

**Board of Directors
Establishment Review for Nursing and Midwifery Staffing Levels
May 2014**

1. Purpose

This establishment review was undertaken to provide assurance to the board and externally that nursing and midwifery establishments are safe and that staff can provide appropriate levels of care. This is particularly important in light of the key recommendation following the publication of the Francis report (2013), *Compassion in Practice* (2013) and the recent National Quality Board publication; “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*.”

The Hard Truths Commitments regarding the publishing of staffing data (CQC and NHS England March 2014) seeks not only to ensure that robust processes are put in place to ensure that patients are able to be cared for safely with appropriate numbers of skilled and trained staff but also to ensure that this information is publically available.

The review conforms with Care Quality Commission requirements under the Essential Standards of Quality & Safety, including outcomes 13 (staffing) and 14 (supporting staff).

In order for the Trust to ensure compliance, the Chief Nurse and Director of HR have been leading a number of work streams to review nursing and midwifery establishments, ensuring that safe staffing is in place on a shift by shift basis and to ensure the visibility of staffing information.

The CQC will be looking for compliance with all the actions outlined as part of their inspection regime. Monitor will act where the CQC identifies any deficiencies in staffing levels.

This paper is intended to assure the Board that these actions have been undertaken.

2. Background

The Trust has to ensure that ward staffing levels are adequate and that patients are cared for by appropriately trained and experience staff. The Royal College of Nursing (RCN) highlight that a range of factors underpin our patients receiving safe dignified care, these include:

- Sufficient numbers and skill mix of nursing staff on duty at times when they are

needed.

- Strong leadership at ward level.
- Empowerment of the senior ward sister/ charge nurse for ensuring safe staffing.
- Proper workforce development, skills and training.
- Appropriate resourcing and environment.
- Development of appropriate metrics and measures of patient experience and outcome of compassionate care giving.

The evidence suggests that appropriate staffing levels and skill mix strongly influences patient outcomes which align with the Trust priorities and objectives for 2104/15;

- Reduction in pressure ulcers and falls
- Reducing failure to rescue
- Reducing adverse incidents, particularly medication errors
- Improving patient experience.

3. Methodology

There are many different workforce planning systems all having differing strengths and weaknesses. Prior to commencement of this establishment review, a review of the latest evidence and the following actions were undertaken:

- The Safer Nursing Care Tool (SNCT), an evidence based tool to assess the acuity and dependency of patients, was utilised for a four week period (November 2013) across all clinical ward areas (excluding Paediatrics, Maternity, ED and EAU where tools are currently been nationally developed). In addition to this, the professional judgement method was also used.
- A benchmarking exercise was completed with four Trusts comparing their nurse to patient ratios and skill mix.
- National agreed standards for speciality wards was used (ie critical care)
- Skill mix - registered to unregistered ratios were reviewed
- Bed occupancy and acuity were considered
- Nursing quality indicators, key safety indicators, patient experience scores and workforce indicators were reviewed
- Indicators for managing the deteriorating patient (cardiac arrests and frequency of observations via electronic observation system). The electronic observation system (wardware) provided a good indication of the number of high dependency patients.

Discussions then took place with ward sisters and matrons to interpret the findings from the work and incorporate both professional judgement and local knowledge to identify the workforce which would provide care that was safe, effective and caring.

4. Key Findings

Using the SNCT and Professional judgement model demonstrated that overall there were some shortfalls in ward establishments across General Medical and Elderly Care wards. Patients with a high level of acuity at 1b (SNCT) were being cared for on the general medical wards which required higher nursing numbers. It was noted that there was an increasing number of patients with dementia and challenging behaviour that were in the 1b category and often required one to one nursing.

The benchmarking exercise revealed that overall the nurse to patient ratio across our Surgical Division is comparable with other Trusts. However, there was a higher nurse to patient ratio in the general medical and DME wards compared to some of the Trusts. The ratio refers to the higher than the nationally recommended nurse to patient ratio of 1:8. This was also supported by the results from the SNCT.

5. Leadership and supervisory ward managers

Effective ward leadership has been recognized as being vital to high quality patient care and experience, resource management and inter professional working. The Francis report has called for the strengthening of the ward sister's role and recommends that ward sisters should operate in a supervisory capacity. To fulfil the supervisory role there is a requirement for the Ward Sister/Manager to be additional to the rostered shifts.

The introduction of a supervisory ward sister across clinical areas within the organisation will ensure priority and time will be given to managing and developing team performance thus enhancing the patient experience, improving patient outcomes whilst also contributing to organisational values and priorities

6. Summary

The establishment review used a comprehensive methodology and considered the evidence in the literature and the Francis recommendations, including staffing ratios. A review of the out-turn expenditure for the financial year 2013/14 was also undertaken.

The investment of Registered Nurses is required principally across the general medical and DME areas. This will enable compliance with the NICE recommended 1:8 nurse: patient ratio during the working day.

The establishments required to deliver the required staffing levels over a twenty four hour period require an investment of **£1,721,239 which equates to 45.89 wte nurses.**

Leadership will be enhanced through the role of **supervisory ward manager**, responsible for the clinical and managerial leadership of the team. He/she will be performance managed to deliver a number of clinical and managerial key performance indicators.

Cover arrangements (non-productive time) will be between 21% and 22% depending upon Division.

This is the first comprehensive review undertaken across general and Maternity care areas. A further review will be undertaken during the summer months to allow comparisons to be made. A review of staffing levels will also be undertaken across Emergency Care areas and Paediatrics using the newly developed workforce tools.

7. Recommendations

The Board is asked to:

- Note the content of the report
- Be assured that there is the appropriate level of detail and assessment in reviewing the staffing across inpatient wards.
- Support the strengthening of local leadership models
- To note and support the further on going work with the Safer Nursing Care Tool across inpatient areas and the plan for reviewing staffing requirements across Emergency Care and Paediatric areas.
- To advise the Chief Nurse of any further work required to be undertaken in relation to the Trusts nurse staffing review.

**Patricia Reid – Chief Nurse
May 2014**