Safer Staffing – Nursing and Midwifery Establishment Review

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Executive Summary

Context

This paper outlines the process of and the outputs from undertaking a comprehensive bi-annual nursing and midwifery establishment review. It provides assurance of compliance with the National Institute for Clinical Excellence (NICE) safe staffing and National Quality Board (NQB) standards.

This six monthly review of nursing and midwifery establishments, forms part of the Trust's systems and processes to seek assurance around safe staffing levels to meet patient care requirements. This process reviews a combination of acuity data, quality outcomes and professional judgement to assess if the set levels of staffing are within the required thresholds. The paper summarises the findings and where adjustments have been required.

Alongside this establishment review report bi-annually the Executive Quality Board and the Quality Assurance Committee receive and review nursing workforce metrics, inclusive of indicators of quality outcomes and measures of productivity, nursing vacancies and actual levels of staffing against the planned levels on a monthly basis as a whole in the Nursing and Midwifery Quality and Safe Staffing Report. It is important to remember that it is the monthly detailed reports that provide the actual staffing levels against the plan and is the measure of whether the establishments set are delivering the workforce required to deliver safe, high quality care.

Questions

1. Does the Trust meet the National Quality Board requirements?
2. Does the Trust have a robust process for reviewing nursing and midwifery establishments?
3. Do all areas have an establishment that is appropriate for their patient group?

Conclusion

The importance of six monthly establishment reviews is to ensure the organisation is satisfied that the nursing and midwifery staffing is set at an appropriate level to deliver safe care. This process has been led by the Chief Nurse and is in line with all the requirements of the National Quality Board using the nationally endorsed tools.

The findings of this review demonstrate that the majority of wards had at the time of review an establishment that reflects the needs of their patients and where some adjustments were required as laid out in the paper these adjustments have been made; therefore reflecting that all areas have an establishment that is in line with the needs of the patients in that specific area.

The national shortage of registered nurses is reflected in our ability to recruit to all our vacancies. This clearly continues to be an area of focus and planning to ensure all recruitment opportunities and strategies are optimised alongside retention strategies.

The review highlighted the need to improve the recording of acuity and to ensure collection of all ward activity, specially ward attenders is included. The roll out of safe care is important to improve this process and to support better use of staff to meet patients' needs in real time day to day.

Input Sought

1. Note the progress made to ensure compliance with national guidance in relation to maintaining safe nursing and midwifery staffing levels.
2. To support the approach to establishment review.

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. 1	QUALITY COMMITMENT: Safe, high quality, patient centred, efficient healthcare		

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: March 2018

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:	Maria McAuley, Assistant Chief Nurse/Julie Smith, Chief Nurse
Date:	7 September 2017
Subject:	Safer Staffing – Nursing and Midwifery Establishment Review

1.0 Purpose

This paper provides an overview of the Trusts results of the six monthly review of nurse staffing and compliance with the National Institute for Clinical Excellence (NICE) safe staffing and National Quality Board (NQB) standards. This six monthly review of nursing establishments forms part of the Trust's systems and processes to seek assurance around safe staffing levels to meet patient care requirements.

2.0 Background

Although there is no national requirement around skill mix or ratios of minimum numbers of staff to patients, there is clear evidence supported by NICE that different levels of registered nurses and midwives can have an impact on the provision of patient care and outcomes. At the present time, there is no single tool or approach to set nursing establishments and so recommended best practice for setting and reviewing safe staffing levels relies on different methodologies, all of which have been used for this latest review.

2.1 National Planning Guidance Care Contact Time

The Carter review and the NHS Five Year Forward View planning guidance make it clear that workforce plans must be consistent to optimise clinical quality and the use of resources. The Carter review highlighted variation in how acute trusts currently manage staff. It underlined that, in addition to good governance and oversight, NHS providers need a framework to evaluate information and data, measure impact, and enable them to improve the productive use of staff resources, care quality and financial control. Lord Carter's report recommended a new metric: care hours per patient day (CHPPD), as the first step in developing a single consistent way of recording and reporting staff deployments.

