

Trust Board
25th October 2018

AGENDA ITEM	15.2	
TITLE OF PAPER	Safer Staffing Nursing Establishment- 6 month review	
Confidential	NO	
Suitable for public access	YES	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN SUBMITTED		
People Committee		
<u>STRATEGIC OBJECTIVE(S):</u>		
Quality Of Care		Ensuring appropriate nursing establishments positively impacts on patient safety and experience.
People		Ensuring appropriate nursing establishments positively impacts on patient outcomes. Safer staffing for adult in patients in acute hospitals (NICE, 2014).
Modern Healthcare		Investment in staffing is based on evidence-based methodology and supported by professional judgement.
Digital		The data collection process for the 6 month review is under review and will form part of the wider electronic rostering system review.
Collaborate		
EXECUTIVE SUMMARY		
<p>This paper presents the results of the Statutory 6 month review of acuity and dependency that was conducted in January / February 2018 including the output of the acuity and dependency review and the application of professional judgement as well as senior executive challenge.</p> <ul style="list-style-type: none"> • The review complies with NHS England's Hard Truth Commitments and Expectation 7 of the National Quality Board guidance. • The acuity and dependency review was calculated using the Shelford Group Safer Nursing Care tool (SNCT). The data was received professional scrutiny and challenge at senior nursing/midwifery leadership meetings. • All adult in patient wards were included in the review and this included Wordsworth Ward which is the Stroke rehabilitation and escalation ward at Ashford. • Proposed whole time equivalent (WTE) has included activity such as patient escorts and staff needed for vulnerable patients requiring closer observation, which have not previously been calculated as 		

	<p>part of the acuity and dependency review. Results demonstrated that, since the March 2017 review, six wards have increased acuity and dependency for patients with acuity level 1b and above, whilst eight wards have decreased acuity for level 1b and above.</p> <ul style="list-style-type: none"> The review along with the professional judgement from the Chief Nurse and Divisional Chief Nurses identified that a total of 8.83 WTE increase has been recommended. The WTE data was converted to Care Hours Per Patient Day (CHPPD) by ward, thus allowing for benchmarking using the Model Hospital safe staffing metrics. This data was separated into registered and support staff. This data was also compared to Median data from a peer group of Trusts. This comparison shows the Trust as being above a peer group average for 11 wards.
RECOMMENDATION:	
SPECIFIC ISSUES CHECKLIST:	
Quality and safety	The failure to comply with regular staffing reviews would have implications for the Trust CQC rating and may impact on patient safety and experience.
Patient impact	The rigour applied to the setting of nursing establishments builds confidence in the public and patients.
Employee	Establishments correctly adjusted for acuity and dependency will reduce the burden to nursing and midwifery staff delivering care. This will be affected by vacancy rate.
Other stakeholder	Owing to multidisciplinary of working, safe staffing levels on wards would ensure a higher quality of care delivered. This will positively impact doctors, therapists, pharmacists and other disciplines working in inpatient settings.
Equality & diversity	Consideration has been given to equality of access.
Finance	Will be included in the business planning cycle.
Legal	None
Link to Board Assurance Framework Principle Risk	The failure to comply with regular staffing reviews could result in enforcement or legal action should the Trust fail to meet fundamental standards of care.
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PRESENTED BY	Russell Wernham, on behalf of Sue Tranka, Chief Nurse
DATE	25 th October 2018
BOARD ACTION	Assurance

1. Background and scope

In June 2014 it became a national requirement for all hospitals to publish information relating to staffing levels on their wards. This request followed the publication of reviews and reports including the Francis report on Mid Staffordshire (Francis 2013) and the Cavendish review: an independent inquiry into healthcare assistants and support workers in the NHS and social care setting (Cavendish 2013).

At least annually, Boards should receive a report detailing current Nursing & Midwifery workforce requirements. This should be based on an evidence-based tool in conjunction with the use of professional judgement.

In March 2018 the Trust undertook the planned 6 monthly review of the Safer Staffing Establishment using acuity and dependency data recorded by the wards using the Shelford Group Safer Nursing Care Tool. Paediatrics, Maternity, Critical Care and Accident and Emergency also have specialised means of review not included in this review. Paediatrics, Maternity and Accident and Emergency will report in quarter 3 to the People Committee.

