

**TRUST BOARD MEETING – 25 September 2013**  
**Nursing Establishment Review Update**

<b>PURPOSE</b>	To provide the Trust Board with an update on the Nursing Establishment review
<b>PREVIOUSLY CONSIDERED BY</b>	FPC in September 2013
<b>Objective(s) to which issue relates *</b>	<input type="checkbox"/> * 1. To continuously improve the quality of our services in order to provide the best care and optimise health outcomes for each and every individual accessing the Trust's services <input type="checkbox"/> * 2. To excel at customer service, achieving outstanding levels of communication and patient, carer and GP satisfaction <input type="checkbox"/> 3. To provide and support the best standards of integrated care for the elderly and those with long term conditions by developing key partnerships and services <input type="checkbox"/> 4. To consolidate services and enhance local access to specialist services in order to deliver high quality, safe, seamless, innovative and integrated services which are sustainable <input type="checkbox"/> 5. To support the continued development of the Mount Vernon Cancer Centre and provision of leading local and tertiary cancer services <input type="checkbox"/> 6. To improve our staff engagement and organisational culture to be amongst the best nationally
<b>Risk Issues</b> (Quality, safety, financial, HR, legal issues, equality issues)	Potential risk to patient safety, quality and financial implications of legal claims.
<b>Healthcare/ National Policy</b> (includes CQC/Monitor)	CQC standards NHSLA standards
<b>CRR/Board Assurance Framework *</b>	<input type="checkbox"/> Corporate Risk Register <input type="checkbox"/> BAF
<b>ACTION REQUIRED *</b>	
For approval <input type="checkbox"/>	For decision <input type="checkbox"/>
For discussion <input type="checkbox"/> *	For information <input type="checkbox"/>
<b>DIRECTOR:</b>	Director of Nursing and Patient Experience / DIPC
<b>PRESENTED BY:</b>	Director of Nursing and Patient Experience / DIPC
<b>AUTHOR:</b>	Nursing Services Manager
<b>DATE:</b>	September 2013

**We put our patients first    We work as a team    We value everybody    We are open and honest**  
**We strive for excellence and continuous improvement**

\* tick applicable box

## **Nursing and Midwifery Establishment Review June 2013**

### **Purpose:**

This is the second annual establishment review, the first being in March 2012. The establishment review was undertaken for a number of reasons including:

- The need to provide an assurance both internally and externally that ward establishments are safe and that staff are able to provide appropriate levels of care to patients and levels of care that reflect the Trust values and the 6 C's of the national nursing strategy (2012). This is particularly important in light of key recommendations made in the Francis Report (2013) in terms of safe ward staffing levels
- To provide establishment data that will inform the Trust Workforce Strategy, the 2013-2015 CIP programme and the Our Changing Hospital programme
- To conform with Care Quality Commission requirements under the Essential Standards of Quality & Safety, including outcomes 13 (staffing) and 14 (supporting staff).
- To support the implementation of the Trust's new Older Persons Strategy, the Trust's annual and strategic objectives, the Nursing and Midwifery Strategy and the Patient and Carer Experience Strategy.

### **Background:**

The need to ensure cost-efficiency while producing high quality, safe care has never been greater and as a consequence work is being undertaken nationally to identify key metrics relating to nursing productivity, allowing for benchmarking opportunities between comparator organisations.

Patient safety is a priority for patients and users and the Health Select Committee report of 2009 states: 'inadequate staffing levels have been major factors in undermining patient safety in a number of notorious cases'.

The evidence suggests that appropriate staffing levels and skill mix influences patient outcomes, all of which align with the Trust priorities and objectives for 2013/14:

- Improved mortality
- Reducing 30 day readmissions
- Reducing failure to rescue
- Improving pressure ulcer incidence
- Reducing adverse incidents, particularly related to medication errors and falls
- Reducing length of stay for specific identified conditions e.g. myocardial infarction, pneumonia
- Improves the patient experience

The Trust has a duty to ensure that ward staffing levels are adequate and that patients are cared for by appropriately qualified and experienced staff. This is incorporated within the NHS Constitution (2013), and the Health and Social Care Act (2012). In addition to this, demonstrating sufficient staffing is necessary in order to comply with Care Quality Commission (CQC) regulatory requirements.

### **Summary of key actions implemented from the 2012 establishment review**

#### Lister Hospital Site

- Pirton Ward establishment increased by 4.5 WTE
- Barley ward establishment increased by 4.5 WTE
- 7BN had a staffing reduction of 0.5 WTE.

