Safer Staffing – Nursing and Midwifery Establishment Review

Author: Julie Smith, Chief Nurse Sponsor: Julie Smith, Chief Nurse

Trust Board paper J

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 paper sets 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

The Trust Board is asked to:

1. Note the actions for each CMG area as laid out in the paper
2. Support the overall priorities and next steps as set out in the papers
3. Support this process continuing to 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.

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:

a. Organisational Risk Register [Yes /No /Not applicable]

If YES please give details of risk ID, risk title and current / target risk ratings.

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
XXXX	There is a risk …			XX

If NO, why not? Eg. Current Risk Rating is LOW

b. Board Assurance Framework [Yes /No /Not applicable]

If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk	Principal Risk Title	Current Rating	Target Rating
No.	There is a risk …		

3. Related **Patient and Public Involvement** actions taken, or to be taken: [Insert here]

4. Results of any **Equality Impact Assessment**, relating to this matter: [Insert here]

5. Scheduled date for the **next paper** on this topic: [6 months]

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

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

University Hospitals of Leicester NHS Trust

Paper To: Executive Quality Board
Trust Board

Paper From: Julie Smith, Chief Nurse

Date: 7 February 2017
6 April 2017

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 security 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 now collecting care hours per patient and will be able to use this information in a more meaningful way once we have completed the roll out of Safe Care Live which has commenced in RRCV in February 2017.

Safe Care creates a live view of staffing that takes into account the numbers and needs of patients. It allows us to compare staffing levels and skill mix to the actual patient demand in real time and provides visibility across all wards and areas.

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 hospital adult ward areas. The patient acuity and dependency scores are collected electronically on the Nerve Centre nursing handover system 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 using acuity data from 1st Oct 2015 to the 30th September 2016 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 reviews 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
- The ward monthly score card that includes quality indicators such as:
    - Incidence of hospital acquired pressure ulcers
    - Incidence of falls
    - Incidence of medication errors
    - Incidence of complaints relating to nursing care

- The friends and family test results

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 using a confirm and challenge approach 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.
- Numbers of vacancies and staff utilisation including sickness, study leave, maternity leave and annual leave percentage.
- Care hours per patient

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

3.2.1 Emergency and Specialist Medicine (ESM)

Ward/Area	Outcome	Actions
Neurological Rehabilitation Unit, LGH	Current establishment is satisfactory	Review further potential to reduce skill mix to meet patients rehabilitation needs in line with national guidelines
Brian Injury Unit, LGH	Current establishment is satisfactory	Further work to ensure that all activity including ward attender activity is captured in acuity review
Ward 1 (day case) LGH	Review not undertaken as currently no tool available locally or nationally	No concerns highlighted.
Wards LRI 23,24,29,30,31,34, 35, 36,37,38	Acuity showed a slight shortfall in some areas – overall felt to be appropriate	Overall review to be undertaken to plan how the workforce needs to look now and over the next 2-3 years incorporating new roles

		such as nursing associate/pharmacy technician and recognise roles such as meaningful activity co- coordinators, therapy staff.
Stroke Wards LRI 25 & 26	Current establishment is satisfactory	No concerns highlighted

3.2.2 Renal, Respiratory and Cardiovascular (RRCV)

Ward/Area	Outcome	Actions
Clinical Decisions Unit (CDU)	The uplift identified and put in place at the last review is required to continue to maintain safe staffing uplift in staffing.	Maintain the previous uplift in staffing of 5.5wte band 5 and 5.5wte band 2
Coronary Care Unit (CCU)	Current establishment is satisfactory and in line with acuity data	No concerns highlighted
Ward 15 (Respiratory) GH	This ward has developed into a more specialist unit providing the non-invasive ventilation for up to 15 patients. Previous acuity review and this review supported by professional judgement shows this area to require additional 5.4wte band 2 uplift	Recognise the changing specialist requirements of this ward. Uplift the staffing over time as recruitment allows to an additional 5.4wte band 2
Wards GH 16 17, 20, 26, 27,28, 29, 31/34, 32, 33, 33A,21	Current establishments are satisfactory and in line with acuity data	CMG to ensure budget aligns to set establishment as funding gaps identified which were previously funded
Renal LGH 15A,15N,10,17	With some movements between wards the current establishments are satisfactory and in line with acuity data	To reassign establishment as agreed in review.

