

Report Cover Sheet

Agenda Item: 11

Date of Meeting:	Wednesday 30 th October 2019			
Report Title:	Nurse Staffing Annual Capacity & Capability Report			
Purpose of Report:	To provide a comprehensive review of inpatient / ward nurse staffing for Gateshead Health NHS Foundation Trust.			
	Decision: ☐	Discussion: ☐	Assurance: ☒	Information: ☐
Trust Goals that the report relates to: (Including reference to any specific risk)	Goal 2 All the services we deliver will be good or outstanding when assessed against being safe, effective, caring, responsive, and well-led. Goal 3 In all locations and settings of delivery, our patients will experience excellent, timely and seamless care that meets their individual needs. Goal 4 All our services will have a high safety culture in which openness, fairness, accountability and learning from high levels of incident reporting and mortality reviews is the norm. Goal 5 All our services will be effective: we will reduce unwarranted variation, ensure our practice is consistent with recognised best practice 7 days a week, and improve outcomes for patients. Goal 6 We will have an engaged and motivated workforce living the values and behaviours of the organisation, and who are responsive and adaptive to the changing needs of our environment.			
Recommendations: (Action required by Board of Directors)	The Board is asked to receive the report for assurance and information.			
Financial Implications:	Yes			
Risk Management Implications:	Yes Links to risk register			
Human Resource Implications:	Yes Compliance with NICE & NQB Guidance			
Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific	Objective 1 All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers.			

implications and actions)	Objective 2 The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments. Objective 3 Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve.
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Presented by:	Dr H Lloyd, Director of Nursing, Midwifery & Quality

Nurse Staffing Annual Capacity and Capability Review

1. Introduction

This detailed annual report provides a comprehensive review of nurse staffing for Gateshead Health NHS Foundation Trust. It is in line with the requirements set out by the National Quality Board (NQB): *Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time- safe, sustainable and productive staffing* (July 2016).

This guidance is supported by a further publication from NHSI 'Developing Workforce Safeguards: Supporting providers to deliver high quality care through safe and effective staffing' which was published in October 2018. It supports providers use best practice in effective staff deployment and workforce planning.

NHSI have published a suite of staffing improvement resources, including NHSI collaborative events aligned to the NQB guidance. These have been utilised in the Trust to support recruitment, retention and deployment of nursing staff.

A detailed review of nursing and midwifery staffing led by the Deputy Director of Nursing, the Head of Risk and Safety and Chief Matrons took place between July and September 2019 for the following areas:

- Acute inpatient areas
- Critical Care Unit
- Maternity including SCBU
- Paediatrics
- Mental Health wards
- Community Nursing

The Trust has recently joined a national advisory group looking at safer staffing in Emergency care units. The intention is to review the staffing in line with developing guidance and make a recommendation on nurse staffing early 2020. Therefore the current staffing levels will remain the same until this work is completed.

Additional areas which will undergo a full review in 2019/20 will include Emergency Care Centre, theatres, chemo day unit, endoscopy, PIU, ward 6 and outpatients.

2. Right Staffing

National guidance recommends that inpatient ward staffing is determined using evidence based workforce planning. The Trust has an embedded review process for nurse staffing establishment for acute inpatient wards which are undertaken utilising the following:

- NICE guidance
- Safer Nursing Care Tool (SNCT) - a NICE endorsed evidence-based tool, which uses acuity and dependency to support workforce planning
- Nurse sensitive outcome indicators
- Professional judgement

This process combines an evidenced based methodology with professional judgement of experienced ward managers, matrons and chief matrons based on experiential learning to ensure wards are safely staffed and the skill mix is balanced utilising a multifaceted approach to safe staffing.

3. Safer Nursing Care Tool

The SNCT is a NICE endorsed evidence-based tool, which uses acuity and dependency to support workforce planning. Originally developed by the Association of United Kingdom University Hospitals (AUKUH), it is now hosted by and endorsed by the Shelford Group. SNCT has been endorsement by NICE since 2014 acknowledging

that it meets the requirements set out in the NICE guideline “Safe staffing for adult in-patient wards” (NICE, 2014).

