

## NURSE ESTABLISHMENT REVIEW (NATIONAL QUALITY BOARD)

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Trust Board paper H

### Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	x
Noting	For noting without the need for discussion	

### Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)	8.6.2021	Nursing and Midwifery Board - discussion
Executive Board	15.06.21	Executive People and Culture Board - assurance
Trust Board Committee	24.06.21	People Process and Performance Committee - assurance
Trust Board		N/A

## Executive Summary

This report provides the Trust Board with an update on the latest UHL nurse establishment review that was undertaken in March 2021. Nurse establishment reviews must be undertaken by Trusts twice a year and reported to Board in order to comply with the National Institute for Clinical Excellence (NICE) safe staffing, National Quality Board (NQB) standards and the RCN nursing workforce standards. The review must provide the Board with the assurance that the Trust has a nursing workforce with sufficient planned safe staffing resources to meet the patient care requirements.

The establishments for all inpatient areas have been validated as part of the review:

- Agreed Nursing establishment by band
- Numbers of staff per shift, per band
- Skill mix ratios per shift (day and night)
- Nurse to patient ratios (day and night)

### The review confirmed the following key issues:

- Nursing and midwifery roster templates are correct and budgets are aligned to planned establishment and enable effective rostering.
- Planned establishments for wards achieve the recommended nurse to patient ratios during the day (i.e. ratio of 1:8). Four wards did not achieve the nurse to patient ratios during the night (i.e. a UHL determined ratio of 1:10). These were MSS Ward 24 GH and ASU LRI, RRCV Ward 28

Cardiology GH and Women's Ward 31 Gynaecology LGH, four areas which manage surgical pathways and have mitigation in place for additional staff moves or reduction in capacity to ensure patient safety.

- The Public Health England (PHE) guidance will necessitate service changes and establishment reviews and potential investment for same day emergency care (SDEC) and Out Patient Areas (OPA) to accommodate new infection prevention pathways.
- Children's services need an external review of services to benchmark and ensure they meet the respective guidelines to meet the Registered Children's Nurse to meet the (RCN 2020) patient ratio across all age groups within in patient wards.
- The Covid-19 pandemic has required an increased support in the clinical areas by senior nurses which has delayed the progress by HON of the service change requirements and quality impact assessments due to be taken through the respective CMG boards.
- New investment was funded and seen in the establishment budgets for the 2019/2020 winter wards of Ward 15 at the LRI and Ward 20 at the GH. Winter plans and temporary funding were seen for the additional 2020 winter pressure and pandemic requirements for Ward 22 at the LRI, an additional ward at GH under RRCV and ITU and Children's in-patient services.

## Questions

Are the Board assured that we have a nursing workforce with sufficient planned safe staffing resources to meet the patient care requirements so complying with the National Quality Board safe staffing guidance?

## Conclusion

The establishment review has not highlighted any significant concerns or gaps in:

- Nursing establishments by band
- Numbers of staff per shift, per band
- Skill mix ratios per shift (day and night)
- Nurse to patient ratios (day and night)

With the exception of

- A small, but reduced number of wards not complying with nurse to patient ratios due to vacancies mitigated on a daily basis to ensure patient safety.
- Where the Covid-19 pandemic has temporarily required increased workforces, establishment uplift to meet the service and infection prevention pathways.

## Input Sought

We seek Board confirmation that they are assured that UHL has a nursing workforce with sufficient planned safe staffing resources to meet the patient care requirements.

**For Reference (edit as appropriate):**

**This report relates to the following UHL quality and supporting priorities:**

**1. Quality priorities**

Safe, surgery and procedures	Not applicable
Safely and timely discharge	Not applicable
Improved Cancer pathways	Not applicable
Streamlined emergency care	Not applicable
Better care pathways	Not applicable
Ward accreditation	Not applicable

**2. Supporting priorities:**

People strategy implementation	Yes
Estate investment and reconfiguration	Not applicable
e-Hospital	Not applicable
More embedded research	Not applicable
Better corporate services	Not applicable
Quality strategy development	Not applicable

**3. Equality Impact Assessment and Patient and Public Involvement considerations:**

- What was the outcome of your Equality Impact Assessment (EIA)? - Not Undertaken
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required – Not applicable
- How did the outcome of the EIA influence your Patient and Public Involvement? - Not applicable
- If an EIA was not carried out, what was the rationale for this decision? - Not Applicable

**4. Risk and Assurance**

**Risk Reference:**

Does this paper reference a risk event?	Select (X)	Risk Description:
<b>Strategic:</b> Does this link to a <b>Principal Risk</b> on the BAF?	X	Principal Risk 5 - Failure to recruit, develop and retain a workforce of sufficient quantity and skills
<b>Organisational:</b> Does this link to an <b>Operational/Corporate Risk</b> on Datix Register	X	Risk 3148 Inability to recruit sufficient numbers of the right staff with the right skills
<b>New Risk identified in paper: What type and description?</b>		N/A
<b>None</b>		

