

Paper for submission to the Board of Directors on 6th February 2014 (PUBLIC)

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| TITLE: | How to ensure the right people, with the right skills, are in the right place at the right time | | |
| AUTHOR: | Denise McMahon Director of Nursing | PRESENTER: | Denise McMahon Director of Nursing |
| CORPORATE OBJECTIVE: | | | |
| SGO1: Quality, Safety & Service Transformation Reputation - To become well known for the safety and quality of our services through a systematic approach to service transformation , research and innovation | | | |
| SGO2: Patient experience - To provide the best possible patient experience | | | |
| SGO5: Staff Commitment - To create a high commitment culture from our staff with positive morale and a “can do” attitude | | | |
| SUMMARY OF KEY ISSUES: | | | |
| This paper addresses the Trust action to provide assurance to the Board of Directors that Nurse staffing levels is progressing against the identified responsibilities identified by the Chief Nursing Officer report (November 2013). | | | |
| IMPLICATIONS OF PAPER: | | | |
| RISK | Y | | Risk Score and Description: Nurse staffing levels are sub-optimal (20) Loss of experienced midwives (15) |
| | Risk Register: Y | | |
| COMPLIANCE and/or LEGAL REQUIREMENTS | CQC | Y | Details: 13: Staffing |
| | NHSLA | N | Details: |
| | Monitor | Y | Details: Compliance with the Risk Assessment Framework |
| | Equality Assured | Y | Details: Better Health Outcomes for all Improved patients access and experience |
| | Other | N | Details: |
| ACTION REQUIRED OF BOARD: | | | |
| Decision | Approval | Discussion | Other |
| ✓ | | ✓ | |
| RECOMMENDATIONS FOR THE BOARD: | | | |
| To approve the proposed actions. | | | |

Background

Safe Nurse staffing levels has been a theme in the Robert Francis report, Keogh mortality visits and has culminated in the Jane Cummings, Chief Nursing Officer (CNO) in conjunction with the Quality Board launching a document called 'How to ensure the right people, with the right skills, are in the right place at the right time' in November 2013. This was presented and discussed at the Trust Board on 5th December 2013. This paper identifies 10 responsibilities for boards:

- 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.
- 2: Processes are in place to enable staffing establishments to be met on a shift-to-shift basis.
- 3: Evidence-based tools are used to inform nursing, midwifery and care staffing capacity and capability.
- 4: Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns.
- 5: A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments.
- 6: Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties.
- 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.
- 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.
- 9: Providers of NHS services take an active role in securing staff in line with their workforce requirements.
- 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.

Safer Nursing Care Evaluation Tool

The Keogh report recommended that although the Board had received a review of staffing levels which used a methodology of professional judgment and peer review it required that AUKUH (Association of UK University Hospitals). Safer Nursing care tool was used to review staffing levels and patient dependency. This was completed in July 2013 data was collected over a 20 working day period. There was a delay in inputting the data due to the national revision of the reporting process.

This data has now been reviewed by the Trust and is being analysed. In February there will be a rerun of the safer hospital care tool using the revised version.

It is recommended that the first time the tool is used the data is unlikely to be entirely reliable and should be used as a baseline. The results for the February collection should be available in April.

RCN – Mandatory Nurse Staffing Levels (March 12)

The RCN have recommended that staffing levels should be made mandatory. However, to date the Government have not adopted a mandatory stance on this.

The RCN recommends that in every ward area a minimum of 60% of the nursing workforce should be qualified Registered Nurses with 40% being care support workers.

Nurse to Patient Ratios

The Safe Staffing Alliance recommendation is that 'Under no circumstances is it safe to care for patients in need of hospital treatment with a ratio of more than 8 patients per registered nurse'.

The RCN position is that they would expect the actual level of staffing to be above one nurse to eight patients and depending on patient dependency and acuity, potentially much better than this.

In critical care areas the Trust meets the *Standards for Nurse Staffing in Critical Care Units: BACCN, RCN, and CCNN (2011)*.

In the Neonatal Department the Trust meets the Neonatal Principles 2009/BAPM guidelines 2011.

In Paediatrics the Trust meets the Nurse staffing levels which are based on Royal College of Nursing (RCN) guidance: *Defining staffing levels for Children's and Young People's Services (2003)* and *Mandatory Nurse Staffing levels (2012)*.

The Trust now posts this information on the ward on a daily basis so this is clearly visible to patients and visitors.

If the ward staffing falls below this level for any reason bank nurses are booked to uphold this ratio.

Trust Internal Nurse Staffing Assessment

This method and process was devised internally and presented to the Board in 2011.

It involves matrons using professional judgement and peer review to challenge the required levels on each shift and on each ward.

Using this method the Board agreed an extra investment of £1.3m for increasing nurse staffing in the most acute wards where patients were more dependant.

This tool has been revised so that it now incorporates the staffing ratio of 1:8 as recommended by RCN.

This methodology has been repeated as the results are currently being analysed.

NICE

National Institute of Clinical Excellence (NICE) have been commissioned by the National Quality Board to define mandatory staffing levels. This is expected to report in July 2014.

Until that time the Trust continues to employ 'best practice' and comply with 1:8 levels using bank and agency to mitigate where levels fall below this. This use of bank and agency is contributing to the Trust overspend and deteriorating financial position.

Nursing Care Strategy – The Way We Care

This strategy was launched in May 2013 and one element was that Director of Nursing has held fortnightly drop-in sessions for any member of staff to share concerns in a confidential way directly to Director of Nursing.

These have been used regularly by all grades of care staff and supports staff to speak out.

Overseas Recruitment

Nationally there is now difficulty in recruiting trained nurses. This is in large part due to reduction in numbers of nurses being trained by Universities.

To address this we have undertaken an overseas recruitment plan.

The team travelled to Portugal and Spain on week commencing 22nd January 2014 and offered 30 posts.

The team will travel to Romania on 17th February 2014 and Ireland in May. The aim is to recruit 75 nurses.

We continue to attract staff locally and have advertised a programme for nurses working in Nursing Homes that may wish to undertake a supported programme to be competent in the acute setting.

There is also a programme advertised for nurses trained overseas working locally as Care Support Workers because they are unable to complete or afford an adaptation programme.

Novice Programme

Although the emphasis nationally is on Registered Nurses, Care Support Workers provide a valuable contribution to both patient care and patient experience. As a Trust we have invested in delivering an innovative programme which was shortlisted for a National Award in 2013. We continue to recruit and train staff entering the NHS with no experience known as the 'Novice' programme. These Care Support Workers are all trained to Level 2. We have accreditation within the nursing team to deliver and assess this competency.

Conclusion

There is a multi faceted approach to ensuring that staffing levels are appropriate and monitored and satisfies the expectations set out in the Chief Nurse and Quality Board paper 'How to ensure the right people, with the right skills, are in the right place at the right time'.