Basildon and Thurrock University Hospitals NHS
NHS Foundation Trust

BOARD OF DIRECTORS

MEETING DATE: 29 MAY 2013 **AGENDA ITEM:**

NURSING SKILLMIX REPORT– DIRECTOR OF NURSING

Executive Summary

A review of nursing skill mix was undertaken for a 4 week period during the months of March and April

Recommendation(s)/ Decision Required

The Board is asked to receive the report for information

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Nursing Skill Mix Review 2013/14

1.0 Background

The publication of "The Francis report" (2013) suggested there was an underlying failure to recognise the importance of ensuring staffing levels were sufficient, and that poor skill mix correlated with a poorer patient outcome. There is now a requirement that all NHS organisations will take a 6-monthly report to their Board on the nurse staffing levels. The Director of Nursing commissioned a skill mix review to be undertaken in February 2013.

This paper provides an overview of the available guidance for staffing establishments and structures for in-patient adult wards and details the process that was followed for this skill mix review. It details the investment required and the benefits of ensuring that wards are staffed to an optimum minimum safe standard.

2.0 National Guidance, Standards and Local Context

2.1 CQC essential standards - Outcome 13: Staffing

The CQC Essential Standards for outcome 13 in relation to staffing state that '*In order to safeguard the health, safety and welfare of service users, the registered person must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity. Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.* There is an expectation that the Trust will comply with this standard by demonstrating evidence of the adequacy of staffing provision across the Trust.

2.2 Royal College of Nursing

In December 2010, the RCN published their '*Guidance on safe nurse staffing levels in the UK'* which identified that everyone – governments, regulators, managers, nurses and most importantly patients recognise that having enough nursing staff is critical to the delivery of safe care. In 2012 further sets of guidance regarding '*Mandatory Staffing levels'* and '*Safe Staffing for Older Persons Ward* were published. Key recommendations include;

- **The ratio of registered nurses to unregistered healthcare support staff should be a minimum of 65% registered: 35% unregistered,**
- **The ratio of nursing staff to patients should be the minimum of 1 nurse to 6 patients. The report indicates that where a 1:6 ratio is maintained, compromised care is rarely reported, whereas ratios of 1:8 (or more) regularly reported compromised care.**
- **There is a 25% uplift allowance for annual leave, sickness & absence, other leave & training and development. Basildon & Thurrock University Hospitals' current uplift sits at 22%.**
- **When reviewed establishments should exclude any additional staff, students or volunteers, or staff deployed for one-to-one care.**
- **If the ward sister/senior charge nurse has supervisory status, then they should also be excluded from the calculation.**

These recommendations have been promoted nationally and are considered as good standards against which to base decisions regarding staffing provision on general wards. A recent European wide study '*RN4Cast*' led by Professor Peter Griffiths is supportive of the recommendations, and when compared to patient outcome his findings clearly demonstrate that a ratio of 1:8 ratio would be unsafe and compromise patient care, recommending that this should be reported as a patient safety incident.

	Registered Nurse to patient ratio	Staff: Patient ratio	Number of RN's	Total staff on duty
Unsafe	**1:9**	**1:4.6**	**3**	**6**
Basically safe	**1:7**	**1:3.3-3.8**	**≥4**	**≥8**
Ideal quality care	**1:5-7**	**1:3.3-3.8**	**4-6**	**≥8**

Figure 1. Safe Registered Nurse to Patient Ratio's – RN4Cast.

2.3 Professional Judgement

In BTUH, each ward has a set minimum safe staffing level per shift pre-determined. These levels are used by senior sisters to plan rotas in advance and nursing staff levels are reviewed daily. Twice daily, all bleep holders attend handover with the Clinical Site team, and have a responsibility for identifying any areas where there are outstanding staffing concerns. Decisions are then made to minimise the identified risks associated with nurse coverage per shift, and staff may be moved between divisions to ensure minimum safe staffing numbers are maintained.

2.4 Increased nursing supervision

There are times when additional staffing levels are required to '*special'* patients and provide increased 1:1 supervision or observation. This would be to prevent a high risk patient from falling, patients sectioned under the mental health act, patients at risk of wandering; those with a learning disability who are assessed as requiring increased levels of support, or those acutely unwell patients who are unable to step up into an HDU bed. The use of '*specials'* is both a financial and quality burden on the ward. They are often unpredictable short notice bookings, which cannot be accommodated from within the existing ward shift staffing; therefore there is generally a reliance on the use of bank or agency staff to cover this role.

