

BOARD OF DIRECTORS MEETING

Agenda Item	P1/213/17	Date: 1st November 2017
Subject /title	Safe Staffing – Biannual Report	
Author	Liz Morgan, Matron Integrated Care; Rose Foulds, Matron Haemato-oncology	
Responsible Director	Helen Porter, Director of Nursing and Quality	
Executive summary and key issues for discussion		
<p>NHS England and the CQC have written to Trusts following the publication of Hard Truths (DH 2013) outlining the requirements for Trusts to publish staffing data regarding nursing, midwifery and care staff.</p> <p>The Trust is committed to publish a 6 monthly review of staffing utilising an evidence based tool. The reports are published on the Trust's website</p> <p>The changes to reporting are now in place with the implementation of Care Hours per Patient Day (CHPPD). This is calculated by adding the hours of registered nurses to the hours of healthcare support workers and dividing the total by every 24 hours of in-patient admissions (or approximating 24 patient hours by counts of patients at midnight). CHPPD reports split out registered nurses and healthcare support workers to ensure skill mix and care needs are met. This metric has replaced the 'planned versus actual' and is now a key metric in the revised Trust Board Integrated Performance Report.</p> <p>This report includes for the first time the acuity report for the haemato-oncology service. Further work is underway to ensure a single reporting template.</p> <p>There are no proposed changes to the Integrated Care nursing establishment. The haemato-oncology review indicates a need for increasing the nursing establishment. The directorate is in the process of developing a staffing business case to support the increased acuity across the HO service.</p> <p>Any risk to patient harm due to the difference in the current and recommended establishment are being mitigated within the directorate. Actions include:</p> <ol style="list-style-type: none"> 1. 7y and 10 z day ward have merged and are under one manager. This will increase the day care staffing flexibility and prevents staff from ward 10 z being used to staff day care transplant services. 2. From 23.10.17 the Matron Huddle will be re-introduced. The directorate is being currently managed by one Matron, who will managed all wards and will use the safe staffing daily spreadsheet to monitor our safe staffing levels and take corrective actions. This includes the following process: <p>Staffing levels are RAG rated at the start of each shift (Red Amber Green) according to the professional judgement of the nurse/midwife in charge of each shift.</p> <p>Green shifts are determined by the nurse in charge to be safe levels as these</p>		

constitute the levels expected through the ward establishment or not as expected but professionally judged as clinically safe according to the current ward workload.

Amber shifts are considered, through the nurse in charges professional judgement, to require minor adjustment to bring the ward to a safe staffing level as staff numbers are not as expected or staffing numbers are as expected, but additional staff are required due to an increase in acuity. Staff will prioritise their work and adjust their workload through the shift accordingly. The Matron will be alerted and mitigating actions would be put in place and recorded on the database.

If the shift is rated red the nurse in charge will alert the matron that action is required, as potentially the shift will present a shortfall of staff that is below minimum levels to give safe care. Mitigating actions will be taken, and documented, which may constitute the movement of staff from another ward, or temporarily reducing the ward capacity and activity to match the staff availability. Red shifts will be escalated to the Director of Nursing and Quality and General Managers who will monitor the actions being undertaken.

3. A follow up meeting to apply professional judgment to the report is planned tomorrow to determine ward WTE requirements.
4. BMT staffing benchmarking exercise undertaken with MRI and the Christie. Findings demonstrate 1:2 nurse ratio level are not a standard establishments within their services.
5. Impact of acute leukaemia services has been flagged up through the contracts meeting. Business case for additional staffing has commenced.
6. Nurse clinician (8A) post to support HO outlier care has been agreed, funded and will be advertised next week
7. Ongoing nurse recruitment to vacant post with assistance from CCC HR teams. One set of interviews held so far another planned this month.

Strategic context and background papers (if relevant)

National Quality Board November 2013 guidance to Nursing Midwifery and care setting staff capacity and capability.

NICE Safe Staffing Guideline (SG1) July 2014.

