

Board of Directors' Meeting Report – 6 March 2018

Agenda item 7ii/18

Title	Nursing Establishment and Skill Mix Review
Sponsoring Director	Diane Sarkar – Chief Nursing Officer MSB Denise Townsend – Director of Nursing SUHFT
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Purpose	To update the Trust Board on the outcome of the skill mix review carried out in December 2017 to January 2018 and the implications for nurse staffing requirements in the wards.
Previously considered at	HONs and SLT 15 February 2018
<p>Executive Summary</p> <p>The aim of this report is to provide an update following the assessment of the Nursing and Midwifery staffing levels within the Southend University Hospital Trust to confirm that they are within safe staffing parameters. This assessment was carried out using the Safer Nursing Care Tool (SNCT) which is a recognised acuity and dependency tool, providing recommendations for staffing numbers. The acuity and dependency patient assessments took place during December and January, avoiding the Christmas period, to provide appropriate assessment. This data was then compared to current funded establishments to assess safe Nursing and Midwifery staffing. A process of Professional Judgement was also included.</p> <p>Changes in case mix due to cancellation of non-urgent elective admissions and increased emergency medical admissions requiring medical patients to be cared for as outliers on Surgical wards during the winter period was noted and where this has had a significant impact it is recommended that this is reviewed in a further assessment in April / May 2018. Daily assessments of acuity, dependency and activity are carried out enabling senior nurses to use professional judgement to flex staffing levels to ensure safe care is maintained.</p> <p>Increases in staffing are recommended in 2 medical wards; Blenheim and Eleanor Hobbs with an increase of 7.5hours to support the Ward manager co-ordinator role. Both wards have a high level of acuity and a dedicated “nurse in charge” / co-ordinator role will support safe and effective care delivery during the period of high activity. A further review is recommended in April/May 2018.</p>	
Related Trust Objective	Patient Focus – keep getting better Sustainability – keep the core strong Sustainability – grow selectively Staff – feel proud to work here and keep making a difference
Related Risk	Patient care will be adversely affected if Nurse staffing levels do not reach safe levels on the wards

Legal implications / regulatory requirements	<p>CQC: Failure to demonstrate that our services are safe, effective, caring, responsive and well-led may lead breach of licencing conditions.</p> <p>The Trust is required by the Department of Health to publish monthly staffing information.</p> <p>Regulatory implications in terms of governance and finance.</p> <p>NHS England and our regulators expect organisations to ensure that staffing capacity and capability are appropriately funded, maintained and monitored.</p>
Quality impact assessment	<p>Staffing levels must be at an appropriate level to provide safe patient care. The impact on quality will be dependent upon the registered nurse to patient ratio, acuity and dependency of patients and the skills and abilities of the staff.</p>
Equality impact assessment	<p>Adequate nurse staffing levels will allow the ratio of nurses, according to the acuity and dependency of vulnerable patients, to provide safe care. Monitoring the outcomes will enable us to understand the impact on care including patients with protected characteristics of age and disability.</p>
Recommendations	<p>The Board is asked to approve the recommendations outlined in the report. The funding will be applied to next year's budget as approved by the Site Leadership Team.</p>

1. Introduction

- 1.1 The National Quality Board (NQB) requires acute hospitals to undertake a review of nurse staffing levels and to assure the board we have safe nurse & midwifery staffing establishments. This report summarises the outcome of the review of nurse staffing levels and skill mix of our wards and ED department, which has been undertaken between December 2017 and January 2018 across Southend University Hospital NHS Foundation Trust.
- 1.2 The reviews have followed a similar model to that used previously with a review of patient acuity and dependency using the Safer Nursing Care Tool (SNCT). Any planned service delivery changes have been taken in to consideration.
- 1.3 All establishments have been reviewed by the site Director of Nursing and Heads of Nursing and professional judgement applied regarding the level of staff required on each shift.
- 1.4 Comparative data is provided in relation to existing budgeted establishments and the whole time equivalent number of registered nurses (RN's), registered midwives (RM's) and health care assistants (HCA's).
- 1.5 The Board is aware through the monthly nursing staff establishment reports that we have some staffing deficits in some areas, where we have been unable to recruit to our vacancies. Recruitment and retention plans are being implemented to try to address this.

