

**Trust Board
29th September 2016**

AGENDA ITEM NUMBER	5.4	
TITLE OF PAPER	Safer Staffing Nursing Establishment Framework – 6 month review	
Confidential	No	
Suitable for public access	Yes	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED		
<u>STRATEGIC OBJECTIVE(S):</u>		
Best outcomes	√	Ensuring appropriate nursing establishments positively impacts on patient outcomes. Safer staffing for adult in patients in acute hospitals (NICE, 2014)
Excellent experience	√	Ensuring appropriate nursing establishments positively impacts on patient experience
Skilled & motivated teams	√	Ensuring appropriate nursing establishments positively impacts on staff morale
Top productivity	√	Investment in staffing is based on evidence-based methodology and supported by professional judgement
EXECUTIVE SUMMARY		
<p>This paper presents the results of the 6 month review that was conducted in July 2016 including the output of the acuity and dependency review and the application of professional judgement as well as senior executive challenge.</p> <ul style="list-style-type: none"> • Compliant with Expectation 7 of the Hard Truths requirements • The acuity and dependency review was calculated using the Shelford Group Safer Nursing Care tool (SNCT) • All adult in patient wards were included in the review and this included Cherry Ward who had not been part of previous reviews as it is a new ward • Proposed whole time equivalent (WTE) has included activity such as patient escorts and specials for vulnerable patients requiring closer observation, which have not previously been calculated as part of the acuity and dependency review • Results demonstrate that, from the February 2016 review, 7 wards have increased acuity and dependency for patients with 		

	<p>acuity level 1b and above, whilst 10 wards have decreased acuity for level 1b and above</p> <ul style="list-style-type: none"> • The review calculates that there is a deficit of -3.22 WTE across the areas when the additional activity such as close supervision of patients is taken into account • The review calculates there is a surplus of +22.76 WTE when the tool is used in isolation • The business planning cycle will, in conjunction with Senior Nurses review of establishment, determine the required skill mix for optimum patient care. This optimum establishment may not be in line with the traditional view of a ward establishment. • Senior Nurses will provide challenge and scrutiny to the results via senior nursing/midwifery leadership team meetings.
RECOMMENDATION:	
	There should be further investment in staffing this year; however, internal realigning of establishments by Divisional Chief Nurses in line with the Safer Staffing levels will also be required. The business planning cycle will indicate any investment required from internal restructure.
SPECIFIC ISSUES CHECKLIST:	
Quality and safety	The failure to comply with regular staffing reviews would have implications for the Trust CQC rating and may impact on patient safety and experience.
Patient impact	The rigour applied to the setting of nursing establishments builds confidence in the public and patients
Employee	Establishments correctly adjusted for acuity and dependency will reduce the burden to nursing and midwifery staff delivering care. This will be affected by vacancy rate
Other stakeholder	Owing to multidisciplinary of working, safe staffing levels on wards would ensure a higher quality of care delivered. This will positively impact doctors, therapists, pharmacists and other disciplines working in inpatient settings.
Equality & diversity	Consideration has been given to equality of access.
Finance	Will be included in the business planning cycle.
Legal	None
Link to Board Assurance Framework Principle Risk	The failure to comply with regular staffing reviews could result in enforcement or legal action should the Trust fail to meet fundamental standards of care
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PRESENTED BY	Mrs Heather Caudle

DIRECTOR NAME/ROLE	Chief Nurse
DATE	2016
BOARD ACTION	Assurance

1. Background and scope

In June 2014 it became a national requirement for all hospitals to publish information relating to staffing levels on their wards. This request followed the publication of reviews and reports including the Francis report on Mid Staffordshire (Francis 2013)¹ and the Cavendish review: an independent inquiry into healthcare assistants and support workers in the NHS and social care setting (Cavendish 2013)². In July 2016 the Trust undertook the planned 6 monthly review of the Safer Staffing Establishment using acuity and dependency data recorded by the wards using the Shelford Group Safer Nursing Care Tool.

Paediatrics, Critical Care and Accident and Emergency are not included in this 6 monthly review period.

2. Strategic issues and options

This review will form part of the business priorities and resources as part of the business planning cycle.

3. Assumptions, (risks/mitigations and dependencies)

Trust Board can be assured that the review was undertaken supported by the Shelford Group Safer Nursing Care tool (SNCT) an established methodology for data collection on acuity and dependency.

