REPORT TO:	**QUALITY COMMITTEE**
DATE:	**6 OCTOBER 2020**
REPORT TITLE:	**WARD ESTABLISHMENT REVIEW MAY 2020**
BOARD SPONSOR:	**CHIEF NURSE AND DIRECTOR OF QUALITY**
PAPER AUTHOR:	**ASSOCIATE CHIEF NURSE**
PURPOSE:	**DISCUSSION**
APPENDICES:	**None**

BACKGROUND AND EXECUTIVE SUMMARY

This paper presents a summary of the 2020/21 ward staffing review.

As part of the National Quality Board (NQB) 2016 requirements around the monitoring of sustainable safe staffing levels on inpatient wards, provider Trust Boards are required to receive an annual review and approve any changes to nursing establishments.

NQB (2016) guidance states providers:

- Must deploy sufficient suitable qualified, competent, skilled and experienced staff to meet treatment needs of patients safely and effectively.
- Should have a systematic approach to determining the number of staff and range of skills required and keep them safe at all times
- Must use an approach the reflects current legislation

From April 2019 NHS providers are also assessed against new guidance: Workforce Safeguards Guidance (NHSI 2018) to support the application of workforce planning and safe staffing decisions. The guidance:

- Sets out the key principles and tools that provider boards should use to measure and improve their use of staffing resources to ensure safe, sustainable and productive services, including introducing the care hours per patient day (CHPPD) metric;
- Identifies three updated NQB expectations that form a 'triangulated' approach ('Right Staff, Right Skills, Right Place and Time') to staffing decisions.
- Advises that boards must have a local dashboard that cross checks quality metrics and this should be reported monthly.

The safe staffing review should be based on evidence based tools, outcomes and clinical / professional judgement (PJ) . The EKHUFT review used: the Safer Nursing Care Tool (SNCT);PJ; Hurst Modelling; review of e-rostering data; and Model Hospital data.

The main findings from the review are:

1. The NHS Quality Board (2016) and NHS Improvement (2018) requirements in providing assurance on safe staffing are currently being met;
2. There is no doubt that the increase in ED attendances, the frequent use of escalation beds and COVID-19 have had an impact on ward staffing;
3. Due to the number of closed wards, reconfiguration plans and COVID-19 this review did not include review and challenge meetings with a senior nurse, ward manager, HRSystems and finance support to fully discuss and triangulate current establishments against all roster and quality metrics;
4. The impact of previous investment into ward staffing has increased WTE per bed across most areas. There is variation across wards, however, and it is evident that WTE per bed is lower at the QEQM than the WHH in medicine. There is also variation across surgical wards with WTE per bed appearing higher at QEQM than WHH which requires action;
5. Skill mix of registered nurses against all support staff is seen to reduce slightly over the last 2 years in most specialties. This is due to the impact of band 4 nursing associates and associate practitioners and is reflected in a slightly reduced skill mix over the last three years in most specialties where the role has been implemented to support specific patient pathways and reduce the impact of registered nurse vacancies (on mostly orthopaedic and stroke wards). There are very few band 4s on WHH wards. The over-recruitment of support workers where registered nurse vacancies are high has also contributed to the fall in skill mix;
6. The vacancy rate across all wards is 6.45%, a reduction from 12.1% in the previous review. Registered nurse vacancies in wards at 239 WTE is similar than in May-19, with the majority at band 5 but this is partially mitigated by significant over recruitment of support workers by 95.5 WTE in order to provide safe care and minimise the use of temporary staff. The Trust has a proactive nursing workforce recruitment programme:

- Two dedicated Matrons are focused solely on recruitment and retention;
- An overseas campaign is in place.
    - 38 overseas nurses have been supported to achieve their NMC PIN so far this year. A further 75 overseas nurses who have had their OSCE examination postponed have taken up temporary registration with the NMC and have been working as registered nurses from 27th April. 42 have now successfully passed their exam and will achieve their NMC PIN no. within weeks. A further 29 will take their OSCE exam before Nov-20
    - 159 further overseas nurses will be joining the Trust between October-20 and January-21 now that international borders are re-opened following closure during the COVID-19 pandemic
- Improvements made to the recruitment of our newly qualified nurses has resulted in 75% of our students joining us. 60 newly qualified nurses joined the Trust in early September;
- A rigorous OSCE preparation programme is in place to support overseas nurses to successfully undertake the OSCE;
- Return to Practice nurses are encouraged by enabling placements without the need for employment as a support worker and this has led to a rise in applicants. 6 completed the programme last year and a further 6 commence in Sept-20;
- EKHUFT led the East Kent partnership, along with Kent Community Healthcare Trust, in the early implementation of the Nursing Associate role. From 2018/19 the programme is funded though the apprenticeship levy and 20 trainees commence the 2 year apprenticeship each September. G&SM are planning an additional 60 starters during 2021/22.

7. ESR data demonstrates average sickness absence rate across all nursing and midwifery at 9.38% in May-20. This is higher than in previous reviews which showed a rise over the last three years (5.08% Apr-19, 4.58% May-18, 4.40% in May-17). During May-20 Registered Nurse sickness was 8.09% and HCA sickness was 10.95%. These data may not be comparable to previous reviews due to the impact of COVID-19.
8. The absence associated with maternity leave in May-20 across all wards is significant, at 65.68 WTE (2.95%), similar to Apr-19 (2.57%). Ward managers are able to recruit to posts and this has significantly reduced the impact of maternity leave;
9. Overall turnover of registered nurses and midwives has increased from 10.3% to 11.0%. The turnover of healthcare assistants has also increased from 14.2% to 14.7%. Most turnover reflects leavers within the first 12 months of appointment. The combined turnover of registered nurses / midwives and support staff has increased during 2019/20, but is below 2017/18 levels;
10. Improvement in roster quality has not been sustained with the average achievement of % time clinically effective (% time worked) across all the wards reviewed, within E-Rostering for May-20 68.2%, a fall from 75.1% in Apr-19 and below the optimum 75%;
11. Roster template capacity against budgeted establishment shows considerable loss of available hours when templates include only short shifts but long days are worked. When a long day is created from an early and late shift the 3.5 hours overlap are not re-provided within the template and this can equate to the loss of at least an additional long day, each day, leading to the creation of additional shifts to ensure safe staffing;
12. Details and summary of planned and actual staffing on a shift-by-shift basis, continues to be reported and published monthly. Reported data is derived from the E-Rostering and NHS-Professionals systems and aggregated fill rates in May-20 were 94.8% and reflects the national trend in performance over time;
13. Average Care Hours Per Patient Day (CHPPD) in May-20 was 13.5. The average CHPPD is usually around 8 and the change was due to a 30% reduction in cumulative total of patients on wards at 23.59 since March-20. NHSI recommend benchmarking with peers and the Model Hospital dashboard makes it possible to compare with peers that are close comparators. Comparative data within the Model Hospital Dashboard shows EKHUFT average CHPPD is in the mid to low 25% and slightly below our peer group;
14. Additional average allowance or percentage headroom within funded establishments is 22% which includes a 3% allowance for sickness, 30 days annual leave plus bank holidays and study leave of around 4 days per year. This is slightly lower than the NHSI (2018) recommendation of 25%;
15. Almost all ward managers reported almost complete movement from 7.5 to 12 hour shift patterns, thereby reducing staffing handover overlap times, to provide greater staffing numbers on each shift;
16. The staffing requirement at night is now the same as the day on most wards due to the intensity of patient acuity and dependency;
17. Current ward establishments allow for 0.2wte of the ward managers' time to be supervisory against Francis report (2013) recommendations of 100%. The ward manager is responsible for monitoring the quality of care provided, deliver improved outcomes and to meet agreed deadlines and agreed standards. A proposal for increasing the supervisory time for ward managers has been agreed in principle;
18. Recommendations of future funded establishments for wards following restore and

recovery have been developed with Care Group Heads of Nursing and a further review is planned when the new ward configurations are implemented.