5. Scheduled date for the **next paper** on this topic: to be confirmed

6. Executive Summaries should not exceed **5 sides** [My paper does comply]

## **1.0 NATIONAL GUIDANCE**

- 1.1 It is a requirement that NHS providers continue to have the right people, with the right skills, in the right place at the right time to achieve safer nursing and midwifery staffing in line with the requirements of the National Quality Board (NQB, 2016) that states providers:
- Must deploy sufficient suitable qualified, competent, skilled and experienced staff to meet treatment needs of patients safely and effectively.
  - Should have a systematic approach to determining the number of staff and range of skills required and keep them safe at all times
  - Must use an approach that reflects current legislation
- 1.2 The guidance also advises that boards must have a local dashboard that cross checks quality metrics and this should be reported monthly.
- 1.3 It should be noted that the paediatric establishment review in the Children's Hospital utilised the Royal College of Nursing (RCN 2013) and the NQB Safe, Sustainable Staffing (2018), both of which provide guidance / recommendations for nurse staffing levels and nurse to paediatric ratios.

## **2.0 METHODOLOGY FOR THE NURSE ESTABLISHMENT REVIEW**

- 2.1 Throughout March 2021, a 'confirm and challenge' process with each Clinical Management Group Head of Nursing was undertaken by the Corporate Nursing Directorate using the tools and guidance within the Safer Nursing Care Tool (SNCT), NICE Guidance (2014) Safe Staffing for Nursing in Adult Acute Wards and Developing Workforce Safeguards to inform the process. This was in line with the Setting and Reviewing Nurse Staffing and Established Standard Operating Procedure as approved in October 2020. Due to COVID-19 online teams meetings were completed by the Chief Nurse to review the outcomes of the September reviews and business planning to gain assurance that the nursing establishments remain correct and investment identified in the initial reviews has been approved.
- 2.2 Appendix 1 presents the following data for every ward / unit that has been validated with each Clinical Management Groups (CMGs):
- Agreed Nursing establishment by band
  - Numbers of staff per shift, per band
  - Skill mix ratios per shift (day and night)
  - Nurse to patient ratios day and night
  - Narrative providing assurance to data

## **3.0 REVIEW OF CMG NURSE ESTABLISHMENTS**

- 3.1 Roster templates and alignment to budget / establishment
- 3.2 The establishment reviews for all CMGs highlighted that roster templates continue to be aligned to budgets and enable effective rostering. All roster changes requested are

checked against budget in processing and follow the Standard Operating Procedure sign off process.

- 3.3 The Heads of Nursing (HON) provided assurance that Nursing Associates (NA) support the registered nurse to patient ratio and confirmed that on any planned or actual shift the NA will always be as a minimum the third registered professional.
- 3.4 Recommended registered 'nurse to patient' ratios remain in the establishment and minimally for the day (1:8) and at night (1:10), this is evident in the planned data from health roster. The establishments planned are compliant with this guidance to ensure patient safety. Five wards did not achieve the nurse to patient ratios during the night (i.e. a UHL determined ratio of 1:10). These were Musculoskeletal Ward 24 GH and ASU LRI, RRCV Ward 28 Cardiology GH and Women's Ward 31 Gynaecology LGH, four areas which manage surgical pathways and have mitigation in place for additional staff moves or reduction in capacity to ensure patient safety. In addition Specialist Medicine Hampton Suite however this is presently repurposed as a medical ward and has increased night staffing to mitigate.
- 3.5 The establishment reviews confirmed and demonstrated specialty and individual skill mix ratios with the rationale and assurance of the planned nursing workforce. The skill mix has no negative impact on the NQB guidance of nurse to patient ratio. See detail in Appendix 1 and assurance.
- 3.6 Roster management
- 3.7 All CMG's provided assurance that Carter Efficiencies are appropriately managed in line with the roster key performance indicators and no remedial actions were required. The HON identified from data presented in preliminary meetings where there were potential roster efficiency opportunities.
- 3.8 The 'Confirm and Challenge' monthly meetings have identified further benefits and roster efficiencies across the nursing teams. These meetings are led by the Assistant Chief Nurse and Lead Nurse for Rostering with the CMG Head of Nursing and identified members of the senior nursing team.
- 3.9 The registered nursing vacancy position faced an ongoing real challenge at the time of the establishment reviews due to the increase in funded establishments for 2019 and 2020 winter wards and the recent pandemic (creating vacancies that could not be easily recruited into). This has been further impacted upon by the interrupted international recruitment (international travel restrictions) and the delays in newly qualified nursing supply (temporary cessation of nurse training). The consequence of increased vacancies and the pandemic has seen an increased reliance on the temporary nursing workforce to achieve the nursing establishments to maintain safety.
- 3.10 HON will take establishment data packs to their respective CMG Boards for shared information.
- 3.11 HON will adhere to a revised process of submitting any changes to rota templates, planned establishments, inside or outside of the budget process through a new

establishment change document to ensure full oversight and an enhanced governance process with HON, and Chief Nurse approval (see Appendix 2).

