

Board of Directors (Public)

Item 2.2

Subject: Biannual Safe Nurse Staffing Establishment Review
Date of meeting: 31st January 2017
Prepared by: Lisa Salter, Lindsey Vlasman & Steven Colfar, Heads of Nursing and Quality (Surgery, Medicine & Clinical Services)
Presented by: Sue Pemberton Director of Nursing and Quality

Data Quality Rating	Impact on BAF
Bronze	None

1. Executive Summary

Nationally there is a renewed focus on care teams and care hours per patient day rather than ratios of staff to patients. The Trust is reporting this data however, to date, this work is still in the pilot phase with hand-picked trusts and the outcome of this is awaited. In the meantime the Director of Nursing and Quality has made contact with The Royal Brompton and Papworth Hospitals to begin some benchmarking data utilising this data. Over the next six months the Trust will refresh how we assess safe staffing in line with this guidance and further directives from NHSI.

This workforce paper systematically assesses at ward level factors to determine nursing staffing establishment. In line with the NICE guidance, LHCH have utilised the AUKUH and professional judgment to assess the staffing required across our clinical areas and triangulated this with various data for each area. Nursing at LHCH is the largest element of the workforce and ward staffing at LHCH is reviewed bi-annually. The last comprehensive review of staffing was presented in July 2016.

This paper incorporates detailed information pertaining to occupancy and acuity levels on the wards and departments alongside other nurse sensitive indicators. Staffing data accrued monthly has been uploaded to the National Database (Unify) and to the LHCH website for public access and reported to the Board. This paper confirms compliance with safe staffing across the Trust.

2. Summary of Key Recommendations and Actions Taken from the June 2016 Nursing Workforce Paper :

Workforce papers have been presented and reviewed bi-annually for 6 years to provide on-going assurance that staffing levels reflect acuity and activity on the wards and departments.

Significant work has been undertaken to reduce the level of agency spend across the Trust in order to achieve compliance against targets set by NHSI and to maintain

financial sustainability. In order to support this cross divisional working has been optimized and monthly corporate recruitment has been undertaken. There is additional monitoring in place for agency use, including an approval escalation pathway to the Executive Team.

3. Methodology

The AUKUH data has been collected Monday – Sunday for a three week period during November / December 2016 by the ward manager / designated nurse in charge. The data was collected daily for 21 days consecutively as activity can vary at weekends with some areas seeing a reduction in admissions and others noting an increase in acuity as patients are transferred to wards from high dependency areas. The exception here is the day case facility, Holly Suite for which data was collected Monday to Friday for 4 weeks. POCCU and ITU utilise the Intensive Care Society (ICS) guidance and are therefore also exempt from AUKUH monitoring. CCU have undertaken a benchmarking exercise and have developed an adapted version of the AUKUH and ICS standards and are currently piloting its effectiveness.

The Heads of Nursing and the Ward Managers met on a 1:1 basis to complete the Professional Judgment Model and review the AUKUH results. The ward manager, ward clerk and house-keeper are excluded from the data within this report.

4. Results

Please note that the results are set out for each ward and for each Division in the exception report summary which are contained within the Appendices.

Overview compliance status of areas:

Birch ward	Compliant
Cherry ward	Compliant
CCU	Compliant
Holly Suite	Compliant
Maple Suite	Compliant
Cath Labs	Compliant

Cedar Ward	Compliant
Elm Ward	Compliant
Oak Ward	Compliant
Mulberry Ward	Compliant
Theatres	Compliant
POCCU/ITU	Compliant
Outpatients	Compliant

5. Quality & Safety

Each Division is working to ensure safe staffing for every area on a shift by shift basis. The Heads of Nursing and Quality work closely to ensure effective and efficient strategic monitoring and management of staffing with the principle aim to promote safe from harm and optimise patient, family and staff experience.

LHCH is committed and is already leading the way with initiatives to enhance and ensure patient safety at every level. Such initiatives include human factors training, care partner programme and the development of the RET project which provides a process for patients and families to raise concerns; (Response, Escalate and Talk).

6. Challenges and Risks

Recruitment has been a challenge for the Trust and this is a recognised issue for the UK. The Trust has transformed its approach to recruitment of nursing staff and has organised open days, attended local and national recruitment fairs, attended university

events and advertised in local and national media. Further work has also been undertaken to utilise international recruitment.

7. Cost Improvements

The Committee should note that cost improvements across Nursing have been discussed and worked through by the senior Nursing team and have noted progress against these savings for each area. Further work is required in some areas and this is also noted.

8. Recommendations and Next Steps

Receive assurance that staffing is reviewed annually and that it is managed on a daily basis across the Trust to ensure safety. The Senior Nursing team recognises the importance of this report and the requirement to adhere to national guidance.