

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**29 JANUARY 2015**

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| <b>Title:</b>                | <b>PROGRESS REPORT - NURSE STAFFING</b>              |
| <b>Responsible Director:</b> | Philip Norman, Executive Chief Nurse                 |
| <b>Contact:</b>              | Carolyn Pitt, Lead Nurse Workforce : Extension 12089 |

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| <b>Purpose:</b>                            | To provide the Board of Directors with an update on Nursing Workforce Capacity and Capability (Safer Staffing Report), and the arrangements in place for the ongoing review of the inpatient nursing establishment.   |
| <b>Confidentiality Level &amp; Reason:</b> | None  |
| <b>Annual Plan Ref:</b>                    | Aim 1. Always put the needs and care of patients first.   |
| <b>Key Issues Summary:</b>                 | <ol style="list-style-type: none"> <li>1. Presents the 10 expectations highlighted in the national guidance published in November 2013 with respect to safe nurse staffing levels and the Trust's progress to ensure compliance.</li> <li>2. This paper presents the processes the Trust has utilised in reviewing the nursing staffing levels to support the continuing delivery of high quality care.</li> <li>3. Provides the methods of triangulation of metrics for both workforce and quality of patient care that are being developed.</li> <li>4. Outlines next steps for the ongoing review of nurse staffing levels.</li> </ol> |
| <b>Recommendations:</b>                    | The Board of Directors is asked to receive this report on the progress in ensuring compliance with the national guidance surrounding nursing staffing levels and the use of robust methodology in reviewing the current funded nursing establishments.  |

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| <b>Approved by:</b> | Philip Norman | <b>Date:</b> | 19 January 2015 |
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# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## BOARD OF DIRECTORS

29 JANUARY 2015

### PROGRESS REPORT – NURSE STAFFING

#### PRESENTED BY THE EXECUTIVE CHIEF NURSE

#### 1. Introduction and Executive Summary

The following report is aimed at providing assurance to the Board of Directors that nursing staffing levels across the inpatient services within the Trust are reviewed and to describe the current actions being taken to support the continuing delivery of high quality care. This paper provides an overview of the Trust's progress in implementing the 10 expectations of the National Quality Board guidance "How to ensure the right people with the right skills are in the right place at the right time".

The report also provides an overview of the processes that the Trust has adopted in reviewing the inpatient nurse staffing levels.

#### 2. Background

##### 2.1 National Quality Board

In November 2013, the National Quality Board published guidance entitled "How to ensure the right people with the right skills are in the right place at the right time", setting out 10 expectations regarding safe levels of nurse staffing in the provision of patient care. This guidance was aimed to be implemented by providers and used by commissioners.

##### 2.2 Hard Truth The Journey to Putting Patients First

Volume One of the Government Response to the Mid Staffordshire NHS Foundation Trust Public Inquiry detailed a national requirement for transparent monthly reporting of ward staffing levels and other safety measures.

##### 2.3 Professional Letter March 2014 Hard Truths Commitment Regarding the Publishing of Staffing Data

Care Quality Commission (CQC) and NHS England issued a professional letter outlining reporting requirements contained within the Hard Truths report and the National Quality Board Guidance.

The letter detailed expectations and guidance on how providers are expected to demonstrate assurance and delivery of the Hard Truths Commitments associated with publishing nurse staffing data along with the timescales.

*Within this report any reference to capacity will mean the ability of staff present on any ward/unit at any one time to provide care to patients, any reference to capability will mean the skills, experience, knowledge and competence of those staff present providing care to patients*

2.4 National Institute for Health and Care Excellence (NICE) Clinical Guideline “Safe staffing for nursing in adult inpatient wards in acute hospitals“ published July 2014.

These guidelines made recommendations for nursing in adult inpatient wards in acute hospitals based on best available clinical evidence.

The guideline identifies organisational and managerial factors that are required to support safe staffing for nursing, and indicators that should be used to provide information on whether safe nursing care is being provided in adult inpatient wards in acute hospitals.

