

### Nursing & Midwifery (N&M) Establishments

<b>Trust Board Meeting - Part 1</b>	<b>Item: 7.4</b>
<b>27<sup>th</sup> November 2013</b>	<b>Enclosure: F</b>
<b>Purpose of the Report:</b> This paper sets out the Trusts current approach to nurse establishment setting and progress in ensuring establishments are maintained through the nursing recruitment & retention plan presented to the Trust Board in May 2013. The paper highlights the progress to date in recruitment activity, and any changes made to nursing establishments since the report to the Trust Board in May 2013.	
<b>FOR: Information</b> <input type="checkbox"/> <b>Assurance</b> <input type="checkbox"/> <b>Discussion and input</b> <input checked="" type="checkbox"/> <b>Decision/approval</b> <input checked="" type="checkbox"/>	
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<b>Risk Implications – Link to Assurance Framework or Corporate Risk Register:</b>	Assurance Framework – Principle Risk 1 - Failure to improve quality of care Principle Risk 5 – Failure to ensure there are the right staff (numbers, skills and capability) in the right place  Corporate Risk Register – T034 Recruitment – not having the required staff in place
<b>Link to Relevant Corporate Objective:</b>	<b>Objective 1</b> - To deliver quality, patient centred healthcare services with an excellent reputation <b>Objective 2</b> - To deliver care by competent and caring staff working in effective and supportive teams who feel valued by the Trust
<b>Document Previously Considered By:</b>	
<b>Recommendation &amp; Action required by the Trust Board:</b>  a) <b>Note</b> progress with the recruitment & retention plan for nursing in line with the Trusts corporate objectives; b) <b>Endorse</b> the changes made to the nursing establishment since May 2013; and c) <b>Endorse</b> the remaining steps to be taken during 2013/14 with the nursing and midwifery establishments	

## Nursing & Midwifery Staffing

### Executive Summary

1. This paper sets out the Trusts current approach to nurse establishment setting and progress in ensuring establishments are maintained through the nursing recruitment & retention plan presented to the Trust Board in May 2013. The paper highlights the progress to date in recruitment activity, and any changes made to nursing establishments since the report to the Trust Board in May 2013.
2. There has been significant progress and success in reducing the vacancy factor across nursing. There is clearly further progress to be made in reducing turnover and ensuring embedding of measures taken so far to support turnover reductions.
3. The provision of an additional Healthcare Assistant (HCA) at night within the medical wards staffing at night has been implemented since September 2013 with positive feedback from staff on the impact. Further assessment of impact against nurse sensitive indicators will need to be assessed over time.
4. A further series of measures within 2013/14 are planned such as acuity/dependency scoring, review of use of 'specials' and detailed reviews of areas outside of the adult ward areas and will be reported to the Trust Board in May 2014.

### Introduction

5. Changes or deficiencies in the nursing & midwifery workforce can have a profound impact on the quality of patient care, as demonstrated through enquires into failures at Stoke Mandeville Hospital, Maidstone & Tunbridge Wells and most recently at Mid-Staffordshire NHS Foundation Trust. Consistently throughout these cases there was a failure to link the impact of changes in the workforce to patient care, combined with a distinct lack of professional scrutiny and Board level consideration of changes.
6. The importance of staffing was further highlighted when The Chief Nursing Officer for England, Jane Cummings, launched a three year vision and strategy for nursing, midwifery and care staff with the '6Cs' at the heart of all care: Care, Compassion, Competence, Communication, Courage and Commitment.
7. The setting of establishments is a complex issue which requires a combination of approaches which includes professional judgement, assessment of skills required, the acuity & dependency of patients (utilising tools and national recommendations where they exist), and benchmarking with other organisations.
8. National debate on the issue of minimum mandated nurse staffing levels versus locally agreed staffing levels highlights the differences in professional opinion on this matter and need for the Trust to ensure systems are in place to ensure nurse staffing levels are sufficient to meet the needs of patients. To date there has been no specific central mandate regarding the setting of nurse establishment.
9. The initial Government Response to the Francis Report "Patients First and Foremost" published in March 2013 states *"Key to enabling staff to deliver high quality care is ensuring we have the right staff, with the right values, skills and training available in the right numbers to support the delivery of excellent care. This depends on the needs of patients on each ward at any time."*
10. The response highlights the following key areas of action in relation to nursing establishments;
  - *"Minimum staffing numbers and ratios risk leading to a lack of flexibility or organisations seeking to achieve staffing levels only at the minimum level... Local NHS organisations are best placed to take responsibility for the skill mix of their workforce because they are best placed to assess the health needs of their local health community and must have the freedom to deploy staff in ways appropriate for local conditions."*

