages. From June 2014 the Trust Board receives monthly updates around staffing performance which mirrors the NHS England published submissions from the Trust against planned and actual staffing numbers. In October 2014 the Quality Assurance Committee received an update regarding the implementation of the staffing escalation process. This paper provides an overview of recommendations and includes the latest published acuity data that was completed in October 2014.

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 has been produced in line with requirement of a 6 monthly update regarding safe staffing levels across all inpatient areas. This report will also make reference to staffing levels across the District Nursing Services, who have been involved in a Greater Manchester evaluation of acuity.

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 was published on the NHS Choices Web Pages. From June 2014 the Trust Board receives monthly updates in relation to staffing performance which will mirror the NHS England published submissions from the Trust against planned and actual staffing numbers.

This is represented through the Heat Map information presented to the Board.

In October 2014 the Quality Assurance Committee received an update regarding the implementation of the staffing escalation process.

This report will also provide an update to the Trust's position against the 10 expectations set out by the NQB and the more recently published NICE Guidance, and includes 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	All identified Actions Complete
Expectation 2 Processes are in place to enable staffing establishments to be met on a shift-to-shift basis.	All identified Actions Complete

EVIDENCE-BASED DECISION MAKING	
Expectation 3 Evidence-based tools are used to inform nursing, midwifery and care staffing capacity and capability.	All identified Actions Complete
Expectation 4 Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns.	All identified Actions Complete
Expectation 5 A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments.	All identified Actions Complete
Expectation 6 Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties.	All identified Actions Complete
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.	. All identified Actions Complete
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.	All identified Actions Complete
PLANNING FOR FUTURE WORKFORCE REQUIREMENTS	
Expectation 9 Providers of NHS services take an active role in securing staff in line with their workforce requirements.	All identified Actions Complete
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.	All identified Actions Complete

3 UNIFY Returns

The Trust has published its monthly UNIFY returns illustrating fill rates on a monthly basis, in line with the national guidance. Each month we have worked with the e rostering system to ensure that the overall reflection of fill rates across areas included is accurate and reflective of our current staffing position.

These returns are now part of the Heat Map which is presented at Trust Board on a monthly basis. The Heat Map provides a balance of the staffing information against a number of agreed quality indicators.

The information included in the return includes Supervisory staff and staff who have been employed to provide one to one supervision to a patient (Special). Following our International recruitment initiative and employment of a number of newly qualified nurses across areas, we have seen the fill rates increase for the month of October. However, it is important to understand and contextualise the actual needs of the areas in comparison to the current agreed established levels and skill mix.

4 NICE Staffing Guidance

This is the first guideline from NICE directly linked to safe staffing. It makes recommendations on safe staffing for nursing in adult inpatient wards in acute hospitals, based on the best available evidence. The guideline focuses on wards that provide overnight care for adult patients in acute hospitals.

It does not cover Accident & Emergency, intensive care, high dependency, maternity, mental health, acute admission or assessment units or wards, or inpatient wards in community hospitals. In this guideline, nursing staff are referred to as registered nurses and healthcare assistants.

The guideline identifies organisational and managerial factors that are required to support safe staffing for nursing, and indicators that should be used to provide information on whether safe nursing care is being provided in adult inpatient wards in acute hospitals.

The guideline has been developed for NHS provider organisations and others who provide or commission services for NHS patients. It is aimed at hospital boards, hospital managers, ward managers, healthcare professionals and commissioners. It will also be of interest to regulators and the public.

This guideline does not cover nursing workforce planning or recruitment at regional or national levels, although its content may inform these areas.

A baseline assessment against the recommendations made by the guidance has been completed. We have also ensured that the ‘RED FLAGS’ identified within the guidance are included in the agreed staff escalation process which was agreed by the Quality Assurance Committee in October 2014.

In the coming months further guidance is expected for the following areas:

- A/E
- Community
- Midwifery

Further work will be undertaken in the next month to implement the ‘RED FLAGS’ into the incident reporting process.

Through the staffing escalation process ward staff have been encouraged to raise staffing issues through the incident reporting process. Since the 1st August 2014 a total of 142 incidents have been raised with regard staffing. The breakdown of these incidents across the divisions is:

Acute Adult Care	57
Elective Care	50
Family Care	35

The further breakdown of this information into specific themes includes:

Acute Adult Care	
Delay/Difficulty Obtaining Clinical Assist.	4
Lack of Suitably Trained / Skilled Staff	46
Mandatory Training - Non-Attendance	1
Non-Attendance for Shift	4
Training Issue for Staff	2

Elective Care	
Competency of Staff Member	3
Delay/Difficulty Obtaining Clinical Assist.	4
Lack of Suitably Trained / Skilled Staff	30
Non-Attendance for Shift	8
Training Issue for Staff	5

Family Care	
Competency of Staff Member	2
Lack of Suitably Trained / Skilled Staff	30
Training Issue for Staff	3

Out of 142 incidents raised 106 (**75%**) relate to lack of suitably trained staff being available across the wards.