Safe staffing report to Quality Committee October 2017

Recommended Resolution

That the Trust Board:

1. Receives the report and acknowledge its content
2. Is assured that the gaps in nurse staffing is being managed and actioned effectively
3. Recognises the increase in acuity within the Haemato –Oncology service due to the increase in acute leukaemia and bone marrow transplants.

Risk and assurance

Provides assurance that the ward staffing is safe and any risks to patient harm due to the difference in the current and recommended establishment in haemato-oncology are being mitigated within the directorate.

Link to CQC Regulations

Regulation 18: staffing numbers

Resource Implications

Business case to be developed.

Key communication points (internal and external)

The Board reports are published on a dedicated section of the public website. A link to the section has been provided to NHS Choices via the Unify return.

<http://www.clatterbridgecc.nhs.uk/aboutcentre/qualityofcare/safe%20staffing%20-%20nursing%20.html>

Freedom of Information Status

<p>FOI exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.</p> <p>Application Exemptions:</p> <ul style="list-style-type: none"> • Prejudice to effective conduct of public affairs • Personal Information • Info provided in confidence • Commercial interests • Info intended for future publication 	<p>Please tick the appropriate box below:</p> <table border="1" style="margin-left: 20px;"> <tr> <td style="text-align: center;">X</td> <td>A. This document is for full publication</td> </tr> <tr> <td style="text-align: center;"> </td> <td>B. This document includes FOI exempt information</td> </tr> <tr> <td style="text-align: center;"> </td> <td>C. This whole document is exempt under FOI</td> </tr> </table> <p>IMPORTANT:</p> <p>If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.</p> <p>Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.</p>	X	A. This document is for full publication		B. This document includes FOI exempt information		C. This whole document is exempt under FOI
X	A. This document is for full publication						
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Equality & Diversity impact assessment

Are there concerns that the policy/service could have an adverse impact because of:	Yes	No
Age		X
Disability		X
Sex (gender)		X
Race		X
Sexual Orientation		X
Gender reassignment		X
Religion / Belief		X
Pregnancy and maternity		x

If YES to one or more of the above please add further detail and identify if full impact assessment is required.

Next steps
Appendices

Strategic Objectives supported by this report

Improving Quality	x	Maintaining financial sustainability	
Transforming how cancer care is provided across the Network		Continuous improvement and innovation	x
Research		Generating Intelligence	

Link to the NHS Constitution

Patients		Staff	
Access to health care		<i>Working environment</i> Flexible opportunities, healthy and safe working conditions, staff support	x
Quality of care and environment	x	<i>Being heard:</i> <ul style="list-style-type: none"> • Involved and represented • Able to raise grievances • Able to make suggestions • Able to raise concerns and complaints 	
Nationally approved treatments, drugs and programmes			
Respect, consent and confidentiality			
Informed choice		Fair pay and contracts, clear roles and responsibilities	x
Involvement in your healthcare and in the NHS		Personal and professional development	
Complaint and redress		Treated fairly and equally	



The Clatterbridge
Cancer Centre
NHS Foundation Trust

Date of Paper: July 2017

Biannual Safe Nurse Staffing Establishment Review

Author: Liz Morgan , Rose Foulds & Liz Furnedged

Date Presented to Public Trust Board: xx.xx.xxxx

Date Presented to CCG: xx.xx.xxxx

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Introduction

There is a requirement post publication of the Francis Report 2013 and Safe Staffing in Adult inpatient wards in acute hospital (NICE, 2014) that all NHS organisation will take a 6 monthly report to their Board on the staffing levels, and whether they are adequate to meet the acuity and dependency of their patient population.

In line with this recommendation, since January 2014, the Trust has carried out bi-annual audits of inpatient acuity and dependency. The acuity audit findings are reported to the Board on a 6 monthly basis. This is to provide assurance to the Board that the Trust is taking a patient-centred, evidence-based, systematic approach to monitoring and reviewing nurse staffing levels and patient acuity. High patient acuity and dependency linked to low staffing levels can have a profound impact on the quality of patient care, as demonstrated through enquiries into failures at Mid-Staffordshire NHS Foundation Trust and the Keogh Reviews

This paper provides the results of the Integrated Care and Haemato-oncology Directorates Patient Acuity Study which was completed during July 2017.