#### QEII Hospital Site

- Stanborough Ward establishment increased by 4.5 WTE

#### Mount Vernon Cancer Centre

- The WTE remained unchanged with a recommendation of a phased skill mix review to reach an agreed ratio of 70:30. Currently ward 10 establishment stands at 86:14 compared to 94:6 in 2012, Ward 11 establishment stands at 82:18 compared to 86:14 in 2012. Further reductions in registered to unregistered ratios are included in this years CIP programme.

In addition, the Trust agreed a recommended registered to unregistered skill mix within divisions of:

- Medicine - 60:40 (excluding cardiology, respiratory high dependency units and renal where a higher ratio of registered to unregistered is required)
- Surgery – 65:35 (excluding critical care and high dependency units)

### **Summary of Methodology for 2013 establishment review:**

A literature review was undertaken prior to commencement of the establishment review in order to incorporate the latest evidence to inform the methodology and the recommendations.

In addition:

- Establishments were compared to 2012
- A benchmarking exercise was undertaken with five other Trusts
- Three nursing establishment models were utilised to assess for variances
- National standards for specialty wards was used e.g. critical care
- Registered to unregistered ratio's were reviewed
- Staff to bed ratios were reviewed in line with national guidance
- Number of beds and bed occupancy was used
- The nursing quality indicators and key safety and outcome measures were used to inform the recommendations

The review includes band 2 – 4 clinical support workers who are 'unregistered' staff as well as band 5 – 7 nurses who are 'registered' staff and covers the wards on all sites, excluding maternity (the Trust already has an agreed establishment plan for midwifery

services to ensure that midwifery staffing levels will meet the recommended 1:27 births by April 2014).

## **NHPPD Benchmark Review**

There are five areas where the NHPPD has been amended for 2013 in order to align for benchmarking purposes. This does not have an impact on current funded establishment.

1. In all elderly care areas, the benchmark has been increased to 5.5
2. 10B Isolation ward NHPPD benchmark has been reduced to 6 to align it with other medical wards (due to the reduction in C. difficile patients that require isolation care).
3. 9A has increased to 6.0 overall, to account for the HDU patients.
4. The benchmark has been decreased for 11A to 6.22, to account for the reduction in the number of private patients and single rooms following the relocation. This has been calculated assuming 4 private patients and 11 NHS patients. (Note that since the initial review the private patients facility is returning to Elizabeth House)
5. 9B's NHPPD benchmark has been increased to 6.42 to account for the 10 HDU-level patients and 16 acute medical patients

## **Triangulation of the data:**

There are a number of different models of establishment setting and three of the nationally recommended models were chosen to inform the triangulation of the data:

- The Professional Judgement Model
- The Safer Nursing Care Tool
- Nurse Hours Per Patient Day (NHPPD)

As well as the above models, which were used to compare the current funded establishments, five organisations provided establishment data to inform benchmarking. Two of the organisations are district general hospitals (DGH) within the East of England, the third is a DGH of a similar size to our Trust but it is an exemplar organisation for patient safety and outcomes, this DGH was chosen as it fits with the Trust vision of 'Being among the best performing organisations in the NHS'. The fourth and fifth Trusts are teaching hospitals, only comparator wards were used for the purposes of benchmarking and it was necessary to use teaching hospital comparators for the Mount Vernon Cancer Centre wards.

The Nursing Service Managers were involved in undertaking the review and in the data collection for completion of the Safer Nursing Care Tool; they have verified the current WTE, sourced from e-roster and finance data.

## **Key Findings**

### **Changes to funded establishments from 2012**

The funded establishments in Medicine have increased in total by 13.25 WTE, this is accounted for by the implementation of the establishment review recommendations in 2012 and minor reductions to establishments on wards 9A and 6B.

The funded establishments in Surgery have decreased by 4.91 WTE.

This is mainly accounted for by reductions in the establishments of Critical Care, 5B, 11B and Codicote by between 0.25 and 0.36 WTE as a CIP in 2012/13, this action should have, ideally, been discussed at executive level. A process is now in place whereby any proposed reduction in establishments requires approval by the Director of Nursing.

The funded establishments in Women's and Children's have decreased by 6.23 WTE. Bluebell wards establishment was reduced by 5.98 WTE to reflect a reduction in available beds due to seasonal activity. The funded establishment of 7A has been reduced by 0.25 WTE.

In Cancer, the funded establishments remain essentially unchanged with an increase in ward 10 establishment by 1.62 WTE offset by a decrease in the establishment for Ward 11 by 1 WTE. The service is still working toward a phased registered to unregistered ratio of 70:30

One of the difficulties in undertaking the review has been the differences in funded establishment in the finance systems and e-roster systems, it is clear that this has caused some confusion at ward level. Each ward, post the establishment review will require a reconciliation to ensure that the two systems are aligned. It should be noted that the staff in post is aligned.