Developments in roles and training have not impacted on this current report. It is expected that this methodology will be adapted or changed to incorporate changes in workforce dynamics commencing in April 2019. These changes will include the first wave of Nursing Associates coming online as registered professionals on the NMC register. It will also see the inclusion of the first wave of Nurse Degree Apprenticeships commencing in March 2019.

Currently the output of this review indicates an increase of 8.83 WTE to the overall establishment, which is detailed in appendix 1.

2. Strategic issues and options

This review will underpin the business priorities as detailed from Divisional business planning for 2019/20. This planning will incorporate the Nursing Associates as an identified part of the workforce. Business planning will remain a key element of the planning cycle.

Divisional Chief Nurses, supported by the Chief Nurse, will identify and plan establishments based on this new registered role ensuring the skill set is suitable for the patient demographic. This may mean a move away from the traditional ratios of nurses and health care assistants.

3. Assumptions

Trust Board can be assured that the review undertaken was supported by the Shelford Group Safer Nursing Care Tool (SNCT), an established methodology for data collection on acuity and dependency. Details of the results can be provided.

The methodology of data collection is under review at Trust level to move from a paper based system to an electronic collection. This will save working hours to provide more front line care and will also enable contemporaneous data review to allow a greater frequency of establishment review.

4. Risks and Issues

Every year since 2014 the Trust has fulfilled its obligation to do 6-monthly reviews of the acuity and dependency of its wards. Basing the review on WTE, the reports have often indicated a requirement to invest further in staffing. Whilst this remains the case for this current review, the use of Care Hours Per Patient Day (CHPPD) as a standardised metric has allowed better scrutiny of ward and department safety in comparison with a local peer group of Trusts detailed in Appendix 1.

By standardising the unit of measurement to CHPPD, benchmarking has been facilitated and triangulated with quality and safety data. This is detailed in Appendix 1 with an aggregated CHPPD score for the 12 month period. This score is inclusive of both registered and unregistered staff working within the ward establishments and is based on the number of patients recorded on a daily basis. The data has also been provided for the CHPPD based on both registered and unregistered staff groups

The Chief Nurse and the Divisional Chief Nurses have analysed the results of the 6-monthly review, in particular the conversion to CHPPD. Although the review has indicated there needs to be slight investment, initial comparison shows that 11 wards are more generous when benchmarked with comparable wards in the local Trust peer group. Appendix 1 shows that these wards have also had no increase in harm from the summer to the winter period.

This supports the key areas of focus, which are:

- The planned skill mix taking into account CHPPD and patient demographic.
- The possibility of establishment changes, or ward demographic reviews to allow planned establishments to meet the care and safety needs of the patient group.
- Creating better staffing stability by the use of correctly planned establishments providing increased continuity and supporting staff retention.
- Continue benchmarking comparisons with wards in the Model Hospital in order to better inform different ways of working to avoid unhelpful and unachievable investments in establishments.
- Look at shift patterns and multidisciplinary working on order that we work in partnership across the multidisciplinary teams.

5. Conclusion

The Board is asked to note that we are providing assurance that the safer staffing review has been conducted in accordance with expectation 7 of the Hard Truths commitments requiring publishing of safer staffing reviews. We currently achieve this by publishing monthly staffing figures on our public website and submitting figures to NHS England via a central upload. Operationally we maintain our safer staffing by conducting daily senior nurse safety huddles and shift fill reviews with operational nurse leaders. For periods of increased activity, such as Easter and bank holidays, the Trust conducts extended staffing shortfall reviews against roster key performance indicators. These reviews are then analysed and actions are taken by Divisional Chief Nurses.

Currently the output of this review determined an investment of 8.83 WTE, as detailed in appendix 1. A decision not to invest at this time was agreed at the People Committee in September 2018. This decision not to invest in 8.83 WTE staff was taken in the context of the severe current national recruitment and retention issues and the local challenges we are experiencing. Pending review of nurse to patient ratios and the introduction of Nursing Associates into the registered workforce which will allow for designing new roles into ward establishments, an increase in the traditional nursing establishment is not the favoured approach. In the context of recruitment and retention issues, increasing the number of WTE staff in establishments will adversely affect staff who will see no contextual increase in staffing, but will see higher vacancies within the ward establishment. This increased unfilled establishment gives the impression of reduced shift fill.

