

## Safer Staffing – Nursing and Midwifery Establishment Review

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Trust Board paper F

### 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 and Outcomes 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: September 2018
6. Executive Summaries should not exceed **2 pages**. [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:** 1 March 2018

**Subject:** Safer Staffing – Nursing and Midwifery Establishment Review

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### 1.0 Purpose

This paper provides an overview of the Trust's 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. This paper follows the same format as the September 2017 review and includes adult inpatient areas, children's and maternity services. Key changes from the previous review can be found in the summary section of the report.

### 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 and we are now able to use this information in a more meaningful way as Safe Care was rolled out across all inpatient and from November 2017.

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.

## 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 and Outcomes Committee (QOC).

Alongside this EQB and QOC, 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 utilising 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 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 1<sup>st</sup> October 2016 to the 30<sup>th</sup> September 2017 establishment reviews have been undertaken with each Clinical Management Group (CMG) during November and December 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%.

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

#### Dashboard Level

LEVEL 0	LEVEL 1
80 - 100% reported indicators GREEN	65 - 79% reported indicators GREEN
AND	OR
No indicator RED for more than 3 consecutive months	ANY indicator RED for 4 consecutive months
LEVEL 2	LEVEL 3
40 - 64% reported indicators GREEN	<40% reported indicators GREEN
OR	OR
ANY indicator RED for 5 or more consecutive months	Ward has been Level 2 (due to <65% Indicators Green) for 3 or more consecutive months

#### 3.2.1 Specialist Medicine (SM)

Ward/Area	Outcome	Actions	Funded Skill Mix	Dashboard Level	CHPPD
LRI W21	Current Establishment satisfactory, once aligned to workforce	Budget needs aligning to the ward Trainee Assistant Practitioner (TAPS) in post	80/20	LV 1	7.1
LRI W23	Current Establishment satisfactory	No investment indicated due to current high vacancy numbers. Acuity recording improved TAPS in post.	60/40	LV 0	7.4
LRI W24	Current Establishment satisfactory	No investment indicated due to current high vacancy numbers. TAPS in post.	71/29	LV 0	6.3
LRI Stroke Unit	Current Establishment satisfactory	No investment indicated due to current high vacancy numbers. Recruiting TAPS, new ward leader	60/40	LV 1	15.3
LRI W29	Current Establishment satisfactory	No investment indicated due to current high vacancy numbers. New ward leader, TAPS in post.	60/40	LV 0	6.7
LRI W30	Current Establishment satisfactory	No investment indicated due to current high vacancy numbers	60/40	LV 0	7.8
LRI W31	Current Establishment satisfactory	No investment indicated due to current high	60/40	LV 0	5.8

		vacancy numbers. New matron in post			
<b>LRI W34</b>	Current Establishment satisfactory	No investment indicated due to current high vacancy numbers. TAPS in post	<b>58/42</b>	<b>LV 0</b>	<b>6.6</b>
<b>LRI IDU</b>	Current Establishment satisfactory	No investment indicated due to current high vacancy numbers	<b>60/40</b>	<b>LV 1</b>	<b>6.5</b>
<b>LRI W36</b>	Current Establishment satisfactory	No investment indicated due to current high vacancy numbers	<b>60/40</b>	<b>LV 0</b>	<b>8.2</b>
<b>LRI W37</b>	Current Establishment satisfactory	No investment indicated due to current high vacancy numbers. Moving to Hampton Suite	<b>60/40</b>	<b>LV 0</b>	<b>7.9</b>
<b>LRI W38</b>	Current Establishment satisfactory	No investment indicated due to current high vacancy numbers	<b>60/40</b>	<b>LV 1</b>	<b>6.1</b>
<b>LGH W3</b>	Current Establishment satisfactory	No investment indicated due to current high vacancy numbers	<b>57/43</b>	<b>LV 0</b>	<b>7.1</b>
<b>LGH Brain Injury Unit</b>	Current Establishment satisfactory	No investment indicated due to current high vacancy numbers retention and recruitment will improve under new leadership	<b>66/34</b>	<b>LV 0</b>	<b>15.6</b>
<b>LGH Neurological Rehabilitation Unit</b>	Current Establishment satisfactory	50:50 Skill mix split to meet patients rehabilitation needs in line with national guidelines	<b>57/43</b>	<b>LV 0</b>	<b>7.6</b>

