# Nursing, Midwifery & Care Staffing Establishments

<table>
<thead>
<tr>
<th>Trust Board Meeting - Part 1</th>
<th>Item: 7.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>20th May 2014</td>
<td>Enclosure: E</td>
</tr>
</tbody>
</table>

## Purpose of the Report:
This report provides the Board with an update on progress with the requirements of the safe staffing guidance, on key changes to establishments since the last report, and areas of key focus in developing nursing, midwifery & care staff. Given the current pace of change and high level of focus nationally on this issue it is anticipated that a further report to the Trust Board in July 2014 will be required.

### FOR: Information ☒ Assurance ☒ Discussion and input ☒ Decision/approval☐

**Sponsor (Executive Lead):**
Duncan Burton, Director of Nursing & Patient Experience

**Author:**
Duncan Burton, Director of Nursing & Patient Experience

**Author Contact Details:**
Duncan.burton@kingstonhospital.nhs.uk Ext 3855

### Risk Implications – Link to Assurance Framework or Corporate Risk Register:
- Assurance Framework – Principle Risk 1 - Failure to improve quality of care
- Principle Risk 5 – Failure to ensure there are the right staff (numbers, skills and capability) in the right place

- Corporate Risk Register – T034 Recruitment – not having the required staff in place

### Link to Relevant Corporate Objective:
- **Objective 1** - To deliver quality, patient centred healthcare services with an excellent reputation
- **Objective 2** - To deliver care by competent and caring staff working in effective and supportive teams who feel valued by the Trust

### Document Previously Considered By:

### Recommendation & Action required by the Trust Board:
- **Note** progress with meeting requirements of the national Safe staffing guidance and further actions taking place
- **Note** the changes made to the nursing establishments since 1st April 2014
- **Approve** a further report to be presented to the Trust Board in July 2014
Executive Summary

1. Introduction

1.1 The Trust has had in place for some time a 6 monthly Board report into nursing, midwifery & care staffing within the public board meeting, and therefore has already met the requirement to commence this prior to June 2014. The Trust Board received a report in November 2013 and again in January 2014 following the publication of national guidance for Trusts on Nursing, Midwifery & Care staffing.

1.2 This report provides the Board with an update on progress with the requirements of the safe staffing guidance, on key changes to establishments since the last report, and areas of key focus in developing nursing, midwifery & care staff.

1.3 Given the current pace of change and high level of focus nationally on this issue it is anticipated that a further report to the Trust Board in July 2014 will be required.

2. Governance of Safe Staffing

2.1 Since the last report to the Trust Board in January 2014, the governance arrangements for Safe Nursing, Midwifery & Care staffing have been reviewed and now formalised into the Trust's Clinical Quality Governance Structure. A Safe Staffing Group has been added as a sub-committee of the Clinical Quality Improvement Committee (reporting to the Executive Management Committee). The Terms of Reference for this Group are shown in Appendix A. The group is chaired by the Director of Nursing & Patient Experience as the Executive with responsibility for safe nursing, midwifery & care staffing.

2.2 Executive leadership of e-rostering has transferred in April 2014 from the Workforce Director to the Director of Nursing & Patient Experience. The e-rostering project group is being chaired by the Head of Midwifery and reports to the Safe Nursing, Midwifery & Care Staffing Group.

3. Developing Nurses, Midwives and Care assistants Nursing, Midwifery & Care

3.1 In addition to the multitude of professional development opportunities on offer to nurses, midwives & care staff in the Trust, some specific areas of focus

3.2 HCA review – the Trust has commissioned an external review of healthcare assistants in light of the Cavendish review and the need to ensure this component of the nursing & midwifery workforce has the necessary support and development in place. This review has been taking place in April and May and the report is expected on 16th May 2014, the implications of which will be reviewed and an action plan drawn up in response.

3.3 Ward Sister/Charge Nurse – The formal sessions of the programme for ward/sister charge nurse leadership development for the ward sister/charge nurses have now been completed. The programme has been highly evaluated. Coaching for some ward
sister/charge nurses is continuing and a session with the Director of Nursing and Ward Sister/Charge nurses is taking place on 6th June 2014 to scope out future development needs.

3.4 **Band 6 Development Programme** – The band 6 development programme sessions have now been completed and final skills assessments are currently being completed.

