



Cover Sheet

Public Trust Board: Wednesday 13 March 2024

TB2024.24

Title: **Nursing and Midwifery Evidence-based Staffing Establishment Reviews. Autumn 2023**

Status: **For Information**

History: **Regular Reporting**

Board Lead: **Chief Nursing Officer**

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Confidential: **No**

Key Purpose: **Assurance**

Executive Summary

1. It is a requirement for all NHS Trusts to undertake a formal nursing and midwifery inpatient establishment review, bi-annually, using evidence-based tools, professional judgement, and clinical outcomes.
2. OUHFT has been consistently compliant with this approach since 2014.
3. To fully comply with the 2018 developing workforce safeguards, there is a requirement for the reviews to be undertaken in collaboration with finance and HR workforce representation and signed off by the Chief Nursing Officer.
4. The approach that enables full compliance was approved at TME in 2020. With one of the two reviews to be aligned to inform decision making at annual budget setting and to inform any divisional initiated business planning proposals.
5. Compliance with the 2018 Developing workforce Safeguards and CNO sign off enables presentation of the nursing and midwifery staffing position to Board from both an assurance and risk perspective.
6. This paper is presentation of the review results for the nursing and midwifery staffing establishments, Autumn 2023.

Recommendations

7. The Trust Board is asked to:
 - Note the actions following each divisional review.
 - Note this routine governance process where the CNO approves that all current staffing establishments for nursing midwifery staffing are safe.

Nursing and Midwifery Evidence-based Staffing Establishment Reviews. Autumn 2023

1. Background

- 1.1. In 2013 Sir Robert Francis QC published his final report of the inquiry into failings at Mid Staffordshire NHS Foundation Trust. The report told a story of appalling suffering of many patients within a culture of secrecy, defensiveness and highlighted a whole system failure. The National Quality Board in November 2013 set out expectations in relation to getting nursing, midwifery, and care staffing right. It provided a clear governance and oversight framework alongside recommended evidence-based tools, resources, and examples of good practice to support NHS providers in delivering safe patient care and the best possible outcomes for their patients.
- 1.2. In 2016 NQB published updated guidance- Supporting NHS Providers to Deliver the Right Staff with the Right Skills in the Right Place at the Right Time. The paper updated NQB expectations that a 'triangulated' approach should be used to inform staffing decisions. It stated that an approach to deciding staffing levels based on patients' needs, acuity and risks, which is monitored from 'ward to board', will enable NHS provider boards to make appropriate judgements about delivering safe, sustainable, and productive staffing. CQC supports this triangulated approach to staffing decisions, rather than making judgements based solely on numbers or ratios of staff to patients.
- 1.3. In 2018, in support of NQB's 2016 recommendations, Developing Workforce Safeguards, Supporting Providers to Deliver High Quality Care through Safe and Effective Staffing was published by NHSI. The paper highlights policy that supports organisations to use best practice in effective staff deployment and workforce planning. The paper states that:
 - 1.3.1. Trusts MUST formally ensure NQB's 2016 guidance is embedded in their safe staffing governance.
 - 1.3.2. Trusts MUST ensure the three components are used in their safe staffing processes: evidence-based tools, professional judgement, patient outcomes, such as falls (Nurse Sensitive Indicators, NSI, that are reported every month to Board).
 - 1.3.3. An assessment or re-setting of the nursing/midwifery establishment and skill mix (based on acuity and dependency data using an evidence-based toolkit) MUST be reported to the Board by ward or service twice a year. The interim CNO decided that she would take a more formal approach to presenting an establishment review, taking a more robust

approach to assure the Board of safe staffing. This MUST be linked to professional judgement and patient outcomes.

1.3.4. Any redesign or introduction of new roles, including but not limited to nursing associates and advanced nurse practitioners, would be considered a service change, and MUST have a full QIA and go through the Trust formal business case process.

1.3.5. As part of the safe staffing review, the CNO MUST confirm in a statement to their board that they are satisfied with the outcome of any assessment that staffing is safe, effective, and sustainable.

