**Epsom and St Helier
University Hospitals**
NHS Trust

Meeting title	Trust Board
Report title	Nursing & Midwifery 6 monthly Establishment Review
Meeting date	12 February 2016
Lead director	Charlotte Hall, Chief Nurse
Report author	Carole Webster, Deputy Chief Nurse
FOI status	Disclosable

Report summary	The report provides the trust board with a 6 monthly update on progress to ensure compliance with national guidance around nursing and midwifery staffing levels.
	It provides assurance of the work in progress to monitor and manage safe staffing levels of nursing and midwifery staff.
Purpose	Approval.
Recommendation	The board is asked to approve the recommendations and note progress to date.

Corporate objective links	Delivering safe and effective care, creating a positive patient experience, providing responsive care, working in partnerships
CQC standard	Safe, effective, caring, responsive, well-led
Identified risks and risk management actions	Safe staffing levels will minimise adverse clinical incidents and ensure our patients are cared for in a safe environment.
Resource implications	It is essential to have safe staffing levels at all times, which reduces the use of temporary staffing
Legal implications	N/A
Equality impact assessment	N/A

Report history	TEC and Trust Board– June 2015
	TEC and Trust Board – November 2014
Considered by other committees	Nursing Midwifery Committee January 2016
	CTM 08.02.16
Appendices	N/A

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EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST

NURSING AND MIDWIFERY SIX-MONTHLY ESTABLISHMENT REVIEW

TRUST BOARD MEEETING: 12TH FEBRUARY 2016

INTRODUCTION

1.0 The trust board is committed to ensuring that levels of nursing staff are correct for the acuity and dependency of patients cared for in our wards. This is the bi annual report on nurse staffing based on the trust position against the requirements following the Government's response to the Francis Report, the National Quality Board (NQB), Safer Staffing Guidance and National Institute for Health and Care Excellence (NICE) issued in 2014 and revised in 2015.

1.1 In October 2015 the document; Review of Operational Productivity in NHS Providers (Lord Carter Review) was published and has introduced further guidance and benchmarking on nurse staffing and hours of nurse per patient contact time. This paper provides a range of workforce management good practices and we will be assessing ourselves against the components of the ATI metric in future reports. This establishes fundamental principles around workforce standards and best practice policies. For urgent review will be the work this Review has done on the use of specials (enhanced care) and care hours per patient day as well as on productive time, rostering, specialling and skill range.

1.2 Part of the guidance stipulates that 6 monthly reviews of nurse staffing using an approved method of assessment must be completed and reviewed at trust board as well as made available to the public. This is achieved through open public trust meetings and papers that are subsequently published on the trust website.

1.3 There is no single definitive recommendation about safe staffing levels to which we can refer so for this reason a number of methods are used to provide a broad approach

- Safer Nursing Care Tool (Shelford Group) assessing acuity and dependency of each patient
- Clinical judgement using nurses sensitive indicators (falls, pressure ulcers, harm free care, patient experience)
- Reference to national guidance; NICE, NQB, RCN.
- Review of Operational Productivity in NHS Providers (Lord Carter Review 2015)

1.4   This paper builds on previous work and includes a review of all in patient areas. The acuity tool is now informing the divisional business planning process and the trust is reporting a stable monthly position on the planned vs actual number of hours which is consistently between 97 – 105%.

1.5   The trust has invested in electronic rostering which informs workforce and availability of staff and this is monitored weekly by the chief nurse and deputy. There is a plan to invest further in the use of software which will allow wards to monitor red flags and continual real time acuity monitoring to allow improved deployment of staff. Daily patient acuity is planned to be rolled out across the trust in 2016.

1.6 The successful recruitment campaign has seen a reduction in temporary staff use predominantly through agency usage and is planned to continue. The trust has invested substantially in nurse and midwifery staffing in the last five years.

2.0 Developing Nurses, Midwives and Care / Maternity Assistants

2.1 Care assistants
The trust has a robust programme for care assistants, with a comprehensive clinical induction programme containing the Cavendish competencies. The care assistant can choose to undertake further skills training or enrol on to the Quality Care Framework (QCF) level 2 and 3 which are available in partnership with Merton FE College.

