Appendix 1

Nursing Skill Mix and Establishment Review NDDH
October 2013

Context

The Francis Inquiry and Patients First and Foremost, the Government’s response to the Francis Inquiry have both identified that delivery of high quality care cannot be achieved if staff do not have the capability and capacity to do their job properly. Ensuring we have the right staff, with the right values, skills and training available in the right numbers to support the delivery of excellent care is a key component in NDHT’s ability to deliver high quality care. Changes or deficiencies in the nursing and midwifery workforce can have a profound impact on the quality of patient care as demonstrated through enquires into the failures at Mid-Staffordshire NHS Foundation Trust. A consistent failure to link the impact of changes in the workforce to patient care, combined with a lack of professional scrutiny and Board consideration and awareness were fundamental issues that contributed to the poor and unacceptable patient care.

Introduction

Nursing staff are the primary deliverers of 24/7 health-care within the multidisciplinary team in the majority of clinical settings and clinical specialities. There are currently no nationally agreed standards or guidelines for the number of nurses required to deliver care safely, to meet fundamental care needs, prevent complications, avoid unnecessary deaths and to deliver care to a recognised level of quality (except in a few specialist areas such as intensive care).

The evaluation of ward staffing establishments uses a number of tools and methods to assess current staffing levels and skill-mix taking into account work-load indicators: acuity & complexity of nursing care, occupied bed-days, rate of throughput of patients to reflect length of stay in hospital and quality measures

This report outlines the outcomes and recommendations for change of a 2013 review of nursing establishment and skill mix review for the adult inpatient wards at NDDH. This review considered 10 inpatient ward areas and recommends the required whole time equivalent (wte) by ward and by registered and non-registered staff.

The aims of the review were to:

• Review the productivity and skill mix of the existing workforce
• Propose a reviewed workforce plan by ward and unit if required

Methodology of Skill Mix Review

The review of nursing and midwifery establishments is complex and any method of determining staffing levels has limitations. There is no one solution to determining safe staffing and therefore triangulation of methods is essential. Using a combined approach provides greater confidence in the decisions taken. At NDHT the setting of establishments has been based on triangulation of:

1) Workload and patient information of acuity, dependency and activity using a validated tool.
2) Benchmarking with other organisations.
3) Professional judgement.
4) Professional consultation and review of patient safety metrics.
5) Design and layout of ward

It is not just about the numbers of staff. Other factors which underpin safe dignified care include strong, empowered leadership at ward level, resources directed at supporting the ward leaders, competent staff who have had appropriate training and development and the development and use of clinical and patient experience metrics.

1. Workload Measurement

Methodologies and guidelines for different specialties

Different methodologies and guidelines are available to support the evaluation of and allow benchmarking of proposed skill mix and establishments in a range of specialties. The following table outlines those relevant to the Trust and used to support this establishment and skill mix review and setting a safe staffing level:

<table>
<thead>
<tr>
<th>Area</th>
<th>Methodology</th>
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<tbody>
<tr>
<td>Wards</td>
<td>Association of United Kingdom University Hospitals (AUKUH, 2007) acuity dependency, Professional Judgement, Hurst Nursing Workforce Planning Tool (2012), Mandatory Nurse Staffing Levels RCN (2012), Setting safe nurse staffing levels RCN 2010 Safer Care Nursing Tool</td>
</tr>
<tr>
<td>Elderly</td>
<td>Safe staffing levels for older peoples wards RCN (2012)</td>
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Workload measurement methods calculate staff requirement by examination of patient need through the collection and review of acuity, dependency and activity information. The Safer Nursing Care Tool (SNCT) is the only evidence based methodology currently available. The SCNT is a robust, valid evidence-based easy to use tool which uses acuity and dependency to help plan for future workforce requirement. It was developed by the Association of United Kingdom University Hospitals (AUKUH).

