

To:	Trust Board							
From:	Michelle Rhodes – Director of Nursing							
Date:	November 2018							
Essential Standards:	Standard 13 NICE Safer Staffing Guidance-- NQB Guidance							
Title	Nursing & Midwifery Establishment Review November 2018							
Author/Responsible Director: Debrah Bates/ Michelle Rhodes								
Purpose of the Report: This paper provides the findings of the Trust's six monthly nursing and midwifery establishment review								
The Report is provided to the Board for:								
<table border="1"> <tr> <td>Decision</td> <td style="text-align: right;">✓</td> </tr> </table>	Decision	✓	<table border="1"> <tr> <td>Discussion</td> <td style="text-align: right;">✓</td> </tr> </table>	Discussion	✓	<table border="1"> <tr> <td>Information</td> <td style="text-align: right;">✓</td> </tr> </table>	Information	✓
Decision	✓							
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Summary/Key Points:								
<ul style="list-style-type: none"> • The current nursing establishment is accurate for the number of beds open (not including escalation areas) • All wards bar 1 remain at a nurse patient ratio of 1:8 or better • Professional judgement has been used alongside SafeCare data to determine skill mix • The nursing associate is counted in the registered element of the establishment • 1 ward requires additional investment (Carlton Coleby, 2 wards may need this at the next review, (Waddington & 8a) • Using the 'team around the patient' approach alternate roles have been considered to manage current vacancies. • It is too early to accurately determine whether reconfiguration of wards at Pilgrim will have any impact on numbers • The next review will be presented to the Trust Board in June 2019. 								

1. Executive Summary

The purpose of this paper is to provide the Trust Board with assurance that the nurse staffing levels in ULHT are appropriate to provide safe patient care. Since the publication of National Quality Board guidance in 2013 and 2016, Trusts have been

required to complete twice yearly establishment reviews in nursing to support common workforce problems, effective staff deployment and workforce planning.

In October 2018 further NHSI guidance, “Developing workforce safeguards” was published which reinforced the need for Trusts to use a triangulated approach to deciding staffing requirements that combine evidence-based tools, professional judgement and patient quality outcomes to ensure that the right staff with the right skills are in the right place at the right time. (see figure 1 below). A paper discussing the implications for the organisation of this latest guidance will be presented at the Workforce and OD Committee.



Figure 1 : principles of safe staffing

This review has been completed in order to coincide with the Trusts annual planning and budget setting cycle.

The establishments have been reviewed based on the acuity and dependency data submitted at ward level 3 times per day, over the past 12 months. This has been achieved through the use of the SafeCare Live software via the Allocate Health Roster system using the Safer Nursing Care Tool (SNCT) multipliers. This data reflects the acuity of the patients on the ward, and is used to submit Unify data which feeds into the model hospital report and generated Care Hours Per Patient Day (CHPPD) – see appendix 1.

The Royal College of Nursing (RCN) suggest that harm is increasingly likely to occur at a nurse to patient ratio of more than 1:8 during the day. The RCN further suggest that an increase in harm may be seen if the level rises to more than 1:11 at night. It is generally accepted that these ratios are a good start to supporting the professional judgement element of establishment reviews.

For the purpose of this establishment review a Skill mix of 70/30 has been set for specialty wards and 60/40 for base wards. And the ward sister/charge nurse post in all areas remain supernumerary.

The above metrics are also discussed alongside local patient sensitive quality indicators such as falls with harm, Grade 3 & 4 pressure ulcers, catheter acquired urinary tract infections (CAUTI) and medication errors.

There are, however, some establishments which fall outside the validity of the SNCT methodology. Whilst the same process is applied to these areas, the SNCT findings are replaced with other tools, for example, the Midwifery establishment has been reviewed by the Birthrate Plus® team using their methodology.

This review has also taken into account the following:

- Activity levels – particularly in areas with high levels of ward attendance
- Seasonal variation in demand, although capacity has continued to be an issue throughout the year without any respite through the ‘non-winter’ months
- Service developments – where new services have been developed, for example through the introduction of ACPs and other staff groups, and changes to the elective orthopaedic services
- Service changes – where there has been large wholesale reconfiguration of services at Boston
- Staffing escalation processes – the red flag process

The establishment review is based on 512 beds at Lincoln and Louth, 310 beds at Pilgrim, 102 beds at Grantham and 119 beds/ cots in women’s and children’s services. Total beds = 1,043.