A number of clinical healthcare workers (21) have progressed to band 4 posts after qualifying with foundation degrees in acute healthcare in partnership with Kingston University, the Trust has eleven candidates qualifying in February 2016 and ten candidates progressing to year 2 of the programme, fourteen candidates were successful in gaining places for the January 2016 intake. This has supported the development of the assistant practitioner role which has been particularly successful in the dialysis units.

2.2 Professional Development
A clinical programme of professional development is available to nurses, midwifes and allied health professionals, in addition non-medical education & education funding is available for education and training at a wide range of London universities and private providers.   The trust has invested in a specific retention post which will look at capitalising on investment made in overseas recruitment and fast track programmes to build our clinical nurse leaders for the future.

2.3 Preceptorship
The trust has an accredited preceptorship course with Kingston University. The programme develops knowledge and skills and contains the required NMC competencies for a band 5 staff nurse, progression on the course leads to the mentorship and leadership courses required for promotion to a band 6 staff nurse.

2.4 Ward Manager Supervisory days
The NQB recommend but did not mandate 100% supervisory status for ward managers. These are recognised as being essential to providing optimum levels of high quality care.

In March 2013 the trust board agreed to support supervisory status and the resources required to implement this for ward managers and a phased approach was agreed. The final phase is due to come into effect from April 2016 with 9 wards increasing from three days supervisory to five.

The challenge for staff has been to free the time to work in a supervisory capacity instead of working clinically caring for a group of patients. As vacancies reduce this is becoming easier. There are 34 ward managers allocated supervisory time and graph 1 demonstrates an upward trend in the number of ward managers (27) who are spending 50% or more of their allocated time as supervised practice.

Graph 1

Number of ward managers taking 50% or more supervisory days
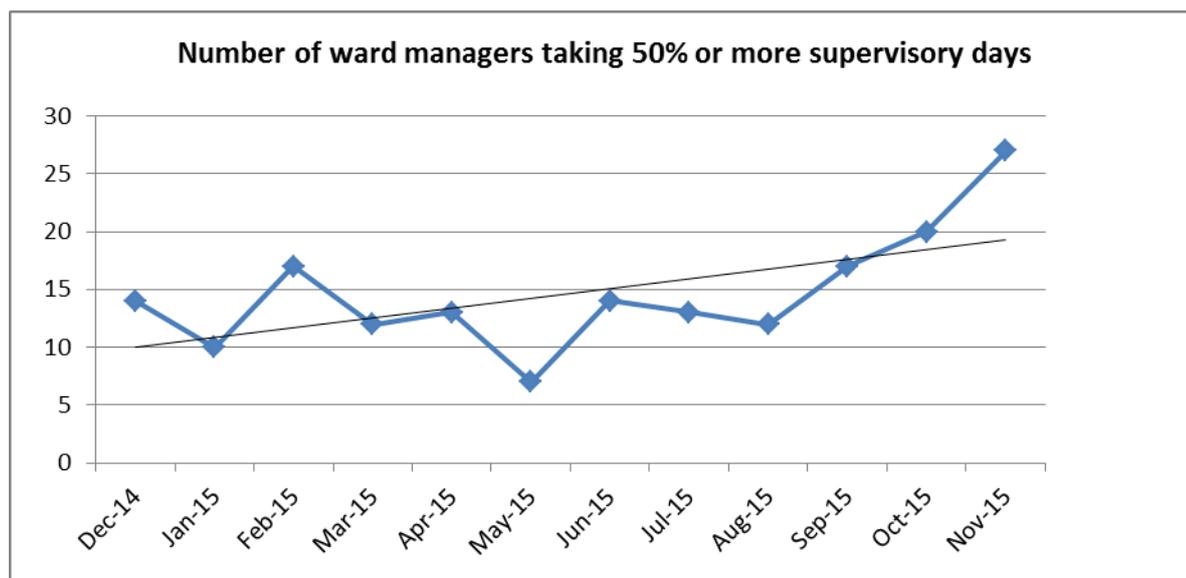
2.5 Nurse Revalidation

The NMC have introduced a new process for re-validation for nurses and midwifes, which occurs every three years this starts in April 2016. Whilst all nurses and midwives have been required to undertake study and revalidation annually for over ten years this now becomes much more formalised and will be scrutinised and verified by the nurse/midwife's line manager who does not need to be a nurse. This will link well to appraisal.

