West Hertfordshire Hospitals NHS
NHS Trust

Trust Board Meeting
3 December 2015

Title of Paper:	**Bi-annual nursing and midwifery establishment review**
Agenda Item:	**11/32**
Lead Executive:	**Tracey Carter, Chief Nurse & Director of Infection Prevention and Control**
Author:	**Rachael Corser, Director of Nursing Leadership**
Trust Objective:	Tick as appropriate: ☑ Achieving continuous improvement in the quality of patient care that we provide and the delivery of service performance across all areas; ☐ Setting out our future clinical strategy through clinical leadership in partnership and with whole system working; ☐ Creating a clear and credible long term financial strategy.
Purpose:	The aim of this paper is to provide evidence to the Trust Board that there is compliance with the requirements set out in the National Quality Board's 10 Expectations to ensure safe nurse staffing through undertaking regular establishment reviews, using a ratified audit tool, across the adult inpatient areas.
Link to Board Assurance Framework (BAF)	• PR1 Failure to provide safe, effective, high quality care (insufficiently robust and embedded quality governance and risk management) • PR2 Failure to recruit to full establishments, retain and engage workforce
Previously discussed:	
	Committee
Name:	Safety & Quality Committee
Date:	24 November 2015

Benefits to patients and patient safety implications
Ensuring we have adequate numbers of nurses and midwives across our clinical areas is a fundamental standard set out by our Regulator. There are established and evidenced links between patient outcomes and whether organisations have the right people, with the right skills, in the right place at the right time.

Recommendations:

For information and assurance

Agenda Item: 11/32

Trust Board meeting - 3 December 2015

Biannual nursing and midwifery establishment review - Adult Inpatient Wards

Presented by: Tracey Carter – Chief Nurse & Director of Infection & Prevention Control

1. Purpose:

1.1 The purpose of this paper is to provide evidence to the Trust Board that there is compliance with the requirements set out in the National Quality Board's [1]10 Expectations to ensure safe nurse staffing through undertaking regular establishment reviews, using a ratified audit tool, across the adult inpatient areas.

2. Background:

2.1 In March 2015, the Trust Leadership Executive Committee received a report following the second biannual establishment review undertaken in the winter of 2015; with the first review presented to the Board in October 2014, following the establishment review that was undertaken in the spring of 2014.

2.2 It is an expectation that all Trust Boards receive papers on establishment reviews at least every six months, using an evidence-based tool and taking a multi-professional approach when setting nursing, midwifery and care staffing establishments (NQB, 2014; NICE, 2014). There has been a move to increase the multi-professional working in some areas, with a focus at WHHT on the way that stroke services work, particularly in developing the role of the therapy and care assistant in what have traditionally been nursing assistant roles.

2.3 WHHT has agreed an approach for setting and reviewing adult ward based nurse staffing levels through using the Safer Nursing Care Tool (SNCT). The SNCT is an evidenced based tool that enables nurses to assess patient acuity and dependency, incorporating a staffing multiplier to ensure that nursing establishments reflect patient acuity and dependency. It should be used in conjunction with Nurse Sensitive Indicators, e.g. falls and pressure ulcers, ward layout, patient flow and incorporating the clinical and professional judgement of the ward leaders.

2.4 The SNCT is based on the critical care patient classification, with updated descriptors for assessment areas in 2015 (Appendix 1). There are five descriptions of levels of care. It is a tool that enables benchmarking across other Trusts and wards. The audit was undertaken at 3pm, every day throughout April 2014. The ward staff are giving training and support to complete the audit to ensure consistency and standardisation in scoring. The Heads of Nursing and Matrons are expected to review the data before final submission and subsequent analysis. The Senior Nurse for Workforce collates the data. All multi-pliers are adjusted to reflect the 21.6% uplift and the supernumerary band 7s were excluded from the SNCT recommendation and funded baseline.

[1] National Quality Board (2014) 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.

2.5 There is evidence to suggest that the lower the ratio of RN to patient the greater the outcomes are for patients. NICE (2014) and the RCN (2010) suggest that this ratio should be no lower than 1:8 during the day with a recommendation that this is no lower than 1:7 in older people's areas. There is also a requirement to ensure that the skill mix of RN:HCA is monitored and considered when evaluating the establishments.

2.6 Preliminary findings have been shared with the Heads of Nursing throughout the summer where further challenge and discussion has taken place before agreeing the final recommendations.

2.7 On 13 October a joint letter from the TDA/Monitor, CQC, NHS England and NICE was sent to all CEOs, copied to the Chief Nurses, DoFs and HRDs, outlining 'Safe Staffing and Efficiency' expectations. The key messages were:

- An acceptance that clarity and consistency was now needed regarding staffing in light of the ongoing requirements to meet expectations set out by the NQB two years ago and the need to provide New Models of Care set out within the Five Year Forward View.
- A clear emphasis on Providers using professional judgement in conjunction with the guidance that has been published in recent years with regards to staffing expectations.
- There is clear support for the use of AHPs and other non-ward based/non-frontline clinical staff supporting the patient care pathway.
- There is a strong emphasis on Providers taking an objective view of implementing national guidance, for example, the 1:8 ratio is a guide and not a requirement.

