

**Trust Board Meeting
04 February 2016**

Title of the paper:	Adult emergency department establishment review
Agenda item:	11b/34
Lead Executive:	Tracey Carter, Chief Nurse and Director of Infection Prevention and Control
Author:	Angela White, Head of Nursing – Unscheduled Care Sarah Cato, Matron – Emergency Department Rachael Corser – Director of Nursing Leadership
Trust objective:	<p>Tick as appropriate:</p> <p><input checked="" type="checkbox"/> Achieving continuous improvement in the quality of patient care that we provide and the delivery of service performance across all areas;</p> <p><input type="checkbox"/> Setting out our future clinical strategy through clinical leadership in partnership and with whole system working;</p> <p><input type="checkbox"/> Creating a clear and credible long term financial strategy.</p>
Purpose:	The aim of this paper is to summarise the findings from the establishment review which took place in the adult Emergency Department in November 2015. This paper will make recommendations for the future staffing requirements of the Department taking into consideration the findings from this audit and the recommendations set out following recent external reviews and inspections and taking into account National and International guidelines.
Link to Board Assurance Framework (BAF)	<p>PR1 Failure to provide safe, effective, high quality care (insufficiently robust and embedded quality governance and risk management)</p> <p>PR2 Failure to recruit to full establishments, retain and engage workforce</p> <p>PR5 Inability to deliver and maintain performance standards</p>
Previously discussed: Not discussed previously	
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	
The Board is asked to note the recommended option and support the action to undertake this.	

Trust Board meeting – 4 February 2016

Adult emergency department establishment review

Presented by: Tracey Carter, Chief Nurse and Director of Infection Prevention and Control

1. Purpose:

The purpose of this paper is to summarise the findings from the establishment review which took place in the adult Emergency Department (ED) in November 2015. This paper will make recommendations for the future staffing requirements of the Department taking into consideration the findings from this audit and the recommendations set out following recent external reviews and inspections.

2. Background:

- 2.1 The National Quality Board¹ set out Expectations for all Trust Boards to review the establishments of ward and clinical areas against acuity and dependency on a regular basis. This has been done twice yearly across the acute adult inpatient areas since 2013. The Emergency Department has not had an establishment review using a ratified tool. NICE have previously published guidance on safe staffing across acute inpatient (NICE, 2014)² and maternity services (NICE, 2015)³. The publication of guidance for safe staffing in Accident and Emergency has been delayed pending the work of a new overarching regulator who will work with the Chief Nursing Officer on safe staffing guidance.
- 2.2 Since October 2014 in response to various external inspections, visits and feedback a number of unfunded changes have been made to the nursing establishment in the ED. If these unfunded posts continue to work in the Department there will be a cost pressure to the department to an estimate of £456,000. This cost pressure will continue as the demand for temporary workers grows and the controls on agency spending increase. The department have not had a ceiling or agency cap control enforced due to existing reliance on staffing unfunded posts with temporary, high cost workers.

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 NICE (2014) Safe staffing for nursing in adult inpatient wards in acute hospitals *National Institute for Health and Care Excellence*

³ NICE (2015) Safe midwifery staffing for maternity settings *National Institute for Health and Care Excellence*

2.3 **Table 1** below highlights the changes made

Date	Review	Issue identified	Actions taken to address recommendations and changes made
October 2014	Emergency Care Intensive Support Team (ECIST)	Poor PIT stop process	An additional HCA in majors to support Consultant with recording patient observations & cleaning
January 2015		<p>Ongoing winter pressures leading to 9 patients permanently in resus area – staffed with 4 RNS.</p> <p>The configuration of the resus area allows for 4 ‘monitored’ beds for patients with increased acuity and ‘level 2’ care needs; this is unique to WHHT as other EDs would care for this patient group within the Majors area, something that due to the departmental layout is not possible.</p>	Increased RN establishment by one to 5 RNs
April 2015	CQC inspection	Streaming of patients inadequate – a requirement for all patients (including walk-ins) to be seen within 15 minutes by a clinician	An additional Band 5 Registered Nurse was allocated as a Streaming Nurse seeing patients on arrival.
April 2015		Delays in ambulance turnaround times leading to patients waiting in the corridor and delaying departure of crews.	A registered nurse was allocated as a queue nurse (11.5 hours a day) to oversee up to 3 patients waiting in the corridor and enable ambulance crews to be released

May 2015		ED was regularly running over capacity with patients awaiting admission delayed in cubicles, Majors patients waiting on chairs for cubicles and patients queuing in the corridor. This was considered a safety issue, with too many patients for the Nurse in Charge to manage.	A Patient Safety Nurse was introduced to ensure the safe running of the ED and to help manage flow
December 2015			A new triage model to be rolled out using 2 Registered Nurses and an HCA who will triage all patients who self present within 15 minutes.