The Trust has undertaken a systematic review of the NICE guidelines via its established processes to assess compliance with the recommendations and how this can be utilised to inform future nursing establishment development and reviews.

3. **Trust Assessment against the 10 Expectations of the National Quality Board**

|   | <b>Expectation</b>   | <b>Trust Assurance</b>   |
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| 1 | Boards take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing and care staffing capacity and capability | <b>Expectation met.</b><br>This Board report is the first in a series of regular reports which will describe the systems and processes in place for setting and monitoring nurse staffing levels.  |
| 2 | Processes are in place to enable staffing establishments to be met on a shift to shift basis   | <b>Expectation met.</b><br>There are a number of processes in place to monitor shift by shift staffing: <ul style="list-style-type: none"> <li>• Electronic Staff Rostering</li> <li>• Regular/Daily reporting via Nurse staffing dashboard and Matron’s rounds</li> <li>• Escalation procedures</li> <li>• 24/7 Clinical Site Management Team</li> <li>• Standard Operating Procedure for Recording, Monitoring and Reporting Nursing Staffing Levels</li> <li>• From June 2014 monthly external reporting</li> </ul> |

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|   |  | actual versus planned staffing has been in place as part of standard contracting and regulatory requirements. This information is also reported to the Board of Directors   |
| 3 | Evidence based tools are used to inform nursing and care staffing capacity and capability  | <b>Expectation met.</b><br>The Trust has chosen to use the NICE Guideline for inpatient adult wards. The Shelford Group Safer Nursing Care Tool (2014) will also be considered.   |
| 4 | Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns  | <b>Expectation met.</b> In place via: <ul style="list-style-type: none"> <li>• Policies and procedures</li> <li>• Chief Nurse Team Clinical Day</li> <li>• Trust Wide Matron / Senior Sister Charge Nurse / Clinical Nurse Specialist Forums</li> <li>• Regular Divisional forums for clinical staff</li> <li>• Workforce Strategy Group</li> <li>• Nursing Workforce Group</li> <li>• Nurse Recruitment and Retention Group</li> </ul> |
| 5 | A multi professional approach is taken when setting nursing and care staffing establishments   | <b>Expectation met.</b><br>A multi-professional approach has been taken in developing the agreed methodology and approach to undertaking the nursing establishment reviews which will be conducted every six months.  |
| 6 | Nurses and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties  | <b>Expectation met.</b><br>All inpatient wards have built in uplift /relief to cover planned and unplanned leave, mandatory and statutory training and continuing professional development.<br><br>Clinical Leadership model including Ward Senior Sister/Charge Nurse supervisory time is in place (20% of time). This will remain under review.   |
| 7 | Boards receive monthly updates on workforce information, and staffing capacity and capability is discussed at public Board meeting at least every 6 months on the basis of a nursing establishment review. | <b>Expectation met.</b><br>This report and existing reports (via performance report) provides assurance of compliance with this expectation.  |
| 8 | NHS providers clearly display information about the nurses and care staff present on each ward, clinical setting, department or service on each shift  | <b>Expectation met.</b><br>In place on nurse staff bases on inpatient wards.  |
| 9 | Providers of NHS services take an active role in securing staff in line with their workforce requirements  | <b>Expectation met.</b><br>A number of established groups oversee both the operational and strategic requirements of the current and future nurse staffing, capacity and capability:  |

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|    |  | <ul style="list-style-type: none"> <li>• Trust Workforce Strategy Group</li> <li>• The Nursing Workforce Group</li> <li>• Nursing Recruitment and Retention Group</li> </ul> <p>The Trust works closely with Local Education Training Boards (LETB's) and Health Education and in confirming future workforce requirements and testing and piloting new ways of working in line.</p> |
| 10 | Commissioners actively seek assurance that the right people, with the right skills, are in the right place at the right time within the providers with whom they contract. | <p><b>Expectation met.</b></p> <p>We are able to demonstrate to Commissioners the systems and processes we have in place and ensure all external reporting requirements are in place.</p>  |

#### 4. **Organisational Requirements to undertake a 6 monthly Nurse Staffing Capacity and Capability Report - (In Patient Nursing Establishment Review)**

##### 4.1 Background

The National Quality Board (NQB), NHS England and the Care Quality Commission (CQC) have set out expectations of NHS providers in providing safe staffing levels. The NQB guide brings together tools, resources and examples of good practice as a practical guide to help NHS providers and commissioners.