2. Benchmarking

Benchmarking should be undertaken with other like organisations of similar size and patient population. This should extend beyond workforce data to determine the quality of care and experience in comparator hospitals.
3. Professional Judgement

The Professional Judgement methodology is also known as the consultative, bottom-up or ‘Telford’ method. An experienced nurse uses professional judgement to assess the number and mix of a nursing team, converting duty rosters into full or whole time equivalent staff (FTE/WTE) using a simple formula. The three stages are as follows:

- An experienced nurse judges the acceptable levels/mix of staff per shift
- This is converted into FTE/WTE using a simple formula
- A percentage allowance or “overhead” is added in to cover leave/sickness absence and study leave.

The method does not account for daily fluctuations in patient numbers or acuity or dependency. It is recommended that when using this method another is used to complement it (RCN Guidance on setting safe staffing levels 2010).

Professional judgements are made taking into consideration the following:

- The requirement to review nurse and midwife sensitive quality indicators as recorded by the performance metrics – quantitative and qualitative.
- The involvement and approval of the ward sister/charge nurse and senior nurse, assistant director of nursing
- Consideration as to whether the skill mix could or should be supplemented or delivered by other professional groups
- Scrutiny and challenge of assumptions related to specialist requirements
- Consideration of workforce supply and educational trends

Supervisory Ward Managers

In addition to ensuring that we have the right number of staff on each shift, it is also essential to ensure the ward leader is able to manage and supervise. The role is impossible if he or she is always included in the patient allocation per shift. The Francis report recommendations make it clear that some supervisory time for ward leaders is essential if you want to ensure the delivery of safe high-quality care.

The supervisory role is about having the time to lead, support the staff, act as a role model and be visible to patients and staff. It is not a role which is to be based in the office.

NDHT has invested in all its ward and department establishments to ensure that all ward managers have a % of time allocated to be in a supervisory role. This allocation varies dependent on the size of the ward / department and ranges from 60% for a 30 bedded ward to a minimum of 40% for smaller wards.

This Trust wide skill mix review includes the costs of moving all NDHT’s ward managers on inpatient general wards to a 100% supervisory role.

Professional Consultation

Professional consultation should be applied throughout the establishment setting process and includes:

- Requirement to review nurse and midwife sensitive quality indicators as recorded by ward quality dashboards;
- Involvement and approval of the ward sister/charge nurse and/or departmental senior nurse, matron and assistant directors of nursing/midwifery;
- Consideration as to whether the skill mix could or should be supplemented or delivered by other professional groups
• Scrutiny and challenge of assumptions related to specialist requirements;
• Consideration of workforce supply and educational trends.

Establishment Review Process

The process of the review was undertaken in 3 key phases

Phase 1:
The aim of phase 1 was to present a clear picture of the existing situation in relation to the current workforce and service. Data was collected and analysed as follows:
• The nursing budget and worked WTE by pay band for each ward and unit;
• The workload for each ward and unit: the case mix, available and occupied beds, theatre sessions and emergency attendances.

Phase 2:
This phase reviewed the productivity and skill mix in each ward area. The aim of this section of the review was to develop an overview of the scope for change in productivity and skill mix. A review was conducted in each individual ward area. The steering group (senior nurse forum) reviewed initial findings.

Phase 3:
Initial proposals were reviewed again in the context of organisational variation for similar areas and taking into consideration the projections/challenges for the future workforce. Specific areas reviewed for consistency were:
• The nursing numbers per shift
• Skill mix per shift
• Shift hours
• Supernumery time for the ward manager and any other additional posts