Findings

As in previous years, nurse vacancy continues to be the greatest challenge that is facing nursing across ULHT with a total of 254.1wte (excluding outpatients and theatres) registered Nurse and Midwife vacancies being reported at the time of the establishment review, 120.55 wte of which are RN vacancies in Boston.

Findings of a report produced by National Institute for Economic and Social Research (NIESR) commissioned by the Cavendish Coalition in November 2018 highlight a forecasted potential shortfall of around 5,000 to 10,000 nurses in the NHS in England by 2021 as a result of Brexit, on top of existing vacancies, which stood at 41,722 (11.8% of all positions) at the end of June 2018.

In this establishment review, wards were asked to consider different ways of managing their vacancies by identifying any new roles that would be of benefit to direct patient care with the view of converting the vacancies as appropriate. This ‘team around the patient’ approach has engaged staff to think differently about how patients can be cared for safely. Where wards have identified new roles to integrate into their teams, they have also completed a full quality impact assessment in relation to the changes (appendix 2), and have identified key performance indicators to monitor the impact on performance.

The changes that have been proposed have been scrutinised by the Director of Nursing and have either been agreed or rejected based on the QIA’s supporting them. Those changed in terms of ‘The Team around the Patient’ that have been supported have been included in the final recommendations of this report.

In these plans, the decision has been made that qualified (Regulated) Band 4 Nursing Associate roles (expected to be on the NMC Register from 28th January 2019) will be recognised on the registered part of the nursing establishment templates, in the same way that Pharmacy technicians and Physiotherapists and other AHP Registrants would be.

However, trainee Nursing Associates (tNA) will be recognised on the unregistered templates, as will Physio / OT assistants, Dementia Practitioners and ward orderly's. This is a fundamental change to how nursing establishments have been viewed in recent years. The focus of the changes in this paper is on the registered workforce.

3. FINDINGS & RECOMMENDATIONS

3.1 Surgery and Critical Care Lincoln & Louth

Nursing area & accreditation	Number of beds	Expected Nurse to Patient Ratio	Actual Nurse to Patient ratio	Reg'	B7	Total Reg	Unreg	Recommendations	Change to RN numbers	Ratio following changes	Skillmix following changes
Fotherby	20	1:8	1:6.5	8.33	1.00	9.33	5.68	Appears rich as model still not decided. Make band 6 role permanent, introduce tNA from January 2019 from RN vacancy	None	1:7	50/50
Greetwell	28	1:8	1:7	18.98	1.00	19.98	12.12	Use vacancy to fund pharmacy technician mon-fri. No change to template required	Reduce 1 RN	1:7	61/39
Clayton	28	1:8	1:7	20.98	1.00	21.98	9.00	Convert band 5 vacancy to discharge coordinator role. Template 3/3 4/1 4/1	Reduce 1 RN	1:7	68/32
Hatton	22	1:8 + 1:4 L1	1:4.5	26.76	1.00	27.76	14.75	Establishment rich as staffed for level 1 beds which are not being used. Supportive of another tNA in January and use some B2 monies to increase ward clerk hour. tNA funded from unreg budget so no changes	None	1:4.5	70/30
Neustadt Welton	28	1:8	1:7	21.36	1.00	22.36	16.24	NA in Reg numbers from January, plus tNA - template 4/3 3+1/3 3/3	Reduce 1RN	1:8	54/46
SEAU	28	1:6	1:4.5	30.42	1.00	31.42	13.72	Use unregistered vacancy to fund a ward orderley 7 days per week (2.3wte) - no change to template required	None	1:4.5	69/31
Shuttleworth	28	1:8	1:5.6	21.98	1.00	22.98	15.32	Current establishment doesn't meet the template. Add further tNA in Jan from UR establishment and consider Pharm Tech from Reg vacany- no changes to skill mix	Reduce 1 RN	1:5.5	62/38
ICU	16	N/A	N/A	68.37	2.00	70.37	7.99	Recently recruited to physio assistant roles from B4 vacancies. Consider pharmacy technician role going forward which will make no change to skill mix	Reduce 1RN	N/A	90/10
TOTALS	198.00			217.18	9.00	226.18	94.82	Total	-5		