Evaluation of the triangulation of the modelling methods is summarised as:

Average Apr-20 calculation of establishments using the Shelford method of assessing nursing workload was inconclusive on many wards due to the bed use changes, staff movement and escalation of response to COVID-19. However,

Medical wards

- Higher than current staffing is required for Cambridge K to fund contingency beds
- Cambridge J, Sandwich Bay, Quex, St Augustines, Deal, and St Margarets require an uplift to 1.43 WTE per bed in line with the WHH medical wards
- Movement of resource from Cambridge M1 to M2 to achieve similar WTE per bed on each ward.

Stroke Units

Staffing levels and skill mix appears low based on *SEC Network Stroke Model standard against current funded establishments on Invicta and Treble.

Coronary Care Units

Triangulation of modelling methods shows current staffing is appropriate.

Renal Marlowe ward staffing establishment appears lower than required.

Surgery Cheerful Sparrows female ward requires higher than current staffing levels.
Kings A2, Kings B and Kings C1 require an uplift to 1.43 WTE per bed in line
with the QEQM surgical wards.

Trauma and Orthopaedics

Kings D requires significantly higher staffing levels due to the three side rooms used to care for tracheostomy patients. Staffing also appears low for Bishopstone.

Gynaecology

Slightly higher staffing levels are suggested but further review based on reconfiguration of service is required.

Haematology

Staffing appears appropriate.

Emergency Floor

Following an NHSI/ECIST supported staffing review at the end of 2019 the Urgent and Emergency Care Group business case proposal for the following staffing expansions across the emergency floors at WHH and QEQM were agreed in July-20:

- Increased middle grade doctor workforce to meet increased patient demand and complexity.
- 7-day pharmacy to our emergency floor to improve medicines safety and optimisation which will support length of stay reductions from medicine mismanagement, assist frailty reviews and support the urgent treatment centres.
- Expansion of the IV access team to a 24/7 service which will provide improved timely access to blood sampling, reduce missed vascular access and cannulation site infections and contaminated samples. First time cannulation will also reduce workload demand, reduce wasted resource and improve patient experience.
- Increased nursing staff provision across the emergency department to safely manage the increased patient workload and staffing of the built capacity areas. This will also support the changes required for Covid-19.
- Increased nursing staff establishment to ensure appropriate funding to safely cover roster requirements on AMU B at the QEQM and AMU floor at the WHH.
- Increased admin staffing provision for AMU floor on both sites to allow administration support until 0200 hrs 7 days a week. This will ensure accurate and safe data provision and also allow nursing staff to remain clinical.

Investment of £16.8M over 5 years was agreed to support 109WTE additional resource:

Paediatric services

A proposal to increase the substantive Paediatric nurse staffing establishment across the acute in-patient ward areas to ensure compliance with national endorsed safe staffing levels and training requirements was agreed in May-20.

A separate proposal was agreed in May-20 for a phased approach to increasing Advanced Nurse Practitioners to support the ED pathway 7 days per week to enable the Paediatric Clinical Assessment Unit to be open 24/7.

Neonatal services

A comprehensive nurse staffing review is undertaken annually for Neonatal Services in East Kent, against the South East Coastal ODN's agreed reference tool based on Dinning (2016), as recommended by the NQB Improvement Resource for Neonatal Care (2017). In 2019 Neonatal Services developed a business case that focused on the need for additional resource and recruitment in order to train Qualified in Specialty (QIS) nurses and outlined a phased approach over 2 years for additional Band 5 Registered Nurses and Band 4 Nursery Nurses. The business case was approved in July 2019 and recruitment will be completed by October 2020.

Following the Kent, Surrey and Sussex ODN Getting It Right First Time (GIRFT) review, investment in Neonatal Outreach, Transitional Care, Allied Health Professionals and Advanced Neonatal Nurse Practitioners will need to be outlined in a business case to be submitted for consideration in late 2020. This investment will strengthen our neonatal service and allow East Kent to remain a leader in neonatal care.