4. Recommendations

The Board is asked to:

1. Review and discuss the paper seeking assurance as appropriate; and
2. Approve the proposed changes to the staffing establishment for the adult inpatient areas.

5. Impact measures and follow up

To repeat the acuity and dependency review on a six monthly continual cycle to include red flags monitoring.

¹ <http://www.kingsfund.org.uk/projects/francis-inquiry-report?gclid=CNr7md7W0csCFdYV0wodXEsCYw>

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/236212/Cavendish_Review.pdf

Appendix 1

Acuity and Dependency Review Process July 2016

Ashford and St Peter's hospitals NHS Foundation Trust, used SNCT methodology for data collection on acuity and dependency. To enable consistency data was collected on every patient in participating wards from Monday 4 July to Friday 29th July at 15.00hrs daily, for 20 days (this excludes Saturday and Sunday when data is not collected). The level of patient acuity is based on the patient who has retrospectively occupied the bed for the longest period of time over the preceding 24 hours.

The SNCT agreed multipliers for each level of patient are in order to calculate the acuity/dependency then map the level to a nurse per bed allocation:

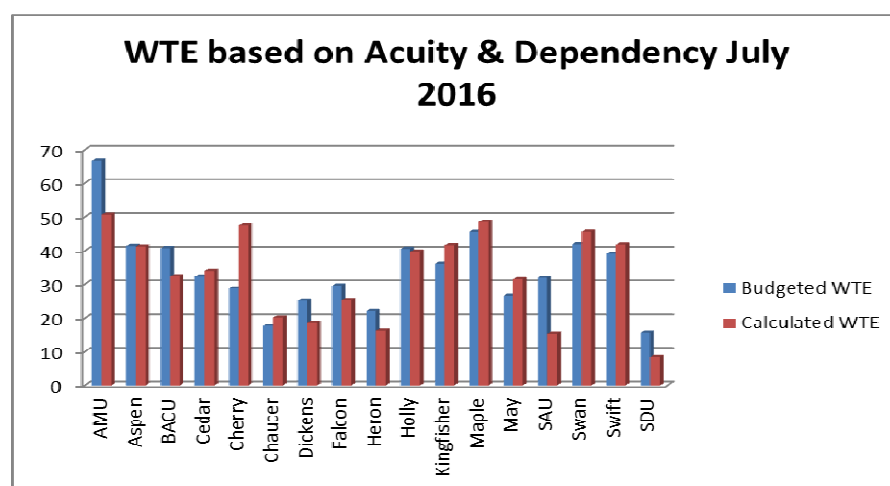
- **Level 0** 0.99WTE nurse per bed
- **Level 1a** 1.39 WTE nurse per bed
- **Level 1b** 1.72 WTE nurse per bed
- **Level 2** 1.97 WTE nurse per bed
- **Level 3** 5.96 WTE nurse per bed

Results

The results of the acuity and dependency data have been presented in charts 1-4 below. It should be noted that the tool calculates the WTE but this does not take into account the level of activity.

Chart 1 shows the current WTE each ward is budgeted for in blue. The red column shows the WTE calculated by the SNCT multiplier based on the data entered.

Chart 1



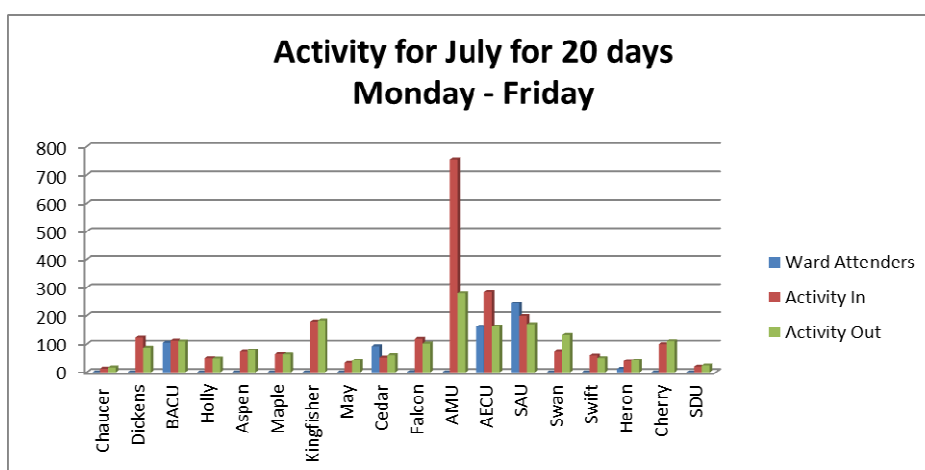
In addition to the SNCT, the staffing review took into account other important factors for each ward area: ward activity; escorts; deaths; quality and safety performance including falls, hospital acquired pressure ulcers and medication errors.