2. Establishment Review Process for Nursing and Midwifery

2.1. The Trust carries out formalised evidence-based establishment reviews for nursing and midwifery.

2.2. Finance ledger, Electronic Staff Record and the E-roster should all align following this process, once approved, to ensure accuracy of One Person, One Post, and safety and efficiency in staffing deployment.

2.3. Individual reviews do take place outside of these timelines should it be required as part of a service delivery review (example: change of physical department location or change in patient activity).

2.4. Each division receives notification of the commencement of these reviews and is provided with their evidence by the Head Nurse for Workforce. The Divisional Directors of Nursing, (DDN) facilitate the reviews in collaboration with the Divisional Heads of Finance (HoF) and Divisional Heads of Workforce (HoW), supported by the Head Nurse for Workforce as required.

2.5. Presented at the reviews are any proposed changes to skill mix or numbers across the division within the existing budget.

2.6. Any reviews which result in a change to the required establishment and associated budgets will need to be presented as a formal business case as part of the usual Trust process.

2.7. This is completed as a division wide process, taking into account any reviews which result in a decrease to the required establishment.

2.8. Any skill mix alteration includes a full evidence-based QIA.

2.9. An exception report is provided to Trust Board twice yearly by the CNO. This is the report for Autumn 2023, the current staffing establishments for nursing and midwifery are approved as safe by the CNO.

3. Reviews MRC

- 3.1. MRC, carried out due process led by the DDN, the HoF and the HoW, supported by the Head Nurse for Workforce.
- 3.2. Each matron in turn presented their current establishment and any proposed changes to skill mix within budget. The temporary staffing spend, roster KPIs, and safe staffing evidence based metrics were reviewed alongside this.
- 3.3. The DDN, HoF and HoW, then reviewed budgets to align the establishments within these constraints, triangulating the safety and quality care requirements, the evidence-based metrics and senior nursing professional judgement.
- 3.4. In summary, MRC staffing considerations in this Autumn review were, increase in mental health, delirium, and cognitive impaired patients requiring one to one enhanced care observations. Future review of new role requirements for increased safety, and reduction of temporary staffing use, such as corridor nursing in ED. Education roles to be scoped for staff development and retention.
- 3.5. MRC review results are 51.1 WTE above the existing budget for 23/24 and are approved at divisional level with a proposal to set an additional local efficiency requirement to offset the additional budget requirement. This additional substantive budget will require business case approval at Trust level before the new establishment can be finalised.
- 3.6. Following the divisional process, a meeting was held, led by the CNO, supported by the Deputy Director of Finance, and the Deputy Director of Workforce. MRC current staffing plans and therefore budgets are approved as safe by the CNO.
- 3.7. There will be consideration of a business case proposal for future posts that it is believed the division require to improve care quality and staff retention. This will be considered further at the next review.
- 3.8. The MRC review included a review of grip and control on temporary staffing. The 23% uplift is consistently applied. Fortnightly meetings will commence with matrons, DDN, SFBP and HOW to review rostering and temporary staffing spend.
- 3.9. MRC has made the most progress with one person, one post and they have shared their best practice with other divisions. They are on track to complete by end of March 2024.

4. Review NOTSSCAN

- 4.1. NOTSSCAN, carried out due process led by the DDN, the deputy HoF and the HoW.

