

Enclosure 6

REPORT TO: OPEN TRUST BOARD

Date of Meeting:	5 June 2014
Title of Report:	Nurse Staffing Review
Presented by:	Karen Wilson Executive Director of Nursing & Quality
Author of Report: Date: E-mail:	Kenny Laing (Deputy Director of Nursing & Quality) 17th May 2014 kennylaing@northstaffs.nhs.uk
Purpose / Intent of Report:	<ul style="list-style-type: none"> For review and approval
Executive Summary:	<p>This paper outlines the finding and process undertaken to review the nurse staffing establishments across all Trust in-patient settings during April 2014.</p> <p>It also provides an initial analysis of the data for which was gathered during the review.</p> <p>The report outlines an under-establishment on 6 of the 7 wards at the Harplands hospital and the results of measuring acuity across all the other sites across the Trust.</p> <p>Although there is no recommended evidence-based tool for mental health Trusts, this paper represents the best methodology available to the Trust.</p> <p>This paper describes the content of a paper which needs to be discussed at a Public Trust Board meeting, as required by NHS England and the National Quality Board. This review will be repeated six monthly and is due for submission to the Trust Board again in November 2014.</p>
Which Strategy Priority does this relate to? How does this impact on patients or the public?	<ul style="list-style-type: none"> Customer Focus Strategy Clinical Strategy Governance Strategy Workforce Strategy Financial Strategy
Relationship with Annual Objectives	Supports the delivery of the Trust's Annual Objectives and the delivery of high quality care.

Risk / Legal Implications:	Delivery of safe staffing is a key requirement to ensuring that the Trust complies with National Policy direction
Resource Implications:	Proposed additional costs – outlined within the paper
Recommendations:	Review and approve

NURSE STAFFING REVIEW
REPORT FOR OPEN TRUST BOARD MEETING – JUNE 2014

Purpose

This paper sets out the process, findings and recommendations following the Trust undertaking a review of nurse staffing establishments within in-patient areas which took place in April 2014. This review was undertaken to ensure that the Trust has sufficient nursing capacity and capability in all in-patient areas to meet the needs of our patients.

The Trust is required to undertake a review of nurse staffing establishments every six months and receive the subsequent report into the public trust board. This is described in the National Quality Board (2013) report “How to ensure the right people, with the right skills, are in the right place at the right time. A guide to nursing, midwifery and care staffing capacity and capability” and expectations for NHS Trusts further refined in March 2014 in “Hard Truths Commitments Regarding the Publishing of Staffing Data - Timetable of Actions” a document prepared by NHS England and the Care Quality Commission. This document states:

“The Board receives a report every six months on staffing capacity and capability which has involved the use of an evidence-based tool (where available), includes the key points set out in NQB report page 12 and reflects a realistic expectation of the impact of staffing on a range of factors. This report:

- *Draws on expert professional opinion and insight into local clinical need and context*
- *Makes recommendations to the Board which are considered and discussed*
- *Is presented to and discussed at the public Board meeting*
- *Prompts agreement of actions which are recorded and followed up on*
- *Is posted on the Trust’s public website along with all the other public Board papers”*

Reviewing Establishment Data

All establishment data was reviewed and the nursing establishments were calculated using the following rules:

- Ward managers will work in a supernumerary capacity allowing them to ensure that they can be free to lead the ward and not be providing direct care as part of the nursing team.
- Where members of non-nursing clinical staff were present on the ward establishment, they were excluded from the overall numbers, as they do not contribute to the provision of nursing care.
- Non-nursing ancillary and clerical staff (usually house keepers and ward clerks) were not included, but were considered to adversely impact on nursing establishments

where they were not present (i.e. nurses will have to answer phones, type correspondence in the absence of ward clerk)

- A time-out factor of 24% will be applied to the establishment to ensure that nurses can be released to attend statutory and mandatory training, clinical supervision, other training, annual leave, sickness and other requirements.

Skill Mix

Whilst there is no set acceptable level ratio for qualified to unqualified nursing staff the Royal College of Nursing recommends that a ratio does not fall below a registered nurse to Healthcare Support Worker (HCSW) ratio of 65 to 35.

The high ratio of HCAs to registered nurses has been evidenced to have a negative effect on patient outcomes. This was highlighted in connection to care failings at Mid Staffordshire NHS Foundation Trust. There are established and evidenced links between patient outcomes and whether organisations have the right people, with the right skills, in the right place at the right time. The national nursing strategy 'Compassion in Practice', emphasised the importance of getting this right, and the publication of the report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry and more recent reviews by Professor Sir Bruce Keogh into 14 trusts with elevated mortality rates, Berwick's review into patient safety and the Cavendish review into the role of healthcare assistants and support workers⁵ also highlighted the risks to patients of not taking this issue seriously.