- 3.12 It was also agreed that for any CMG requiring short-term (less than one month) critical funding for additional temporary staffing use (outside of the established budget) can only be added as additional shifts with Deputy Chief Nurse approval. In excess of one month, an additional establishment review meeting must be held with the Chief Nurse.

#### **4.0 CMG HIGHLIGHTS**

- 4.1 The CMG establishment reviews highlighted any exceptions to establishments from September 2020 and updated positions in March 2020 and these are listed in Table 1 appendix 3. The table cites where resolution has occurred, and any progress of business cases, outcomes and where funding was realised or where ongoing escalation in place.
- 4.2 New investment was seen in the establishment budgets for the 2019/2020 winter wards of Ward 15 at the LRI and Ward 20 at the GH. Winter plans and temporary funding were seen for the additional 2020 winter pressure and pandemic requirements for Hampton suite, Ward 22 at the LRI, an additional ward at GH under RRCV, ITU and Children's inpatient services.
- 4.3 The Public Health England (PHE) guidance will necessitate service changes and establishment reviews and potential investment for same day emergency care (SDEC) and Out Patient Areas (OPA) to accommodate new Infection prevention pathways and face to face appointments in ED/ GPAU and Ward 9 at the LRI, CDU at GH, and across CSI.
- 4.4 The establishment reviews confirmed ongoing reviews and monitoring of the service and acuity in three adult areas for feedback at the next Establishment review in September 2021 for CHUGGS ward 26, Emergency Medicine, short stay unit and MSS CMG.
- 4.5 Children's services plan an external review of services to benchmark with other Childrens Hospitals and ensure they meet the RCN 2020 patient ratio across all age groups within in patient wards.
- 4.6 Any service changes requiring establishment increases were confirmed as being taken through CMG business planning board with a quality impact assessments and business case, and recorded within the risk register.
- 4.7 Future establishment reviews will incorporate non inpatient areas to ensure total nursing establishment review captured and the identification of any risks, for example clinical nurse specialists, ambulatory pathways and theatre departments.
- 4.8 Retention of nursing and retirement projections continue to be highlighted as a risk to the nursing workforce in the next 5 years and with particular reference to clinical nurse specialists and then the consequential movement of ward based senior nurses into

these positions. The Covid-19 pandemic has further highlighted this risk and potentially within the immediate future. Future reviews attrition information will be included alongside the citing of any departmental risks and plans to mitigate.

- 4.9 The Covid-19 pandemic has resulted in a very difficult 12 months for staffing with risks identified to the planned establishment and is predicted to impact on services and workforce requirements in 2021/2022. The expansion of bed bases and the increased capacity in critical care resulted in the dilution of registered nursing skill mix in adult wards and in critical care. The increased sickness, reliance on reduced temporary staff impacted on fill rates across all registered and health care assistants on shift and the variations reported in UHL care hours per patient day. This continues to require management on a daily basis by the senior nursing team to ensure safety is maintained across the Trust.
- 4.10 The Covid-19 pandemic throughout the year required the senior nurses to support the clinical areas and consequently cancel attendance at senior meetings. The HON noted delays taking service change requirements, quality impact assessments and business cases through the respective CMG boards for business planning.

## **5.0 CONCLUSION**

- 5.1 The establishment review has not highlighted any significant concerns or gaps in nursing establishments and where service changes and increased establishments are required in 2021 they have been taken through the CMG business planning board with a Quality Impact Assessments.
- 5.2 New investment was funded and seen in the establishment budgets for the 2019/2020 for winter wards (Ward 15 at the LRI and Ward 20 at the GH). Winter plans and temporary funding were seen for the additional 2020 winter pressure and pandemic requirements for Ward 22 at the LRI, an additional ward at GH under RRCV and ITU and Children's in-patient services.
- 5.3 The new PHE guidance will necessitate service changes and establishment reviews and potential investment for same day emergency care (SDEC) and Out Patient Areas (OPA) to accommodate new infection prevention pathways.
- 5.4 Children's services plan an external review of services to benchmark and ensure they meet the respective guidelines to meet the Registered Children's Nurse to meet the (RCN 2020) patient ratio across all age groups within in patient wards.
- 5.5 The Covid-19 pandemic has required an increased support in the clinical areas by senior nurses which has delayed the progress by HON of the service change requirements and quality impact assessments due to be taken through the respective CMG boards.
- 5.6 The Board is asked to note the work currently being undertaken and confirm that they are assured that there is compliance with national safe staffing guidance

