

<b>Meeting title</b>	<b>Trust Board – public meeting</b>	<b>Date: 18.12.2019</b>
<b>Report title</b>	<b>Six Monthly Safer Staffing Review of Nursing and Midwifery Establishments (September 2019 data)</b>	<b>Agenda item: 8</b>
<b>Executive director lead</b>	Michelle Johnson, Chief Nurse & Director of Allied Health Professionals	
<b>Report author</b>	Maria Lygoura, Lead Nurse for Safer Staffing	
<b>Executive summary</b>	<ul style="list-style-type: none"> <li>• In line with National Quality Board (NQB) guidance this report provides an update for the latest safe nursing and midwifery staffing establishment across the hospital</li> <li>• The review was undertaken using data from September 2019 and this is in line with the recommended six month review.</li> <li>• The report presents the safe staffing establishment assessment, comparisons with national data and recommendations for the establishment of the following areas:- <ul style="list-style-type: none"> <li>• Inpatient adult and child wards</li> <li>• Emergency Department (ED)</li> <li>• Critical Care Unit (CCU)</li> <li>• Simmons House child and adolescent mental health inpatient ward – first time national standards have been applied</li> </ul> </li> <li>• Additionally the quality indicators (QI) sensitive to nursing staffing were evaluated for midwifery and district nursing were considered</li> </ul> <p>The following points were raised:</p> <ul style="list-style-type: none"> <li>• There was a need to ensure that the recording of patients who are more acutely sick (referred to as level 2) is improved across the adult wards</li> <li>• There is a reduction of Band 7 WTE in CCU as a result of the skill mix adjustment</li> <li>• The level of registered nurse to patient ratio on Nightingale ward (respiratory patient care) at night to be reviewed</li> <li>• The level of care that patients require on the general medical and haematology ward requires a focus on health care assistant support at night</li> <li>• The skill mix and staffing on Lfor ward (children’s ward) to meet a level of registered nurse to patient ratio is recommended</li> <li>• Increase the establishment of support workers on Simmons House ward to meet the enhanced care (close and one to one observation and care) needs of acute mental health needs</li> </ul>	

<b>Purpose:</b>	<ol style="list-style-type: none"> <li>1. The Trust Board is asked to review and agree that the appropriate level of detail and assessment has been undertaken to assure itself that the clinical areas reviewed continue to be safely staffed</li> <li>2. To discuss the potential future workforce challenges</li> </ol>
<b>Recommendation</b>	<p>The Trust Board is asked to:</p> <ol style="list-style-type: none"> <li>(i) review and agree that the appropriate level of detail and assessment has been undertaken to assure itself that the clinical areas reviewed continue to be safely staffed; and</li> <li>(ii) agree the recommendation by the Chief Nurse to approve the skill mix</li> </ol>
<b>Risk Register or Board Assurance Framework</b>	<p>BAF risk Quality 1 - Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective or well-led and which provides a positive experience for our patients may result in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation.</p> <p>BAF risk People 1 - Failure to recruit and retain high quality substantive staff could lead to reduced quality of care, and higher costs</p>
<b>Report history</b>	<ol style="list-style-type: none"> <li>1. Nursing and Midwifery Confirm and Challenge Session 15<sup>th</sup> October 2019</li> <li>2. Nursing and Midwifery Executive Committee 2<sup>nd</sup> December 2019</li> <li>3. Executive Team Meeting 2 December 2019</li> <li>4. Trust Management Group 3<sup>rd</sup> December 2019</li> </ol>
<b>Consultation process</b>	<ol style="list-style-type: none"> <li>1. Challenge session with the Associate Directors of Nursing &amp; Midwifery (ADON/Ms) &amp; Finance Manager</li> <li>2. Nursing &amp; Midwifery Executive Committee (NMEC)</li> <li>3. Chief Finance Officer and Executive Team</li> </ol>