An extraordinary conference call was convened for all Chief Nurses where it was confirmed that the content of this letter was intended to be helpful but not an opportunity for Trust Boards to consider reducing staffing levels.

3. Results & Analysis:

3.1 The results of the establishment review from April 2015 are summarised in Appendix 2. The columns are broken down into WTE funded establishment, what the recommendation from the SNCT is and what the triangulation of the information is based on clinical and professional judgement and benchmarking.

3.2 The senior sisters/charge nurses are funded to work full time in a supervisory capacity.

3.3 All senior sisters/charge nurses and matrons were involved and contributed to the final recommendation and the output. As per NICE (2014) recommendations several models have been used when calculating the establishment prior to final triangulation.

3.4 The Chief Nurse has undertaken a final review of the data. The professional judgement has carried the most weight when considering the final recommendation for WTE.

3.5 The areas with the largest variance are:

3.5.1 ***Bluebell Ward*** – there is no guidance or robust benchmarking for staffing ratios or skill mix for patients being cared for in a elderly care/frailty unit. The unit cares for patients with complex needs and has been professionally judged to be suitably staffed to safely care for patients with complex care needs. A skill mix change was undertaken after the last establishment review, including skill mixing a band 5 RN to band 4 clinical assistant practitioner posts, reducing the RN ratio.

3.5.2 ***Cardiac Care Unit*** - whilst the establishment review shows a variance, the establishment has been benchmarked with 10 other cardiac units and is comparable.

3.5.3 ***Isolation Unit*** – the triangulated variance is 4.22 WTE. Due to the layout of the isolation ward and the single rooms, the staffing requirements will be higher in order to meet this need.

3.5.4 ***Sarratt Ward*** – due to the changes in the configuration of the bed base across Sarratt and Croxley wards and the fluctuations in acuity and dependency of the patients on the wards, the current audit tool does not multiply the workload accurately and a greater weighting needs to be applied to the Professional judgement of the Chief Nurse and the senior nursing team. The benchmarking data is based on 30 beds. There are additional considerations around the staffing requirements for the ward due to the concerns raised to the CQC during their visit in April 2015.

3.6 The ward dashboards have continued to be developed and include staffing and workforce as part of the quality metrics that are measured. The dashboard monitors two of the NICE red flags around staffing and the quality metrics associated with nurse sensitive indicators.

3.7 Recruitment and retention continues to be a challenge and the work to reduce the reliance on temporary workers, particularly agency nurses and midwives is a focus whilst recruitment is ongoing.

4. Next Steps

4.1 There is recognition that there is some discrepancy between the funded establishments and the worked rosters. Work is underway throughout November to validate this and all wards will be reviewing their worked rosters against their funded establishments to ensure alignment. Controls and processes around the management of nurse staffing and the use of temporary staff whilst recruitment is underway have been refreshed and will be monitored through the weekly nursing and midwifery staffing review meeting.

4.2 The current e-Roster system will no longer be supported by Allocate after April 2016. An upgrade to V10 will be necessary in order to ensure robust and cost effective rostering. Refreshed KPIs have been developed in order to support Senior Sisters with ensuring safe and efficient rostering of their workforce.

4.3 The fourth biannual establishment review for adult inpatient areas is planned for January 2016. Establishment reviews are planned for maternity services and emergency services.

4.4 The use of therapists at meal times in the Stroke ward to support patients with regaining confidence and independence has had positive feedback, from both the staff and patients. Work will be led by The Chief Nurse to review and evaluate the impact of interprofessional working in stroke and whether this is a model of working that can be applied to other clinical areas.

5. Risks

5.1 Recruitment and retention of Registered Nurses continues to be a challenge at WHHT, something that is of equal challenge on a national scale. Overseas recruitment has proven successful and will continue.

5.2 The requirement to balance safe staffing with the need to use temporary workers to backfill the vacant shifts is monitored daily through the senior nurse for workforce. The requirement to reduce the use of agency nurses to within 12% of the overall nursing spend will place additional risks to the wards in maintaining safe staffing levels whilst recruitment continues and when capacity and demand continues to be unpredictable.

6. Recommendations:

The Trust Board is therefore asked to:

- to consider the paper for information and assurance

Tracey Carter
Chief Nurse & Director of Infection & Prevention Control
24 November 2015

Appendix 1

SNCT methodology, patient classifications, multipliers and definitions

- Ward managers allocated each patient a score between zero and three based on Critical Care patient definitions.
- Scores were reviewed, validated and challenged daily by a senior nurse.
- Scores were multiplied by the factors outlined in SNCT guidelines the sum of the factors provided a recommended daily staffing establishment, reflecting qualified and unqualified nursing staff. An average score was calculated based on the three week period.
- Specific recommended multipliers were used for AAU to reflect patient turnover.
- All Multipliers were adjusted to reflect the 21.6% uplift applied at WHHT.
- Escalation capacity was excluded
- Supernumerary Band 7s were excluded from the SNCT recommendation and funded baseline.

