Trust Board Meeting

02 June 2016

Title of the paper:	**Biannual Establishment Review – Adult Inpatient Wards**
Agenda item:	**11/38**
Lead Executive:	**Tracey Carter, Chief Nurse and Director of Infection Prevention and Control**
Author:	**Rachael Corser, Deputy Director of Governance and Associate Chief Nurse**
Trust aims :	*Double click on the box to mark as appropriate:* ☒ To deliver the best quality care for our patients ☒ To be a great place to work and learn ☒ To improve our finances ☐ To develop a strategy for the future
Purpose:	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.
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	**Date**
Quality and Safety Committee	25 May 2016

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
To note the report for information and assurance

[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.

Agenda Item: 11/38

Trust Board Meeting – 2 June 2016

Biannual 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 [2]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 November 2015, the Safety and Quality Committee received evidence of the previous bi-annual establishment review across adult inpatient areas which had been undertaken in April 2015; previous to this, establishment reviews had been presented to the Trust Executive Committee in March 2015 with the first review presented to the Board in October 2014, following the establishment review that was undertaken in the spring of 2014. Post the establishment review, in November 2015, all ward establishments were reviewed to reflect the recommendations. Refreshed KPIs were developed for all wards and have been monitored weekly.

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] 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.

2.4 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 throughout January 2016 at 3pm, Monday to Friday on 20 consecutive days (excluding weekends). The ward staff are given 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.

2.5 The daily staffing meetings are used to ensure that there is safe staffing across ward areas and when shortfalls are predicted, the Safe Staffing Escalation Policy is invoked. The weekly staffing reviews are used as opportunities to review establishments and any short term requirement to increase or reduce establishments to reflect changes in bed base, acuity or dependency, are discussed with the Chief Nurse and changes made accordingly.

2.6 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.

2.7 In October 2015 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 included reiterating the importance of reflecting the NQB guidance and the requirement to continue to undertake bi-annual establishment reviews whilst ensuring professional judgement is applied. There has also been greater emphasis on the use of Allied Health Professionals (AHP) and other non-frontline staff. In response to this an AHP skill mix review is currently being scoped and will be presented to The Board in August 2016.

3. Results & Analysis:

3.1 The results of the establishment review from January 2016 are summarised in Appendix 2. The columns are broken down into the number of WTE required to care for the patients identified under each descriptor on the ward at the time, reflecting the multipliers, the WTE required to reflect clinical judgement, the actual worked establishment at the time of the review and the funded establishment.

3.2 The senior sisters/charge nurses are funded to work full time in a supervisory capacity. The hours of supervisory time lost is monitored monthly on the ward dashboard.

3.3 As per NICE (2014) recommendations several models have been used when calculating the establishment prior to final triangulation. The SNCT multipliers are a baseline in which to guide nurse staffing levels. Ward layout, admissions, discharges and bed occupancy are not taken into consideration. Professional judgement is required to ensure that establishments are adjusted appropriately under these circumstances. The professional judgement and current worked establishment has carried the most weight when considering the final recommendation for WTE.

3.4 The variance against actual worked and budgeted establishment reflects:

3.4.1 The new nurses starting in December and January who worked in a supernumerary capacity whilst waiting for their NMC registration ***(30 WTE)***

3.4.2 The additional capacity associated with managing the urgent pathway pressures and staffing surge areas, including Emergency Departments (ED), Childrens Observation Bay (COB) and Ambulatory Care Unit (ACU).

3.4.3 The use of additional staff to care for patients with ***Enhanced Care Needs (Specials)*** is an ongoing requirement in order to keep this group of patients safe from potential harm to others or themselves. Risk assessments are undertaken daily and reviewed by the matrons and Heads of Nursing for that area. There is on average ***10 additional WTE used per week***, above funded establishments, to care for these patients predominately across the medical wards.

3.5 The areas with the largest variance from SNCT, professional judgement, worked and budgeted establishment 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, reducing the RN ratio. This is a similar picture and reflects what was presented from the previous establishment review.

3.5.2 ***AAU Level 1*** – the SNCT descriptors are not sensitive enough to recognise the patient case mix, layout and activity in the AAU. Benchmarking has been undertaken across two hospitals with similar sized AAUs and the overall establishments are similar; there is an opportunity to review the skill mix as part of the work underway to review the urgent and emergency care pathway.

3.5.3 ***AAU L3 (Isolation Unit)*** – the variance is 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 ***Cleves*** – due to the dependency and acuity of the patients on the ward staffing is regularly flexed up and down to reflect their care needs. There were a higher number of patients on the ward following fractured neck of femurs at the time of the review. Staffing usage is reviewed and monitored weekly.

3.5.5 ***Elizabeth*** ward has a budgeted establishment for 28 beds. There were occasions during the time of the establishment review when Knutsford was used as an additional escalation area. Additional staffing would have been used from the staffing establishment on Elizabeth ward to cover this increase in capacity.

3.5.6 ***Simpson*** ward is funded for 18 beds. At the time of the establishment review 2 beds were open; this would have increased the worked establishment at the time reflecting the variance in planned and actual WTE worked.

4. Next Steps

4.1 The weekly nursing and midwifery staffing review meetings offer frequent opportunities to review and evaluate establishments and skill mix.