The Developing Workforce Safeguards (NHSI, 2018) guidance states that to use SNCT, the Trust must sign a license to ensure the tool is used appropriately and is free from local manipulation. There is also a requirement to evidence compliance with this guidance as part of the Trust single oversight framework submission.

Gateshead Health NHS FT has recently secured the Shelford group SNCT licence and 18 senior nurses have been trained in the inter-rater reliability assessment process in order to provide a robust assessment to the ongoing quality assured data collection exercises.

It is important to note however that using the methodology from the SNCT we built our own system which enabled staff to input data and the results to be available in graphical and numerical form for each ward. This process aligned the uplift figure (i.e. headroom for annual leave, sickness, training etc.) used when setting establishments from the SNCT tool assumption of 22%, to the Trust standard of 21% for in-patient areas. This means the SNCT comparator used in the Trust aligns to our establishment uplift, but may generate a slightly higher figure. This is well known and understood and is not viewed as a risk as SNCT metrics are always interpreted and used in conjunction with a professional opinion and other safe staffing metrics to inform establishment setting.

For one week each month every ward collects SNCT data, which involves scoring each patient to an acuity and dependency care level. Staffing multipliers are applied at each acuity and dependency care level. These multipliers factor in nursing time spent on:

- Direct and indirect care
- Ward management
- Education/training
- Staff performance review
- Staff breaks
- Associated work such as administration and clerical
- Bed occupancy

These results are then considered alongside the current establishments and nurse quality indicators.

4. Collaborative Approach to Safer Staffing

Staffing review meetings were held with ward sister/charge nurses, matrons and chief matrons to review a range of information that included the previously agreed staffing levels in 2018, SNCT data and quality indicators. The meetings involved detailed discussions and challenge to enable robust decisions to be made regarding staffing levels moving forward. Meetings were then held with the Director of Nursing, Midwifery and Quality and Chief Matrons to finalise the staffing levels to ensure the continuity of safe patient care.

As part of the review, once any new staffing levels are identified the required establishments are calculated and compared to the current funded establishments to determine whether any adjustments to skill mix and funding are required. Where this is the case a business case will be produced. The agreed staffing levels for 2019/20 are detailed below:

a. Acute inpatient wards

Agreed staffing levels (Table 1 and 2) provide the planned staffing numbers on a shift by shift basis on acute inpatient wards and rationale for changes. These staffing levels have been set using the described methodology and are based on the ratio of 1:8 qualified nurse to patient (plus the co-ordinator for an early shift) and a ratio of 1:8 for the late shift.

An ‘uplift’ for annual leave (13%), sickness cover (4%), training (4%) equates to 21% is added to the required numbers to set the final establishment.

Table 1 (Medicine)

Ward		Early		Late		Nights		Comments
	Beds	RN	HCA	RN	HCA	RN	HCA	
Ward 1	24	4	3	3	3	2	2	No change
Ward 4	30	5 + 1	4	4 + 1	3	2	3	+1 = stroke nurse No change
Ward 8	21	5 + 1	2	4 + 1	2	2 + 1	1	+1 = chest pain nurse No change
Ward 9	36	6 + 1	4	5 + 1	4	2 + 1	3	+1 = NIV nurse No change
Ward 11	29	5	4	4	3	2	2	No change
Ward 22	29	5	4	4	3	2	2	No change
Ward 23	24	4	4	3	4	2	2	No change
Ward 24	29	5	4	4	3	2	2	No change
Ward 25	30	5	4	4	3	2	2	No change
St. Bedes	10	3	2	2	2	2	1	No change

Additional specialist nurses are rostered on wards 4, 8 and 9. These are reflected in the above numbers. Following a significant review of nurse staffing and resetting of the establishments in 2018, the nurse staffing in Medicine remains the same.

The Surgical reconfiguration improvement programme has seen a reduction in beds across surgery and the nurse staffing has been agreed as below.