The Chief Nurse, with Divisional Chief Nurses, will now review nurse to patient ratios against shift patterns, establishment and skill mix reviews. This will be done in conjunction with the introduction of Nursing Associates and the development of new models of working.

Appendix 1 – Acuity and Dependency Metrics

Ward	No of Beds (per Nursing Review Templates)	RN to Patient Ratio Day	RN to Patient Ratio Night	2018/19 Funded WTE	2017/18 Budget £	£/ WTE	Total Harms March 2017	Total Harms March 2018	Change	Proposed WTE	Change in WTE	Change in £	No of Pts (May16-Apr17)	Aggregated Registered Nurse Care Hours	Aggregated Unregistered Staff Care Hours	Aggregated Care Hours Per Patient Day (CHPPD)	Model Hospital Peer Group* Median	Model Hospital Benchmark
AMU	38	1:4	1:6	61.65	2,123,929	34,451	16	10	6	51.74	-9.91	341,109	13,927	4.0	3.6	7.6	7.1	7.7
Aspen	27	1:5	1:6	51.46	1,796,384	34,908	11	6	5	42.06	-9.4	328,135	10,321	4.2	3.7	7.9	7.3	8.2
BACU	21	1:3	1:4	40.7	1,608,386	39,518	2	3	-1	35.28	-5.42	214,187	7,096	7.6	1.3	8.9	7.8	8.9
Bradley Unit	12	1:6	1:12	22.09	778,341	35,235	N/A	3	0	25.98	3.89	137,064	5,253	2.1	3.0	5.1	7.1	5.2
Cedar	23	1:5	1:7	32.25	1,136,339	35,235	6	5	1	34.74	2.49	87,735	7,899	3.7	3.6	7.2	7.1	7.2
Cherry	29	1:6	1:9	38.74	1,298,728	33,524	2	7	-5	48.97	10.23	342,950	10,299	3.1	3.5	6.5	7.1	6.5
Dickens	24	1:8	1:12	24.62	896,456	36,412	2	1	1	16.74	-7.88	286,926	4,263	5.1	3.8	8.9	7.0	8.0
Falcon	22	1:5	1:8	28.34	1,052,950	37,154	2	1	1	28.61	0.27	10,031	7,710	3.9	3.0	7.0	7.2	6.7
Heron	12	1:4	1:6	22.04	837,510	38,000	4	1	3	18.89	-3.15	119,700	4,128	5.2	3.5	8.7	7.2	8.0
Holly	30	1:6	1:10	40.84	1,418,459	34,732	0	5	-5	48.04	7.2	250,070	10,949	2.6	3.7	6.3	5.9	6.5
Kingfisher	33	1:6	1:11	40.92	1,450,702	35,452	3	1	2	46.35	5.43	138,138	11,298	2.8	2.7	5.4	7.2	5.5
Maple	27	1:5	1:9	46.36	1,548,692	34,142	2	3	-1	47.36	1	34,142	8,006	2.6	3.6	6.2	7.1	7.9
May	22	1:6	1:7	26.5	1,016,576	38,361	6	2	4	35.52	9.02	346,016	8,073	3.3	2.8	6.1	7.1	7.9
SAU*	14*	1:3	1:6	28.89	1,028,281	35,593	2	2	0	23.14	-5.75	204,659	4,929	5.6	3.5	9.3	7.2	8.6
Swan	31	1:6	1:8	48.16	1,553,199	33,012	9	9	0	42.82	-5.34	176,284	10,575	9.9	0.7	6.4	7.0	6.3
Swift	26	1:5	1:7	38.87	1,330,316	34,225	11	4	7	44.18	5.31	183,489	9,488	2.9	3.6	7.6	7.2	7.2
SDU & Wren	7	1:3	1:3	15.46	627,776	40,606	0	1	-1	9.9	-5.56	225,880	2,572	3.0	4.5	10.6	7.2	10.6
Wordsworth**	19	1:6	1:9	17.54	875,265	32,929	2	2	0	33.94	16.4	249,272	6,370	2.9	3.3	6.2	6.8	5.9
Total	405			625.43	21,599,948		80	66	14	634.26	8.83	412,463	143,156	74.4	57.4	131.9	127.6	132.8
*SAU Virtual Beds Not in Count Wordsworth now closed			**	Model Hospital Peer Group members are: Royal Surrey County Hospital, Frimley Health, Kingston Hospital and Epsom and St Helier.														