

Meeting Title	Board of Directors		
Date	30 April 2014	Agenda No*	3.9
Report Title	Hard Truths – Safer Staffing Report		
Lead Director/ Manager	Diane Sarkar, Director of Nursing		
Report Author	Julie Hickman, Deputy Director of Nursing		
Freedom of Information (FOI) Status	Unrestricted		
Action Required*	Approval <input type="checkbox"/> Decision <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>		
Executive Summary	<p>In November 2013, NHS England, in association with the Care Quality Commission published guidance aimed at ensuring all in-patient wards in hospitals had the right number and skill mix of staff to provide high quality, compassionate and safe care to patients. This followed the findings of the Mid Staffordshire, Keogh and other high profile reviews, which highlighted that the number and competence of nursing staff on duty was a key determinant of the standards of care provided.</p> <p>In March 2013, NHS England published further guidance on the responsibility of NHS Trust Boards in ensuring not only that the minimum standards were met, but with monitoring and overseeing compliance with the standards. This report aims to provide the Board with an overview of the current level of compliance at the Trust, and the plans to ensure full compliance with both staffing levels and reporting framework by the deadline of June 2014.</p>		
Recommendation	<p>The Board of Directors is asked to:</p> <ol style="list-style-type: none"> 1- Consider the content of this report and current level of compliance 2- Approve the reporting framework to be included within the Annual Cycle of Business 2014/15 		
Trust Strategic Objective	All		
CQC Essential Standard	<p>Outcome 12 – Requirements relating to workers Outcome 13 – Staffing Outcome 14 – Supporting workers Outcome 16 – Assessing and monitoring the quality of service provision</p>		
NHS Constitution	<p>Principle 3 – The NHS aspires to the highest standards of excellence and professionalism Principle 4 – The NHS aspires to put patients at the heart of everything it does.</p>		
Implications			
Risk	Failing to ensure that each in-patient area has the right number and skill mix on nursing staff on duty on a shift by shift basis may result in		

	patients having an unsatisfactory experience of hospital care.		
Legal	Nil		
Resources	The skill mix review presented to the Board of Directors in May 2013 provided the necessary resource allocation to achieve the aims in this report.		
Previously Considered by	None		
Appendices			

Nursing ward based Skill Mix and Establishment Review 'The Hard Truths'

1.0 Introduction

The last nursing skill mix review was completed in March/April 2013 and was reported with a proposal for investment to uplift ward staffing numbers was presented to the closed Board of Directors in May 2013.

It presented the (then) current, and proposed staffing levels across all adult in-patient wards (excluding AMUE and AMUW, CTC, and maternity), and were based on reviews undertaken using the Safer Care Nursing Tool (AKAUH), triangulated with nurse ratio to bed and professional judgement methodologies. The additional funding was approved by the Board of Directors and ward budgets were adjusted accordingly.

A number of other areas, including for example, Acute Medicine, Maternity and Children's and Young Peoples Services had also benefited from approval for additional funding earlier in the year.

Full assurance was provided to the Keogh Team and Chief Nurse NHS England –East in July 2013 on both the numbers and ratios of staff on the inpatient wards.

New guidance was released in November 2013 by NHS England, in association with the Care Quality Commission, regarding the minimum expected standards relating to nursing and midwifery skill mix and establishments; standards that ensure that there is sufficient staff, with the right level of skill (registered to un-registered staff) to provide compassionate and safe care to our patients. The Trust is duty bound to comply with these standards and provide evidence of compliance to our commissioners and the public.

The aim of this paper is to provide the Board of Directors with an overview of the recently published National Quality Board guidance document (November 2013) *"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"*.

<http://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf>

It will provide a summary appraisal of the Trust's position to date against the guidance and presents details of the ongoing work programme for meeting the standards by the deadline of end June 2014.

2.0 Background and Situation

The National Quality Board report: - *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* was published in response to the Mid Staffs Enquiry and the 'Hard Truths' commitments. The purpose of the guidance is to support organisations in making the right decisions, and creating a supportive environment where their staff are able to provide compassionate care. The report refers to in-patient ward areas only at this time, with potential for further guidance and standards to be released for other clinical areas such as A&E and Theatres. The report highlights ten expectations which the NHS should consider:

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

- This requirement is met fully, with full shared responsibility for the quality and safety of patient care being central to all functions, for of all Board members; and this philosophy is shared widely across the organisation.
- All Cost Improvement Plans are assessed jointly by the Director of Nursing and Quality and the Medical Director, ensuring that such programmes do not impact on staffing levels and thus the quality of care afforded to patients, and these are presented and agreed collectively by the Executive Directors.
- Executive Director on call take daily responsibility as part of their on-call duties.