4.2 The current e-Roster system will be upgraded in July 2016. There is engagement from all user areas to prepare for the upgrade in order to ensure that the benefits of the upgrade are realised as soon as possible.

4.3 Work continues to support the care of patients with Enhanced Care Needs, ie 'Specialing'. Benchmarking will continue with other trusts and new models of care will be considered in order to reflect best practice.

4.3 The fifth biannual establishment review for adult inpatient areas is planned for summer 2016.

4.4 AHP skill mix review to be scoped and completed, presented to Trust Board in August 2016.

4.5 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.

4.6 Recruitment and retention continues to be a focus and the risk around ensuring adequate support and development is provided to the newly recruited and resulting junior nursing workforce is monitored weekly. The work to reduce the reliance on temporary workers, particularly agency nurses and midwives continues and is monitored and reviewed weekly at the nursing and midwifery weekly staffing meeting.

4.7 In April 2016, as set out in Lord Carter's final report, the Executive Director of Nursing of NHS Improvement wrote to all Directors of Nursing at acute Trusts outlining acute trusts requirements to record ***Care Hours Per Patient Day (CHPPD)*** from 1 May 2016, reporting on UNIFY by 15 June 2016. This is a single, consistent metric of nursing and healthcare support workers deployment on inpatient wards and units. This metric will enable trusts to have the right skill mix in the right place at the right time, delivering the right care for patients. Work is underway to develop mechanisms to review and report this across the trust in readiness for this revised reporting requirement.

5. Risks

5.1 There is a risk (***3422)*** that due to the number of newly appointed nurses in the clinical area that they will not receive adequate support on induction and the ability to ensure adequate skill mix in the ward areas and the retention of these staff may be affected. This has been mitigated through additional capacity in the corporate nursing team to work alongside the nurses from Overseas and through additional support from the OD team. The weekly overseas recruitment meeting and a recent deep dive review of the current programme has been undertaken by the Senior Nurse for Education to determine what further improvements can be made to improve their experience.

5.2 The risk of balancing 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 across the trust is monitored through the agency staffing steering group and the trajectory to meet the overall trust target will be monitored. This risk is captured on the Corporate Risk Register (***3708***) and monitored monthly.

6. Recommendations:

The Trust Board is therefore asked to:

- To note the report for information and assurance .

Tracey Carter
Chief Nurse & Director of Infection & Prevention Control
02 June 2016

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

Ward	No. of beds	Max no. of pts	SNCT Level					SNCT WTE	Professional Judgement	Actual worked in M10	Budgeted establishment
			Level 0	Level 1a	Level 1b	Level 2	Level 3				
			Total	Total	Total	Total	Total				
AAU L1 Blue	15		7.3	2.7	8.9	0	0	18.9	26.1	25.68	26.51
AAU L1 Green	15	13	10.7	2.57	2.84	0	0	16.11	26.1	26.47	26.34
AAU L1 Yellow	15	15	8.4	2.57	7.48	0	0	18.45	26.1	24.67	26.34
AAU L3 blue and yellow	36	36	20.8	3.89	19.78	0	0	44.47	60.03	59.6	60.26
Aldenham	27	26	13.3	4.58	12.98	3.94	0	34.8	39.1	36.76	39.21
Bluebell	16	16	2.37	3.5	17.7	0	0	23.57	41.73	41.27	41.98
Cardiac Care	24	24	1.98	22.9	5.6	3.2	0	33.68	36.54	36.95	36.88
Cassio Ward	22	22	8.4	1.8	15.6	0	0	25.8	23.49	26.81	23.73
Cleves	22	22	5.69	0	27.7	0	0	33.39	28.71	29.5	28.98
Croxley Ward	28	28	19	0.34	14.9	0	0	34.24	23.49	45.62	39.37
Elizabeth	28	28	27.5	0.78	0	0	0	28.28	33.1	35.69	33.11
Flauden	28	26	15.59	2.57	21.4	0	0	39.56	31.32	33.23	31.54
Heronsgate/Gade	37	37	8.91	12.3	24.76	2.36	0	48.33	50.81	52.22	48.42
Langley	16	16	9.6	5.07	3.5	0	0	18.17	17.52	19.65	19.1
Letchmore	22	22	17.7	0.83	5.8	0	0	24.33	23.9	24.38	23.66
Oxhey	11	11	10.89	0	0	0	0	10.89	16.15	18.08	16.37
Red Suite	18	18	5.79	3.2	26.8	0	0	35.79	28.7	28.42	23.7
Ridge	29	19	17.4	0	12.3	0	0	29.7	31.32	30.42	31.96
Sarratt	36	36	12.87	1.32	37.2	0	0	51.39	51	51.28	49.82
Simpson	24	24	4.5	1.59	23.1	0	0	29.19	28	32.7	23.68
Stroke (Dick Edmonds)	33	33	10.8	29.67	14	0.6	0	55.07	54.63	56.93	54.85
Tudor and Castle	36	36	23.2	1.5	17	0	0	41.7	52.05	56.29	47.54
Winyard	18	18	6.93	1.59	16.6	0	0	25.12	23.49	25.88	23.71
Total								**759.22**	**773.48**	**818.5**	**777.06**