The Royal Wolverhampton NHS Trust	

Trust Board Report

Meeting Date:	24 March 2014
Title:	Nursing Workforce Review – six monthly update
Executive Summary:	This paper updates the Board of Directors on the assessment made against the 10 expectations set out in the National Quality Board *'How to ensure the right people, with the right skills and in the right place at the right time'* for adult in patient and paediatric wards. The expectations were first outlined to Board in January 2014 and this provides further detail on the Trust's position in compliance. The paper details the measures the RWT nurses are taking to measure safe staffing including the use of available technology to inform the Trust for future planning purposes. The paper outlines the planned scope for staffing guidance produced by NICE in preparation for use from September 2014 including likely outcomes to be used to triangulate with staffing analysis. The paper includes an assessment of our paediatric in patient nurse staffing against the Royal College of Nursing (RCN) evidence of children's staffing used in *'Core standards to be applied in services providing health care for children and young people'*.(RCN 2010) Midwifery staffing is updated annually using the national benchmarking tool Birthrate plus and this will be reported separately to Board by the Head of Midwifery in June 2014.
Action Requested:	For the Board to receive information and be assured that the senior nurses are taking active measures to meet the recommendations made by the NQB to ensure safe staffing.
Report of:	Cheryl Etches, Chief Nursing Officer
Author: **Contact Details:**	Charlotte Hall, Deputy Chief Nursing Officer
Resource Implications:	None
Public or Private: **(with reasons if private)**	Public
References: **(eg from/to other committees)**	Senior Nurses Strategic Group

Appendices/ **References/** **Background Reading**	CQC Registration NHS England ***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* National Quality Board 13 November 2013 The Cavendish Review July 2013 ***An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings***
NHS Constitution: **(How it impacts on any decision-making)**	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: - Equality of treatment and access to services - High standards of excellence and professionalism - Service user preferences - Cross community working - Best Value - Accountability through local influence and scrutiny

1.0 Background

1.1 In January 2014 the Chief Nursing Officer presented a paper to Trust Board summarising the National Quality Board (NQB) paper published in November entitled '*How to ensure the right people, with the right skills, are in the right place at the right time*'.

1.2 The NQB set out ten expectations for providers and commissioners in meeting the staffing needs of patients, taking lessons from the recent published reviews; Compassion in Practice (December 2012), Mid Staffordshire NHS Foundation Trust Public Inquiry (February 2013), Professor Sir Bruce Keough review (July 2013), Don Berwick's review into patient safety (August 2013) and the Cavendish review of health care assistants (July 2013).

1.3 This paper details how the Trust is meeting the recommendations and provides the first formal report to the Board detailing the reviews that have been undertaken into nursing and care staffing at RWT.

1.4 Starting in May, the Board will receive a monthly report detailing data about actual staffing compared to plan. Each six months there will be a report detailing a full workforce reviews based on an assessment of staffing needs by ward of patient acuity and dependency matched against the current ward budgeted establishments. This is the first of these regular six monthly reports.

2.0 This board report is divided into 3 parts;

- How RWT have been able to respond to the ten recommendations made by the NQB, including an assessment of RWT paediatric inpatient ward against the RCN's 16 core standards for safer children's staffing.
- A workforce review completed in February 2014 using the Safer Nursing Care Tool (2013) which compares patient acuity to budgeted ward establishments
- Defining how the Trust will report monthly data of planned ward staffing versus actual staffing by ward

2.1 **The following table outlines the ten NQB expectations and the response following review at RWT**.

Expected	Trust Response
Board takes full responsibility for the quality of care provided to patients and, as a key determinant of quality, take full and collective responsibility for nursing, midwifery and core staffing capacity and capability.	The CNO has a process in place to review setting and reviewing staffing levels. A Safer Nursing Care Policy is in draft which stipulates everyone's responsibility at Board and ward level. Quality Impact Assessments and risk assessments are in place for CIP or service reconfiguration Staffing levels are monitored on a shift by shift basis and levels adjusted by the senior nurse covering the wards to support acuity and dependency. Processes in place to monitor vacancies and staffing levels through performance reviews Wards use annual training needs analysis to influence post registration training needs/university based course places in speciality nursing (e.g. ICCU/Surgical Nursing/HDU care/Paediatric Nursing/Emergency Department Nursing etc.)