In his report into Mid Staffordshire NHS Foundation Trust, the National Director for Emergency Access, Professor Sir George Alberti said he recommended a 60:40 ratio in favour of qualified nursing staff. The McKinsey report on NHS cost savings did suggest the Department of Health urgently "limit or remove" mandatory staffing ratios which stipulate the number of registered nurses to patients a ward should have.

For the purposes of this review the Director of Nursing is keen to measure performance in respect to skill mix and a minimum target ratio has been set at 50:50 RN to HCSW. In clinical areas where this has not been achieved, there should be a sound clinical reason why this is not the case.

Measuring Patient Acuity (Need)

There is currently no nationally mandated nursing workforce tool for mental health and learning disability to inform nursing staffing reviews. The National Institute for Health and Clinical Excellence (NICE) has been asked by the Department of Health to undertake an evaluation of the tools which are currently in use and provide recommendations for NHS organisations to use in the future.

During this review patient acuity (patient need) was measured in April 2013, using the *Safer Nursing Care Tool* which was adapted to be meaningful in a mental health setting. This work was undertaken internally during 2013 and is based on best practice taken from the work of Dr Keith Hurst and national development work currently being undertaken by NHS England. This data was collected on a daily basis and collated to provide a picture of the range of needs for the patients on each ward. This was analysed to produce information relating patient need and nursing resource required to meet this need in each bedded area.

Performance Against National Guidance

The review measured the performance of each ward against national guidance relating to nurse to patient ratios. Specifically this was RCN guidelines of “No more than 7 patients per registered nurse” and “No more than 3.8 patients per member of nursing staff”.

Professional Judgement Review Meetings

All the data collected for each ward was reviewed by the ward clinical teams. These reviews consisted of ward managers, matrons, MDT members, HR and finance. The meetings reviewed and commented on the information provided and provided professional opinion on the information present. The purpose of these meetings is to provide triangulation and scrutiny to the methodology involved and to ensure that any ward specific factors are taken into consideration. Professional judgement meetings which have not yet taken place are indicated within the review data collection sheets in Appendix A.

Outcome of the Review

The preliminary findings of the review have identified a slight over-establishment on one ward at the Harplands hospital and an under establishment on six other wards at the Harplands hospital. All other ward areas across the Trust have undertaken data collection in regard to patient acuity and the results can be seen at Appendix A. There are seven in-patient areas where professional judgement meetings have yet to take place and so final findings are not available, but it is not anticipated that there will be any significant variance to the current establishments, due to the discussions and the acuity data collected thus far. This review does not intend to make any recommendations relating to Chebsey Close, as the facility is due to close imminently.

Recommendations made to the Quality Committee as well as the Trust Board:

To:

- Note the approach taken.
- Approve the contents of this report (subject to final professional judgement review where indicated) to be discussed at the Public Trust Board on 5th June 2014