3.3 **Aspiring Ward Sister/Charge Nurse** – Recruitment to ward sister/charge nurse posts is increasingly challenging. The Trust is currently in the process of commissioning an aspiring sister/charge nurse programme to commence in July 2014 to ensure development of staff into these roles for the future.

3.5 **Ward team development** – The Trust has commissioned April Strategy to undertake a programme of work over the next 18 months focused on providing away days for inpatient ward nursing, midwifery & care teams to drive greater team working and culture of improvement in safety and patient experience. The design work for these is currently taking place involving representatives from wards.

3.6 **Newly Qualified Nurse Intake – October 2014** - The Trust took further steps last year to improve the welcome and induction of newly qualified nurses into the Trust. As nurses are now only trained in line with standard university terms, as opposed to two cohorts a year, this means that the Trust is going to need to support a larger number of newly qualified nurses from each October. The Head of Practice Development is exploring developing a plan to ensure we can provide the necessary support to a larger cohort of newly qualified nurses this year.

4.0 **Recruitment**

4.1 The programme of work for nursing & nursing assistant recruitment is taking place through the safer staffing group. Midwifery recruitment continues to be managed within the maternity service line. Given the recent increase in beds and changes to the way close supervision is undertaken, as detailed below, this has resulted in a greater number of vacancies within the Trust from April. Active methods of recruitment are taking place to deliver full recruitment and to achieve zero agency. These include:

- An open /recruitment day planned for 20th June 2014 for student nurses qualifying in September 2014
- Ward sisters/charge nurses are managing recruitment of band 5 and above nursing staff supported by weekly assessment centres run by the Practice Development Team
- Recruitment to nursing assistant roles are being centrally managed by the practice development team with further assessment days in place for 20th & 21st May 2014.
- The local job centre has been engaged by the Trust to run a recruitment event for nursing assistant recruitment in June 2014
- Multi-pronged recruitment campaign is being scoped out with the Trusts external recruitment advisors
- Meetings with potential external providers for overseas recruitment opportunities for qualified nurses are currently taking place
- Sample Adverts and core job descriptions are being produced in a shared server to speed up the process of advertising
• The Deputy Director of Nursing – Emergency Service & Head of Practice Development are meeting with the Head of Recruitment on a weekly basis to track progress of successful applicants
• Reference requests are now being requested prior to interview
• Rolling adverts are in place for any areas with vacancies
• A fast track process to convert bank nurses and HCA’s to permanent staff positions has been put in place and a text message has been sent to all bank workers to ascertain if permanent posts are wanted – 7 bank workers are currently being processed into permanent posts from this
• A review of bank pay rates is taking place to ensure competitiveness of offering and the plan to weekly pay for substantive staff who undertake bank is being developed by the Director of Finance

5. Establishment reviews

5.1 As part of the annual budget setting process a review of the establishments was undertaken which has resulted in an increased bed base, with nursing & care staffing establishments across ward areas reset accordingly, and an increased nursing establishment in A&E. A review of nurse staffing in A&E This process of review utilised professional judgement of the Director of Nursing & Patient Experience, Deputy Director of Nursing, Matrons and Ward Sister/Charge Nurses of each of the wards. This has resulted in the following changes being made.

5.4 Close supervision of patients - Use of additional staff for close supervision (formerly known in the Trust as ‘specials’) in 2013/14 contributed significantly to the overall overspend within nursing budgets. In order to address this; to ensure patients receive additional close supervision if required; and to improve the quality of that close supervision; from 1st April 2014 a new approach to close supervision has been taken.

5.4 Within four of the wards (the 3 care of the elderly wards and the respiratory ward) an additional nursing assistant during each long day shift has been established in the ward budgets from 1st April 2014. This is to provide a greater degree of flexibility within the wards establishment to provide additional close supervision and improve patient experience.

5.5 From 1st April the Deputy Director of Nursing for Emergency Services took over the responsibility for ensuring there was a robust process for use of close supervision. A pooled budget of £413k per annum has been allocated for the provision of close supervision for those patients meeting the criteria. This is held by the Deputy Director of Nursing for Emergency Services. A robust system for the review and booking of additional staff for close supervision has been implemented with authorisation going through the medical matron in hours and the band 7 bleep-holder with support from the advanced site practitioner, out of hours. The Deputy Director of Nursing reviews this daily. All staff have been made aware of the process and have been made aware of the budget available.

