The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Nursing Establishment Review

1.0 Executive Summary

At the Queen Elizabeth Hospital King's Lynn NHS Foundation Trust we aim to provide safe, high quality care to all our patients. Our staffing levels are continually assessed, according to national guidance and population needs, to ensure we meet this aim. Registered and Unregistered Nursing are the primary deliverers of health care within the multidisciplinary team in the majority of clinical settings.

Nursing establishments are required to be reviewed bi-annually to provide assurance to the Trust Board that staffing levels and staff to patient ratios are appropriate to deliver safe and effective care (National Quality Board, 2016).

This report presents the mid-year inpatient establishment review that was undertaken during August 2020 and sets out the process followed for the mid-year inpatient nursing establishment review.

This process has ensured that appropriate governance and rigour have been applied to the areas where reviews were undertaken as well as giving insight to areas of potential service redesign that may impact on the future nursing establishment.

Trust Divisional establishment reviews were undertaken and reported to the Board in February 2020. In addition to this, when requirements change (for example a change in patient specialty or acuity on a ward) then repeat reviews are undertaken. It is recognised internationally that there is no single method that can be used in isolation to determine nursing establishments in the acute care setting. As such, in our Trust (as in hospitals across the country) we use multiple evidence based tools when considering the needs of our patients over a 24 hour, seven day period.

The dimensions of patient dependency and acuity are important variables in determining nursing workload. The Association of United Kingdom University Hospitals (AUKUH 2007) developed the Safer Nursing Care Tool (SNCT) with this in mind which is the recommended tool by the National Institute for Health and Care Excellence. This tool was applied to study current nursing workload in adult medical wards in order to calculate the ward establishment in conjunction with specialty specific guidance documents.

Establishment reviews were not carried in all areas as the ward functions have changed in response to the COVID-19 pandemic. A review is recommended once wards have identified their established functions.

2.0 Background

2.1 The following paper gives the background and methodology that underpins the establishment review.

The 2013 National Quality Board document entitled "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" sets out ten expectations for NHS providers and commissioners in relation to nursing and midwifery staffing. This document was updated in 2016 (National Quality Board, 2016) refreshing nurse staffing guidance and bringing it together in the context of Carter's report findings; the updated national nursing, midwifery and care staff framework, Leading Change Adding Value (NHS England, 2016); and the Five Year Forward View (NHS England, 2014). Next Steps on the NHS 5 Year Forward View (NHS England, 2017) also updates the key improvements expected in relation to the workforce, for 2017/18 and 2018/19, which includes developing and supporting new roles, and continued good rostering practice.

These expectations were updated to consider a triangulated approach to staff decisions, and offers guidance for local providers on using other measures of quality to understand how staff capacity may affect the quality of care. These are:

- Expectation 1; Right Staff.
- Expectation 2; Right Skills.
- Expectation 3: Right Place and Time.

2.2 This report will also provide assurance that we are meeting the Care Quality Commission requirements under the Fundamental Standards including regulations 18 (Staffing) and 12 (Safe care and Treatment).

2.3 Maternity, Intensive Care Unit, Neonatal Intensive Care unit, Paediatric ward and Emergency Department establishment reviews do not form part of this report, yet will in the future to ensure that we have full view of all clinical areas in the hospital. In addition, wards whose functions have changed during the COVID-19 pandemic were not included in the review as the acuity and dependency of patients did not reflect their specialties. The wards not included in the review are: Elm, Surgical Assessment Unit, Marham, Stanhoe, Tilney, Necton and West Raynham.

3.0 Methodology

3.1 This report outlines the findings of the 2020 review which has evaluated nurse staffing establishments for:

- Seven adult wards (Denver, Gayton, Shouldham, Oxborough, Windsor, West Newton and Terrington)
- 1 Medical Assessment Unit

3.2 This review took place in August 2020, with data collected daily for 20 days. Discussion took place with the ward managers and one or two designated staff who were asked to collect the information required.

3.3 There are advantages and disadvantages to the different methods and tools used to model staffing levels. Despite using multiple methods, there is a view that none of them capture the communication aspects of nursing work (nurse-patient, nurse-family, nurse-doctor, nurse-other health professionals and departments, nurse-other agencies). Different systems applied to the same care environment can produce different results, and so combining two or more methods is recommended to improve reliability, validity and triangulate the data.