	Established preceptorship programme in place for new graduates
Processes are in place to enable staffing establishments to be me on a shift by shift basis.	There are different systems in place to monitor shift by shift staffing: • E Rostering • Daily acuity review using SafeHands • Established escalation procedures through to the Head of Nursing/Miwdwifery and manager on call out of hours • Daily sitrep monitoring at bed meetings
Evidence based tools are used to inform nursing and midwifery staffing capacity.	Establishment reviews are undertaken continually in line with national methodology using 'SafeHands' to support data capture which is reported twice a year to Trust Board. Birthrate Plus is used to determine midwifery staffing levels HCAs have clinical induction and formal training in preparation for the a Certificate of Fundamental Care' cited in the Cavendish Report (2013) Range of clinical nursing ward indicators are reviewed monthly and monitored in regular reviews between matron and ward sister and at Divisional Accountability meetings from July 2014
Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns.	The Trust has in place: Senior Nurse Forum to discuss professional issues and meet with CNO Established job descriptions Clinical leadership model with clear lines of accountability Escalation processes in place to raise concerns and Whistleblowing policy. Regular appraisal is monitored Clear Duty of Candour Policy Regular forum to meet staff side representatives Staffing and E Rostering policy in place Staffing raised at bed meetings Staff survey including Friends & Family tests by staff in place to capture staff feedback
A multi-professional approach is taken when setting nursing, midwifery and care establishments.	Ward staff to CNO are involved in assessing staffing levels through the use of the national Safer Care Acuity tool. Executive directors recognise interdependencies with nurse staffing evidenced through board reports Professional judgement is used to challenge data from Safer Nursing Care Tool with HoN and CNO Directorate and divisional governance meetings will provide a forum for matrons to discuss staffing reviews

Nurses, midwives and care staff have sufficient times to fulfil responsibilities that are additional to the direct care duties.	All ward Band 7 senior sisters/charge nurses have supervisory status. (RWT participating in RCN study into supervisory status and benefits to patients research study 2014) Ward establishments have 20% uplift within budgets to cover planned absence
Boards receive monthly updates on workforce information. Staffing capacity and capability is discussed at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review.	Establishment review using Safer Nursing Care Tool already in place There are monthly updates on staffing capacity and any shortfalls will be identified along with actions taken. This will be reported to Trust Board in May using April data.
NHS providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift.	In place already – all wards display daily notices detailing staff on duty: Who is in charge Number of staff planned to be on shift Number of staff actually on shift Wards display staff uniform and what each member of staff's title
Providers of NHS services take an active role in securing staff in line with their workforce requirements.	A recruitment retention strategy is in place Active recruitment plan reported to Board by DoHR RWT already work with the LETB to determine workforce requirements
Commissioners actively seek assurance that the right people, with the right skills are in the right place at the right time with the providers with who they contract.	Board papers are public and inform commissioners of establishment reviews RWT works closely with CCG through Clinical Quality Review where metrics are reviewed and results of CCG quality reviews are discussed

2.2 **Assessment against the RCN's 16 core standards for safe children's staffing**
The Board can take assurance from the assessment of paediatric staffing which is in lione with RCN guidance.

Standard	RWT Compliance
1. The shift supervisor will be in a supervisory role.	In place
2. Nurse Specialists and ANPs not included in bed side numbers.	In place
3. One nurse per shift will be trained in APLS/EPLS.	In place
4. Minimum of 70:30 registered : unregistered staff in clinical areas.	In place
5. 25% uplift in establishments to cover annual leave, sickness and study leave.	RWT have a 20% uplift in paediatric ward establishments
6. Two RN Child at all times in in-patients and day care.	In place in inpatient areas but not in Beynon Short Stay Unit
7. Nurses should be trained in Children's Nursing with additional training for specialist services / roles.	In place
8. 70% of nurses should have appropriate training for the	This will be achieved in 6 months (Sept 2014)

speciality (i.e. Intensive Care, Oncology and Neurosurgery).	
9. Support roles should be used to ensure that RN are used effectively.	In place
10. Unregistered staff have completed appropriate course and competency assessment.	Plan in place and expected to be complete by September 2014
11. Number of University students should not exceed the agreed levels.	In place
12. Patient dependency scoring tool in place.	The use of dependency and acuity will be reported using SafeHands when in place
13. Quality indicators measured and monitored for adjustments in nurse staffing levels	In place
14. Access to a senior children's nurse for advice 24 hours 7 days a week (Masters holder, minimum of 5 years paediatric experience, hold a children's nursing qualification minimum 8A band). All Matrons must have RN Child Qualification	An escalation process is being developed to ensure availability of 'senior children's nurse' availability scoping work with partner organisations across Birmingham Black Country
15. Compliance with Safeguarding guidance.	In place through duty paediatrician
16. Children and Young People must have care from a skilled workforce and dedicated environment that meets their needs.	In place

