

## Trust Board October 2014

<b>Title</b>	Six Monthly Skill Mix Review – October 2014
<b>Meeting Date</b>	6 <sup>th</sup> October 2014
<b>Sponsoring Executive</b>	Lorna Wilkinson – Director of Nursing
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### 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:

- 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.

This report is a mid-year review which is intended to provide an update on progress and impact on staffing levels following the investment of £800k into nursing approved at the April Board, to provide indication of areas which require additional investment and early indications of areas where further resource maybe required following triangulation of the detailed skill mix review which has occurred with each ward during August and September.

### Situation

All wards have been subject to a detailed review during August and September – at which the ward sister, Directorate Senior Nurse and Deputy Director of Nursing have met and triangulated the ward staffing levels against the 1:8 staffing benchmark, quality indicator / outcome data, HR indicators, financial information and professional judgement. The full analysis of these results now needs to be considered against Trust bed capacity modelling and anticipated bed footprint for the coming year.

As part of this programme the investment into the nursing skill mix in April was reviewed and the findings outlined below:

The Supervisory ward sister role has started to embed across all wards from mid July. Wards have reported a mixed ability in being able to fulfil the supervisory role due to vacancies which have required them to work as part of the staffing numbers. As vacancies reduce further impact of this role will be felt. A development programme, which will include action learning groups, has commenced to support their development in this role.

All wards were reviews to ensure they have a minimum of 2 Band 6 Junior Sisters. These roles were created by uplifting a band 5 post and have ensured that there is a sister on the wards across the 7 days. Many wards have chosen to make this a rotational post within their wards to enable career development.

The final element was amendments to ward establishments that were below the 1:8 ratio. The table below shows where changes were made and the impact of this investment:

Ward	Action	Impact
Chilmark	Convert NA to RN on late shift	Improved RN ratio and ward report staffing to feel improved
Laverstock	Additional RN x 3 nights per week Additional NA x 4 nights per week	Improved RN ratio /additional NA support with night shift – ward report staffing to feel improved with less specials expenditure
Amesbury	Additional NA on night shift	Ward report night to feel improved – staff and patient perspective
Redlynch	Convert NA to RN on late shift Convert NA to RN on night shift	Ward feels improved from RN perspective but decrease in NA's has proved challenging and starting to see specials expenditure
Pitton	Convert NA to RN on late shift Additional RN on night shift	Improvement on night shift, late shift improved from acuity but possible requirement for additional NA
Winterslow	Convert NA to RN on late shift	Improved RN ratio on late shift, ward continued to have high specials expenditure, but 10 beds now closed
Farley	Additional RN on long day shift and additional NA on night shift	Improved RN ratio / increased NA support. Ward report staffing to feel improved and specials expenditure reduced to nearly zero.
Tamar	Additional RN on night shift	Improved RN ratio on night shift

The Trust continues to use a large amount of temporary staff to support safe services, partly as a result of vacancies some of which is attributable to the above uplift in nursing establishments. The Trust is working with the ward teams to fill these with permanent staff.

### Assessment

Initial analysis and findings of the skill mix reviews are included in Appendix A. The budgeted RN:Patient staffing ratio is demonstrated by shift alongside the average RN:NA ratio. Each ward now has been supported to develop and establish the supervisory Ward Sister/Charge Nurse role which is in addition to these ratios. Each ward is now supported by a minimum of 2 Junior Sisters which supports senior cover across 7 days.

All ward staffing levels are assessed daily by the nurse in charge and escalated to the Directorate Senior Nurses where it is felt the staffing levels do not match the acuity/dependency of the patients or where there are concerns around any shortfalls against planned levels. It should be noted there remain no mandated levels for staffing but the 1:8 ratio has been used as a benchmark. Night staffing levels have been included for review but it is nationally recognised that staffing levels are reduced at night time. Several wards utilise varied shift patterns such as twilights to maximise staffing to peaks in demand.

There are two key areas where the need for immediate further investment has been identified, Amesbury and Durrington. There are other areas where further investment maybe required but further analysis of the acuity and dependency of patient compared to staffing levels is needed, these include Whiteparish, Redlynch, Pitton, Downton, Avon and Sarum all of which will be part of the early implementers of the SaferCare tool to further understand their requirements.

Recruitment into vacancies remains an on-going challenge with varied initiatives continuing to support maximising every opportunity to recruit staff. Attrition of the band 5 post is a significant and expected of nurse staff turnover due to the younger workforce wanting to gain wider clinical experience and staff at the other end of the age spectrum starting to retire. Wards have also seen staff opting to leave or reduce their hours to work for agencies, particularly Thornbury. Previous analysis has shown that the average annual turnover of RNs per year is approximately 40.

