Agenda Item No. 14

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
	Decision		High	Med	Low
Libby McManus, Chief Nurse	Consideration	√	√		
	Information				
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Edmund Tabay, Deputy Chief Nurse	Strategic				
	Operational	√			
	Governance				
	IMPLICATIONS:		**RELATED WORK: (PREVIOUS PAPERS TO BOARD/COMMITTEE)**		
	Patient Care/Safety/ Experience	√			
	Finance				
	Workforce				
	Policy				
PEER ASSIST (inc. clinical engagement): Matrons	**PEER REVIEW:**				
Ward managers, matrons, finance ,finance department, Heads of Nursing					
CQC Domain: (safe, caring, effective, responsive, well-led, use of resources)	Safe, caring, effective, responsive				

Meeting Date: 4th February 2020

Report Title: Nursing establishment review

PURPOSE:

This paper outlines the process that has been undertaken to complete the bi-annual inpatient nursing establishment review, which is recommended all Trusts complete to ensure that nurse staffing levels are appropriate to deliver safe and effective care.

SUMMARY:

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

This report presents the mid-year inpatient establishment review undertaken in June 2019, and sets out the process followed.
This process has ensured that all adult inpatients areas have been reviewed and appropriate governance and rigour applied to the process, as well as giving insight to areas of potential service redesign that may impact on the future nursing establishment. As a result there are no advised adjustments to the nursing establishment

Implications : Financial / Quality / Workforce / Policy:						
Strategic / External	Operational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience	Workforce
			X		X	X
RECOMMENDATION/S:						

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 and Midwifery staff 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: 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 in October 2019, and sets out the process followed for the mid-year inpatient nursing establishment review.

This process has ensured that all inpatients have been reviewed and appropriate governance and rigour applied to the process, as well as giving insight to areas of potential service redesign that may impact on the future nursing establishment. There are no adjustments to the nursing establishment

Trust Divisional establishment reviews were undertaken and reported to the Board in June 2019. 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 not a 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 24hour, 7 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. This 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.

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 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 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.

3.0 Methodology

3.1 This report outlines the findings of the 2019 review which has evaluated nurse staffing establishments for:

- 13 adult wards
- 1 Emergency Assessment unit
- 1 Surgical Assessment unit

3.2 This review took place in October 2019, with data collected daily for 20 days. Discussion took place with the ward managers and one or two designated staff who was asked to collect the information required. The data were validated by the unit matrons for accuracy

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:

- An 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 the 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.

5.3 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 and validity.

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 no proposed changes to the current establishments for all the areas where the review was undertaken, however it did identify 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.

7.0 Recommendation

7.1 There are no immediate proposed changes to the nursing establishment, however, the Board should be made aware that there are service redesigns that would impact on the overall nursing establishments. This includes the opening of the Same Day Emergency Care Unit (SDEC) and a previously agreed increase in the Emergency Department staffing establishment. Midwifery staffing levels will also be considered as part of the divisional business planning process.

8.0 Conclusion

8.1 This paper provides the Trust Board with assurance that there has been a mid- year review of the nursing establishments and that as a result there are no proposed changes.

8.2 Board members are asked to review this paper, the process undertaken for the Trust nursing establishment review and the resulting recommendation. The Board are asked to note that the next review will be undertaken in summer 2020.