

TRUST BOARD SEMINAR 18 DECEMBER 2013

Title	Nurse staffing levels
Responsible Director	Neil Dardis, Chief Operating Officer and Deputy Chief Executive
Purpose of the paper	To report on the timetable of actions to meet the Care Quality Commission and NHS England <i>Hard Truths commitment</i> regarding the publishing of staffing data
Action / decision required (e.g., approve, note, support, endorse)	The Board are asked to approve the actions taken and proposed meet the Hard Truths commitment

Links to BHT Business and Risks

Implications and issues to which the paper relates (please mark in bold)					
Patient Quality	Financial Performance	Operational Performance	Strategy	FT Application	New or elevated risk
Legal	Regulatory/ Compliance	Public Engagement /Reputation	Equality & Diversity	Partnership Working	Other
Annual Objectives					
Links to BHT Board Assurance Framework/Corporate Risk Register					
BAF/Corporate Risk Register Reference					
Risk Description					
CQC					
Author of Paper					
Neil Dardis, Chief Operating Officer and Deputy Chief Executive					
Presenter of Paper					
Neil Dardis, Chief Operating Officer and Deputy Chief Executive					
Other committees / groups where this paper / item has been considered					
Date of Paper					

Buckinghamshire Healthcare NHS Trust Nurse Staffing Levels

1 INTRODUCTION

Setting appropriate nurse staffing levels has been a long term concern of the NHS. Francis (2012) suggested setting out statutory levels for each area; however the most recent responses to this suggestion have been negative. The Keogh Review (2013) also found that nurse staffing levels were a concern in relation to providing safe, high quality care, and the Care Quality Commission regularly makes staffing recommendations in its reports.

This paper follows on from the paper reviewed at the Public Board Meeting in November 2013 at which the principles for nurse staffing levels were agreed. This paper seeks to set out the implications for the implementation of those principles and to recommend actions to mitigate any financial consequences.

2 BACKGROUND

Following the Keogh Review of BHT in 2013 a recommendation was made to have an external assessment of nurse staffing levels and this was carried out by Keith Hurst, an expert in this area. In addition, each of the wards in Stoke Mandeville, Wycombe, Amersham, Thame, Marlow and Buckingham Hospitals has had an internal review of its staffing levels where the views of the ward managers were sought linked to their experience and dependency of patients. This information was triangulated through meetings between every ward manager, their ACN and the Chief Nurse, Chief Operating Officer, Director of Finance and Director of Human Resources.

The registered nurse staffing proposals seek to ensure that there are no more than 8 patients per registered nurse during all day shifts, there is a 22.60% uplift for qualified staff and 20.68% for un-qualified staff, each ward manager has 20% of their time set for managerial time, optimum and minimum safe staffing levels have been set for each area and the skill mix is set at the recommended levels as required by the Chief Nurse.

3 PRINCIPLES & RECOMMENDATIONS

The Board agreed to the key principles to be applied to nurse staffing levels at its meeting in November 2013, which were:

- 1 registered nurse to every 8 patients as a minimum in acute wards
- Nurse staffing levels assessed 3 times each day by ACNs
- 60% registered nurses skill mix as a minimum in acute wards
- Bi-annual review of nurse staffing levels using Safer Nursing Care Tool
- Staff boards on display in all wards

- Nurse staffing levels reviewed by the Board bi-annually and exception reports each month
- Nurse staffing levels published annually on website

In addition, the Board is now asked to agree the following recommendations:

- A. That there should be a consistency in uplifts to budgets to allow for planned and expected levels of leave and that budgeted levels should ensure staff have sufficient time to undertake corporately agreed levels of statutory and mandatory training. This will be up to 10 days for qualified staff, and 5 days for unqualified staff. Making the total uplift 22.60% and 20.68% respectively. The range for this nationally is 19% to 25%. Within the uplift is cover for sickness which will be funded as a financial value only with no wte allocated, as wards should utilise temporary staffing to cover this when and if it occurs.
- B. The Board has recognised that there are significant levels of activity above that which was planned and this has driven significant additional cost to the organisation to provide this capacity in an inefficient manner through temporary staffing and high occupancy levels. In addition, some models of care have been altered since the planning of BHiB which may drive additional cost such as CSRU at Wycombe and the additional pressures in A&E at Stoke Mandeville. Commissioners are in agreement that the flow of activity expected to move elsewhere as part of the BHiB changes that has remained with BHT is in the order of £4m. Without clearly identifiable plans for this demand to be reduced, it is proposed that the organisation budgets for this level of activity to ensure it is provided in the most cost effective and safe way. Any changes to commissioning plans would of course lead to a further plan to respond in terms of cost.
- C. The implementation of safe staffing levels was a key recommendation of the Keogh Review so the recommended skill mix and staff number changes from the external review and the proposals of the Chief Nurse should be supported and be subject to regular review.
- D. The Divisional proposals to increase staffing levels for the spinal service (namely St Patricks and St Francis) included the potential for new capacity to generate income or to reflect changes in the models of care. Whilst these are supported in principle, the detail has not yet been articulated or tested so these should be subject to separate business cases which will be reviewed through TMC and then the Board. The Chief Nurse has confirmed that this would impact on safe staffing levels in the interim and that mitigation is in place by restricting admissions and dependency to the staff numbers and competence available. However, other recommendations in terms of skill mix and staffing numbers have been included in this review.

4 IMPLICATIONS

It is recognised that the majority of the recommendations have already been implemented or taken effect this year. In addition, the plans for recruitment and

retention for 2013-14 are already in place and are challenging based on current numbers. It is not expected that the recommendations above are likely to impact on 2013-14 run rate and thus out-turn. Any implications for the current year end forecast are being managed and controlled.

