

TRUST BOARD IN PUBLIC	Date: 19 December 2013	
	Agenda Item 2.4	
REPORT TITLE:	Response to National Quality Board Guidance; How to ensure the right people, with the right skills are in the right place at the right time	
EXECUTIVE SPONSOR:	Fiona Allsop, Chief Nurse	
REPORT AUTHOR:	Fiona Allsop, Chief Nurse	
REPORT DISCUSSED PREVIOUSLY:	N/A	
Purpose of the Report and Action Required: (√)		
To provide information to the Board regarding National Quality Board Guidance and actions to be undertaken in relation to this.	Approval	
	Discussion	√
	Information/Assurance	(√)
Summary: (Key Issues)		
<p>This is a guidance document developed by the CNO, in conjunction with the National Quality Board and published in November 2013. The guidance seeks to support organisations in making the right decisions and creating a supportive environment where staff are able to provide high quality compassionate care with the best possible outcomes for their patients.</p> <p>The guidance does not define staffing ratios and acknowledges that these will differ across and within organisations. It emphasises the importance of using evidence, evidence based tools, professional judgement and a multi-professional approach in reaching agreed staffing numbers.</p> <p>There are ten expectations detailed within the guidance relating to the domains of accountability & responsibility, evidence-based decision making, supporting and fostering a professional environment, openness and transparency and planning for future workforce requirements which are of relevance to the Trust Board.</p>		
Relationship to Trust Corporate Objectives & Assurance Framework:		
Central to the delivery of safe and quality patient care.		
Corporate Impact Assessment:		
Legal and regulatory implications	NONE identified currently	
Financial implications	YES . yet to be defined	
Patient Experience/Engagement	YES . key and will require to be robustly demonstrated	
Risk & Performance Management	YES . key and will require to be robustly demonstrated	
NHS Constitution/Equality & Diversity/Communication	YES . key and will require to be robustly demonstrated	

Surrey & Sussex Healthcare NHS Trust

Response to National Quality Board Guidance,

‘How to ensure the right people, with the right skills are in the right place at the right time’

December 2013

Introduction

Changes or deficiencies in the nursing & midwifery workforce can have a profound impact on the quality of patient care. The importance of staffing is further emphasised by the Francis Report, the Berwick Review, the Keogh Report and the Nursing and Midwifery Strategy from the Chief Nursing Officer (CNO) for England linked to the 6Cs of Care, Compassion, Competence, Communication, Courage and Commitment.

This is a guidance document developed by the CNO, in conjunction with the National Quality Board and published in November 2013. The guidance seeks to support organisations in making the right decisions and creating a supportive environment where staff are able to provide high quality compassionate care with the best possible outcomes for their patients.

Importantly the guidance does not define staffing ratios and acknowledges that these will differ across and within organisations. It emphasises the importance of using evidence, evidence based tools, professional judgement and a multi-professional approach in reaching agreed staffing numbers. It is anticipated that by July 2014 the National Institute for Clinical Excellence (NICE) will have reviewed the evidence and accredit evidence-based tools to further support decision-making on staffing.

There are ten expectations detailed within the guidance relating to the domains of accountability & responsibility, evidence-based decision making, supporting and fostering a professional environment, openness and transparency and planning for future workforce requirements.

From April 2014, the Trust Board will have specific responsibilities to

1. 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. 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

This paper outlines the Trust's approach to setting nursing and midwifery establishments and describes a process for achieving the expectations outlined in the guidance. It is important to note that this will require flexibility and review as the process evolves at a national and local level.

Nursing Staffing Ratios

As previously stated the guidance does not define staffing ratios and emphasises the importance of using evidence, evidence based tools, professional judgement and a multi-professional approach in reaching agreed staffing numbers.

However it should be noted that soft intelligence indicates that levels should be no more than one registered nurse to eight patients (1:8) with an aim of one to seven (1:7) in general ward areas. In addition it is anticipated that the split of registered to unregistered staff will be at 65% to 35% respectively.

Of interest, a 1:7 ratio provides approximately 98 minutes of trained nursing care per patient during an 11.5 hour shift or 9 minutes per hour per patient.

This is in line with published evidence that indicates that patient safety is compromised as number of patients being cared for by nursing staff increases.

The uplift incorporated into a budget to fund leave and training is believed to be in a range from 22 to 25%.

Current Situation

Previously at SASH the setting of establishments has been triangulated from the following sources:

1. Validation against the Hurst model (a widely used, well respected and validated tool)
2. Professional consultation and judgment
3. Review of ward safety profiles

It is recognised that different wards and departments will have different requirements for registered and unregistered nursing and midwifery staff.

The Divisional Chief Nurses are responsible for monitoring staffing levels and nurse sensitive patient outcomes within their respective divisions and escalating concerns through the Trust governance structures.

Staffing has been reviewed across the general ward areas using real time e-roster information and staffing templates. This indicates that the nursing staffing levels are broadly equal to or better than the ratio described above during the day and broadly equal to or worse at night.

The current uplift is 22% with 18% held directly by budget holders and 4% held centrally.

Actions to address this are described below.

The issue has been articulated as part of the Board Assurance Framework.

Next Steps

It should be recognised that the Trust will need to agree a range of actions and interventions relating to staffing levels over the coming months and like others, will be in a process of transition to respond to the published guidance.

Actions to be taken are

1. To validate staffing levels and ratios in wards and units including specialist areas
2. To review shift patterns and the impact on recruitment, retention, staffing and budget
3. To benchmark locally against like organisations and other nationally available relevant data
4. To develop and instigate a monitoring and evaluation process for nursing staffing levels to include planned against actual staffing numbers, patient acuity and dependency data, workforce indicators and nurse sensitive patient indicators
5. To agree establishments based on the information gathered for these wards and units
6. To provide regular updates on progress to Finance and Workforce Committee and the Board

Fiona Allsop
December 2013