

## Trust Board Meeting

<b>Report to:</b>	<b>Trust Board</b>	<b>Agenda item:</b>	
<b>Date of Meeting:</b>	<b>27<sup>th</sup> November 2014</b>		
<b>Title of Report:</b>	<b>Nurse, Midwifery and Health Visitor staffing levels</b>		
<b>Status of report:</b> (decision and approval, position statement, information, confidential discussion)	<b>For approval</b>		
<b>Lead Executive Director:</b>	<b>Michelle Clarke, Director of Nursing and Quality</b>		
<b>Author:</b>	<b>Michelle Clarke, Director of Nursing and Quality</b>		
<b>Appendices:</b>	<b>Appendix 1 – Nursing budget</b> <b>Appendix 2 – Ward Sisters Supernumerary status</b> <b>Appendix 3 – Uplifts and recruitment in inpatient areas</b> <b>Appendix 4 – Nurse Sensitive Indicators comparison</b>		

### 1. Purpose of the report

This paper will update the Board on the current nurse, midwifery and Health Visitor staffing levels building upon the previous nurse staffing capacity and capability report that came to Board in May 2014.

This report has been prepared following a full review of nursing, midwifery and Health Visiting staffing levels across all clinical areas which takes place on a six monthly basis.

The review has been undertaken by the Director of Nursing and Quality, the Ward Sister or equivalent, their Head of Nursing and the finance manager.

This report also sets out how we are meeting national staffing guidance to publish our nurse and midwifery staffing levels for our inpatient bedded wards.

### 2. Recommendations

The Board are asked to:-

- Review and be satisfied that the appropriate level of detail and assessment has been undertaken to assure itself that the wards, departments and community service units are safely staffed.
- To sign off formally the current staffing levels.
- To note the challenges in recruitment – in particular medical wards and theatres.
- To note the key developments achieved in the last six months.
- To note the future workforce challenges.
- To agree to the use of £8,875 from the additional winter pressures money for additional resource in Childrens Ward.

### 3. Summary of Key Issues for discussion

- Improvement in Nurse Staffing Indicators where establishment has improved/deteriorated where establishment has not been fulfilled.
- Recruitment challenges.

### 4. Reference to previous reports

Nurse staffing capacity and capability May 2014.

**5. For further information or any enquires relating to this report please contact:**

Michelle Clarke, Director of Nursing & Quality. [Michelle.clarke@svt.nhs.uk](mailto:Michelle.clarke@svt.nhs.uk)

**6. Please confirm, by ticking the box, that you have included or considered the following items in developing your report:**

**Background**

**Care Quality Commission Implications**

**Legal / NHS Constitution considerations**

**Analysis of Risk including link to the Board Assurance Framework and Risk Register**

**Resource Implications (staffing & financial)**

**Patient, Public and Stakeholder involvement**

## 1.0 MAIN BODY OF REPORT

### 1.0 Wye Valley Trust approach to ensure safe staffing levels

1.1 Nursing and midwifery establishments are reviewed bi-annually to ensure the nursing and midwifery workforce meets the demands of clinical care provision and delivers safe care with a positive patient experience.

We triangulate our information gained by two methods to set ward establishments.

- Safer Nursing Care Tool which has been validated by NICE
- Professional judgement

The data from the acuity tool provides recommendations for establishment and this is supported by the professional judgement of the nurse leader to form the staffing requirements of the areas and a formal discussion with the Director of Nursing and Quality.

1.1.2 **Appendix 1** sets out by service unit the outcome of the staffing reviews. These will be reviewed again in February 2015.

Safer Nursing Care audit has been completed in September and shows little change in acuity for Ward areas.

1.1.3 Ward Sisters were given four days per week of supernumerary status in October 2013; this was not implemented until February 2014 due to the fact that staff had to be recruited in order for the backfill to occur. This has only been partly met; the majority of the time Sisters have only been able to be supernumerary for 2 days a week due to the gaps in staffing. Women's Health is only 2 days supernumerary status due to smaller number of beds.

**Appendix 2** sets out the times Ward Sisters have been supernumerary each month.

1.1.4 **Appendix 3** sets out an overview of where we have recruited to in each area, where gaps are still in some ward areas and a requirement for additional .6 Band 5 on Paediatric Ward.

1.1.5 We also use other best practice guidance that the majority have been reported in previous reports to Board.

- Birth rate plus (Midwifery)
- RCN guidance on critical care (ITU)
- Neonatal staffing guidance (SCBU)
- Association of perioperative practice (Theatres)

1.1.6 We have also tested out the new NICE staffing guidance in acute wards. The majority of the guidance we are using on huddle boards, through nurse sensitive indicators and planned versus actual staffing.

NICE will also be publishing guidance on midwifery, A&E and Community Hospitals at a later date.

### 2.0 Key changes since last monthly review to Board

- The nursing and midwifery workforce has increased by 5.73 WTE across Wye Valley Trust.
- We have recruited 28 European nurses to date and a further 21 to be recruited to.
- 3 European nurses have left organisation.
- A red flag reporting system visible on the huddle boards that shows staffing planned versus actual.

- Achievement of the target on Health Visitors ahead of schedule with a target of 40.9 WTE by March 2015 and that figure was achieved in September 2014.
- A&E Workforce review.
- Maternity Workforce review.
- Critical Care workforce review.
- District Nurse workforce review.
- Exploration of Assistant Practitioner roles.

### **3.0 Key developments**

- EU recruitment
- Community Hospitals targeted recruitment approach
- Midwifery academy recognised as good practice in the recent CQC report
- EU nurse programme recognised as good practice with Health Education England
- 4 Return to Practice nurses of which 1 employed within WVT remaining. Remaining completing training.

### **4.0 Future workforce challenges**

#### **District Nurses**

4.1 Since September 2012 we have increased the number of District Nurse students year on year. In 2012 2 undertook the Specialist Practitioner Course, 4 last year. There are approximately 30 members of the District Nursing workforce who are over 50, another 25 that are within the 45 – 49 year bracket. This will start to have an impact on recruitment in the next couple of years.

#### **4.2 Conclusion**

There have been a number of challenges in maintaining full establishment on all of the Ward areas. It is obvious through the Nurse Sensitive Indicators that where a full complement of staff has been maintained it has shown an improvement in those areas. We have seen an overall reduction in pressure ulcers, which is positive. European nurses have been welcomed within the organisation and the learning we have taken from the first few cohorts will be applied to the newer recruits. We will have to continue to recruit from overseas. The majority of the Ward areas at the County Hospital are seeing more newly qualified and European nurses on Wards, this is largely being reflected across other organisations.