The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

REPORT TO BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Catherine Morgan, Director of Nursing	Decision		High	Med	Low
	Discussion	✓	✓		
	Information	✓			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
	Strategic	✓			
	Operational	✓			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
Associate Chief Nurses Deputy Director of Nursing Deputy Director of HR					
CQC Essential Standard Ref:	All Outcome Standards				
NHSLA Standard Ref:	Standard 1				
Media / Communications:					

Meeting Date: **27th May 2014**

Report Title: **Monthly Report on Nursing and Midwifery Workforce**

PURPOSE:

To provide the Trust Board with a further update on its responsibilities for ensuring safe nursing, midwifery and care staff levels.

To provide the Trust Board with an overview of the nurse, midwifery and care staff levels for in patient areas following the approval of the skill mix review and revision of funded establishments. The report is in line with requirements in the National Quality Board report 'How to ensure the right people, with the right skills are in the right place at the right time'.

SUMMARY:

Research demonstrates that staffing levels are linked to the safety of care and that staff shortfalls increase the risks of patient harm and poor quality care

NHS England and the Care Quality Commission have issued joint guidance to Trusts on the delivery of the 'Hard Truths' commitments associated with publishing staffing data regarding nursing, midwifery and care staff levels

This report builds on the paper presented to the Trust Board in March 2014 outlining the expectations from the National Quality Board report published in 2014.

A summary of the trust's compliance against the actions from Hard Truths is provided in Appendix 1

The first monthly workforce report for nurse, midwifery and care staffing against the revised establishments is provided in appendix 2.

Key information from this report include:

- The establishments across all areas have increased significantly when compared to the 2013/14 funded establishments. Whilst there has been good progress made in recruitment of both registered and non registered nurses and midwives, recruitment to the new funded establishments will take time. The use of bank and agency staff continues to address some of the gaps however is not sufficient to fill all planned shifts.
- Staffing has previously been reported against a minimum of 1:8 (registered nurse:patient) ratio in the day and 1:11 at night. The revised establishments in all areas support improved ratios against this minimum (range 1:4 to 1:7 in the day).
- The number of shifts that do not meet planned is high for April based on the fact the establishments have been uplifted from 1st April.
- Each clinical area has been RAG rated based on professional judgment and includes factors such as occupied beds, patient dependency and acuity and staff skill mix and experience which is captured on a daily basis.
- 24.8 WTE registered nurse posts have been appointed to but have not yet commenced in post, including these appointments the vacancy rate is 8.79%.
- The fill rate calculated in total staffing hours (Registered & Unregistered) for the inpatient areas is 94%.

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

As detailed above

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
✓	✓	✓	✓		✓

RECOMMENDATIONS:

The Trust board is asked to:

- Note progress to date and action being implemented
- Discuss and approve the layout of the workforce information presented in appendix 2 and support the upload of this information to the NHS choices website
- Support the Director of Nursing to lead on requirements outlined in this report

REPORT ON NURSING AND MIDWIFERY WORKFORCE

1 INTRODUCTION

1.1 The following report describes the actions required by the Board of Directors to comply with the recommendations from the 'Hard Truths' report published in November 2013.

1.2 NHS England and the Care Quality Commission have issued joint guidance to Trusts on the delivery of the 'Hard Truths' commitments associated with publishing staffing data regarding nursing, midwifery and care staff levels (appendix 1).

2 BACKGROUND

2.1 The report follows on from the paper presented at the March 2014 Trust Board which outlined expectations of the Board in relation to nursing, midwifery and care staff following publication of the National Quality Board report in November 2013.

3 EXPECTATIONS OF THE BOARD (as presented in NQB report November 2013)

3.1 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.

3.2 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.

4 HOW WILL THIS BE ACHIEVED?

4.1 The Board should receive a report every six months on staffing capacity and capability which has involved the use of an evidence-based tool (where available), includes the key points set out in NQB report (page12) and reflects a realistic expectation of the impact of staffing on a range of factors.

4.2 This report should

- Draw on expert professional opinion and insight into local clinical need and context
- Make recommendations to the Board which are considered and discussed
- Be presented to and discussed at the Public Board meeting
- Prompt agreement of actions which are recorded and followed up on

- Be posted on the Trust's public website along with all the other Public Board papers

4.3 The Board papers on staffing should include:
- Use of evidenced based tools
- Allowance for planned and unplanned leave
- Skill mix ratio before the review and recommendations following the review (including recommendations from evidenced based tools
- Details of current staff in post and current establishment and how this gap is being met
- Evidence of triangulation, including use of professional judgement and environmental factors
- Details of any other factors for example supervisory stays of ward sisters
- Information relating to plans to finance any recommended increase
- Details of workforce metrics for example; vacancy data, sickness, staff turnover and use of temporary staffing
- Information on key quality metrics; for example hospital acquired pressure ulcers, HCAI, complaints and FFT scores

4.4 The paper should make clear recommendations to the Board, which should be considered and discussed at a public Board meeting. Actions agreed by the Board should be detailed in the minutes of the meeting, and evidence of sustained improvements in the quality of care and staff experience should be considered periodically.

4.5 The Board has received a skill mix review that meets with the above requirements and will receive monthly reports from May 2014 onwards. The next full skill mix review will be due in October 2014 however some speciality areas not covered in the March review (e.g. outpatients, day surgery unit) will be presented separately before this date.