Due to the consistent use of 'specials' across some ward areas, a review was undertaken in February 2013 on the adequacy of carrying out the risk assessment, when considering if extra provision of staff is required. The results of this demonstrated that in all areas where 'specials had been employed, this was entirely appropriate to the specific increased supervision needs of those patients.

2.5 Ward Leadership and Supervision

In addition to ensuring that there is the appropriate number of staff on each shift, also to ensure that the senior sister is able to manage, "lead" the ward and to supervise staff and care delivery. The role becomes impossible, if he/she is included in the patient allocation. The Francis report recommendations make it clear that this is essential, if you want to ensure the delivery of safe high-quality care.

3.0 Skill Mix Review 2013/14

A review of skill mix and establishment for the this year 2013/14, has been carried out to determine the level of investment required to ensure that each in-patient adult ward areas are staffed to a safe minimum level as determined against the national guidance and standards This included all adult medical, surgical and CTC wards, including SRU, but not AMU which is subject to the next round of skill mix review. It did not apply to paediatrics, which has already undergone the process as part of the CQC action plan and maternity which is subject to external assessment through birth rate plus.

3.1 Standards applied to the process.

In order to support effective, safe and coordinating care for our patients and to ensure they receive a good experience, that each ward will have a planned nursing establishment that meets the standards in 2.2

3.2 Methodology and Data Validity

The model used to undertake the review is the AUKUH (Association of United Kingdom University Teaching Hospitals). The AUKUH Acuity/Dependency tool is based upon the classification of levels of care of critical care patients (Comprehensive Critical Care, DH 2000), which have been adapted to support measurement across a range of wards/specialties.

The skill mix review involved daily collection of patient acuity scores for the ward, for 4 weeks, this took place March/April 2013. To ensure that data was collected and submitted in a valid manner, guidance within the tool was applied to include: **Preparation:** staff involved with the data collections was limited, all of which received supportive guidance. **Communication:** Meetings were held with Senior Nursing to explain the process. **Quality Control:**was maintained by appointing peer review Senior Nurses. **Data Input:** was simplified by use of an electronic data sheet for submission to a

single point of contact. Submission of data was checked for completeness. **Feedback:** Wards have been provided with feedback.

3.3 Data analysis
Data analysis was undertaken corporately, which resulted in a determination of Whole Time Equivalency(WTE) and skill mix required for each ward area. Data cleansing then took place to rationalise where adjustments could be made. Adjustments were required to be on the basis of determining if, in the professional view of senior nursing staff, the results were appropriate. They were also required to apply the professional judgement methodology, to ensure that the WTE would meet rostering arrangements in the terms of safe minimum levels of staff per shift.

Ward budgets had been rebased at the start of the financial year and uplift given to take into account the previous year's spend on staffing, where any overspend was judged to be pertinent to providing minimum safe staffing levels, the **uplift in WTE was approved**. The cost associated with this was then deductible against each ward WTE which resulted from the review.

The additional funding associated with this re-basing of in-patient wards, along with other investment that was made during the financial year 2012/13 equated to an additional £3.6m funding. £2.6m of this relates to the funding required for Brentwood Community Hospital Bayman Ward, Short Stay and William Harvey being funded substantively. Therefore only £1.0m relates to acuity and historic corrections of pre-existing in-patient ward areas in medicine and surgery.

3.4 Outcome of the Skill Mix and Establishment Review
On the basis of the data analysis and review, areas for priority investment were identified as being adult medical and surgical in-patient wards. For the CTC, the review indicated that the safe minimal nursing levels were already in place.

To achieve the standards set out within this document, based on national guidance, the investment required for wards under the Medical Division equates to investment of **£351,364**. For the Surgical Services Division, it is **£428,545**. A total of **£779,909** additional funding is therefore required. When added together with the rebasing funding, this equates to approximately **£1.7m,** which is a significant investment.

Breakdown
Medical Division
Required investment - £351,364
Increase of band 7 Registered Nurse by 1wte
Increase of band 7 Registered Nurse by 2wte
Increase of band 5 Registered Nurse by 29.49
Decrease of band 2 Health Care Assistant by 35.96

Surgical Division
Required investment – 428,564
Increase of band 5 registered Nurse by 5.23wte
Increase of band 2 Health Care Assistant by 13.40

4.0 Way Forward
In addition to the further investment of nursing staff resulting from the skill mix review, there is also a number of existing and additional vacancies as a result of the rebasing. There is the potential to open additional beds later in the financial year. In total, this will result in the need to fill some 183 registered nurse vacancies and 98 Health Care Assistant vacancies.