Table 2 (Surgery)

Ward		Early		Late		Nights		Comments
	Beds	RN	HCA	RN	HCA	RN	HCA	
Ward 12 (Moved to Ward 14)	27	5	3	4	3	2	2	Previous
	16	3	3	3	3	2	1	Due to reduction in beds
Ward 14a	32	5	4	4	4	2	3	Previous
	24	5	3	4	3	2	2	Due to reduction in beds
Ward 21	18	3	2	3	2	2	1	No change
TCL1	30	5	4	4	4	2	2	Previous
	24	4	4	4	4	2	2	Due to reduction in beds
TCL2	30	5	4	4	4	2	2	Previous
	30	5	4	5	4	3	2	Increase due to addition of high dependency beds with reduction of CCD beds
CCD	14	12	2	12	2	11	1	Previous
	12	11	2	11	2	10		Due to reduction in beds

The Trust has invested in training nursing associates and a small number are now qualified. Due to the lack of national guidance on deployment of nursing associates further work will be undertaken in 2019/20 to agree how they will be included in future reports.

b. Maternity Staffing

A comprehensive review of midwifery staffing was undertaken by the Head of Midwifery in 2018. Birthrate Plus[®] is a NICE endorsed model for calculating safe midwifery staffing. The final results of the Birth rate review[®] staffing calculation are based on the activity, acuity and Birthrate Plus[®] methodology. Within Delivery Suite the Birth Rate Acuity and dependency tool has also informed the decision making process. The tables (3-5) below set out the agreed numbers for each department within the maternity service.

Table 3

Delivery Suite / Theatres		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Early	Q	*5	*5	*5	*5	*5	4	4
	U	2	2	2	2	2	2	2
Late	Q	4	4	4	4	4	4	4
	U	2	2	2	2	2	2	2
Night	Q	4	4	4	4	4	4	4
	U	1	1	1	1	1	1	1

* accommodate elective theatre staffing Monday to Friday

Table 4

Antenatal/Postnatal Ward		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Early	Q	3	3	3	3	3	2	2
	U	2	2	2	2	2	2	2
Late	Q	2	2	2	2	2	2	2
	U	2	2	2	2	2	2	2
Night	Q	2	2	2	2	2	2	2
	U	2	2	2	2	2	2	2

Table 5

Pregnancy Assessment Unit		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Early	Q	2	2	2	2	2	2	2
	U	1	1	1	1	1	1	1
Late	Q	2	2	2	2	2	2	2
	U	1	1	1	1	1	1	1
Night	Q	1+ 1 twilight	1+ 1 twilight	1+ 1 twilight	1+ 1 twilight	1+ 1 twilight	1+ 1 twilight	1+ 1 twilight
	U	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Staffing is compliant with recommended midwifery and maternity support worker staffing levels for the number and acuity of women and babies using our service (Table 6). In addition staffing has been increased in preparation for any increase in births due to local service reconfiguration. Staffing and acuity levels continue to be monitored to anticipate any increased demand in capacity.

Table 6

BR Recommended WTE	Variance to BR
72.51 (90/10 skill mix)	+ 3.95 WTE
8.06 WTE	+ 2.36 WTE

c. SCBU staffing

Staffing levels in SCBU are measured against occupancy via the Neonatal Network on a quarterly basis as shift-by-shift cover must take account of the recommended minimum staffing levels based on average unit occupancy of 80% (DH 2009).

The minimum standards for nurse staffing levels for each category of neonatal care are: (DH 2009, NICE 2010, British Association of Perinatal Medicine 2010)

- neonatal intensive care: 1:1 nursing for all babies
- neonatal high dependency care: 2:1 nursing for all babies
- Neonatal special care: 4:1 nursing for all babies

The minimum percentage of registered staff should be 80% for intensive and high dependency care; 70% for special care.

Analysis of staffing in 2018 indicates the Trust is compliant with regional operating network standards and National requirements in relation to special care. The staffing is set out in table 7 below.