#### **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.

Focused attention has been provided from the CMG senior nursing team to ensure the acuity recording is robust across the wards. This is a success for the CMG

In respect of the quality indicators, focused work is underway in order to achieve compliance with the IP metric, and aggressive recruitment of housekeepers and Health Care Assistants continues to support the team around the patient.



### 3.2.2 Emergency Medicine (EM)

Ward/Area	Outcome	Actions	Funded Skill Mix	Dashboard Level	CHPPD
AMU 15/16	Current Establishment satisfactory	Current establishment shows as overstaffed, however this establishment also includes staffing for GPAU and the escalation area. (4 beds). Professional judgement supports that the area is appropriately staffed. CQC raised concerns over the staffing levels of ACB and NIV patients, therefore staff are flexed according to levels of acuity. HCA establishment will be reduced by 2 nurses per shift.	57/43	LV 1	10.20
W33 (AFU)	Current Establishment satisfactory	Focus on acuity monitoring, has been successful. An increased HCA establishment, results in minimal use of agency HCAs for patients that require 121 care.	56/44	LV 1	8.31
EDU	Current Establishment satisfactory	Acuity has not been recorded robustly so unable to use this as evidence, new matron in post, who will support the accurate recording of acuity and focus on quality and flow.	69/31	LV 2	8.39

#### 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 areas. There has been focused support from ER Team to address the acuity recording challenges, and the implementation of Safe Care has also highlighted this. For EDU 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	Funded Skill Mix	Dashboard Level	CHPPD
GH W15	Current Establishment satisfactory.	Budget revised to support establishment increase NIV service transferred to W17, however c/o bariatric patients remains on W15	60/40	LV 0	7.1
GH W16	Current Establishment satisfactory	Increased acuity high IVANTIB, no investment required currently, review in 6 months.	65/35	LV 2	6.9
GH W17 Including 4 HDU beds	Ward configuration has altered, and now increased the NIV beds to 11 across 2 bays as well as 4 HDU beds. Business case in development to meet the requirements of NCEPOD Acute NIV service	Budget revised to support establishment increase. Therapy support worker and a lead for NIV service to be identified through the business case. Rosters reviewed, due to increased acuity of patients, and new service model	74/26	LV 0	8.9
GH W20	Current Establishment satisfactory	Budget revised to support establishment increase Hand hygiene scores have brought down the metrics	65/35	LV 0	8.0
GHW23 ( was 21 LRI)	Current Establishment satisfactory	Includes 10 bedded assessment unit. All recommended changes have taken place, no action needed, review in 6 months	58/42	LV 1	8.0
GH W26 Including 6 HDU beds	Current Establishment satisfactory	No change indicated, review in 6 months	70/30	LV 1	8.6
GH W27	Current Establishment satisfactory	Budget changes have taken place, review in 6 months	64/36	LV 0	6.6
GH W28	Current Establishment satisfactory	Budget changes have taken place, review in 6 months	56/44	LV 1	5.5
GH W29	Current Establishment satisfactory	No change indicated, review in 6 months	60/40	LV 1	5.3
GH W31/34 Including 4 HDU beds	Current Establishment satisfactory	Realignment of original budget 2015/16 in correspondence to CIP that was never delivered i.e. transfer of ward 34 to ITU	71/29	LV 0	9.3
GH W32	Current Establishment satisfactory	Budget changes have now taken place, review in 6 months	73/27	LV 0	16.22