Several wards have higher numbers of vacancies – these include Amesbury, Pitton, Spinal Unit and Winterslow. Some of these areas have been identified as requiring additional staffing, the vacancies in these areas compound further the staffing challenges felt at ward level. Through the skill mix reviews it has become evident that exit interviews are not routinely performed for all leavers so it is not possible to analyse whether there are any themes underlying high numbers of vacancies.

A group of 21 newly qualified nurses commence within the organisation at the end of September and on-going work continues to further recruit overseas and increase the bank staffing resource .

The introduction of the Allocate electronic rostering system has now embedded across the Trust. The next steps with this project is to implement the SaferCare tool which will allow measurement of the acuity/dependency levels of the patient compared to staffing levels on a shift by shift basis. September saw the rollout of Single Sign On across the wards which enables all nursing staff on the ward to access the rostering system, this is a pre-requisite to implementation of the SaferCare tool. A project plan is being developed to roll the tool across all wards over the next 3-6months – there may be some requirement for some additional resource to support this implementation. Based on the initial findings from the skill mix review the areas identified for additional staffing may benefit from being the first to roll out this tool.

## **Recommendations**

The Board is asked to note the findings of the report and agree the following areas for action:

- Analyse the full findings of the skill mix reviews against the bed capacity modelling and financial requirements, to be presented at a future Board meeting
- Support additional staffing for RN on Amesbury late shift and NA on Durrington night shift, approximate cost £117k.
- Assess the immediate staffing requirements to support 21 beds inclusive of 3 HDU beds on Avon. Fully analyse nurse staffing within the context of on-going full review of spinal services.
- Support the rollout requirements for SaferCare tool to assess acuity and dependency levels on wards against staffing levels – with the pilot to include Whiteparish, Pitton, Redlynch, Downton and Sarum
- Continue Trust focus on recruitment, including overseas recruitment of at least 20 nurses to arrive early in the New Year
- With HR look to fully embed the use of exit interviews for all nurse leavers

Ward	RN: Patient Ratio (Early)	RN: Patient Ratio (Late)	RN: Patient Ratio (Night)	RN : HCA (based on establishment)	Comments / Recommendations	
Whiteparish	1: 5(6)	1 5(6)	1: 7	68 : 32	Review requirement for RN to cover middle shift (10am – 6pm) to cover high demand. Pilot SaferCare tool.	
Tisbury	1: 5	1: 5	1: 7	76 : 24	Staffing levels appear adequate	
Pitton	1: 6	1: 6 (9)	1: 9	59 : 41	Review late shift – requirement for additional NA for workload. High levels of vacancy and vacant band 7. Pilot SaferCare tool.	
Redlynch	1: 6	1: 6 (9)	1: 9	65 : 35	Review late shift and night shift – requirement for additional NA – pilot SaferCare tool	
Farley	1: 5 (6)	1: 5	1: 10	57 : 43	Staffing levels appear adequate	
Durrington	1: 7	1: 7	1: 10.5	59 : 41	Requirement for additional NA on night shift (high specials usage)	
Winterslow	40 30	1: 8 1: 7.5	1: 8 (10) 1: 7.5	1: 13 1: 10	50 : 50	Beds reduced to 30 – staffing to be reviewed using SaferCare tool to see if levels set adequate, vacancies reduced as result of bed closures
Pembroke	1: 5	1: 5	1: 5	78 : 22	Staffing levels appear adequate	
Hospice	1: 5	1: 5	1: 5 (10)	62 : 38	Staffing levels appear adequate	
Amesbury	1: 8	1: 11	1: 16	50 : 50	Requirement for additional RN on late shift. High levels of vacancy particularly for registered nurses.	
Chilmark	1: 6 (8)	1: 8	1: 12	56 : 44	Staffing levels appear adequate	
Burns	1: 6	1: 6	1: 8.5	75 : 25	Staffing levels appear adequate	
Laverstock	1: 5	1: 9	1: 8/13	63: 37	Staffing levels appear adequate	
Avon	1: 5	1: 5	1: 7	46 : 54	4 closed beds due to vacancies, needs full analysis regarding respiratory HDU facility. High levels of vacancy	
Tamar	1: 7	1: 7	1: 10.5	50 : 50	Staffing levels appear adequate	

<b>Britford</b>	1: 5 (6)	1: 6	1: 8	64 : 36	Staffing levels appear adequate
<b>Downton</b>	1 : 7	1: 9	1: 13.5	60 : 40	Review requirement for additional NA on night due to workload. Pilot SaferCare tool
<b>DSU</b>	1: 7	1: 7	N/A	79 : 21	Staffing levels appear adequate
<b>Sarum</b>	1: 8	1: 8	1: 8	73 : 27	Review staffing levels against SaferCare tool specifically night times

\*Of note Critical Care, Maternity and ED are all excluded from this review – Critical Care is subject to mandatory staffing levels, ED and maternity are subject to their own review.

() Numbers in brackets denote weekend staffing levels