Ward Based Skill Mix Review

Trust Board April 2014

Background

The government response to the Mid Staffordshire NHS Foundation Trust Public Inquiry 'Hard Truths – The Journey to Putting Patients First,' (DH, 2013), was published in November 2013. In its executive summary, the report highlights the importance of safe staffing and refers to the National Quality Board and the Chief Nursing Officer published guidance that sets out the current evidence on safe staffing. This guidance 'How to ensure the right people, with the rights skills, and in the right place at the right time,' clarifies the expectations on all NHS bodies to ensure that every ward and every shift have the right number of staff on duty to ensure that patients receive safe care.

By the summer of 2014, the National Institute of Care and Excellence (NICE) will produce independent and authoritative evidence based guidance on safe staffing, and will review and endorse associated tools for setting safe staffing levels in acute settings.

From April 2014, and by June 2014 at the latest, the Trust is required to publish ward level information on staffing requirements and if these are being achieved on a ward by ward and shift by shift basis. Actual versus planned nursing and midwifery staffing will need to be published every month.

The Board is also required to undertake a detailed review of staffing using evidence based tools. The review must take place before June 2014 clearly stating the evidence used to reach conclusions. A second review is required to be undertaken by December 2014 using NICE accredited tools. From then on the Trust will be expected to review staffing every six months to allow for the collection of several data points to inform appropriate staffing going forwards.

Previous Skill Mix Review 2012/13

In February 2012 a skill mix review paper was presented to the Trust Board which explained that in the autumn of 2011 the Trust had taken part in the Audit Commission's Nurse Staffing Benchmarking exercise. 18 organisations were benchmarked in total and of these, 14 of the Trusts were reported to have more nursing staff per bed than the Trust. Headroom (for annual leave, sickness, study leave) ranged between 19% & 23.8%, with SFT being the lowest with 19% and the average being 22%. 14 Trusts had a higher ratio of Registered Nurses to Unregistered Nurses, and the Trust was reported as having the weakest skill mix of all the organisations included.

Another finding from the benchmarking audit illustrated that a significant majority of nursing staff had worked for the Trust for many years resulting in it being highest cost for band 5 nurses for all 18 organisations. It was acknowledged that this compounded on funding requirements across the wards as posts are currently costed at mid pay-point, and a significant number of staff exceed this at the top end of the pay scale.

The McKinsey's report presented to the Trust Board in September 2011, also demonstrated that the Trust has a lower allocated nursing hours/bed day and a lower ratio of qualified staff when compared to the peer median for the benchmarking exercise.

Following publication of the benchmark data in November 2011 the Director of Nursing and Directorate Senior Nurses (DSNs) utilised the RCN Guidance for conducting a skill mix

review and triangulated the information obtained with professional judgement, benchmarking data and comparisons with another organisation outside of the Benchmark group (Portsmouth Hospital). Portsmouth Hospital was chosen as the interim Chief Operating Officer at that time had recommended that an external consultant had informed Portsmouth's skill mix review.

At the same time, all ward budgets were reviewed which showed inconsistencies in their baseline from ward to ward. The calculations of the 19% headroom were difficult to interpret, and the allocation of resources had continued to be displayed in a historic fashion (e.g. allocation of budgets demonstrated an allowance for 2.0 WTE band 6 posts, when in fact there was only 1.0 WTE band 6 in post for several years or vice versa). Some budgets had posts assigned into the costings that were not directly linked to the clinical requirements of the ward such as nurse practitioners who did not contribute to the clinical establishment of the ward. The budgets did not demonstrate vacant funded posts and it was difficult to ascertain how or if any backfill costs for maternity leave had been allocated back into the budget.

To deliver safe care, the skill mix review identified that there was no scope for a reduction in the nursing inpatient resource. Some areas needed an increase in their staffing levels and this was supported primarily by resource reallocation. An investment of £200k was approved to address a deficit in the baseline budget and also to support the introduction of the supervisory role for ward sisters.