Surgery and Critical Care Pilgrim

Nursing Area	Number of beds	Expected Nurse to Patient	Actual Nurse to Patient	Reg'	B7	Total Reg	Unreg	Recommendations	Changes to RN numbers	Ratio after Changes	Skill Mix after Changes
Bevan	12	1:8	1:4	13.72	1.00	14.72	5.72	New ward. Employ NA in January and support another tNA - template 3/ 2+1/ 2 Registered	Reduce 1RN per NA	1:4	70/30
Ward 3B Orthopaedics	29	1:8	1:5.6	20.58	1.00	21.58	14.86	Moving to new location and reducing beds by 1. Recruit NA in January and recruit a tNA from unreg. Will reduce skill mix	Reduce 1RN per NA	1:6	55/45
Ward 5A General Surgery	29	1:8	1:5.8	22.18	1.00	23.18	12.72	Recruit NA in January and look at 2xTNA from Reg vacancies. Template will be 4+1/ 4 4+1 / 4 3/3	Reduce 1RN per NA	1:7	54/47
Ward 5B Vascular	24	1:8	1:4.8	22.18	1.00	23.18	13.72	Recruit NA and tNA from Uregistered vacancy in January- template 4+1/3 4+1/3 3/3	Reduce 1RN per NA	1:6	62/38
ICU	9	L3 = 1:1 L2 = 1:2	N/A	46.55	2.00	48.55	5.46	Work towards introducing Physio assistant from B4 monies so no changes to establishment / skill mix. Review L1 beds	None	N/A	88/12
TOTALS	103.00								-4		

3.2 Medicine Lincoln

Nursing area & accreditation	Number of beds	Expected Nurse to Patient Ratio	Actual Nurse to Patient ratio	Reg'	B7	Total Reg	Unreg'	Recommendations	Change to RN numbers	Ratio following changes
Scampton	20	1:8	1:6.6	13.72	1.00	14.72	13.72	Looking at nutritional assistant/Discharge coor and a tNA from Reg vacancy for January	Reduce 1RN for tNA	1:7
Burton	20	1:8	1:6.6	13.72	1.00	14.72	13.72	No changes proposed	None	1:6.6
Lancaster	20	1:8	1:6.6	13.72	1.00	14.72	13.72	recruit NA in January and support another tNA from Ureg vacancy will keep skill mix same as present	Reduce 1 RN Jan	1:6.6
Dixon	28	1:6	1:7	19.44	1.00	20.44	15.32	Requesting to recruit NA in January but ?? no RN vacancy	None	1:7
Navenby	23	1:8	1:7.6	16.24	1.00	17.24	12.58	Need to increase template for UR on a late shift	None	1:7
Carlton Coleby	28	1:8 + 2NIV	1:5.6	22.18	1.00	23.18	13.59	Increase establishment to 4 on Nights to replace temporary uplift to template. 5/3 5/3 4/2	Increase by 2.52 wte	1:5.6
Stroke Unit	28	N/A	1:5.6	27.90	1.00	28.90	15.32	ACP funding needs to be separated out of ward establishment. Potential area for band 4's eventually	Increase by 5.8wte	N/A
Johnson	44	N/A	1:4.8	45.97	2.00	47.97	16.46	No changes as this is 3 areas	None	1:4.8
Waddington	26	1:6	1:5.2	24.24	1.00	25.24	11.20	Recruiting to pharmacy technicians role. SNCT suggests there may need to be some investment in establishment but could include figures from when area was escalated. Suggest watch and wait until next review in respect of investment and escalation position	Reduce 3 RN vacancies with 2Pharmacy techs and 1NA	1:5.2
A&E	NA	N/A	N/A	64.38	1.00	65.38	25.88	Replace 2RNs with a NA on LD and Nights - recruit tNA January using RN vacancy. Looking at paramedic role for RAT	Reduce 2RNs	N/A
Ashby	18	1:8	1:6	14.90	1.00	15.90	11.22	Requesting 2 x tNA in January but drops skill mix to 50/50 advise 1tNA from UR vacancy	None	1:9
Frailty Assessment Unit	19	1:8	1:6	14.52	1.00	15.52	16.00	Wanting to advertise for NA and recruit tNA in january but latter will reduce skill mix which is currently on 54/46 so not supported	Reduce 1 RN Jan	1:6
MEAU	40	1:6	1:4	48.33	1.00	49.33	21.95	Establishment looks rich - looking to reduce by 1RN on nights and at Weekend, increase UR on nights. Support tNA in January from reg vacancy	Reduce by 3.2 RN	1:4.5
TOTALS	314			339.26	339.26	353.26	200.68		-11.2	