3.0 NICE Safe Staffing Guideline: Scope

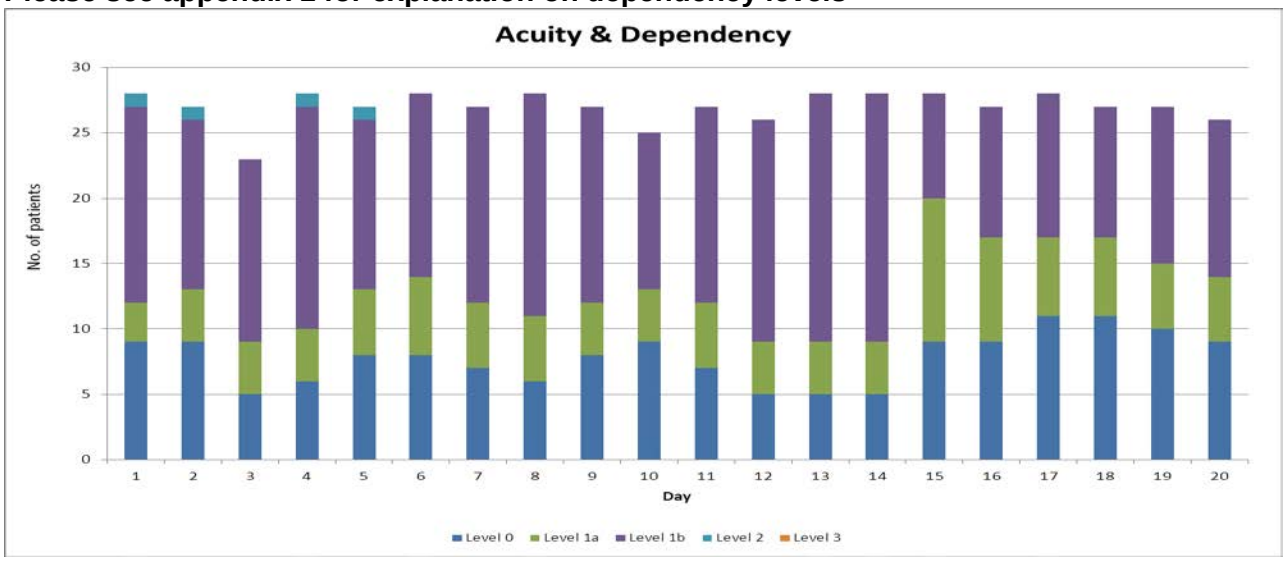
3.1 The National Institute for Health and Care Excellence (NICE) have scoped out the safe staffing guideline and the definitive guide is anticipated for use in September 2014. The scope has determined the considered outcomes of care when developing evidence based guidelines in safe and cost effective staffing in acute adult in patient wards and these are listed below which, with staffing data will be reported as a minimum 6 monthly to Trust Board.

- *Never events*
- *Safety Thermometer*
- *Vital signs observations and clinical assessments*
- *Drug omissions*
- *Patient care satisfaction (FFT)*
- *Nursing care complaints*
- *Staff experience and ratings (staff FFT)*
- *Staff retention and sickness rates*
- *Nurse and health care assistant vacancies*
- *Costs associated with additional staff, litigation and care*

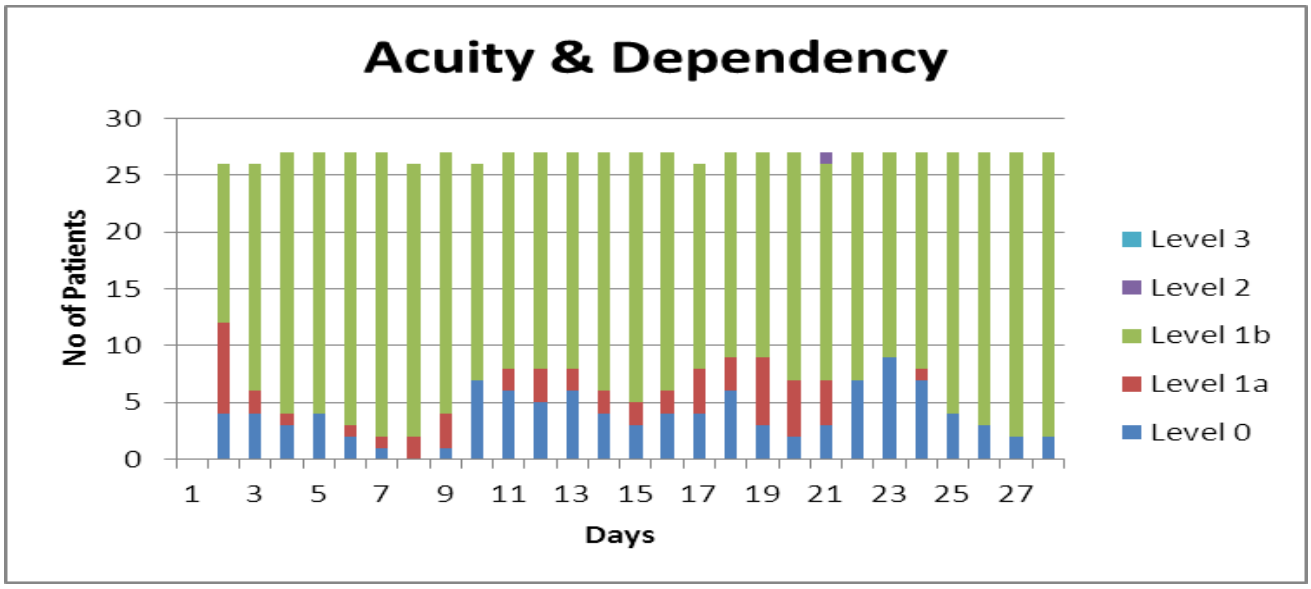
3.3 The Trust has continued to use the Safer Nursing Care Tool and in January 2014 undertook a planned repeat workforce review over 20 days on each patient in every ward. The acuity and dependency of every patient was reviewed at 3pm each day by ward nurses and documented using SafeHands.