The trust has an established re-validation group with representation from human resources and staff side. A series of re-validation workshops have been held since January and will continue to provide help, support and information for nurses and midwives.

The trust has purchased, through NMET funding, a re-validation system for staff which includes access to accredited Continuing Personal Practice Development (CPPD) modules which is a requirement to re-validate with the NMC. This will also link to our in house HR systems and make revalidation link with appraisal for nurses and midwives.

3.0 Challenges to Maintaining Safe Staffing Levels

3.1 Staff Turnover and Current Vacancies

Graph 2 illustrates the successful recruitment of 170 registered and unregistered nurses/midwives who have joined the Trust since May to the end of November 2015.

Graph 2

**Nursing Workforce Net Monthly Change**
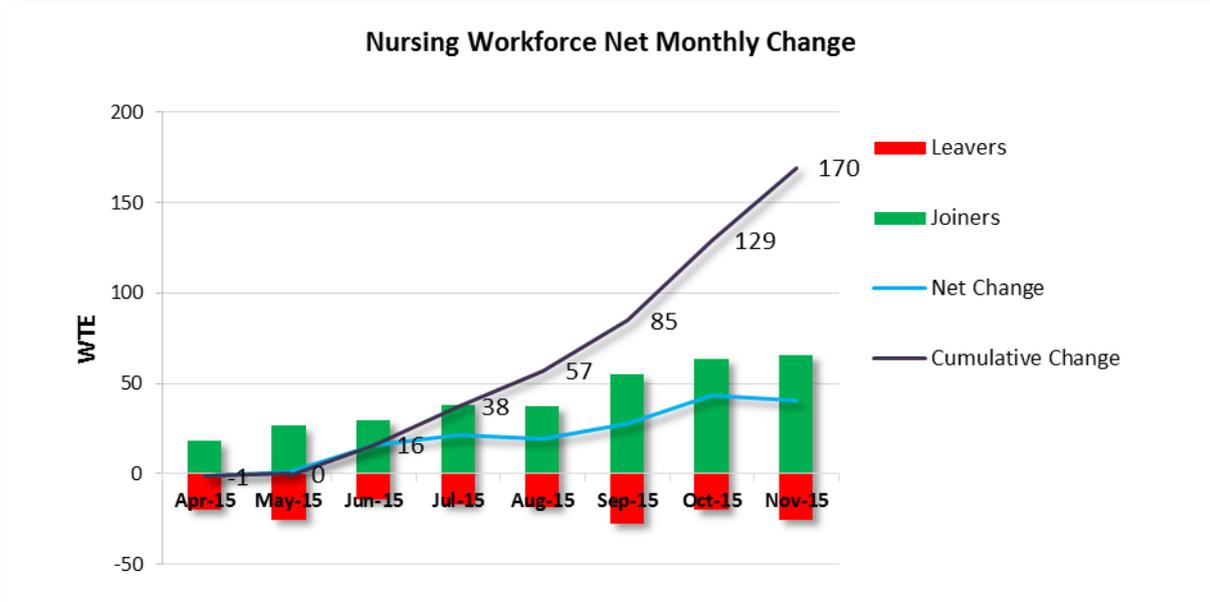
3.2 Patients who require 1:1 Supervision (specials)

In May 2015 it was noted an increasing number of hours were being used to care for both adults and children on a one to one basis, these are patients who are considered at high risk of harm to themselves or others.

This has been subject to considerable scrutiny and the process for assessing and requesting has been strengthened. The number of hours used compared to the same time period in 2014 has decreased by 60% as illustrated in graph 3 however we know more can be done to monitor use and booking out of hours where we have found the process to be less robust. A staff weekend plan is being developed to further address this and further education is being introduced into the on call manager training. The review led by Lord Carter pays particular attention to the use of Specials (enhanced care) and learning from this will be reviewed and incorporated into practice and policies.

There has been considerable investment into staff education in the prevention of falls, which historically have been a major reason for booking 1:1 care. This training continues to be rolled out across both sites and the reduction in usage of 1 to 1 for falls risks will continue.

