Title: Safer Staffing – Nursing and Midwifery Establishment Review
Author: Carole Ribbins, Deputy Chief Nurse
Sponsor: Julie Smith, Chief Nurse paper I

Executive Summary

Context

Through the National Quality Board (NQB) 'A guide to Establishing Nursing, Midwifery and Care Staffing Capacity and Capability' was published in November 2013 which set out the 10 principles commissioners and providers should adopt when determining nursing and midwifery staffing. There is clear evidence (supported by National Institute for Clinical Excellence (NICE)) that levels of registered nurses and midwives impact on the provision of care and outcomes. This papers set out the approach to understanding and reviewing safe nursing and midwifery staffing at UHL and the outputs from that process.

Questions

1. Does the Trust have a robust process for reviewing the nursing and midwifery staffing levels?
2. Is the Trust meeting the 10 key requirements of the NQB report?

Conclusion

1. The paper describes the establishment review process and its outputs.
2. The paper demonstrated the Trust is complaint with all the NQB requirements.

Input Sought

1. Is the board satisfied with the approach to safe staffing within nursing and midwifery?

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes /~~No /Not applicable~~]
Effective, integrated emergency care	[Yes /~~No /Not applicable~~]
Consistently meeting national access standards	[~~Yes~~ /No /~~Not applicable~~]
Integrated care in partnership with others	[~~Yes~~ /No /~~Not applicable~~]
Enhanced delivery in research, innovation & ed'	[Yes /~~No /Not applicable~~]
A caring, professional, engaged workforce	[Yes /~~No /Not applicable~~]
Clinically sustainable services with excellent facilities	[Yes /~~No /Not applicable~~]
Financially sustainable NHS organisation	[Yes /~~No /Not applicable~~]
Enabled by excellent IM&T	[Yes /~~No /Not applicable~~]

2. This matter relates to the following **governance** initiatives:

Organisational Risk Register	[Yes /~~No /Not applicable~~]
Board Assurance Framework	[Yes /~~No /Not applicable~~]

3. Related **Patient and Public Involvement** actions taken, or to be taken: N/A

4. Results of any **Equality Impact Assessment**, relating to this matter: N/A

5. Scheduled date for the **next paper** on this topic: August 2016

6. Executive Summaries should not exceed **1 page**. [My paper does / ~~does not~~ comply]

7. Papers should not exceed **7 pages.** [My paper does / ~~does not~~ comply]

University Hospitals of Leicester NHS Trust

Paper To: Trust Board

Paper From: Julie Smith, Chief Nurse

Date: 4 February 2016

Subject: Safer Staffing – Nursing and Midwifery Establishment Review

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1.0 Background

There is clear evidence (supported by National Institute for Clinical Excellence (NICE)) that levels of registered nurses and midwives impact on the provision of care and outcomes. Much work has been undertaken to support organisations to determine the right nursing and midwifery staffing to enable competent, safe, compassionate care which provides a good experience for patients and staff.

Similarly, we know that going beyond the numbers is important. This requires taking account of the skill mix, use of technology, the nature of the 'contact time' spent in direct clinical care, the contribution of others such as ward clerks and allied health care professionals as well as the local leadership, culture and environment.

1.1 National Publications/Requirements

Through the National Quality Board (NQB) 'A guide to Establishing Nursing, Midwifery and Care Staffing Capacity and Capability' was published in November 2013 which set out the 10 principles commissioners and providers should adopt when determining nursing and midwifery staffing.

The 10 principles for Trusts set out in 'A Guide to Establishing Nursing, Midwifery and Care Staffing Capacity and Capability':

1. Boards 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 core staffing capacity and capability.
2. Processes are in place to enable staffing establishments to be met on a shift to shift basis.
3. Evidence based tools are used to inform nursing, midwifery and care staffing capacity and capability.
4. Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns.
5. Multi professional approach is taken when setting staffing levels.
6. Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties.
7. Boards receive monthly updates on workforce information and staffing capacity and capability and is discussed at a public board meeting at least

every six months on the basis of a full nursing and midwifery establishment review.

8. NHS Providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift.
9. Providers of NHS Services take an active role in securing staff in line with their workforce requirements.
10. Commissioners actively seek assurance that the right people, with the right skills, are in the right place at the right time within the providers with whom they contract.

