

## STANDARD OPERATING PROCEDURE

<b>Document title:</b>	<i>Wirral University Teaching Hospital (WUTH) SOP for Nurse Staffing Establishment Review Process V6.</i>
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### 1. Purpose of SOP

The purpose of this Standard Operating Procedure (SOP) is to provide structured guidance for the completion of the 6 monthly Nursing establishment reviews.

### 2. Abbreviations and Definitions

RN: Registered Nurse

CSW: Care Support Worker

DTI's: Deep Tissue Injury

WTE: Whole Time Equivalent

HROD: Human Resources & Organisational Development

CHPPD: Care Hours per patient Day

SSOT: Safe Staffing Oversight Tool

ADoN: Associate Directors of Nursing

WUTH: Wirral University Teaching Hospital

### 3. Who does this apply to?

This SOP applies to:

The Corporate Nursing Team,

Divisional Directors of Nursing,  
Finance Department  
Deputy Chief Nurse /Chief Nurse.  
AHP Lead  
Workforce Lead  
Ward Managers  
Matrons  
Divisional Directorate Managers

#### **4. When it should be used**

This procedure should be followed every 6 months and or in line with any service development changes.

#### **5. Procedure**

As per the guidance from the National Quality Board, Developing Workforce Safeguards, multi factorial indicators should be considered as part of the nurse staffing establishment process to provide an informed presentation of data to support professional judgement when setting Establishments. WUTH undertakes this presentation in the completion of Establishment review templates which consists of 92 indicators for consideration. Appendix 2.

It is the responsibility of the Corporate Nursing Team to populate 64% of the establishment templates, Divisions are asked to populate the remaining 36% of indicators and are also asked to confirm the details provided prior to the Confirm and Challenge meeting with the Chief Nurse and provide any amendments in advance of the meeting.

Using the guidance set out in the National Quality Board, Safe, sustainable and productive staffing guidance resource 2018. Summary table below as table 1. The Establishment templates are split into the following sections:

- Current Ward Model
- Staffing Data
- Acuity & Dependency Results
- Operational
- Patient Harms
- Workforce sensitive indicators
- Finance
- Additional support
- Patient experience
- Narrative
- Audit
- Staff Experience

Table 1:

Safe, Effective, Caring, Responsive and Well- Led Care		
<p align="center"><b>Measure and Improve</b></p> <p align="center">-patient outcomes, people productivity and financial sustainability- -report investigate and act on incidents (including red flags) - -patient, carer and staff feedback-</p>		
<p align="center">-implement Care Hours per Patient Day (CHPPD) - develop local quality dashboard for safe sustainable staffing</p>		
Expectation 1	Expectation 2	Expectation 3
<p align="center"><b>Right Staff</b></p> <p>1.1 evidence based workforce planning 1.2 professional judgement 1.3 compare staffing with peers</p>	<p align="center"><b>Right Skills</b></p> <p>2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention</p>	<p align="center"><b>Right Place and Time</b></p> <p>3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency</p>

### Current Ward Model

The current ward model sections comprises of 19 indicators, and identifies current Leadership, Speciality information, Skill Mix and skill ratios indicators including CSW band 2 / 3 models current and proposed.

### Staffing Data

This section compares staffing data with RCN guidance on nurse-to-patient ratios, CHPPD, Staffing incident data, SSOT intel data such as the number of professional judgement red shifts, Eroster completion and comparative benchmarking where available.

### Acuity and Dependency Audit results:

WUTH uses the Shelford Acuity (SNCT) Tool to measure Acuity and Dependency every six months. This is one of the recommended tools set out in the Quality board guidance. The audit consists of a minimum 21day day capture of each patient’s acuity and dependency level at the same time per day and is completed by the Ward Manager or the Ward Deputy these are then signed off by the divisional matrons and Associate Directors of Nursing. Corporate Nursing team also review and advise on any validation queries or any significant variances. Training where required is provided by the corporate nursing team. All documentation is provided by the Corporate Nursing Team

and distributed in advance of the audit. Audit forms are collected at regular intervals by the Corporate Nursing Team.

Results are broken down into different levels of required care which provides additional intel to inform professional judgment on required workforce skill mix and CSW / RN ratios.

### **Operational**

This section provides an opportunity for the division to highlight any environmental factors for consideration or additional services provided by the area of review.

### **Patient Harms (Nurse sensitive indicators)**

Nurse sensitive indicators is a generic term for several quality indicators, for the purpose of the establishment reviews this consist of a selection of patient harms and serious incidents as other nurse sensitive indicators are captured under further quality headings such as patient experience as detailed further in this SOP.