Graph 3
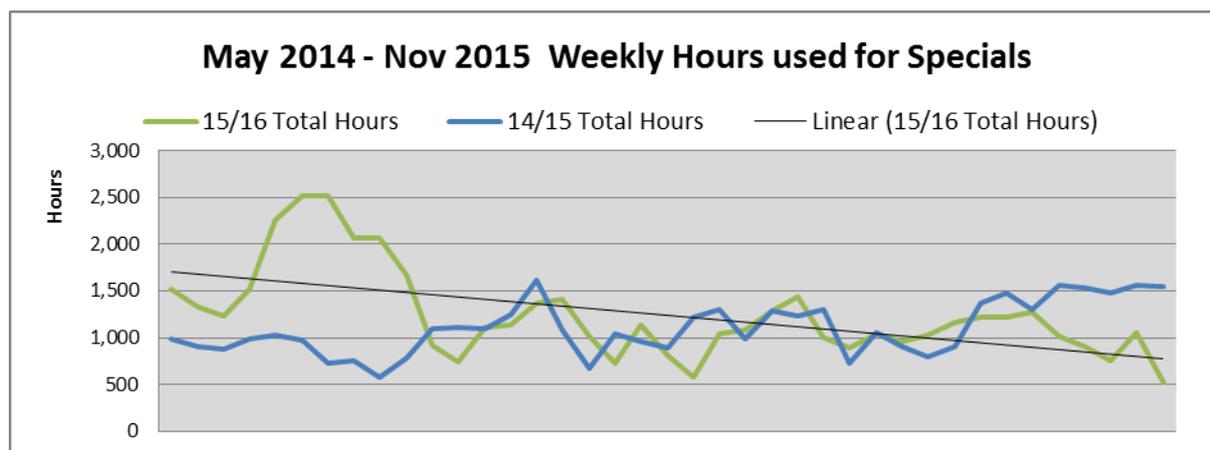
3.3 RMN hours

The previous report highlighted the growing number of RMN hours used to support both adult and childrens areas to care for patients with increased mental health issues. This is closely monitored and during the last six months staff working in general adult areas have attended training. This has had a positive effect with less RMN requests unless the patient is under a mental health section. There does however continue to be high usage in paediatrics and we are now accessing shortened courses for paediatric nurses working in acute areas with children suffering from mental health problems.

The current process for children and young people presenting with mental health issues are assessed by the Paediatric ED. If there is a decision to admit a risk assessment is completed by senior nursing and medical teams prior to admission to the ward. This requirement is then reviewed daily by the ward nursing team. This process has not previously been subject to audit, unlike the adult areas. It is recommended that an audit plan is developed and progress reported in the next report.

4.0 Acuity and Dependency Assessment

4.1 Safer Nursing Care tool (SNCT)

Every inpatient adult ward is subject to a full acuity and dependency assessment every 6 months this is detailed in Appendix A. This means over a 20 day period every patient is assessed at 15.00hrs for acuity/dependency and given a score. The data is used with a range of multipliers to determine nurse staffing for that ward. This was a key recommendation from the NQB and the trust uses the tool developed by the Shelford group of trusts. This is not an exact science but has been widely tested out across the UK and is a nationally recognised model for assessing nurse establishments. This, along with other guidance and a review of nurse sensitive indicators is used to assess the numbers and skill mix of staff required.

When looking at this data particular note is taken of wards showing wide variation of acuity in each data set. This can be caused by seasonal variation for instance where surgical wards often have more medical patients in the winter months their acuity data is high for the winter assessment. The variation can be between 5 – 15% anything more than this is worthy of additional scrutiny. The challenge moving forward is for validation and challenge of ward acuity by senior nurses.

Triangulating acuity data with other information

We currently collect nurse sensitive indicators however the information is not currently reportable at ward level and is subject to information department supporting a selection of ward and directorate scorecards. This is currently in development. We also review the ratio of registered nurses to patient per shift and consider anything higher than 1: 8 worthy of additional review. The 1:8 ratio is not the minimum standard to work to but a flag to raise awareness. Other factors taken into account are turnover, vacancy factor, and substantive ward leadership. This information is

reviewed alongside the acuity for the ward and is done by the chief nurse, deputy and head of nursing and is undertaken every 6 months.

Appendix 1 details the following information

The wte nursing establishment for adult inpatient wards and includes:
Registered nurse to patient ratio per shift by ward

RN to HCA skill mix – the RCN recommend 65/35 with elderly care 50/50

The recommended wte establishment based on acuity/dependency assessment undertaken over the 3 periods to date; February, June and October 2015.