Table 7

Special Care Baby Unit		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Early	Q	2	2	2	2	2	2	2
	U	1	1	1	1	1	1	1
Late	Q	2	2	2	2	2	2	2
	U	1	1	1	1	1	1	1
Night	Q	2	2	2	2	2	2	2
	U	1	1	1	1	1	1	1

New model of care for Advanced Neonatal Nurse practitioners

September 2019 will see the release of the ANNPs from inclusion in the unit staffing numbers to facilitate the development of the ANNP (Advanced Neonatal Practitioner) role. This is critical to the development of our transitional care model and service improvement. The ANNPs will lead the development and the implementation of the Transitional Care model.

d. Community Nursing Services

Staffing within community services underwent a significant review in 2018 following NHS Improvement draft guidance in 2017 on community staffing. This was as part of a suite of guidance developed for various care settings and specialties which acknowledged the different factors in planning district nursing workforce compared to acute settings.

The guidance refers to "safer caseloads" in district nursing services rather than safer staffing as this better reflects the complexity of determining the required staffing levels. The resource is based on the NQB (2016) three expectations right staff, right skills, right place and time, and provides a set of principles under these key areas.

The approach to determining a safe caseload is not based on nurse to patient ratios due to caseloads varying in size and complexity and geographical distribution of patients. It involves assessment of current and projected population, the skills within the team, and an assessment of needs of patients at a service and team level to determine how staff are best deployed. In Gateshead we have devised and use a model for determining complexity to enable appropriate scheduling and staffing levels, with monitoring and review built in. This is better supported with the introduction of mobile Emis within Community Services, which enables an accurate data set of activity, complexity, new referrals and review appointments to assist in capacity planning with delineations of complexity more visible.

In addition the Queens Nursing Institute (QNI) in October 2019 issued a presentation of what an "outstanding District Nursing Service" looks like including the requirement to have a proportion of staff employed, to have the Specialist Qualification in District Nursing.

The Trust developed a quality framework as a basis for an assessment tool for measuring the quality of district nursing services, with agreed metrics and a dashboard which has been rolled out across all locality teams and as

part of the service transformation we continue to monitor and evaluate and this includes patients and staff feedback.

Current nursing workforce within community services is presenting in Table 8.

Table 8

Sum of Hours	Column Labels			
Row Labels	Sub-Part 1 RNA (Adult)	Sub-Part 1 RNC (Children)	Sub-Part 2 RN2 (Adult)	Grand Total
Childrens Community Nursing Team	0.80	6		6.80
Community Transformation	0.60			0.60
Discharge Liaison Team	3.68			3.68
Divisional Management - Community	3.60			3.60
Eastwood	5.00			5.00
Falls Team	1.64			1.64
Frailty Team	5.80			5.80
Hospice Out Of Hours Extended	1.33			1.33
Locality Team - Central	29.00			29.00
Locality Team - East	18.14			18.14
Locality Team - Inner West	16.20			16.20
Locality Team - South	25.13			25.13
Locality Team - West	25.60			25.60
Nurse Specialist - Continence	3.40			3.40
Palliative Care Team	6.80			6.80
Rapid Response	14.88		0.64	15.52
Readmissions Unscheduled Care	2.00			2.00
Stroke Team	1.00			1.00
Urgent Care Team	24.84			24.84
Grand Total	189.45	6	0.64	196.09

e. Mental Health Inpatient Nurse Staffing

Nurse staffing within our Mental Health Wards, Cragside and Sunnyside have been reviewed utilising available guidance from RCN, RCP, NICE and NHSI as well as professional judgement. Safer staffing is central to all healthcare settings and ensuring an adequate number of skilled staff is vital for providing therapeutic mental health care.

Factors considered when agreeing these staffing establishments include the care environment, the higher degree of observation and engagement required to manage risks associated with severe mental illness and staff wellbeing. In line with NHSI guidance professional judgement has been benchmarked with visits to local Mental Health Trusts to compare staffing levels in similar Older Persons Wards and staffing standards in these organisations. Following a full review investment was made in funded establishments to achieve the revised staffing numbers in 2018. Tables 9 and 10 illustrate the review of these for 2019 for which there is no change.

The care environment enables the units to provide least restrictive MDT led care. It is focussed on well-being and positive outcomes. This good practice and significant improvement the model of care delivery has been recognised with the recent inspection from the CQC.