Establishment Setting Principles used in NDHT

1. Establishments will be based on a combination of validated acuity/dependency tools and/or national guidance (where available), professional judgement, consultation & benchmarking with other ‘like’ organisations
2. Royal College of Nursing & Royal College of Midwives skill mix guidelines will be given consideration in reviewing establishments and given transparency in establishment templates
3. All wards & departments will have access to a percentage allocation for planned and unplanned leave – this will be based on national guidance, local requirement & benchmarking with ‘like’ organizations. The percentage allocation is reviewed on annual basis.
4. Establishment reviews will consider opportunity for changes as a result of efficiencies programmes, new ways of working and pathway changes.
5. The Trust skill mix reviews will keep in line with any national changes to SNCT multipliers and other methodology multipliers.
6. Ward Sisters, Matrons, Departmental Senior Nurses & Midwives will be involved in the setting of establishments, they will involve their operational leads in the discussion/recommendations. All establishments must receive the approval of the Director of Nursing and changes be reported to Trust Board six monthly.
7. No decisions to remove nursing and midwifery posts will be made without the approval of the Divisional Leadership Team and the endorsement by the Director of Nursing Nurse
8. Decisions regarding changes to skill mixes should include consideration of workforce supply trends, including local, regional & national modelling.
9. Skill mixes should be fit for purpose, flexible and able to meet patient need.
10. Establishments will be reviewed taking into account local nursing & midwifery sensitive indicators.
11. Benchmarking with other organisations should take place.
12. Data collection will be only done by trained staff, and areas will be assessed by staff from outside that clinical area. Reviews will therefore have a system of validation, scrutiny and consistency.
13. Establishment reviews should consider the Trust wide registered: unregistered ratio and the nurse per bed ratio.
14. The Trust Board will receive reports and assurance on the nursing and midwifery establishments and reviews twice per year and will seek assurance that these principles are adhered to in any subsequent review and an annual review cycle.

**RCN recommendations of key performance Indicators to be routinely monitored as part of ward staffing reviews**

The data set below is reviewed quarterly at Senior Nurse Forum and at a sub group of the Workforce and Organisational Development Committee. The RCN recommends that using these indicators to benchmark wards can provide an early warning system. For example, if the Nurse per occupied bed ratio is lower than external benchmarking suggests is appropriate, the number of staff in post is well below that planned, there is high sickness absence and the skill-mix is considerably lower than average for that specialty there is a risk that nurse staffing is inadequate and in need of review. These indicators have been reviewed as part of the Trust wide skill mix review.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Rationale</th>
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<td>Actual nursing staff in post as a proportion of total establishment</td>
<td>To identify current staffing relative to the planned number of nurses required – per ward, specialty, trust</td>
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<td>Proportion of registered nurses as percentage of total nursing staff. This denotes skill-mix</td>
<td>The benchmark average on general hospital wards is 65%</td>
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<tr>
<td>Nurse staffing relative to population Served</td>
<td>Nurse per occupied bed (NPOB)</td>
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<tr>
<td>Nurse staffing relative to patients</td>
<td>Ratio of patients per registered nurse provides an indicator of actual staffing on hospital wards.</td>
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<tr>
<td>Staff turnover</td>
<td>To provide a stability index</td>
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<tr>
<td>Sickness absence</td>
<td>To monitor changes over time</td>
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<tr>
<td>Comparison with external benchmarks and modelling tools</td>
<td>To identify areas where staffing is likely to be inadequate and in need of further review</td>
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**Benchmarking**

Benchmarking for the purpose of this skill mix review has included three processes:

1. Benchmarking skill mix and establishment with a benchmark group of small acute trusts outside London using the iView web based resource. There is no system that gives like for like comparative data based on establishments for ward type and bed numbers or nurse to patient ratios. The iView tool gives an overarching view of establishments per speciality Divisions such as general acute or Medicine. Bed numbers then have to be ascertained from other sources and are only by Trust not ward. In doing this analysis it
can be seen that the ward establishments at NDHCT are within the normal ranges reviewed and in some cases area in the upper ranges.