It is important to note seasonal variation and guidance says not to change wte until a minimum of 3 sets of data are reviewed.

5.1 Key findings

5.1 Summary of Compliance for adult inpatient areas
It is clear that wards are, with practice, becoming more robust at assessing and monitoring acuity however as an organisation we need to move to daily monitoring. A recommendation for wards with wider seasonal variability is to start daily acuity monitoring from March.

27 wards completed the SNCT; this is an increase from the last establishment review. There are 10 wards subject to further scrutiny because of variation in data. Acuity and dependency assessment of every patient will now be done on a daily basis in wards with variability above 10% of the WTE establishment. Additional resources will be explored at budget setting.

Table 1

**Wards reporting consistent variation in acuity assessment with current ward establishment**

Ward	Speciality	Variation in data
A3	Hip Fracture	Wte establishment consistently ≥ than acuity assessment
Derby & Oaks	SWLEOC	Wte establishment consistently ≥ than acuity assessment
M2	Gynaecology	Wte establishment consistently ≥ than acuity assessment
Harry Secombe	Renal	Wte consistently below acuity assessment on all occasions
Richard Bright	Renal	Wte consistently below acuity assessment on all occasions
A5	Cote	Wte establishment consistently ≥ than acuity assessment
A6	Cote	Wte establishment consistently ≤ than acuity assessment
B6	Short stay	Wte establishment consistently ≥ than acuity assessment
Alexandra	Medicine	Poor skill mix (55/55) and increased nurse sensitive indicators over 6 months
Gloucester	Respiratory medicine	Wte establishment consistently ≤ than acuity assessment

Ward C6 was incomplete in October due to closure for refurbishment. Acuity assessment on Chuter Ede (EGH) and Alexander wards incomplete so not validated. Moving forward we will be monitoring daily acuity on every ward.

6.0 Sustaining Financial Balance

6.1 Agency nurses

There is a robust process in place to control the agency hours and the graph below demonstrates a sustained reduction in agency hours and encouragingly demonstrates that fewer hours were used the end of November than the same period last year. Following the DH publication in June regarding capping of agency pay the first capping stage came into force from 23 November. The next agency cap comes into force in January and is expected to have a greater impact on staff who currently have chosen to work for an agency rather than bank. As this cap will bring the pay difference much closer to the bank rates used. Any agency nurses requested off cap can only be authorised by the chief nurse or deputy.
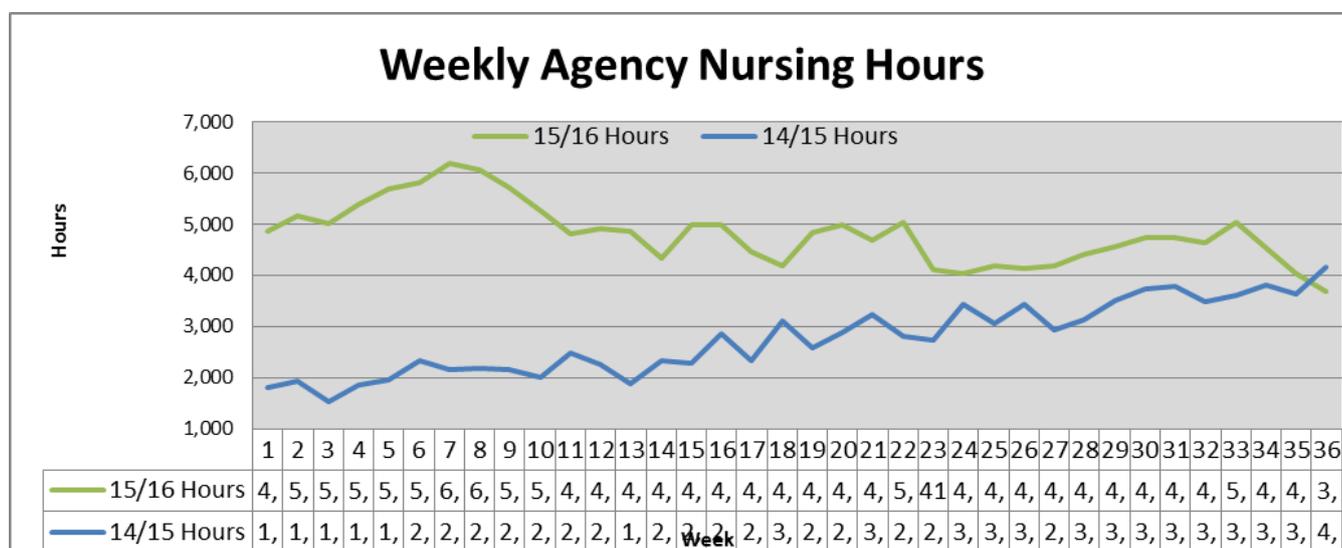
7.0 Paediatric Services
7.1 Inpatient

