

**TRUST BOARD
29 JULY 2015**

TITLE	Safer Staffing Nursing Establishment Framework – Implementation
SUMMARY	<p>The Board made an informed decision between the two options which were presented following the 6-monthly review, which took place in March 2015. Option 1 offered an increase of 18.7WTE and an improvement in registered to unregistered staffing ratios totalling an investment of £865,510 full year effect.</p> <p>Further to this approval in investment, the Board requested that the Chief Nurse present an affordability plan to implement the increase in establishment.</p> <p>The paper will pertain to the main areas of investment over adult inpatient settings where uplifts were significant and, alongside, will describe the financial and managerial controls as well as the risk mitigation that would be enabling.</p>
ASSURANCE (Risk) / IMPLICATIONS	Trust Board can be assured that the review and ensuing investments were underpinned by an evidence-based methodology and therefore the agreed investments are accurately reflective of the increasing acuity. An unaffordable implementation plan would demonstrate poor financial management bringing unhelpful scrutiny by Monitor thus adversely affecting our Financial Risk Rating.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	Accurate, timely review and ensuing investments in staffing will result in a better staff experience for nursing and midwifery staff. Real time ward staffing levels are reported and published monthly enabling other stakeholders to have a true picture of the staffing capacity in the ward areas. The rigour applied to the setting of the establishments builds confidence in the public and patients who use our services.
EQUALITY AND DIVERSITY ISSUES	All of our services give consideration to equality of access taking into consideration disability and age. The differences between registered and non-registered staff ratios are calculated commensurate with the respective clinical setting.

LEGAL ISSUES Poor nurse staffing capacity and capability have the potential to lead to poor quality care as well as significantly impact upon the experience of nursing staff. The failure to comply with regular staffing review would have implications for the Trust's CQC rating in its well-led domain and can be subject to enforcement or legal action should failure to meet fundamental standards of care be an outcome of this regulatory breach.

TRUST BOARD is asked to: Discuss the attached report at open board as per requirement of the National Quality Board expectations on safe staffing assurance and approve the affordability plan and governance framework for the timetable of investment approved at last month's open board.

Submitted by: Mrs Heather Caudle, Chief Nurse

Date: 24 July 2015

1. Introduction

In June 2015 the Board approved the investments that followed the 6-monthly review of nursing staffing on adult inpatient settings in the Trust and requested that an affordability plan be presented in July, the following month. Alongside this plan, there will be a description of the possible risks and the enabling risk mitigating interventions to enable the implementation.

2. Outcome of the 6-monthly review

All adult inpatient areas were included in the 6-monthly review with the exception of maternity, critical care, A&E and assessment areas, Theatres and ICU. The key aspects of the review were:

- 1.1. An increase in 18.7WTE Registered Nurses and Care Assistants
- 1.2. The registered / unregistered nursing workforce ratio for the wards and areas included in the proposal increase from 64:36 to 68:32.
- 1.3. An extra day per week supervisory time for every ward sister / manager and midwifery team leader, equating to 0.8WTE supervisory time.
- 1.4. Specialist areas such as paediatrics and neonatal intensive care and intensive care and high dependency unit received investments to have 0.8wte supervisory time.
- 1.5. Investment in Women's Health and Paediatrics were made in order to reduce variability in shift patterns, thus bringing them in line with the rest of the organisation.
- 1.6. A financial investment of £865,510.

3. Affordability Plan

There are two issues to be considered within the implementation of the investment.

1.1. The Affordability

The overall affordability full year effect will be £856, 510. However, the in-year uplift in establishment will pertain to the period from 1 October to 31 March and one way of achieving in-year affordability would be to have a phased in-year implementation.

Given the level of vacancies on the wards, the gradual introduction of the establishment increase at approximately 1WTE to 2WTE per month depending on the acuity of patients and level of risk will help to reduce agency spend to cover the shortfall. Starting from October will increase the chance of getting newly qualified nurses and thus positively impact the vacancy rate. A proposed phased-in implementation plan can be seen below. Based on this, the in-year phasing will cost £325,147.

Quality performance of the wards will continue to be closely monitored and exceptions to this gradual increase in staffing, in order to quicken the uplift, will be granted by an executive level discussion and approval, if safety or quality is compromised.

Proposed phased investment in high investment wards - Q3 & Q4 2015-16

Ward	WTE	Cost	Vacancy		Phased / full implementation
			RN	HCA	

ITU	-4.22	£38,319	12.28	1.6	Full
Maple	10.53	£390,665	4.78	-0.09	Phased (2 wte per month)
Swan	4.64	£140,698	4.1	2	Full
Holly	5.22	£238,346	0.4	0.2	Phased (1 wte per month)
Swift	2.63	£154,653	4.37	2.36	Phased (1 wte per month)
Cedar	-6.35	£182,504	7.36	-0.36	Full

1.2. The Impact of Nursing Shortage

The effect of the shortage of nurses could lead to an instant and persistent increase in the vacancy rate possibly leading to the newly established and substantive posts being filled with temporary staffing, with significant levels supplied by agencies. The first impact will therefore be financial as expenditure spirals due to vacancy rates exceeding the current 11%, which will affect costs significantly.

The second impact would be on the morale of the teams as they struggle to achieve newly increased and mandated staffing levels. The frustrations in the face of not being able to staff to recommended levels would be compounded by regulatory judgements of wards being unsafe, as was the case in December 2014 during the CQC inspection. Staff at that time felt demoralised and anxious about their professional registration in the face of persistently short-staffed wards.

4. Controls

There are three main interventions to mitigate the financial and cultural risks highlighted above.

- 1.1. Planned phased implementation supported by stringent control measures. These would include:
 - Stipulating a variable fill rate
 - Quality & safety performance monitoring triangulation with staffing requirement.
 - Elevating decision rights to divisional triumvirate management to approve agency bookings.
 - Implementing cap on agency spend – recently issued national guidance can see a 60% reduction in the Trust's current agency rate as percentage of pay expenditure.
- 1.2. Conduct workforce planning and modelling that aim to better plan and achieve trajectory to a <7% vacancy rate. Actions may include:
 - Aligning corporate and team recruitment programs.
 - Factor in current both the attrition rate and newly qualified workforce in September.
 - Review overseas recruitment programme and risk asses impact of new anti-immigration workforce laws on overseas nurses
- 1.3. Cultural changes to improve sense of professional control:
 - Develop competency in coordinating impact assessments to create balance between safety and affordability
 - Develop risk matrix to determine whether a ward needs to supply a 1:1 nurse from within its establishment or seek approval, at senior management level, for extra staff.

5. Governance Framework

The weekly meetings focusing on behaviours and controls will continue with senior nurses and human resource professionals working together. The implementation progress will be reported to the Workforce and Organisational Development Committee.

6. Decision

Trust Board is asked to review the paper; discuss its contents and consider the proposal put forward, seeking additional assurance where necessary in order to approve the implementation and affordability plan.