5.6 Plans underway for the future include the possibility of having a cohort of band 2’s on the nurse bank available for ‘close supervision’ who will be given additional training to
ensure they have the necessary skills for nursing the cohort of patients requiring 'close supervision'.

5.7 **A&E Nurse staffing Establishment** - From the 1st April 2014 the A&E Nursing establishment has been increased by a total of 19 wte registered nurses and nursing assistants. These increases provide additional nursing capacity in triage, majors, minors and paediatrics. Recruitment to these roles is currently progressing.

5.8 **Adult Inpatient Ward Establishments** – From 1st April 2014 the ward staffing has been re-profiled to reduce the number of beds which are classed as escalation beds and profiled to meet different levels of demand throughout the year. This means that wards have received an increase in establishments to meet the number of beds provided throughout the year. This represents an increase of 50 wte registered nurse and nursing assistant posts. Information on the profiling of bed numbers on wards is shown in the table in appendix A. Recruiting to these additional posts is a priority area of focus of activity.

6. **National Guidance**

6.1 The Trust Board was updated in January 2014 on the new safer staffing guidance. Since this time further work has being progressing nationally.

6.2 **NICE Guidance Safe Staffing** - The National Institute for Clinical Excellence (NICE) has been asked to undertake a rapid review of the evidence related to safe staffing levels. The draft adult inpatient NICE guidelines were released for consultation on the 12th May 2014 and the final version is not expected to be published until July 2014. The areas of relevance to the Trust and the timetable of publications is given in the table below.

<table>
<thead>
<tr>
<th>Title</th>
<th>Expected date of publication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe nurse staffing of adult wards in acute hospitals</td>
<td>July 2014</td>
</tr>
<tr>
<td>Safe Midwifery Staffing for Maternity Settings</td>
<td>January 2015</td>
</tr>
<tr>
<td>Accident and emergency settings</td>
<td>To be confirmed</td>
</tr>
<tr>
<td>Acute in-patient paediatric and neonatal wards</td>
<td>To be confirmed</td>
</tr>
</tbody>
</table>

6.3 The Trust Board will note the recent media speculation regarding potential recommendations for ratios or no more than 1 registered nurse to 8 patients.

6.4 **The Trust has set previously minimum standards** of registered nurse to patient ratios of 1:8 in the day and 1:10 at night time. In order that the Board is aware of the Trusts current position in relation to the national discussion of a 1:8 ratio and the ratios set by the Trust an overview of each of the wards positions on a shift basis is provided in Appendix A. This shows that we meet or exceed the requirements have previously set.
The NICE guidance when published will need to be reviewed against this in order to determine the Trusts further response to any recommendations. The specifics of the recommendations for different shifts and/or implications of nursing assistant provision, and the Trusts local requirements needs to be taken into account.

6.5 **National Reporting** - A national stock take of Trusts positions against the guidance is taking place in May 2014 and June 2014 by NHS England. The Director of Nursing & Patient Experience is responding to this.

6.6 **Reporting of Planned v Actual Staffing** – Data definitions have not yet been provided as part of the national guidance as to the specific definitions of actual v planned staffing. In the absence of these the Trust has therefore set definitions in order to enable display of staffing levels at local level and also in order to commence collection of data. These definitions are shown in Appendix B.

6.7 The Trust has been notified during May that data collection of planned v actual staffing needed to commence on 1st May 2014 and uploading to commence to *unify* from 1st June 2014. At the time of writing this report the template or specific definition requirements for data collection and reporting have not yet been made available to Trusts, although some indications are it may be provided on 16th May 2014. This is required in order for us to determine the specific information which needs to be collected.

6.8 The business intelligence and audit teams have devised a data collection system which will need to be collected daily on safe staffing levels. This will need to be a manual data collection process until further work via the e-rostering project can ensure data quality and required information download from the e-rostering system. For ease and speed of data collection the audit tool is being uploaded to tablet computers use by Matrons. Following the issuing of guidance these may need to be updated but will be ready to be deployed from 19th May 2014.

6.9 **Displaying staffing Information at Ward Level** - Information screens have now been put in all inpatient areas with the exception of the 3 ward areas in the Kingston Surgical Centre, due to cost negotiations with the PFI provider. The screens will however be in place before the 30th May 2014 deadline for publishing staffing numbers in ward areas. In addition to a range of information the screens will have the following information:

1) Name and picture of the Senior Sister/Charge Nurse for the ward
2) A guide to nursing uniforms
3) A screen with a table of planned v actual staffing on for use on shift by shift basis

6.10 The Trust definitions of planned v actual staffing are currently being issued and additional training is being provided to ward staff in order to update the screens on a shift basis with the planned and actual staffing information. This will be fully in place by 30th May 2014.