In terms of budgeted figures, an attempt has been made to break down the implications of the above recommendations:

• Uplift for training & leave	£0.8m	23.04 WTE
• Increased activity above plan	£2.5m	75.16 WTE
• Skill mix and staffing numbers	£1.8m	45.42 WTE
TOTAL	£5.1m	143.62 WTE
CURRENT NURSING RUN RATE FYE		£5.7M Overspent.

5 MITIGATIONS

It is recognised that plans to mitigate these costs are likely to require some lead in time and should be explored through the budget setting process to ensure delivery for 2014-15 to mitigate any financial risk from these proposals. Full project teams are being established to take these forward but a summary of the schemes and the lead directors is outlined below to ensure there is confidence that these risks can be mitigated.

Reduced Agency Premium - £1.5m - DIRECTOR OF HR & OD

The Board will be aware of the work taking place to improve recruitment and retention within our nursing workforce. This has the potential for significant benefit in terms of quality of care and staff engagement, but also in terms of cost and financial control. The run rate figures highlighted above do not assume any reduction in agency expenditure. A project plan to deliver reduced agency usage is already in place and being led by the Director of HR, which is based on increasing the proportion of Bank staff as part of our flexible resources, and to reduce the overall level of flexible resources through the reduction in vacancy levels. The implications of this demand will now need to be assessed but will represent further benefit.

Changes to Shift patterns and rosters - £1.5m - £2m - CHIEF NURSE

Through our work in benchmarking our staffing levels and in assessing our performance with our buddy organisation, Salford Royal NHS Foundation Trust, we are aware that there is potential to review the benefit of a 12 hour shift system. Whilst there is a need to assess the quality and safety implications, many high performing Trusts operate this system effectively which provides significant potential to benefit continuity of care, reduce pressure on infrastructure and provide financial benefit, which could also be reinvested in supporting the supervisory status of ward managers if funding allowed once mitigation of the costs of his proposal had taken place.

Review of roles and staff groups to support nursing levels - £0.5m - CHIEF NURSE

AHP and ward support staff play a key role in the delivery of care and treatment for our patients. The Trust has significant numbers of therapists, specialist nurses and ward housekeepers who can support in the delivery of care and improve the provision of staffing at ward level. These groups will be subject to a rigorous review in the next financial year to ensure appropriate quality and safety and to ensure cost effectiveness.

Review capacity linked to future commissioning plans - £3m - DIRECTOR OF FINANCE

It is important that the organisation is sized to plan for and provide the capacity to meet demand. The organisation could provide this in a more efficient way than has been provided to date and secure the income flows which have not moved to other acute providers as expected.

Review models of care to ensure best use resources - £1m - CHIEF OPERATING OFFICER

It is critical that the organisation seeks to, as part of its ongoing quality improvement, ensure that services are organised and delivered as efficiently as possible. The Trust will continue to drive admission avoidance and make best use of our community services and integrated status, to ensure acute length of stay is reduced and care is provided more local to the patient's home.

Implementation of clinical strategy to ensure viability - £1m - DIRECTOR OF STRATEGY

The Board has agreed an outline clinical strategy to ensure we continue to provide high quality, sustainable service for people of Buckinghamshire into the future. This strategy:

- Places **high quality outcomes** as the organising principle for our services
- Continues the drive to **localise services wherever possible**, ensuring integrated care pathways developed with patients to provide a more proactive approach to managing care, development of community hospitals as hubs of care, maximising the use of technology.
- Supported by **strong local acute services** - reviewing the service configuration of our acute services to ensure the best possible clinical outcomes are delivered in the most cost-effective way.
- **Networking with other providers** where necessary – maximising the benefits to our services of working in partnership through the Academic Health Science Network and with other providers.

Each of these schemes will be developed over the coming weeks to confirm timescales and leads for delivery to meet the requirements of the business planning process moving forwards.

6. NEXT STEPS

The review of our nurse staffing levels is a key outcome of our Every Patient Counts Action Plan, and a significant step forward for the organisation. This represents a key opportunity to improve engagement with our nursing teams and to improve the accountability and responsibility for financial performance. The communications of this review will be key during implementation to ensure full engagement at a ward level.

Each ward manager will receive 1:1 training in how to manage their staffing and their budget, including ensuring that all mandatory training is supported and appraisals completed. This will include the actual cost of temporary staff enabling the ward managers to fully control the spend. The wards will use roster pro as the duty planning tool and the shifts will be monitored on a monthly basis by the Matron and ACN. In addition three times each day the ACNs will monitor staffing across the Trust to ensure safe staffing levels. There will be corporate controls including escalation protocols, and a full review process in place that enable control to be maintained and corrective action to be taken, but allow the operational flexibility required.

Each ward will have a staffing board on display which will show each day the staff required and the staff actually on duty to enable full transparency for patients and the public. The acuity/dependency tool will be completed for 21 consecutive days twice each year and a paper will be taken to BHT Board to show compliance or changes. The recruitment to these posts represents a significant challenge. Nationally, we know that the demand for qualified nurses outstrips supply, and we already have a vacancy level of 167 qualified nurses. There is a recruitment and retention plan in place to reduce our vacancy levels, which incorporates a wide variety of initiatives and targets a number of labour markets. Any additional requirement is likely to require greater scaling of these initiatives, rather than new and different ones. The ongoing monitoring and delivery of safe staffing levels will be signed off through the Every Patient Counts Action Plan which will also ensure the Trust meets best practice guidance on Board oversight and assurance.

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