Table 9

Agreed staffing levels 2019 Cragside													
Mon		Tues		Weds		Thurs		Fri		Sat		Sun	
Q	NA	Q	NA	Q	NA	Q	NA	Q	NA	Q	NA	Q	NA
4	3	4	3	4	3	4	3	4	3	3	3	3	3
3	3	3	3	3	3	3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2	2	2	2	2	2	2

Table 10

Agreed staffing levels 2019 Sunnyside													
Mon		Tues		Weds		Thurs		Fri		Sat		Sun	
Q	NA	Q	NA	Q	NA	Q	NA	Q	NA	Q	NA	Q	NA
3	3	3	3	3	3	3	3	3	3	2	3	2	3
2	3	2	3	2	3	2	3	2	3	2	3	2	3
2	1	2	1	2	1	2	1	2	1	2	1	2	1

f. Paediatric nurse staffing

A full review of paediatric nurse staffing was undertaken in 2018 as part of a wider review of paediatrics to ensure the safe and sustainable delivery of the service over the next 1- 5 years. This resulted in financial investment to improve the nursing skill mix.

Table 11 sets out working patterns and agreed nursing numbers across Day Unit and Children's Outpatients, Children's Short Stay Assessment Unit. These remain unchanged for 2019.

Table 11

All areas	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Early	5Q, 1HCA	5Q, 1HCA	5Q, 1HCA	5Q, 1HCA	5Q, 1HCA	4Q, 1HCA	4Q, 1HCA
Late	4Q, 1HCA	4Q, 1HCA	4Q, 1HCA	4Q, 1HCA	4Q, 1HCA	4Q, 1HCA	4Q, 1HCA
Night	2Q (1TW) 1 APNP	2Q (1TW) 1 APNP	2Q (1TW) 1 APNP	2Q (1TW) 1 APNP	2Q (1TW) 1 APNP	2Q (1TW) 1 APNP	2Q (1TW) 1 APNP

5. Recruitment and Retention

Improving recruitment and retention among the nursing workforce is a national and local priority of the NHS and is high on the agenda at Gateshead Health NHS Foundation. During 2018/2019 the Trust has actively addressed retention issues in line with National NHS Employers Retention Guidelines and has participated in the NHS Improvement Retention Programme.

Notably not one standalone action will boost recruitment and retention for the nursing workforce. However, sustained action in several key areas can make significant improvements. Therefore, our recruitment and retention strategy will focus on four primary drivers for improvement work to commence which are:

- Effective and Efficient Recruitment
- Staff Engagement
- Career Planning and Staff Development
- Focus on Over 50s.

As a result we have developed welcome days, fast track recruiting, career discussions, retire and return conversations, flexible working e.g. 6 monthly changes to different ward areas (known as a 'transfer window' opportunity).

6. Capability and Quality

It is important for any staffing review to take into consideration the quality of the care provided, patient experience and capability of the work force as well as the capacity. Table 12 provides a breakdown by ward of the following information:

- Patient experience – the Friends and Family Test
- Patient Experience- Real Time survey
- Percentage of harm free care – the Safety Thermometer
- Percentage of staff who have completed mandatory training
- Percentage of staff who have had an appraisal

There are local action plans in the areas that have not achieved over 80% for mandatory training and appraisals as well as Trust wide plans for F&FT and the safety thermometer.

