NURSE ESTABLISHMENT REVIEW (NATIONAL QUALITY BOARD)

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Trust Board paper F

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board	04/02/2020	Discussion
Trust Board Committee		
Trust Board		

Executive Summary

The purpose of this paper is to provide the Board with the annual nurse safe staffing review in line with the guidance and requirements as cited by the National Quality Board (NQB) and Developing Workforce Safeguards (NHSI 2018).

The Chief Nurse led the bi-annual nurse establishment review throughout October 2019 with each Clinical Management Group facilitating a 'confirm and challenge' process. The tools and guidance within the Safer Nursing Care Tool (SNCT) and NICE Guidance (2014) Safe Staffing for Nursing in Adult Acute Wards in Acute Hospitals and Developing Workforce Safeguards was used throughout to inform the process. The questions below were incorporated into the template with responses being discussed at each CMG review:

- What is the Clinical / Professional Judgement of the senior nursing team regarding CMG ward / unit nursing establishments including planned versus actual staffing numbers?
- What is the Model Hospital Data telling us (i.e. What are the Care Hours per Patient Day?)
- What are the number and type of red flags being reported for incidents relating to staff numbers / skill mix
- What are the recruitment and retention challenges and successes
- Is roster management efficient / effective?
- What are the temporary staffing fill rates
- Is the funded budget/skill mix in line within the acuity?
- What are the short and long-term nursing and support worker workforce plans?
- What is the triangulation process between Nurse Sensitive outcomes and nurse staffing telling us?

The Heads of Nursing confirmed that current budgets are aligned to establishments and enable effective rostering.

All CMG's provided assurance that Carter efficiencies are appropriately managed and no remedial actions were required.

The NQB recommendation that all establishments for adult inpatient acute wards should include an 'uplift' of up to 23% is being achieved

Two areas (Ward 17 at the Glenfield and Ward 29 at the LGH) require future investment to support an increase in the nursing establishment through the business planning process because of recent growth in demand (Ward 29) and national recommendations requiring an increase in the nursing establishment (Ward 17)

National evidence from the Royal, College of Nursing (RCN 2017) recommends general wards to be at a ratio of one registered nurse to eight (1:8) during the day shift with no specific guidance to nurse to patient ratio during the night shift. Existing planned nurse to patient ratios in UHL require significant mitigation to achieve these standards due to vacancies and additional capacity being opened.

The RCN 2013 national guidance of 60% RN skill mix is achieved across three CMG's namely ITAPs, Women's & Children's and RRCV. The other CMGs, Specialist Medicine, CHUGGS and MSS fall below the 60% threshold but robust mitigations are in place (temporary staff or staff movement) to ensure they have the planned nursing workforce to deliver the patient care.

Nurse recruitment to existing vacancies continue to be a high priority for all CMGs and for the Corporate Nursing team and despite the national challenges in nurse recruitment UHL are seeing a slow decrease in nurse vacancies. This is also evidenced by NHSI and Model Hospital data that confirms a gradual reduction in turnover for the nursing workforce in 2019

Questions

- Are the Board assured that the establishment review has covered the national requirements as outlined by the National Quality Board?
- Does the Board require any additional assurance regarding CMG nurse establishment?

Conclusion

The establishment reviews ensure regular review of the nursing workforce in alignment with yearly business planning and budget setting. There will be an audit trail of the evidence and decision making by the corporate nursing team for governance purposes and supported reallocation of resources or identified business cases needed by CMG's.

The establishment reviews confirm that roster templates agreed are correct following 2018/2019 reviews. Budgets are aligned to establishment planned and enable effective rostering.

Investment is required for Ward 17 (RRCV) for the NIV business case as the nurse staffing is not compliant with NCEPOD standards for NIV patients and for Ward 29 (CHUGGS) Surgical Assessment Unit due to the increased capacity and acuity of patients in the department deliver safe, effective care.

