Impact of a Community Peripatetic Nursing Team

An economic assessment of creating a peripatetic nursing team to reduce agency nurse spending across a community NHS Trust.

Abstract

Background

It has been highly publicised nationally that some NHS Trusts are spending up to 13.3million pounds a year on agency nurses (Royal Free Hospital London). Over the last year one particular NHS Trust ('the Trust') has noted a significant increase in agency spending, like many other NHS Trusts across the UK. The average agency nurse use in the Trust, calculated for 2014 is 130 band 5 agency nurses a month and 120 Band 2 nurses, this equates to 1560 shifts a year at band 5 level and 1440 at band 2. For the Trust in just one year £304,200 was spent on agency nurses. The Trust has tried to increase the size of the nursing bank, however due to the inflexibility of this resource many bank shifts go unfilled and agencies are required. This is as many as 35% of shifts requested.

Method

The impact of developing a peripatetic nursing team was explored and compared from an economic assessment to an average agency and also a nursing bank. Cost consequence was used to support this process.

Findings

The detailed cost related savings demonstrate that financially employing a peripatetic team of nurses would reduce agency spend by around £65 (£195 minus £130= £65) per shift, for the whole Trust this could equate to a saving of £40500, in year one with just 3 peripatetic nurses in post: based upon a £65 saving per shift. This would equate to the peripatetic team covering 75% of agency shifts.

Conclusion

The peripatetic team has illustrated significant costs savings of £65 per shift but also in terms of quality compared to agency staffing. The nursing bank is still a viable option and the same cost as a peripatetic team, however the lack of shifts filled does articulate the need for stability of a team to provide shifts when and where they are most needed.

Impact of a Community Peripatetic Nursing Team

An economic assessment of creating a peripatetic nursing team to reduce agency nurse spending across a community NHS Trust.

Background

This is an economic assessment of a community nursing peripatetic service. This is for a community NHS Trust, with a population of around 400,000. The Trust includes adult nursing services both community (district) and community hospital based. The Trust in question has funded a team of three nurses for this team, and the objective of this analysis is to ensure its continued funding and potential increase.

Introduction

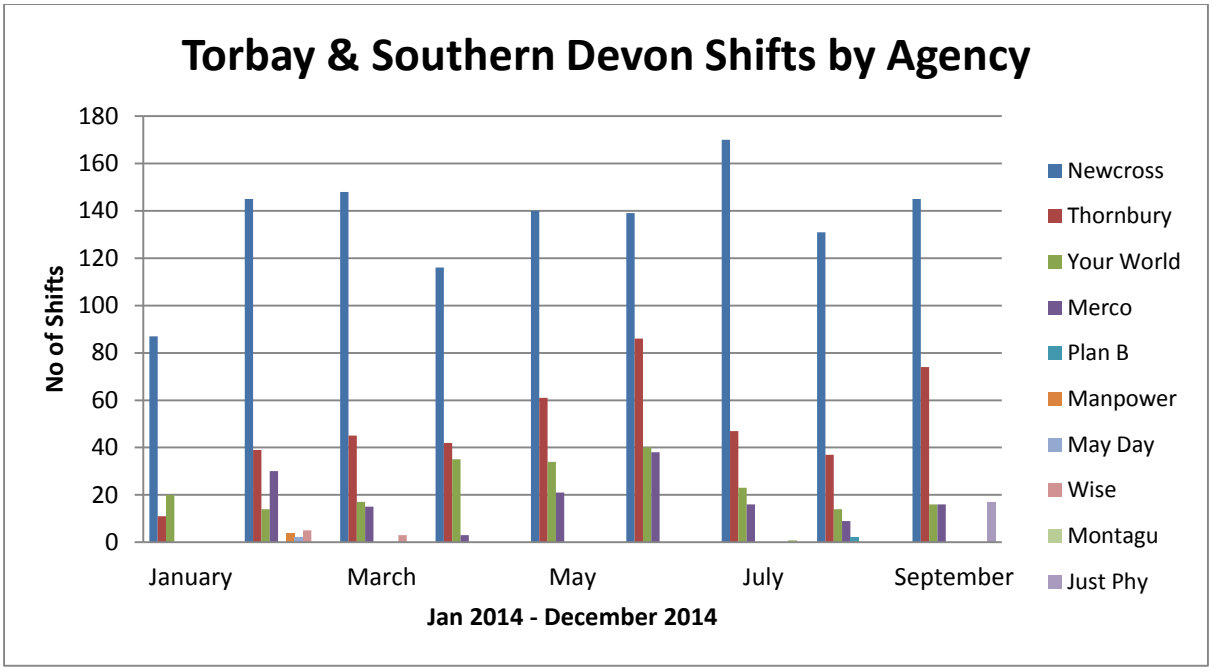
In the last year rising agency and bank staff usage across the Trust have put an increasing pressure upon financial resources, along with the ability to provide the nursing skills required. In addition a number of shifts are not able to be filled by either the agency or bank. The average agency nurse use in the Trust, calculated for 2014 is 130 band 5 agency nurses a month and 120 Band 2 nurses. This information was obtained from the data gathered for analysis by the Trust's nursing establishment committee. A typical month that represents the Trust's agency use is June 2014, this month the Trust used 138 Band 5 agency nurse shifts, 119 band 2 agency nurse shifts and 49 Band 6 agency nurse shifts. The rationale for the agency use was lack of staff to fill sickness and meet increased needs of patients (such as intentional rounding or safeguarding concerns).