Table 12 Quality and capability indicators 2018/2019

Business Unit	Specialty	Ward / Dept	Patient F&FT	"Real Time" Patient Experience / 6)	Safety Thermometer (harm free)	Core Skills Training	Appraisal
Medicine	Elderly	Ward 1	99.5%	5.72	90.1%	80.2%	57.14%
Medicine	Stroke	Ward 4	94.2%	5.52	94.5%	72.0%	46.34%
Medicine	Cardiology	Ward 8	99.4%	5.76	97.9%	73.1%	90.63%
Medicine	Respiratory	Ward 9	98.4%	5.71	96.3%	82.4%	85.71%
Medicine	Gastro	Ward 11	98.6%	5.68	95.0%	85.5%	70.45%
Surgical	Surgical	Ward 12	94.7%	5.32	97.0%	82.8%	71.88%
Surgical	Orthopaedics	Ward 14	100.0%	5.52	95.7%	78.7%	59.52%
Surgical	Orthopaedics	Ward 14A	98.5%	5.37	93.2%	86.3%	82.05%
Surgical	Gynaecology	Ward 21	99.4%	5.90	97.1%	87.8%	65.52%
Medicine	Elderly	Ward 22	99.1%	5.75	90.4%	93.0%	46.15%
Medicine	Elderly	Ward 23	95.3%	no survey	96.0%	85.6%	44.74%
Medicine	Elderly	Ward 24	98.3%	5.57	94.4%	80.7%	23.68%
Medicine	Elderly	Ward 25	95.7%	5.54	92.6%	79.0%	21.05%
Surgical	Orthopaedics	TCF1	99.2%	5.77	98.7%	84.9%	81.40%
Surgical	Gen Surgery	TCF2	98.7%	5.75	99.1%	89.1%	86.05%
Surgical	Critical Care	Critical Care	100.0%	5.88	98.5%	85.7%	63.22%
Medicine	Palliative	St Bedes	100.0%	5.62	99.1%	84.3%	92.00%
Medicine	Emergency Care	Ward 2 Short Stay	99.4%	5.62	98.9%	84.7%	50.00%
Medicine	Emergency Care	ECC	98.5%	no survey	98.6%	81.4%	41.51%
Medicine	Mental Health	Craggside	100.0%	no survey	96.9%	83.7%	55.17%
Medicine	Mental Health	Sunnyside	100.0%	no survey	100.0%	88.8%	73.08%
Surgery	Maternity	Ante & Postnatal	99.7%	no survey	no survey	85.9%	38.71%
Surgery	Maternity	Delivery Suite	99.4%	no survey	100.0%	82.5%	35.14%
Paediatrics	Paediatrics		98.4%	no survey	100.0%	81.8%	79.41%
Community	Community		98.2%	no survey	97.4%	90.3%	71.90%

NHSI and NQB guidance indicate that Trusts must ensure that three components are used in safe staffing processes: evidence-based tools (where they exist), professional judgement and outcomes. The Trust provides a

monthly staffing report to board where wards reporting less than an 75% day RN fill rate in month are consider as an exception and undergo a review. Any area of concern has been reported to the board.

In line with planned levels of staffing on a shift by shift basis both planned and actual nurse staffing levels are publically displayed on all wards across the Trust.

All nurse staffing issues on the risks register are regularly reviewed and staffing incidents are review by matrons and at the Nursing and Midwifery Professional Forum.

7. Developing Workforce Safeguards Guidance

NHSI '*Developing Workforce Safeguards*' was published by NHSI in October 2018 to support organisations to use best practice in effective staff deployment and workforce planning. It offers advice on governance issues related to redesigning roles and responding to unplanned changes in workforce, and describes NHSI's role in helping providers achieve high quality, sustainable care by assessing the effectiveness of workforce safeguards annually, which includes new recommendations on workforce safeguards to strengthen the commitment to safe, high quality care in the current climate.

NHSI will assess Trusts' compliance with the "triangulated approach" to deciding staffing requirements described in National Quality Board (NQB) guidance. This includes the requirement to complete a Quality Impact Assessment (QIA) for all skill mix changes across the workforce. NHSI will measure compliance using information collected through the Single Oversight Framework (SOF) and will also ask Trusts to include a specific workforce statement in their annual governance statement.

From a nursing and midwifery perspective, all of the required data is available to inform board reporting and provide assurance to the Board that we are meeting the standards and recommendations. As a Trust we have assessed ourselves against the recommendations of the workforce safeguards to understand our current level of assurance and we report we are fully compliant and have relevant policies in place.

8. Conclusion

This report provides assurance to the Board on staffing capacity planning and capability. It provides a clear methodology for agreeing nursing and midwifery staffing numbers and establishments. It provides information on the agreed number of staff needed on a shift by shift basis on each ward and meets the requirement set out in expectations set out by the NQB and provides assurance that the Trust has robust systems in place to safeguard the quality of care provided to patients. This report will be published on the Trust website for our patients and the public.

9. Recommendations

The Board is asked to receive this report for information and assurance.

Hilary Lloyd
Director of Nursing, Midwifery and Quality