6.0 **APPENDIX 1**

	RN's on E	RN's on L	RN's on LD	RN's on N	UnReg on E	UnReg on L/Mid	UnReg on LD	UnReg on N	Max NA's on LD	Max NA's on N	Registrant to patient ratio (Day)	Registrant to patient ratio (Night)	Skill Mix Registrant: Unregistered Day	Skill Mix Registrant: Unregistered Night
<b>GI Surgery/Medicine/Urology</b>														
LGH-W/d 20 Surgery	1	1	2	2	0	0	3	2	1	0	5.67	8.50	57/43	50/50
LGH-W/d 22 Female surgery	2	2	1	2	1	1	1	2	1	0	6.67	10.00	75/25	50/50
LGH-W/d 23 Surgery Admissions (Day)	1	1	1	0	1	1	1	0	0	0	7.50	0.00	50/50	N/A
LGH-W/d 26 Urology Surgery	2	2	1	3	2	2	1	2	0	0	8.33	8.33	50/50	60/40
LGH-W/d 27 Surgery (& SACU)	2	2	3	3	1	1	2	3	1	1	4.60	7.67	63/37	50/50
LGH-W/d 28 Surgery/Urology Admission	1	1	3	4	1	1	2	2	1	1	6.25	6.25	57/43	50/50
LGH-Pre-assessment W/d 28a (Day)	0	0	6	0	0	0	6*	0	0	0	0.00	0.00	50/50	N/A
LGH-W/d 29 Surgery Admission	2	2	2	3	1	1	2	2	1	1	6.75	9.00	57/43	60/40
LRI-W/d 16 SAU (Previously W/d 8)	3	2	3	5	3	2	2	4	1	1	5.00	6.00	55/45	55/45
LRI-W/d 21 Surgery (Previously 22)	4	4	2	4	4	3	2	3	0	0	4.33	6.50	50/50	57/43
LRI-W/d 42 Gastro Med	2	2	2	3	2	2	1	2	1	1	7.00	9.33	57/43	60/40
LRI-W/d 43 Gastro Med/Hepat	2	1	3	3	0	0	3	2	0	0	5.60	9.33	63/37	60/40
<b>Specialist Medicine</b>														
LGH-Brain Injury Unit	1	1	2	2	1	1	1	2	0	0	3.00	4.50	60/40	50/50
LGH-NRU Neuro Rehab	1	1	2	2	1	1	2	2	1	0	5.33	8.00	50/50	50/50
LGH-W/d 1 Day Case	1	0	6	0	1	0	2	0	1	0	0.00	0.00	70/30	N/A
LGH-W/d 3 Stroke Rehab	1	1	2	2	0	0	3	2	0	0	5.00	7.50	50/50	50/50
LRI-Hampton Suite	2	2	1	2	2	2	2	3	0	0	8.00	12.00	60/40	40/60
LRI-Infectious Diseases Unit	2	2	1	2	1	1	1	2	1	0	6.00	9.00	60/40	50/50
LRI-Stroke W/ds 25/26	2	2	5	5	2	2	3	4	1	1	5.14	7.20	58/42	55/45
LRI-W/d 23 Specialist Med	1	1	4	3	3	3	2	2	0	0	5.60	9.33	50/50	60/40
LRI-W/d 24 Specialist Med	1	1	4	3	1	1	4	2	1	1	5.40	9.00	50/50	60/40
LRI-W/d 29 Older People	2	2	4	3	2	1	3	2	1	1	4.83	9.67	55/45	60/40
LRI-W/d 30 Older people	2	2	3	3	1	1	3	2	0	0	5.80	9.67	55/45	60/40
LRI-W/d 31 Older People	2	2	3	3	2	2	3	2	0	0	6.00	10.00	50/50	60/40
LRI-W/d 33 (Medicine)	2	2	4	3	2	2	3	3	1	1	4.67	9.33	55/45	50/50
LRI-W/d 34 (Medicine)	2	2	3	3	2	2	3	3	0	0	5.20	8.67	50/50	50/50
LRI-W/d 36 Older People	1	1	4	3	1	1	4	2	1	1	5.60	9.33	50/50	60/40
LRI-W/d 38 Diabetes/Endocrine	2	2	3	3	1	1	3	2	1	1	5.60	9.33	55/45	60/40
<b>ITAPS</b>														
GH-ITU - Glenfield (General and Cardiac Ir	16	16	4	21	4	4	0	2	0	0	1.10	1.05	83/17	91/9
(Gen.Surgery,Urology,Gynae,Ortho & Renal Transplant)	13	13	0	13	2	2	1	0	1	1	1.15	1.15	82/18	100/0
LRI-ITU (Gen.Surgery,Haematology,Med,f	24	24	0	24	2	2	0	1	1	1	0.88	0.88	92/8	96/4