<b>GH W33</b>	Current Establishment satisfactory	Budget changes have now taken place, review in 6 months	<b>70/30</b>	<b>LV 0</b>	<b>6.6</b>
<b>GH W33A</b>	Current Establishment satisfactory	No change indicated, review in 6 months	<b>64/36</b>	<b>LV 0</b>	<b>6.0</b>
<b>GH CCU</b>	Current Establishment satisfactory	No change indicated, review in 6 months	<b>77/23</b>	<b>LV 0</b>	<b>13.5</b>
<b>GH CDU</b>	Currently establishment satisfactory, however the establishment does not support the increase in NIV patients	Improvements in acuity scoring, now including triage. To note the current management of acute NIV patients and nurse staffing ratios according to NCEPOD means CDU is non-compliant, and discussions re the need to take the remaining 25% of NIV patients from the LRI in a timely manner is needed.	<b>61/39</b>	<b>LV 0</b>	<b>Information not available</b>
<b>LGH W10</b>	Current Establishment satisfactory	Improved acuity now capturing dialysis patients and more work required on the capture of day case activity through ward 10.	<b>61/39</b>	<b>LV 0</b>	<b>9.3</b>
<b>LGH W15A</b>	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. Roaming dialysis service commenced, review in 6 months the impact of this	<b>76/24</b>	<b>LV 0</b>	<b>16.8</b>
<b>LGH W15N</b>	Current Establishment satisfactory	No change indicated, review in 6 months. Improved acuity recording to reflect dialysis patients	<b>65/35</b>	<b>LV 0</b>	<b>7.7</b>
<b>LGH W17</b>	Current Establishment satisfactory	No change indicated, review in 6 months	<b>71/29</b>	<b>LV 0</b>	<b>8.0</b>

### Recommendations

The CMG have worked to realign budgets to match the establishments required as identified through this process. There needs to be recognition of the increased acuity and demand at the GH site. There is significant challenge related to the increased level of bariatric patients and an increase in the numbers of patients requiring Non Invasive Ventilation being cared for at the site and the necessity to meet the NCEPOD requirements, therefore a business case is in development for this and which will require additional investment.

For review in 6 months' time. Focused work and support continues to support achievement of the quality metrics. Implementation of SafeCare is embedded across the CMG and supporting the management of staffing against acuity.

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

Ward/Area	Outcome	Actions	Funded Skill Mix	Dashboard Level	CHPPD
<b>LGH W22</b>	Current Establishment satisfactory	Continue to monitor and review staffing as using a high number of additional shifts. Some of these have been for 1 to 1 monitoring but the ward is now recruited above establishment for HCAs. Ward is showing slight overstaffed but currently has 4 beds closed due to high number of RN vacancies on the ward. Focus on acuity scoring being led by the ward sister and the matron	<b>58/42</b>	<b>LV 2</b>	<b>6.7</b>
<b>LGH W23/20</b>	Current Establishment satisfactory	Ward shows a more closely matched budget now for 16 beds open 24/7 consistently. The ward is also open to 20 beds to support G27 due to staffing and the acuity of patients has changed. This ward has not recorded some metrics consistently, therefore support is being provided by Corporate teams	<b>57/43</b>	<b>LV 0</b>	<b>5.3</b>
<b>LGH W26</b>	Understaffed therefore ward budget revised and CMG funded in order to meet required establishment	High users of one to one due to speciality the aim is to over recruit HCA's. Implemented twilight shift to support pm activity. Successful implementation of TAPS role to improve discharge process	<b>53/47</b>	<b>LV 0</b>	<b>5.4</b>
<b>LGH W27</b>	Current Establishment satisfactory	Since Ward 27 and SACU have merged patients acuity against staffing is much more closely aligned according to SafeCare analysis. Review in 6 months. Scoring at Level 2 due to IP concern, therefore Matron undertaking focused work with ward team , with IP support	<b>70/30</b>	<b>LV 2</b>	<b>6.6</b>
<b>LGH W28</b>	Current Establishment satisfactory	Patient acuity and staffing levels on Ward 28 show over staffed but triage activity is not captured currently and the activity continues to increase. The report shows a low utilisation of beds against the number available There is no matron covering this ward at the moment, CMG to confirm cover arrangements whilst recruitment is	<b>58/42</b>	<b>LV 0</b>	<b>7.2</b>