Although providing a flexible supply of nurses to cover staffing gaps, the ability for agency nurses to meet the needs of the Trust are in some cases problematic. Some agency staff do not have the required clinical skills such as ability to set up a syringe driver or may not know the geographical locations of villages etc when visiting patients in their own homes. Related to this, there were 41 incidents related to lack of staff and lack of competent agency staff between January and June 2015 across community nursing and community hospitals. This reflects the average of 7 incidents each month. The data were obtained from the Trust's incident reporting system Datix.

One possible solution is to create a peripatetic community nursing team that can provide nurses to both community teams and community hospitals on an as required basis. These would be permanent staff, but would work in a variety of teams (wherever there is the greatest need).

Table 1 shows the agency use, by agency, between January and September 2014 illustrating the rise in this type of staffing in the Trust, and in further analysis also demonstrates the increased cost associated with this rise.

Table 1. Agency Use.



The proposed peripatetic team is currently 3 WTE Band 5 nurses, however it is proposed to the Trust that this is increased to 7 WTE. The team aims to be able to provide registered nurse shifts to wherever there is a need in the Trust. Hospitals and teams can request shifts via the current IT system and the peripatetic team are able to look at shift allocation which is over seen by a dedicated Zone Band 7 Manager (10% of time initially, going down to 5% once team in place for this). The IT system currently collects details of shifts requested, if they are filled and if so, who by. The peripatetic team will be trained to the same standard as substantive nurses to ensure they can perform the same nursing tasks in any unit they work within.

Analysis of the impact of agency usage and the need for a peripatetic nursing team.

In order to analyse the costs and benefits of a possible peripatetic community nursing team from a whole systems perspective, a 'Pathways to Outcomes' (PtO) model was used. The PtO model demonstrates the inputs both direct and indirect, as well as the direct and indirect benefits that arise from these investments. Costs include the direct inputs of recruitment, including advertisement, and initial management time. Indirect costs involve supporting current staff and managers with this change. This is demonstrated in the PtO model (Appendix 1).

The key costs were:

- Staffing (the cost of each Peripatetic nurse),
- Staff travel time was noted but it would be assumed that there would be no difference between the cost of permanent staff and agency, based upon the expected mileage travelled.
- Management costs initially of the peripatetic team (calculated at 10% of a WTE Band 7 nurse manager for the team set up and then 5% ongoing.

The key outcomes are:

- Reduced agency spend,
- Improved continuity of care,
- Enhanced productivity through increased governance and known skill sets of staff (this can be variable with agency staff).

Below is a detailed analysis of the quantitative and qualitative aspects to the model.