2. Assessment: Right Staff

- 2.1 The Safer Nursing Care Tool (SNCT) is recommended by the National Institute of Clinical Excellence (NICE) as an appropriate evidence-based tool. This was used to assess the level of acuity and dependency in all adult in-patient wards (excluding maternity wards and assessment units) and to generate a recommended staffing establishment. Professional judgement was then applied.
- 2.2 In line with NICE guidance, Southend University Hospital NHS Foundation Trust (SUHFT) utilised the "Birth-rate Plus" model to undertake a table top assessment of the midwifery staffing requirements for the maternity services in 2017.
- 2.3 A professional judgement model was utilised to assess the staffing requirements for the following areas:
 - Emergency Department (ED), including Paediatric Emergency Department (PED)
 - Acute Medical Assessment Unit (AMU)
 - Medical Emergency Ambulatory Care Unit (AECU)
 - Surgical Assessment Unit, including emergency surgical ambulatory care unit (ESAC)
- 2.4 Appendix 1 provides a summary of the recommended nursing and midwifery staffing requirements for each ward by WTE and by shift, along with the current funded establishments. The number of WTE "in-post" is also provided to illustrate current vacancy factor. SNCT recommendations provide a wte figure however the tool does not specify numbers of registered and unregistered staff separately. The appendix demonstrates the recommended staffing levels based on the current skill mix ratios which were reviewed as part of the professional judgement process. During this process it was noted that the case mix of patients changed during the SNCT assessment period due to the higher number of medical admissions and outlying

patients on surgical wards and orthopaedic wards; and an increase in acuity of patients during the winter period.

- 2.5 Each ward has a proportion of supervisory time for the Ward Sister / Charge Nurse, dependent upon the needs of the service and this is summarised in Appendix 1. It should be noted that the planned supervisory time, whilst allowed for in the staffing establishment, is frequently flexed when required. As a result the ward sister / charge nurse may cancel the supervisory time in order to take a caseload of patients when required due to staffing deficits. This is noted in the safe staffing spreadsheet recorded centrally by the Trust.
- 2.6 Head room is incorporated in to the establishments of each clinical area in order to accommodate annual leave and study leave. The average headroom for all wards is 22%.
- 2.7 As part of the winter planning process an SBAR was developed following a risk assessment which identified on which escalation beds could be used and the associated recommended registered and unregistered staffing uplifts required. These increases in beds and staffing uplifts are not included in the figures in appendix 1 as they are temporary uplifts. The table below outlines the numbers of Winter Pressure beds opened and subsequent temporary uplifts in staffing.

Directorate	Ward	Number of beds	No of beds opened	Total	Increase in staffing required	Comments
Medicine	Eleanor Hobbs	29	6	35	No increase required in staffing if current establishment met	previously closed beds
	Stroke Unit					
	Paglesham	19	7	26	Change required in RN establishment to maintain RN:patio ratio of 1:5.7	previously closed beds
	Benfleet	21	4	25		
	Blenheim Ward	27	2	29		
	Estuary	14	10	24		
	Respiratory Unit Westcliff Ward	20	1	21		
Surgery	Balmoral Ward*	16	6	22	1 RN 24 hours/ 7 days 1 HCA 24 hours/7 days	Converted to medical ward during Winter period
	Southbourne	30	3		1 RN 24 hours/7 days	
	Hockley	25	1	26	No increase in staffing	
MSK	Shopland	32	3	35	x1 HCA x1 24 hours/ 7 days	
			Total	43		

- 2.8 Maternity staffing is assessed using Birth Rate Plus and current staffing levels met recommendations, however a business case was developed to recruit 17 band 5 midwives to provide backfill for maternity leave.

Current funded establishment for maternity services is; 117.41 Registered Midwives which covers the following areas; Central Delivery Suite and Maternity Theatre; MB1 & MB2, Midwife Led Service and Community Midwives. The Maternity service is supported by non-registered staff, such as Healthcare Assistants, Nursery Nurses and Maternity Support Workers with a total funded establishment of 36.1wte.