Ward Activity

The activity of the ward placed a major demand on nursing time and focus. Chart 2 presents the activity in and out of the wards and any ward attenders. Activity in includes admissions and transfers from other wards. Activity out includes discharges and transfers to other wards. Ward attenders are patients who present to the ward for an episode of treatment or investigation but are not admitted.

- Surgical Assessment Unit (SAU) had 220 ward attenders. This is an increase of 28% from the data collected in July 2015 and a second successive increase. These can be patients who have been assessed in SAU and discharged as they do not require admission but return the next day for review. Patients discharged from surgical wards that require further wound dressings or stoma checks can also be booked in to be reviewed as a ward attender on SAU. While SAU try to allocate a nurse to manage this daily it often falls to the nurse in charge.
- Birch and Coronary Care Unit (BACU) had 57 ward attenders these are usually for cardiac investigations e.g. echocardiogram. In the past it indicated only 51 this is only an increase of 7 attendees from the data collected in July 2015.
- Cedar Ward's attenders totalled 70 these are patients attending Trans Ischaemic Attack (TIA) clinic. This is an increase of 11 attendees from the data collected in July 2015 and a 2nd successive increase.

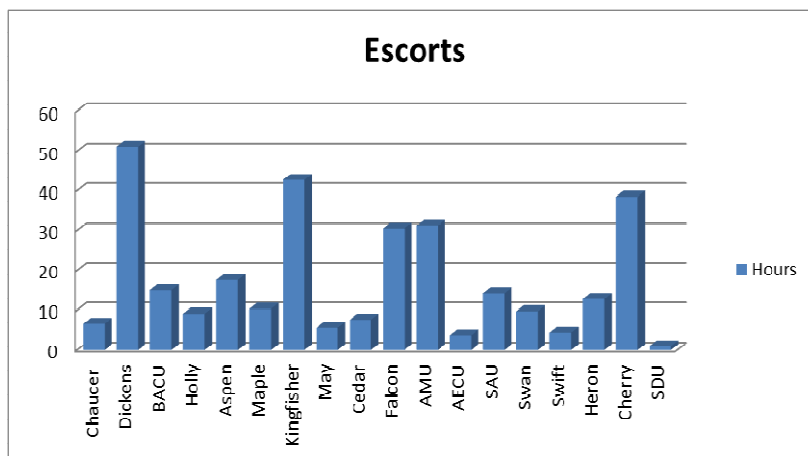
Chart 2



Escorts

Chart 3 demonstrates the number of hours used by an area for escorts. Escorts are registered nurses or health care assistants who accompany a patient to theatre, x-ray, other wards or for investigations. Data was collected on escorts both within and outside the Trust these included staff accompanying patient going for clinical diagnostics or treatments.

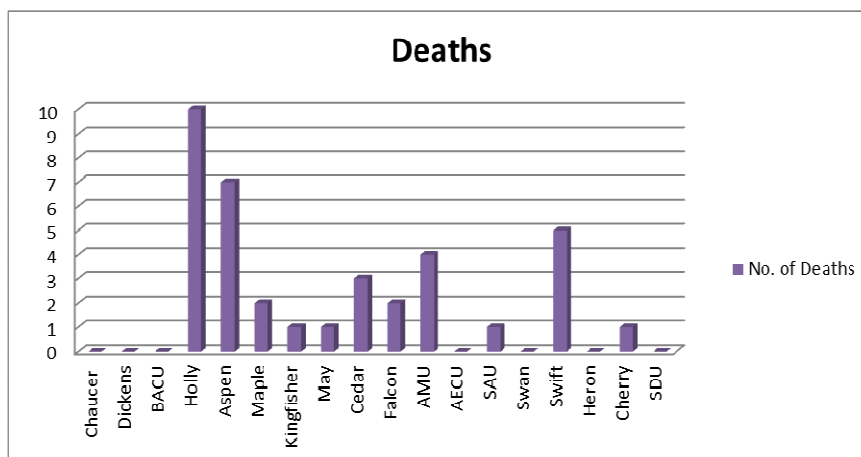
Chart 3



Deaths

Chart 4 shows the number of deaths in each ward during the 20 day period. Performing last offices requires 2 nurses and usually takes approximately 45 minutes. This includes preparing the deceased, completing paperwork and property recording. Holly Ward had 9 deaths which equates to 0.15 WTE.