Quantitative analysis of consequences of a peripatetic community nursing team:

The cost of utilising agency nurses does vary across agencies with the highest costs at: Band 5 level nursing agency nurse £27.07 ph, and Band 6 level nursing agency nurse £33.53 ph. The average cost is £26.00 per hour band 5 and £30.00 per hour Band 6

For one shift an agency band 5 nurse costs £203 at the highest rate and £195 at the average rate

The majority of bank and agency staff used were band 5 nurses. Table 2 demonstrates in the month of June 2014 (being a typical month), the breakdown of agency nurses by band and company.

Table 2: June 2014 agency staff usage, by band and agency company

Band of nurse	Newcross	Thornbury	YourWorld	PlanB	Merco	Total
6	0	1	10	0	38	49
5	49	59	30	0	0	138
2	90	29	0	0	0	119
1	0	0	0	0	0	0

Table 3 presents an example of the actual use of agency/bank for one 12 bed community hospital for June and July 2014. This hospital is used as an example as with 12 beds it is an average sized hospital for the Trust, with an average number of requests for agency/bank staff. These data were supplied for the Nursing Establishment group within the Trust.

Table 3: Actual use of agency/bank for one 12 bed community hospital

Hospital H00521	**June**	**July**
Total Bank Requested	112	112
Filled by Bank	72	78
Bank %	64%	70%
Filled by Agency	25	27
Agency %	22%	24%
Unassigned	15	7
Unassigned %	13%	6%

In June, the above hospital had 25 shifts filled by agency nurses at band 5 level, this would equate to a total expenditure of £4875. As June is indicative of average usage, for two months this would equate to £9750. This can be compared to the cost of a Peripatetic team and is summarised in table 4 below. The peripatetic nurse costs are based upon mid-point band 5 nurse at £130 per shift[1]. Table 4 compares bank nurse costs, which equate to the same cost as the peripatetic team (with equivalent management costs). However recruiting bank staff and ensuring they are accessible at the time of need is problematic and this is further demonstrated in the use of agency which is primarily only requested after the shifts cannot be filled by bank staff.

Table 4: Cost comparison

	Peripatetic	Agency Average	Bank nurse Costs
Per Shift	£130	£195	£130
For two months @25 shifts a month	£6500	£9750	£6500

Total saving over two months £3250

[1] The per shift cost of a peripatetic nurse is based on the mid-point of a Band 5 nurse's annual salary (£24000) with on costs (£29,400), divided by the number of shifts worked per annum (225 - (based upon: 52 weeks in a year minus approx 7 weeks for Annual Leave, sickness and training, multiplied by 5 (the number of 7.5hr shifts in a week). £29400/225 = £130 per shift.

Qualitative analysis of consequences of a peripatetic community nursing team:

Table 5, below, acts as a tool to measure the anticipated impact of the peripatetic nursing team on the quality of care and aligning with qualitative measures within the Trust. It is recognised that bank and agency nurses cannot meet the objectives that it is anticipated the peripatetic team will deliver. These relate to a constant high level of skill including syringe driver administration, and leg ulcer care. Therefore the productivity of the peripatetic team would be greater than that of agency staff performing the equivalent shifts.

Table5: Expected qualitative benefits of the peripatetic team

Consequence	Measurement tool	Proposed targets
Improved Patient Satisfaction	Shown through incidents and patient satisfaction survey.	Improved by 20% (through patient annual surveys)
Improved staff wellbeing	Shown through staff survey and incidents related to work related stress.	Improvement by 10% (through annual staff surveys)
Improved utilisation of staff	QUESTT measure	Services working at full capacity increased by 5%
Reduced agency spend	Nursing Establishment committee.	Financial accounts spend reduced by 25%

These benefits include proposed targets and measures of impact and this table provides a prospective guide to how the improvements can be measured.

Discussion

Although the cost of a bank nurse is exactly the same as a peripatetic nurse, the bank nursing workforce is less flexible as 30% or more requested shifts are currently not filled by the bank.

Over the period of a year: one peripatetic nurse could work 225 shifts (this deducts training, leave and sickness) and 3 Peripatetic nurses 675 shifts.

Based upon the average of 25 agency shifts per month for one community hospital, for 3 community hospitals in the Trust, it can be calculated that there is a predicted agency requirement of 900 shifts a year. Three peripatetic nurses could provide 675 shifts per year, greatly reducing this cost.