- *“The new Chief Inspector [of Hospitals] will have a clear remit to inspect staffing levels and report if they are inappropriate.”*
- *“We support Robert Francis’ call for evidence-based guidance and tools to inform decisions made by local professional leaders on appropriate staffing levels for high quality and we will work with NICE, the Care Quality Commission and the NHS Commissioning Board on this recommendation.”*
- *“The Care Quality Commission will require that evidence-based tools are used to determine staffing numbers. Compassion in Practice recommends that the Trust Board receives, publishes and endorses information on staffing at least twice a year.”*

11. The Trust has completed a thorough review of the recommendations contained in the Francis Review and the initial Government response to this, which was approved by Trust Board in July 2013.

12. It is clear from the initial response to the Francis recommendations and existing national programmes that more work on evidence based tools for nurse staffing levels is required to support the local decision making process. The full Government response to the Francis Enquiry was published on 19<sup>th</sup> November 2013. Analysis of the implications of this is currently being undertaken by the Director of Nursing & Patient Experience.

### **Setting Nursing Establishments**

13. The review of nursing establishments is complex and any method of determining staffing has limitations. There is no one solution to determining safe staffing and therefore triangulation of methods is essential. Using a combination of approaches provides greater confidence in the decisions taken. At Kingston Hospital, the setting of establishments has triangulated from different sources:

- Workload measurement based information (acuity/dependency & activity) using a validated tool (where these exist – e.g. the Safer Nursing Care Tool)
- Review of national recommendations (where they exist) (e.g. British Association of Perinatal Medicine – [BAPM] guidelines for neonatal units)
- Benchmarking with other organisations
- Professional consultation including review of staff feedback
- Review of nurse sensitive indicators & outcome measures
- Review of workforce demographics, supply and education trends

### **Nursing Establishments & Cost Improvement Programmes (CIP)**

14. As the largest component of the Trusts workforce, nurses, midwives and healthcare assistants cannot be immune from review, scrutiny and where appropriate contribution to the Trusts CIP Programme. This does not have to be at odds with the need to ensure the correct staffing levels. Through robust and transparent workforce planning, establishment and skill mix reviews, and the Trusts Quality Equality Impact Assessment process, systems are in place to ensure any CIP schemes involving nurses are properly assessed.

### **Kingston Hospital Establishment Reviews**

#### **2011/12**

15. An establishment review was completed in September 2011 which reviewed the Trust position against RCN 2010 guidance, the budgeted establishment in the context of acuity and dependency of patients (using the Association of UK University Hospitals [AUKUH] tool now called the Safer Nursing Care Tool) and application of professional judgement in the context of the Trust.

16. As a result of this review the following was agreed to be put in place for the medical wards which required alteration to their establishments:
- A minimum establishment skill mix of 65:35% Registered Nurse: healthcare assistants (HCA)
  - Minimum standard of qualified nurse: patient ratios during the day and night (1:8 day and 1:10 night)
  - Establish supervisory ward sisters (*This was already the case in other parts of the hospital, and was a Royal College of Nursing recommendation, and is now a Francis Enquiry recommendation*).