		in progress			
<b>LGH W29</b>	Current Establishment satisfactory	Appears overstaffed as acuity not captured for the triage area. Focus needed on robust recording of acuity across all areas. There is no matron covering this ward at the moment, CMG to confirm cover arrangements whilst recruitment is in progress	<b>60/40</b>	<b>LV 0</b>	<b>9.0</b>
<b>LRI SAU (Ward 8)</b>	Current establishment satisfactory	Planned transfer 1.3 RN's to support Ward 26 at LGH from last review has not happened. Head of Nursing to follow this up. Ward has 60% RN vacancies therefore focused recruitment needed	<b>57/43</b>	<b>LV 2</b>	<b>8.0</b>
<b>LRI W22</b>	Current establishment satisfactory	4 beds remain closed; establishment increase implemented to maintain current staffing levels to support ITU. Transfer of funds from MSSK to support increased bed base has not occurred, therefore this will be funded by the CMG, as a cost pressure. Acuity showed a shortfall with an improved position relating to the reduced bed base. The planned staffing levels continue to be increased this year due to the increasing high levels of ITU discharges which is over and above the funded establishment. Currently 4 patients being nursed in GSSU which is supporting the recruitment and training of new staff.	<b>58/42</b>	<b>LV 2</b>	<b>7.9</b>
<b>LRI W39</b>	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 Benchmark new staffing levels with other Oncology wards nationally. Matron validation of the acuity work completed from last acuity paper.	<b>60/40</b>	<b>LV 2</b>	<b>6.0</b>
<b>LRI W40</b>	Current establishment satisfactory	Internal transfer of posts from W41 has occurred, this will support increased haematology workload on the ward	<b>69/31</b>	<b>LV 1</b>	<b>5.8</b>
<b>LRI W41</b>	Current establishment satisfactory	Acuity and budget much more aligned although the ward has high RN vacancy levels at present.	<b>67/33</b>	<b>LV 1</b>	<b>5.9</b>
<b>LRI OAU</b>	Current establishment	Acuity shows the ward to be overstaffed, however, the	<b>65/35</b>	Not	<b>13.5</b>

	satisfactory	triage activity is not captured and the ward is only 7 beds therefore the economies of scale are lost		measured	
<b>LRI BMTU</b>	Current establishment satisfactory	Acuity shows overstaffed but does not take into consideration that the establishment also staff's the Hambleton Suite day case area. The Unit is staffed with two trained nurses each shift and could not be reduced from this level.	<b>97/3</b>	<b>LV 0</b>	<b>13.7</b>
<b>LRI W42</b>	Current establishment satisfactory	Acuity showed a shortfall, four unfunded beds need to be staffed but currently have 4 beds closed on ward 43 the other gastro ward.	<b>51/49</b>	<b>LV 0</b>	<b>6.0</b>
<b>LRI W43</b>	Current establishment satisfactory	Currently have 4 beds closed. Currently over established on HCA's. Successful implementation of TAPS role to improve discharge process	<b>54/46</b>	<b>LV 1</b>	<b>7.6</b>

#### Recommendations

All movement of posts across the CMG have been 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.

New matrons have been recruited into 'worry' wards and this is proving successful.