UHL has been collecting and publishing (in line with national requirements) CHPPD since May 2016, however we will be able to use this information in a more meaningful way once we have rolled out Safe Care Live across the Trust.

Safe Care Live is a patient based acuity staffing tool which provides both live and predictive data to support Nurse Leaders in making professional judgements about ward safety, shift by shift. 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.

From February 2017 the Trust began implementation of the 'Safe Care' system to accurately measure safe staffing across RRCV. The plan is that Safe Care will be 'live' across the adult inpatient wards by the end of 2017.

2.2 How we Report Safe 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. 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).

Alongside this EQB and QAC receive and review nursing workforce metrics, inclusive of indicators of quality and outcomes and measures of productivity on a monthly basis as a whole and not in isolation of each other in the Nursing and Midwifery Quality and Safe Staffing Report.

3.0 Nursing and Midwifery Establishment Reviews

3.1 Background and Approach to Establishment Reviews

Since September 2014 all clinical areas have collected patient acuity and dependency data utilising the Association of the United Kingdom University Hospitals (AUKUH) collection tool. However, the Trust is now entering a period of transition and will utilise the Safer Nursing Care Tool (SNCT), as supported and detailed as the tool of choice by NHSI. The SNCT is a NICE endorsed evidence-based tool which uses acuity and dependency to support workforce planning. Originally developed by AUKUH it is now hosted by and endorsed by the Shelford Group. The transition will commence from July 2017, with the impact of any changes detailed for review in the October 2017 establishment reviews. The detail included in this report is gathered using the AUKUH collection tool.

The tool uses a system of identifying patients according to acuity (how ill the patient is) or dependency (how dependent the patient is on nursing staff). This is detailed below:

Level	Description
Level 0	Patient requires hospitalisation. Needs met through normal ward care
Level 1a	Acutely ill patients requiring intervention or those with greater potential to deteriorate
Level 1b	Patients who are stable but have an increased dependence on nursing support
Level 2	Patients who are unstable and at risk of deteriorating and should not be cared for in areas currently resourced as general wards
Level 3	Patients needing advanced respiratory support and therapeutic support of multiple organs.

Step One

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 e-rostering system, patient centre information including admissions and discharges and additional tasks undertaken in different clinical areas.

Step Two

Following the Trust wide acuity assessment using acuity data from 1st April 2016 to the 31st March 2017 establishment reviews have been undertaken with each Clinical Management Group (CMG) during April and May, using 12 months' worth of data. The reviews are led by the Chief Nurse and have full input from the Deputy Chief Nurses, 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 must be considered to allow more informed approaches in respect of assuring the Trust that staff are in place to provide high quality, safe and compassionate care.

This approach to establishment reviews allows for open discussion, for professional judgement to 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 scorecard 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
  - Friends and family test results
  - Clinical Measures Dashboard

During this process the Chief Nurse also uses the below points as lines of enquiry and each area is 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 is given to areas where the acuity data and funded staffing levels do not match. This includes 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 are any increases 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.

Staffing establishments must take into account the need to allow nursing, midwifery and care staff the time to undertake continuous professional development, and to fulfil mentorship and

supervision roles. Core principles in determining the nursing and midwifery establishments are detailed below:

- The ward sister role is supervisory and they use their time to direct care, and undertake frontline clinical leadership as well as supporting unfilled shifts.
- 23% headroom is allocated to ward establishments to allow for annual leave, sickness, maternity leave, training and development. The RCN recommends 25%.
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3.2 Summary of Key Points from Establishment Reviews by Clinical Management Group