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

Input Sought

We would welcome the Trust Board's input regarding the nurse establishment review

For Reference:

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	Not applicable
Safely and timely discharge	Not applicable
Improved Cancer pathways	Not applicable
Streamlined emergency care	Not applicable
Better care pathways	Not applicable
Ward accreditation	Not applicable

2. Supporting priorities:

People strategy implementation	Yes
Estate investment and reconfiguration	Not applicable
e-Hospital	Not applicable
More embedded research	Not applicable
Better corporate services	Not applicable
Quality strategy development	Not applicable

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)? - Not Undertaken
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required – Not applicable
- How did the outcome of the EIA influence your Patient and Public Involvement ? - Not applicable
- If an EIA was not carried out, what was the rationale for this decision? - Not Applicable

4. Risk and Assurance

Risk Reference:

Does this paper reference a risk event?	**Select (X)**	**Risk Description:**
Strategic: Does this link to a ***Principal Risk*** on the BAF?	X	Principal Risk 5 - Failure to recruit, develop and retain a workforce of sufficient quantity and skills
Organisational: Does this link to an ***Operational/Corporate Risk*** on Datix Register	X	Risk 3148 Inability to recruit sufficient numbers of the right staff with the right skills
New Risk identified in paper: What ***type*** and ***description***?		N/A
None		

5. Scheduled date for the **next paper** on this topic: [date] or [TBC]
6. Executive Summaries should not exceed **5 sides** [My paper does comply]

1.0 NATIONAL GUIDANCE

It is a requirement that NHS providers continue to have the right people, with the right skills, in the right place at the right time to achieve safer nursing and midwifery staffing in line with the requirements of the National Quality Board (NQB, 2016) that states providers:

- Must deploy sufficient suitable qualified, competent, skilled and experienced staff to meet treatment needs of patients safely and effectively.
- Should have a systematic approach to determining the number of staff and range of skills required and keep them safe at all times
- Must use an approach that the reflects current legislation

The guidance also advises that boards must have a local dashboard that cross checks quality metrics and this should be reported monthly.

A nurse establishment review based on evidence based tools, outcomes and clinical judgements must be reported to the Board twice a year. This paper will be the first nurse establishment report to the UHL Trust Board in 2020. An additional mid-year review is being undertaken in March 2020 with the findings being reported to Trust Board in the summer 2020. This scheduling will allow us to develop a better understanding of seasonal trends and workforce patterns and will also allow us to ensure there is a continuous review of safe staffing against patients acuity and dependency.

For the purpose of this report it should be noted that the paediatric establishment review in the Children's Hospital utilised the Royal College of Nursing (RCN 2013) and the NQB Safe, Sustainable Staffing (2018), both of which provide guidance / recommendations for nurse staffing levels and nurse to paediatric ratios.

2.0 METHODOLOGY FOR THE NURSE ESTABLISHMENT REVIEW

The Chief Nurse led the bi-annual nurse establishment review throughout October 2019 with each Clinical Management Group facilitating a 'confirm and challenge' process. The tools and guidance within the Safer Nursing Care Tool (SNCT) and NICE Guidance (2014) Safe Staffing for Nursing in Adult Acute Wards in Acute Hospitals and Developing Workforce Safeguards was used throughout to inform the process.

A 'master workforce template' with quality indicators was distributed in advance of the meeting to each CMG Head of Nursing. The questions below were incorporated into the template with responses being discussed at each CMG review:

- What is the Clinical / Professional Judgement of the senior nursing team regarding CMG ward / unit nursing establishments including planned versus actual staffing numbers?
- What is the Model Hospital Data telling us (i.e. What are the Care Hours per Patient Day?)
- What are the number and type of red flags being reported for incidents relating to staff numbers / skill mix
- What are the recruitment and retention challenges and successes
- Is roster management efficient / effective?
- What are the temporary staffing fill rates
- Is the funded budget/skill mix in line within the acuity?

- What are the short and long-term nursing and support worker workforce plans?
- What is the triangulation process between Nurse Sensitive outcomes and nurse staffing telling us? (N.B the existing nursing metrics dashboard is currently being reviewed and updated but is submitted to the Nursing and Midwifery Board on a monthly basis).

All reviews concluded with a decision around the need for future investment required for the nursing establishment through the business planning process. Investment would be required because of recent or predicted growth in demand and growth of service growth or national recommendations requiring an increase in the nursing establishment. A summary of the meetings and outcomes is incorporated in the next section of this report.