### **2012/13**

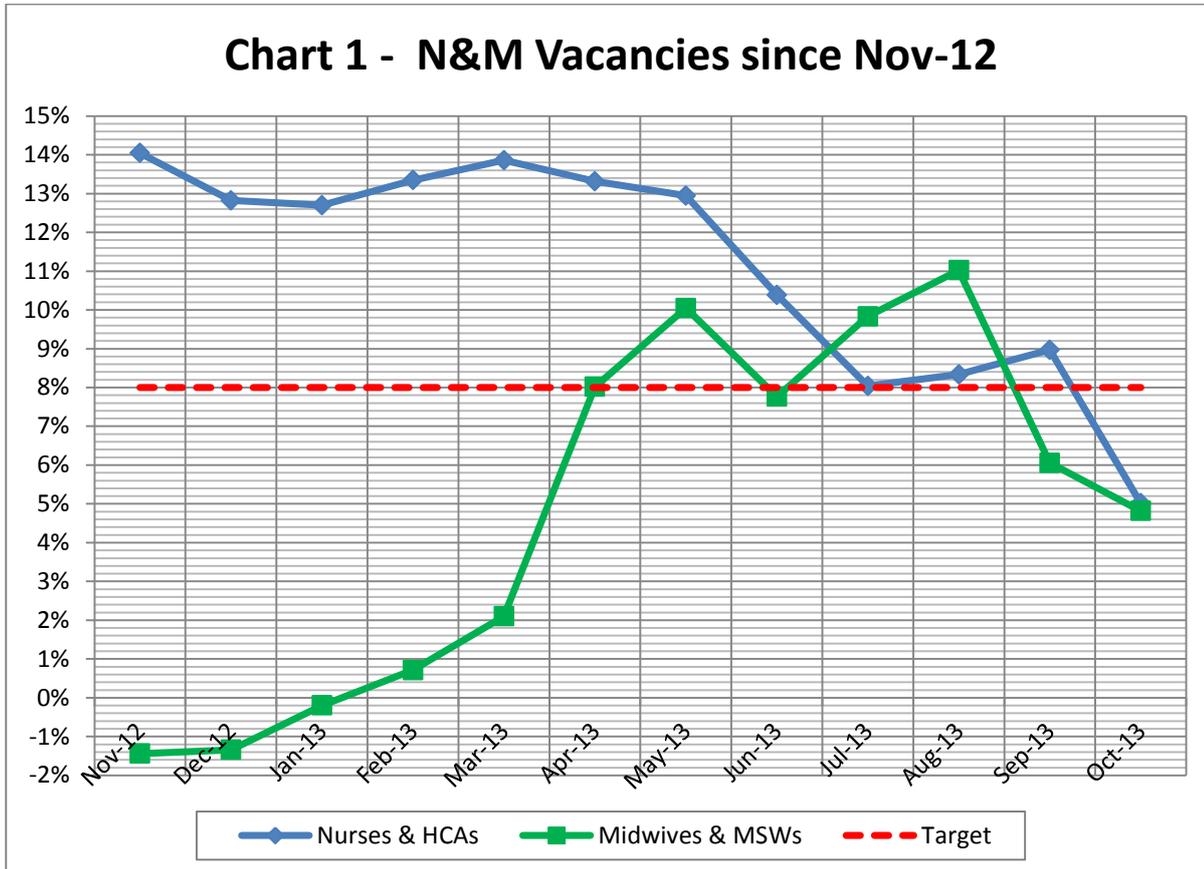
17. Kingston participated in a NHS London commissioned peer review with 15 other Trusts and the results of this fed into the 2012/13 establishment review.
18. In December 2012, the establishment review included a post implementation review of the principles implemented in 2011/12 at the Quality Assurance Committee. This review did not result in any changes to the approved ward establishment levels but highlighted the need for a sustained focus on recruitment to the agreed establishment levels to drive down reliance on bank or agency staffing solutions to gaps in establishment.

