

To:	Trust Board				
From:	Michelle Rhodes – Director of Nursing				
Date:	March 2017				
Essential Standards:	Standard 13 NICE Safer Staffing Guidance NQB Guidance				
Title:	Nursing and Midwifery Establishment Review November 2016				
Author/Responsible Director: Debrah Bates/ Ian Waddie					
Purpose of the Report: To provide the Trust Board with the findings of the Nursing Establishment Review Nov-Dec 2016					
The Report is provided to the Board for:					
<table border="1" style="display: inline-table; margin-right: 20px;"> <tr> <td style="padding: 5px;">Decision</td> <td style="text-align: center; width: 30px;">✓</td> </tr> </table> <table border="1" style="display: inline-table;"> <tr> <td style="padding: 5px;">Discussion</td> <td style="text-align: center; width: 30px;">✓</td> </tr> </table>	Decision	✓	Discussion	✓	
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Summary/Key Points:					
<ul style="list-style-type: none"> The establishment review was carried out across the Trust in all ward areas bar paediatrics and maternity in Nov/Dec 2016 based on 950 open beds. The Safer Nursing Care Tool was used to collect data relating to patient acuity. The nursing team for each area has agreed the findings The results of the review are presented in this paper. Further review is required for paediatrics and midwifery The next review will be presented to the Trust Board in July 2017. 					
Recommendations:					
<ol style="list-style-type: none"> 1. Discuss the findings of the review and the current systems To note that the findings will be incorporated into the Integrated Business Planning (IBP) process 2. To acknowledge that an increase in beds as determined by activity/capacity modelling will mean increased staffing requirements 					
Strategic Risk Register	Performance KPIs year to date				
Resource Implications (eg Financial, HR)					
Assurance Implications					
Patient and Public Involvement (PPI) Implications					
Equality Impact					
Information exempt from Disclosure					
Requirement for further review?					

INTRODUCTION

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

Similarly, we know that looking beyond the numbers is also important- taking account of the skill mix, use of technology, the nature of the 'contact time' spent in direct clinical care, the contribution of others such as ward clerks and allied health care professionals as well as the local leadership, culture and environment all have their parts to play in providing the care we expect for our patients.

The purpose of this paper is to report to the Board the outcome of the nurse and midwifery staffing review as required by The National Quality Board Guidance (2013) 'How to ensure the right people, with the right skills, are in the right place at the right time *A guide to nursing, midwifery and care staffing capacity and capability*'.

This document sets out the 10 principles commissioners and providers should adopt when determining nursing and midwifery staffing.

The 10 principles for Trusts are as follows:

1. Boards take full responsibility for the quality of care provided to patients and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability.
2. Processes are in place to enable staffing establishments to be met on a shift to shift basis.
3. Evidence based tools are used to inform nursing, midwifery and care staffing capacity and capability.
4. Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns.
5. Multi professional approach is taken when setting staffing levels.
6. Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties.
7. Boards receive monthly updates on workforce information and staffing capacity and capability and is discussed at a public board meeting at least every six months on the basis of a full nursing and midwifery establishment review.
8. NHS Providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift.
9. Providers of NHS Services take an active role in securing staff in line with their workforce requirements.
10. Commissioners actively seek assurance that the right people, with the right skills, are in the right place at the right time within the providers with whom they contract.

2. PROCESS

The staffing review was carried out November 2016 to December 2016 and followed the same process previously completed and presented to the Trust Board in February 2016.

The review utilised nationally recognised tools, HURST and Safer Nursing Care Tool (SNCT) for the general areas and specialised areas have used specific recognised tools such as BEST (A&E). NICE Guidance and professional judgement were also considered.

In October 2017 all clinical areas were asked to collect patient acuity and dependency data utilising the Shelford Model. The Shelford Safer Nursing Care tool is an evidence based tool developed to help NHS hospitals measure patient acuity and dependency to inform evidence-based decision making on staffing and workforce.

A web system was used to provide the safer nursing care data for the establishment review. Acuity/dependency was measured on all inpatient wards daily and recorded on the tool during the data collection period.

The results from the tools were triangulated with the previous 3 months patient safety indicators (SQD, Safety Thermometer).

Individual sessions were then arranged, during which the Ward Sister/Charge Nurse, Matron and the Head of Nursing met with the Head of Non-medical Rostering and Bank Services, and Deputy Chief Nurse and Finance Manager. This approach to establishment review allows for open discussion, and for professional judgement to be applied alongside the triangulation of quality data with acuity/dependency data

During this process the Deputy Chief Nurse also used the discussion points below as lines of enquiry and each area was required to go through each point ward by ward through a confirm and challenge process to enable decision making regarding the final recommended staffing levels on each ward.