- 2.4 The RCN/Faculty of Emergency Nursing Baseline Emergency Staffing Tool (BEST) was the audit tool used when capturing the data. BEST is designed to estimate ED nursing staffing requirements based on a combination of the number of patients attending ED and a measure of the patients' nursing dependency. The tool was used in the Majors and Resuscitation areas of ED over 7 days in November 2015. This is the first time this audit tool has been used so there is no previous benchmark to compare with.
- 2.5 The following methodologies were used when evaluating the findings of the audit and making recommendations on the appropriate staffing levels:
- Benchmarking against staffing in a neighbouring ED
 - RCN/Faculty of Emergency Nursing Baseline Emergency Staffing Tool (BEST) using the Jones Dependency Tool (JDT)

3. Analysis of nursing establishment in ED

Area	Funded establishment		Staff in Post	Current worked		BEST
	Day	Night		Day	Night	
Nurse in Charge	1 band 7	1 band 7		1 band 7	1 band 7	
PIT stop	1 Band 6	1 Band 6		1band 6 + 1 band 2	1band 6 + 1 band 2	
Resuscitation (9 spaces)	1 band 6 4 band 5	1 band 6 3 band 5		1 band 6 4 band 5	1 band 6 4 band 5	
Majors (12 cubicles)	1 band 6 2 RN 2 HCA	1 band 6 2 RN 1 HCA		1 band 6 2 RNs 2 HCAs	1Band 6 2 RNs 1 HCA	
Minors (6 cubicles)	2 ENPs 1 RN			2 ENPs 1RN		
Queue/corridor nurse	0	0		1 band 5 11-1130 from Dec 15 1 band 3 HALO support		
Triage	0	0		1 band 5	1 band 5	
Patient safety nurse	0	0		1 band 7	1 band 7	
CDU (5 beds)	1band 5 1 HCA	1 band 5 1 HCA		1band 5 1 HCA	1 band 5 1 HCA	
WTE	87.31 WTE		73.82 WTE	101.58 (month 9) WTE		144 WTE

- 3.1 The variance between the funded establishment and the staff in post is due to the inability to recruit to the vacant band 4, 6, 7 and 8 positions. Recent recruitment to staff nurse posts has been successful and all budgeted band 5 posts are now filled, however this means there are a large number of new staff in the ED. The extra and unfunded posts are not covered by substantive staff, leading to the continued need for regular bank and agency staff to fill shifts.
- 3.2 **Children's Emergency Department (CED):** – the establishment is separate and is part of Children's Services – it is not covered by this review.
- 3.3 The results from the BEST audit suggest that current funded and current worked establishments do not reflect the recommended WTE establishment of the department. This is the first time this acuity and dependency audit has been undertaken in the department and in order to base future recommendations on this tool a further audit will be undertaken in February, in line with the establishment review across the adult inpatient areas. The analysis is comprehensive and available on request.

4. Options Appraisal

4.1 **Option one** - No change to current worked staffing levels - continued use of unfunded posts.

Continued over spend at an estimated cost pressure of **£456,000** at year end, plus ongoing risk associated with continued use of high cost specialist agency and temporary staff. This will only continue to escalate as agency caps increase and demand for specialist nursing agency staff increases. The true overspend will increase as recruitment to the unfilled vacancies continues. The vacancies are part funding the cost pressures associated with the requirements to staff the additional areas.

Overall funded Establishment – **87.31 WTE** plus the additional temporary staff, flexed to meet demand, likely to increase as vacant posts area filled and reliance on temporary staff will continue.

Option two - Establish to all unfunded posts

Requires recruitment of 15.6 WTE RNs and 5.2 WTE HCAs nurses at a cost of **£752,000 FYE**.

Overall Establishment – **108.11 WTE**

Option three - Establish to **some** unfunded posts critical to improving ED flow requiring recruitment of 7.8 WTE RNs and 5.2 WTE HCAs at a cost of **£448,019.00 FYE**. This will include recruiting to:

- Pit Stop HCA
- Streaming / Triage Nurse
- Extra Nurse for Resus / Monitored beds

Recruitment to these additional critical posts should be considered for a **1 year fixed term basis** pending the ED reconfiguration when some changes could be made to the establishment and efficiencies within the workforce. Recruitment should continue and focus on the outstanding vacant posts.