## **Six Monthly Safer Staffing Review of Nursing and Midwifery Establishments (September 2019 Data)**

### **1. INTRODUCTION**

- 1.1 This paper provides an update on the current nursing and midwifery staffing levels following a review of the establishments undertaken in September 2019. This paper should be considered alongside the information provided each month at the performance indicators dashboard.
- 1.2 Currently there is national requirement to provide an annual governance statement, in which the trust will confirm the staffing governance processes are safe and sustainable.
- 1.3 As an integrated care organisation Whittington Health is keen to ensure that community and hospital nursing and Health Visiting staffing levels are reviewed periodically.
- 1.4 Future reviews will include increasingly comprehensive reviews of Health Visiting, school nursing and community children's nursing.
- 1.5 Safer staffing and skill mix reviews were undertaken in September 2019 for the following clinical areas:
  - Adult inpatient
  - Critical Care Unit (CCU)
  - Emergency Department (ED)
  - Theatres & Day Treatment Centre (DTC) – in progress
  - Simmons House - child and adolescent mental health inpatient ward
  - Children and Young People (CYP) wards – Ifor & Neonatal Unit (NNU)
- 1.6 The Quality Indicators (QI) sensitive to nursing and midwifery staffing were evaluated aiming to provide assurance that establishments were set at appropriate level for the following services:
  - Midwifery – BirthRate Plus © October 2018
  - District Nursing

### **2. OUR APPROACH TO ENSURE SAFE STAFFING LEVELS**

- 2.1 Nursing & midwifery staff establishments are formally reviewed biannually or annually for a number of areas, to ensure that the nursing & midwifery workforce meets the demands of clinical care provision, deliver safe care with a positive patient experience and fits within the financial strategic objectives of the organisation.
- 2.2 The assessment process for safer staffing is formed using a triangulated approach that is recommended by the National Quality Board (NQB) and involves the use of evidence based tools, professional judgments and comparison with peer organisations. The NQB also advocates taking account of the wider multidisciplinary staffing arrangements as well as the financial plans of the organisation. Safer Nursing Care Tool (SNCT) and Mental Health Optimal Staffing Tool (MHOST) are among the evidence based tools that are endorsed by the National Institute of Health and Care Excellence (NICE) and NQB. Both tools take into consideration the activity in a service alongside with the acuity and dependency level of the patients.
- 2.3 The SNCT was used to estimate the optimal establishment for the inpatient adult and children ward and the MHOST for Simmons House. Safe staffing assessment in CCU was informed by recommendations issued from the Faculty of Intensive Care Medicine and NICE. ED adopted the SNCT and amended its multipliers to reflect more accurately the care hours

required for the patients in the department. Benchmarking and comparison with EDs in peer organisations was also undertaken.

- 2.4 The Acuity and Dependency level of each patient is assessed and recorded on SafeCare® three times daily. The validity of data entered onto SafeCare® is checked by the matrons and verified by the Lead Nurse for safer staffing. The afternoon census is utilised to apply the SNCT multipliers and generate the SNCT recommended establishment. The acuity and dependency level of “enhanced care” received Level 1b multipliers.
- 2.5 For the purpose of this review, data was collected from Electronic Staff Record (ESR), QlikView®, HealthRoster® and SafeCare® During September and October 2019. Model Hospital database provide the information for national data and comparison tables.
- 2.6 Recommendations from the British Association of Perinatal Medicine (BAPM) and the Royal College of Nursing (RCN) guided the establishment review in NNU. A systematic staffing assessment with BirthRate Plus® was undertaken in 2018 for the maternity services; the report and its recommendations are valid for 3 years.
- 2.7 The nurse to patient ratios as recommended by NICE was utilised where appropriate. Professional judgement was applied having taken into account performance on risk and quality indicators. Information regarding care hours per patient per day was also reviewed.
- 2.8 Challenge sessions took place with the ADON/Ms across all Integrated Clinical Service Units (ICSUs) and the details of the recommended establishment were discussed and approved.

### 3. VACANCY LEVELS & RETENTION

- 3.1 There is a trend of reduction of the vacancy level for registered nurses & midwives in most ICSUs. The overall vacancy level across the trust is reduced by almost 2% since October 2018 and by 6% since March 2018.