It was agreed that an annual skill mix review would be undertaken with the ward sisters and DSNs and recommendations presented to the Board. This review process would be supported by the introduction of the Safer Care tool which assesses levels of acuity and dependency in wards. However this was not possible because the tool was not supported due to the closure of the NHS Institute for Innovation and Improvement. The tool was then part of the review leading to the published guidance by the National Quality Board and the Chief Nursing Officer.

It was also agreed that headroom needed to be further explored and that this could have been achieved through the utilisation of Rosterpro and Matrons Dashboard. After many attempts at using Matrons Dashboard to monitor headroom together with a number of other system problems with Rosterpro it became evident that a different e-rostering system was required to achieved this. A business case was therefore developed and agreement reached that Allocate would be a better rostering system to effectively monitor rota efficiency and headroom. Allocate also has the added benefit of its own acuity tool which will enable future skill mix reviews to include acuity and dependency information with less burdensome data entry.

Current Skill Mix Review 2013/14
The Director of Nursing commissioned this year's ward based skill mix review following on from the recommendation in the 2012/13 review that the Trust would undertake an annual skill mix review with Ward Sisters and DSN's and present the findings to the Board.

The CQC Inspection of the Trust in February 2013 raised minor concerns in relation staffing levels "at the time of our visit we found the trust had relatively high levels of vacancies for nursing staff filled by the use of agency and bank staff. Evidence we gathered told us staff were under pressure to provide prompt quality and safe care to patients at all times. On some wards this was because there were not always enough staff to meet the needs of patients with high needs". The CQC also commented about the lack of information the Trust Board was receiving on nursing vacancies. The HR Director as part of the Performance report has been regularly informing the Board of nursing vacancies for this financial year and

during June and August the RN vacancy rate was 13%, with Unregistered (UR) at 15%, in October RN rate had reduced to 7% and UR to 10%, in November the RN rate had further reduced to 4% but UR had increased to 14%. It is important to continue with active recruitment efforts to ensure that vacancies do not further dilute the skill mix available in wards areas

Methodology

There are currently no nationally agreed standards or guidelines for the number of nurses required to deliver safe care, to meet fundamental care needs, prevent complications, avoid unnecessary deaths and to deliver care to a recognised level of quality (except in specialist areas such as Critical care). However, work undertaken by the RCN and supported by the Safe Staffing Alliance has demonstrated a ratio of 1 registered nurse to 8 patients to be shown through evidence to support safer patient care – RN4CAST study showed that hospitals who had an average ratio worse than 1:8 would expect to see around 2% more deaths among surgical patients and 1% amongst medical patients when compared to the 20% best staffed hospitals.

NICE has subsequently awarded the contract to conduct a literature review of the research on nursing ratios to Southampton University, which will be led by Professor Peter Griffiths and Jane Ball. The recommendations from their review will be taken to the newly formed Staffing Levels Advisory Committee, which will consider the evidence alongside economic models.

19 wards were included in the review.

Specialist areas such as Intensive Care Unit, Emergency Department are subject to different models of staff and have therefore been excluded from this review. Stroke and paediatrics are subject to different staffing models but have been included.

The Deputy Director of Nursing utilised the RCN Guidance for conducting a skill mix. The guidance does not set targets for nurse staffing but does set out the essential elements for planning and reviewing nurse staffing and a comparison against the ratios identified above were used.

The review was undertaken using a defined approach to ensure consistency for comparison and which included a range of information; budgeted establishment, vacancies, skill mix, ward support roles, comparisons to RCN guidance, nurse sensitive indicators and HR indicators.

Professional judgement was used through a structured meeting between each Ward Sister, DSN and Deputy Director of Nursing which enabled a discussion of professional judgements on staffing requirements, deployment of staff, factors impacting on staffing levels, safety and quality indicators through the nurse quality dashboards.