5 Adult Nursing Acuity Review

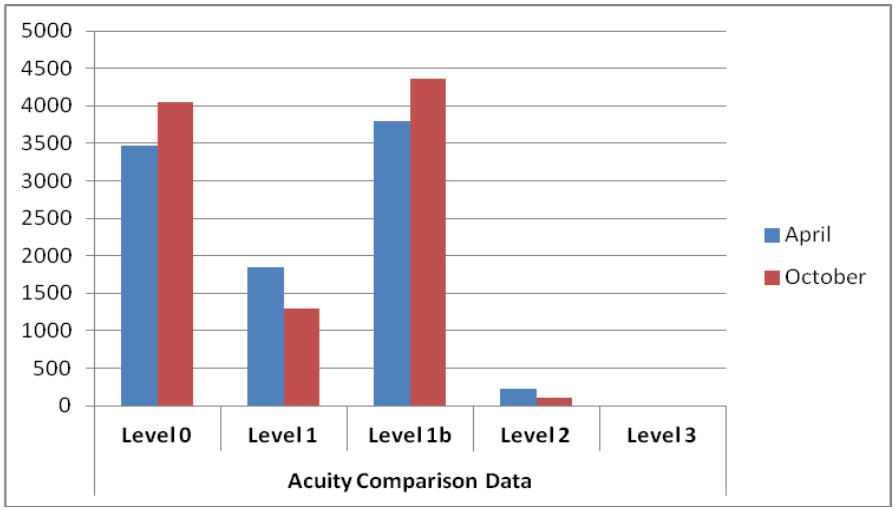
Patient acuity analysis evaluates the size/mix of nursing teams to match ward activity (based on assessment of patient dependency).

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 further review of acuity across our wards was undertaken in October 2014. The chart below outlines the increase in acuity across the organisation in recent months, which supports some of the anecdotal evidence suggesting the increased complexity of the patients we are treating on our wards.



The acuity study for October 2014 does suggest that increased nursing numbers are required. As previously highlighted this should not be viewed in isolation and further work and analysis is currently underway to consider this. Consideration for the principles set out in the NICE Guidance in terms of setting staffing levels across the acuity of a 24 hour period will also need to be considered.

A presentation has been given by Allocate our provider for E Rostering, who has a Safer Care module which provides an ability to monitor Acuity and Dependency in 'Real Time'. A business case for the purchase of this module is under development. This technology would provide a greater understanding for the orgnaisation across the board in relation to staffing and the ability to flex staff safely across areas.

6 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.

7 Midwifery Staffing Assurance

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 NICE staffing guidelines for Midwifery have recently been available through the NICE consultation process. A comprehensive response to each of the elements of the guidance has been submitted by the Director of Nursing supported by the Professional Lead/ Head of Midwifery.

8 Community District Nursing Staffing

There has been an increase in requests for face to face District Nursing Services over the past 2 years, without the support of additional resources. Despite a commissioner led review of the service undertaken in 2008/2009 (Bolton PCT), which led to two separate service specifications; Domiciliary Nursing care and the Treatment Room Service (Ambulatory Care). In addition the increase in referral rates has led to a significant increase in workload for individuals and teams across the service, which has proved that within current funded staffing establishment is not sustainable in the long term.

There has also been a significant increase in the number of patients requiring administration of insulin, and multi administration regimes as NICE guidance, NSF and QOF promote improved management of type 2 diabetes.

Since June 2014 a situational report is produced every day with the aim of managing capacity vs. demand. The data is submitted by the teams daily and is a live indicator of the workflow across the service. The report works in the following way;

- In respect of acuity, patients within the caseload are stratified on a daily basis.
- There are three levels of acuity and each level has a time frame attached to it.
    - Low level 15 minutes
    - Medium level 30.5 minutes
    - High Level 40 minutes

Below snap shot that illustrates a typical day in October 2014. It is clear that the service is consistently showing red;