	RN's on E	RN's on L	RN's on LD	RN's on N	UnReg on E	UnReg on L/Mid	UnReg on LD	UnReg on N	Max NA's on LD	Max NA's on N	Registrant to patient ratio (Day)	Registrant to patient ratio (Night)	Skill Mix Registrant: Unregistered Day	Skill Mix Registrant: Unregistered Night
<b>MSS</b>														
LGH-W/d 14 Elective Ortho	1	1	2	2	0	0	3	2	1	0	6.00	9.00	50/50	50/50
LGH-W/d 16 (Prev LRI-W/d 22)	0	0	4	2	0	0	2	2	0	0	5.00	10.00	57/43	50/50
LGH-W/d 18 Elective Ortho	1	1	4	0	1	1	1	0	0	0	3.40	N/A	71/39	N/A
LGH-W/d 19 Elective Ortho (Closed)	0	0	4	2	0	0	3	2	1	0	5.00	10.00	57/43	50/50
LRI-W/d 17 Spinal/Trauma Ortho	2	2	3	3	1	1	4	3	1	1	4.80	8.00	50/50	50/50
LRI-W/d 18 Trauma Ortho Admissions	1	1	4	3	0	0	5	3	1	1	5.60	9.33	55/45	50/50
LRI-W/d 32 Trauma Ortho	2	2	3	3	1	1	3	3	1	1	4.80	8.00	55/45	50/50
GH-W/d 24 Breast + Gen Surgery	0	0	5	2	1	0	1	1	0	0	4.40	11.00	71/29	66/34
LRI-ASU	0	2	3	2	0	0	2	1	1	0	10.00	15.00	75/25	N/A
LRI-Kinmonth Unit Head, Neck, ENT Surg	0	0	4	2	1	0	1	0	0	0	3.50	7.00	63/37	50/50
LRI-W/d 9 Spec Surg Admission	1	1	3	2	0	0	2	2	0	0	4.25	8.50	66/34	50/50
<b>RRCV</b>														
GH-Coronary Care Unit	0	0	7	6	0	0	2	2	1	1	2.71	3.17	77/23	75/25
GH-CDU	3	3	13	16	2	2	9	8	1	1	3.75	3.75	59/41	66/34
GH-Modular Respiratory Ward/20 (prev G	4	4	4	7	4	4	0	3	0	0	3.50	4.00	66/34	70/30
GH-W/d 15 Respiratory (prev 27)	2	1	3	3	1	1	3	2	1	1	0.00	0.00	55/45	60/40
GH-W/d 16 Respiratory	1	1	4	4	1	1	2	2	0	0	6.00	7.50	62/38	66/34
GH-W/d 17 Respiratory	1	1	6	5	1	1	3	3	1	1	4.29	6.00	55/45	62/38
GH-W/d 23	1	1	6	5	0	0	5	4	1	1	4.71	6.60	58/42	55/45
GH-W/d 26 Thoracic Surgery	0	0	5	4	0	0	3	1	1	1	5.00	6.25	62/38	80/20
GH-W/d 27 Cardiology (moved to GH 20)	0	0	4	4	0	0	2	1	0	0	3.50	3.50	66/34	80/20
GH-W/d 28 Cardiology	1	1	4	3	1	1	3	2	1	0	6.20	10.33	55/45	60/40
GH-W/d 29 Respiratory	1	1	3	3	0	0	3	1	0	0	6.25	8.33	57/43	75/25
GH-W/d 31 Cardiac Surgery	1	1	6	5	1	2	3	1	1	1	4.71	6.60	58/42	83/17
GH-W/d 32 Cardiology Procedures	0	0	4	2	1	0	2	0	1	0	4.75	9.50	57/43	100/0
GH-W/d 33 Cardiology	1	1	4	3	1	1	2	2	1	1	5.80	9.67	63/37	60/40
GH-W/d 33A Cardiology	0	0	3	2	0	0	2	2	0	0	6.67	10.00	60/40	50/50
LGH-W/d 10 CAPD Renal	5	5	0	2	4	3	0	2	1	0	3.60	9.00	55/45	50/50
LGH-W/d 15 High Dependency Renal	4	4	0	3	1	1	0	1	1	1	2.25	3.00	80/20	75/25
LGH-W/d 15 Nephrology Renal	4	4	0	2	2	2	0	2	0	0	4.25	8.50	66/34	50/50
LGH-W/d 17 Renal Transplant	3	3	3	2	2	2	0	1	0	0	2.33	7.00	60/40	66/34
<b>Womens</b>														
LGH-Delivery Suite	14	13	1	14	6	6	0	5	0	0	4.07	4.36	71/29	74/26
LGH-NICU Neo-Natal Intensive Care	0	0	3	3	0	0	0	0	0	0	4.00	4.00	100/0	100/0
LGH-W/d 11	2	1	4	0	2	2	2	0	0	0	2.00	0.00	50/50	N/A
LGH-W/d 31 Gynae	1	1	5	2	0	0	2	1	1	0	3.83	11.50	71/29	66/34
LGH-GSU	0	0	0	0	5	5	0	0	0	0	0.00	0.00	0/100	N/A
LRI-Delivery Suite	14	14	2	16	3	3	0	3	0	0	4.06	4.06	84/16	84/16
LRI-W/d 5	0	0	4	4	3	3	0	2	0	0	6.50	6.50	57/43	66/34
LRI-W/d 6	0	0	4	4	2	2	0	2	0	0	6.50	6.50	66/34	66/34
LRI-W/d 8 GAU & EPAU	0	0	3	2	0	0	3	1	0	0	4.00	6.00	50/50	66/34
LRI-Neo-Natal Unit	0	0	15	15	0	0	1	0	0	0	2.00	2.00	94/6	100/0