	Adult inpatient		AAU			
Score	**SNCT multiplier**	**WHHT multiplier***	**SNCT multiplier**	**WHHT multiplier***	**Definition**	**Example care requirements**
Level 0	0.99	0.99	1.27	1.27	Patient requires hospitalisation. Needs met by provision of normal ward cares	Elective admission; Underlying medical condition requiring on-going treatment; Regular observations (2 - 4 hourly); ECG monitoring; Fluid management; Oxygen therapy < 35%; Single chest drain, Confused patient not at risk; Requires assistance of one person to mobilise
Level 1a	1.39	1.39	1.66	1.65	Acutely ill patients requiring intervention of those who are unstable with a greater potential to deteriorate	Increased level of observations and therapeutic intervention; Oxygen therapy > 35%; Post 24 hours following insertion of tracheostomy, central lines, epidural or multiple chest or extra ventricular drains
Level 1b	1.72	1.71	2.08	2.07	Patients who are in a stable condition but are dependent on nursing care to meet most or all activities of daily living	Complex wound management requiring more than one nurse or taking more than one hour; Mobility or repositioning difficulties requiring more than two people; Complex Intravenous Drug Regimes; Patients on EoL pathway; Confused patients at risk or requiring constant supervision
Level 2	1.97	1.96	2.26	2.25	May be managed within clearly identified designated beds, resources with required expertise and staffing level, or dedicated L2 facility	Deteriorating/ compromised single organ system; Patients requiring non-invasive ventilation/ respiratory support; CPAP/ BiPAP; Greater than 50% oxygen; Drug infusions requiring monitoring; CNS depression of airway and protective reflexes
Level 3	5.96	5.94	5.96	5.94	Patients needing advanced respiratory support and/ or therapeutic support of multiple organs	Monitoring and supportive therapy for compromised/ collapse of two or more organ/ systems; Respiratory or CNS depression/ compromise requires mechanical/ invasive ventilation; Invasive monitoring, vasoactive drugs, treatment of hypovolaemia/haemorrhage/ sepsis or neuro protection

Appendix 2

Establishment Review Outputs

Ward	Beds	Funded establishment	SNCT	Professional judgment	Dependency benchmark	Benchmark triangulation	Triangulation variance
Ridge	29	31.74	32.20	31.32	32.00	31.84	-0.10
Langley	16	18.88	17.82	17.52	20.10	18.48	0.40
Cleves	22	28.76	29.94	28.71	24.30	27.65	1.11
Flaunden	28	31.32	29.63	31.32	35.10	32.02	-0.70
Letchmore	22	23.44	26.10	23.49	27.60	25.73	-2.29
Croxley	28	39.15	46.76	39.15	29.70	38.54	0.61
Sarratt	30	49.59 (36 beds)	43.29	39.15	31.80	38.08	11.51
Aldenham	27	38.99	31.76	39.15	39.16	36.69	2.30
Heronsgate/Gade	37	48.22	47.78	50.81	43.40	47.33	0.89
Cassio	22	23.51	23.21	23.49	24.60	23.77	-0.26
Dick Edmunds	33	54.61	45.16	54.63	64.70	54.83	-0.22
Bluebell	16	41.79	25.86	41.76	na	33.81	7.98
Winyard	18	23.49	24.34	23.49	20.10	22.64	0.85
AAU Green L1	15	26.12	22.06	26.10	26.20	24.79	1.33
AAU Yellow L1	15	26.12	22.36	26.10	26.20	24.89	1.23
AAU Blue L1	15	26.29	23.29	26.10	26.20	25.20	1.09
Elizabeth	28	33.10	27.70	33.10	31.40	30.73	2.37
Red Suite	18	23.48	24.20	28.71	20.10	24.34	-0.86
Cardiac Care L3	24	36.66	27.65	36.54	45.42	36.54	0.12
Oxhey	11	16.15	14.98	16.15	12.30	14.48	1.67
AAU Blue/Yellow L3	30	44.38	44.34	44.37	33.50	40.74	3.64
AAU Isolation unit	6	15.66	7.22	15.66	na	11.44	4.22
			637.63			664.53	36.92

1.22 wte has been removed for Band 7 supervisory shifts with backfill and is not included in the funded establishment above.
Funded establishments highlighted in yellow show recent changes and should be reflected on budget statements going forward. Sarratt's funded budget reflects model for 36 beds. They reduced to 30 beds when the SNCT was undertaken and that is how they are reflected above May/June 2014 outputs concluded a 49.79 WTE final triangulation variance and from October 2014 a 15.57 WTE final variance.