3.2.1 Specialist Medicine (SM)

Ward/Area	Outcome	Actions	Dashboard	CHPPD
LRI W21	Current Establishment satisfactory, once aligned to workforce	Budget needs aligning to the ward	LV 1	7.2
LRI W23	Current Establishment satisfactory	No investment indicated due to current high vacancy numbers	LV 2	8.3
LRI W24	Current Establishment satisfactory	No investment indicated due to current high vacancy numbers	LV 1	7.7
LRI Stroke Unit	Current Establishment satisfactory	No investment indicated due to current high vacancy numbers	LV 1	10.2
LRI W29	Current Establishment satisfactory	No investment indicated due to current high vacancy numbers	LV 0	7.4
LRI W30	Current Establishment satisfactory	No investment indicated due to current high vacancy numbers	LV 2	7.5
LRI W31	Current Establishment satisfactory	No investment indicated due to current high vacancy numbers	LV 1	7.4
LRI W34	Current Establishment satisfactory	No investment indicated due to current high vacancy numbers	LV 1	7.2
LRI IDU	Current Establishment satisfactory	No investment indicated due to current high vacancy numbers	LV 0	6.3
LRI W36	Current Establishment satisfactory	No investment indicated due to current high vacancy numbers	LV 1	9.1
LRI W37	Current Establishment satisfactory	No investment indicated due to current high vacancy numbers	LV 1	6.7
LRI W38	Current Establishment satisfactory	No investment indicated due to current high vacancy numbers	LV 0	8.4
LGH W3	Current Establishment satisfactory	No investment indicated due to current high vacancy numbers	LV 0	9.2
LGH Brain Injury Unit	Current Establishment satisfactory	No investment indicated due to current high vacancy numbers	LV 0	14.1
LGH Neurological Rehabilitation	Current Establishment satisfactory	50:50 Skill mix split to meet patients rehabilitation needs in line with national	LV 0	9.4

Unit		guidelines		

Recommendations.
Across Speciality Medicine, the funded nurse to bed ratio and establishments have all been set to a satisfactory level. There is no further investment requested or indicated at this review. The Head and Deputy Head of Nursing are embracing new roles, trainee assistant practitioners, nursing associates and exploring the use of pharmacy technicians to support the current levels of RN vacancies. International recruitment progresses across the CMG.   However, focused attention must be provided from the CMG senior nursing team to ensure the acuity recording is robust across the wards. Support from E-rostering team and corporate nursing team will be made available to facilitate this.   In respect of the quality indicators, focused work is underway in order to achieve compliance with the IP metric, with aggressive recruitment of housekeepers to support the team around the patient. The Head of Nursing is reviewing the metrics and matrons across the CMG are working clinically alongside staff to support and develop the nursing team's knowledge and skills in relation to ensuring contemporaneous documentation is in place.

3.2.2   Emergency Medicine (EM)

Ward/Area	Outcome	Actions	Dashboard	CHPPD
AMU 15/16	Current Establishment satisfactory	Current establishment shows as overstaffed, however this establishment also includes GPAU and the escalation area.(4 beds) HCA establishment will be reduced by 2 nurses per shift	**LV 2**	**Information not available**
W33 (AFU)	Current Establishment satisfactory	Focus on acuity monitoring, ER lead to work alongside senior nurse to confirm/educate and support accurate recording of acuity	**LV 1**	11.32
EDU	Current Establishment satisfactory	Focused recruitment for Registered Mental Health Nurses being recruited for this area.	LV 0	**Information not available**

Recommendations
Across Emergency Medicine, the nursing establishments are set accurately, however there are challenges in relation to the accurate recording of acuity across the ward based area. There is an urgent requirement for a member of the senior nursing team to work alongside the ER lead for 1 week to ensure there is robust acuity recording in place across AMU and AFU, triage areas not captured, therefore current decisions in relation to establishments are based on workload, quality indicators and professional judgements. In respect of the quality indicators the matrons across the Emergency floor are monitoring the nursing metrics on a weekly basis, supporting and developing staffs knowledge across the suite of quality indicators monitored.