Ward C16 June 2013

Please see appendix 1 for explanation on dependency levels



Ward C16 January 2014



3.4 The results of the acuity are used with nationally benchmarked multipliers to determine the number of staff required to run the ward over a 7 day 24 hour period including 22% uplift: the whole time equivalent (WTE). The WTE numbers are detailed in the table below and comparison is made between the WTE budgeted establishment (Column A) with calculated WTE required in June 2013 (column B) and finally compared with January calculation (column C).

	A	B	C
Ward	WTE Ward Establishments 2013/2014	WTE June 2013 using Safer Staffing Tool	WTE January 2014 using Safer Staffing Tool
CHU	28.9	31.6	32.9
Deanesly	24.2	24.0	26.7

C15	25.1	39.3	35.8
C16	28.2	41.1	45.4
C17	21.7	19.1	19.2
C18	30.7	33.6	33.8
C19	28.8	33.4	40.2
C24	26.8	40.0	21.0
C25	27.1	38.3	45.7
NRU WP	20.6	14.4	18.1
Ward 1 WP	28.3	29.8	27.5
Ward 2 WP	28.3	19.6	48.1
Ward 3 WP	29.3	29.3	42.8
AMU		45.5	74.6
B7		closed	38.5
A7	28.2	30.6	42.5
A8	29.6	45.7	44.2
B12/ASU	35.3	31.8	51.8
C22	31.2	31.6	34.1
A5	32.1	42.9	44.1
A6	30.6	29.4	28.0
A9	29.5	21.6	19.2
A12	30.9	29.0	32.2
A14	29.8	26.9	41.8
A23	20.7	8.6	12.0
Cardiology	53.3	52.3	67.5
Cardiothoracic	45.0	35.4	38.1
D7	28.2	29.8	25.7

3.5 There is some variation between data collected in June 2013 and data from January 2014 so with the CNO's agreement; the nursing staff will undertake continuous weekly monitoring of daily acuity Monday to Friday until at least June when the next set of data will be reported to Trust Board. The purpose of this is to embed methodology, ensure ward sisters/charge nurses/matrons develop consistency in assessment and recording of acuity on every patient and to start providing added value of peer review to challenge assessment of acuity. This will support the identification of themes and trends from a wider dataset which supports better workforce planning. This will also begin to challenge traditional working practices around shifts, numbers of staff on shift and skills of staff required. This, in conjunction with a workforce monitoring and planning tool such as electronic rostering will provide much richer data about the trends and patterns of patient needs matched to available staff.

4.0 Monthly Board reports detailing planned staff on each shift with actual staffing

Part of the NQB recommendations are to update the Board on planned staffing i.e. numbers of staff that should have been on duty, against the actual numbers of staff.

Regular updates to the Board on staffing capacity and capability. These updates should provide details of the actual staff available shift to shift versus planned staffing levels and the impact this has on quality and outcome measures. These reports would highlight these wards where staffing capacity and capability frequently falls short of what is required to provide quality care to patients, the

reasons for the gap, the impact and actions being taken to address it and to improve care'. **NQB 2013 p 12**.