EXPECTATION 2: Processes are in place to enable staffing establishments to be met on a shift-to-shift basis.

- Safe minimum staffing levels have been determined for every in-patient ward area. This has set the benchmark for monitoring daily ward staffing skill mix and staffing levels, on a shift by shift basis. The principle being to ensure there are sufficient staff to deliver high quality care to patients.
- Daily monitoring is undertaken by duty sisters and matrons who ensure the nursing and midwifery workforce meet the minimum safe standards.
- A review on in-patient staffing levels is reported early morning, through the Trust's 'Stepping up' meeting, with actions identified to support short falls across the next 24hr period and beyond.
- Further reviews are undertaken at operational capacity meetings held at least on a shift by shift basis throughout the day and into the evening.
- The on-call manager and On-call Executive are consulted on staffing issues and are responsible for ensuring there is a sufficient nursing and midwifery workforce to meet the needs of patients, including approval to additional temporary staffing.
- Live, shift by shift information, in the terms of a dashboard, is not in place currently and would be beneficial in managing the workforce shift by shift and in meeting monthly reporting requirements to board. An approach will need to be developed which will support patients and the public to understand the quality of care delivery, in relation to safe staffing, and ultimately reporting monthly to the Board of Directors. A programme of work is underway to ensure robust compliance is achieved as soon as possible, and before the deadline of end June 2014.

EXPECTATION 3: Evidence-based tools are used to inform nursing, midwifery and care staffing capacity and capability.

- This expectation is fully met on the basis of the Skill mix and establishment review and the methodologies employed, which was undertaken in February through to April 2013.
- A further review of compliance against the staffing levels, cross referenced to quality indicators will be presented to the Board of Directors in June 2014.

EXPECTATION 4: Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns.

- The duty Sisters and clinical site coordinators have clear minimum safe staffing standards, defined by the clinical divisional Heads of Nursing and Midwifery, against which to monitor staffing levels and secure additional support when short falls occur.
- The Duty Sister liaises with on-call managers and the Executive on Call regarding the achievement of safe staffing levels. As a collective, decisions are made regarding the employment and re-deployment of staff.
- There is a clear, documented risk assessment / escalation process for raising concerns regarding staffing safety issues
- “Stepping Up” is an open forum on a daily basis (Mon-Fri) where safety concerns can be raised
- There are monthly open forums held by the Chief Executive and Director of Nursing
- Operational and managerial meetings and forums are held

EXPECTATION 5: A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments.

- This expectation is fully met on the basis of the Skill mix and establishment review and the methodologies employed

EXPECTATION 6: Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties.

- Ward Senior Sisters and Charge Nurses are supervisory and not included routinely in ward staffing shift numbers, providing them with sufficient opportunity to effectively lead her/his team.
- All specialist posts are separate to ward budgeted staffing.
- There is additional planned funding in each ward budget for “patient dependency” staff, this was as a result of a detailed piece of work assessing utilisation and requirements for these staff.

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.

- The Board of Directors, and sub committees of the Board have received regular updates on nursing and midwifery recruitment, with a formal update to the Senior Managers Group in November 2013.
- Reporting to the Board of Directors will need to become part of the Boards work plan on a twice yearly basis. A more comprehensive report which includes more detailed information and cross reference of quality indicators, will be presented to the Board in June 2014.

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.

- This standard has been implemented, and is subject to a programme of monitoring to ensure compliance with the accurate recording of information

EXPECTATION 9: Providers of NHS services take an active role in securing staff in line with their workforce requirements.

- A full and comprehensive recruitment strategy to fill existing vacancies and new nursing and midwifery posts was implemented and monitored.

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.

- The commissioners request information and seek observational assurance themselves that the Trust meets the required standards as described above. Copies of reports are provided as standard.

3.0 Display of safe staffing levels on in-patient wards. (Expectation 8)

In March 2014, all in-patient ward areas commenced displaying publically staffing data, as determined within the guidance, to include:

- **Planned and expected staffing levels for registered and unregistered nursing staff**
- **Details of the Nurse in Charge**

An initial audit was undertaken to establish was undertaken on the 26th and 27th March 2014. This audit asked whether a staffing board was present in all in-patient areas. A template and specified standards regarding display of staffing numbers and roles had previously been issued by the Director of Nursing in Early March. The staffing boards must be:

- **On display**
- **Dated correctly* and,**
- **have the minimum staff and actual staffing figures displayed**
- **detail details of the nurse in charge**

*It could be assumed and therefore noted that if the date is recorded incorrectly, that the figures will also be incorrect as they could potentially be the details of the previous date. However, the staffing numbers did reflect what was on shift/expected to be on shift at the time of the audit. It is recognised that this might be due to default staffing numbers being achieved across the date displayed and the day of the check.