When considering the staffing levels the following principles were applied:
- There should be a supervisory Band 7 on every ward as detailed in the Francis recommendations.
- Skill mix should be between 60:40 and 70:30 as outlined in the RCN Guidance.
- There should be sufficient Band 7 and 6's within a ward to provide cover across 7 days.
- There should be an uplift of 22% into ward budgets to allow for annual leave, sickness, absence and other training and development leave (the RCN recommends 25% and recent comparisons with other organisations indicates an average of 22%).

The review also draws observations from the quality of care provided over the last year using quality measures of: MRSA bacteraemia, reportable Clostridium difficile cases, hospital acquired pressure ulcers, falls and drug errors.

Benchmarking against other organisations has not been possible this year as the Audit Commission have ceased to provide this and whilst a new company has set up this service to date there has been insufficient hospitals included to provide analysis.

Findings

The overall assessment is that the majority of the wards have satisfactory staffing levels when the hospital is running efficiently and bed capacity is matched to demand. However there are several areas where concerns were highlighted which included supervisory roles for ward sisters, inadequate headroom to meet ward requirements (this has recently been identified when Allocate undertook a benefits realisation assessment ahead of purchasing of the system) and failure in some areas to meet the safer care benchmark of 1RN to 8 patients particularly on late shifts, often resulting in the need for additional specials. Investment into these areas would demonstrate improved outcomes for patients and provide support to staff.

Ward sisters highlighted the importance of their supervisory role, in line with the Francis recommendations, in providing clinical leadership and ensuring high quality care. However, the maximum allocation within the budgeted establishments (with the exception of Sarum) is currently 0.4wte of their time which is generally taken up with managing recruitment, rostering and staffing issues alongside other administrative tasks and not focused on the supervisory element of the role. Expectation 6 of "*How to ensure the right people with the right skills, are in the right place at the right time*" describes the importance of having sufficient time to provide supervision and mentorship. It also describes the requirement for ward establishments to enable ward sisters to assume supervisory status and that the benefits are reviewed and monitored locally.

Work has been undertaken at a national level to describe the benefits of supervisory status for ward sisters and have been outlined as:

- Being visible and accessible in the clinical area to the clinical team, patients and service users, by for example, being available to visitors, enabling team members to ask questions, participating in ward rounds alongside the medical teams and working on complex discharges with the multidisciplinary team.
- Being enabled to work alongside the team in different ways, for example, by supporting junior colleagues, facilitating learning in and from practice at the same time as working alongside, or undertaking a review when a serious untoward incident or complaint has occurred.
- Being enabled to monitor and evaluate the standards of care provided by the clinical team, for example, by enabling reflective review at handover, bringing staff together to review clinical and workforce data and participating in ward-based nursing audits to improve care.
- Being enabled to provide regular feedback to the clinical team on the standards of nursing care provided to, and experienced by, patients and service users, for example by giving feedback at the end of each interaction with staff members during a shift and by analysing and using patient feedback/surveys as drivers of change.
- Creating a culture for learning and development that will sustain person-centred, safe and effective care, for example, through ensuring there are systems in place to ensure evaluation of practice, clinical supervision and shared decision making, as well as a focus on patterns of behaviour and the provision of high challenge and high support.

The ward sister/charge nurse role is pivotal and can be seen as a crucial bridge between what researchers identify as the 'front stage' (patient interface) and the 'back stage' (continuity at organisational systems level).
Investment into the supervisory ward sister role can be seen to have clear benefits and within the organisation would support delivery of several of the transformational programmes such as patient flow, reduction of agency spend and facilities transformation project.

The majority of wards only have 1 Band 7 and 1 Band 6 therefore are unable to provide senior cover at weekends. This results in junior staff being in charge of wards at a vulnerable time when there is less support to the ward areas. An initial pilot in the medicine directorate of band 7 ward sisters covering the weekend has already demonstrated benefits on staff allocation, reduction of agency requests and ward staff feeling better supported.

Late shifts demonstrated difficulty in meeting the guidance of safe staffing ratios of 1RN to 8 patients in several areas. Investment into ensuring these ratios are better met would lead to improved patient outcomes.