## **Vacancies**

The Trust is currently experiencing an issue with vacancy rates and recruitment. At the time of the review there were seven areas where vacancies accounted for more than 20% of the establishment:

- Barley
- Stanborough
- Digswell
- MAU
- Codicote
- Elizabeth Suite (11A)
- 7A

The Trust now has a dedicated recruitment lead and an agreed recruitment plan with trajectory, the plan includes overseas recruitment for bank workers, this approach is in line with other Trusts nationally.

## **Current registered to unregistered staff ratios**

Despite agreement of a 60:40 minimum ratio of registered to unregistered staff some wards, due in part to their current vacancy factor, are running at below the recommended ratio, most notably:

- Barley
- Pirton
- Stanborough

## **Nurse to bed ratios**

While there is no national standard for nursing establishments there is national guidance based on patient safety and outcome measures which recommends a nurse to bed ratio of 1.2:1. The Trust has a number of wards that do not meet this standard but which do have a ratio above 1.1:1 and this does compare with the benchmarking organisations. However, there are 7 wards which do not meet the 1.1:1 ratio and the Trust compares unfavourably in this area with comparable wards in 3 out of the 4 benchmarking organisations (the fifth organisation being used for benchmarking the cancer wards only). The wards affected are:

1. Pirton
2. Barley
3. Stanborough
4. 8A
5. 5A
6. Princes
7. 5B

In addition Codicote Ward, MAU and 8B are also below the 1.1:1 ratio but the first two wards are currently included in possible reconfigurations and ward 8B is supported by ASCU staff and thus will be excluded from the recommendations at this stage. Any changes to establishments will need to be considered within the reconfiguration business case, if required.

Ward 8A has recently had a full review undertaken. The ward was reconfigured as part of the surgical consolidation in late 2011 and since then it has seen both activity and patient acuity increase, without additional establishment, it is currently funded for 1.86 WTE less than when the 2012 review was undertaken, and it has the lowest staff to bed funded ratio within the Trust of 0.90:1.

Ward 5B has recently been subject to a deep dive of its establishment due to the high bank and agency usage in 2012/13, this is in part explained by the establishment not being correct for the acuity and activity. 5B has recently been funded for a further 1 WTE, however, a further 3.49 WTE are required to meet the 1.1:1 ratio.

In looking at the ratio a review was undertaken of the latest National Quality Dashboard data, which benchmarks the Trust against comparator organisations. This shows that the Trust is above the upper centile for nurse to bed ratio with a ratio of 1.8:1. However, this includes all staff employed and recorded on ESR as a nurse and does not drill down to ward level nurse to bed ratios. As the Trust has a number of specialties e.g. cancer, diabetes, renal, cardiology and urology which participate in research studies the Trust has a higher proportion of research nurses, the majority of which are externally funded. The Trust also has a higher number of specialist nurse posts for similar reasons, a number of which are funded from external sources such as Macmillan.

### **Shift handover times**

One of the key issues raised by staff is shift handover times, which a number of years ago were reduced from 30 minutes to 15 minutes for all wards irrespective of bed numbers. For the 15 bed wards this is not an issue but the larger wards, 28-30 beds have identified this as an issue. Consideration was given to the cost of re-introducing a 30 minute handover and this equates to an increase in establishments of 9.6 WTE at a cost of £307,000. In considering the risks associated with this it is felt by the Nursing Service Managers that processes at ward level could be reviewed to further strengthen the hand over thus mitigating any potential patient safety issues. It should

be noted that there is no evidence of patient safety issues occurring that are directly attributable to the shift handover. This issue will continue to be monitored via the Nursing Midwifery Executive Committee and the Matrons/Charge Nurse monthly meetings as well as the Patient Safety Committee.

### Supervisory ward managers

One of the Francis Report (2013) recommendations was that Trusts should make all ward managers supervisory. As part of this review a comprehensive diary exercise of the ward manager role has been undertaken. In order to implement this recommendation and maintain the current registered to unregistered ratios the Trust would need to increase the band 5 establishments by 16.2 WTE at a cost of £408,000. In light of the findings of the ward manager review and recommendations of this establishment review it is not proposed that the Trust should implement this recommendation in 2013/14. It will be reconsidered at the next establishment review.