2.9 Neonatal Unit staffing is based upon British Association of Perinatal Medicine (BAPM) recommendations and professional judgement. Funded establishment is 32.52 wte Registered Nurses.

2.10 Paediatric Staffing levels are assessed using RCN recommendations, 'Defining Staffing Levels for Children's and Young people's Services' (2013). Staffing levels meet these recommendations however 5 RN posts have been identified as cost pressures.

2.11 Following the SNCT assessment a professional judgement of the outcome and skill mix was carried out, below is a table showing the outcome of this.

Directorate	Ward	Outcome of funded establishment/skill mix review
Medicine	Respiratory Unit inc ARCU	No Change in staffing
	Blenheim	Mon-Fri increase staffing 1 RN/1 Band 4
	Stroke Unit	review staffing/establishment if escalation beds remain open
	Eleanor Hobbs	Increase 1.2 fte band 5 Mon-Fri for co-ordinator role
	Princess Anne	No change
	Windsor	No change
	CCU/Gordon Hopkins	No change to allow for level 2 patients in CCU
	Estuary	review staffing/establishment if escalation beds remain open
	AMU	No change
	Ambulatory Emergency Care	No change
D & T	Ward	Outcome of funded establishment/skill mix review
	Elizabeth Loury	No change
	Bedwell Ward	No change
Surgery	Ward	Outcome of funded establishment/skill mix review
	Balmoral	Review in April/May 18 following planned return to Surgery
	Hockley	Review in April/May 18 following closure of escalation bed
	Southbourne	Review in April/May 18 when expected to return to W/E closures
	Stambridge	Review in April/May 18 following change in 1A beds
Surgical Assessment Unit	No change	
MSK	Ward	Outcome of funded establishment/skill mix review
	Castlepoint	No change
	Shopland	No change
Paeds	Ward	Outcome of funded establishment/skill mix review
	Neptune	No change following RCN review
	Neonatal	No change following BAPM review
Gynae	Ward	Outcome of funded establishment/skill mix review
	Eastwood	No change
Maternity	Ward	Outcome of funded establishment/skill mix review
	MB 1 & 2	no change
	CDS & Midwife led service	no change
ED	Dept	Outcome of funded establishment/skill mix review
	Emergency Dept	Ongoing review of staffing with implementation of twilight shifts
	Paediatric ED	Ongoing review to provide 24 hours service

Where an increase in staffing has been identified for medical wards the cost is shown in the tables below.

Following the SNCT assessment and professional judgement an increase in staffing is recommended for Blenheim and Eleanor Hobbs Ward due to increased acuity and dependency. A Band 4 practitioner, Mon- Fri 7.5 hours shifts with associated costs are shown.

Ward	Change	£	wte
Blenheim	1 B4 9-5 Mon-Fri	31,595	1.26
Eleanor Hobbs	1 B4 9-5 Mon Fri	31,595	1.26
Total		63,190	

Escalation beds have been used during the assessment period and preceding winter months on the Stroke Unit, Estuary and Balmoral wards. A detailed review of the capacity and demand on these wards is required to look at the operational pressures with analysis if they continue to be utilised. This work is underway but not included as part of the skill mix review.

Where a surplus has been identified as shown in appendix 1, it is planned to review these areas in April 2018 when winter escalation beds and Surgical/medical bed changes have returned to planned use. Increased acuity and change in case mix was noted over the winter period.