	RN's on E	RN's on L	RN's on LD	RN's on N	UnReg on E	UnReg on L/Mid	UnReg on LD	UnReg on N	Max NA's on LD	Max NA's on N	Registrant to patient ratio (Day)	Registrant to patient ratio (Night)	Skill Mix Registrant: Unregistered Day	Skill Mix Registrant: Unregistered Night
<b>Childrens</b>														
GH-Paed ITU - Children's Cardiac Intensive	0	0	9	9	0	0	1	1	1	0	0.78	0.78	90/10	90/10
GH-Wd 30 Childrens Cardiology (1-3)	3	3	0	3	1	1	0	1	1	0	5.67	5.67	66/34	80/20
LRI-Childrens Day Care Unit	0	0	4	0	5	0	0	0	1	0	0.00	0.00	44/56	N/A
LRI-Childrens Intensive Care Unit (1-1)	0	0	7	7	1	1	0	1	1	0	0.86	0.86	88/12	88/12
LRI-Wd 10 Childrens Surgery ( 1-4)	1	1	4	2	1	1	2	1	1	0	4.00	10.00	63/37	75/25
LRI-Wd 11 Childrens Med (1-3)	2	2	2	3	1	1	1	2	1	0	4.50	6.00	63/37	63/37
LRI-Wd 12 Childrens Med (HDU 1-2, Resp)	2	2	3	5	1	1	0	1	1	0	2.40	2.40	71/29	83/17
LRI-Wd 14 Childrens Med (1-3)	3	3	0	3	3	3	0	1	1	0	6.00	6.00	57/43	66/34
LRI-Wd 19 Childrens Surgery (1-4)	7	4	0	2	4	3	0	1	1	0	2.29	8.00	70/30	75/25
LRI-Wd 27 Childrens Onc & Haem (1:3)	5	5	0	3	2	2	0	1	1	0	2.40	4.00	71/29	80/20
<b>EM</b>														
LRI-A & E Paeds	0	0	12	16	0	0	2	2	1	1	N/A	N/A	86/14	88/12
LRI-AFU	2	2	2	3	0	0	4	3	1	1	4.00	5.33	50/50	50/50
LRI-AMU & Wd 7 Annex	4	4	12	16	4	5	14	14	0	0	4.38	4.38	50/50	53/47
LRI-ED	7	7	18	31	1	1	9	13	1	1	N/A	N/A	68/32	70/30
LRI-EDU	1	1	2	3	0	0	2	1	0	0	4.00	4.00	60/40	60/40
LRI-EFU	2	2	2	3	0	0	3	3	0	0	4.00	5.33	50/50	50/50
LRI-GPAU	0	0	2	4	0	0	1	0	0	0	N/A	N/A	66/34	80/20
LRI-SSU Emergency Admissions	2	2	3	3	4	2	3	3	0	0	5.60	9.33	45/55	50/50
<b>ALLIANCE</b>														
Alliance Endoscopy	14	14	0	0	6	6	0	0	0	0	N/A	N/A	70/30	N/A
Coalville OPD	3	2	0	0	2	2	0	0	0	0	N/A	N/A	60/40	N/A
Hinckley & District OPD	4	4	0	0	3	3	0	0	0	0	N/A	N/A	57/43	N/A
Hinckley Surgical Unit	0	0	0	0	0	0	4	0	1	0	N/A	N/A	71/29	N/A
Loughborough OPD			5	0	6	6	0	0	1	0	N/A	N/A	50/50	N/A
Loughborough Surgical Unit			3	0	2	2	0	0	0	0	N/A	N/A	83/17	N/A
Market Harbrough & Fielding Palmer OPC			2	0	3	3	0	0	0	0	N/A	N/A	50/50	N/A
Melton & Rutland OPD			3	0	7	7	0	0	1	0	N/A	N/A	36/64	N/A
Melton Surgical Unit			4	0	0	0	1	0	0	0	N/A	N/A	80/20	N/A