3.2.3 Renal, Respiratory and Cardiovascular (RRCV)

Ward/Area	Outcome	Actions	Dashboard	CHPPD
GH W15	Current Establishment satisfactory. Ward budget revised and funded in order to meet required establishment	Uplift of 3.5wte Band 5 and 3.8 HCA required to support NIV and bariatric patients, budget revised to support establishment increase	LV 1	7.2
GH W16	Current Establishment satisfactory	Increased acuity high IVANTIB, no investment required currently, review in 6 months.	LV 1	6.6
GH W17	Understaffed, to staff 4 HDU beds, the 26 bed ward staffing establishment is utilised. Ward budget revised and funded in order to meet required establishment	Increase 2.71wte band 5 and 5.0wte HCA - , Budget revised to support establishment increase	LV 1	7.1
GH W20	Current Establishment satisfactory	Uplift of 2wte Band 5 and 2.33 HCA. Budget revised to support establishment increase	LV 1	8.84
GHW23 (was 21 LRI)	Current Establishment satisfactory	Establishment reviewed as consequence of transfer of vascular from LRI to GH and establishment of 10 bedded Vascular Assessment Unit, RIC agreement. 0.32wte band 6 reduction 0.25wte band 7 reduction 6.9wte band 2 increase 7.96wte band 5 increase Budget revised to reflect this service change.	LV 1	8.47
GH W26	Current Establishment satisfactory	No change indicated, review in 6 months	LV 1	8.2
GH W27	Understaffed therefore Ward budget revised and CMG funded in order to meet required establishment	3.15wte Band 5 and 1.9wte HCA , budget revised to support this increase	LV 1	6
GH W28	Understaffed therefore ward budget revised and CMG funded in order to meet required establishment	1.8wte Band 5 and .86wte HCA investment identified. Budget revised to support establishment increase	LV 2	5.85
GH W29	Current Establishment satisfactory	No change indicated, review in 6 months	LV 1	6.13
GH W31/34	Budget reduction in 2016 due to bed reduction. CIP re- instated as bed reduction as part of ITU reconfiguration	Budget revised to support establishment increase Band 6 1.0wte	LV 1	9.79

	did not occur. Current Establishment satisfactory	Band 5 5.0wte HCA 2.52wte		
GH W32	Overstaffed, budget will be realigned to W31/34	Budget reduced by: Band 6 1.0wte Band 5 1.0wte HCA 1.2wte	**LV 1**	**16.22**
GH W33	Understaffed therefore ward budget revised and CMG funded in order to meet required establishment	Increase of 0.44wte Band 6 and 2.7wte HCA, Budget revised to support establishment increase	**LV 1**	**6.29**
GH W33A	Current Establishment satisfactory	No change indicated, review in 6 months	**LV 1**	**6.59**
GH CCU	Current Establishment satisfactory	No change indicated, review in 6 months	**LV 1**	**14.91**
GH CDU	Understaffed therefore Ward budget revised and CMG funded in order to meet required establishment	Increase RN band 7 1.0wte Reduce RN band 6 1.0wte Increase band 5 4.09wte Increase HCA 7.09wte Budget revised to support establishment increase	**LV 1**	**Information not available**
LGH W10	Current Establishment satisfactory	Acuity shows overstaffed but does not include day case activity, once day case activity reviewed no change indicated	LV 0	7.82
LGH W15A	Current Establishment satisfactory	Budget reviewed and option to reduce budget considered. This will be utilised to go towards funding other ward staffing budgets where there is a deficit.	LV 0	15.74
LGH W15N	Current Establishment satisfactory	No change indicated, review in 6 months	LV 0	7.87
LGH W17	Current Establishment satisfactory	No change indicated, review in 6 months	**LV 1**	**8.62**

Recommendations
The CMG are working to realign budgets to match the establishments required as identified through this process. No further investment indicated currently. For review in 6 months' time. Focused work and support in place to support achievement of the quality metrics.