3. Skill Mix: Right skills

- 3.1 The Director of Nursing, in conjunction with the Heads of Nursing, has carried out a professional judgement review of the skill mix required in each area. This takes in to account elements such as the acuity and dependency levels on the ward, the activity of the ward, the layout of the ward and the number of patients requiring escorting off the ward.
- 3.2 At SUHFT the skill mix in some areas, such as elderly care wards, appears diluted with the inclusion of additional HCA's. Whilst maintaining the number of RNs that the Director of Nursing and Heads of Nursing agree are appropriate to ensure safe care, these HCA's have been incorporated in to the ward establishments in order to ensure capacity and consistency in the provision of enhanced observation or "specialling" that is required in these areas. The agreed skill mix for each area is summarised in Appendix 1.
- 3.3 In assessing skill mix many factors are taken into account; specialist areas such as oncology where complex drug regimens and infusions require increased numbers of Registered Nurses. In other areas Band 4 Associate Practitioners may be able to support practice; Musculoskeletal Wards have utilised Band 4's in this way and they are able to develop specialist knowledge to support patient care.
- 3.4 Band 4 Associate Practitioners are utilised on 4 wards and 4 assessment units within the Trust. Associate Practitioners have completed a foundation degree in healthcare and are utilised to enhance the skill mix.
- 3.5 Care/contact time is currently provided by allied Health professionals such as therapy staff particularly in areas such as the Stroke Unit. This is currently not measured or monitored though this has been discussed.

3.6 Current vacancy factor in Dec 2017 for RN is 15% and Healthcare Assistant is 9.82% with an overall figure of 13.22%.

3.7 Southend University Hospital NHS Foundation Trust has a Recruitment and Retention Committee which focuses on Registered Nurses, Midwives, healthcare Support Workers and Allied healthcare Professionals. We are participating in the NHSI Retention strategy and an action plan will be formulated following data collection.

4. Maintaining safe staffing levels: Right place right time

4.1 Effective rostering is key to ensuring that on a shift basis safe care is maintained, Allocate e-rostering system is used in Southend University Hospital NHS Foundation Trust. The Deputy Director of Nursing and Associate Director of Nursing regularly meet with the Heads of Nursing and Ward managers, Finance Manager and E-rostering lead to review roster effectiveness, bank and agency utilisation and overall expenditure. This provides the opportunity to identify good practice and also to agree actions required to improve where applicable.

4.2 The Trust Board receives reports on ward staffing levels for each month, triangulated against nursing quality indicators.

4.3 Staffing is monitored centrally for the Trust by a Senior Nurse, in liaison with Matrons and Head Nurses. It is assessed against agreed staffing levels for each ward. Red flags are highlighted and recorded centrally where RN staffing levels have fallen below the agreed levels resulting in a reduction of 25% of RN time per shift. Following assessment of staffing levels by Senior Nurses mitigation is put in place to maintain safe staff/patient ratios as appropriate or a review of the acuity and dependency of the patients and a suitable mix of Trust staff with bank/agency nurses. Risk assessments are completed daily for areas where concerns are Red flags are unable to be mitigated and escalation beds are used.

4.4 RN deficits in rosters are filled using the Hospital Nursebank, if the Nursebank are unable to fill shifts then Agency staff are utilised. The average agency utilisation as a percentage of RN pay bill for the period July –Dec 2017 is 7%, this rose to 8% in Nov. At this time escalation and winter pressure beds were opened, there was also an increase of declared internal critical incidents in November from 3 in September, 2 in October to 8 in November.

A system was put in place in 2017 requiring Agency Nurse request to be authorised by Corporate Senior Nurses prior shifts being sent to the agencies via the Nursebank. This allowed a senior review and challenge if necessary or amendment to requested shifts where appropriate. A standard operating procedure is in place to describe responsibilities and the process.

4.5 A review of the provision of enhanced observation / “specialing” will be undertaken across all 3 sites in the first quarter of 2018 in order to establish a consistent approach.

4.6 The agreed increase in staffing levels may need to continue if escalation beds are required to remain in place longer than anticipated, in order to ensure safe care is maintained. However daily risk assessment are carried out and recorded within the Trust to ensure safe staffing levels are in place.

5. Conclusion

Inpatient wards and Assessment areas have undergone reviews to assess staffing requirements against acuity and dependency and professional judgement.

Increases in establishment have been recommended in 2 medical ward areas.

Flexibility in staffing remains key to ensuring safe staffing within the Trust and this will continue to be monitored on a daily basis both at Safe@Southend, within Directorates and by designated Senior Nurses within the Trust

6. Recommendation

It is recommended that no change in establishment is required in the majority of areas at this time. However Blenheim and Eleanor Hobbs wards recommended establishment increases described above would have an increased cost of £ 63,190.