3.3.3 Cancer, Haematology, Urology, Gastroenterology and General Surgery (CHUGGS)

Ward/Area	Outcome	Actions
Bone Marrow Unit, LRI Osborne Assessment Unit, LRI LGH Wards 22, 23,26, 28, 29, SAU	Current establishments are satisfactory with the exception of ward 26 where there is a slight shortfall	Transfer Band 5 1.3 form ward 8 to support ward 26 and review in six months

Wards 40, 41 LRI	One ward shows a slight over establishment and one a slight under establishment	Transfer of 2 RN posts to ward 40 from 41
Ward 39 LRI	Shows an under establishment of 2 RN posts to staff the full ward with the reopened 4 beds	CMG to review the need for the reopened 4 beds to remain and consider how they will fund these if required.
Osborne Assessment Unit (Oncology)	Current establishment is satisfactory	Review acuity method collection to ensure all activity is captured
SACU Ward 27 LGH	Current establishment is satisfactory	As this area has a revised staffing model, monitor and review again in six months
Ward 22 LRI	Acuity shows the increased staffing levels in place are required to safely staff the ward	Continue with the increased staffing levels in place 2.53 band 5 and 2.0 Band 2
Ward 42 LRI	Current establishment is satisfactory for funded beds Additional 4 beds staffed on temporary basis	Uplift the establishment to support additional beds on a permanent basis. Budget transfer from ward 43 when ambulatory model commences Band 5 4.0 Band 2 0.5
Ward 20 LGH	Establishment has been uplifted to reflect now a 7 day ward and this matches the acuity requirements	Continue with the 7 day establishment

3.3.4 Musculoskeletal and Specialist Surgery

Ward/Area	Outcome	Actions
Ward 9 LRI	Current establishment is satisfactory for inpatients but has limited flexibility for high numbers of ward attenders	Need to capture the acuity data for triage
Ward 17 LRI (Spinal)	Current acuity is satisfactory but has no flexibility to support peaks in acuity	Continue to monitor in reach and outreach for spinal patients
Ward18 LRI (Trauma)	Acuity scores suggest an slight shortfall in acuity	Continue to monitor and review in 6 months
Ward 32 LRI (#NOF)	Acuity scores suggest an slight shortfall in acuity	Over recruit to Band 2 2.0wte to reduce the 1 :1 cover required and review in 6 months

Ward 14 LGH	Acuity scores suggest an slight shortfall in acuity	Trial a band 2 twilight shift, review in 6 months
LGH Wards 16,19 LRI Wards 9, ASU, Kinmonth	Current establishment is satisfactory	Review again in six months
GH Ward 24 (Breast)	Current establishment is satisfactory	Shift change within current establishment to support acuity at night

3.3.5 Women's and Children's

Women's

Ward/Area	Outcome	Actions
LGH Wards 3!, 11 & GAU (Gynaecology)	Current establishment is satisfactory	Review again in six months
LRI Maternity LGH Maternity	Ratio Midwives to births remains at 1:29 No recognised tool to measure acuity Professional judgement and other data suggests a higher acuity in particular at LGH	External Birth Rate Plus staffing review has been undertaken suggesting an increase in midwives to birth ratio is required – a bespoke business case in response to this is being developed by the CMG
LRI & LGH Neonatal	No acuity tool available for these areas. BAPAM standards are the aspiration. Quality data and shift by shift review of staffing levels support the units remain safely staffed.	Review again in six months

Children's

Ward/Area	Outcome	Actions
LRI Wards 10,19,27,28,11	Overall the acuity is showing as satisfactory in all of these areas	Review again in six months
LRI Ward 12	Acuity is satisfactory for the base ward but is not sufficient to support additional HDU beds during times of high demands – additional HDU beds are only opened if safe to do so.	CMG to review the need for increased HDU beds and if required develop a business case to support the commissioning and funding that would be required.
GH Ward 30	Current establishment is satisfactory	Review again in six months

GH PICU	Current establishment is satisfactory	Review again in six months
LRI CICU	Acuity is showing over staffing this is due to summer activity requiring more level 2 than in winter when more level 3 is required.	Review again in six months

3.3.6 Intensive Care, Theatres, Anaesthesia, Pain and Sleep

There are no acuity tools to support theatres and critical care staffing is set on the number of level 2 and level 3 patients.

- Focus on recruitment to vacancies
- Review and progress the training requirements in line with D16 standards

3.3.7 Overall priorities and next steps

- Continued focus on recruitment in particular this is a priority for ESM and CHUGGS
- Implement a programme of education to support the deputy sisters under take accurate acuity recording
- Implement the actions for each areas as laid out in the paper through the CMGs and business planning processes
- Implement safe care live trust wide
- Focused education in Infection Prevention for all areas

4.0 Conclusion.

Further acuity reviews will be undertaken every six months and in line with the Hard Truths principles this will be reported to Trust Board. The Chief Nurse will review the methodology in line with national recommendations that are currently under consultation. This continues to be an important methodology and approach for providing assurance to the board and wider organisation that our nursing and midwifery staffing establishments are safe and appropriate to meet the needs of our patients.

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.