### Recommendations

When considering the recommendations of the 2013 establishment review it is recognised that the Trust has already invested significantly in front line clinical nursing and midwifery posts in the current financial year, this is summarised below:

	<b>Medical Division</b>	
1	Increased specialising due to c/o high risk patients	£321K
2	Increase in A&E establishment	£673K
3	Increase in establishment Ward 6A	£75K
4	Increase in agency premium funded	£300k
	<i>Total</i>	<i>£1,369,000</i>
	<b>Surgical Division</b>	
2	Increase in establishment Ward 5B	£40K
	<i>Total</i>	<i>£40k</i>
	<b>Womens &amp; Children</b>	
1	11.48 Midwives to achieve 1:27 ratio	£517K
2	Childrens ED winter pressure 2.84WTE band 5	£55K
	<i>Total</i>	<i>£572K</i>
	<b>Total</b>	<b>£1,981,000</b>

Following on from the establishment review a number of recommendations were considered, these include

- reversing the CIP's implemented in surgery without appropriate approvals last year – cost implication £72,000.
- Changing shift patterns to include a 30 minute handover for wards with a bed number greater than 15 – cost implication £307,000
- Introducing supervisory ward managers – cost implication £408,000

However, the implementation of a nurse to bed ratio of a minimum of 1.1:1 is recommended on a risk-based assessment. It should be noted that this is still below the national recommendation of a 1.2:1 ratio but is in line with benchmarking organisations and with the establishment modelling.

The initial recommendation was to increase establishments on the following wards of bands 2-5 of 19.26 WTE at a cost of £556,000:

Ward	WTE	Ratio	Cost
Ward 8A	6.15		£126,000
Ward 5A	3.57		£100,000
Pirton Ward	2.24		£78,000
Barley Ward	2.16		£76,000
Ward 5B	3.49		£70,000/£26,000
Princes Ward	1.4		£61,000
Stanborough Ward	0.25		£45,000
<b>Total</b>	<b>19.26</b>		<b>£556,000</b>

Following further scrutiny it has been agreed that 5 of the 7 wards will get an increase in their ward establishments which will be funded from 1<sup>st</sup> November 2013;

Ward	WTE	Ratio	Cost
Ward 8A	6.15		£126,000
Ward 5A	3.57		£100,000
Pirton Ward	2.24		£78,000
Barley Ward	2.16		£76,000
Ward 5B	2.0		£70,000
<b>Total</b>	<b>16.12</b>		<b>£450,000 (FYE)</b>

The increase in establishment was not supported for either Stanborough Ward or Princes Ward for the following reasons: Stanborough Ward required an increase of only 0.25 wte; this ward will be relocating to the Lister in the OCH programme of work in 2014. Princes Ward currently flexes bed capacity and is effectively managing staffing levels with temporary staffing, according to demand; this is likely to continue until Princes Ward is relocated to the Lister in 2014.

Taking into consideration workforces changes that form part of the OCH programme, it has been agreed that the increases to establishments as detailed above, will be met by employing staff on fixed term contracts and/or using 'long lines' of temporary work contracts e.g. overseas recruitment to NHSP.

The prioritisation of these wards takes into account the current ratio, benchmarking and quality data. It should be noted that all of these wards currently have unfunded cost pressures related to staffing. The implementation of an appropriate funded establishment will help to mitigate agency usage and the premia associated with it.

The funding has been identified fully for recruitment commencing 1<sup>st</sup> November – March 31<sup>st</sup> 2014 through:

- Realignment of 2 WTE posts for Ward 5B following general surgery ward reconfiguration (PYE £35,000, FYE £70,000)
- Reallocation of 30% of the agency premia in medicine (PYE £50,000, FYE £100,000)
- Reallocation of 3.25 WTE from midwifery which will maintain a 1:29 ratio and will maintain upper decile performance in staffing levels in the East of England (PYE 100,000, FYE 171,429)
- It is anticipated that the additional £109,000 (FYE) will be met from a partial reallocation of a £206,000 non-recurring CIP in midwifery.

All wards in the Trust post the establishment review will require a reconciliation to ensure that the finance, ESR and e-roster systems are fully aligned, in relation to funded WTE. It should be noted that the staff in post is already aligned.

## **Summary**

The 2013 establishment review used a comprehensive methodology and considered the evidence in the latest literature. It considered a number of Francis recommendations, including staffing ratio's and skill mix, which are also a consideration of the national mortality reviews undertaken post-Francis.

Following on from the review all wards will have the agreed funded establishment and skill mix by shift displayed on the ward and RAG rated to inform the booking of temporary staffing. This RAG rating will be used to inform the daily review of staffing across the Trust ensuring safe staffing across all areas.

The next ward establishment review will commence in November 2013 to ensure that all recommendations are available to inform the budget setting cycle for 2014/15.