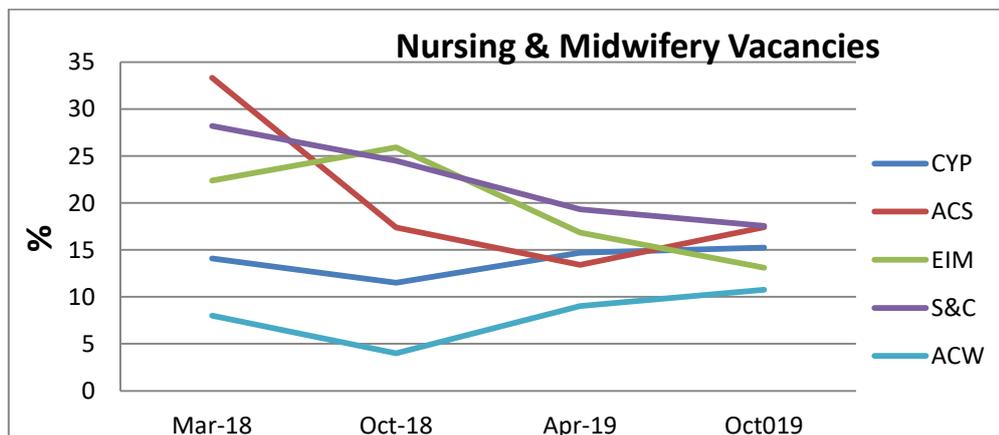


Table 1: Nursing and midwifery vacancies March 18 – October 2019

- 3.2 It has been a successful year for recruitment of new nurse graduates and this year 45 nurses and midwives will have been recruited (January 2020). The nurse recruitment team utilise various recruitment approaches including online video-conference for international recruits. Routes in to nursing projects are in progress aiming to increase the uptake into the Trainee Nurse Associates (TNA), Return into Practice and nursing apprenticeship programmes. A recruitment dashboard has been in place since April 19, which provides the ICSU’s and corporate services with information regarding recruitment, to identify any blockers to recruitment and to take appropriate action.

- 3.3 Turnover of registered nurses and midwives was 8.98 % across ICSUs for October 19. This represents a 1% improvement since the last review in April 19 . Work is ongoing with NHSI to improve retention, and results are being seen with the reduction in turnover. The preceptorship programme (focused support and development for newly qualified nurses and midwives) received additional investment from Health Education England (HEE) and North Central East London (NCEL) that will enable the team to increase the support of the new nursing staff, the preceptors and ward managers.

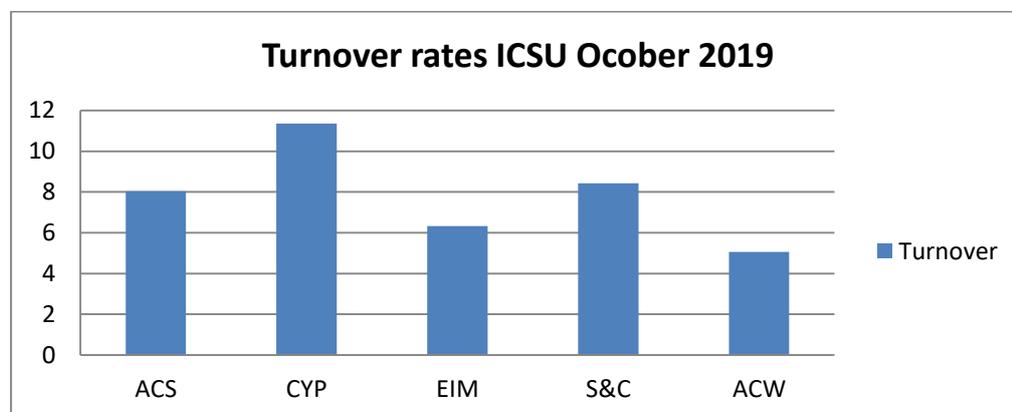


Table 2: Turnover rates ICSU October 2019

## 4. FINDINGS

### 4.1 Surgery & Cancer ICSU (S&C)

The staffing establishment across the surgical wards is comparable to the recommended establishment as calculated with the SNCT. The bed occupancy on Coyle ward was reduced in Sept 19 (94%) in comparison to April 19 (101%). Mercers ward has consistently been near full capacity with occasional utilization of their escalation beds. Activity on Thorogood ward has decreased further to 58% bed occupancy (73% in Apr 19).

4.1.1 The acuity and dependency level across the wards continues to be high and the number of patients requiring 1b level of care (dependency on staff) continues to have an increasing trend in comparison with previous establishment reviews.

