

Board of Directors

Item 3.1

Board Report

Subject: Bi-Annual Review of Nursing Workforce
Date of meeting: 20 July 2015
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Presented by: Sue Pemberton Director of Nursing and Quality

Data Quality Rating	BAF Ref	Impact on BAF Risk Rating
Bronze	1,2	None

1. Executive summary

The purpose of this paper is to provide the Board of Directors with assurance that nurse staffing is managed appropriately to ensure that safe care is delivered to patients. The levels of staff required are determined by utilising two workforce tools, professional judgement and the nationally recommended safer nursing staffing tool.

NICE guidance states that there is no single staff to patient ratio that can be applied across wards to safely meet patients nursing needs. Each ward has to determine its nursing staff requirements to ensure safe patient care. This contradicts the Royal College of Nursing (RCN) recommendation to have a minimum of 1 nurse to 8 patients.

In June 2015, the Chief Nursing Officer confirmed that it was important to consider all groups of staff that care for patients and not concentrate on nurses alone. The NHS Five Year Forward View acknowledges that healthcare is increasingly delivered by a multi-professional workforce and the right mix of staff is vital. The CNO confirmed that it was essential to not look at nursing numbers in isolation but identify the hours staff are spending with the patients.

2. Background

The Board of Directors have received assurance in relation to staffing levels within LHCH bi-annually for 4 years to provide on-going assurance that staffing levels reflect acuity and activity on the wards and departments. Where further scrutiny has been requested, in depth reviews have taken place (SICU, Theatre, CCU, Cedar ward, Oak ward and Cath Labs) and have been presented to the Operational Board and the Executive Team (2014). This has resulted in a further investment in staffing across several areas. The majority of these posts have now been recruited to and are waiting for staff to commence. Bank and agency staff are being utilised accordingly.

This year has seen the successful monitoring of safe staffing within the wards on the electronic screens in each ward and the use of these is currently being reviewed to develop and optimise how information is delivered to patients and their families.

This workforce paper systematically assesses at ward level factors to determine nursing staff 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.

This paper incorporates detailed information pertaining to admissions, discharges, deaths and transfers of patients to demonstrate the level of activity on the wards and departments, alongside other nurse sensitive indicators.

3. Methodology

The AUKUH data has been collected Monday – Sunday for a three week period, April to May 2015 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 is the day case facility, Holly Suite, who collected data Monday to Friday for 4 weeks. CCU, POCCU and ITU utilise the Critical Care network guidance and are exempt from AUKUH monitoring. Cath Labs, Theatre and Outpatients do not monitor this as it is not relevant to these clinical areas.

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 summaries, which are contained within the Appendices.

Overview compliance status of areas:

Birch ward Compliant

Amanda Unit Compliant

CCU Compliant

Holly Suite Compliant

Maple Suite Compliant

Cath Labs Compliant

Cedar Ward Compliant

HDU Compliant

Elm Ward Compliant

Oak Ward Compliant

SAU Compliant

SICU (POCCU/ITU) Compliant (undergoing further analysis by Clinical Services Division)

Theatres Compliant

Outpatients Compliant

Knowsley 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

safety and optimise patient, family and staff experience. The Divisions are further supported by the implementation of a Trust-wide safety huddle (November 2014) that enables staff attending to raise any concerns that could have a negative impact on patient and staff safety.

LHCH is committed and is leading the way with initiatives to enhance and ensure patient safety at every level including; daily safety huddles led by the CEO, ward safety huddles, speak out safely initiatives, learning from patient and family engagement events, Listening into Action, 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 August 2015, the use of red flags will be incorporated into the monthly staffing assessments. 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.

6. Supervisory Ward Managers

All ward managers are 100% supervisory within the Trust, with the exception of 3 smaller areas, where it has been deemed safe and appropriate to reduce supervisory time to 0.5wte due to the reduction in management duties. This is monitored and to date has shown benefit to patient care and support of staff.

7. Care Contact Time

The Trust is currently scoping the opportunities to invest in an upgraded electronic roster system to enhance our capability for monitoring staffing levels and actual time spent with patients, in relation to patient acuity and activity. The Heads of Nursing and Quality are fully engaged within this work which is being led by the HR Department.

8. Challenges and Risks

Recruitment of nursing staff in some areas remains challenging. The Head of Nursing for surgery has led a process of quarterly recruitment to provide regular opportunities to recruit both registered and non-registered staff. This has proved successful however, further work needs to be done to increase the numbers of staff recruited. To support this, the Heads of Nursing are working with HR in scoping the opportunity to recruit both nationally and internationally to ensure that staffing establishments are met. This is a challenge as all trusts are finding recruitment of nurses is a significant issue. This is currently being explored as to the next steps. In addition, we need to understand why staff leave the organisation. For areas with a high turnover within years 1 to 2, exit interviews are being undertaken and information shared with the Heads of Nursing to identify themes that require action. Recruitment initiatives, e.g. a rotation programme is being utilised to entice band 5 staff to LHCH and support cross-divisional working. The learning and development packages for staff are to be promoted at recruitment events.

9. Recommendations and Next Steps

The Board of Directors to receive assurance that nurse staffing levels are reviewed in depth every six months and that nurse staffing is managed on a daily basis to reflect patient numbers and activity and thus to ensure safe care across the Trust. On the basis of this bi-annual and daily review the Board can be assured of safe staffing levels.