4.6 Compliance against the actions from Hard Truths is summarised in appendix 1.

5 MONTHLY WORKFORCE REPORT KEY POINTS

5.1 The establishments across all areas have increased significantly when compared to the 2013/14 funded establishments. Whilst there has been good progress made in recruitment of both registered and non registered nurses and midwives, recruitment to the new funded establishments will take time. The use of bank and agency staff continues to address some of the gaps however is not sufficient to fill all planned shifts.

5.2 Workforce data for inpatient areas only is provided in this report. Progress will be made to report against all areas in future reports.

5.3 The data capture for planned versus actual staffing hours has is currently being undertaken manually there may be slight inaccuracies in the data. There is a plan to improve electronic data capture in the future. It has therefore not been possible for this month's data to include additional hours worked over establishment as "specials".

5.4 There is a requirement to publish staffing data on the NHS choices website in June 2014 for May data. The data will need to be submitted via UNIFY and will include all in patient areas by ward for registered and unregistered nursing and midwifery staff. Planned versus actual staffing will be reported by ward and will be reported in hours with a % average fill rate. The fill rate will be RAG rated and an overall rating will be shown. The RAG rating has not been clarified at this stage but based on the new establishments it is likely that the QEHKL will be rated Blue/OK (i.e. fill rate of 80 - 90% overall) or Green/Good (>90% fill rate).

5.5 Staffing has previously been reported against a minimum of 1:8 (registered nurse:patient) ration in the day and 1:11 at night. The revised establishments in all areas support improved ratios against this minimum. The number of occasions when staffing ratios fell below this is reported by exception with mitigation.

5.6 The number of shifts that do not meet planned is high (502 shifts/ 4113 hours) for April based on the fact the establishments have been uplifted from 1st April. Other factors are that due to the Easter holiday bank fill rate was lower and activity and patient acuity was high for adult emergency admissions. However when this is calculated in planned staffing hours and actual staffing hours worked, the fill rate averages at 94%.

5.7 Each clinical area has been RAG rated based on professional judgment considering the fill rate and context of the ward; for example factors such as occupied beds, patient dependency and acuity and staff skill mix and experience which is captured on a daily basis.

5.8 Based on revised establishments the vacancy rate for registered nurses (including maternity leave and new appointees) is 8.79% (45.75 WTE) and is 14% (35.33 WTE) for unregistered nurses.

6 THE TRUST BOARD IS ASKED TO:

- Note progress to date and action being implemented
- Discuss and approve the layout of the workforce information presented in appendix 2 and support the upload of this information to the NHS choices website
- Support the Director of Nursing to lead on requirements outlined in this report

APPENDIX 1
HARD TRUTHS COMMITMENTS REGARDING THE PUBLISHING OF STAFFING DATA
TIMETABLE OF ACTIONS AND COMPLIANCE OF QEHKL

	Action Required by Trusts	By When	Frequency	Status at QEHKL
A	The Board receives a report every six months on staffing capacity and capability which has involved the use of an evidence-based tool (where available), includes the key points set out in NQB report page 12 and reflects a realistic expectation of the impact of staffing on a range of factors.	June 2014	6 monthly	Report on skill mix presented to Trust Board (in public) May 2014, therefore complies with the deadline. Therefore the next report will therefore be due in November. As the work was undertaken in March and establishments revised in April it is proposed to provide an update in October 2014.
B	The Trust clearly displays information about the nurses, midwives and care staff present and planned in each clinical setting on each shift. This should be visible, clear and accurate, and it should include the full range of patient care support staff (HCA and band 4 staff) available in the area during each shift. It may be helpful to outline additional information that is held locally, such as the significance of different uniforms and titles used.	From April and by June 2014 at the latest	Each Shift	In place on all adult in patient wards. A poster is in place displayed on entrances to each ward clearly identifying planed and actual staff numbers. Plan to extend to maternity, paediatrics and A&E this month.
C	The Board: • Receives an update containing details and summary of planned and actual staffing on a shift-by-shift basis • Is advised about those wards where staffing falls short of what is required to provide quality care, the reasons for the gap, the impact and the actions being taken to address the gap	From April and by June 2014 at the latest	Monthly	First report provided for review to Trust Board in May 2014 for discussion. Plan in place to ensure compliance with the required staff data upload via Unify by 10th June 2014 deadline.

	• Evaluates risks associated with staffing issues • Seeks assurances regarding contingency planning, mitigating actions and incidence reporting • Ensures that the Executive Team is supported to take decisive action to protect patient safety and experience • Publishes the report in a form accessible to patients and the public on their Trust website (which could be supplemented by a dedicated patient friendly 'safe staffing' area on a Trust website).			
D	The Trust will ensure that the published monthly update report specified in Row C [i.e. the Board paper on expected and actual staffing] is available to the public via not only the Trust's website but also the relevant hospital(s) profiles on NHS Choices	June 2014	Monthly	On track to upload information via Unify by deadline of 10th June 2014
E	The Trust: • Reviews the actual versus planned staffing on a shift by shift basis • Responds to address gaps or shortages where these are identified • Uses systems and processes such as e-rostering and escalation and contingency plans to make the most of resources and optimise care	Immediate	Each shift	In place since October 2013. In place from 1st April 2014 based on revised establishments including daily acuity assessment. Governance for the monitoring of staffing on a shift by shift basis: • E rostering in place and steering group monitoring progress against planned developments of reporting function. • Planned versus actual staffing is monitored on a shift by shift basis which includes daily monitoring of acuity data since 1st April 2014. • An escalation process is in place for raising of concerns relating to staffing.