4.1.2 The bed occupancy in CCU during the review period was at 68% (74% in 2018/19). The split between Level 3 and Level 2 patients<sup>1</sup> was L3: 34% and L2: 60%. Work has been undertaken to adjust the daily staffing numbers and skill mix in line with acuity split of 60/40. The unit also implements annualised rostering which enables staff deployment to be aligned to the activity. It was proposed that the ICSU will undertake a review of the roles in critical care outreach and resus teams and consider rotation within critical care teams.

### 4.2 Emergency and Integrated Medicine (EIM)

4.2.1 The bed occupancy level of the medical wards during the review period was consistently reported above 95% Additional escalation beds were open in Cloudesley, Victoria, Montuschi and Nightingale wards during the data collection period.

4.2.2 There was high acuity and dependency level across the wards as well as a high number of patients requiring enhanced care due to their mental health needs or being at very high risk of falls leading to serious harm. The number of patients requiring 1b level of care

<sup>1</sup> Level 3: Patients who require advanced respiratory support and / or therapeutic support of multiple organs. Level 2: Deteriorating patient with compromised single organ failure

(dependency on staff) and enhanced care continues to have an increasing trend in comparison with previous establishment reviews. There is a probability of underreporting of Level 2 patients<sup>1</sup>. The issue will be addressed with relevant training and monitoring.

- 4.2.3 Nurse to patient ratio at night on Nightingale ward requires attention. Victoria ward had difficulty to manage activity at night without a health care assistant (HCA) on duty.
- 4.2.4 During the reporting period the Emergency Department (ED) sees a daily average of 306 attendances. Approximately 60 – 75 patients are in ED at any point in day. Attendance and treatment of patients who are mentally unwell averages around 8 patients per day and approximately 50% of these require enhanced care.

### 4.3 Children and Young People (CYP)

- 4.3.1 **Neonatal Unit (NNU):** Using The British Association of Perinatal Medicine (BAPM) standards for safe workforce establishments and requirements for NNUs which the unit meets. The cot occupancy increased since the last review from 68% to 76%. Staffing level is reviewed daily to ensure it matches the cot occupancy.
- 4.3.2 **If for Children’s ward:** A reduction of bed capacity from 23 to 19 beds was implemented in August 2018. Bed occupancy during from April to September 2019 varied from 50% to 60% and during the review period was 51%. The number of children and young people with mental health needs has risen. The number of requests for additional staff on a shift for enhanced care increased. Staffing level was reviewed daily to ensure it aligns with the activity on the ward.
- 4.4 **Simmons House (first review):** Bed occupancy level during the review period was at an average of 77% whilst the average from Sept 18 to Nov 19 is 89%. There is a consistent increase in requests for additional shifts attributed to enhanced care for both RN (mental health) and HCAs. The MHOST tool recommends an establishment higher to the funded establishment.

## 5. COMPARISON WITH PEER TRUSTS - MODEL HOSPITAL

*NB It should be noted that the recommended peer trusts are not all ICOs or of the same size with comparable number of sites. There are also inconsistencies in how trusts are reporting the CHPPD which affects the figures produced.*

### 5.1 Care Hours Per Patient Day Analysis

The yearly trust average CHPPD is 9.3 which is consistently higher compared to the median of peer trusts and nationally (Table 3).