6.11 **Acuity/Dependency Data collection** - The Safer Staffing Group has agreed to commence 4 weeks of acuity/dependency collection across the ward areas from 1st June 2014 using the Safer Nursing Care Tool for adult areas. Following analysis this will be reported to the Trust Board as part of the triangulation of safe staffing information. To
ease data collection an audit tool to collect this information is also being prepared for the tablet computers.

7. **Conclusion & Recommendations**

7.1 The resetting of the bed base from 1st April 2014 provides an opportunity to recruit additional nurses and nursing assistants to the Trust and reduce the use of temporary staffing and eliminate the use of agency staff. This requires significant work to achieve the scale of recruitment and is therefore a high priority of current activity.

7.2 There is a high level of focus nationally on the issue which is reflected in the increasing reporting requirements currently being developed, and the pace of new guidance being issued. Given this it is anticipated that a further report to the Trust Board in July 2014 will be required.

7.3 The Trust Board are asked to:

- **Note** progress with meeting requirements of the national Safe staffing guidance and further actions taking place
- **Note** the changes made to the nursing establishment since 1st April 2014
- **Approve** a further report to be presented to the Trust Board in July 2014
Appendix A

Safe Nursing, Midwifery & Care Staffing Group
Terms of Reference

1 AIM / PURPOSE

For the Trust to consistently achieve safe nursing, midwifery and care staffing to meet the requirements of patient need, staff experience and sound financial management.

2 DUTIES

2.1 To ensure effective systems are in place to monitor and achieve safe staffing levels, and action is taken where this is not achieved.

2.2 To lead the Trusts approach to the recruitment and retention of nursing, midwifery & care staffing, ensuring systems are in place to recruit the right staff, with the right skills, at the right time, to maintain safe staffing levels.

2.3 To oversee the effective use of the Trusts e-rostering system, to maximise staffing rota efficiency, reporting and budgetary control.

2.4 To oversee the programme of work to deliver and maintain zero agency usage across the Trust, and appropriate use of bank staff.

2.5 To oversee the staffing review process in line with national guidance and locally developed requirements.

2.6 To review, assess and implement guidance on safe staffing.

2.7 To develop, monitor and implement Trust policies, procedures, and guidelines relevant to the achievement of safe nursing, midwifery and care staffing.

2.8 To identify and manage risks related to safe staffing, escalating issues to service lines of the CQIC as needed.

3 COMMUNICATION

The Committee will receive reports, KPIs and action plans as required on the areas under discussion.

4 PERMANENCY

The Committee is a permanent Sub-Committee of the Clinical Quality Improvement Committee, subject to an annual review.

5 MEMBERSHIP (To include nominated deputies where appropriate)

5.1 Chair

Director of Nursing & Patient Experience.

5.2 Other Members

Deputy Director of Nursing – Patient Experience
Deputy Director of Nursing – Emergency Services
Trust Bank Manager
Head of Midwifery
Workforce Information Lead
E-rostering project lead
Business Intelligence representative
Director of Workforce
Head of Practice Development
Head of Recruitment
Matron – Surgery (Managing Bank service)
Head of Paediatrics (Nursing)
Finance rep (as required)
Communications rep (as required)

6 QUORUM
A quorum of 6 members is required to be present to enable the committee to undertake its function.

7 ATTENDANCE
When a member cannot attend they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf. Members will be required to attend minimum of 75% of the meetings per calendar year.

8 PAPERS
Distributed 1 week prior to meeting.

9 FREQUENCY OF MEETINGS
To meet at least monthly but will be subject to more frequent meetings as required by work plan requirements.