The detailed cost related savings demonstrate that employing a peripatetic team of nurses would reduce agency spend by around £65 per shift. For the whole Trust this could equate to a saving of £43,875 per annum with just 3 WTE Band 5 nurses in post. The peripatetic team could cover 75% of agency shifts as well as increase quality and productivity outcomes due to their ability to deliver the same high quality care in any unit they work in.

Conclusion

This team has been well received by the Trust and it is hoped that this economic assessment will help to increase the size of the team.

October 2015

*This case study was completed by **Vicky Queen** in **October 2015**. At the start of the process Vicky was Interim Head of Nursing at Torbay and Southern Devon Health and Care NHS Trust.*

Vicky successfully completed a collaborative learning programme designed to empower nurses to understand, generate and use economic evidence to continuously transform care. The programme was delivered by the Royal College of Nursing and the Office for Public Management, funded by the Burdett Trust for Nursing and endorsed by the Institute of Leadership and Management.

Vicky is currently Acute Parkinson's Disease Nurse Specialist (PDNS) and is based at Torbay & South Devon NHS Foundation Trust. You can contact Vicky by telephone on 07810284655 or 01803 656936 or by email vicky.queen@nhs.net

PtO Peripatetic Community Nursing Team (PCNT) Appendix 1

INPUTS: Direct

Set up Recruitment,

PCNT Staff training

Equipment

Set up costs e.g. IT, Mobile Phones, Running/operational

Staff initially 3 WTE Band 5 nurses, increasing to a total of 7.

Project Management to set up new service 5% of band 7 time.

INPUTS: Indirect Set up

Support from nurse managers: Currently they book bank/agency for individual teams on occasions spending 1hour or more a day trying to source.

Support from nurses at operational level. Through supply of staff to meet service demand.

Use of QUESTT tool (to demonstrate staffing need)

ACTIVITIES AND OUTPUTS what PCNT do/produce

Peripatetic team:

work with community nursing: they would work across all TSDHCT locality zones 8 in total. Staff would be expected to work 7.5hr shifts within the 24 hr model of care 7 days a week.

Staff would be expected to adhere to all Trust policies and procedures.

Work with community hospital nursing: As above

Outputs can be:

- reduction in agency spend, (Agency/Bank use in January 1344 7.5hr shifts bank and 236 agency). Per shift a community nurse should see between 6 and 11 patients in their own homes.
- A increase in available nurse time,
- Ability to be part of the team and plan for the next day/week as apposed to not returning.
- Can provide data collection inline with Trust IT system (agency do not have access to this).

GROUPS TARGETED

<u>For Intervention:</u>

- Patients: specifically the housebound in the community and those inpatient's in community hospitals.

- Community and community hospital nurses.

- Equipment providers to ensure all PCNT have the Trust standard equipment when they start.

- Recruitment team and HR.

<u>For Partnership:</u>

Commissioners,

Nurses: community and community hospitals.

GP's/ primary care team

<u>For Delivery:</u>

Nurse managers,

Exec team.

OUTCOMES

<u>Quality:</u>

- PCNT can meet range of complex and other need

reduced incidents demonstrated in a 255 reduction in incidents relating to handover to agency/bank nurses.

-continuity of patient care demonstrated form patient feedback.

-potential or improved continuity of access of all staff to appropriate policies, trust data collection - Enable community nursing staff to attend and meet NMC registration requirements.

-consistent support for community and hospital nurses.

-increased governance of nurses, e.g. all will follow trust procedures and policies.

<u>Innovation:</u>

-Most effective use of money,(-a means to support and encourage staff in to the community setting/ develop community staff enabling attendance at key training. Reduced agency spend.

<u>Productivity:</u>

-reduced hours of staff working additional hours (free of charge).

An available staff resources when operational pressures occur. (fewer 'unstaffed' shifts/ reduced excess workload for community staff due to operational pressures)

-reduced staff stress.(survey/ questionnaire/ evaluation)

- static costs or less than agency

<u>Prevention:</u>

-reduced risk of incidents that are as a result of lack of staff or lack of competent staff in certain skills.

-Consistency of care: nurses will be familiar with patients potentially and may be able to highlight low level changes to clinical condition.

OPM®

Royal College of Nursing