Methodology:

Using the Association of UK University Hospitals (AUKUH) 'Safer Nursing Care Tool' (SNCT), the service measured the acuity and dependency of all inpatients over a four week period, twice each year, during a winter and summer period. During each study the data is collected Monday-Friday to allow for the capture of data during periods of increased surgical activity.

The Ward Manager (or deputy) of each ward scores the acuity of the patients under their care and all returned data was assessed for accuracy by the Matron.

The SNCT contains defined classifications of levels of care, and measures the acuity and dependency of those patients whose needs are met through normal ward care (Level 0), through to those patients who require advanced respiratory support and therapeutic support of multiple vital organs (Level 3). Basic definitions of levels of care are outlined in Table 1.

This data is tabulated to analyse the results using the set algorithm, this determines the patient acuity and recommendations for WTE staffing numbers against current WTE staffing numbers. Supplementary acuity data including bed occupancy, harms and complaints are also included to provide further narrative to the results.

Table 1 - Basic Definitions of Levels of Care

Level of Care	Definition
Level 0	Patient requires hospitalisation but needs are met through normal ward care.
Level 1a	Appropriately managed on inpatient wards but requires more than baseline resources. These patients may be acutely ill requiring intubation, or may be unstable with a greater potential to deteriorate, triggering on the NEWS. Severe infection or sepsis.
Level 1b	Appropriately managed on inpatient wards but require more than baseline resources. These patients are in a stable condition but have an increased dependence on nursing support. Complex dressings or VAC. Spinal cord injury or instability. Patients on End of Life Care guidelines. Confused patients requiring constant Vision or DOLS. Complex discharge
Level 2	Patients who are unstable and at risk of deteriorating and who should not be cared for in areas currently resourced as general wards. These patients may be managed within clearly identified, designated Level2 beds, resourced with the required staffing level OR may require transfer to a High Dependency Unit. CPAP or BiPAP, continuous 50% oxygen. Drug infusions requiring intensive monitoring e.g. gtn, amiodarone.
Level 3	Patients needing advanced respiratory support and therapeutic support of multiple organs. These patients should be managed within the ITU setting.

Integrated Care Results

The trend data for each of the wards over January and July 2017 can be reviewed in table 2 below. (Mersey Ward uses the emergency admission ward model, Conway and Sulby results are based on a medical ward model).

Table 2 - Safer Nursing Care Tool (SNCT) Data Trends

Ward	Jan 2017 SNCT	July 2017	Budget 17/18	Bed Occupancy July 2017 @ 3pm
Mersey WTE- Acuity results	36.48	26.52		
Mersey WTE Uplift with WM,HK &WC	39.81	31.16	40.94 (including new investment & TNA)	64% 16 Average patients
Conway WTE Acuity Results	31.46	28.73		
Conway WTE Uplift for WM,HK &WC	34.95	32.33	37.53 (including TNA investment)	77% 20 Average patients
Sulby WTE Acuity results	18.09	11.32		
Sulby WTE Uplift for WM,HK &WC	21.69	14.92	18.44 (ward only) 40.35 (including advanced nursing team & triage staff)	45% 10 Average patients

The SNCT is based on categorising patients under critical care criteria as Level 0-3. The majority of patients at CCC are classed as a level 0 patients. During this audit it is clear that the majority of patients admitted to Mersey come under a 1a or 1b; 1a is for acutely unwell patients and emergency admissions, and 1b is a dependent patient requiring support/care with most of their activities of daily living, end of life or complex discharge planning. The scores for Conway ward continue with a mix of level 0 or 1b with fewer patients recorded as a 1a.

The average bed occupancy for the two 7 day wards is 71% for July 2017 based on bed occupancy recorded at time of dependency review. There has been around a 20% reduction in occupancy since the audit in January 2017. Sulby bed occupancy was also lower in July at 45%. The overall bed occupancy for the 3 wards is 62% at time of audit.