Paediatric staffing is assessed using the RCN Standards (2013) and is based on the ratio of Registered Nurse (Child) (RNC) per child on the age of the children being cared for as follows:
- Children < 2 years of age 1:3 RNC: child, day and night.
- Children > 2 years of age 1:4 RNC: child, day and night.

Ward staffing complement also have a supervisory ward sister/charge nurse.

Children's in-patient ward establishments are set to meet the above guidance and support a RNC: child ratio of 1:4, plus a 0.6 supervisory band 7. This is due to an increase to 1 WTE in April 2016.

Paediatrics has a vacancy rate of (23%) which is part of a comprehensive workforce plan to recruit. This means that the wards are regularly non-compliant with this ratio, however, temporary staffing, specialist nurses and matrons cover clinically to ensure that the wards are safe. There is an ongoing active recruitment campaign to reduce the vacancy factor. This has included visiting university student recruitment fairs, participation in the Trusts open day. Meetings with the Head of recruitment and attendance at the Trust Retention and Recruitment meetings are ongoing. Exit interviews are held with all staff leavers. Students from other HEI's are actively encouraged to apply for elective placements

7.2 Children's Community Teams

The RCN standards (2013) and Children's Community Nursing Standards (2005)
recommend that children's community teams should be working to increase numbers to enable provision of a seven day service, telephone advice up until 2200 and 24hr end of life palliative care. The combined teams are currently established for 18.16 RNC. Recent expansion of the teams has been successfully recruited into in response to meeting national guidance. This includes a 4 x 0.6 WTE CNS posts (Epilepsy and respiratory) as well as an increase in establishment of 2.8 WTE Band 6 nurses in the ST Helier team. The development of the team is ongoing and there is close working with the commissioners to develop this service further. The Community Matron post has been vacant for the last year and the Head of Nursing has supported the team clinically during this time.

7.3 Neonatal Services

Staffing standards for neonatal services are provided by the British Association for
Perinatal Medicine (2016), and are based on the dependency and acuity of the
babies being cared for at any one time. In summary:

- Intensive care: 1:1
- High dependency care : 1 :2
- Babies requiring special care: 1 : 4

With the current cot configuration, the SCBU at Epsom is fully compliant with the
required standards The NNU at St Helier is now compliant with 80% of the
standard; however staffing is flexed on a daily basis to meet the daily acuity needs. The band 6 nurse specialist neonatal post is difficult to recruit to and this reflects the national picture. The team have over recruited into the band 5 positions with a plan to provide support and development from the practice development team to support the transition into a band 6 post. There is now more movement of staff between the two sites to encourage cross cover and wider skills development for our staff.

8.0 Perioperative Services

Guidance for emergency and elective operating staff are provided by the Association for Perioperative practice (AfPP), and state that all operating lists should be staffed by a team of appropriately trained and competent personnel who are equipped with the skills and abilities to administer high quality patient care. The formula for calculating staffing establishment advocated by AfPP is as follows:

> 1 anaesthetic practitioner
> 1 theatre practitioner
> 1 recovery nurse per operating list

All operating lists across the Trust remain established to meet this standard however as part of a wider review theatres and anaesthetic nursing is subject to review as it is becoming increasingly difficult to recruit ANPs and theatre nurses.

9.0 Critical Care

The principles for the critical care work force are based on recommendations from the European Federation of Critical Care Nurses (2007) and form part of the Core Standards for Intensive Care Units produced by the faculty of Intensive Care Medicine and Intensive Care Society 2013 as follows:

> Level 3 patients 1:1
> Level 2 patients 1:2
> Establishments for level 3 care require 6.5 wte/bed and level 2 3.5 wte / bed.