### **2013/14 Recruitment and Retention Plan**

#### **Recruitment**

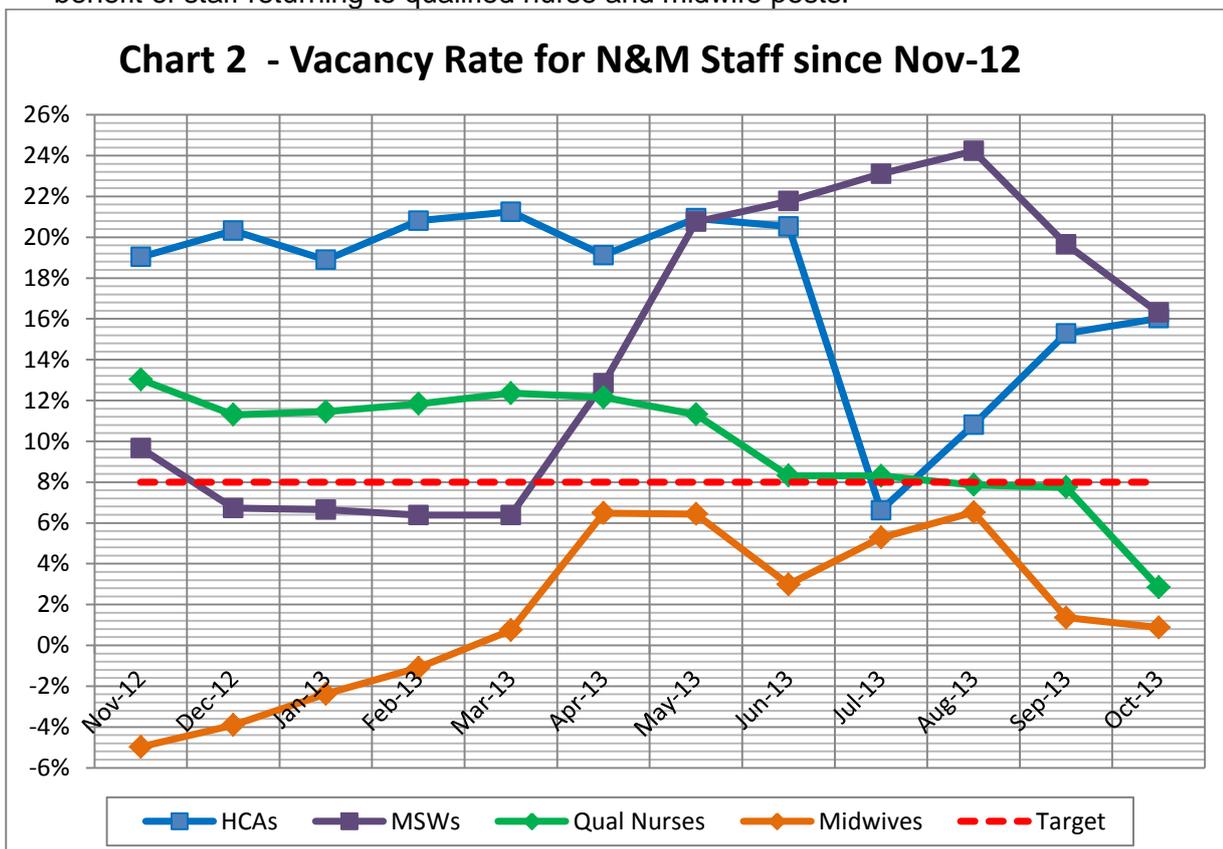
19. In line with the Trusts corporate objectives 2013/14, and the identified area of corporate risk, a nursing recruitment & retention plan was developed in April 2013 led by the Director of Nursing & Patient Experience. The aim of this plan was that all remaining nursing vacancies within the medical & surgical wards will be recruited to by mid June 2013. In addition to recruiting to vacancies, a stretch target of recruitment was identified and applied to meet turnover levels and posts vacated by maternity leave. In doing this a degree of headroom was being sought to allow for natural turnover in advance, to reduce the overall call on temporary staffing and ensure that clinical areas are sufficiently staffed to allow for additional winter requirements.
20. The recruitment & retention action plan was developed through a work shop with Sisters/ Charge Nurses, Matrons, Senior Nurses and HR representatives. A copy of the Nursing Recruitment & Retention plan which was shared with the Board in May 2013 has been completed in line with the time limited objective set at this time.
21. As the main areas of vacancy and turnover were within the medical and surgical ward areas the project primarily focused on these areas, learning from best practice within the Trust within maternity & paediatrics, however has incorporated areas such as theatres and intensive care.
22. Since April 2013 a total of 176 new nursing and midwifery staff have been recruited and started in the Trust - nurses (128), healthcare assistants (24), midwives (15), and midwifery support workers (9). The impact of this can be seen in Chart 1 which has seen vacancy levels for nursing reduce since the same point in 2012. Although midwifery and maternity support worker (MSW) vacancies have increased this has been in line with workforce plans and maternity have continued to maintain a systematic approach to recruitment and retention and have again fallen in recent months.

### Chart 1 - N&M Vacancies since Nov-12



23. Chart 2 provides a breakdown of vacancy rates by registered and non-registered staff. Peaks in MSW and Healthcare Care Assistant (HCA) vacancies in the last few months have been driven by a combination of factors which include standard turnover, secondment of staff to nurse and midwife training through the sponsorship funding provided by the LETB. Whilst this has a negative impact on vacancy and turnover this represents a positive impact on career development and in 3 years on completion of pre-registration training, the Trust will reap the benefit of staff returning to qualified nurse and midwife posts.