4.1 The Matrons and senior nurses have worked out a system to collect this data. This will be collected monthly and gaps identified with reasons and actions taken to fill the gap. Those wards that frequently fall short of what is required will be highlighted in the report. The first report will come to Trust Board in May detailing April data. It is expected that this information will be shared locally at directorate and divisional governance meetings routinely by Matrons and Heads of Nursing/Midwifery.

5.0 Conclusion

This paper provides the Board with an update on the 6 monthly workforce analysis which will continue to run weekly and be provided again to Board in July 2014. The paper outlines how RWT is meeting the ten expectations as stated by the National Quality Board in safer nurse staffing and outlines how the organisation is planning to meet recommendations on daily staffing which will start to be reported in May 2014. Recommendations for the future include maximising available electronic solutions using e rostering and SafeHands technology to capture data and to ensure robust triangulation of data with patient outcomes in order to demonstrate safer nurse staffing.

The Safer Nursing Care Tool

The Safer Nursing Care Tool (SNCT) is based on the critical care patient classification (*Comprehensive Critical Care, DH 2000*). These classifications have been adapted to support measurement across a range of wards/specialties.

Levels of Care	Descriptor
Level 0 (Multiplier =0.99*) Patient requires hospitalisation Needs met by provision of normal ward cares.	**Care requirements may include the following** • Elective medical or surgical admission • May have underlying medical condition requiring on-going treatment • Patients awaiting discharge • Post-operative/post-procedure care - observations recorded half hourly initially then 4-hourly • Regular observations 2 - 4 hourly • **Early Warning Score** is within normal threshold. • ECG monitoring • Fluid management • Oxygen therapy less than 35% • Patient controlled analgesia • Nerve block • Single chest drain • Confused patients not at risk • Patients requiring assistance with some activities of daily living, require the assistance of one person to mobilise, or experiences occasional incontinence
Level 1a (Multiplier =1.39*) Acutely ill patients requiring intervention or those who are UNSTABLE with a GREATER POTENTIAL to deteriorate.	**Care requirements may include the following** • Increased level of observations and therapeutic interventions • **Early Warning Score** - trigger point reached and requiring escalation. • Post-operative care following complex surgery • Emergency admissions requiring immediate therapeutic intervention. • Instability requiring continual observation/invasive monitoring • Oxygen therapy greater than 35% +/- chest physiotherapy 2-6 hourly • Arterial blood gas analysis - intermittent • Post 24 hours following insertion of tracheostomy, central lines, epidural or multiple chest or extra ventricular drains • Severe infection or sepsis
Level 1b (Multiplier = 1.72*) Patients who are in a STABLE condition but are dependant on nursing care to meet most or all of the activities of daily living.	**Care requirements may include the following** • Complex wound management requiring more than one nurse or takes more than one hour to complete. • VAC therapy where ward-based nurses undertake the treatment • Patients with Spinal Instability/Spinal Cord Injury • Mobility or repositioning difficulties requiring the assistance of two people • Complex Intravenous Drug Regimes - (including those requiring prolonged preparatory/administration/post-administration care) • Patient and/or carers requiring enhanced psychological support owing to poor disease prognosis or clinical outcome • Patients on End of Life Care Pathway • Confused patients who are at risk or requiring constant supervision • Requires assistance with most or all activities of daily living • Potential for self-harm and requires constant observation • Facilitating a complex discharge where this is the responsibility of the ward-based nurse
Level 2 (Multiplier = 1.97*) May be managed within clearly identified, designated beds, resources with the required expertise and staffing level OR may require transfer to a dedicated Level 2 facility/unit	• Deteriorating/compromised single organ system • Post operative optimisation (pre-op invasive monitoring)/extended post-op care. • Patients requiring non-invasive ventilation/respiratory support; CPAP/BiPAP in acute respiratory failure • First 24 hours following tracheostomy insertion • Requires a range of therapeutic interventions including: • Greater than 50% oxygen continuously • Continuous cardiac monitoring and invasive pressure monitoring • Drug Infusions requiring more intensive monitoring e.g. vasoactive drugs (amiodarone, inotropes, gtn) or potassium, magnesium • Pain management - intrathecal analgesia • CNS depression of airway **and** protective reflexes • Invasive neurological monitoring
Level 3 (Multiplier = 5.96*) Patients needing advanced respiratory support and/or therapeutic support of multiple organs.	• Monitoring and supportive therapy for compromised/collapse of two or more organ/systems • Respiratory or CNS depression/compromise requires mechanical/invasive ventilation • Invasive monitoring, vasoactive drugs, treatment of hypovolaemia/haemorrhage/sepsis or neuro protection

* this multiplier allows a 22% uplift for annual leave/study leave etc.
Software is being developed that will allow this to be adjusted and will be added to this site when available.