- 4.2. Each matron in turn presented their current establishment and any proposed changes to skill mix within budget. The temporary staffing spend, roster KPIs, and safe staffing evidence based metrics were reviewed alongside this.
- 4.3. The DDN, deputy HoF and HoW, then reviewed budgets to align the establishments within these constraints, triangulating the safety and quality care requirements, the evidence-based metrics and senior nursing professional judgement.
- 4.4. In summary, NOTSSCAN staffing considerations in this Autumn review are, increase in mental health, delirium and cognitive impaired patients requiring one to one enhanced care observations. Future review of new roles such as housekeepers at the Horton and the NOC to prevent nurses preparing meals. Uplift to allow ACP qualification and promotion to appropriate pay band. This to be reviewed in line with reduced occupancy at the NOC and the reduction in use of PICC line service.
- 4.5. Following the divisional process, a meeting was held, led by the CNO, supported by the Deputy Director of Finance, and the Deputy Director of Workforce. There is a requirement for 24/25 of 12.0 WTE related to year 2 of the PCCU business case and of 5.2 WTE for year 4 of the PCCU business case. NOTSSCAN current staffing plans and therefore budgets are approved as safe by the CNO.
- 4.6. There will be consideration of a business case proposal for future posts that it is believed the division require to improve quality of care and staff retention. This will be considered further at the next review.
- 4.7. The NOTSSCAN review included a review of temporary staffing spend. The uplift has been set at 23%.
- 4.8. NOTSSCAN have made significant progress with one person one post, despite vacancies in the team and are due to complete end of April 2024.

5. SUWON Review

- 5.1. SUWON carried out due process led by the DDN, the HoF and the HoW.
- 5.2. Maternity carried out due process led by the Director of Midwifery, the HoF and the HoW.
- 5.3. Each matron in turn presented their current establishment and any proposed changes to skill mix within budget. The temporary staffing spend, roster KPIs, and safe staffing evidence based metrics were reviewed alongside this.
- 5.4. The DDN, HoF and HOW, then reviewed budgets to align the establishments within these constraints, triangulating the safety and quality care requirements, the evidence-based metrics and senior nursing professional judgement.

- 5.5. The Director of Midwifery, SFBP and HOW have recently had a business case approved outside of this review process as part of the Maternity Development Programme and change in Maternity structure, so this process was completed prior to that.
- 5.6. Maternity review results are approved at divisional level. A business case has been approved for a Maternity staffing increase and this is under financial review.
- 5.7. Following the divisional process, a meeting was held, led by the CNO, supported by the Deputy Director of Finance, and the Deputy Director of Workforce. There is a requirement for 24/25 for a further 9 WTE posts above the current budgeted establishment which will be subject to business case approval. SUWON current staffing plans and therefore budgets are approved as safe by the CNO.
- 5.8. A business case for SUWON is required for further posts to be considered. The business case for maternity is under financial review. A 23% uplift was already in place.
- 5.9. SUWON need to increase their rate of progress for the one person one post initiative but are still aiming to complete by the end of March 2024.

6. CSS Review

- 6.1. CSS carried out due process led by the DDN, the HoF and the HoW, supported by the Head Nurse for Workforce.
- 6.2. Each matron in turn presented their current establishment and any proposed changes to skill mix within budget. The temporary staffing spend, roster KPIs, and safe staffing evidence based metrics were reviewed alongside this.
- 6.3. The DDN, HoF and HoW, then reviewed budgets to align the establishments within these constraints, triangulating the safety and quality care requirements, the evidence-based metrics and senior nursing professional judgement.
- 6.4. CSS review results are under corporate financial review as to whether they remain within budget and are approved at divisional level. Any additional substantive budget will require business case approval at Trust level.
- 6.5. Following this a meeting was held led by the CNO, supported by the Deputy Director of Finance, and the Deputy Director of Workforce. CSS current staffing plans and therefore budgets are approved as safe by the CNO.
- 6.6. A business case for CSS may be required for further posts to be considered. A 23% uplift was already in place. The concentration in CSS is on recruitment.

6.7.CSS need to increase their rate of progress for the one person one post initiative but are still aiming to complete by the end of March 2024.

7. Recommendations

7.1.The Trust Board is asked to:

- Note the actions following each divisional review.
- Note this routine governance process for nursing midwifery staffing, where the CNO approves that all current staffing establishments for nursing midwifery staffing are safe.

References

- NHSI, (2018), “Developing Workforce Safeguards. Supporting Providers to Deliver High Quality Care through Safe and Effective staffing”,
https://improvement.nhs.uk/documents/3320/Developing_workforce_safeguards.pdf
- NQB, (2016), “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”,