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

Ward/Area	Outcome	Actions	Dashboard	CHPPD
LGH W22	Current Establishment satisfactory	4 beds closed due to high number of RN vacancies	**LV 1**	**8.2**
LGH W23/20	Understaffed therefore ward budget revised and CMG funded in order to meet required establishment	Poor acuity monitoring. Investment to be agreed in B6 roles, as area now open consistently 7 days (previously 6 day service)	**LV 1**	**5.93**
LGH W26	Understaffed therefore ward budget revised and CMG funded in order to meet required establishment	Implementation of an RN twilight shift to support activity and acuity-internal transfer of budget	**LV 2**	**6.4**
LGH W27	Current Establishment satisfactory	Since W27 and SACU patients have merged, staffing much more closely aligned to acuity, no investment required	**LV 2**	**7.6**
LGH W28	Current Establishment satisfactory	Poor acuity recording, investment of 5.6HCAs requested at budget setting across W29/28, to be supported within the CMG	**LV 1**	**8.2**
LGH W29	Current Establishment satisfactory	Appears overstaffed as acuity not captured for the triage area. Focus needed on robust recording of acuity across all areas.	LV 0	**7.84**
LRI SAU (Ward 8)	Current establishment satisfactory	Transfer of nursing posts to support LGH ward 26, 1.3wte Band 5	**LV 1**	**13.3**
LRI W22	Current establishment satisfactory	4 beds remain closed; establishment increase implemented to maintain current staffing levels to support ITU. Transfer of funds from MSS to support increased bed base has not occurred, therefore this will be funded by the CMG, as a cost pressure.	**LV 1**	**8.3**
LRI W39	Understaffed therefore ward budget revised and CMG funded in order to meet required establishment	Increase in establishment of 2wte Band 5 nurses to support reopened beds, this will be supported by the CMG	LV 0	**5.5**
LRI W40	Understaffed therefore ward budget revised and CMG funded in order to meet required establishment	Internal transfer of posts from W41 still to happen, this will support increased haematology workload on the ward and	**LV 1**	**6.6**

		increase the skill mix from 63/37 to 69/31		
LRI W41	Excess staff	Transfer of 2wte Band 5 to W40, focus needed on acuity monitoring and recording	**LV 1**	**7.9**
LRI OAU	Current establishment satisfactory	Establishment demonstrates excess staff however triage activity is not captured, this is a small area (7 beds)	**LV 0**	
LRI BMTU	Current establishment satisfactory	Economies of scale lost with small unit, as current establishment supports minimum staffing required of 2 RNs	**LV 2**	**5.8**
LRI W42	Understaffed therefore ward budget revised and CMG funded in order to meet required establishment	4wte Band 5 and 0.5wte HCA required to support staffing of 4 unfunded beds which are open, establishment will be aligned to this	**LV 1**	**8.3**
LRI W43	Current establishment satisfactory	High use of security guards for 1-1 care, ambulatory service not progressing No change indicated	**LV 1**	**6.6**

Recommendations
All movement of posts across the CMG will be actioned by the CMG team. In light of the high amount of vacancies across CHUGGS there is no indication for further investment at this time; however this will need review in 6 months' time. The biggest area of challenge and focus for the CMG is the recruitment and retention of staff into vacant posts utilising creative solutions to achieve this. Focused work on acuity recording will occur through the implementation of Safe Care. Across the CMG the matron team are working clinically with staff supporting and developing their knowledge base in relation to the achievement of the quality metrics with focused work being undertaken in relation to the recording of the metrics on a weekly basis.