Both units at both Epsom and St Helier have worked to meet this requirement and staffing is increased when acuity or additional critical care beds are opened. Critical care staffing for nursing

has been subject to wider review following the CIH inspection in November 2015 and so staffing is part of a wider review of critical care planning.

10.0 Maternity Services

The NICE guidelines published in February 2015, *Safe Midwifery Staffing for Maternity Settings,* highlighted the requirement to have a systematic process to calculate the midwifery staffing establishment. The Head of Midwifery has reviewed the senior co-ordinator role at Epsom to ensure that staff undertaking this role are working at the correct level ensuring both labour wards have band 7 cover at all times. There are two substantive B7 vacancies at St Helier and one at Epsom, these positions have been offered at St Helier, and shortlisting is complete for Epsom.

Both units have a safe staffing tool to monitor and examine activity on a six- hourly basis. This is completed by the labour ward co-ordinator for each shift in order to capture any issues which impact on the safety of the maternity services. This tool has been used since May 2014. In addition, a daily escalation meeting has commenced in January each morning on both sites (9am at STH and 9.30 at EGH). This is attended by the consultant midwives, inpatient lead midwives, obstetric consultant and the neonatal team to review the staffing and activity for the day. There is also a 24hour rota for midwifery management and statutory supervision of midwifery.

The Head of Midwifery has commissioned the 'Birthrate Plus' review of maternity staffing which is a nationally recognised staffing tool for midwifery. Results are expected to be complete by February 2016. The midwifery establishment assures a healthy ratio of midwives to births at 1:28, and the 'Birthrate Plus' review will examine if the ratio required has changed since the last review in 2009.

The reconfiguration of services has commenced with a more formal rotation of staff within maternity. This has been mapped out for commencement at STH in January 2016, and will ensure that staff maintain their skills in all areas of maternity care including antenatal, labour/birth and postnatal environment.
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11.0 Emergency Department

NICE have not progressed the draft staffing consultation which was released in January 2015. The Trust follows the recommendations set out by the London Quality Standards. It is important to note that there is not a specific skill mix tool currently used to map to clinical activity. The BEST (Baseline Emergency Staffing Tool) tool has not been used due to national concerns regarding the reliability of the tool

The Trust strives to be compliant with recommendations made by the London Quality Standards in both Emergency Departments as follows:

- Nurse ratio in the resuscitation area 1:2

- A designated nursing shift leader (Band 7) to be present in the emergency department 24 hours a day, seven days a week (the recommendation to have a Band 7 on duty on each shift is not compliant in both Emergency Departments and this is being reviewed by the Heads of Nursing to ensure this recommendation is enabled)

- Triage to be provided by a qualified healthcare professional: This continues to be compliant with additional winter pressures support to increase streaming ability at St Helier.

- Access to support services seven days a week: The winter pressure schemes have seen the support of the Airways / Respiratory nurses being able to provide focused specialist nursing support within the departments to support admission prevention and treatment advice. The OPALs teams have also been continuing to in-reach to support patient experience. Working relationships with mental health services have continued in order to improve timely assessment in the department, especially on the Epsom site. Access to a

domestic violence support worker has also enabled a higher focus on this level of concern for patients attending the department. St Helier have access to a 7 day outreach alcohol liaison service / Nurse specialist and discussions with Epsom CCG has also taken place to request a duplicate service

A new post of head of nursing for emergency and urgent care services will be appointed to in spring. This post will support the CD and GM in managing the emergency areas and start to develop new and innovative nursing roles to support the delivery of emergency care. This post will support the Medical Division in ensuring that London Quality Standards and other Local and National Targets pertinent to the Emergency setting receive focused senior nurse leadership and management.

10.0 Daily staffing reviews /escalation
The daily conference call is now embedded to support safer staffing and financial control. These calls allow greater cross site decision making by the senior nursing teams.

11.0 Conclusion
The nursing and midwifery establishments continue to be reviewed using evidence based tools and professional judgement.

12. Recommendations
The board is asked to note the report and the recommendations;

- Move to acuity monitoring on a daily basis

- Explore changes to ward establishments at budget setting

- Consider the Lord Carter Review to ensure the trust is managing its workforce as efficiently as possible with particular reference to the use of 'specialling' hours (enhanced care) and the guidance and benchmarking on care hours per patient day.