Medicine Pilgrim

Nursing area	Number of beds	Expected Nurse to Patient	Actual Nurse to Patient	Reg'	B7	Total Reg	Unreg	Recommendations	Changes to RN numbers	Ratio after Changes	Skill Mix after Changes
IACC	24	1:6	1:4.8	22.55	1	24	16.23	Newly established ward. Establishment required for template is more than establishment Recruit to budget, Look at Block booking of agency	None	1:5	63/37
Acute Cardiac Unit	16	1:6	1:4	18.52	1.00	19.52	7.10	Recruit NA in January	Reduce 1RN	1:4	70/30
AMSS	44	1:8	1:7.3	32.93	1.00	33.93	21.95	Newly established ward. Interested in a tNA in January from UR vacancy. Too early to assess establishment	None	1:7	61/49
Stroke Unit	28	N/A	1:4.6	27.44	1.00	28.44	16.46	Recruit NA in january - aim for one tNA from unreg vacancy on each shift. Reducing beds by 4	Reduce by 1RN	1:4.6	62/38
Ward 6A	28	1:8	1:5.6	22.18	1.00	23.18	19.44	Requesting to recruit another dementia practitioner from unreg vac and take tNA (unreg vacancy) in January	None	0.00	53/47
Ward 6B	28	1:8	1:5.6	22.18	1.00	23.18	19.44	Requesting to reduce to 4RN in day and 5UR declined due to effect on skill mix. Recruit NA in January	Reduce 1RN	1:5.6	53/47
Ward 7A - Chemo Suite	21	1:6	1:5.2	18.84	1.00	19.84	8.60	Suggestive that template is less than funded establishment. Need to recruit to establishment	None	1:5	65/35
Ward 7B - Respiratory	25	1:6 + 1NIV	1:4.8	22.18	1.00	23.18	16.92	Recruit NA in january, requesting Physio assistant on LD and band 3 discharge Coord from UR vacancies so no change to skill mix	Reduce 1 RN	1:4.8	57/43
Ward 8A	29	1:8	1:5.8	20.58	1.00	21.58	18.98	Employ NA, look at increasing RN numbers on a late shift out of UR vacancies	Convert HCSW vacancy to RN (1.6wte)	1:6	52/48
A&E	NA	N/A		49.78	1.00	50.78	23.61	Not undertaken			
TOTALS	207.00								-5.6		

3.3 Grantham

Nursing area & Accreditation	Number of beds	Expected Nurse to Patient Ratio	Actual RN to patient ratio	Reg'	B7	Total Reg	Unreg	Recommendations	Changes to RN numbers	Ratio following changes	Skill mix following changes
Ward 6 Respiratory/Stroke	16	1:8	1:5.3	13.47	1.00	14.47	12.12	Requesting to recruit OT assistant M-F from UR vacancy no effect on skill mix	None	1:5.3	53/47
Ward 2 Surgery/Orthopaedics	28	1:8	1:5.6	14.72	1.00	15.72	15.76	Establishment does not match template. Requesting to recruit to OT and Physio assistant from UR vacancy so no effect on skill mix	None	1:5.6	50/50
Ward 1	22	1:8	1:7	18.19	1.00	19.19	15.32	Aiming for NA on each shift. Support tNA in January from UR vacancy.	Reduce 1RN per NA	1:7	55/45
EAU (based on 20 beds)	24	1:8	1:4.8	21.18	1.00	22.18	11.30	Aiming for NA on each shift. Support tNA in January. Need to fund escalation beds. Aiming for NA on every shift	Reduce 1RN per NA	1:4.8	67/33
ACU	6	L2 = 1:2	1:2	16.90	1.00	17.90	1.28	Establishment appears rich but inefficient number of beds	None	1:2	90/10
GDH A&E	N/A	N/A	N/A	23.27	1.00	24.27	7.85	Funded establishment for 24 hour service - but closed overnight. Support recruitment of tNA in January from RN vacancy	None	N/A	70/30
Hospice	6.00	N/A		9.10	1.00	10.10	1.70	Contract is under review in March	N/A	N/A	
TOTALS	102.00			116.83	7.00	123.83	65.33		-2		