This document is further supported from July 2014 when NICE published their first clinical guidelines on safe staffing for nursing in adult inpatient wards in acute hospitals.

Establishing appropriate nurse staffing levels is complex and depends upon a range of factors including patient's dependency and acuity, patient flow, nurse's capacity and capability and the environment of care provision.

The NQB professional letter (March 2014) details the key points that need to be included in staffing capacity and capability reports to Trust Boards. Using this guidance the Trust has agreed a process to conduct its nursing establishment reviews. Following the publication of the NICE guidelines the Trust has undertaken an assessment of compliance against the key elements and will use this to develop a procedure which will inform future nursing establishment reviews.

The methodology used relies on the triangulation and consideration of a range of different factors including:

- Professional opinion and insight into local clinical need and context

- Dependency and acuity of patients  
(*Patient dependency refers to the level to which the patient is dependent on nursing care to support their physical and psychological needs.*  
*Acuity refers to how ill the patient is, their increased risk of clinical deterioration and the complexity of their care needs*)
- Use of evidence based tools such as the Safer Nursing Care Tool 2014 (SNCT), this was endorsed by NICE in October 2014, this tool measures individual patient acuity and dependency and uses nursing multipliers to calculate the nursing establishment required. In addition consider the recommendations within best practice guidelines developed at a national level
- Nurse: bed and nurse: patient ratios
- Professional judgement
- Ward layout and environment, and nursing escort demands internally
- Service delivery models and patient flow.

The access and availability of robust reliable data is imperative in undertaking an assessment of staffing capacity and capability and the following metrics were collated by ward to allow triangulation of information:

- Current funded establishment
- Current funded relief/uplift (additional funding to cover planned/unplanned leave, sickness and absence )
- Workforce metrics such as vacancy, maternity and sick leave
- Patient flow, activity and throughput
- Patient dependency and acuity measures
- Monitoring of nursing time undertaking patient escorts on and off site
- Monitoring of nursing time attending to ward attendees (outpatients who return to the ward for review / care or treatment).

## 5. **Current process in place for assurance of nursing capacity and capability**

### 5.1 Supervisory allowance

All in patient wards have an identified Band 7 Senior Sister / Charge Nurse who is allocated 0.2 WTE (whole time equivalent) per week within their funded establishment to undertake the managerial aspects of their role which accounts for their supervisory element. They are supported by both administration and housekeeping roles to assist them to manage their wards and departments. The ward housekeeper undertakes ward stock control, supplies, and environment and has a public facing role to support patient experience. The ward administrator supports the Senior Sister/Charge Nurses in providing

administrative support to the nursing workforce which includes elements of human resource management and planning and training and education administration and booking. In addition wards are supported by ward clerks, housekeeping assistants and catering assistants.

## 5.2 Planning, recording, and managing nurse staffing

The Trust has developed a Standard Operating Procedure for recording, monitoring and reporting nursing staffing levels as a controlled document. This document provides a framework which describes the planning, recording, monitoring and escalation of nurse staffing levels and the associated responsibilities. All wards have a relief budget applied to their establishments which is a % allowance applied when calculating nursing establishments taking into account annual leave, unplanned absence, maternity leave, study leave, mandatory and statutory training and continuing professional development.