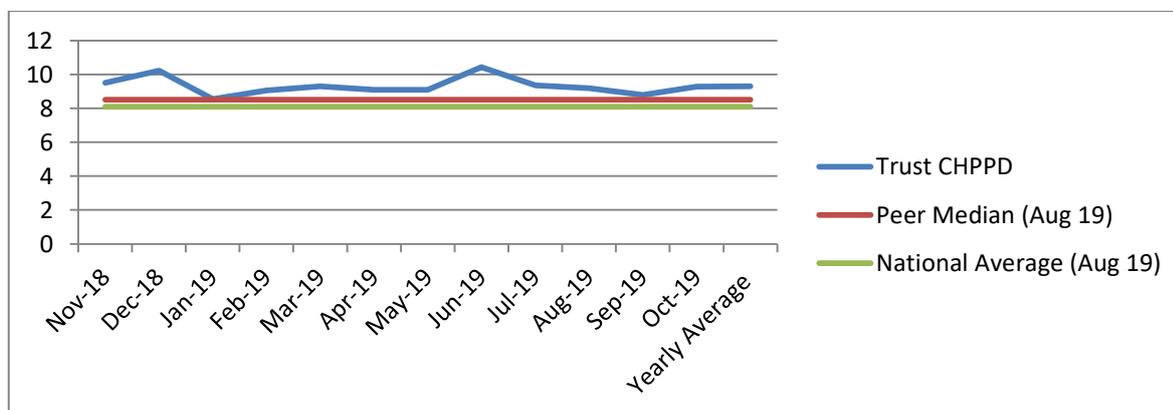


Table 3: Care Hours per Patient Day Activity November 18 0 October 19

The CHPPD on most wards is close to the national and peer average. The CHPPD in the Maternity Unit - which is above the national and peer average - drives the trust CHPPD up.

- 5.2 **Sickness level** is below the national and peer average. Staff retention figures demonstrate that the trust retention project was a necessary investment and the initial numbers are encouraging.
- 5.3 The proportion of harm free care is marginally below the national median. Trusts with significant community services are expected to have a lower performance in the “harm free care” indicator as it is taken from the Safety Thermometer which counts old as well as new episodes of harm using a point prevalence method.

## 6. RECOMMENDATIONS

- There was a need to ensure that the recording of patients who are more acutely sick (referred to as level 2) is improved across the adult wards
- CCU will adjust the daily staffing numbers and skill mix in line with the average percentage of Level 2 and Level 3 patients division of acuity and dependency and evaluate the pilot allocation of HCAs which will be analysed in the next safe staffing review. The ICSU to consider a reduction of Band 7 WTE in CCU as a result of the skill mix adjustment
- The level of registered nurse to patient ratio on Nightingale ward (respiratory patient care) at night to be reviewed within the ICSU and resources identified to meet the increase from Band 4 NA costs to registered nurse cost
- The level of care that patients require on the general medical and haematology ward requires a focus on health care assistant support at night. Costs to be met through the review of bed occupancy in other clinical wards e.g. Thorogood and Lfor ward.
- The level of attendances in ED continues to increase. It is therefore recommended to fund the proposed establishment recurrently.
- The skill mix and staffing on Lfor ward (children’s ward) to meet a level of registered nurse to patient ratio is recommended with introduction of additional HCA posts. It is recommended that the ICSU undertakes a detailed review of the activity in Lfor ward to determine the required establishment and skill mix in line with bed occupancy. It is also recommended that benchmark with peer units to be undertaken for the next safe staffing review.
- Increase the establishment of support workers on Simmons House ward to meet the enhanced care (close and one to one observation and care) needs of acute mental health needs. The costs associated with this to be considered through the current booking of temporary staff to meet enhanced care needs of patients.
- Theatres and DTC to complete the report and present at the next establishment review. Staffing numbers in NNU and Lfor ward to be reviewed on a daily basis using the SafeCare tool in response to flexing of Beds/cots and ensure safe staffing is maintained with no additional staff hours.
- NNU and Lfor wards to maintain a vacancy factor, so they do not risk over spending on occupancy levels. NNU to review the supervisory allowance to the Band 7 and the matron. To review the role and funding of the ANP.
- The ratio in Midwifery to be reviewed monthly by the Associate Director of Midwifery using the North Central London calculator with closer monitoring of actual deliveries against plan and staff areas accordingly.

## 7. FINANCIAL IMPLICATIONS

7.1 It is recommended that any costs associated with changes to staffing and skill mix on Nightingale and increase in health care assistant numbers on Victoria and Simmons House will be met through changes to clinical areas where there is reduced occupancy.

## **8. NEXT STEPS**

8.1 External review of this report will be sought by NHSI to validate methodology and findings.

8.2 The next establishment review will take place in February 2020 (reporting to Trust Board April 2020). Other areas of the Trust that will be reviewed at this time include:

- Endoscopy Unit
- Outpatients
- Ambulatory Care
- Health Visiting
- School Nursing
- Community Children's nursing
- District Nursing

8.3 Ward based Allied Health Professionals on Bridges ward and Simmons House who are on the roster of a ward will be included in Safe care Calculations and CHPPD going forward.