Critical Care The Trust has now secured funding of £14M to allow positioning of a

	modular 24 bedded ITU at WHH to accommodate level 2/3 patients from Apr-21. A business case for these additional 8 beds is under development (through NHSI). WTE per bed is adequate.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	Continued vacancy factor and reliance on temporary staffing will require further innovative recruitment approaches to enable recruitment ahead of turnover.
LINKS TO STRATEGIC OBJECTIVES:	• **Getting to good:** Improve quality, safety and experience, resulting in **Good** and then **Outstanding** care. • **Higher standards for patients:** Improve the **quality and experience** of the care we offer, so patients are **treated in a timely way** and **access the best care** at all times. • **A great place to work:** Making the Trust a **Great Place to Work** for our current and future staff. • **Delivering our future: Transforming** the way we provide services across east Kent, enabling the whole system to offer **excellent integrated services.** • **Right skills right time right place:** Developing teams with the **right skills** to provide care at the **right time**, in the **right place** and achieve the **best outcomes for patients.** • **Healthy finances:** Having Healthy Finances by providing better, **more effective patient care** that makes resources go further.
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	SRR8 Ability to attract, recruit and retain high calibre staff to the Trust.
RESOURCE IMPLICATIONS:	Wards need to recruit to their funded establishments in order to reduce the demand for agency staffing. Improving roster compliance and clinical effective time, along with improved use of Safecare will yield savings. Proposed additional nursing investment TBC.
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	Heads of Nursing and Allied Health Professionals Committee.
SUBSIDIARY IMPLICATIONS:	*None*

PRIVACY IMPACT ASSESSMENT: *NO*	**EQUALITY IMPACT ASSESSMENT:** *NO*

RECOMMENDATIONS AND ACTION REQUIRED:

1. Continue to support OSCE preparation for overseas nurses which is expected to yield 75 by the end of Dec-20. Continue with planned recruitment of a further 159; recruit as cohorts of 20 and provide targeted support to ensure high conversion to registration with the NMC. Ensure they receive excellent support to aid retention;
2. Continue Trust wide commitment and momentum in order to fill vacancies and further

reduce reliance on high cost agency usage to deliver agreed skill mix in the wards;

3. Implement the agreed proposal to increase the supervisory time for ward managers to 100%;
4. Continue with the new Preceptorship programme for newly qualified nurses to reduce the risk of resignation within the first 12 months of service;
5. Consider a bespoke induction programme for CSWs to reduce risk of resignation and lower turnover in the first 12 months of service;
6. Undertake a systematic review of all roster templates to ensure that they match shift type and length in order to maximise the flexibility of rostering and minimise the need to create additional shifts;
7. Maximise the potential of SNCT by improving understanding of its full functionality and utilise to inform the operational flow meeting plans for safe staffing;
8. Undertake bi-monthly detailed analysis of acuity and dependency to provide assurance on reliability of data and support consistency in the use of the SNCT;
9. Further embed the Enhanced Observation Policy to provide clarity in the application of criteria and promote consistency in approach and evaluate effectiveness, this will reduce costs associated with “specialling”;
10. Develop proposals for investment to address the identified shortfalls within medicine, surgery, trauma and orthopaedics, and renal services;
11. Plan further implementation of the Nursing Associate role to support safe staffing particularly in medical wards where there are recruitment challenges, and increase the local recruitment pool;
12. Plan re-skill mixing on a selection of appropriate wards to incorporate a wider range of roles and skills appropriate to the patient group eg OT assistants; PT assistants;
13. Continue to benchmark quarterly with Model Hospital Data;
14. Support restore and recovery programme for reconfigured wards by recommending appropriate funded establishments and undertake a further review once in place;
15. Implement the approved investment to the Emergency Floors;
16. Recruit to the approved investment into staffing in Paediatric services;
17. Develop a business case for investment in Neonatal Outreach, Transitional Care, Allied Health Professionals and Advanced Neonatal Nurse Practitioners to be submitted for consideration in late 2020;
18. Progress the business case for expansion of critical care beds at the WHH.