### 3.2.5 Musculoskeletal and Specialist Surgery (MSSK)

Ward/Area	Outcome	Actions	Funded Skill Mix	Dashboard Level	CHPPD
<b>LGH W14</b>	Current establishment satisfactory	With ward 19 closing at weekends –this ward has seen the acuity of patients increase. Review of staff numbers on shift has resulted in an increase on a Sunday. Recent proactive recruitment of HCAs	<b>65/35</b>	<b>LV 0</b>	<b>7.4</b>
<b>LGH W16</b>	Current establishment satisfactory	Current establishment is satisfactory, however, does not allow flexibility to meet fluctuating patient acuity. This is similar to ward 14. Capture of acuity needs focus.	<b>63/37</b>	<b>LV 0</b>	<b>6.7</b>
<b>LGH W18</b>	Current Establishment is slightly understaffed – but the ward staff cover TAA	No investment indicated, as acuity capture is poor. Review in 6 months	<b>73/27</b>	<b>LV 0</b>	<b>6.87</b>
<b>LGH W19</b>	Current establishment satisfactory	To improve acuity capture. The ward closes Saturday tea time – and this has altered the acuity and staffing figures – reviewing bed base for orthopaedics/surgical specialities (on going) A lot of unrest with staff due to uncertainty of opening and closing of ward.	<b>64/36</b>	<b>LV 0</b>	<b>11.0</b>
<b>LRI W17</b>	Current establishment satisfactory	To continue recording in reach/outreach of spinal patients within the Trust. Developmental Band 7 role being explored to move the spinal service forward To look at bespoke advert for nurse recruitment as increasing nursing vacancies. In progress to recruit a spinal TAP in 2017/18. 3 Spinal CNS now in post.	<b>58/42</b>	<b>LV 0</b>	<b>8.1</b>
<b>LRI W18</b>	Current establishment satisfactory	To look at bespoke advert for nurse recruitment. Discharge TAP has been recruited, exploring the implementation of pharmacy technician roles to support the team around the patient	<b>58/42</b>	<b>LV 0</b>	<b>6.0</b>
<b>LRI W32</b>	Current establishment satisfactory	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	<b>55/45</b>	<b>LV 0</b>	<b>8.0</b>

		care. No investment currently indicated, for review in 6 months.1 Nurse associate in training, review recruitment of pharmacy technician roles to support the team around the patient, TAPS have been recruited to this ward			
<b>LRI W 9</b>	Current establishment satisfactory	All activity including ward attender activity is captured in acuity review and this is showing an increase of emergency patients. Triage shift is staffed from 10-6 however this will need increasing, therefore business case in progress to support an increase triage staffing. 1 ENT ANP has been recruited for the service	<b>62/38</b>	<b>LV 0</b>	<b>8.2</b>
<b>LRI ASU</b>	Current establishment satisfactory, for elective surgical activity	Capturing the day case activity and acuity through safe care. When the ward has outliers the staffing levels do not meet the increased acuity demand, this is twinned with a lack of admin support, CMG to review this. This ward has received 1 CQC concern in the last 6 months	<b>74/26</b>	<b>LV 0</b>	<b>Information not available</b>
<b>LRI KINMONTH</b>	Current establishment satisfactory	Looking at new roles on Kinmonth, additional housekeeper recruited to support the weekends.	<b>67/33</b>	<b>LV 0</b>	<b>9.3</b>
<b>GH W24</b>	Current establishment satisfactory	Now capturing the day case activity through the ward during the day (but small no's). Vacancies and sickness are high but have managed due to decreased workload.	<b>68/32</b>	<b>LV 0</b>	

#### **Recommendations.**

No investment indicated across the CMG; however the reoccurring theme is the use of the CMGs beds for other specialities which impacts on the retention of staff across the CMG

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	Funded Skill Mix	Dashboard Level	CHPPD
<b>LGH W 31</b>	Current establishment satisfactory	Matron and Head of Nursing monitoring safe care data Acuity inputting has not being 100%, on average it shows this ward only treats 5.27 patients a day, however with Safe care this is improving dramatically..	<b>60/40</b>	<b>LV 0</b>	<b>10.0</b>
<b>LGH W 11</b>	Current establishment satisfactory	This ward has a small staff base, sickness and vacancy is minimal currently There is increased activity with ambulatory clinics some increase in establishment may be required in the future to address this. As a day case unit it is not now included in the dashboard. The ward review showed a good environment with 100% appraisal rate.	<b>50/50</b>	Not on the dashboard	<b>Not recorded</b>
<b>LRI GAU</b>	Current establishment satisfactory	This is a 12 bedded unit which has inpatients as well as assessing gynae emergencies, the staffing ratio's work well to provide a safe, efficient service. New ward sister being appointed, this ward has ANP support	<b>56/44</b>	<b>LV 0</b>	<b>14.1</b>
<b>LRI &amp; LGH Maternity</b>	Business case	Business case has been completed in response to the Safer Births review that was undertaken, this has been presented to Revenue Investment Committee and agreed in principle, but will require funding to support the phased implementation of the recommendations to increase the ratio of midwives to birth form the current 1:29, to 1:28, this required an initial investment of 15 WTE	<b>LGH – 75/25 LRI- 81/19</b>	<b>LV 0</b>	
<b>LRI Neonatal Lv 3 unit</b>	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 unit is safe	<b>80/20</b>	<b>LV 1</b>	<b>11.6</b>