### Chart 2 - Vacancy Rate for N&M Staff since Nov-12



## Retention

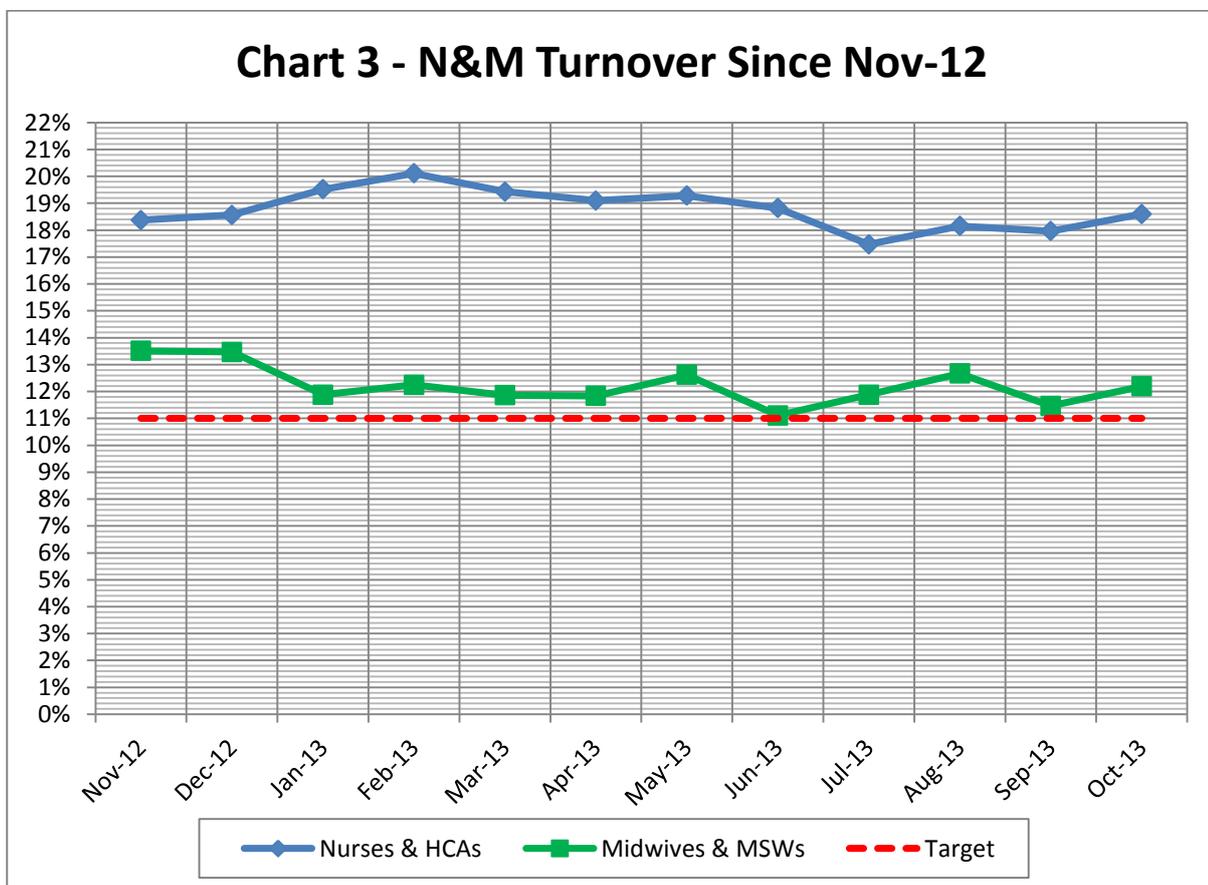
24. Retention of staff has been a key factor of the action plan, with progress in understanding reasons for staff leaving and a range of strategies to ameliorate this. Key to ensuring the retention of staff is ensuring there are consistently sufficient Trust staff within the clinical areas and therefore addressing the vacancy factor had been essential as a first step, and therefore a significant area of focus.
25. A number of other measures have been undertaken to improve retention of nursing staff and are outlined below.
26. **Trust Induction** - Ensuring a positive welcome to the Trust as 'first impressions last' has been an accompanying component of the recruitment focus. A series of specific corporate nursing induction sessions for new staff recruited have taken place since May 2013 to ensure all requirements such as drug administration competencies as soon as possible and other requirements such as dementia care are met upon joining the Trust. To date new Trust staff have positively endorsed this induction process. New starters have also been provided with green 'new starter' badges to clearly identify to other staff and patients they are new. Feedback from new starters has also been extremely positive. A welcome tea party was also held for the most recent cohort of starters during their first week with senior members of staff from across the Trust.
27. **Ward Leadership** - A key determinant of ensuring on going recruitment and retention of staff is the leadership that is provided at ward level. Ward Sisters/ Charge nurses are therefore pivotal to delivering this. A key recommendation of the Francis report is that Ward Sisters/ Charge nurses should operate in a supervisory capacity and not be office-bound or expected to double up, except in emergencies, as part of the nursing provision on the ward. This is to enable them to effectively monitor the care relating to every patient on the ward, be visible to patients, staff and relatives.
28. The Trust has already established supervisory Ward Sisters & Charge nurses. However, simply establishing supervisory roles does not in itself ensure Ward Sister/ Charge nurses operate in a supervisory way. To support this since February 2013 two cohorts of Ward Sister/ Charge nurse & equivalent level nursing & midwifery leaders undertook a leadership development programme.
29. The Director of Nursing & Patient Experience has commenced a further piece of work aimed at ensuring explicit expectations of the Ward Sister/ Charge nurse role and improving their leadership capabilities. This work will last until February 2014 and includes all Band 7 Ward Sisters/ Charge nurses. Two external senior nurses are working alongside Ward Sister/ Charge nurses to provide one-to-one feedback and identification of development requirements. A series of leadership master classes will also be held with the Ward Sister/ Charge nurses on emerging themes through the course of the work. They will also work with the Ward Sister/ Charge nurse on individual ward development and improvement plans.
30. To improve visibility of the Ward Sister/ Charge nurse, new uniforms are being provided specifically for this group, so as to be more distinctive and different to the deputy Ward Sister/ Charge nurses who currently wear exactly the same as the Ward Sister/ Charge nurse.
31. The reduction in ward sizes within the medical wards and the creation of a 7<sup>th</sup> ward from July 2013 was implemented in order to provide a greater Ward Sister/ Charge nurse to bed & staff ratio, thus facilitating a greater overview of patient care and staff need over a more manageable size of ward. This has some disadvantages particularly in relation to escalation capacity management and economies of scale that smaller wards have particularly in relation to staffing. Going forward further consideration of all of the impacts of this will be required.