3.0 REVIEW OF CMG NURSE ESTABLISHMENTS

3.1 Roster templates & alignment to budget / establishment

The establishment reviews for all CMGs highlighted that some roster templates needed minimal amendments. Heads of Nursing confirmed that budgets are aligned to establishments and enable effective rostering.

All CMG's provided assurance that Carter efficiencies are appropriately managed and no remedial actions were required.

The NQB recommendation that all establishments for adult inpatient acute wards should include an 'uplift' to allow for the efficient and responsible management of planned and unplanned leave and to ensure that absences can be managed effectively is being achieved at the rate of 23%

All CMG's confirmed that where appropriate, establishments for Nursing Associates would be agreed by February 2020 to support future workforce planning.

4.2 Workforce Safeguards

The Corporate Nursing gap analysis of Developing Workforce Safeguards was reviewed again in July 2019 and it was concluded that there are no significant gaps between the national guidance and the reporting and governance arrangements that are currently in place for the nursing workforce at University Hospital Leicester (UHL). All CMG's confirmed their awareness of the guidance for nursing staff and agreed that in any new role development must have a Quality Impact Assessment (QIA). In the last 12-months, a QIA has been completed for Nursing Associates, Advanced Clinical Practitioners and Discharge Support Assistants confirming roles are underpinned with the correct education, training, and supervision and governance arrangements.

4.3 Nurse to patient ratios / CHPPD

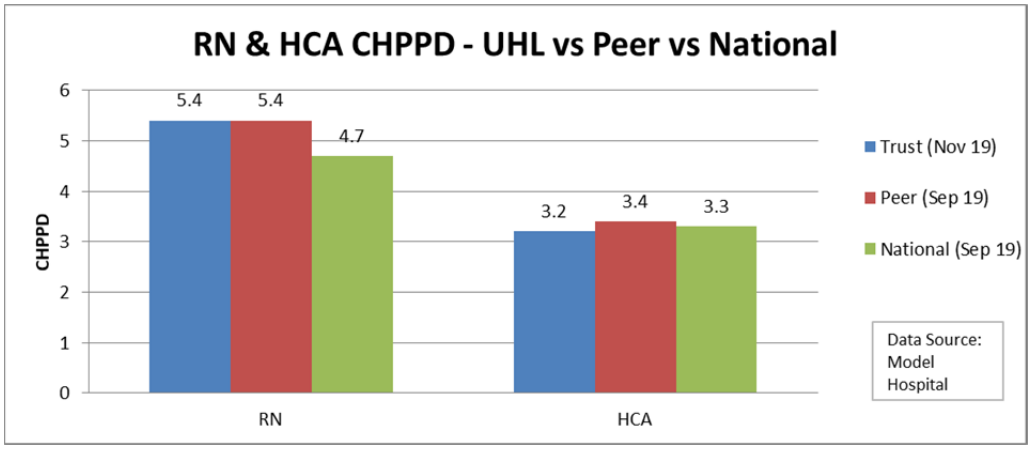
National evidence from the Royal, College of Nursing (RCN 2017) recommends general wards to be at a ratio of one registered nurse to eight (1:8) during the day shift with no specific guidance to nurse to patient ratio during the night shift. Existing planned nurse to patient ratios in UHL require significant mitigation to achieve them due to vacancies.

In line with the national focus on CHPPD this data is monitored monthly within the master workforce report to ensure dual oversight and consideration in annual nurse establishment

reviews. Monthly CHPPD data ensures Corporate nursing and CMG's can analyse data locally, regional and nationally against peer organisations using Model hospital.

Graph 1 below illustrates the November 2019 CHPPD data for UHL versus peer and national CHPPD data and demonstrates we are comparable to peer organisations *(Please Note: Model hospital data is from September 2019 as this is the latest update on the system).*

Graph 1- Registered Nurses (RN) and Healthcare Assistants (HCAs) individual CHPPD for Nov 2019 (taken from UHL, Sept 2019 Model Hospital data)



The CHPPD seen in planned and actual nursing establishments and CHPPD across different specialties in UHL varies on a monthly basis and for all areas this is justified due to elevated nurse to patient ratios for specialty areas to meet specialty guidelines i.e. critical care (NICE 2010) and children's areas (RCN 2013) and an increase demand for one to one care for patients who are wandering or confused and at risk of harming themselves so need constant monitoring and supervision.