	For the DN team to complete														Controls				
Area	Available Nursing Hours for Patient Facing time(not including Bank Staff or extra hours)				Non Patient facing time	Sickness (Hours)	High Dependency Patient	Medium Dependeng Patients	Low Dependency Patient	Staff time available in	Number of staff available in FTE	Number of Home Visits	Staff resource utilised	Capacity per team %	Bank Staff / Extra	Total Staff time availabl	Total Number of staff availabl	Capacity after controls	Capacity per Health Centre
	Band 3	Band 5	Band 6	Band 4															
North DN Teams																			
Avondale Team 1	0	3.5	11	0	7.5		4	7	22	870	0.39	33	703.5	81%		870	0.39	81%	105%
Avondale Team 2	0	3.5	5.5		6		3	14	10	540	0.24	27	697.0	129%		540	0.24	129%	
Breightmet Team	0.9	0	10	0	8.5	0		13	11	654	0.29	24	561.5	86%		654	0.29	86%	126%
Breightmet Team	0.9	0	5	0	5	7.5	1	12	12	354	0.16	25	586.0	166%		354	0.16	166%	
Crompton Team 1	0.95	4.5	22		11.95		4	44	17	1647	0.73	65	1757.0	107%		1647	0.73	107%	101%
Crompton Team 2	0.95	4.5	11	5.5	9.95		2	31	16	1317	0.59	49	1265.5	96%		1317	0.59	96%	
Egerton & Dunscar	0.95		11	1.75	5.45		4	19	9	822	0.37	32	874.5	106%		822	0.37	106%	113%
Egerton & Dunscar	0.95		5.5	1.75	3.45		4	12	4	492	0.22	20	586.0	119%		492	0.22	119%	
Waters Meeting Team 1/2		4	28.5		12	7.5	6	30	30	1950	0.87	66	1605.0	82%	5	2250	1.00	71%	71%
South & West DN Teams																			
Farnworth Team 1	6		11		5.5	15	2	21	16	1020	0.45	39	960.5	94%		1020	0.45	94%	118%
Farnworth Team 2/3			16.5		13.5	15	8	23	25	990	0.44	56	1396.5	141%		990	0.44	141%	
Great Lever	1.5	6		5	3		4	23	16	750	0.33	43	1101.5	147%	2.5	900	0.40	122%	108%
Great Lever	1.5		9	5	3		1	22	11	930	0.41	34	876.0	94%		930	0.41	94%	
Horwich Team 1		4.5		5.5	5		3	16	6	600	0.27	25	698.0	116%		600	0.27	116%	177%
Horwich Team 2	3				4.5		2	12	7	180	0.08	21	551.0	306%		180	0.08	306%	
Horwich Team 3			11		4		6	14	3	660	0.29	23	712.0	108%		660	0.29	108%	
Pikes Lane			14		6	6.5	8	30	3	840	0.37	41	1280.0	152%		840	0.37	152%	135%
Pikes Lane			14	6.5	7		11	33	0	1230	0.55	44	1446.5	118%		1230	0.55	118%	
Westhou	4.5		26	4.5	8	22.5	20	51	14	2100	0.93	85	2565.5	122%		2100	0.93	122%	122%
Totals	22.1	30.5	211.0	35.5	129.3	74.0	93.0	427.0	232.0	17946.0	8.0	752.0	20223.5	119%	7.5	18396	8.18		118%

8.1 Acuity of caseload – Community Services

Following on from the background information relating to the acuity of the caseload, there has been a further shift, examples of this are below;

- Proactive response to harm free care,
- Changes in modality of health care delivery i.e. earlier discharge after reduced length of hospital stay, advancing quality etc.
- Increased service provision by other community teams means that the 'community caseloads' have increased in volume and patients still need DN service provision in spite of specialist service provision. For example, IV therapists will provide IV treatment however the generic care assessment for such as pressure care, catheter care is undertaken by the DN service
- Raising the bar for social service care has increased the sub threshold population who access still health care leading to increased health care demand
- Increased dementia population –research shows that care delivery to a patient with dementia increases the time factor by 1 and ½ times e.g. patient care of 30 mins would increase by 45 mins to 1hour 15mins)
- Admission avoidance: increased cohort of patients requiring intervention in order prevent hospital admission/re-admission e.g. eye drops
- Preventative care e.g. public health care: Keeping Warm campaign
- Continuing Health Care-restitution cases and/or nursing assessments for FNC or CHC are undertaken mainly by DN service
- Increase in safeguarding incidents/assessments leading to increasing community nursing demand
- Increased carers support

An acuity study was undertaken by Professor Keith Hurst in July 2014 across the GM community services. The findings highlighted that Bolton caseloads were higher than average with low acuity. A deep dive review of current case load activity is currently underway to clarify.

8.2 DN referrals

Source and number of referral for the last 12 months Sept 13 to Oct 14 inclusive is:

A&E	38
Consultant	1576
External	1205
GP	2996
Internal	155
Self	1573

Many of the self-referrals are GP referrals where the GP has advised the patient or carers to contact the DNS. The above data quality is un-validated and current methods of recording need review and revision to ensure they are fit for purpose.

9 Recruitment/Retention

The Trust Board are aware of the challenges the Trust has experienced 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 over recent months, although a seasonal ‘spike’ was seen in October with higher levels of coughs and colds etc.

The Trust has now introduced a new attendance management policy which replaces a number of different policies in operation through various TUPE transfers. A significant number of Trust managers have been trained against the new policy and the management focus on sickness absence continues.

Overall turnover has also reduced over previous months however there has been some movement between teams which has led to an increased requirement for recruitment.

Over 100 new starters have been recruited to the clinical teams over the past three months and the numbers of staff now falls within acceptable levels. However, the challenge we now face with many new starters is the impact of a much more junior skill mix, which requires careful management until the individuals are suitably oriented to take on a full workload.

10 Conclusion

The focus continues to ensure that our wards have safe and effective staffing levels across the services we deliver to our patients. A substantial amount of work has been undertaken to ensure we are recruiting to vacant posts across the divisions. However we have seen an increase in the acuity and complexity of our patients and alternative models of service delivery need to be examined to ensure we invest in the correct way to improve staffing levels going forward.

11 Recommendations

The Trust Board note the content of this report and support the further work underway to review current staffing levels.