Chart 4



Close Observation staffing (Specials)

Patients requiring close observation and/or at risk of wandering. This includes patients; at risk of self-harm; likely to abscond from the ward; confused, agitated or aggressive to others; those with a history of falls or assessed as being at high risk of falls. Chart 5 shows the hours per ward required for close observation of patients.

Chart 5

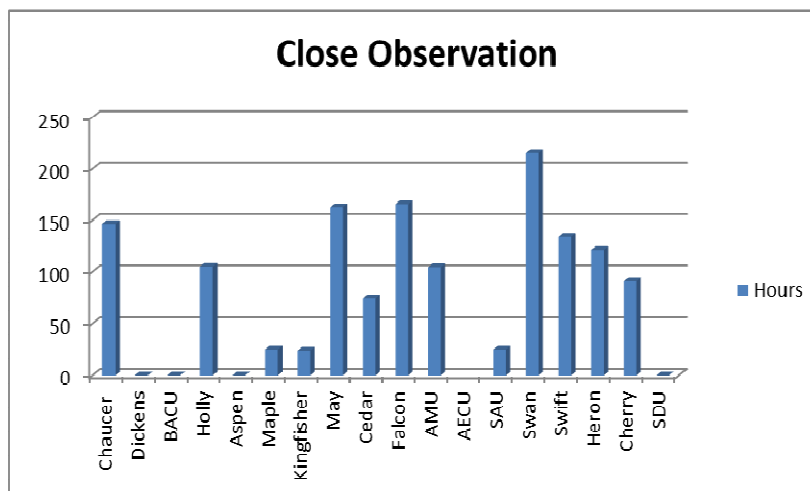


Chart 5 shows that Kingfisher Ward required the most at 264 hours of close observation which equates to 1.76 WTE. Compared to last year 1/3 less was required.

Additional Data

The collection of the additional data for ward attenders, deaths, escorts and close observation has allowed more in depth analysis of the staffing levels within the adult in-patient wards that is not included in the acuity and dependency data calculation. This additional data has been converted into hours and then, as the data collection was over 20 days, this figure has been divided by 150 to give the equivalent WTEs required. This further analysis and results are provided in Annex 1. Using this data gives a variance of – 21.78 WTE across the Trust when compared against the budgeted WTE.

Quality and Safety Performance

The SNCT, while providing a quantitative assessment to assist in the determining of optimal staffing level, does not encapsulate more qualitative data relating to care given. The nursing workload and provision of care is influenced by other variables and nurse sensitive indicators that need to be considered in the presentation of results. Acuity and dependency should be triangulated and presented with data from the quality, safety and patient experience.

Other nurse sensitive indicators have been used to support ward staffing levels include staffing levels, development of pressure ulcers, falls and medication errors. Please see Annex 2.

The data collected on nurse sensitive indicators has been benched against the data from the previous review period and has shown that the subsequent investment in staffing has resulted in a marked decrease in the number of harms recorded by ward. In July 2015 the collection period showed 94 recorded harms; the collection period in July 2016 showed 58. This is a reduction of 38.3% year on year.

Annex 2 presents the ward by name and number of beds. The percentage of shifts rated amber/red has been calculated by taking the number of shifts highlighted as red/amber

recorded on the Trusts daily staffing tool divided by the number of shifts in the 20 day period (60).

Taking the total adverse variance from the total positive variance figures, gives -21 WTE when taking into consideration the additional activity such as ward attenders, close observation of patients.

Annex 3 shows variance by ward shown by the tool.

Safer Staffing and Investments

MES

Medicine

The tool identifies investment is required in both Aspen and Cherry Ward. Aspen Ward will be increasing by four beds as a result of imminent changes to the model of Critical Care provision. There will then need to be a separate review of establishment and acuity on this ward. This is currently planned to take place in November 2016. Cherry Ward requires review of its working model which currently has 12 assessment beds and the remainder as extra capacity. With a new medical lead there will be a potential change in the nursing model will change to a 24 hour pattern and the staffing will need to be remodelled when this occurs.

The staffing for AMU shows an over establishment, it will need further review due to the creation of an Ambulatory Emergency Care Unit (AECU) within the AMU. The SNCT is not adapted for the AECU model and the Division will be looking to use a different method of measuring acuity and dependency, flow and patient data capture. This is currently pending with the Division.