- Support a fuller review of midwifery staffing following completion of 'Birthrate Plus'.

Appendix 1 **Safer Nursing Care Tool (SNCT) data Jan 2016**

Ward	RN to Patient ratio by shift		RN/HCA Skill Mix (%)		Current Establishment WTE	Safer Nursing Care Tool assessment *			
						February 2015	June 2015	October 2015	Comments
SAU	Day	1:4	68/32		32.16	39	33.2	35.91	
	Night	1:6							
B3	Day	1:5	66/33		20.72	17.84	16.39	23.45	
	Night	1:8							
B5	Day	1:6	70/30		35.19	48.78	41.32	33	
	Night	1:8							
A3	Day	1:6	61/39		38.21	34.25	31.96	33.65	
	Night	1:8							
Northey	Day	1:5	64/36		29.9	23.73	20.84	25.02	
	Night	1:7							
Swift	Day	1:6	71/100		24.98	22.21	27.76	21.74	In June high numbers of day cases altered the data
	Night	1:6							
Derby	Day	1:5	70/30		31.6	26	18.21	22.48	Multiple empty beds during audits.
	Night	1:9							
Oaks	Day	1:5	70/30		31.6	26	20.2	24.6	Multiple empty beds during audits.
	Night	1:9							
M2	Day	1:4	66/34		22.06	15.59	15.44	16.73	
	Night	1:6							
Harry Secombe	Day	1:5	88 /22		21.84	22.98	24.65	25.89	Request for 0.5 HCA at budget setting for night shift
	Night	1:6							
Richard Bright	Day	1:4	88 /22		21.84	No data	23.87	24.47	Request for 0.5 HCA at budget setting long night
	Night	1:8							
Beacon	Day	1:4	60 / 75		24.27	16.65	21.16	24.0	
	Night	1:8							
B1	Day	1:3	72/28		22.71	17.73	18.66	18.71	
	Night	1:7							
CCU STH	Day	1:3	100				N/A	N/A	

	Night	1:3							
CCU EGH	Day	1:3	88/22				N/A	N/A	
	Night	1:4							
A1 (AMU)	Day	1:5	76/24	53.6	48.4	50.93	51.86	
	Night	1:5							
A5	Day	1:5	65/35	30.15	36.6	37.7	38.78	
	Night	1:8							
A6	Day	1:5	65/35	30.15	24.55	33.37	35.7	
	Night	1:7							
B6	Day	1:5	67/33	25.16	19.46	21.9	19.27	
	Night	1:5							
C2	Day	1:6	75/25	TBC	16	N/A	N/A	CCU decanted into this ward during SNCT audit
	Night	1:6							
C3	Day	1:5	64/36	34.27	36.85	32.97	32.53	
	Night	1:8							
C4	Day	1:5	71/29	26.90	25.75	27.32	18.92	
	Night	1:6							
C5	Day	1:3	74/26	20.23	22.35	17.87	20.71	
	Night	1:8							
C6	Day	1:5	60/40	32.16	29.97	NA	NA	Incomplete due to ward refurb
	Night	1:7							
Alexandra	Day	1:7	55/55	35.19	48.2	45.06	49.35	Not validated .
	Night	1:10							
Britten	Day	1:5	63/37	31.41	30.54	29.54	24.30	
	Night	1:5							
Buckley	Day	1:7	57/43	43.07	Not completed	43.53	38.9	
	Night	1:8							
Chuter Ede	Day	1:5	69/31	58.85	Not completed	69.4	67.49	Not validated
	Night	1:6							
Croft	Day	1:6	57/43	31.24	Not completed	37.2	34.97	
	Night	1:7							
Gloucester	Day	1:5	79/21	24.67	30.7	29.55	31.08	Higher acuity – level 2 patients. Request for 1.0 HCA at budget setting long night
	Night	1:6							
Mary	Day	1:5	64/36	29.53	23.73	27.55	27.1	

Moore	Night	1:7						

- The Safer Nursing Care Tool is a bi annual assessment of all patients in every ward over a period of 20 days with the acuity and dependency assessed at 15.00 every day. This is then calculated with nationally approved multipliers to also include 22% uplift and provides each ward with an assessment of WTE requirements to run every shift over 24 hours seven days a week.