BOARD OF DIRECTORS

NOVEMBER 2018

ANNUAL NURSING WORKFORCE REVIEW 2018

1. INTRODUCTION

A paper was presented to the January 2018 Executive Committee outlining the position in relation to nursing and midwifery workforce assurance review process for 2018 across the South Tyneside and Sunderland Healthcare Group. This paper proposed that staffing reviews, including AHPs for the first time, would be undertaken between May and July across both sites. Community services reviews will be included in the 6 month review paper that will be presented March 2019.

The reviews were planned in 3 phases:

- Phase 1 – City Hospitals Sunderland (CHS) and South Tyneside NHS Foundation Trust (STFT) acute (including OPD and AHPs) May - July
- Phase 2 – STFT Community services, CHS AHPs, ED and OPD CHS – November 18
- Phase 3 – 6 month reviews – March 2019.

This paper outlines the findings of the Phase 1 review for Nursing in STFT acute services.

Whilst aware of potential changes, as result of the Path to Excellence work, the staffing requirements have been based on current requirements, and further service specific reviews will be undertaken as part of the Path to Excellence work as required.

2. BACKGROUND

NICE safe staffing for acute wards (2014) states that whilst there is no single nurse-patient ratio that can be applied to inpatient wards, there is evidence of increased risk of harm associated with a Registered Nurse (RN) caring for more than 8 patients during day shifts.

Current research evidence also demonstrates that higher registered nurse to patient ratios result in better patient outcomes (see below). Our aspiration is to achieve safe staffing ratios in acute care of 1 RN to 6 patients on day shift and 1 RN to 8 patients on night duty. Current compliance against this aspiration is reported in the monthly Quality Report.

There is a growing body of evidence to show that staffing levels in hospitals are associated with positive patient outcomes. Low nurse staffing levels are associated with adverse outcomes in hospital, most notably mortality (Griffiths et al 2016). Missed nursing care, any aspect of care omitted or delayed, has also captured attention, with some evidence that it is

associated with adverse patient outcomes (Carthon et al 2015). Enquiries into potentially avoidable deaths in hospital demonstrate how omissions by nursing staff, such as failure to measure vital signs or recognise early signs of deterioration can lead to serious adverse outcomes/avoidable deaths (Dagmar et al 2007). A review of 102 studies concluded that increased graduate registered nurse staffing levels are associated with lower rates of hospital mortality and adverse patient outcomes.

A comprehensive review was undertaken at STFT for both acute and community services in 2017, which resulted in investment of approximately £1 million for acute services. However recruitment into these additional posts, while improving as noted in the Quality Report remains challenging. This means there is a continued reliance on agency nursing and overtime as well as the use of NHS Professionals to ensure safe staffing. The table below (table 1) shows overtime, bank, additional hours and agency spend in last financial year.

Table 1.

STFT	Actual spend 17-18 (£)
Additional hours	411,809
Overtime	555,906
NHSP	2,600,741
Agency	714,857
Grand total	4,283,313

Notes:

- NHSP at South Tyneside includes bank costs paid via South Tyneside payroll prior to transfer to NHS Professions in October 2017 to give better comparability
- Above table includes Registered Nursing and Healthcare Assistant spend
- Haven Court is excluded from above
- Total budget for nursing at STFT =£68,224k. Year end position 17/18 £1,566k underspent
- Current underspend to month 6 for STFT registered nurses and health care assistants is £1,249k.

Our ambition is to eliminate agency nursing use and minimize overtime across the healthcare group and use only NHSP as our source of additional nursing staff.

3. STFT REVIEWS

When undertaking the nurse staffing reviews it was clear that many areas have historically accepted an increase in workload/change in service without a business case to secure the associated additional resource.

When the services can no longer manage the increased workload “creep” within their nurse staffing resource the establishment review meeting is viewed as a means of realigning the workforce to meet the demand. This is not the purpose of the annual nursing workforce review process and the business case route is the appropriate means of addressing the resource needs of extra demand. As part of those business cases a professional review of the proposals will be given.

3.1 Emergency Department

The numbers of ENPs currently budgeted is slightly more than required, however, the funding is currently split between band 6 (60%) and band 7 (40%). In most organisations, (including CHS), ENPs are employed as band 6, and then move to a band 7 on completion of the competencies associated with working as an autonomous nurse practitioner. This is not the case in STFT, which has resulted in a high turnover of band 6 ENPs in recent years, usually after significant training investment. The role and function of the ENP workforce, including banding will need to be aligned across the Healthcare Group post merger. To achieve this investment will be required in the current band 6 ENPs to obtain the skills and training, with a plan to fulfill the role of band 7 ENPs.

Also to achieve more effective skill mix additional support from HCAs should be introduced to support patient flow by enabling ENPs to delegate tasks such as plastering and dressings. This would also have the additional benefit of minimizing lone working.

The costings for this change in skill mix would be £115,744. However, as the majority of staff in the department are currently band 6, it will take 1-2 years for them to complete the training fulfill the band 7 ENP role, it is anticipated this would be a staggered process.

3.2 ITU

The CQC inspection at STFT in December 2017, identified that the department would benefit from an HCA on night duty. To achieve this would require 2.39wte at a cost of £72,025. This is not supported when compared with midnight bed occupancy rates.
It was also suggested that a coordinator was required for the unit, (NICE recommendations is for a coordinator in a unit of 6 beds or more). This would require an increase in establishment of 2.15wte RNs at Band 6 costing £86,590. Given that phase two of the Path to Excellence work includes ITU it is proposed that these issues are addressed as part of that work.

3.3 SCBU

Phase 1 of the Path to Excellence work has identified significant changes for this service. However in the interim to maintain a safe service and meet national requirements, requires 2 RNs to be on duty every shift, an increase in establishment of 3.55wte RN**,** to staff 4 cots. This is currently being delivered at risk and with support from Maternity service and Paediatric department. However, the service remains fragile and is causing staffing pressures in Maternity and Paediatrics. The staffing issue will be addressed on implementation of the clinical service review.

3.4 Paediatric ED

Historically there was a shift in workload from OPD to Paediatric ED, without any staffing resource. This has resulted in staffing pressures in Paediatric ED which will need to be addressed as part of the Path to Excellence work or via a business case.

3.5 Rehabilitation after Critical Care (Racci) Service, Adult ED – coordinator Assistants, Ambulatory Emergency Care

These areas all identified requirement for additional posts, which are currently funded at risk, and if these are to be progressed they will require a business case.

4. FUTURE PLANS

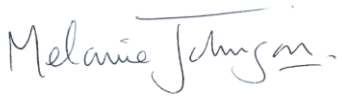
Nursing workforce is an ever changing/evolving process, with many recommendations coming from NHS improvement, and the National Quality Board. To provide safe staffing to our patients and to ensure compliance with all of these recommendations, further work on nurse staffing will include:

- more robust use of Safe Care to ensure that the data reflects patient need and is used to manage staffing according to that need
- the potential role of nursing associates
- review of bands 1-4 nursing workforce and interface with facilities/Choice
- the impact of having a Band 6 on every shift
- review of handover/shift times
- review Predicted Absence Allowance
- review of latest NHSI guidance “Workforce Safeguards”

The potential to do workforce reviews by clinical team rather than professional group also needs to be considered given changing service need, recruitment challenges and new role development.

5. RECOMMENDATIONS

The Board of Directors is asked to note the contents of this paper and support the proposed plans.



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