St George's Healthcare **NHS**

NHS Trust

REPORT TO THE TRUST BOARD

Paper Title:	Establishment review September/October 2014 – Nursing and Midwifery Staffing (inpatient areas)
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Purpose:	To present to the board a repeat review of ward establishments, as directed by the National Quality Board.
Action required by the board:	To receive the report and agree next steps.
Document previously considered by:	The Senior Sisters/Charge Nurses, Matrons and Heads of Nursing have been involved in the establishment review in various degrees. The outputs and recommendations have been agreed with and supported by the Divisional Directors of Nursing.

Executive summary

This report highlights the key findings from a repeat Acuity and Dependency review of patients undertaken in September 2014, triangulated by Divisional Directors of Nursing (DDNGs) using their professional judgement following discussion with their divisional Heads of Nursing and Matrons. As part of this evaluation each ward reviewed their establishment requirements and the DDNG's confirmed that the actual requirements for qualified and unqualified nursing staff are correct based on the outcome of the spring 2014 nursing establishment review.

To implement the 18 recommendations from the inpatient establishment review in spring 2014 a programme board was set up in August 2014. The programme board is led by the Chief Nurse working in association with the Deputy Chief Nurse and the DDNG's. The work of the group is supported by the Deputy Directors of finance and human resources.

The 18 recommendations required changes from a ward, divisional and strategic perspective. Many of the recommendation have been implemented however there remains an agreed programme of work to be completed.

Funding for the spring establishment review was in two parts, firstly divisions were funded at outturn spend which included funding for temporary staffing overspends. Secondly £1.2m has been allocated to the Medcard and CWDT divisions from reserves. The allocated outturn funding within Divisions will need to be reallocated to the correct budget lines by November reporting.

Therefore to date 36 posts in the Medicine and Cardiac division and 5 posts in Children Services have been set up. It is important to note that 'vacancies', i.e. posts not formally allocated budget, are covered by temporary staff to ensure that the wards are safely staffed.

The next establishment review will commence in spring 2015 as part of a review programme to cover corporate outpatients, theatre nursing, clinical nurse specialists and nurse consultant and other specialist nursing workforce (e.g. Imaging nurses and offender healthcare). This will require programme management resource which will be determined through business planning.

Key risks identified:	
That the findings and recommendations in this paper are not implemented.	
Related Corporate Objective: *Reference to corporate objective that this paper refers to.*	Strategic aim 1 – provide outstanding quality of care
Related CQC Standard: *Reference to CQC standard that this paper refers to.*	Underpin the delivery of all CQC standards.
Equality Impact Assessment (EIA): Has an EIA been carried out? (Yes) **If yes, please provide a summary of the key findings** **If no, please explain you reasons for not undertaking and EIA.**	

1   Nursing and Midwifery Establishment Review - Introduction and Rationale

The external driver for implementing nursing establishment reviews was the expectation set by the National Quality Board (NQB) in December 2013 (as a consequence of the Mid Staffordshire Public Inquiry) that all hospital trusts should review their nursing and midwifery establishments twice annually and report the findings to a public trust board. There is increasing evidence in multiple studies that links the importance of appropriate staffing to good patient outcomes and reduced mortality rates. Professor Sir Bruce Keogh's (2013) review of 14 hospitals with elevated mortality rates also found a positive correlation between inpatient to staff ratios and higher hospital standardised mortality ratios.

Determining staffing requirements is complex and determining the number is only one part of the process. The skill mix of the staff is vital and the Mid Staffordshire report refers to evidence that suggests that where there are lower levels of registered nurses there are higher rates of errors in care. High quality care also depends on a range of other factors including leadership, culture, team working, environment and training and development.

The establishment review undertaken between March and May 2014 was the first systematic nursing establishment review undertaken in the trust. The scope of the review covered the 49 in-patient areas only. A programme board set up in August 2014 is ensuring implementation of the 18 recommendations identified.

As stipulated by the NQB, a review process is to be repeated every six months. Under the governance of the Interim Deputy Chief Nurse, a repeat review of 49 inpatient ward establishments commenced in September 2014 and concluded in October 2014. As the focus of this review is inpatient areas, the next review will both revisit the inpatient areas but focus on non-ward nursing. By alternating the main focus between ward and non-ward nursing, all nursing teams will receive a regular review.

2   Methodology

Led by the Interim Deputy Chief Nurse, the process involved individual meetings with the Divisional Directors of Nursing and Governance to review their ward establishments, identify any changes to establishments since the spring 2014 review and consider the outcome of the acuity and dependency assessment of patients in all inpatient areas. Matrons, Heads of Nursing and Divisional Directors of Nursing and Governance were consulted on changes within their wards and departments rather than individual ward managers.

Each ward completed a data return for the purpose of identifying any changes to shift requirements, study leave requirements and the actual annual leave entitlements of staff since the spring 2014 review. Anomalies in the acuity and dependency data (for example large numbers of staff that could be added or subtracted from current establishments) were discussed by all parties; explanations for the anomalies were based on professional judgement.