3.2.5 Musculoskeletal and Specialist Surgery (MSS)

Ward/Area	Outcome	Actions	Dashboard	CHPPD
LGH W14	Understaffed therefore ward budget revised and CMG funded in order to meet required establishment	Review of overall staffing numbers indicated at the review, and recruitment to a HCA twilight shift will be undertaken. No investment indicated	**LV 0**	**6.95**
LGH W16	Current establishment satisfactory	No investment indicated, CMG need to roster extra HCA for Sundays	**LV 1**	**7.3**
LGH W18	Understaffed therefore ward budget revised and CMG funded in order to meet required establishment	No investment indicated, as acuity capture is poor. Review in 6 months	**LV 0**	**6.87**
LGH W19	Current establishment satisfactory	Review of acuity monitoring, as ward closes at weekends.	**LV 0**	**13.43**
LRI W17	Current establishment satisfactory	No investment indicated, recruitment of new roles into this ward area specifically trainee assistant practitioner's.	**LV 1**	**8.29**
LRI W18	Understaffed therefore ward budget revised and CMG funded in order to meet required establishment	Acuity capture needs focus, this is the main ward for outlying of patients across the CMG, and acuity of these patients not robustly captured.	**LV 0**	**6.87**
LRI W32	Understaffed therefore ward budget revised and CMG funded in order to meet required establishment	Establishment understaffed against acuity and activity, however over recruitment of HCAs will support this gap and help to address the high use of agency HCAs for 1-1 care. No investment currently indicated, for review in 6 months.	**LV 0**	**7.71**
LRI W 9	Current establishment satisfactory	Will need review in 6 months' time, as there has been an increase in the number of emergency patients attending this ward (15-30 per day)	**LV 1**	**9.26**
LRI ASU	Current establishment satisfactory, for elective surgical activity	Focus required with capture of acuity, no investment indicated currently, however when the area is utilised for outliers, and increase is staffing numbers is indicated		**Information not available**

LRI KINMONTH	Current establishment satisfactory	No investment indicated, review in 6 months	**LV 0**	**11.07**
GH W24	Current establishment satisfactory	Implementation of twilight shift was unsuccessful; therefore break cover for ND sourced from RRCV. No investment indicated.	**LV 1**	**34.86**

Recommendations.
No investment indicated across the CMG; however the reoccurring theme is the robust and accurate capture of the acuity across the speciality. Safe Care will address this, in the interim, support will be provided from the ER Lead. The senior nursing team across the CMG are undertaking focused work with their ward teams to ensure staffs knowledge and development is supported across the suite of quality metric indicators.

3.2.6 Women's

Ward/Area	Outcome	Actions	Dashboard	CHPPD
LGH W 31	Current establishment satisfactory	Concerns highlighted in relation to the validity of the acuity monitoring. No investment indicated. Review in 6 months.	**LV 2**	**9.13**
LGH W 11	Current establishment satisfactory	Day case ward, no investment indicated, review in 6 months		**Information not available**
LRI GAU	Current establishment satisfactory	Skill mix too low should be 70/30 currently 56/44. Head of Midwifery will review skill mix and recruit accordingly.	**LV 2**	**Information not available**
LRI & LGH Maternity	Business case	Ratio midwives to birth is 1:29, recent review undertaken, taken to CMG Q&S board who have recommended a business case to potentially increase the number of midwives to achieve 1:28		**Information not available**
LRI Neonatal Lv 3 unit **LGH Neonatal Lv 1 unit**	Current establishment satisfactory	No acuity tool available for this area. However NNU does not meet recommended BAPM standards, these are the aspiration. Quality data and shift by shift review of staffing levels supports the units are safe		**15.28** **11.23**

Recommendations
Focus needed on monitoring and capturing acuity robustly across the service. A recent review ''Birth Rate Plus'' has indicated an increase in midwives across the service is required. The CMG are preparing a business case for consideration and support of this.

3.2.7 Childrens

Ward/Area	Outcome	Actions	Dashboard	CHPPD
LRIW 10	Current establishment satisfactory	High acuity patients on this ward, and investment in clinical nursing leadership indicated therefore internal increase in Band 6 posts from 2wte to 4.5wte	**LV 0**	**11.3**
LRI W19	Current establishment satisfactory	Medical Day case area, currently not undertaking metrics. Staffing needs will be reviewed in 6 months.		**13**
LRI W27	Current establishment satisfactory	No investment indicated, review in 6 months	**LV 1**	**16.24**
LRI W28	Current establishment satisfactory	No investment indicated however Increase in Band 6 posts from 2wte to 4.5wte to focus nursing clinical leadership in this area. Review in 6 months	**LV 0**	**15.3**
LRI W11	Current establishment satisfactory	No investment indicated however Increase in Band 6 posts from 2wte to 4.5wte to focus nursing clinical leadership in this area. Review in 6 months	**LV 0**	**13.4**
LRI W12	Funded establishment needs investment	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 this.	**LV 0**	**9.8**
LRI W14 (CAU)	Current establishment satisfactory	Current establishment shows as overstaffed, however all of the activity is not capture through acuity monitoring. Focus needed on robust recording of acuity.	**No Metrics undertaken**	**Information not available**
GH W30	Current establishment satisfactory	Investment from ECMHC Business case. Focus on training for staff in HDU skills with competency package in place	**LV 1**	**16.3**
GH PICU	Current establishment satisfactory	No immediate action, continue with robust	**LV 0**	**37.6**