This bed occupancy reported by the information team does not always capture all clinical activity taking place on the ward. This needs to be fully explored as the following group of patients classed as ward attenders are not reflected in the occupancy figures but are dependent of nurses to provide clinical care. These are patients on the ward for double treatments, repeat blood test of discharged patients and nurse review, clinical trials patients, 5Fu disconnects, patients waiting for transport, patients from Delamere day case waiting treatment of SACT to finish, outpatient single fraction treatments and day cover registrar and ANP clinical activity.

Table 3 - Quality Evaluation Mersey Ward - July 2017

Current Budget 16/17 (pay) WTE	40.94
Current Skill Mix	69% RN 31% Band 2 & 3
Recommended Minimum skill mix (RCN)	65:35
% Bed Occupancy- During audit	60%- data base (average for whole month) 64%- recorded during audit @ 3pm
Factors relevant to establishment review	
Baseline budget requirements based on patient acuity from January 2017	WTE & 21% uplift to cover AL, sickness and Study
Ward	Mersey is a 25 bedded assessment and admissions unit including 4 TYA beds. It has a close link with the Hotline department and supports this service in the provision for urgent care to patients receiving treatment at CCC. All emergency admissions should be admitted to this ward unless unavailability of bed/side room. 25 beds including 12 side rooms and 4 TYA side rooms.
Supervisory Status of Ward Manager band 7	100%
Sickness Rate (last 6 months)	5.90%
Staff turnover (last 12 months)	5.61%
Bank/Agency/Overtime use (last 6 months)	Bank = 45 shifts Overtime = 195 shifts Unfilled = 101 Agency = 2
CHPPD- July (baseline if fully staffed and 100% occupancy - 6.24hrs)	8.4

Nurse Sensitive Indicators of Quality (last 6 months)	
Falls	11
Pressure Ulcers (Grade 2 & above)	4
Medication Errors/Omissions	10
VTE	7
Complaints relating to nursing care	0
Incidents forms related to staffing (RED FLAG EVENTS)	1
MRSA Bacteraemia	0
Attributable C. Diff	2

Professional judgement and recommendation of Ward Manager and Matron for Mersey Ward

The ward as of yet has not had the benefit of the increase in staffing levels from the last 2 acuity reports. Once recruitment has been completed (the staff are due to be in post late October 2017) both the ward manager and Matron feel that this will allow nurses more time to care and have direct patient contact by ensuring that administration tasks are undertaken by the ward clerk and housekeeper across the 7 days.

June and July have seen a drop in bed occupancy; this will need to be monitored monthly to see if there is an ongoing trend or if it's related to season/external factors.

Action:

To monitor impact of increased staffing levels on seeing a reduction of the nurse sensitive indicators over the next 6 months. A full review of the impact of this staffing increase will take place in the January 2018 Acuity report. No proposed changes to staffing at this time.

Conway

Current Budget (pay)	37.53
Current Skill Mix(Band 6,5,3,2)	66% RN 34% Band 2 & 3
Recommended Minimum skill mix (RCN)	65:35
% Bed Occupancy	69% on data base (average for whole month) 77% recorded during audit @3pm
Factors relevant to establishment review	
Baseline budget requirements based on patient acuity from January 2016	WTE & 21% uplift
Ward	Conway is a 26 bedded Ward which includes 2 Step up beds for acutely unwell patients that require close monitoring. It is the designated artificial airway ward and requires 2 x airway trained nurses and a suitably trained step up nurse for each shift to meet network guidelines. 26 beds including 8 side rooms (inc. step up).
Supervisory Status of Ward Manager band 7	100%
Sickness Rate	5.54%
Staff turnover (last 6 months)	10.39%
Bank/Overtime/Agency use (last 6 months):	Bank = 26 shifts Overtime = 103 shifts Unfilled = 275 Agency =
CHPPD- July (baseline if fully staffed and 100% occupancy- 5.5hrs)	7.2
Nurse Sensitive Indicators of Quality (last 6 months)	
Falls	28
Pressure Ulcers	4
Medication Errors/omissions	4
VTE	1
Complaints relating to nursing care	0
Incidents forms related to staffing (RED FLAG EVENTS)	1
MRSA Bacteraemia	0

Attributable C. Diff	0
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Professional judgement and recommendation of Matron for Conway Ward

On the acuity results it appears that Conway is adequately established with the acuity result aligning with the current budget, this has resulted in no recommended change to the establishment on the ward at this time.