TASCC

SDU

A change in skill mix is required in order to provide robust leadership. That is a band 6 to band 7 and a band 5 to band 6. This will not result in a change in actual staffing numbers, but will need investment in band changes.

Kingfisher

A change in skill mix on the night shift from 4 RN and 1 HCA to 3 RN and 2 HCA. This will require no additional investment, the savings from this change will be used to create an education focused band 7 post on Kingfisher.

ITU/HDU

A further review of staffing on a co-located Critical Care Unit will need to be completed outside of the regulated 6 month Trustwide reviews.

T & O

Swan Ward has shown in this review, that it has a deficit of 3.54wte. Professional judgement on this area shows that an investment of 4wte RN's is required to meet the acuity and dependency, based on transfers/escorts and increased dependency based on patient nursing need.

Dickens Ward has shown to be consistently over the needed establishment with excess of 6.51wte.

The Division will make the necessary changes which will be a cost neutral shift between the two wards.

Recommendations and next steps

1. Agree in-patient areas investment

The Divisional Chief Nurses/ Midwife as per the Framework have applied professional judgement in order to sensibly reach a level of investment in consideration of need, risks to quality and financial context for each of the remaining wards. Where there are urgent quality issues, investment in staffing will be made in a timely manner, with board level approval. Owing to Swan Ward's persistent quality issues, immediate staffing investment is recommended.

2. Care Contact Time

A process of measuring care contact time will be developed in line with the new Nursing and Midwifery Strategy.

Conclusion

In July 2016 the Trust undertook the planned 6 monthly review of the Safer Staffing Establishment using acuity and dependency data recorded by the wards using the Shelford Group Safer Nursing Care Tool. The ensuing investments would largely be funded through Divisional adjustments from areas that require less funding.

The Board is asked to discuss the findings and approve the recommendations of investment, with particular attention to the request for immediate staffing uplift on Swan Ward.

Annex 1 Comparison Table July 2016 - updated

Ward	Beds	% of patient acuity level 1b and above		Actual WTE		Budgeted WTE		Calculated WTE from tool 3		Total WTE (calculated & additional*)	Total WTE (calculated & additional*)	Variance WTE (including additional)		Variance WTE	
		1	2	3	4	5	(2-5)**	(2-3)							
		Feb 2016	July 2016	Feb 2016	July 2016	Feb 2016	July 2016	Feb 2016	July 2016	Feb 2016	July 2016	Feb 2016	July 2016	Feb 2016	July 2016
AMU**	38	14.54%	20.3	42.30	43.8	66.49	66.49	42.30	50.65		51.59		+14.9		+15.84
Aspen	27	53.1%	52.8	38.19	36.10	40.23	41.41	44.38	41.22	44.5	41.4	-4.27	+0.01		+0.19
BACU	21	85.2%	70	34.12	31.55	41.26	40.77	35.69	32.35	38.15	36.78	+3.11	+3.99		+8.42
Cedar	23	74.5%	73.9	31.90	30.84	32.25	32.25	32.92	33.94	36.10	38.35	-3.85	-1.69		-1.69
Chaucer	14	75.3%	69.3	18.20	16.80	17.55	17.55	21.21	20.18	21.24	21.2	-3.69	-3.65		-2.63
Cherry	29	52.7%	82.9	21.60	25.61	28.70	28.70	42.96	47.45	43.23	48.32	-14.53	-19.62		-18.75
Dickens	24	00.62%	6		19.77	25.06	25.06	18.55	18.55	18.96	18.89	+6.1	+6.17		+6.51
Falcon	22	27.50%	15.9	27.30	26.00	29.54	29.54	30.08	25.22	31.32	26.58	-1.38	+2.96		+4.32
Heron	12	15.4%	39.2	17.83	19.83	22.04	22.04	14.25	16.05	16.18	17.43	+5.86	+4.61		+5.99
Holly	30	52.4%	55.7	28.53	29.73	41.46	40.55		39.74	44.67	40.16	-3.21	+0.39		+0.81
Kingfisher	33	33.9%	37.7	25.30	24.00	35.94	35.94	44.38	41.60	42.95	42.05	-7.01	-6.11		-5.66
Maple	29	95.1%	94.7	28.54	30.07	45.30	45.36	48.90	48.52	49.29	48.77	-3.99	-3.41		-3.16
May	22	64.1%	54.5	18.50	18.50	27.63	26.50	32.13	31.47	32.38	32.6	-4.75	-6.1		-4.97
SAU	15	02.3%	2.7	26.00	26.00	31.90	31.90	15.61	15.15	24.70	25.87	+7.2	+6.03		+16.75
Swan	31	62.4%	69.4		38.22	41.66	41.88	47.07	45.42	47.16	46.92	-5.5	-5.04		-3.54
Swift	26	38.2%	78.3	26.60	30.20	38.87	38.87	38.28	41.80	38.63	42.78	+0.24	-3.91		-2.93
SDU & Wren	7	52.7%	2.5	13.20	13.65	18.46	15.46	10.33	8.20	10.57	8.21	+7.89	+7.25		+7.26
Totals Overall WTE												-21.78	-3.22		+22.76

