Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date:	24 th May 2017	
Title and Author of Paper:	Safer Staffing – Quarterly Update (Q4 – Jan to Mar 2017) Jackie King, Clinical Nurse Manager, Flexible Staffing	
Executive Lead:	Gary O'Hare, Executive Director of Nursing and Operations	
Paper for Debate, Decision or Information: Information		
Key Points to Note: The Trust continues to comply with the requirements of safer staffing There is a continued decrease in the use of bank and agency Nursing staff within inpatient wards		
Risks Highlighted to Board	d: None this quarter.	
Does this affect any Board Please state Yes or No If Yes please outline	Assurance Framework/Corporate Risks? NO	

Equal Opportunities, Legal and Other Implications: N/A

Outcome Required:	Board to receive for information.
	Monthly returns are considered at the Trust Quality and Performance meeting and the Business Delivery Group.

Link to Policies and Strategies:

Introduction

The purpose of this report is to provide the Trust Board with information analysis and assurance in relation to two key areas of nursing staffing:

- Compliance with safer staffing requirements.
- The ratio of qualified and unqualified nursing staff in substantive, bank and agency usage within the ward areas

Safer Staffing Requirements

In November 2013 guidance was produced by NHS England to optimise nursing, midwifery and care staffing capacity and capability. 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. Patients and the public have a right to know how the hospitals they are paying for are being run, and so the Government has made a number of commitments in Hard Truths (now known as Safer Staffing): The Journey to Putting Patients First to make this information more publically available.

The commitments were

- To publish staffing data from April and, at the latest, by the end of June 2014.
- A Board report describing the staffing capacity and capability, following an establishment review, using evidence based tools where possible. To be presented to the Board every six months.
- Information about the nurses, midwives and care staff deployed for each shift compared to what has been planned and this is to be displayed at ward level
- A Board report is made available containing details of planned and actual staffing on a shift by-shift basis at ward level for the previous months. To be presented to the Board every three months
- The quarterly report must also be published on the Trust's website, and Trusts will expected to link or upload the report to the relevant hospital(s) webpage on NHS Choices

Boards must, at any point in time, be able to demonstrate to their commissioners that robust systems and processes are in place to assure themselves that the nursing, midwifery and care staffing capacity and capability in their organisation is sufficient to provide safe care implementing the NQB staffing guidance and that, where there are risks to quality of care due to staffing, actions are taken to minimise the risk.

The Care Quality Commission will be looking for compliance with all the actions as part of their inspection regime. NHSI will act where the CQC identifies any deficiencies in staffing levels in Foundation Trusts.

NTW has adopted a robust application of the guidance including:

- An agreed methodology is in place incorporating both the electronic and paper rostering systems to gather the staffing information in a systematic manner.
- RAG system is in place to alert group nurse directors of any wards that have deviation from the agreed staffing levels.
- Ward manager report on a weekly basis any variance and reasons why on the planned staffing for their ward.
- The information is collated to support analysis of ward staffing.
- A Clinical Nurse Manager who oversees the process and escalates as required to service and director leads.
- Safer staffing is discussed and monitored at ward service group and trust meetings.

Reporting for January to March 2017

- 1 ward was within the agreed ranges.
- 10 wards had qualified staff under 90%, with a further 17 wards under 80%. Reasons for understaffing were due to changes in the qualified ratio and vacancies being supplemented with experienced unregistered staff.
- In addition to the above, 1 ward had unqualified staff under 90% with a further 3 wards under 80%. This was due to a change in clinical need.
- 21 wards had staffing above 120% which was due to increased clinical activity, ranging from 307.23% to 121.39%. Of these 21 wards, 6 had staffing over 200%.

Substantive, Bank and Agency Nursing use

The cost of temporary staffing, particularly for nurses and doctors, presents a challenge for most trusts. Fundamentally, this is because there is a supply gap across many professional groups in the system. NTW is committed to reducing reliance on agency and bank staff whilst maintaining safer staffing requirements.

NHSI have developed a diagnostic tool to identify potential steps to move towards best practice and reduced costs, following a national assessment that showed that the approach to managing temporary staffing varies. In those that manage it well NHSI have typically seen:

- Greater control when technology supports roster and bank services.
- A large, flexible cohort of bank staff exists.

- A strong procurement team in place.
- Detailed management information empowering decision making.
- Operational managers, clinicians, HR and finance work together in a joined-up team to manage workforce challenges.

Following the guidance issued by NHSI in August 2015, the Trust has reviewed the levels of nursing agency spend and are well within the 3% threshold. As a result of being below the threshold there is no specific action required by NHSI, however we will continue to measure performance against this target via the Trustwide Bank and Agency Review group.

The following graphs and analysis demonstrate NTW ward nursing performance against this guidance

- 7.67% of qualified staffing was covered by bank staff and 0.65% by agency staff. This is a decrease of 6.91% bank and a decrease of 1.51% on agency from the previous report. This decrease is due to staff moving to permanent posts.
- 17.16% of unqualified staffing was covered by bank staff with 3.62% by agency staff. This is a decrease of 11.1% on bank usage and 5.49% on agency usage respectively from the previous report and continues a downward trend in the use of bank and agency staffing.

Jackie King Clinical Nurse Manager Flexible Staffing