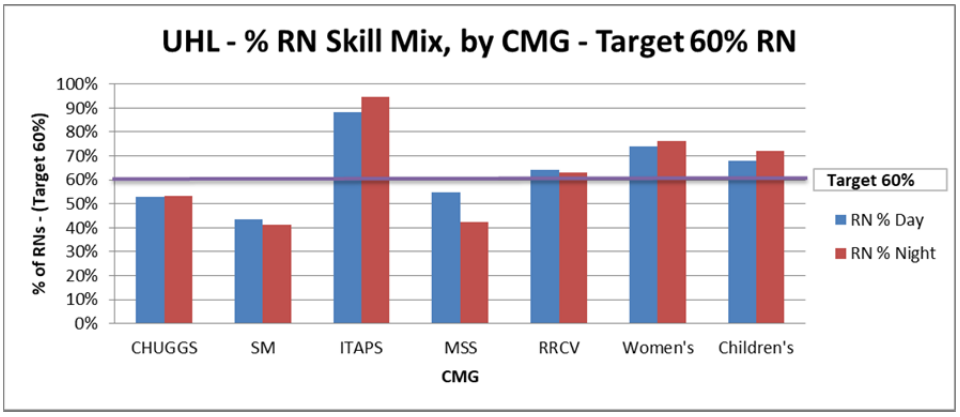
It is also noted that Nursing associates and Trainee Nursing associates are now reported within the national reporting of CHPPD (NHSi 2019) and this has impacted positively on the CHPPD data (not all organisations have Nursing Associates).

4.4 Skill Mix for Registered Nurses (RNs)

The skill mix by Clinical Management Groups (CMGs) in graph 2 on the next page demonstrates the variation in achievement of skill mix per CMG. However, this is to be expected as the variations in the planned nurse to patient ratio are different across specialties due to case mix and acuity.

The RCN 2013 national guidance of 60% RN skill mix is achieved across three CMG's namely ITAPs, Women's & Children's and RRCV. The other CMGs, Specialist Medicine, CHUGGS and MSS fall below the target but robust mitigations are in place (temporary staff or staff movement) to ensure they have the planned nursing workforce to deliver the patient care.

Graph 2- RN skill mix percentage by CMG Nov 2019



4.5 Impact of opening additional capacity

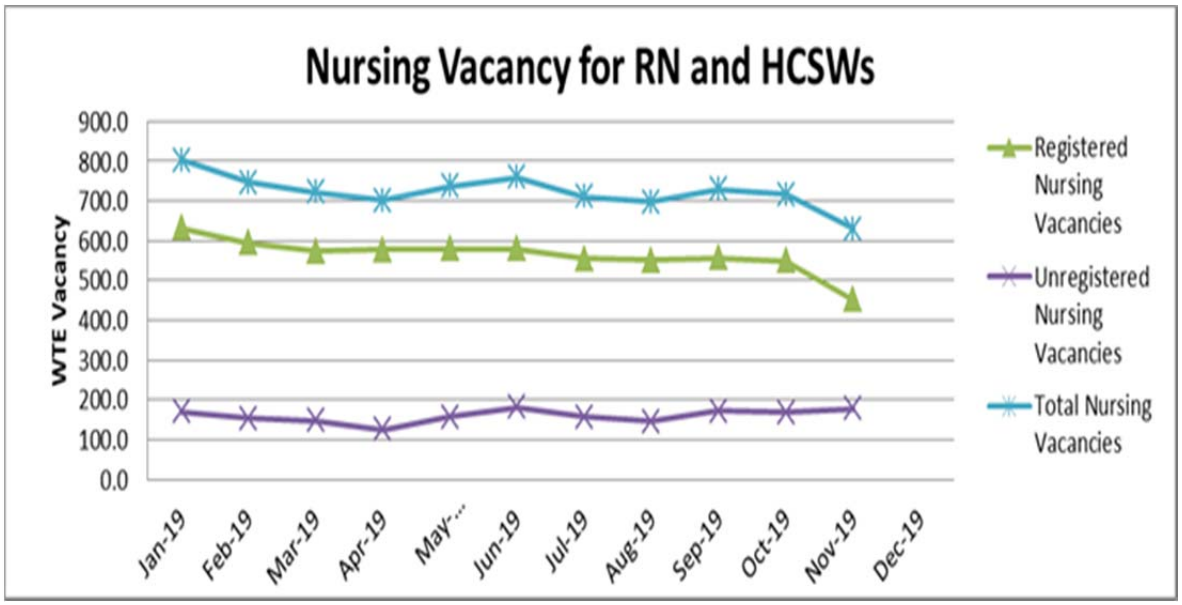
The review recognised that the existing nursing establishments needed to support extra capacity areas / wards although they are not budgeted / built into establishments (e.g. GPAU, ASU, LRI Discharge Lounge all overnight). The monthly nurse staffing report monitors the substantive fill rate / CHPPD for CMGs and the Trust as a whole and CHPPD has been reduced during the winter months due to the safe redeployment of staff to alternative areas with a direct impact on EM, SM and RRCV. This necessitates planning and risk assessment on a shift by shift basis to ensure safety overseen by the Tactical Nurse seven days a week who ensures risks are safely mitigated.