Associated risks with not recruiting to all additional current worked posts:

- Shift coordinator to take on the remit of the patient safety nurse
- Reliance on Ambulance Trust to continue to fund and staff the queue and HALO support

Overall Establishment – **100.31 WTE**

Option four - Remove all unfunded posts. Associated risks:

- Increased delay in ambulance turnaround
- Inability to provide safe nursing care across all of Majors area
- Inability to provide triage within 15 minutes of arrival (CQC requirement)
- Inability for senior nurse focus on performance and patient safety
- Inability to increase number of patients seen, treated and discharged within four hours above current levels of 80%
- Potential increase reliance on temporary

Overall Establishment – **87.31 WTE**

Option five – staff to all NICE draft recommendations and recent BEST analysis. This includes funding all unfunded posts, plus an additional band 5 24/7 which meets the

recommended 1:4 ratio. If NICE guidance was published meeting the requirements would require 20.8 WTE RNs and 5.2 HCAs at a cost of **£955,864** FYE.

Overall Establishment – **113.31 WTE**

4.2 Preferred option – **Option three**

Option three is the preferred option. This option would satisfy the requirements of the recommendations set out by the CQC and ECIP and ensure that the safety of the department is maintained whilst continuing to meet current operational performance. Recruiting to the additional critical posts only on a fixed term basis will ensure that when the A&E reconfiguration is completed, the efficiencies associated with this work will be able to be realised. Option three would address the risks highlighted in section 5.

- 4.3 The monitoring of the impact of either option will be done through the weekly nursing and midwifery staffing review meetings. Agreeing a funded establishment for 16/17 would ensure that agency controls and caps could be set and monitored, in line with all other clinical areas, and the monitoring and exception reporting of variance, could be done and escalated in line with other clinical areas.

5. Current Risks

- 5.1 The current layout of the ED is not conducive to effective and efficient use of resources (*Risk Register ID 3480*). This is being mitigated in the short term through increased staffing to improve patient flow, patient experience and performance. In the longer term and ED reconfiguration programme is in place.
- 5.2 The additional posts outlined in section 2 are unfunded, leading to a continued overspending of the budget. As these posts are unfunded it is not possible to recruit to them. This leads to the continued use of bank and agency staff, effecting quality and increasing costs. The requirement to reduce the use of agency nurses to within 12% of the overall nursing spend may mean there are times when these roles cannot be covered (*Risk Register ID 3636*).
- 5.3 The recruitment in the ED continues (*Risk Register ID 3481*), however the number of new / junior nurses without A&E competency is high and it will take approximately 6 months for them to consolidate their skills (*Risk Register ID 3641*). There are also vacant Band 6 posts currently filled by Band 5s. Reliance on temporary staff to fill unfunded posts continues.
- 5.4 Ongoing demand on the urgent care pathway and delays in transfers of care result in potential risk to complying with access target (*Risk Register ID 3625*); without continuing to invest in nursing workforce the inability to meet this target remains likely.

6. Conclusion:

- 6.1 Although, recent recruitment to ED has proved successful, this means there is a disproportionate number of junior and inexperienced staff. Attempts to recruit to Band 6 posts have proved unsuccessful, so the present strategy is to develop Band 5s working in the Department to take on these roles – it is estimated that they will be ready to take on these roles by April 2016. Extra Band 5s have been recruited to allow for this planned up-grading, adding to the junior skill mix currently in the ED. Senior Band 5 nursing staff will be identified through the appraisals and will work with the clinical facilitator and team leader to accelerate career progression to a Band 6.

Junior Band 6 Sisters will be supported through the Trust wide development programme.

- 6.2 There are presently 2 Consultant in Emergency Medicine vacancies. The Consultant acts as Controller and Pit Stops patients. There have been less Consultants present in the day in recent months. This has added to the pressures on the Nurse in Charge, who may also support Pit Stop.
- 6.3 There is a plan to reconfigure the geography of the ED to improve patient flow. Any staffing implications will be part of the Business Plan. This will impact on long term staffing of ED, meaning efficiencies to the nursing establishments.
- 6.4 A new triage model is being introduced in early 2016 following critical structural improvements to enable the opening of 3 new triage rooms. Following the CQC requirement for a clinician to review all patients within 15 minutes of arrival, a streaming nurse was introduced. It is considered an improved use of this nurse and clinical model to triage all patients within 15 minutes. It is envisaged that this will improve patient flow.
- 6.6 The new triage model requires the moving of the Pit Stop nurse to the new triage area in Minors. At present this nurse can be used to support Majors when it is busy. There are currently only 2 Registered Nurses in Majors, so it may be necessary to move the 5th nurse in the Resuscitation area to Majors in times of pressure. This will become clearer following implementation of the new model and be evaluated for the next proposed review in June 2016. However as part of the daily staffing review this will be monitored and staffing flexed accordingly.
- 6.7 The Emergency Care Improvement Programme (ECIP) team are continuing to work with WHHT. There is no reference to the staffing implications throughout their report or within the recommendations.

7 Recommendation

- 7.1 The Board is asked to note the recommended option and support the action to undertake this.

Tracey Carter
Chief Nurse and Director of Infection Prevention and Control
January 2016