National guidelines for specialist services were used to inform the debate on staffing for individual services such as the Neo Natal Unit, Cardiac Care Unit etc. The trust is working towards adhering to these guidelines.

2.1 Acuity and Dependency

All in-patient ward areas were requested to collect acuity and dependency data on their patient group throughout the month of September 2014 using the Shelford Tool. The Shelford Group, a collective of Chief Nurses leading on the national quality agenda, have updated the tool recently and suggest WTE multipliers for each acuity category. These were applied to the daily ward records to calculate how much WTE the ward would need to meet the reported acuity. The data was entered into the Trust's RaTE system which recorded the

acuity and dependency of each patient according to the category assigned by the nurse completing the daily record. The Shelford tool is not designed to be used in paediatric or specialist areas such as intensive care. The paediatric department therefore used a paediatric acuity tool and professional judgement was used in critical care.

2.2 Data return
The Shelford tool calculates a WTE for each area which is compared to the current budgeted WTE as well as the proposed WTE which would reflect the uplift to establishments agreed in the spring 2014 review. The acuity and dependency data return was not considered, in the majority of cases, to accurately reflect the WTE required to cover the roster. The acuity and dependency assessment was not collected by a small group of nurses and therefore it could be argued that there was no consistency during assessment. It is likely that this led to a degree of variation and bias.

3   Outputs.
As part of this evaluation each ward reviewed their establishment requirements using a data collection tool. Following this DDNG's confirmed that the actual requirements for qualified and unqualified nursing staff are correct based on the outcome of the spring 2014 nursing establishment review.

In May 2014 the trust board agreed to fund the 137 new posts identified in the spring review. Funding for the spring establishment review was in two parts, firstly divisions were funded at outturn spend which included funding for temporary staffing overspends. Secondly £1.2m has been allocated to the Medcard and CWDT divisions from reserves. The allocated outturn funding within Divisions will need to be reallocated to the correct budget lines by November reporting.

To date 36 posts in the Medicine and Cardiac division and 5 posts in Children Services have been set up. It is important to note that vacancies, i.e. pots with budget not yet allocated, are covered by temporary staff to ensure that the wards are safely staffed.

The financial implications of potential overspends in nursing were not reviewed as they were robustly covered in the establishment review in spring 2014 and the required changes to the establishments were not fully completed by October 2014.

3.1   Safe staffing
The trust has a safe staffing policy and a system for monitoring staffing on a daily basis by nursing and midwifery clinical leaders across the trust visiting their clinical areas at least twice daily from 1st November to ensure safe staffing. There is also a process for escalating any concerns and ensuring actions are taken so that our services are safely staffed including informing the Chief Nurse of any areas of concern. The acuity/dependency of patients (how sick or dependent they are) is also monitored closely as this ultimately affects the type and amount of care patients need. For example if there are concerns regarding safe staffing following an assessment staff may be moved so that the area is safely staffed.

3.2   Further establishment reviews
The next establishment review will commence in spring 2015 as part of a programme to cover theatres, outpatients, community nursing, Clinical Nurse Specialist's and Nurse Consultant roles. In addition a regular six monthly review of the inpatient wards will continue as required. This will require programme management resource which will be determined through business planning.

4   NICE guidance

Since the first establishment review in spring 2014 NICE has concluded a consultation and developed Safe Staffing guidance. The recommendations on safe staffing are for nursing on inpatient wards that provide overnight care for adult patients in acute hospitals. They are based on the best available evidence and do not cover intensive care, high dependency, maternity, mental health, acute admission or assessment units or inpatient wards in community hospitals.

The NICE guidelines identify organisational and managerial factors that are required to support safe staffing for nursing, and indicators that should be used to provide information on whether safe nursing care is being provided in adult inpatient wards in acute hospitals.

There is no single nursing staff-to-patient ratio that can be applied across the whole range of wards to safely meet patients' nursing needs. Each ward has to determine its nursing staff requirements to ensure safe patient care. This NICE guideline therefore makes recommendations about the factors that should be systematically assessed at ward level to determine the nursing staff establishment along with on-the-day assessments of nursing staff requirements to ensure that the nursing needs of individual patients are met throughout a 24-hour period. NICE recognises that the emphasis should be on safe patient care not the number of available staff.

The trust had prior processes and policies in place which provided evidence of implementation of many actions outlined in the NICE guidance. Examples of work undertaken include on-going review of the safe staffing policy, safe staffing boards in place outside all wards and departments which provide information on ward staffing to patients and members of the public and improved data on fill rates for nursing rosters which are displayed both locally, on the trust public facing website, and nationally (placed on UNIFY). There is an action plan in place for implementation of the outstanding NICE guidelines, to ensure they are implemented in a timely manner.

5   Progress on actions from spring 2014 establishment review

The programme board was set up in August 2014 to implement the 18 recommendations from the inpatient establishment review. It is led by the Chief Nurse working in association with the Deputy Chief Nurse and the DDNG's. The work of the group is supported by the Deputy Directors of finance and human resources.