The purchase of the Allocate electronic rostering system will enable a better understanding of nursing hours per bed through the acuity and dependency element of the system which provides detailed analysis.
Since the skill mix review was undertaken in September additional concerns have been raised with regard to the staffing levels on a medical ward due to the high acuity of the patients and their staffing on the night shift as well as the late needs to be considered. It is recognised that the on-going work to increase bed capacity on Radnor ward would require review of the ward skill mix in the future.

Across all wards headroom has been set at 19% which does not enable the wards to meet the requirements of staff. Information obtained from other Trusts showed the range to be from 21-26%. Expectation 6 describes how nurses and care staff need to have sufficient time to fulfil responsibilities that are additional to their direct nursing care duties. Staffing establishments need to be set to enable staff to meet their continuous professional development fulfil mentorship and supervision. It also describes how providers of NHS services need to make realistic estimations of likely planned and unplanned leave and that this is factored into establishments.

At the end of month 11 spend on specials equated to approximately £950k. Analysis of the reasons for specials shows the main reasons to be supporting high care patients in general ward areas (this has also been recognised within the ITU expansion business case), an increase in confused and wandering patients and also in those patients at high risk of falls resulting in major harm. This is compounded in areas where the skill mix is dilute particularly on late shifts and overnight.

In some areas the costs can be seen to be high when a patient requires a 1:1 RN across 24hours, this cost can range from £13k if all shifts are filled by bank to £19k if using low cost agency for a month. It has been possible to track individual patients to spends on specials in particular settings. For example, one patient was requiring 1:1 RN 24 hour cover whilst on Sarum ward during June, July and August when the patient was transferred. On readmission that patient has transitioned into adult care and the cost of the resulting requirement for 1:1 RN cover can be seen in the Pitton spend on specials during September and October. An increase in spend on Farley during September can also be directly related to two patients requiring 1:1 care.

Attempts were made last year to establish a pool for Registered nurses – this was unsuccessful due to the inability to recruit registered nurses to the pool, however there could

be consideration to exploring whether such an approach could be used for Unregistered Nurses specifically to use for specials.

Through the reducing agency project a work stream has been established focusing on reducing the number of specials, including the introduction of a tool to assist staff in establishing the requirements, and this is demonstrating an impact in terms of a reduction in spend. It is very likely that some of the recommendations within the paper would have an impact on the number of specials being used but further analysis is needed to quantify this.

Consideration should also be given to fully staffing Clarendon Suite (Private Patients Unit) under the management of Downton ward. This would reduce the reliance on agency staff to open the Suite and when closed provide Trust staff who could fill gaps/specials on other wards.

Recommendations

As a result of the skill mix review the following priorities have been identified which the Board is asked to agree in principle. It is anticipated that the £800k investment that has initially been identified for nursing whilst not fully meeting the requirements will make a significant contribution to meeting these recommendations:

- Provide additional staff into ward areas that are not meeting the requirement for 1RN to 8 patients.

- Support the implementation of full-time band 7 supervisory ward sisters in all ward areas.

- Support the concept of minimum of 2 band 6's per ward to enable a move to senior cover 7 days per week– this could be achieved at minimal cost by amending the banding of band 5 to 6 within the ward.

- Review the options for supporting the requirement for specials including the potential for a pool of nursing assistants, this work is being undertaken via the agency review group and the costs are to be further understood.

- Establish headroom to more realistic level of a minimum of 22%. The Trust introduced a new electronic rostering system in January which is due to be rolled out across all ward areas by the end of March. The system will enable a full analysis of the headroom requirement per ward, thus it is recommended that this is reviewed in 6months time and true costs identified.

- Work towards publishing planned and actual staffing numbers on a monthly basis including presenting these to Board – it is anticipated that this will be able to be achieved through the Allocate rostering system.

- Key performance indicators will be used to provide the Board with assurance that investing in the workforce in a sustainable way results in improved clinical outcomes for patients and an improved experience for patients and staff. The release of overall efficiencies will also be demonstrated though measurable outcomes.

The Trust will be required to review the ward skill mix every 6 months so all investment will be subject to constant review allowing for adjustments to be made.