Action:

Over the next 6 months we will monitor the nurse sensitive indicators and following the January acuity review assessment will take place and review if changes in staffing/workforce/teams will help reduce these areas of patient harm. Our priority is to put in place processes to help us reduce patient harms such as falls.

Points still to be reviewed are around ensuring that the step up beds are adequately staffed at all times by an experienced and suitably trained staff nurse. We need to review how we manage staff training to ensure ward nurses can attend placements in HDU and work with our critical care team to maintain the required skills to care for this group of patients especially with the increase in these beds in 2020.

There is no flexibility in the current budget to allow for this training. This is important in preparing for the move to Liverpool and increase to 6 step up beds.

Sulby

Current Budget (pay)	40.35 18.44- ward Only
Skill Mix(Band 6,5,2)	91% RN 9% Band 2
Recommended Minimum skill mix (RCN)	65:35
% Bed Occupancy	41%- data base (average for whole month) 45%- recorded during audit @ 3pm
Factors relevant to establishment review	
Baseline budget requirements based on patient acuity from February 2015	WTE & 21% uplift
Ward	Sulby is a 22 bedded planned care ward open Monday-Friday. Patients are admitted for planned Chemotherapy, radiotherapy, Bracytherapy or supportive treatments. 22 beds including 7 side rooms. Ward based clinic room for nurse led ANP service
Supervisory Status of Ward Manager band 7	100%
Sickness Rate	4.52%
Staff turnover (last 6 months)	5.80%
Bank/Overtime/Agency use (last 6 months): No shifts	Bank = 47 shifts Overtime = 67 shifts Unfilled = 198 Agency =
CHPPD-January (baseline if fully staffed and 100% occupancy- 3.81 hrs)	14.4
Nurse Sensitive Indicators of Quality (last 6 months)	
Falls	0
Pressure Ulcers	0
Medication Errors/omissions	7
VTE	0
Complaints relating to nursing care	0
Incidents forms related to staffing (RED FLAG EVENTS)	2
MRSA Bacteraemia	0
Attributable C. Diff	0

Professional judgement and recommendation of Matron for Sulby Ward

The acuity report demonstrates at this time that Sulby is staffed adequately based on the patients recorded in the audit.

The bed occupancy reported by the information team does not always capture all clinical activity taking place on the ward. We have a group of patients classed as ward attenders these are patients on the ward for double treatments, repeat blood test of discharged patients & nurse review & clinical trials patients.

Fiducial marker patients are admitted to the theatre beds on MT but cared for by Sulby staff so the activity is not picked up in the occupancy and activity for the ward. Sulby run a pre-assessment clinic on Thursday's and Friday's where planned admissions come for a full clinical review prior to chemotherapy/brachytherapy admission and a pre assessment telephone clinic for all fiducial marker patients. Also as a registrar now works from the triage clinic room, all outpatients needing review from the Registrar are supported by Sulby staff if they require any clinical intervention by the nursing staff.

The ward also supports Delamere on a regular basis if they have patient's treatment running past 5:30pm or if they do not have capacity to provide treatment which is recorded as Delamere activity.

Action:

We continue to review the above processes and the teams involved in providing this care. We need to ensure patient's clinical activity is recorded accurately and this will form part of the CDU project.

There is potential to centralise the pre-assessment process for the Trust, review chemotherapy regimes to move more to day-case, and potential changes to the fiducial marker process. Based on the results from the acuity report, nurse sensitive indicators; at this time we do not recommend changing the staffing establishment for Sulby. We will monitor patient dependency over the next 6 months and review following the January acuity report.