<b>LGH Neonatal Lv 1 unit</b>	Current establishment satisfactory	The unit is staffed on one nurse to four babies, and there is a higher ratio of Band 6 nurses on this site to support the reduced medical staff cover	<b>75/25</b>	<b>LV 0</b>	<b>8.1</b>
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Recommendations
<p>Following an external review maternity require investment to support an incised midwife to birth ratio a business case has been presented to Revenue Investment Committee and supported, it will be considered with other competing priorities at budget setting.</p> <p>The neonatal service can meet acuity in the current establishment for the cot base, further investment would be required to meet planned expansion in the future</p>

### 3.2.7 Childrens

Ward/Area	Outcome	Actions	Funded Skill Mix	Dashboard Level	CHPPD
<b>LRIW 10</b>	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 Metrics show the ward is well managed Concerns regarding validity of acuity scoring. Ward 10 has some highly dependent patients often with 3 or 4 patients receiving TPN and well as other HDU patients.	<b>70/30</b>	<b>LV 0</b>	<b>11.2</b>
<b>LRI W19</b>	Current establishment satisfactory	Increased band 6 posts from 2 to 4.5 in order to ensure strong leadership on all shifts and help promote recruitment and retention Data shows slightly over staffed but does not take into account high turnover of patients, multiple theatre runs due to multiple specialities listed at the same time and additional clinics. Increase in HCA recruitment to support this	<b>70/30</b>	<b>LV 0</b>	<b>10.3</b>
<b>Ward 19 Medical Day Care</b>	Current establishment satisfactory	No Metrics for this area at present as has a shared space on ward 19 There is no safe staffing data for the day ward. Day ward move to Ward 14 has been delayed in line with the delay in relocation of CAU to PED now expected to be April 2018 Planning to increase activity in line with additional capacity on ward 14.	<b>80/20</b>		No data
<b>LRI W27</b>	Funded establishment requires investment to meet staffing requirements.	Investment required of 6.65wte to meet the recommended nurse to bed ratio's for HDU patients and patients requiring specialist care ( young adults) Band 7 vacant posts currently, matron covering this role There is a discrepancy in the acuity data as day care staff are included in the calculation.	<b>80/20</b>	<b>LV 1</b>	<b>14.5</b>
<b>LRI W28</b>	Current establishment satisfactory however will need review at next acuity review	Beds flexed to maintain safety. Matron appointed to ward Band 6 posts have been increased from 2 to 4.5 in	<b>66/34</b>	<b>LV 0</b>	<b>10.1</b>

		order to provide strong leadership on all shifts and helping to support staff and improve retention of staff Metrics and ward review both improved Funded establishment requires investment to meet RCN guidance the ward has a short fall of 4.7wte			
<b>LRI W11</b>	Current establishment satisfactory however will need review at next acuity review	Matron now appointed. Funded establishment requires investment. Does not meet RCN guidance of 1:3 for <2 years and 1.4 > 2 years require additional 6.13wte Also to achieve required additional bed capacity need to open 5 additional beds funding required 8.4wte Total investment required 14.53 wte Increased band 6 posts from 2 to 4.5 in order to ensure strong leadership on all shifts and help promote recruitment and retention	<b>58/42</b>	<b>LV 0</b>	<b>9.2</b>
<b>LRI W12</b>	Funded establishment needs investment	Agreed non recurrent funding to increased qualified nurses to 5 per shift increasing HDU capacity, however this is being done on an ad-hoc basis through bank and overtime, further recruitment is required Data shows over staffed but does not take into account when beds are closed Investment of 10 wte qualified nurses is required to be able to meet the RCN standards and accommodate 10 HDU beds	<b>81/19</b>	<b>LV 0</b>	<b>30.0</b>
<b>LRI W14 (CAU)</b>	Funded establishment requires investment	Data shows overstaffed this is due to the fact that not all the activity within CAU is captured on nerve centre only looks at beds and not assessment and short stay areas. CAU will be moving to PED in July Investment required 4.2 wte registered/1.8 unregistered	<b>66/34</b>	<b>LV 0</b>	<b>Information not available</b>
<b>GH W30</b>	Current establishment satisfactory	Funded establishment adequate to meet staffing requirements. Investment from the ECMHC Business case for staffing to increase bed capacity High vacancy levels at present which is multifactorial, pressures on the ward due to high activity. No ward manager at present as unable to recruit, matron and	<b>76/24</b>	<b>LV 1</b>	<b>11.5</b>