		acuity monitoring. Review in 6 months		
LRI PICU	Current establishment shows as overstaffed.	Acuity monitoring needs focus, as beds are closed to support staffing across the children's hospital and GH PICU.	**LV 1**	**37.8**

Recommendations.
Head of Nursing to explore the introduction of an assistant practitioner role to support discharge planning across the Childrens Hospital. Again intense focus needed in relation to acuity monitoring.   Further work to be undertaken by the senior nursing team to ensure the timely and robust completion of the nursing metrics.

3.2.8 Intensive Care, Theatres, Anaesthesia, Pain and Sleep

Ward/Area	Outcome	Actions	Dashboard	CHPPD
GH ITU	Current establishment satisfactory	Although the establishment is safe, it does not meet the recommended Critical Care Standards (D16).	**LV 0**	**36.84**
LGH ITU	Current establishment satisfactory	Although the establishment is safe, it does not meet the recommended Critical Care Standards (D16).	**LV 0**	**34.43**
LRI ITU	Current establishment satisfactory	Although the establishment is safe, it does not meet the recommended Critical Care Standards (D16).	**LV 0**	**41.64**

Recommendations
There is no recognised acuity tool to support theatres and critical care staffing is set on the number of Level 2 and Level 3 patients. Therefore the focus is to concentrate on recruitment to vacancies, and review and progress the training requirements in line with D16 standards The nursing metrics are monitored and maintained effectively across the CMG through intensive support and focus from the senior nursing team.

3.2.9 Alliance

There is no recognised acuity tool to support day case and outpatient areas, therefore staffing is aligned to the planned elective activity as detailed in the local Service Level Agreements. The Head of Nursing is planning to benchmark against other similar NHS hospitals to ensure the Alliance is not an outlier in relation to staffing numbers and skill mix. The Alliance is working collaboratively across LLR on a range of workforce initiatives, and their focus is on developing new roles, assistant practitioners, nursing associates and expanding the scope of practice of the specialist nurse roles.

The Nursing structure has been redesigned in order to strengthen its leadership and to provide capacity for activity moving out into the Alliance. Future plans include developing nurse leadership, providing more flexible shift options, ensuring the skill mix reflects the patient case load, providing mentorship and professional development for the staff, and developing staff engagement activities.

Not all budgets across the Alliance include the 23% uplift; this needs review and potential investment by the Alliance management team. A review of roles and introduction of new roles is underway across the Alliance.

3.3   Priorities/Next steps

All recommendations are detailed throughout the paper however the priorities are:

- Continued focus on recruitment across the CMGs and continued implementation and use of new roles. Support for the future project 'Team around the Patient' which will review the ward based team ensuring new roles i.e. nursing associates and assistant practitioners are fully utilised in supporting the registered nursing workforce. Increase and develop the number of housekeepers and other ward based support staff.
- Implementation of the actions as detailed throughout the paper through the CMGs business planning processes.
- Implementation of safe care across the Trust will provide robust acuity monitoring and highlight areas that require focused support and training in understanding acuity scores and applications of these scores, which in turn supports the culture change necessary to move from numbers of staff to Care Hours per Patient.

4.0   Conclusion

Further acuity reviews will be undertaken every six months and in line with National Quality Board standards will be reported to Trust Board. The Chief Nurse will review the methodology in line with national recommendations.

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.

Trust Board is asked to note the work currently being undertaken and accept assurance that there is sufficient nursing and midwifery staffing capacity and compliance with national safe staffing guidance.