

Board of Directors (Public)

Item 2.2

Subject: Nursing Workforce 6 Month Review
Date of meeting: 26th July 2016
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Presented by: Tony Wilding, Chief Operating Officer

BAF Ref	Impact on BAF
1.1, 1.2	None

1. Executive Summary

The National Quality Board (July 2016) published a document that highlighted the importance of safe, sustainable and productive staffing, to ensure that patients are 'put first' and prioritised. The document encapsulates the principles of the Carter report and the Five Year Forward View in maintaining quality and cutting out unnecessary costs. This report identifies the importance of teams caring for patients as opposed to the focus of nurse to patient ratios. It is the intention of the senior nursing team to review the document and understand the implications for LHCH, whilst also waiting for further information to be released by NHS Improvement. This information will be shared with staff Trust wide and further information will be featured within the next paper. There is a renewed focus on care teams and care hours per patient day rather than ratios of staff to patients. 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 a decision support tool, professional judgment and triangulated 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 paper was presented in January 2016.

This paper incorporates detailed information pertaining to occupancy and acuity levels on the wards and departments and Knowsley services, alongside other nurse sensitive indicators. The appendices provide a detailed summary of all areas and provides assurance of safe staffing across all areas.

2. Summary of Key Recommendations and Actions Taken from the December 2015 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 and scrutiny in place for agency use including an approval escalation pathway to the executive team.

It is recognised that staff experience is important when considering moves to other areas and work is being undertaken to ensure staff are well supported and are always clear that they are only to work within their scope of practice and competence. Staff are encouraged to highlight any concerns regarding staffing and can do this via the usual escalation route, incident reporting or speak out safely.

3. Methodology

The AUKUH data has been collected Monday – Sunday for a three week period during May /June 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, who collected data 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
Knowsley	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).

As of December 2015, the use of red flags were incorporated into the monthly staffing assessments and compliance of this is monitored by the Heads of Nursing. These flags were introduced following guidance by NHS England (Safer Staffing: A Guide to Care Contact Time, November 2014). The red flags identify any concerns relating to missed medication, delay in providing pain relief, delay or omission in undertaking observations or comfort checks, a reduction in nursing hours or a reduction in less than 2 registered nurses per shift. Further information is provided in the monthly staffing reports. The Heads of Nursing also request that extra information is provided to determine when or if nursing staff have missed their break, to understand pressures, staff experience and breaches of European working time directives within the clinical areas.

6. Care Contact Time

The Trust has invested in an upgraded electronic roster system to enhance capability for monitoring staffing levels in relation to patient acuity and activity. The Heads of Nursing and Quality are fully engaged with this work which is being led by the HR Department.

7. Challenges and Risks

Recruitment has been a challenge for the Trust and this is a recognized issue for the UK. The Trust has transformed its approach to recruitment of nursing staff and has organized 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 consider European and international recruitment. This approach has been an efficient process in reducing vacancies.

In line with national directive LHCH are proactively trialing a new model of multi-disciplinary working on Elm ward (Back to the Future Initiative) involving the nursing and therapy teams. The Heads of Nursing and Therapy Manager are monitoring progress with a plan to disseminate this work across other wards from September 2016.

8. Recommendations and Next Steps:

Receive assurance that staffing is reviewed every six months and that it is managed on a daily basis across the Trust to ensure safety.

Receive a detailed review (as per the appendices) of all wards/units and Knowsley services highlighted staffing and quality indicators.

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