3.4 Quantitative and qualitative data were also collected in order to aid in the triangulation the current establishment. This included the following nursing sensitive indicators:

- Patient falls
- Pressure ulcers
- Medication administration errors
- Complaints

4.0 Evidence Based Tools Used

4.1 The following gives a brief outline of the tools used (alongside SNCT) specific to the areas mentioned.

4.2 The SNCT was originally developed in conjunction with the Association of UK University Hospitals (AUKUH) and was subsequently reviewed and updated in 2013.

The tool comprises 2 parts:

- The Acuity and Dependency Tool which has been developed to help acute NHS hospitals measure patient acuity and/or dependency to inform evidence-based decision making on staffing and workforce. The decision matrix allows staff to measure the acuity (how ill a patients is) and dependency (how dependent a patient is on nursing staff to have their normal needs met, such as moving, going to the toilet, eating and drinking) of patients in a ward. It incorporates the rules to follow to ensure that data are captured accurately and how to use this information to calculate the optimal level of staff needed in a particular ward using nursing multipliers to ensure the delivery of safe patient care.

- Nurse Sensitive Indicators (NSIs) had been identified as quality indicators of care with specific sensitivity to nursing intervention and were used alongside the information captured using the Acuity and Dependency Tool to develop evidence-based workforce plans to support existing services or the development of new services NSIs will now be used alongside acuity and dependency information to monitor the relationship between ward staffing and nursing outcomes.

5.0 Interpretation of Data

5.1 Benchmarking was undertaken by reviewing the Care Hours per Patient Day (CHpPD) using the model hospital data taking into account the need to compare wards of similar specialties during interpretation.

5.2 Discussions took place between the Deputy Chief Nurse, Ward Managers, Matrons and Heads of Nursing together with colleagues from the Finance department to interpret the findings. A significant element of the process is to ensure that we incorporate professional judgment and local knowledge to identify the workforce which provides care that is safe, effective and caring.

6.0 Analysis of Findings

6.1 The majority of wards were broadly in line with the proposed SNCT establishments from the acuity and dependency scores and the CHpPD are comparable to wards of similar specialties using the Model Hospital data.

6.2 There are proposed changes to the current establishments for areas where the review was undertaken (Table 1). In addition, the review identified themes to be taken into consideration for future reviews. This includes geography and layout of the wards, application of SNCT not evidenced for some specialties and poor understanding of the SNCT.

Table 1

Division	Ward/Department	Current WTE RN/HCA	Suggested WTE RN/HCA	Variance	Comments
Medicine	AMU	31.73/27.83	31.73/27.83	0	The safer nursing care tool principles and professional judgement have been applied with no change to establishment
Medicine	Terrington	27.98/27.98	27.98/27.98	0	The safer nursing care tool principles and professional judgement have been applied with no change to establishment
Medicine	Oxborough	23.03/26.24	24.83/28.99	-4.55	The safer nursing care tool principles and professional judgement have been applied. Recommendation: to increase the establishment by

					4.55(1.8 RN,2.75 HCA) WTEs with a financial impact of £148,064 per annum
Medicine	Windsor	23.03/27.21	24.83/29.96	-4.55	The safer nursing care tool principles and professional judgement have been applied. Recommendation: to increase the establishment by 4.55 (1.8 RN,2.75 HCA) WTEs with a financial impact of £148,064 per annum
Medicine	West Newton	21.23/35.38	21.23/35.38	0	The safer nursing care tool principles and professional judgement have been applied with no change to establishment
Medicine	Shouldham	15.49/8.50	15.49/8.50	0	The safer nursing care tool principles and professional judgement have been applied with no change to establishment
Surgery	Denver	20.23/25.59	20.23/25.59	0	The safer nursing care tool principles and professional judgement have been applied with no change to establishment
Surgery	Gayton	23.03/27.24	23.03/27.24	0	The safer nursing care tool principles and professional judgement have been applied with no change to establishment

7.0 Conclusion

7.1 There are some proposed changes to the nursing establishment for areas where review was undertaken. The Committee should be made aware that there are service redesigns that would impact on the overall nursing establishments.

7.2 Establishment reviews were not carried in all areas as the ward functions have changed in response to the COVID-19 pandemic. These changes will have impact to the nursing establishment.

7.3 Two wards (Oxborough and Windsor) have been identified requiring an increase to their establishments of 4.55 Whole Time Equivalents each. The increase equates to an additional funding of circa £148,064 for each ward per annum.

8.0 Recommendation

The Trust Board is asked to:

- Note the content of the Nursing Establishment Review