In addition to the Development of Band 7 Ward Sister/ Charge nurses, a programme of work for all band 6 deputy Ward Sister/ Charge nurses has commenced in November 2013 and will be completed by February 2014. The programme covers a range of skills and scenario based training focused on management of the ward in the absence of the Ward Sister/ Charge nurse.

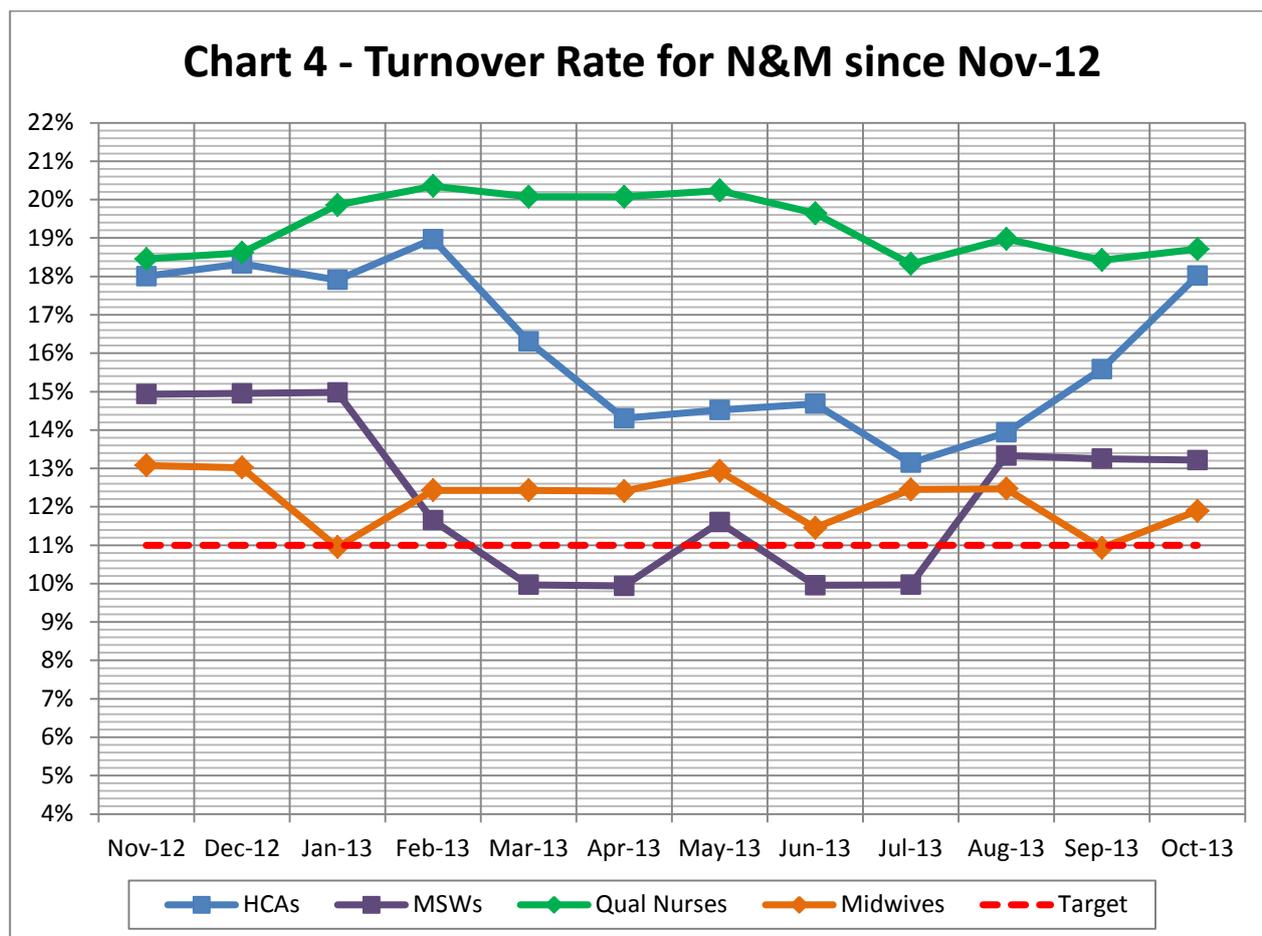
32. **Practice Development** - Maternity services have a well-developed and supportive system of practice development midwives for pre-and post-registration staff. There is rich body of evidence to support the role of Practice Development Nurses (PDN) in clinical practise. Staff that receive support through preceptorship and practice development report increased job satisfaction and feelings of being valued within an organisation. With a large proportion of the nursing workforce in ward areas at Kingston coming from newly qualified recruitment, it is important that they are sufficiently supported to adjust to their new roles.
33. The practice development team providing support to the emergency services division has been significantly strengthened since May 2013. Leadership of the team is now through the Head of Practice Development (Nursing) and comprises of 1 Band 7, and 3 Band 6 nurses (one temporary funded through mentorship funds from Health Education South London (HESL). With the final staff member commencing in the next month the team will be at full strength. This is a significant step in ensuring support to staff development and improving practice standards, and in addition provides a further career development opportunity within the Trust which will contribute to retention.
34. **Staff Facilities** – It is important that staff in ward areas are valued and have facilities which are conducive for the taking a break. Charitable funding was made available for ward teams to bid for improvements to staff room facilities which were identified through an executive and non-executive walkabout as requiring improvement. These grants were made in October 2013 and teams are in the process of making purchases to improve staff facilities in the wards.