Haemato-Oncology

The Haemato-Oncology acuity has been undertaken using the same methodology as integrated care. The results are currently displayed within Royal Liverpool University Hospital framework. (Table 4) There is a plan for the next acuity study (January 2018) to transition into the CCC results framework as displayed previously.

Table 4: Acuity Data

RLH – Haematology Jan 2017 (RECALCULATED)																
Ward	Levels of Care					Nursing Establishment WTE		Complaints	Harms during period of Study					Activity		
	L0	L1a	L1b	L2	L3	Funded	Recomm ended		MRSA Bact.	CDT	All Falls	PU	Drug Errors	Adm	Disch	Bed Occ
BMT	0	0	0	199	0	32.36	35.64	0	0	0	0	0	1	19	21	98%
7Y	8	268	101	9	4	28.00	31.35	0	0	0	0	2	1	26	24	98%

(HO Results tabled in RLBUHT format)

CCC – July 2017 (RECALCULATED)																
Ward	Levels of Care					Nursing Establishment WTE		Complaints	Harms during period of Study					Activity		
	L0	L1a	L1b	L2	L3	Funded	Recomm ended		MRSA Bact.	CDT	All Falls	PU	Drug Errors	Adm	Disch	Bed Occ
BMT	0	0	0	218	0	32.36	39.04	0	0	0	0	0	0	5	3	99%
7Y	7	82	131	158	2	28.00	35.23	0	0	0	0	0	0	10	13	95%

(Results obtained from RLBUHT Quality Matron - please note these results have been recalculated by the HO team as on review the algorithms applied were incorrect)

Ward 7Y (HO including post bone marrow transplants)

Through the results of the acuity study on Ward 7Y, there has been a clear increase in the number of Level 2 patients on the ward in January 2017. In the main, this is due to the increasing number of bone marrow transplants (BMT) and readmissions, coupled with the increase in acute leukaemia patients (AL).

The rise in AL patients referred to the HO service is due to the University Hospital Aintree Foundation Trust no longer providing this service. These patients, both AL and BMT patient cohorts are the most vulnerable and complex within the HO service. This is due to aggressive chemotherapy regimes, complications of graft versus host disease and treatment complications. A number of these patients will require transfer to intensive care services.

The acuity study results clearly demonstrate the impact this has had on Ward 7Y and on the increased number of WTE recommended following this study;

- Current WTE: 28
- Recommended WTE: 35.23

Bone Marrow Transplant Services (Ward 10Z / 7X)

The results of the acuity study on the BMT Unit demonstrate that there has been a slight increase in Level 2 patient activities. In the main this is due to the increase in the number of complex bone marrow transplants being undertaken.

Similarly to Ward 7Y the acuity study results demonstrate the increased number of WTE recommended following this study:

- Current WTE: 32.36
- Recommended: 39.00

Directorate bed occupancy levels

Bed occupancy levels remain unchanged and remain significantly above the national recommendation of 85% with the occupancy ranging from 95 – 99%.

This is due to the ongoing bed pressures at the RLBUHT and also within the H-O service.

Complaints

No complaints noted during July 2017.

Harms

No harms during the period of the study.

Professional judgement and recommendation of Matron for H-O

The acuity report demonstrates at this time that H-O services are not adequately staffed based on the patients recorded in the audit and is 15 WTE below the recommend average.

On reviewing the data and the results there are number actions to mitigate the current risk and plan for the workforce required.

Action:

Mitigation plans include:

1. 7y and 10z day ward (HO & BMT) have merged and are now under one manager. This will increase the day care staffing flexibility and prevents staff from ward 10 z being used to staff day care transplant services.
2. From 31st October we intend to re-introduce the matron huddle. The directorate is being currently managed by one Matron, who will managed all wards and will use the safe staffing daily spreadsheet to monitor our safe staffing levels and take corrective actions.