The recommendations require change from a ward, divisional and strategic perspective. Many of the recommendation have been implemented whilst other are yet to be completed.

Fully achieved
- All divisions have set up local safe staffing and workforce meetings to support improved roster management. This has included a review of roster templates to ensure roster template and fill rates are accurate.
- The majority of directorates have monthly finance meetings with their finance manager, Head of Nursing and matron. Those who do not are in negotiation with their finance officers to commence these by the end of the year.
- All divisions now have rosters written 8 weeks in advance (assists with roster planning for temporary staffing).
- Three finance, staffing and eRoster master classes for band 7 ward leaders and matrons will have been run by December 2014. This includes information on how to interpret and mange a budget, a refresh on safe staffing procedures, an outline of the business planning process, provides training in safe and efficient rostering as well as

providing information on recruitment and the establishment review. These will continue in a regular basis.

- A repeat acuity and dependency data collection was carried out to support the establishment reviews. This process will be continued every six months. As part of the next Acuity and Dependency review it will be recommended to ward areas to use a smaller pool of staff carrying out the review to ensure consistency.
- The eRostering policy has been reviewed.
- A policy and assessment process in place for use of specials.
- New budget codes have been set up to accommodate non patient facing staff from ward rosters.

Partially achieved

- Of the 137 new posts the trust board agreed to fund following the establishment review in spring 2014, 36 of which have been allocated to the Medcard division and 5 posts have been added to one paediatric ward. DDNG's and DDO's continue to work with their finance teams to resolve the re-allocation of outturn funding for the outstanding posts.
- A consistent approach to the use of uplift in their individual divisions has yet to be agreed by the divisions. Currently two divisions are proposing to fully recruit into their uplift, one division proposes to partially (18%) recruit into the uplift and the forth division wishes to keep the total uplift funding vacant. There is a risks that no unified policy on uplift may create long term problems for example in designing budgets to reflect uplift as each division ay require a different design. There needs to be an agreement on how uplift monies will be identified on the budget statements. This is being resolved by the Chief Nurse.
- There are some clinical areas in the trust which require a budget of their own. The finance department is yet to create new budgets as required (e.g. some areas have day units which sit in the space of a particular ward but are managed separately).

Future action

- A staff consultation is due to begin in November 2014 to standardise shift times throughout the trust in order to reduce unsocial pay enhancements.
- The study leave policy is to be reviewed and consulted on by January 2015.
- Assessment of the impact of nursing time spent away from the patient in time and hours needs to be completed by the DDNG's in the next establishment review and overseen by the Deputy Chief Nurse to ensure fairness across divisions. This increase in establishment links to enabling supervisory practice, identifying appropriate uplift to cover, study leave or funding additional practice educators.
- There is a need to conclude the identification of the level of financial authority ward leaders, matrons, heads of nursing and DDNG's will have in terms of budgetary responsibility.

6   Recommendations for Nursing and Midwifery

Actions from spring establishment review

- Chief Nurse with Director of Finance to conclude funding of outstanding posts from establishment review in spring 2014 by the end of November 2014.
- The Chief Nurse to agree with the executive team, as part of taking forward recommendations from the divisional governance review, levels of budgetary responsibilities.
- The finance department to design reader friendly budgets that include a designated section for uplift and for these to be agreed with the nursing leadership.

New Actions

- Change the way acuity data is collected in the future. Recommendation to be made that a maximum of three people collect data to improve accuracy and ensure robust outcome.
- Identify programme management resource through business planning for the spring 2015 establishment review.

Appendix A:

1. <u>EQUALITY IMPACT ASSESSMENT FORM – INITIAL SCREENING</u>

Headline outcomes for the Equality Delivery System (EDS)

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and well-supported staff
- Inclusive leadership at all levels

Service/Function/Policy	Directorate / Department	Assessor(s)	New or Existing Service or Policy?	Date of Assessment

Who is responsible for this service / function / policy?

Chief Nurse and Director of Infection Prevention and Control

Describe the purpose of the service / function / policy?

To improve patient safety, patient experience and patient outcomes

Are there any associated objectives?

There are a variety of associated objectives relating to this subject

1.4 What factors contribute or detract from achieving intended outcomes?

Not implementing the findings and recommendations of this report.

1.5 Does the service / policy / function / have a positive or negative impact in terms of the protected groups under the Equality Act 2010. These are Age, Disability (physical and mental), Gender-reassignment, Marriage and Civil partnership, Pregnancy and maternity, Sex /Gender, Race (inc nationality and ethnicity), Sexual orientation, Religion or belief and Human Rights

The function is aimed at improving the care for all of our patients in bed based services.

1.6 If yes, please describe current or planned activities to address the impact.

1.7 Is there any scope for new measures which would promote equality?

No

1.8 What are your monitoring arrangements for this policy/ service

Regular programme board meetings to review progress

Safe staffing policy

Audit as required

1.9 Equality Impact Rating   [low,]

2.0. Please give you reasons for this rating

No change to results of establishment review completed in spring 2014.