*Additional activity taken into account is escorts, close supervision of patients, deaths, ward attenders and these activities have been converted to WTE

**Previously MSSU

Annex 2: triangulation of results including quality and patient safety data

Ward	Beds	% of shifts rated red/amber	% patient acuity 1b and above.	Falls incidence *	Pressure ulcer incidence *	Medication errors*	Total Harms Feb 2016**	Total Harms July 2016*	QEWs	Actual WTE	Budgeted WTE	Calculated WTE	Variance
AMU	38	26.66%	20.3	1	1	2	9	4	1	43.8	66.49	50.65	+15.84
Aspen	27	5.0%	52.8	4	1	0	6	5	1	36.10	41.41	41.22	+0.19
BACU	21	13.33%	70	2	0	0	2	2	2	31.55	40.77	32.35	+8.42
Cedar	23	65.0%	73.9	0	1	0	5	1	2	30.84	32.25	33.94	-1.69
Chaucer	14	1.66%	69.3	1	1	0	2	2	2	16.80	17.55	20.18	-2.63
Cherry	29	1.66%	82.9	3	4	1	7	8	2	25.61	28.70	47.45	-18.75
Dickens	24	51.6%	6	4	0	1	2	5	2	19.77	25.06	18.55	+6.51
Falcon	22	3.0%	15.9	1	1	0	1	2	2	26.00	29.54	25.22	+4.32
Heron	12	6.66%	39.2	0	0	0	5	0	3	19.83	22.04	16.05	+5.99
Holly	30	60%	55.7	1	2	0	0	3	2	29.73	40.55	39.74	+0.81
Kingfisher	33	46.66%	37.7	0	0	0	1	0	2	24.00	35.94	41.60	-5.66
Maple	29	51.66%	94.7	1	0	0	1	1	2	30.07	45.36	48.52	-3.16
May	22	33.33%	54.5	2	1	0	4	3	1	18.50	26.50	31.47	-4.97
SAU	15	56.66%	2.7	1	0	0	1	1	2	26.00	31.90	15.15	+16.75
Swan	31	43.33%	69.4	6	1	1	5	8	1	38.22	41.88	45.42	-3.54
Swift	26	26.66%	78.3	1	4	1	5	6	2	30.20	38.87	41.80	-2.93
SDU & Wren ***	7	0.0%	2.5	0	0	0	2	0	3	13.65	15.46	8.20	+7.26

*This data is collated from Datix for the 20 days of data collection with hospital acquired pressure ulcers including stages 1-4.

** This data is collated from the February 2016 Acuity and dependency report with 20 days of data collection with hospital acquired pressure sores including stage 1-4.

Annex 3 commentaries by ward

Ward	Beds	Total WTE (calculated & additional)	Variance WTE (including additional)	Variance WTE
AMU***	38	51.59	+14.9	+15.84
Aspen	27	41.4	+0.01	+0.19
BACU	21	36.78	+3.99	+8.42
Cedar	23	38.35	-1.69	-1.69
Chaucer	14	21.2	-3.65	-2.63
Cherry	29	48.32	-19.62	-18.75
Dickens	24	18.89	+6.17	+6.51
Falcon	22	26.58	+2.96	+4.32
Heron	12	17.43	+4.61	+5.99
Holly	30	40.16	+0.39	+0.81
Kingfisher	33	42.05	-6.11	-5.66
Maple	29	48.77	-3.41	-3.16
May	22	32.6	-6.1	-4.97
SAU	15	25.87	+6.03	+16.75
Swan	31	46.92	-5.04	-3.54
Swift	26	42.78	-3.91	-2.93
SDU & Wren	7	8.21	+7.25	+7.26