This includes the following process:

- Staffing levels are RAG rated at the start of each shift (Red Amber Green) according to the professional judgement of the nurse/midwife in charge of each shift.
- Green shifts are determined by the nurse in charge to be safe levels as these constitute the levels expected through the ward establishment or not as expected but professionally judged as clinically safe according to the current ward workload.
- Amber shifts are considered, through the nurse in charges professional judgement, to require minor adjustment to bring the ward to a safe staffing level as staff numbers are not as expected or staffing numbers are as expected, but additional staff are required due to an increase in acuity. Staff will prioritise their work and adjust their workload through the shift accordingly. The matron will be alerted and mitigating actions would be put in place and recorded on the database.
- If the shift is rated red the nurse in charge will alert the matron that action is required, as potentially the shift will present a shortfall of staff that is below minimum levels to give safe care. Mitigating actions will be taken, and documented, which may constitute the movement of staff from another ward, or temporarily reducing the ward capacity and activity to match the staff availability. Red shifts will be escalated to the Director of Nursing and General Managers who will monitor the actions being undertaken.

3. Benchmarking exercise has been undertaken with other Haemato –Oncology and BMT centers as it is acknowledged that not all BMT patients require full Level 2 care.
4. Follow up meeting to apply professional judgment to the report is planned in November. This meeting is to determine ward WTE requirements and subsequent business plans for additional staffing to address the increase in acuity demonstrated through both January and July audits.
5. Use of bank staff for high acuity patients / periods identified by the Ward Manager and Matron.
6. Continued education to all staff about escalation and raising the red flag.
7. Continued extra HCA's on night duty.
8. Monthly 1:1's with the Director of Nursing with the HO General Manager

Challenges & Risks

Nurse Bank: Integrated Care

Experiencing difficulty in ensuring we have a safe and viable nurse bank service. Due to recruitment, management of the team, mandatory training requirements we continue to find it difficult to run a fully established nurse bank to support shortfalls in staffing on the wards and across the centre. The majority of vacant shifts are covered by our own staff working overtime which may then have an impact on sickness rates.

Recruitment: Integrated Care and Haemato -Oncology

Challenges continue in recruiting experience qualified nurses to CCC which we predict will be an ongoing problem due to the current national shortage of RN's. The Integrated Care directorate has had many unfilled vacancies that we have struggled to recruit to and this is complicated by on the length of time it takes to recruit successful candidates into post. This has resulted in increase in utilising nursing overtime to cover shifts and ensure safe staffing establishment on the wards.

New Royal Move: Haemato -Oncology

The H-O service will be moving into the new Royal in May 2018. The new ward footprint is the same model as CCC Liverpool – ‘all single rooms with en-suite facilities’. It is recognised that nursing patients in single rooms increases acuity and staffing levels. The workforce plan for HO will also need to take this into account.

Next Steps:

As well as the action planning for each ward the directorates will also undertake the following to ensure that other methodology and quality assurance measures are in place:

1. Continue with the Monthly Quality Review Meeting to review and discuss improvements to patient safety and reduction in harms
2. Continue with the monthly Pressure Ulcers and Falls meeting to review and aim to reduce inpatient falls and avoidable pressure ulcers.
3. Continue to develop the recruitment strategy to ensure staff are recruited in a timely fashion to support safe staffing levels
4. Continue to review mandatory training requirements for ward based staff to ensure it is adequate and delivered in the best method.
5. The implementation of the integrated care Discharge Liaison Team. The aim of this service will be to reduce LOS on the inpatient wards. This will allow ward nurses to focus on direct patient care and reducing harms.
6. Review CHPPD monthly and benchmark with other similar specialist trust to better understand its significance on patient care.
7. Full review of Bank strategy needs to take place including recruitment, the development of a bespoke mandatory training programme and process to alert bank staff of shifts available.
8. Introduction of E roster to all wards optimize staffing resources
9. Further work to review the HO ward nursing establishments and create a workforce plan that meets current needs and the requirement for the new Royal move in May 2018
10. Continued work with Human Resources in the implementation of a nurse recruitment strategy.

Recommendations:

The Board is requested to:

1. Receive the report and acknowledge its content
2. Be assured that the gaps in nurse staffing is being managed and actioned effectively
3. Recognise the increase in acuity within the Haemato –Oncology service due to the increase in acute leukaemia and bone marrow transplants.