4.6 Establishment, vacancies / safe staffing

Vacancy consideration is pivotal in the establishment reviews. The impact of vacancies is mitigated daily through the safe staffing meetings, overseen by the Tactical nurse with corporate nursing support. The implementation of Safe Care across the Trust ensures the provision of robust acuity monitoring and the CHPPD requirement. The triangulated data: 'actual' staffing information' from the e-rostering system, and patient centre information regarding acuity and dependency alongside red flag risks in clinical areas, enables the Senior Nurses to use professional judgement and triangulate to support robust decisions, and enact plans to mitigate risks across all ward areas.

Graph 3 on the next page illustrates the current nursing vacancies for registered nurses (RN) and healthcare support workers (HCSW) and it can be seen that these are slowly reducing with a significant reduction in November due to the numbers of newly qualified registered nurses and overseas nurses who registered with the Nursing and Midwifery Council (NMC).

Graph 3 - RN and HCSWs Vacancies End November 2019



5.0 INVESTMENT REQUIRED TO INCREASE THE RN WORKFORCE

5.1 Ward 17 Glenfield Hospital (RRCV)

The establishment review confirmed that additional Investment is required for Ward 17 Glenfield Hospital (RRCV) for the Non Invasive Ventilation (NIV) business case which was supported in 2018 but has not progressed to date.

The nurse staffing is not compliant with NCEPOD standards for NIV patients albeit the gaps are mitigated daily to ensure compliance. The flexible working required within the respiratory team to ensure compliance with nurse staffing is challenging as the complexity / acuity of care in this area level of requires a higher level of competence to fill gaps. This requirement impacts negatively on other respiratory wards staffing, for both ratios and CHPPD within the CMG. This staffing gap and non-compliance with national standard is on the CMG risk register and is monitored monthly.

5.2 Ward 29 Leicester General Hospital

The need for investment for Ward 29 Surgical Assessment Unit at LGH was supported during the establishment review meeting with CHUGGS. There has been a gradual but significant increase in the activity and acuity of patients attending the unit due to the increasing flow and demand upon acute services. This increase has impacted on the workload and ability of the team to consistently deliver safe, effective care and is reported on the CMG risk register and is monitored monthly.

6.0 OTHER CMG HIGHLIGHTS

6.1 Maternity Services

In Maternity services, there has been a positive increase in the midwifery establishment in line with the Better Births plus relating to continuity of care to improve services and outcomes. In relation to midwifery ratios it was recommended a few years ago that the average a Trust

should aim for is one midwife to 28 births (1:28). UHL ratio based on specific factors such as acuity, demographics and social deprivation the number should be 1 midwife to 23 births (1:23). The business case submitted in 2018/19 was for a further 20 midwives to bring the service closer to its required ratio. The ratio in September and October were 1:27 an improving position with further improvement expected as newly qualified midwives have commenced.

Birth rate plus ratio also ensures that the co-ordinators are supernumerary every shift, they have not been allocated a workload for some time in UHL. If it is not possible they are supernumerary, then it is reported on the 4 hourly acuity app as a red flag.