		lead nurses support the ward until a replacement can be found.			
<b>GH PICU</b>	Current establishment satisfactory	Funded establishment adequate to meet staffing requirements High vacancy levels 10.10wte qualified	<b>89/11</b>	<b>LV 0</b>	<b>23.5</b>
<b>LRI CICU PICU</b>	Current establishment satisfactory	New Matron in post working with the team to develop leadership skills and improved team working. Weekly audits are now undertaken by the matron and the metrics have improved for September and are green for all domains. A focus will be on maintaining this improvement	<b>87/13</b>	<b>LV 1</b>	<b>31.4</b>

#### **Recommendations.**

The Head of Nursing has benchmarked all areas against the RCN guidance, Safe and sustainable and productive staffing National Quality Board recommendations and a number of areas across the Childrens hospital require investment to achieve these levels of staffing. A business case is being developed to work towards these standards in a staged and prioritised way. Recruitment remains a challenge locally and nationally and even if funding was agreed it would take some time to be able to achieve these numbers. Three Learning Disability (LD) nurses have commenced work recently and appear to be working well. Nursing associates are being trained

Leadership – The Head of Nursing has increased the number of band 6 deputy sisters in all wards within budget, to ensure strong leadership on a daily based as well as support and development for junior staff and providing a better career structure for staff within the Childrens Hospital. This has been a really positive move as the wards are calm, there is a Band 6 or 7 on every shift and the staff feel supported. Overall turnover has reduced by 50% which is helping to close the vacancy gap that remains.

### 3.2.8 Intensive Care, Theatres, Anaesthesia, Pain and Sleep

Ward/Area	Outcome	Actions	Skill Mix	Dashboard	CHPPD
<b>GH ITU</b>	Budget excess. (10WTE)	The CMG has identified that this Unit is currently planned to be fully recruited and have agreed to over recruit in anticipation of the bed expansion at the GGH. Elective admissions and discharges are related to staffing levels. Quality metrics affected through poor compliance which has been addressed Action on UHL Leadership retention projects within CMG requires support	<b>90/10</b>	<b>LV 0</b>	<b>38.8</b>
<b>LGH ITU</b>	Current establishment satisfactory	Action on UHL Leadership retention projects within CMG requires support. Plan to reduce RN ratio in the future and increase the amount of TAPS and Nursing Associates in this area.	<b>91/9</b>	<b>LV 0</b>	<b>31.2</b>
<b>LRI ITU</b>	Current establishment satisfactory	Action on UHL Leadership retention projects within CMG requires support Study leave is high due to the nature of critical care and requirement for staff to have step competencies and Critical Care course in line with CQC requirements.	<b>93/7</b>	<b>LV 0</b>	<b>39.2</b>

#### 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 focus is on the problematic hand hygiene results, but a plan is in place across ITU to address this across the CMG through intensive support and focus from the senior nursing team.

The team will undertake some benchmarking in relation to the skill mix split across the units.

### **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 continues 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. Continue to 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. Specific priority and consideration to be given to the funding required for maternity and RRCV through the business case and investment process in line with 2018/19 budget setting.

### **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.