- The planned staffing on health roster and whether this appears 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 data collected.
- Whether budgeted establishments are adequate to meet the patient acuity and if an increase/ decrease is required.
- The role of the Assistant Practitioners and Nursing Associates for areas where a different model of care could be used
- Inclusion of supernumerary/supervisory time for ALL Ward Sisters/ Charge Nurses to provide effective leadership at ward level.
- Numbers of vacancies and staff utilisation including sickness, study leave, maternity leave and annual leave percentage.

In this review, ICU and CCU were also included, along with the Hospice at Grantham. Whilst women and Children's areas were included in the process, more work is required before these results can be presented to the Trust Board. This work will be carried out over the next few months and presented to the Board in July 2017.

An external review of the midwifery establishment will be commissioned through Birthrate Plus and will also be reported in July.

3. SUMMARY OF THE FINDINGS/ACTIONS REQUIRED

The findings of the majority of areas suggested that SNCT requirements were in line with current establishments. Therefore this review has demonstrated there is a reasonable coverage of nurse to patient ratio of 1:6 to 1:8 for most adult inpatient wards. In addition all other triangulated data would suggest most inpatient wards are suitably established for the activity, dependency and occupancy of patients with the exceptions of the areas detailed below, which would benefit from specific actions / recommendations as summarised:

Table 1

Ward/ Area	Outcome	Actions/ Recommendations
Carlton Coleby Ward, Lincoln	A true picture of acuity has been difficult to capture accurately for this area due to the NIV patients and increased demand the ward is repeating the data collection exercise. The ward has requested an increase in RN by 2.52 wte to provide an additional RN on the night shift. This has been agreed on a temporary basis following a risk summit.	<ol style="list-style-type: none"> 1. Recognise the changing specialist requirements of this ward 2. Continue temporary increase until data collection is complete and review. 3. A review of the Trust's NIV service is required.
Johnson Ward, Lincoln	The ward has requested additional establishment of 2.55 wte registered nurses and 4.35 wte unregistered to support the service being offered through a 24 hour period. However, this was not reflected in the acuity data that was collected.	<ol style="list-style-type: none"> 1. Maintain current establishment and repeat acuity collection in 6 months
Waddington Ward, Lincoln	The establishment for Waddington ward is based currently on 26 open beds. However, 6 escalation beds are frequently open as part of the site operational strategy for dealing with excess demand	<ol style="list-style-type: none"> 1. Recognise the ongoing use of escalation beds as part of the site operational strategy 2. Review funding of additional 6 escalation beds not included in the current funded establishment

Ward/ Area	Outcome	Actions/ Recommendations
Ward 7B, Boston	It has been difficult to capture accurately for this area due to the NIV patients and increased demand There are significant vacancies on this ward regularly up to 50% of registered staff are from bank or agency. This area requires ongoing monitoring pending a review of the NIV service, which was identified through the risk summit process to maintain patient safety.	<ol style="list-style-type: none"> 1. Recognise the changing specialist requirements of this ward 2. Maintain current establishment pending ongoing risk summit process findings 3. A system wide review of the Trust's NIV service is also required as further investment may be required in accordance with BTS guidelines 4. Repeat acuity collection in 6 months 5. Continue the use of NIV trained agency nurses as required 6. Keep 4 beds closed
Women and Children's Services	Women and Children's establishments have been based on 169 beds/cots.	<ol style="list-style-type: none"> 1. Following consultation with the Head of Midwifery and Finance Manager for Women & Children's business unit it is felt that further work needs to be undertaken to determine future staffing requirements which will be highlighted in the July 2017 staffing review 2. An external review of the midwifery establishment will be undertaken and reported to the July Trust Board 3. Current paediatric nurse inpatient establishment is not based on RCN guidance. This will be formally reviewed and reported to July Trust Board 4. The establishment for gynae inpatient areas requires review as it does not include an

Ward/ Area	Outcome	Actions/ Recommendations
		establishment for ward attenders
Ward 5A, Boston	The ward are requesting funding for an additional 4.12wte HCSW This would provide an additional HCSW on each late and night shift. The acuity data collection does not support this request	1. A business case should be developed for the additional HCSW and discussed at IPB. Professional judgement would support this recommendation.
Ward 3B	The ward are requesting 5.72 wte HCSW to allow for an extra post on the late and night shift.)	1.
Lancaster Ward, Lincoln	The ward are requesting 2.52 wte HCSW on nights because of ward environment	1. A business case should be developed for the additional HCSW and discussed at IPB. Professional judgement would support this recommendation

Overall, the following table details the staffing requirements by site;