6.2 Childrens Hospital

In Childrens' services, the nursing resource does not meet the demand due to the number of vacancies. This shortfall is a risk to the safer staffing ratio's which the senior nursing team review daily at the safety huddle. This includes reviewing safe care, assessments using the deteriorating patient tool to calculate the required CHPPD and staffing to ensure in line with the RCN guidance (2013). A triangulation of the guidance, data and senior nurse professional judgement ensures mitigations are in place for safe staffing levels, staff deployments enacted, as well as any escalations highlighted for support. The CMG are presently devolving a tool to capture and record daily decisions made to mitigate risks for reference purposes. Further work is planned around the RCN guidance to ensure the establishments align and support ongoing service delivery and guidance.

The RCN nursing standards recommend a ratio of one to four patients over the age of two during the day and night, one to three under two during the day and night and one to two for high dependency care. This is a recommendation and not a national mandate, and the unit does close beds based on acuity, safe care and staffing numbers to mitigate and stratify risk where necessary. In addition clinical judgement based on acuity in regards to the ability to nurse over such ratios. This is dynamic and constantly assesses on a shift by shift basis and is an essential function and role of the operational matron of the day. The unit follows the guidance as best practice.

The implementation of nursing associates has been hugely successful in the children's areas and the CMG have a plan to implement the role across all areas on days as a further mitigation in future workforce planning.

6.3 Critical Care (ITAPS)

Analysis regarding the establishment resource within the critical care is underway, clinical observations of the reporting, clinical, environmental issues, and tasks review to identify rationale regarding the specialty variance against the national CHPPD on Model Hospital.

7.0 NURSE RECRUITMENT AND RETENTION

7.1 Recruitment to establishment

Recruitment strategies and workforce plans are in place for all CMG'S and these are supported and prioritised corporately for areas with the greatest risks and vacancy factors. The CHUGGS and Speciality Medicine CMGs have been a focus for our international nurse recruitment drive with an increased number of staff allocated to these areas. At present there are 40-45 overseas candidates arriving at UHL on alternate months, who commence the internal training to gain their qualifications and RN status (approx. 240 per year).

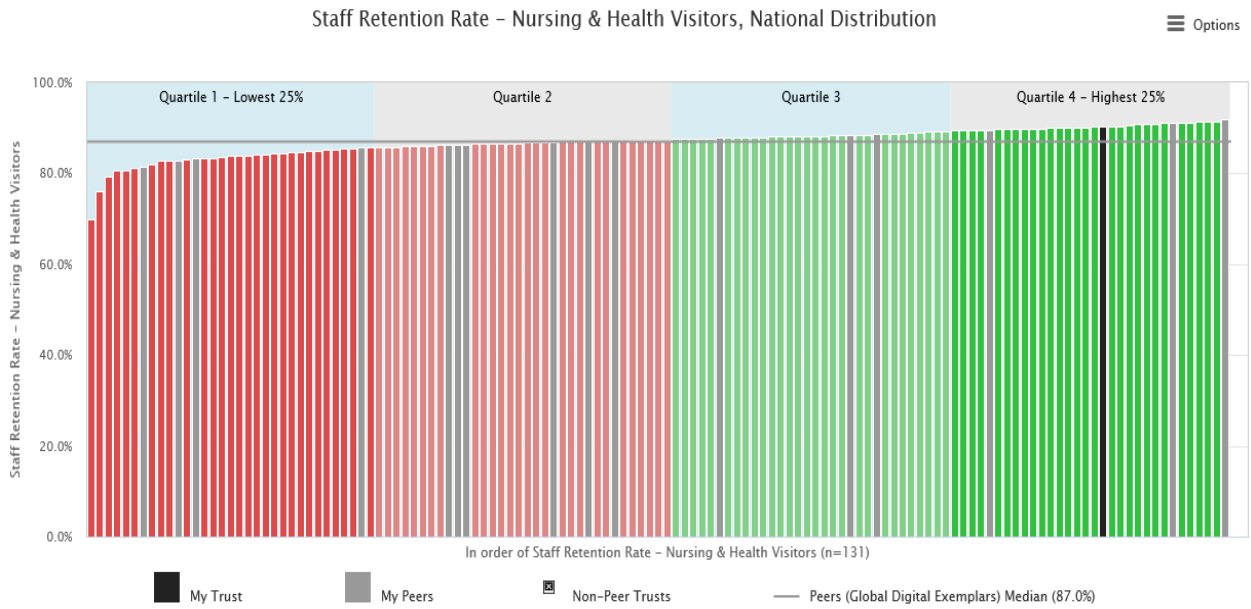
The total domestic recruitment for the year of 2019/20 forecasts 150 Registered Nurses and 30 Registered Midwives commencing in UHL. Recruitment for experienced RNs and RMs recruitment is ongoing.