**Turnover**

35. Chart 3 provides an overview of turnover of nursing and midwifery staff since November 2012. This remains mainly static and higher than desired. Whilst significant progress has been made in reducing vacancy levels the impact of strategies to improve retention are yet to fully show in turnover figures.



36. Chart 4 shows some slight improvement in registered nurse turnover, although this remains in some way off Trust average. Increases in MSW and HCA turnover since July 2013 are noted, some of which is driven latterly by increased turnover to nurse/midwife training.
37. In July 2013 changes in the medical wards to ensure the 1:10 ratio of registered nurses to patients at night and the move to smaller wards resulted in HCAs on the majority of medical wards no longer working nights. Whilst this enriched the skill mix to patients, it also resulted in changes to the conditions for some HCAs, i.e. loss of unsocial hours, payments at night and working pattern changes. These are amongst the lowest paid roles within the Trust and therefore even small changes in the ability to supplement income through unsocial hours working can have an impact for this group.



38. Since the last update to the Trust Board a review of staffing requirements within the wards at night in September 2013, in addition to the enriched registered nurse to patient ratios at night, an additional HCA has been added to the medical wards staffing complement at night. This is expected to assist retention within this staff group through work pattern availability and income opportunities. To date the addition of this has been positively endorsed by staff. Nurse sensitive indicators over time will provide feedback or impact to patients.
39. With completion of the immediate actions of the recruitment and retention plan it is clear that the pressure on maintaining active and on-going recruitment particularly in areas where pockets of hard to recruit staff exist such as theatres needs to continue. However the initial measures to support further reductions in turnover need time to embed, be fully evaluated and supplemented with additional measures as required. To this end it is planned that a review of impact on turnover be undertaken in early 2014.

40. The planned development of an education strategy during 2014/15 for the Trust will be another key contributor to reducing turnover of staff and it is therefore vital nursing and midwifery education is a clear component of this.

### **2013/14 Establishment progress and next steps**

41. The CQC unannounced inspection in July 2013, found the Trust to be compliant with outcome 13 – safe staffing, which included an assessment of nurse staffing.

42. Appendix A provides an overview of each of the adult ward areas and any changes to establishments since the last report to the Trust Board in May 2013. These wards are all compliant with the requirements set by the Trust in 2011/12 as described earlier in the report. The main changes include:

- Within the medical wards to provide an additional healthcare assistant during the night. This change was made following review of the establishments by the Director of Nursing & Patient Experience and feedback from patients and staff.
- Within the medical wards where recruitment to band 6 roles has been slow, some minor changes to band 6 numbers have been made in November 2013 to ensure full recruitment to registered nurse posts and also the ability to fund the additional HCA establishment within the identified wards therefore replacement of a small number of band 6 roles with band 5s is being made. The provision per ward still enables sufficient shift cover 24/7 with senior staff and makes no change to the registered nurse to patient ratio or the overall registered nurse shift staffing numbers. It does increase the establishments for HCA, but this has been done in line without compromising the Trust required (as recommended by the Royal College of Nursing) total establishment split of 65% registered nurse to 35% healthcare assistant in adult ward areas.