Monthly Nurse Staffing Report - May 2014

Trust Board June 2014
Fiona Hyett – Interim Director of Nursing

Background
In November 2013 the National Quality Board (NQB) and the Chief Nursing Officer published guidance that set out the current guidance on safe staffing. The guidance *'How to ensure the right people, with the right skills, and in the right place at the right time'* clarifies the expectation on all NHS bodies to ensure that every ward and every shift have the right number of staff on duty to ensure that patients receive safe care. It requires Boards to take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability.

There are 12 expectations within the NQB guidance with three key reporting elements that each Trust is required to have in place by June 2014:
- The clear display of information at ward level about the nurses, midwives and care staff present on each ward on each shift.
- The publication of ward level information on staffing requirements and if these are being achieved on a ward by ward, shift by shift basis through the publication of planned versus actual nursing and midwifery staffing levels.
- The completion of a detailed skill mix review which is presented to Board every 6months.

Update on Skill Mix Review
At the Board in April 2014 a full skill mix review was discussed and an £800k investment was agreed for ward nurse staffing levels. This money has being allocated to support the introduction of supervisory ward sisters, to provide 7-day senior cover through additional Band 6 nurses and to support wards whose nursing requirements were below 1:8 ratios where this had the potential to impact on care.

In undertaking the first review staffing levels were assessed and triangulated against quality indicator data. As the Trust continues to implement the agreed recommendations it will continue to evaluate the impact on the quality of care and staffing experience.

Further embedding of the Allocate e-rostering system will enable the use of SaferCare module which will enable nurse staffing hours to be assessed against the acuity and dependency levels of patients thus providing greater assurance on staffing levels. The system allows for flexibility in acuity tools to be used so they can be appropriate to the specific needs of an area. This module cannot be rolled out until the system is embedded into practice.

The supervisory role of ward sisters will commence with publication of rosters in July. In April a developmental session was held with the ward sisters to support their understanding of the concept of the supervisory role, and will continue to be supported through the use of action learning sets to ensure the maximum impact is gained from the introduction of this role in the delivery of safe quality care.
The Directorate Senior Nurses have worked with their teams to maximise the allocated investment into improving staffing ratios. The conversion of some Nursing Assistant (NA) posts to Registered Nurses (RN) has enabled additional areas to benefit from changes to staffing on night shifts.

Fiona Hyett – Interim Director of Nursing

The following changes in ward areas have been agreed:

Ward	Action	Impact
Chilmark	Convert NA to RN on late shift	Improved RN ratio on late shift
Laverstock	Additional RN x 3 nights per week Additional NA x 4 nights per week	Improved RN ratio on night shift and support with night shift
Amesbury	Additional NA on night shift	Improved NA support on night shift
Redlynch	Convert NA to RN on late shift Convert NA to RN on night shift	Improved RN ratios on late and night shift
Pitton	Convert NA to RN on late shift Additional RN on night shift	Improved RN ratios on late and night shift
Winterslow	Convert NA to RN on late shift	Improved RN ratio on late shift
Farley	Additional RN on long day shift and additional NA on night shift	Improved RN ratio on long day shift and increased NA support on night shift
Tamar	Additional RN on night shift	Improved RN ratio on night shift

The ward teams continue to focus on recruitment of staff to enable them to undertake the supervisory role alongside supporting the increase to staffing in some areas. Over the last couple of months a cohort of Spanish nurses have commenced in the Trust; a successful recruitment open day was held for student nurses due to qualify in September; Directorates have held their own recruitment events attracting mix of qualified and student nurses and progress continues to be made with the recruitment of nursing assistants.