3.4 Women & Children's Services

Nursing area	Type of ward	Number of beds	Reg'	B7	Total Reg	Unreg	Comments
Branston	Specialist	18	14.56	1.00	15.56	6.32	Establishment too rich - need to either reduce establishment or increase beds
Rainforest	Children's	24	31.05	1.00	32.05	10.13	No changes as temporary model in place
Nocton	Neonatal	15	33.05	1.00	34.05	12.80	Need QIS nurses, considering a tNA. Advised to recruit from the bank
Ward 1B	Specialist	12	10.91	1.00	11.91	3.77	Establishment does not match the template and appears rich - inefficient bed numbers
Ward 4A	Childrens	12	32.84	1.00	33.84	10.98	Temporary model in place with reduced beds. No change at present
Neonatal	Neonatal	12	16.24	1.00	17.24	7.44	To consider tNA in Jnauary
M1	Maternity	18	7.71	1.00	8.71	5.26	No changes proposed as new model following BR+. Vacancies out to recruitment
PHB Labourward	Maternity	8	19.80	1.00	20.80	5.51	No changes proposed as new model following BR+. Vacancies out to recruitment
Bardney	Maternity	13	13.86	1.00	14.86	9.97	No changes proposed as new model in line with BR+ may consider MSW in future
Nettleham	Maternity	31	5.8 (Core)	1.00	6.80	15.21	No changes proposed - MSW not in post as per BR+
TOTALS		119.00	180.02				

3.5 Theatres

Theatres are in the middle of a number of projects that will see significant changes made to the delivery of services across 4 sites, including Louth. As part of the changes, staffing establishments have also been modified to accommodate the changes.

Whilst the SNCT tool and other Nurse Sensitive indicators are not applicable in an operating environment, professional judgement is applied in accordance with National anaesthetic guidance.

A comprehensive piece of work has been undertaken to identify the staff required, which as with other areas in nursing, will require the service to consider other roles that can work as part of the team. There are already trainee nursing associates working in theatres, and the management are keen to introduce more, along with apprentices and cadets who can follow a career development pathway into either a registered nurse post or that of an Operating Department Assistant.

3.6 Outpatient services

The establishments in outpatients trust wide have recently been reviewed by KPMG which has not been repeated for this paper. The matrons and managers were invited to a confirm and challenge meeting to discuss their plans. In short these are as follows;

The combined figures for Outpatients Nursing Trustwide will require;

An increase Trustwide of 39.38 wte non-registered workforce. (band 2 only)

A decrease Trustwide of 13.67 registered workforce. (Band 5 only)

A decrease Trustwide of 3.21 Band 3.

A decrease Trustwide of 4.05 wte band 4.

4. CONCLUSION

The requirement to meet safer staffing standards is an ongoing and significant challenge for many service providers. The recommendations in this review set out what is required to continue our journey of Quality Improvement.

This review demonstrated that the establishment numbers are appropriate for the clinical areas across the Trust with the exception of Carlton Coleby and Waddington wards where it is recommended that additional investment in registered nursing is required.

Where changes to overall establishment numbers were suggested by the acuity & dependency data, these have been highlighted in the report. These include;

- Wards which are showing this for the first time and hence establishment will not be reviewed at this time (7A)

- Wards who appear rich in staff numbers for consecutive reviews (MEAU)
- Wards which require investment in Registered nurse (or other registrant) numbers (Carlton Coleby, Waddington)
- Wards with inefficient bed numbers and hence establishment appear rich but are necessary to maintain safety (ACU at Grantham, Bevan, Branston, 1B). These ward areas could increase their bed numbers to make their establishments more efficient.

There are a number of wards/ areas at Pilgrim which are currently part of service/ site reconfiguration plans. Establishments have not been challenged at this review until more robust acuity & dependency data becomes available.