7.2 Retention

The Trust has continued with the NHSi Retention Direct Support Programme (Cohort 4). There is a successful 'retire and return' initiative that attracts experienced nurses into clinical coaching roles post retirement to support new starters and developing staff. There is continued focus on retention and flexible working across the CMGs with proactive age profiling work across the registered and unregistered workforce with retire and return planning and support.

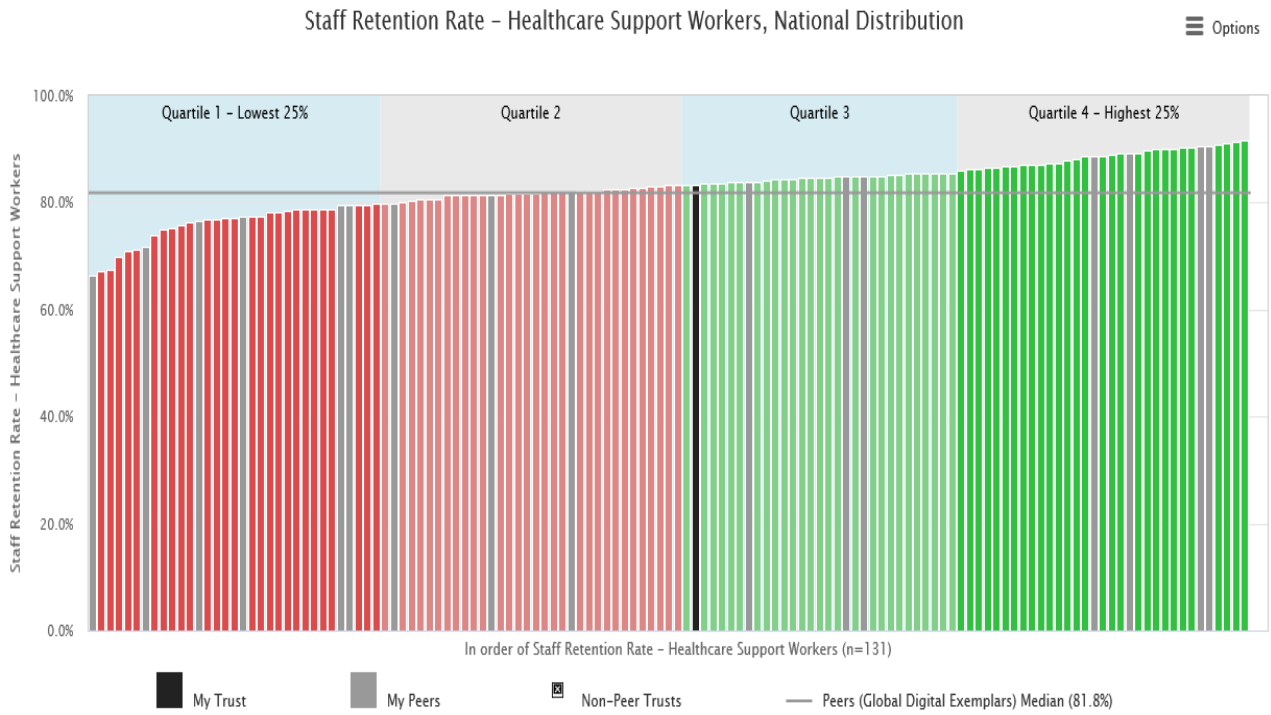
Graph 4 below confirms that RN retention is good against both our peers and nationally and remains in quartile four.