Publishing of information at ward level:
Expectation 8 of the NQB guidance asks that NHS providers clearly display information about the nurses, midwives and care staff on each ward, clinical setting on each shift. Information should be made available to patients and the public that outlines which staff are present and what their role is. Information displayed should be visible, clear and accurate and should include the full range of support staff available on each ward.
Appendix 1 includes a copy of the board that will be displayed at the entrance to each ward from the beginning of June. It is our intention to further develop this to display additional information alongside to demonstrate the quality and safety of the ward. This will include the quality indicator information for each ward for the month ie infection control rates, pressure ulcer and falls data, friends and family information and complaints. This will provide overall re-assurance to patients and their families of the standard of care provided on the ward.

Monthly Reporting of Actual vs Planned Staffing Levels
The NQB guidance expectation 1 states that the Board should receive monthly updates on staffing levels. The monthly report needs to include the planned staff versus the actual staff on a shift by

shift basis and to advise of wards where staffing capacity and capability frequently falls short of what is required to provide quality care, the reasons why, the impact on quality and the action taken to address any gaps. It is anticipated that this report be completed as an exception report to avoid the need for numerous amounts of data being presented to Board and to more meaningfully describe and debate risks and mitigations. The Trust will publish this monthly exception report on the Trust website.

Due to the rollout of Allocate over the first quarter of this year the Trust has not been able to provide this detailed report, however 2 months of analysis of the data will be published at the next Board. Future utilisation of the SaferCare Module will enable much more detailed analysis of staffing levels analysed against patient need through the use of staffing tools, and supports expectation 3 of the guidance which is to use evidence-based tools to inform nursing, midwifery and care staffing capacity and capability.

On the 16th May NHS England announced their requirement for all Trusts to publish their staffing fill rates (actual vs planned) in hours for May on the NHS Choices Website in June. This data will be published on NHS Choices on the 24th June and will sit alongside a range of other safety data including CQC National Standards, Infection Control, Patients Assessed for Blood Clots, Responding to Patient Safety Alerts under the title of "How Safe is Your Hospital?". The data will be rated but the ratings/parameters have not yet been agreed by NHS England. Failure to upload the data onto UNIFY each month (first due by 10th May) will result in a Trust being given a red flag on NHS Choices indicating that no data is available, and regulatory bodies are likely to want to know the reasons for not publishing the data.

The data from May will not be available until the end of the first week of June and will be tabled at Board as part of this report for discussion.

Alongside this data being available on NHS Choices, the Trust is required to have a website page which includes the full data collection so the public can view all wards in one place for the Trust, the six monthly skill mix review containing the detail regarding capacity and capability of all wards, and the monthly Board report relating to planned versus actual staffing variances.

The Trust has experienced significant challenge in collating this data as the Allocate rostering system is not yet set up to provide the data required, the company will be providing a fix which will enable this in the future. As outlined previously improved data analysis will be available when the SaferCare module is rolled out. There is significant workload associated with the daily collection and validation of the data both at ward and Senior Nurse level as well as for the e-rostering team.
The data collated monthly also needs to include maternity and NICU staffing levels, these areas are currently not on the Allocate e-rostering system and so will require full manual data collection.

NICE Guidance
As highlighted in the skill mix review published in April the National Institute for Health and Care Excellence (NICE) have been asked to produce evidence based guidance on safe staffing and endorse tool for the setting of safe staffing levels in acute settings. The draft guidance has been published and is currently open for consultation until the 6th June. The draft indicates that there is no single nursing staff to patient ratio that can be applied across the wide range of wards to safely or adequately meet the nursing care needs of patients, and goes on to recommend that factors need to be systematically assessed at ward level when determining nursing staffing requirements, with the

Fiona Hyett – Interim Director of Nursing

nursing care needs of individual patients being the main driver. NICE are likely to endorse the Shelford Nurse acuity tool as the first endorsed tool for setting nurse staffing levels.

Action Required by the Board

As a result of this report the Board is asked to:

- Note the improvements which have been made to staffing levels as a result of the investment of £800k
- Agree the tabled planned vs actual staffing data which will be submitted to UNIFY on the 10th June
- Agree that there will be monthly exception reporting to Trust Board of planned versus actual staffing levels which will be published on the Trust website
- Agree the publication of this report on the Trust website to meet the requirement of publishing monthly staffing information