4.0 Results of audit and assurance checks on staffing boards

The results presented are for in-patient ward areas, as specified within the guidance. The Director of Nursing has specified that best practice should apply to other clinical areas such as A&E and Day Surgery Units, however, these are not a requirement of the guidance at this time. These areas will however be included in subsequent reports.

4.1 For the initial audit - 26th and 27th March 2014

- **1 out of the 31 in-patient areas did not have a staffing board displayed. (97%)**
- **10 out of 31 staffing boards displayed the correct date (68%)**
- **13 out of 31 displayed accurately the number of staff on shift. (58%)**

The results of the audit undertaken on the 26th/27th March was distributed to the Heads of Nursing, by the Director of Nursing, for action to be taken to improve compliance with the daily updating of the staffing boards.

4.2 Random snap shot compliance audit - 16th April 2014

Out of the 9 random in-patient wards checked for compliance by the corporate compliance team on the 22nd April, only 3 were fully compliant. These results were immediately shared with the Heads of Nursing, Matrons, Lead Nurses and ward Senior Sisters/Charge Nurses. Feedback was requested on actions taken to address the shortfall with immediate effect, and requested an immediate visitation of all wards by their responsible matron to check the accuracy of the boards on the 21st April 2014.

4.3 Heads of Nursing Unannounced Visit - 22nd April 2014

An unannounced ward visit was undertaken on the 22nd April 2014. One observation made during visits to 9 random wards was whether the staffing boards were complete and accurate and if the nurse in charges name was displayed. This was undertaken on random wards across paediatrics, critical care, CTC and acute medicine and medicine, and demonstrated 100% compliance.

4.4 Second Full audit - 24th April 2014

A further full audit was undertaken on the 24th April 2014, which demonstrated that:

- 100% wards had boards displayed, up from 97%
- 77% of wards had who the Nurse in Charge of the ward was clearly displayed. Not previously measured.
- 71% of wards had the correct date, and accurate staffing levels recorded, on a shift by shift basis on their staffing boards. Results of the initial audit were 57%.

These results demonstrate a significant improvement since compliance was first audited on the 26/27th March 2014. A weekly programme of monitoring has commenced with feedback being given to Heads of Nursing, Matrons, Lead Nurses and Ward Senior Sisters and Charge Nurses. Actions to be taken are agreed to improve compliance, including increased monitoring of areas as required to increase awareness and thus compliance.

4.0 Conclusion and recommendations

Full compliance against all the standards is expected to have started by April 2014, with full compliance being achieved by no later than end June 2014. This report provides an outline of the Trusts current position in relation to meeting the standards in advance of a more comprehensive report being provided in due course, and prior to the June 2014 deadline.

This early work has provided a solid foundation for meeting the guidance, and thus providing safe and effective care to patients through adequacy of nursing and midwifery staffing. The results demonstrate and improving picture, however, work needs to be done to increase consistency and to achieve full and comprehensive compliance by June 2014. To do this the following will be required:

- a). Agree when to repeat the nursing skill mix and establishment review and agree/confirm the adequacy of staffing levels using the same method as used prior.
- b). There are

opportunities to benchmark with other Trusts, who are willing to share their data; this will provide a rich source of comparative data, on which to assist with decision making.

c). To develop a more robust system for daily monitoring of staffing via an trust wide dashboard, which can be appraised daily by the senior clinical teams and on call teams, in addition to continued reporting through the Trust's capacity meetings. This will ensure shortfalls in staffing can be anticipated and acted upon at operational levels more succinctly.

d). To undertake analysis of ward metrics and key performance indicators, for example the patient safety thermometer results, compared against staffing levels (planned and actual) to identify themes and trends for action.

e). Staffing Boards review of:

- staffing trends in the context of quality and outcomes measures
- % staffing level achievement against planned on each shift on a daily and weekly basis

f). The Board sees quality and staffing recruitment and training measures currently, but separate to staffing trend information, consideration will need to be given to an integrated dashboard

- Present the reports publically through the Board of Directors and post the reports generated onto public websites, including the Trust's website.

g). As part of meeting the guidance, the Board of Directors will receive a comprehensive skill mix and establishment report for ward nursing, with updates provided thereafter at 6-monthly intervals. Other areas of skill mix and establishment review will also be included moving forward.

Further information on the expectations can be found at Appendix 1 in the FAQ's provided by NHS England. In addition, they have provided a timetable of actions to be completed, and which the Trust will follow. This is attached at appendix 2.

Members of the Board are asked to note the report and its implications; and the timetable of actions, which will be followed to achieve full compliance and reporting requirements.