2. Benchmarking using SCNT multipliers based on a two week scoring of acuity and dependency of patients (see appendix 1)
   - The data captured by the ward staff once a day for the two week period was calculated using the SCNT multipliers which includes a 22% uplift figure (for annual leave, study leave and sick leave).
   - The results were validated to check for accuracy in recording related to ward bed numbers
   - The acuity and dependency scores were obtained once a day by different staff and as a consequence, have been affected by individual interpretation of the scoring system
   - Current ward establishments are broadly in line with the SCNT examples given.
   - The acuity and dependency results when the multipliers are applied show a varying picture, related to variance in scoring.
   - Overall, the proposed establishments using this methodology align with the recommended staffing levels, determined by the skill mix review. There are two outlier wards, this variation appears to be due to the subjective nature of the scoring tool as opposed to these wards requiring the establishment determined by the SCNT model

3. Networking and intelligence gathering re other Directors of Nursing current thinking in regard to learning from the Francis Inquiry, Keogh review findings and recent CQC inspections and recommendations.
   - This intelligence shows that hospitals are all reviewing their establishments including in particular, staffing skill mix and numbers at night, number of RNs to patient ratio, Ward Manager supervisory time, and the establishment uplift.
   - NDHCT’s approach to determining safe staffing levels and the outcomes of the skill mix review are broadly in line with this intelligence. Where the staffing levels recommended for NDHT are higher, this is against staffing levels in other Trusts that are in the lower quartile of NHS Trusts. These Trusts are working to review this urgently.
   - All but one Trust were working towards 100% supervisory status over incremental periods. One Trust was working towards 60% in the first instance.
   - Percentage uplift for establishments is around 22%. NDDH budgets have a 23.7% uplift.

Findings

1. No wards are over established
2. The acuity (severity and complexity of clinical need) of patients requires a richer nursing skill-mix over the 24/7 period than the Trust has currently to ensure that the Trust is in line with best practice guidance following the Francis Inquiry, Keogh Review and CQC recommendations.
3. There are a number of wards where the skill mix review findings indicate that there is a need to change the skill-mix and increase numbers of staff or a combination of both
4. The level of supervisory time currently being provided appears to be a reasonable position, when benchmarked against other Trusts. However, many Trusts are considering the cost benefits of moving towards 100% supervisory time. The cost of moving to 100% is £90,000 per annum.
5. There is a need to adjust the guidelines for rostering / monitoring delivery against these to ensure that there is a better balance of more experienced nurses working at night and weekends.
Appendix 2 illustrates the proposed changes by ward area (excluding supervisory staffing).

Recommendations

As a result of the review the following priorities have been identified and further work will be required to inform the areas where an impact and improvement can be made within existing resources and those which will require additional investment.

Investment proposals will be presented in the form of a business case to Executive Directors and through to the Board of Directors via the Finance Committee.

1. Improve alignment of staffing requirements to demand
   - Introduction of safer care module to enable consistency in evaluation of nursing workload and redeployment of nursing resources
   - Establish robust planning for escalation beds, involving the professional judgement of the ward manager, to include a systematic approach to stepping up and down
   - Staffing to ensure a dedicated funded establishment is available and
   - Recruited to ahead of winter pressures.
2. For NDDH general inpatient wards to move to a ratio of 1 RN to 6 patients on day shifts (inclusive of Co-ordinator)
3. For NDDH to move to a minimum ratio of 1 RN to 10 patients on night shifts
4. To continue to work with the current level of supervisory time for ward managers and review in one year
5. To make an investment on night duty to increase the numbers of staff on night duty and RN to unregistered ratio seven days a week, as above (point 3) in the following areas, at a cost of £1,015,963 per annum:
6. To make an investment to deliver a 1 RN to 6 patients ratio on day shifts, seven days a week, in all wards, at a cost of £76,125 per annum.
7. To make an investment to deliver safe staffing levels on day shifts of healthcare assistants at a cost of £399,856.
8. Removing twilights and consolidating the number of band 6s will support the funding above (these costs are included in the final costings):
   a. Remove twilight shifts in wards that have them as these posts will not be required as RN will be on for entire night shift – resulting in a saving of £122,546
   b. Consolidation of band 6’s to two on all wards (loss of one post on Glossop and Staples wards, and four on Victoria ward) resulting in a saving of £39,000