Graph 4 - Model Hospital data, Retention Rate RN, latest March 2019



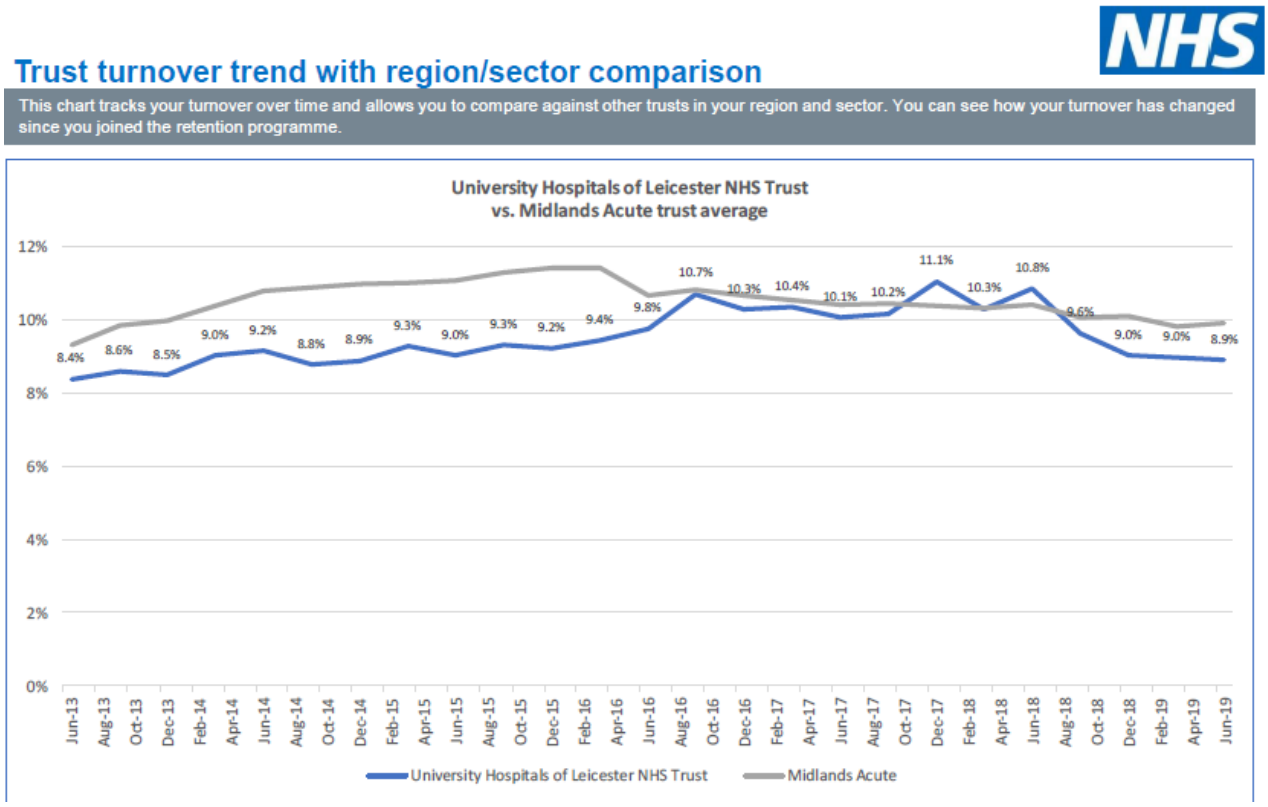
Graph 5 highlights that the HCA position is above 80% but in the lower end of quartile 3 and will require focus for 2020. It should be noted again that there is a significant time lag in the model hospital data.

Graph 5 - Model Hospital data, Retention Rate HCA, latest March 2019



Graph 6 contains NHSI Trust turnover data and shows an improving position for our nursing workforce.

Graph 6 – NHSI Retention Programme Trust Turnover Trend up to 2013 to June 2019



8.0 CONCLUSION

The establishment reviews ensure regular review of the nursing workforce in alignment with yearly business planning and budget setting. There will be an audit trail of the evidence and decision making by the corporate nursing team for governance purposes and supported reallocation of resources or identified business cases needed by CMG's..

The establishment reviews confirm that roster templates agreed are correct following 2018/2019 reviews. Budgets are aligned to establishment planned and enable effective rostering.

Investment is required for Ward 17 (RRCV) for the NIV business case as the nurse staffing is not compliant with NCEPOD standards for NIV patients and for Ward 29 (CHUGGS) Surgical Assessment Unit due to the increased capacity and acuity of patients in the department deliver safe, effective care.

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