Site	Registered (wte)		Unregistered (wte)	
Lincoln & Louth	581.97	(2.52 increase)	302.37	(6.64 increase)
Boston	368.41	(5.23 decrease)	224.52	(15.17 increase)
Grantham	138.91	(0.06 decrease)	66.77	(0.22 increase)
Total	1089.29	(2.77 decrease)	593.66	(22.03 increase)

Other findings to note

- Many wards / areas, particularly at the Lincoln site, had already reviewed and changed their establishments as new services had been developed. Where this had happened, Finance were able to confirm that budgets had been allocated to support the changes. For example, Scampton (previously Hatton)
- Nursing services have introduced a new role into the establishments this year, which is part of a national pilot; the role of Trainee Nursing Associate (tNA). The Role will bridge the gap between HCSWs and Registered nurses and will be a band 4. We have 25 trainees who started in January and the areas who are supporting them have built the role into their establishments from their registered nurse vacancies.

- A number of areas made reference to the need for additional Housekeepers, however, this was not included in this review as a separate exercise is being undertaken in the Trust to look at housekeeper provision.
- A number of clinical areas made reference to the need for additional receptionist hours, including at the weekend. Whilst this again has not been included in this review, it would be a recommendation that this is considered as there may be efficiency gains to be made from this.
- At Grantham, the Hospice in the Hospital was originally funded via a business case, which did not include the 22% uplift in establishment which meets the needs of sickness, annual leave and training. As such, every time the team working in the Hospice requires this, it is left to the site to manage and fund. It is recommended that this is taken back to the commissioners to look at further.
- Maternity staffing figures have previously been calculated using the 'Birthrate Plus' model, this is to be repeated as the birth rate has changed and some areas of midwifery practice are set to change, i.e. Statutory Supervision.

4. CONCLUSION

The requirement to meet safer staffing standards is an ongoing and significant challenge for many service providers. The recommendations in this review set out what is required to continue our journey of Quality Improvement.

The opportunity to 'do things differently' is both exciting and challenging and delivery of the nurse staffing action plan is crucial to the sustainability of a successful nursing/professional workforce.

Actions to address any immediate staffing issues are dealt with by the nursing and management teams on a day by day, shift by shift basis.

The next nursing and midwifery establishment review will be carried out in May/ June 2017 and reported to the Trust Board in July 2017, this will contain further detail on the women and children's services.

5. RECOMMENDATIONS

The Board are asked to

- Discuss the findings of the review
- Agree the Actions set out in table 1
- Note that any investment into the Nursing establishment will follow the Integrated Business Planning (IBP) process
- Acknowledge that an increase in beds as determined by activity/capacity modelling will mean increased staffing requirements needs

The details of the review per hospital site are laid out in appendix 1 of this document

APPENDIX 1 SITE OVERVIEW**a. Grantham Hospital**

The assessment for the staffing at Grantham District Hospital (GDH) has been based on 96 beds. In summary GDH's "Confirm and Challenge" sessions resulted in a recommendation to support the following requirements as detailed in the table below:

	Variation from funded Registered Staff	Variance from funded Unregistered Staff
Site Total	-0.06 WTE	0.22 WTE

b. Pilgrim Hospital

The assessment for the staffing at Pilgrim Hospital (PHB) has been based on 323 beds; in summary the "Confirm and Challenge" sessions have resulted in a request to increase in the number of RN's and HCSW required to support this number of beds as described below:

	Variation from funded Registered Staff	Variation from funded Unregistered Staff
Site Total	-5.23 WTE	15.17 WTE

c. Lincoln & Louth Hospitals

The assessment for the staffing at Lincoln Hospital has been based on 531 beds and is described below:

	Variation from funded Registered Staff	Variation from funded Unregistered Staff
Site Total	2.52 WTE	6.64 WTE

d. Women's and Children's

In summery Women and Children's has been based on 169 beds/cots. The 'Confirm and Challenge' sessions have resulted in a recommendation to fully review the services being offered via the business unit and to ensure that where additional services are being provided from in-patient areas such as in Gynaecology at Boston, that staffing requirements are also considered at the expected staffing ratio's.

Following consultation with the Finance Manager for Women & Children's it is felt that further work needs to be undertaken to determine future staffing requirements which will be highlighted in the July 2017 staffing review.

e. Skill Mix

The outcome of the staffing review has resulted in an overall site skill mix for the general wards, as detailed in the table below. These exclude Women and Children's.

	Outcome of 2017/2018 Staffing Requirements		% Skill Mix	
	<u>Total Reg (wte)</u>	<u>Total Unreg (wte)</u>	<u>Total Reg</u>	<u>Total Un-Reg</u>
Lincoln	581.97	302.37	65.81%	34.19%
Boston	368.41	224.52	62.13%	37.87%
Grantham	138.91	66.77	67.54%	32.46%
ULHT	1089.29	593.66	64.73%	35.27%