10 REPORTING LINES
The group will provide reports and feedback to the Clinical Quality Improvement Committee.

11 ACCOUNTABLE TO
The Clinical Quality Improvement Committee.

12 SUB GROUPS
e-Rostering Project Board.

13 SECRETARIAT SUPPORT
PA to Director of Nursing & Patient Experience.

14 OPENNESS
Minutes to be made available by the secretariat.
## Appendix A - Summary of Adult Ward Establishments - May 2014

<table>
<thead>
<tr>
<th>Ward</th>
<th>Speciality</th>
<th>Beds</th>
<th>Months of year established at bed base</th>
<th>Meets of exceed ratio of 1 RN : 8 Patients DAY</th>
<th>Meets or exceeds ratio all 1 RN &amp; HCA : 8 Patient DAY</th>
<th>Meets or exceeds ratio all 1 RN : 8 Patient NIGHT</th>
<th>Meets or exceeds ratio all 1 RN &amp; HCA : 8 Patient NIGHT</th>
<th>Supervisory Ward sister wte</th>
<th>Other Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blyth</td>
<td>Care of Elderly</td>
<td>30</td>
<td>8</td>
<td>Yes</td>
<td>Yes</td>
<td>1:10</td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>24</td>
<td>4</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Kennett</td>
<td>Care of Elderly</td>
<td>30</td>
<td>8</td>
<td>Yes</td>
<td>Yes</td>
<td>1:10</td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>24</td>
<td>4</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Derwent</td>
<td>Care of Elderly</td>
<td>30</td>
<td>8</td>
<td>Yes</td>
<td>Yes</td>
<td>1:10</td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>24</td>
<td>4</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Hardy</td>
<td>Gastroenterology</td>
<td>24</td>
<td>12</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Hamble</td>
<td>Respiratory</td>
<td>30</td>
<td>9</td>
<td>Yes</td>
<td>Yes</td>
<td>1:10</td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Bronte</td>
<td>Cardiology &amp; Haematology</td>
<td>30</td>
<td>12</td>
<td>Yes</td>
<td>Yes</td>
<td>1:10</td>
<td>Yes</td>
<td>1</td>
<td>Figures excludes additional angio bay staffing</td>
</tr>
<tr>
<td>Keats</td>
<td>Stroke (20) + Medicine (10)</td>
<td>20</td>
<td>6</td>
<td>Yes</td>
<td>Yes</td>
<td>1:10</td>
<td>Yes</td>
<td>1</td>
<td>Staffing ratios to meet stroke standards</td>
</tr>
<tr>
<td></td>
<td></td>
<td>26</td>
<td>4</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>30</td>
<td>2</td>
<td>Yes</td>
<td>Yes</td>
<td>1:10</td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Alex</td>
<td>Surgery</td>
<td>20</td>
<td>12</td>
<td>Yes</td>
<td>Yes</td>
<td>1:10</td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Astor</td>
<td>Surgery</td>
<td>20</td>
<td>11</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Canbury</td>
<td>Orthopaedics</td>
<td>13</td>
<td>12</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Cambridge</td>
<td>Orthopaedics</td>
<td>30</td>
<td>30</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Isabella</td>
<td>Gynaecology</td>
<td>15</td>
<td>12</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>10</td>
<td>12</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>AAU</td>
<td>Acute Medical/Surgical Admissions</td>
<td>40 + 10 trolleys (day)(Mon – Fri)</td>
<td>8</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>1</td>
</tr>
</tbody>
</table>
### Definitions of Planned v Actual Staffing

**Definitions:**

<table>
<thead>
<tr>
<th>Planned Includes</th>
<th>Actual Includes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed shift numbers of registered nurses/midwives for beds open/service</td>
<td>Numbers of registered nurses/midwives on duty</td>
</tr>
<tr>
<td>Agreed shift numbers of healthcare/midwifery care assistants for beds open/service</td>
<td>Numbers of healthcare/midwifery support workers on duty</td>
</tr>
<tr>
<td>Number of staff who are additional for providing close observation of patients</td>
<td>Ward Sister/Charge Nurse if not in ‘supervisory’ capacity</td>
</tr>
<tr>
<td>Any staff moved from another ward/department area</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Planned Excludes</th>
<th>Actual Excludes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any requirement for additional staff for close observation of patients</td>
<td>Student nurses/midwives</td>
</tr>
<tr>
<td>Student nurses/midwives</td>
<td>Volunteers</td>
</tr>
<tr>
<td>Ward Sister/Charge Nurse (in supervisory capacity)</td>
<td>Ward clerks</td>
</tr>
<tr>
<td>Volunteers</td>
<td>Housekeepers</td>
</tr>
<tr>
<td>Ward clerks</td>
<td></td>
</tr>
<tr>
<td>Housekeepers</td>
<td></td>
</tr>
</tbody>
</table>