Together with the Department of Health (DH), National Institute for Clinical Excellence (NICE) were commissioned to publish guidance on establishing safe staffing in a variety of settings and to date NICE have:

- Published a guideline to support safe staffing for nursing in adult inpatient wards in acute hospitals (July 2014)
- Published guidelines for safe midwifery staffing for maternity settings (February 2015)
- Launched a consultation on safe staffing for Nursing in Accident and Emergency Settings (May 2015)
- A plan to develop further guidelines for mental health inpatient settings

Care Contact Time Guidance was issued in November 2014 which sets out an expectation that all Trusts in England will measure their nurse contact hours to inform six monthly Board acuity reports.

2.0 Measures of Safe Staffing

2.1 Planned Versus Actual Staffing

Since June 2014, planned versus actual staffing levels for nursing, midwifery and healthcare support in acute, mental health and community settings with inpatient overnight beds has been published monthly on NHS Choices. Limitations of the original data were recognised and a RAG rating of the published data was not supported at that time as not meaningful. Most specifically, we could not quality assess the planned staffing levels on a shift by shift basis. UHL have since January 2014, collected and published this data by ward monthly and it is received by both Executive Quality Board (EQB) and Quality Assurance Committee (QAC).

2.2 Contact Time

A guide to Assessing Care Contact Hours was published in November 2014. It outlined the principles of the measurement and understanding of contact time to drive local improvements within clinical settings, support the determinant of a robust nursing and midwifery establishment and the effective deployment of staff.

We are not yet using care contact hours as we have further work to complete on the collection of the data. We currently monitor and record nursing tasks spent on activities not captured in acuity measures and we are working with the nursing

workforce to ensure we capture the “indirect patient care” activities that need to be included in workforce planning such as nursing, equipment and infection control; to ensure we have a meaningful and accurate data to use this method to best effect.

The efficiency work being led by Lord Carter, improving contact time and supporting clinical staff with appropriate technology and/or administrative support has to be a positive way forward and an effective enabler to ensuring the maximum number of direct patient contact hours can be applied.

2.3 Safe Staffing : RAG Rating

Making RAG rated safe staffing indicators available alongside other healthcare indicators on the NHS Choices website was a key milestone to achieve by spring this year and discussions with partner organisations (including DH, NTDA, CQC, Monitor, NICE, and HEE) have taken place to agree a set of proxy measures to form an overall RAG rating.

Some measures may be derived from a range of workforce indicators already in existence, including:

- The staff sickness rate (taken from ESR and published by HSCIC)
- The proportion of mandatory training completed (National Staff Survey Q1)
- The completion of a PDR in the last 12 months (National Staff Survey Q3)
- Staff views on staffing when asked if ‘there are enough staff at this organisation for me to do my job properly?’ (National Staff Survey Q7)
- Patient views on staffing when asked ‘were there enough nurses on duty to care for you in hospital?’ (National Patient Survey Q30)

Our current methodology to do this is through the ward review tool and this is being reviewed and updated in response to the national requirements.

3.0 Nursing and Midwifery Establishment Reviews

3.1 Background and Approach to Establishment Reviews

Since September 2014 all clinical areas started to collect patient acuity and dependency data utilising the Association of the United Kingdom University Hospitals (AUKUH) collection tool. The AUKUH acuity model is the recognised and endorsed model by the Chief Nursing Officer for England. It is important to note that this tool is only applicable to acute adult ward areas. The patient acuity and dependency scores are collected electronically on the nerve centre nursing handover and Matrons and the senior nursing teams validate this data on morning board rounds and unannounced visits to clinical areas. The data collected has been triangulated with staffing information from the electronic rostering system and patient centre information including admissions and discharges and additional tasks undertaken in different clinical areas.

Following the Trust wide acuity assessment undertaken in June and January, formal establishment reviews have been undertaken with each Clinical Management Group (CMG) during December and January. The reviews are led by the Chief Nurse and

have full input from the Deputy Chief Nurse, Heads of Nursing, Head of Midwifery, Matrons and Ward Sisters/Charge Nurses.

Whilst the establishment reviews focus on the acuity/dependency results, these are not reviewed in isolation. Experience and best practice identifies that a wider suite of quality indicators needs to be considered to allow more informed approaches in respect of ensuring the Trust staff are in place to provide high quality, safe and compassionate care.

This approach to establishment review allows for open discussion, for professional judgement be applied alongside the triangulation of quality data with acuity/dependency data.