6.1 APPENDIX 2

University Hospitals of Leicester NHS Trust **NHS** Establishment Template Change Request Form (Inpatient)

Form to be completed by Matrons or above and sent to CMG Finance Lead to validate budget and costings  
Any queries please contact Electronic Rostering Team on Tel: 7238

Person Requesting The Change:

Name:				Job Title:			
Phone Number:				E-Mail:			
CMG:	Ward/Department:				Cost Code		
Reason for Change							Give details of change, including cost centres:
Can the change be made within the current budget?							Please provide details and links to evidence to provide proof of funding
If No, where is the funding coming from?							
Current RN to Patient Ratio			Proposed RN to Patient Ratio				
Current skill mix			Proposed skill mix				
Current guidance skill mix			Current guidance RN to Patient Ratio				
Provide link to guidance							

Input the number of Registered Nurses and Unregistered Nurses required on each shift and to be recorded on your roster  
This will give you the opportunity to check you establishment numbers against your budget.

MOC Agreed Shift's			MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	Start	Finish	Reg Numbers	Unreg Numbers	Reg Numbers	Unreg Numbers	Reg Numbers	Unreg Numbers	Reg Numbers	Unreg Numbers	Reg Numbers	Unreg Numbers	Reg Numbers	Unreg Numbers
Early														
Late														
Night														
Long Days														
Other														
Other														
Other														
Other														
Other														
Other														
Other														

NOTE: If you have any additional clinical shifts not covered on the above table please contact us prior to submitting the form.

Add in your budget for Reg and Unreg (budget to reflect above change)

Budgeted WTE Reg		Budgeted WTE Unreg	
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\*\*Please select Lunch break (hours) on the below (table), all the other details should be picked up automatically based on the input (Hours & Budget) above

Shift	Shift Hours	Lunch Break	Reg Hours in a week	Unreg Hours in a week	Total WTE Reg (Week)	0.00	Total WTE Unreg (Week)
Early	0.00		0.00	0.00	Total WTE Reg (Week + 23%)	0.00	WTE Unreg (Week + 23%)
Late	0.00		0.00	0.00	Budgeted WTE Reg	0.00	Budget WTE Unreg
Night	0.00		0.00	0.00			
Long Day	0.00		0.00	0.00			
other	0.00		0.00	0.00			
other	0.00		0.00	0.00			
other	0.00		0.00	0.00			
other	0.00		0.00	0.00			
other	0.00		0.00	0.00			
other	0.00		0.00	0.00			
other	0.00		0.00	0.00			
Total hours			0.00	0.00			

Finance Lead to complete details below:

Financial Impact of change :

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Approved by CMG Finance Lead

Name:				Date:			
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Finance Lead to send to CMG Head of Nursing once Finance check is complete and approved

Approved by CMG Head of Nursing							
Name:				Date:			

Head of Nursing to send to Assistant Chief Nurse for workforce once professional judgement and establishment complete and approved

Approved and supported by Assistant Chief Nurse for Workforce						
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Name:				Date:			
Assistant Chief Nurse for workforce to record and validate and send to Chief Nurse for final approval							
Approved and supported by Chief Nurse							
Name:				Date:			
Chief Nurse to send to electronic.rostering@uhl-tr.nhs.uk for changes to be made to live rosters once appro							

**6.2 APPENDIX 3****Table with CMG establishment planned changes / review March 2021**

<b><u>CMG</u></b>	<b><u>Establishment Changes/Review/Outcome</u></b>	<b><u>Escalation Route</u></b>
Alliance	Recovery plan , activity cost pressure	HON delay but plans to take to CMG board financial gap
	Reduced nursing budget without agreement – Resolved	
CHUGGS	Ward 21 – LGH Split function due to Covid-19 requires increased establishment, winter pressure. Ongoing HON review	
	Ward 16 SAU – LRI Triage extended hours, pressure in the evening N – Twilight CN approved 09/2020 action completed.	
	Ward 29 – LGH 4 Extra beds at night- Resolved	
	Budget transfers between wards for quality and safety, no increase in funded establishment – CN approved 09/2020. Remaining change forms to be submitted for approval to N	
	Ward 26-LGH Review of acuity and establishment by CMG in year. Ongoing HON review and feedback at next Est Review Sept 2022.	If required additional review to be arranged with CN
	New- Reconfiguration plans and potential increased workforce 16.7 WTE	CMG Board and Trust for business planning
	New- HON informed CN of Clinical Nurse Specialist service growth, hospital avoidance, KPI , patient experience in Chemo, Neuroendocrine and Macmillan	Business case / QIA , Risk register to CMG Board for business planning 2021
Specialist Medicine	Ward 25/26 –LRI Stroke, HASU nurse to patient ratios .	Business case / QIA , Risk register to CMG Board approved but not yet funded, awaiting update
	Winter Ward 15 (34) –LRI recruiting to, mitigation plans and redeployments to safely staff in interim for 2020 winter. Funded form April 2020	
	Hampton suite –LRI Winter plan 2020 -Service change to medical ward requires uplift of establishment, no date to revert. Funded temporarily in winter plan.	HON , Business Case /QIA Risk Register to CMG Board for business planning 2021
	Ward 22 – LRI Winter plan 2020, no date to close. Funded temporarily in winter plan.	HON, Business Case to CMG Board for business planning 2021.
	New – HON noted budget transfers between wards to align funding across CMG, no increase in funded establishment – Chief Nurse approved 03/2021, pending change forms for CN approval	