The establishments on ward areas include the Band 7 ward sisters / charge nurses as 100% supernumerary within staffing levels / templates.

The figures **do not** include any supernumerary time for clinical educators on the wards.

With vacancies increasing across the Trust, this review has focussed on ways that these could be managed by new roles within the ward based clinical team. The plans as presented in this report and proposed through 'the team around the patient' approach will enable the Trust to achieve and maintain safe staffing levels in an exciting and innovative way.

The current plans suggest that in January, with the recruitment of the current trainee Nursing Associates (NA) and Pharmacy Technicians, the registered nurse vacancies in ward areas will be reduced by 27.8 WTE. The registered nurse patient ratio in all wards bar 1 (Ashby) remain at better than 1:8.

There is a desire to further reduce the number of registered nurses as more nursing associates qualified with a number of wards suggesting that they would like a NA on every shift. This will need to be reviewed on a ward by ward basis. A Quality Impact Assessment has been completed for all ward changes.

The next nursing and midwifery establishment review will be presented to Trust Board in June 2019.

The Board are asked to:

- Support the recommendations from this establishment review
- Note that any changes proposed to the current nursing and midwifery establishments and skill mix will be supported by a full quality impact assessment prior to being implemented and these will be discussed with our regulators
- Support further work to be taken in relation to 'team around the patient'

Appendix 1: Model Hospital Data (August 2018)

Speciality	Comparators [Cost = National median cost / CHPPD]	Ward	Total CHPPD	Cost per CHPPD [£]
Cardiology	Peer = 8.6 National = 8.1 Cost = £24.96	ACU	5.89	26.10
		Johnson	12.76	25.73
Clinical Haematology	Peer = 8.6 National = 7.56 Cost = £24.76	Waddington	6.2	27.91
Clinical Oncology	Peer = 7.4 National = 6.8 Cost = £23.13	7A	5.03	22.93
Critical Care	Peer = 8.54 National = 27.18 Cost = £30.62	ACU	16.1	32.65
		ICU LCH	29.12	N/K
		ICU PHB	22.89	N/K
Gastroenterology	Peer = 6.29 National = 6.13 Cost = £23.10	8A	6.6	24.70
		Dixon	5.14	24.97
General Medicine	Peer = 7.75 National = 7.38 Cost = £23.30	EAU GDH	8.11	27.63
		FAU	6.16	N/K
		MEAU LCH	9.38	28.29
		Stroke LCH	6.51	N/K
		Stroke PHB	6.05	N/K
		Ward 1	7.21	27.29
		Ward 6	9.52	25.55

General Surgery	Peer = 8.21 National = 7.46 Cost = £23.73	5A	7.16	28.16
		5B	5.91	25.13
		Greetwell	4.68	22.54
		Hatton	8.12	25.12
		SEAU	6.62	27.25
Geriatric Medicine	Peer = 7.03 National = 6.78 Cost = £22.42	6A	6.12	23.75
		6B	6.42	25.25
		Burton	5.79	24.39
		Clayton	5	28.82
		Lancaster	5.63	25.56
		Scampton	5.91	24.44
Gynaecology	Peer = 8.1 National = 8.04 Cost = £25.71	1B	7.24	28.14
		Bardney	10.23	34.94
		Branston	9.61	27.58
		L/ Ward PHB	30.97	40.42
		M2	10.71	N/K
		Nettleham	2.71	35.71
Neonatology	Peer = 11.09 National = 13.24 Cost = £31.61	Boston	44.2	29.01
		Lincoln	15.65	29.00
Paediatrics	Peer = 16.24 National = 13.42 Cost = £30.20	4A	31.51	28.53
		Nocton	15.65	29.00
		Rainforest	11.39	32.50
Rehabilitation	Peer = 7.08 National = 6.91 Cost = £22.72	Ashby	6.72	26.90
Respiratory Medicine	Peer = 6.62 National = 6.4 Cost = £23.63	7B	5.7	26.23
		Carlton Coleby	5.64	27.33
		Navenby	5.64	26.86
Trauma & Orthopaedics	Peer = 7.04 National = 7.26 Cost = £23.41	3A	5.33	29.05
		3B	5.27	25.34
		N/Welton	5.66	26.55
		Shuttleworth	6.38	25.77
		Ward 2	12.33	29.31