The following quality indicators are all reviewed as part of the establishment review process:

- Skill mix
- Nurse to bed ratio
- Incidence of hospital acquired pressure ulcers
- Incidence of falls
- Incidence of medication incidents
- Incidence of complaints relating to nursing care
- The friends and family test results
- Ward metrics

During this process the Chief Nurse also used the below points as lines of enquiry and each area was required to go through each point ward by ward and were confirmed and challenged to enable decision making regarding recommended staffing levels on each ward.

- The planned staffing on health roster and whether these appear appropriate based on professional judgement.
- If the ward staffing budget allows the planned staffing levels to enable an effective roster.
- Comparison between the funded budget/skill mix and that suggested within the acuity.
- Consideration was given to areas where there the acuity data and funded staffing levels do not match. This included tasks not captured as part of the acuity data, nurse to bed ratios, skill mix, ward dashboard/ward review tool information, triage/chaired/day case areas staffed within ward establishments.
- The feasibility of transferring resources/budget if the staffing levels are in excess of the acuity.
- Whether budgeted establishments are adequate to meet the patient acuity and any increase is required to meet the patient acuity.
- The role of the assistant practitioner for areas where an increase of registered nurses are proposed.
- Inclusion of supernumerary/supervisory time for Ward Sisters to provide effective leadership at ward level.
- The proportion of long days on the roster.

- Numbers of vacancies and staff utilisation including sickness, study leave, maternity leave and annual leave percentage.

3.2 Summary of Key Points from Establishment Reviews by Clinical Management Group

3.2.1 Emergency and Specialist Medicine

- Re profile of rosters to reflect accurately the shift patterns in relation to long days.
- Review the increased training requirements for registered nurses in terms of revalidation and its effects on the study leave allowance.
- Evaluate the impact on quality and safety in 6 months of the current skill mix pilots being undertaken across elderly care.
- All areas continue to see an increase in acuity and dependency of patients.
- Key challenge around recruitment of qualified nurses.

3.2.2 Renal, Respiratory and Cardiovascular

- Continue to work on refining the collection and use of acuity data in specialist areas.
- Across the renal areas there is additional activity for which acuity data is not captured, this presents a false staffing picture.

3.2.3 Cancer, Haematology, Urology, Gastroenterology and General Surgery

- Actions agreed to support wards within the accurate assessment and recording of acuity measurement, supported with a process of validation prior to upload to nerve centre.
- Focus on the appropriate staffing models to support the reconfiguration of services in this CMG.

32.4 Musculoskeletal and Specialist Surgery

- No specific actions were identified.

3.2.5 Women's and Children's

- Progress the work on assessing the maternity service in line with the NICE guideline for safer staffing in maternity.
- Progress with staff recruitment and training plans to support the opening of additional cots in Neonatal unit, including the in house delivery of the neonatal post registration course.
- Review of Childrens nurse staffing against the RCN standards to be completed and review.
- Progress the use of a specific Childrens acuity tool such as PANDA to provide a more accurate reflection of acuity needs in children's.

3.2.6 Intensive Care, Theatres, Anaesthesia, Pain and Sleep

- Work towards the nurse in charge of intensive care being supervisory 24/7.
- Review the training allocation and application in line with the D16 standards.

3.2.7 Overall Priorities

- Focus on recruitment.
- Review of training needs of registered nurses and midwives in line with national changes such as revalidation.
- Consider how more supervisor time can be allocated to Ward Sister in line with the national ambition of fully supervisory Ward Sister.
- Conclude the work on the collection methods, processes and use of care contact hours.

4.0 Conclusion

There are no CMGs identified as requiring an increase in nursing and midwifery establishments at this time. This is not to say that some areas may not require further investment or disinvestment in the future. There will be further work to refine the acuity process to support safe staffing and ensure the data is as accurate and robust as is possible.

Further acuity reviews will be undertaken every six months and in line with the Hard Truths principles this will be reported to Trust Board. This will involve the same detailed methodology and be led by the Chief Nurse.

The importance of six monthly establishment reviews is predicated on the fact that the Trust continues to see a growing acuity/dependency of patients across a number of adult wards. The previous investment in ward establishments has had a positive impact, ensuring wards are within the acceptable staffing range. However, there is still a significant challenge surrounding recruitment to vacancies which will continue to be an area of focus and planning to ensure all recruitment opportunities and strategies are optimised.

Acuity and dependency will continue to be the ultimate driver to ensure sustained safe staffing levels.