Emergency Medicine	SSU-LRI – increased acuity with additional assessment beds	Funded 2020, HON monitoring
	GPAU –LRI- function changing to Ambulatory Care Centre, scaling down with new plan to become 24 hour bed waiting will require 12wte RN , 12wte HCA – part of the Same day emergency care application	HON informed CN taken through CMG Board for business planning as a priority
	ACP posts in ED –LRI- Service changes.	Funded 2020
	AMU /Ward 7 – LRI- to be combined roster / service, no skill mix, ratio affect, Practical roster, acuity purposes. New-HCA shift realignment to budget. CN approved 09/2020	
	New- ED and Minor Illnesses -Infection Prevention guidance on streaming patients will potentially require establishment increase.	If required additional workforce review to be arranged with CN
MSS	Ward 18-LRI- Acuity reported as changing. HON monitoring however now with all wards due to repurposing post Covid-19 service changes.	
	Ward 9- LRI- Triage service increase into Night, same day emergency care pathway service growth	HON to confirm workforce uplift and take through CMG Board for business planning as a priority
RRCV	Ward 20- GH- Winter ward 2019, redeploying and recruiting to safely staff. Funded from April 2020	
	Renal – LGH/ GH – Service reconfiguration of renal services and dialysis. Some skill mix changes plans ongoing.	
	Winter Ward 2020- GH – Funded temporarily in 2020 if recurrent plan but a space issue presently being reviewed.	Will if planned require HON, Business Case to CMG Board for business planning 2021.
	New- CDU service change in line with Same day emergency care. Review and workforce being worked through. Potential uplift 10wte.	HON to take Business Case to CMG Board for business planning 2021 as a priority.
	New- Cardiac Cath Lab noted as an outlier to National standards and requires 4wte RN.	HON to take Business Case to CMG Board for business planning 2021/22.
	New- Covid-19 impact on respiratory services, system impact, hospital avoidance and reduced LOS. HON reviewing establishment against activity for ART, NIV, home ventilation, pleural services and Ward 35 AGP. HON to discuss with ITAPS any opportunities.	HON to take Business Case to CMG Board for business planning 2021/22.
ITAPS	ITU-LGH- 4 annex beds not funded, removed and resolved.	
	ITU- LNR 10 extra funding and bed request, HON update CN/ DHON	
	Theatres – All sites Restoration and recovery plan – increase RN 9.4wteHCA 16.8 wte.	HON taken Business Case to CMG Board for business planning
	ITU- all sites Don and Doff Role was funded temporarily 2020	
	New- CN informed of service reviews and	HON to ensure QIA's , risk register and

	establishment impact for ITU, ECMO, Theatres, TAPS, DART (discuss with RRCV), Out of Hours. Feedback at next establishment review.	Business Cases to CMG Board for business planning 2021/22.
Children	Ward 10 – winter pressure to open all beds funded 2020	
	Ward 19- winter pressures to open all beds funded 2020	
	Ward 12 – winter pressure to open all beds funded 2020  -service change increase HDU Nurse to child ratio incrementally to 12 beds	HON taken CMG Board , QIA for funding in the business planning round awaiting outcome
	Ward 27- increase establishment to meet Nurse to Child ratio – CN requested HON to benchmark, external review	
	Ward 14- increase establishment to meet Nurse to Child ratio- CN requested HON to benchmark, external review	
	24 hour bleep holder to support all children’s services- postponed plan- resolved	
	Diana district nursing predicted reduced service- no risk	
Women	Maternity review, CN requested HON to obtain quote for an external review to guide UHL, complete service review in line with Better birth and Birth rate Plus. HON to feedback to CN	If funding required ,QIA AND Risk Register, to be taken through CMG Board for business planning
	Neonatal unit – LRI increase in establishment to meet BAPM standards , workforce plan in progress following service review to BAPM standards- ongoing	
CSI	New- Service and establishment review by HON recognising new PHE guidance in regard of OPA and face to face appointments.	HON to take through CMG Board , QIA for the business planning round
<p>Job Title Abbreviations:  CN – Chief Nurse  HON – Head of Nursing  DHON – Deputy Head of Nursing</p>		