43. The new guide to nursing, midwifery and care staffing capacity and capability *How to ensure the right people, with the right skills, are in the right place at the right time*, published by NHS England on 20<sup>th</sup> November 2013 will need consideration. This will be reported through the bi-annual nursing establishment report to the Trust Board and in the Francis Enquiry update to the Board in January 2013.

44. During February/ March 2014, a further collection of acuity/ dependency data will take place in line with available evidence based tools and will be triangulated with the other sources of review as outlined in section 9. Results of changes required will also be reported through the bi-annual report to the Trust Board.

45. A weekly ward performance report has been developed for review by ward teams, service lines and the Executive Management Committee. This report includes nurse sensitive indicators and measures compliance with meeting Trust agreed staffing and skill mix ratio. The report commenced in late October 2013 and further work is taking place to refine data quality and processes to ensure usage for improvement where identified.

46. A review of the way in which 'specials' or 1 to 1 nursing for patients in ward areas at high risk of such things as falls is currently taking place. This needs to be done to improve the overall quality of 'specialing', to ensure financial sustainability, and provide adequate mechanisms for staff to use in assessing and mitigating risks which may include use of a 'special'.

47. The Director of Nursing & Patient Experience has been undertaking detailed reviews of the adult ward areas in the first instance and further detailed reviews of other areas of the Trust not fitting this category i.e. A&E, paediatrics etc. are taking place over the next 3 months.

## Conclusion & Recommendations

48. There has been significant progress and success in reducing the vacancy factor across nursing. There is clearly further progress to be made in reducing turnover and ensuring embedding of measures taken so far to support turnover reductions.
49. The provision of an additional HCA at night within the medical wards staffing at night has been implemented since September 2013 with positive feedback from staff on the impact. Further assessment of impact against nurse sensitive indicators will need to be assessed over time.
50. A further series of measures within 2013/14 are planned such as acuity/dependency scoring, review of use of 'specials' and detailed reviews of areas outside of the adult ward areas and will be reported to the Trust Board in May 2014.
51. The recent Government response in full to the Francis Enquiry is being reviewed and will need to be considered within the Trust, along with the new guidance on nurse staffing. The Trust Board is due to receive an update in January 2014 on progress with the Francis GAP analysis. Should further changes to the Trusts approach to nurse staffing arise from this review then this will be reported at this stage ahead of the next nurse staffing update to the Board in May 2014.
52. The Trust Board are therefore asked to
  - a) **Note** progress with the recruitment & retention plan for nursing in line with the Trusts corporate objectives
  - b) **Endorse** the changes made to the nursing establishment since May 2013
  - c) **Endorse** the remaining steps to be taken during 2013/14 with the nursing and midwifery establishments

### Appendix A - Summary of Adult Ward Establishments - November 2013

Ward	Speciality	Beds	Changes made since May 2013
Hamble	Respiratory	24	Additional HCA each night shift Replacement of 1.61wte Band 6 with 1.61 wte band 5 registered nurse
Hardy	Gastroenterology	24	Additional HCA each night shift Replacement of 1.61wte Band 6 with 1.61 wte band 5 registered nurse
Blyth	Care of Elderly	24	Additional HCA each night shift Replacement of 1.61wte Band 6 with 1.61 wte band 5 registered nurse
Bronte	Cardiology	30	Additional HCA each night shift Replacement of 0.56 wte Band 6 with 0.56 wte band 5 registered nurse
Keats	Stroke	20	Additional HCA each night shift – provided through reduction in RN early per weekday and long day Sat/Sun. Establishment meets required stroke network standards
Kennett	Care of Elderly	24	Additional HCA each night shift Replacement of 1.61wte Band 6 with 1.61 wte band 5 registered nurse
Derwent	Care of Elderly	24	Additional HCA each night shift Replacement of 1.61wte Band 6 with 1.61 wte band 5 registered nurse
Alex	Surgery	20 (M-F) 15 (S-S)	No change – review of establishment taking place as planned weekend bed closures has been challenging
Astor	Surgery	20	No change
Canbury	Orthopaedics	8	No change
Cambridge	Orthopaedics	30	No change
Isabella	Gynaecology	10	No change - establishment will increase in line with change to 15 beds upon move of Isabella Ward to Esher Wing – anticipated Dec 2013
AAU	Acute Medical/Surgical Admissions	40 + 10 day trolleys	Transfer of establishment from Surgery associated with increase in day trolleys has been completed