This is an incredibly challenging agenda and one that requires some pre-planning and a phased approach. The Trust's current vacancy position for nursing is 7.6%.

It will be a high risk strategy to immediately sanction all the proposed wte as this would increase risk with provision of quality care which would be delivered by a significant number of bank and agency staff and a significant cost pressure.

This skill mix review should be considered as part of a plan.
Stage 1 – Rebasing exercise, this resulted in £1million investment (completed)
Stage 2 – Prioritisation of funding (to be completed by end of June 2013)
Stage 3 – Skill Mix review of A&E and AMU (to be completed by the end of July 2013)
Stage 4 – Clinical Nurse Specialist Skill Mix review (to be completed by end of September)

The additional investment required needs to phased over the 2013/14 and 2014/15 in order to manage the risk associated of having high vacancy levels which results in increased levels of bank and agency staff.

Nursing staff will be required to continually risk assess and utilise their professional judgement of the appropriate levels of staffing and skill mix on individual shifts.

A plan to address the vacancies and future nursing staff requirements has been developed by personnel in association with professional leads to ensure a graduated appointment of staff, which takes into consideration turn over, output from universities of pre-registration students at the point of qualification, the need for supernumerary staff induction and other potential supply sources.

Rota management and management of annual leave on a proactive basis is e0ssential for effective financial management and must be reviewed.

5.0 Summary Recommendations
This paper summarises the process followed to undertake the skill mix review for this year and meets the recommendation of the Francis report in the terms of confirmation at board level regarding the suitability of skill mix within in-patient ward areas. It highlights the financial implications and details of revised staffing ratios to provide nursing levels to deliver optimum and safe patient care.

It is envisaged that once the investment and recruitment plan have been initiated and achieved across the organisation, that there will be a graduated increase in the quality and safety of nursing care, a reduction in the use of expensive temporary staffing, reduction. In real terms, as defined through the evidence base of the Royal College of Nursing that increasing the staffing and ratio to an optimum and safe level will:

- **Reduce mortality through more coordinated care and reducing the risks of 'failure to rescue' deteriorating patients.**
- **A reduction in the incidence of respiratory, urinary tract and wound infections**
- **Reduce the number of patient falls and hospital acquired pressure ulcers through better risk assessment, management and supervision**
- **A reduction in medication incidents**
- **Improvements to patient functional independence and therefore longevity**
- **Improvements to patient experience and the perceptions of the healthcare they are delivered.**

To further strengthen safe care across the 24hr/7day a week spectrum, it is necessary to have a rota in place for senior nurse cover. This role builds on the concept of 'Hospital at Night' which ensures that there is sufficient nursing seniority to provide robust visible leadership, to support staff, medical and nursing clinically, and to respond rapidly and effectively to patient safety and experience issues that arise. They would be the point of liaison when decisions are required that impact on patient safety and experience, including risk assessment of patients or areas used for escalation; they would provide a responsive service to patients and relatives who have concerns about their care or treatment; support bereaved relatives. The role would support the investigation and escalation of clinical incidents, and provide a formative response in the circumstances where a major incident is declared.

To provide this cover would require a potential 6 band 7wte Registered Nurses, however, further analysis on current clinical structures would need to be explored to see the extent of funding and to ensure this is an adjunct to other senior on-site nursing roles to include duty sisters and matrons.

For patients and the public, it will undoubtedly lead to improvements to the quality of care delivered and therefore reduce the risks of poor patient care and experience. Overall, benefits will be seen in staff survey results, patient experience feedback, the ability of the Trust to be compliant across all Essential Standards and therefore give confidence to the Trust's regulators, the patients using our services and public about the quality of our services.

The Board of Directors are asked to note the skill review findings and agree to:

1. **The proposal for recommended investment in additional ward based nursing staff as a result of the skill mix review for 2013/14, accepting the standards defined and applied to the analysis process over a staged implementation over 2013/14 and 2014/15**
2. **To agree to the principle of implementing the Hospital at Night model**

References

DOH (2000) Comprehensive Critical Care, DH. London
RCN (2012) RCN Policy Position: Mandatory Nurse Staffing Levels. London. RCN
RCN (2012) Safe Staffing for Older People's Wards. London. RCN
RCN (2011) Making the Business Case for Ward Sisters/Team Leaders to be Supervisory to Practice. London. RCN
RCN (2010) RCN Policy Position: Evidence-based nurse staffing levels. London.

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