## 5.3 Supporting Staff

Within all the wards there are a number of roles which support direct and indirect care for patients during their stay. This includes the Matron, plus the Clinical Site Manager position which is available 24 hours per day and has responsibility for nursing management and leadership across the site in the absence of the Matron. This includes site coordination, managing patient flow and nurse staffing in conjunction with Divisional management teams. Ward Administrators support the administrative functions required within the ward and for the nursing team. Ward Housekeepers ensure that the department has the necessary stock and supplies, they facilitate patient experience feedback and ensure furniture and equipment is maintained. Specialist nursing teams support the wards in a variety of ways by providing direct care, advice and support. The range of specialist nurses who depends on the patient's need, this can range from Tissue Viability, Transplantation advice to Palliative Care. Where Nurse Specialists are involved in outpatient care they will follow up the patient should they be admitted, for example in diabetes, cancer and other long term conditions. Therapy staff provide direct care, advice and support to inpatient wards as part of the multidisciplinary team. The Chaplaincy team and Volunteers provide a large amount of pastoral support to patients, and activity coordinators facilitate a range of social events conducted at ward level. The hospital site has a 24/7 nursing team which provides an urgent care and critical care outreach support, including pain advisory services to patients. This team ensures there is prompt response to pain control concerns and for patients where their condition may be deteriorating.

## **6. Process for the Inpatient Nursing Establishment Review**

During May/June 2014 the Trust undertook a review of inpatient ward staffing capacity and capability using the principles described within the NICE guidance and the Safer Nursing Care Tool for the inpatient wards including the assessment units and critical care. The critical care unit was subject to review against national guidance and this guidance was met.

For the inpatient wards along with the NICE safer staffing guidance, the Safer Nursing Care Tool (SNCT) was used, this is the first time the Trust has applied the SNCT.

All the inpatient wards participated in the monitoring and collection of data on consecutive days between 2nd – 22nd June 2014. Patient information was collected and recorded by clinical ward teams along with other numeric data. At the end of the monitoring period the data was collated, where required multipliers applied using the Safer Nursing Care Tool (SNCT) 2014. Outcomes were produced for each Division and actions agreed to better inform future utilisation of SNCT.

The Divisional Associate Directors of Nursing in conjunction with their Matrons, Divisional Management Teams, Senior Sisters/Charge Nurses triangulated the evidence available for their areas including this was undertake using an agree set of questions which examined:

- The results of applying evidence based tool (SNCT)
- Staffing numbers and skill mix
- Ratios of staff to patients (NICE Guidance 2014 – 1 registered nurse to 8 patients on a day shift)
- Professional judgement.

## **7. Summary outcome of the inpatient nursing establishment review**

Overall the review showed that the acute adult inpatient wards are funded at a level which is compliant with the NICE guidance - safe staffing for nursing in adult inpatient wards in acute hospitals July 2014 (i.e.1 registered nurse to 8 patients on a day shift).

When utilising the additional measure of the Safer Nursing Care Tool (SNCT), the overall outcome did indicate that the current establishment in some areas fell outside of those recommended when applying the SNCT. As this was the first time that this tool at been utilised within the Trust, this was anticipated as the application of the SNCT takes into account workload intensity and patient care dependency and acuity during the specific monitoring period. The tool provides a guide for setting nursing establishments, but in addition the local understanding of staff experience, competence and leadership skills are taken into account when considering and setting nursing establishments, along with skill mix and nurse to patient ratios are considered.

Application of the SNCT on this first occasion demonstrated a requirement to improve the ability to readily obtain robust and timely numeric data on nursing workforce information. This exercise has proven that data availability has been challenging and has required a large amount of scrutiny and manual collection and validation. Across all the wards there was evidence of inconsistent application of dependency and acuity scoring. This was identified as being a risk prior to commencing the process and was anticipated. Confidence in the application of the scoring tool is subjective and relies on robust quality assurance by senior nursing staff to ensure consistency in application.

Since the initial monitoring period the wards have continued to use the tool daily so that this has now become more embedded into their daily practice and staff are more confident in their use of the care levels.

Following the introduction of the above measure, the SNCT will be utilised again in January/February 2015 and reported in future reports.

## **8. Recommendations**

The Board of Directors is asked to receive this report on the progress in ensuring compliance with the national guidance surrounding nursing staffing levels and the use of robust methodology in the ongoing review of nursing establishments.

**Philip Norman**  
**Executive Chief Nurse**  
**19 January 2015**