Patient Harms – for the purpose of the establishment review the data presented is based on prevalence per PTBD within the last 3 months and reviews of moderate and above hospital acquired harms.

### **Workforce sensitive indicators**

Workforce indicators are presented as a range of the last 6 months and the current / latest month data. Data is produced by HROD/ Workforce department and is collated by the Corporate Nursing Team.

Indicators for inclusions within the review template consist of:

- Mandatory Training Compliance – current month
- Appraisal Compliance – current month
- Sickness – 6 month range and current month
- Vacancy rate – 6 month range and current month for both RNs and CSWs
- Maternity – current
- Performance and Suspensions – current

### **Finance**

Data is requested from Finance and cross referenced with the divisional senior teams for inclusion in the establishment review templates and then populated by the corporate

nursing team. This section considers and prompts discussion in relation to NHSP spend and budget performance positions.

### **Additional Support**

This section allows an opportunity to look at the MDT approach to patient care allocated to the ward, this includes the provision and input from AHPs and reviews the support for student nurses as part of future workforce planning.

### **Patient Experience**

Patient experience is recognised as a fundamental quality measure and output indicator therefore several patient experience feedback indicators are included within this section including localised and national measures.

### **Narrative**

This section is for completion by the division and provides an initial opportunity to document current ward pressures and potential opportunity ward models for consideration as part of the establishment review.

### **Audit**

Quality Audit results are included from the last 3 months or in line with the auditing schedule. The audits included as part of the establishment review are as follows:

- Ward accreditation
- IPC annual audit
- Perfect Ward: Ward Sister
- Perfect Ward Matrons
- Safeguarding audit
- Controlled Drugs audit

### **Staff Experience**

This section is for completion by the division and collates key elements of staff experience these include exit interview themes and trends, national staff survey results including where available localised pulse data and freedom to speak up concerns.

### **Confirm and Challenge**

The template provides a section for narrative capture within the Confirm and Challenge process meeting, this includes summary notes from localised review between the Ward Manager, Matron and ADN, as outlined in the flow chart Appendix 1 Each template

should be signed by the Divisional Director of Nursing, Matron or Associate Director of Nursing, Ward Manager, Finance lead and Divisional Director.

Divisional Directors from other divisions not presenting are also asked to attend the confirm and challenge meetings to provide a level of interdependent challenge and professional judgment.

### **Specialist areas**

WUTH has a number of specialist areas where safer staffing is aligned to nationally agreed parameters or where a specialist acuity tool is in place to support establishment setting. These are:

#### Emergency Department:

The Shelford company introduced a specialist EDSNCT in 2022. The licence requirements for the use of the EDSNCT requires staff to undergo an evaluated training session by NHSE/I & Shelford group. Staff have to pass a test in order to be authorised to use the tool and provide cascade training within the organisation.

The EDSNCT is completed over a 12-day period at two points twelve hours a part until each of the 24hour periods is completed.

#### Critical Care

There is currently no validated acuity tool in place for the review of critical care staffing however patient acuity is defined into 4 levels, these levels have also been aligned to recommended nurse to patient ratios but are open to flexibility based on other factors such as presence of supervisory shift leaders, contribution of health care support workers, staff skill mix and environmental factors. These recommendations advise critical care units should have minimum nursing establishments that allow one registered nurse per patient staffing levels for level-3 (intensive care) patients; and one nurse for every two patients for level-2 (high dependency) patients. Skill mix and experience is a significant factor in deploying these recommended ratios as critical care nurses are expected to have specialist skills including, having knowledge of advanced assessments of patients' breathing and the advantages and disadvantages of non-invasive and invasive therapies to support breathing, such as mechanical ventilation.

#### Maternity Services

Maternity services use the Birth rate+ acuity and dependency tool, this tool is completed daily and is inputted into a centralised data capture system that supports regional collaborative support. In addition to the acuity tool NHS Maternity services are transitioning to a care delivery model "continuity of care". Outputs from the birth rate+ tool and progression to the continuity of care model is reviewed as part of the establishment review process.

### Children's services

Children's services adhere to the Royal College of nursing mandatory staffing levels guidance see table 2. This is primarily based on patients ages although additional acuity factors are considered for the high dependency unit using the critical care acuity level principle and staffing ratio recommendations.

Child age	Number of nursing staff	Number of children
Under 2 years	1	3
Above 2 Day shifts	1	4
Above 2 night shifts	1	5

**Appendix 1: Wirral University Teaching Hospital Establishment Review Process:  
Adult inpatients**

