


The Royal Wolverhampton NHS Trust		
Trust Board Report		
Meeting Date:	30 th March 2015	
Title:	Workforce Planning – Nurses and Midwives	
Executive Summary:	To provide the Board with the information in respect of: <ul style="list-style-type: none"> • National guidance issued for nurse staffing • To outline Trust position 	
Action Requested:	The Board will receive the report for information and to support them in fulfilling their responsibilities to monitor staffing capacity and capability.	
Report of:	Cheryl Etches, Chief Nursing Officer	
Author: Contact Details:	Lynne Fieldhouse, Deputy Chief Nursing Officer	
Resource Implications:	Nil	
Public or Private: (with reasons if private)	Public	
References: (eg from/to other committees)	The external facing Trust intranet page has a dedicated section on safe staffing http://www.royalwolverhamptonhospitals.nhs.uk/patients_public/safe_staffing_levels.aspx	
Appendices/ References/ Background Reading	<ol style="list-style-type: none"> 1. 'Hard Truths' Commitments NHS England http://www.england.nhs.uk/2014/04/01/hard-truths/ April 2014 2. How to ensure the right people, with the right skills, are in the right place at the right time. National Quality Board Nov 2013 http://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-quit.pdf 3. NICE staffing guidance(various) 	
NHS Constitution: (How it impacts on any decision-making)	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> ✦ 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 Recommendations from the National Quality Board (November 2013)

- 1.1 The Trust currently undertakes periodic reviews of adult and paediatric inpatient staffing. The first review was undertaken in 2011 using established Hurst methodology and resulted in a business case to support supervisory status for senior ward sisters/charge nurses; this was successful and 100% inpatient ward have this in place.
- 1.2 In June 2013 this was repeated with additional challenge by the CNO to each divisional nurse and the submission of a business case to the CCG. In January 2014 both divisions completed a 6 monthly review of inpatient staffing and the results, comparing this to June 2013 was presented to Trust Board in March 2014.
- 1.3 Paediatric in patient staffing uses a modified PANDA tool as supported by the National Quality Board (NQB).
- 1.4 A review of the role of clinical nurse specialists and a revised job description was agreed in Oct/Nov 2014. The divisional Heads of Nursing are reviewing and implementing changes to this workgroup. A review of Intensive Care Unit staffing has been completed by the Head of Nursing and Matron.
- 1.5 All information will be fed back to the Workforce Planning Group by the Divisional Heads of Nursing/Head of Midwifery
- 1.6 A monthly report of staffing establishments by ward including planned and unplanned absence and overtime/bank usage is reported monthly at Trust Board as per recommendations by the NQB and results posted on the Nursing & Midwifery intranet site and Trust internet.
- 1.7 The efficient use of E Rostering and key performance indicators is being be used to improve performance and highlight absence management however there are risks around lack of training delivered to ward staff in the use of E Roster which have meant it has taken longer to achieve this than was expected.

2.0 NICE Guidance

- 2.1 The NICE workforce guidance timetable is shown in table 2. Each recommendation published will be gap analysed by the senior nursing team/ appropriate Matron and reported to Trust Board as part of the safe staffing reports.
- 2.2 Table 2

Topic	Scope Consultation	Guideline Consultation	Planned publication date
Adult in-patient wards in acute hospitals			July 2014
Maternity settings	28 February - 24	17 October - 13	February 2015

	March 2014	November 2014	
Accident and Emergency settings	20 May - 17 June 2014	TBC	May 2015
Community nursing teams	March 2015 (TBC)	November 2015 (TBC)	February 2016 (TBC)
Management and organisational approaches to safe staffing	March/April 2015	TBC	TBC
Learning disabilities in the community	December 2016 (TBC)	July 2016 (TBC)	October 2016 (TBC)
Learning disabilities in-patient setting	March 2016 (TBC)	October 2016 (TBC)	January 2017 (TBC)
Acute in-patient paediatric and neonatal wards	July 2017 (TBC)	February 2017 (TBC)	May 2017 (TBC)

2.3 Adult in-patient wards in acute hospitals.

This guideline begins with recommendations for the responsibilities and actions at an organisational level to support safe staffing for nursing in individual acute adult inpatient wards.

There is no single nursing staff-to-patient ratio that can be applied across the whole range of wards to safely meet patients' nursing needs. Each ward has to determine its nursing staff requirements to ensure safe patient care. This guideline therefore makes recommendations about the factors* (see table 1) that should be systematically assessed at ward level to determine the nursing staff establishment. It then recommends on-the-day assessments of nursing staff requirements to ensure that the nursing needs of individual patients are met throughout a 24-hour period. It recommends on-the-day assessments of nursing staff requirements to ensure that the nursing needs of individual patients are met throughout a 24-hour period.

- 2.4 The guideline also makes recommendations for monitoring and taking action according to whether nursing staff requirements are being met and, most importantly, to ensure patients are receiving the nursing care and contact time they need on the day. The risk of harm to patients or delivery of sub optimal care is evidenced when the nurse to patient ratio exceeds 1:8 which is a benchmark to be noted in workforce planning.

2.5 Table 1

9	Safe nursing indicators
1	adequacy of meeting patients' nursing care needs
2	falls
3	pressure ulcers
4	medication administration errors
5	missed breaks
6	nursing overtime
7	planned, required and available nurses for each shift
8	high levels and/or on- going reliance on temporary nursing
9	compliance with any mandatory training

2.6 Current Trust position:

- Dependency (Hurst model) is measured and reported daily in adult general inpatient areas
- A modified Panda dependency system is used for paediatric areas
- Divisional reviews and analysis of acuity, dependency and nurse staffing establishments is currently being undertaken

3.0 **Safe Midwife staffing in maternity settings**

3.1 Nice draft guidance was issued for consultation in October 2014 and expected to published February 2015(not available as of 2/3/15)

3.2 Current Trust position:

- Midwifery staffing and its review is already well established in the Trust and is informed and monitored annually through the use of Birth Rate Plus which has a ratio for Midlands and East of 1:30, the annual review is reported by the Head of Midwifery to the CNO and to Board.
- Monthly monitoring is reported through the Integrated Quality Performance Report.

4.0 **Accident & Emergency settings**

4.1 The draft document was out for consultation for the period 16.1.15 - 12.2.15. The key messages from the guidance include;

- Minimum guidance not maximum staffing
- Ratios for cubicles – minors and majors
- Guidance for band 7 (or equivalent) 24/7
- 24/7 coordinator
- Triage and paediatric guidance/recommendations
- Resus ratio recommendation plus guidance for major trauma (MT), alert calls and arrest
- Specialist input recommendations – dementia, mental health and learning disabilities
- The ability to predict demands and staff accordingly
- Escalation to address over crowding
- CNO agreement to establishment and escalation plans
- “Red Flags” agreement and publication

4.2 Initial response to the draft document is that the guidance is too generic in its suggested staffing ratios and doesn't make reference to;

- CDU nil staffing guidance

- RAT nil staffing guidance
- HCA role or support staff not discussed regarding augmenting areas of work
- Ratios for managing overcrowding (AOA)

4.3 Initial gap analysis to the draft content highlights a deficit in existing staffing by 7wte but given the strength of concern about the draft guidance a more robust figure would need to be identified following the issue of final guidance. This will then provide a benchmark for workforce planning to support future planned service developments.

5.0 Confirm & Challenge

Following completion of the Divisional staffing reviews all ward profiles will be subject to confirm and challenge by Chief Nurse during April 2015. The findings of which will be presented to the May TMC meeting and May Trust Board