Appendix A – Results of nurse staffing review May 2014

	Adult Mental Health						Children & Young People	
	Ward 1	Ward 2	Ward 3	Florence House	Summer view	EMU	Darwin Centre	Dragon Square
1.1. Number of Beds ^A	15	22	22	8	10	12	15	6
1.2. Bed Occupancy Rate ^B –including home leave (October 2013 – March 2014)	92%	98%	110%	98%	97%	96%	88%	75%
1.3 Current nursing establishment by WTE (excluding ward managers)	31.7	24.8	22.46	14.2	18.34	15.8	26.19	15.27
Performance against national guidance/ bed to nursing staff ratio (based on average staff on duty in the day during data collection period)								
2.1 RCN “No more than 7 patient’s per registered nurse”	5.16	7.33	9.09	3.65	4.83	6.5	4.6	
2.2. RCN “No more than 3.8 patients per member of nursing staff”	2.76	4.11	3.9	1.47	2.5	3.5	2.31	
2.3. Total Nursing Establishment to Patient Ratio								
Quality Performance								
3.1. Registered Nurse: HCSW ratio of no less than 50:50	46:54	51:49	50:50	45:55	53:47	69:31	48:52	39:61
3.2. Sickness Absence Rate (October 2013 – March 2014) - target 4.95%	5.12%	3.11%	6.33%	9.06%	8.91%	4.53%	2.29%	5.53%
3.3. Total Clinical Incidents (October 2013 – March 2014)	196 ↓	123 ↓	160 ↓	45	64	67	100	17
3.3. Staff Assaults (October 2013 – March 2014)	6	4	3	7	12	0	3	3
3.4. Episodes of restraint (October – March 2014)	91	23	35	5	29	2	14	2
3.5. Medication administration errors	10	7	6	2	0	5	2	1
3.6. Patient Falls	0	7	7	1	1	13	0	0
Findings of review								
4.1. Acuity Tool recommended establishment (WTE)	29.7	33.2	30.7	4.88	21.5	32.5	34.5	N/A
4.2. Final recommended nursing shift pattern after professional judgement	6/6/4	6/6/4	6/6/4	TBC	TBC	TBC	TBC	TBC
4.3. Nurse staffing establishment required to deploy shifts@24% T-out (adjusted to reflect bed occupancy)	29.5WTE	29.5WTE	29.5WTE	-	-	-	-	-
4.4. Total Variance relating to Current Nursing Establishment (WTE)	+ 1.71	-5.19	- 7.53	-	-	-	-	-
4.5. Registered Nurse Variance	0	-2.5	- 4.0	-	-	-	-	-
4.6. HCSW Variance	+1.71	-2.69	- 3.53	-	-	-	-	-

A - Royal College Psychiatry (2011) “Do the right thing: how to judge a good ward: Ten standards for adult in-patient mental healthcare “-General adult wards should not have more than 18 beds on any one ward.
 B –Royal College Psychiatry (2011) “Do the right thing: how to judge a good ward: Ten standards for adult in-patient mental healthcare “- bed occupancy rates should be no higher than 85%”

Appendix A – Results of nurse staffing review May 2014

	Learning Disability & Old Age Psychiatry						
	Ward 4	Ward 5	Ward 6	Ward 7	A&T	Telford	Chebsey Close
1.1. Number of Beds ^A	20	15	15	20	4	6	7
1.2. Bed Occupancy Rate ^B –including home leave (October 2013 – March 2014)	81%	72%	70%	72%	83%	80%	66%
1.3 Current nursing establishment by WTE (excluding ward managers)	27.9	24.68	21.79	22.0	16.9	18.38	
Performance against national guidance/ bed to nursing staff ratio (based on average staff on duty in the day during data collection period)							
2.1 RCN “No more than 7 patient’s per registered nurse”	7.78	4.86	5.84	8.41	3.1	3.5	2.33
2.2. RCN “No more than 3.8 patients per member of nursing staff”	3.69	1.97	2.46	3.76	0.93	1.27	0.76
2.3. Total Nursing Establishment to Patient Ratio							
Quality Performance							
3.1. Registered Nurse: HCSW ratio of no less than 50:50	46:54	42:58	50: 50	41:59	36:67	35:65	
3.2. Sickness Absence Rate (October 2013 – March 2014) - target 4.95%	6.77%	6.11%	7.17%	5.01%	6.00%	8.22%	7.7%
3.7. Total Clinical Incidents (October 2013 – March 2014)	131 ↓	42 ↓	131 ↑	97 ↑	128	53	284
3.3. Staff Assaults (October 2013 – March 2014)	8	3	22	4	22	5	58
3.8. Episodes of restraint (October – March 2014)	23	3	21	20	90	20	117
3.9. Medication administration errors	6	1	0	9	0	0	0
3.10. Patient Falls	55	18	42	31	3	9	0
Findings of review							
4.1. Acuity Tool recommended establishment (WTE)	42.3WTE	34.11WTE	27.9WTE	34.7 WTE	16.81WTE	29.2WTE	
4.2. Final recommended nursing shift pattern after professional judgement	6/6/4	6/6/4	5/6/3	5/6/3	TBC	TBC	
4.3. Nurse staffing establishment required to deploy shifts@24% T-out (adjusted to reflect bed occupancy)	29.5	29.5	26 WTE	26 WTE	-	-	
4.4. Total Variance relating to Current Nursing Establishment (WTE)	-2.04	- 5.31	-4.21	-4.0	-	-	
4.5. Registered Nurse Variance	-2.04	-2.5	-2.21	-3.0	-	-	
4.6. HCSW Variance	0	-2.81	-2	-1.0	-	-	

A - Royal College Psychiatry (2011) “Do the right thing: how to judge a good ward: Ten standards for adult in-patient mental healthcare “-General adult wards should not have more than 18 beds on any one ward.
 B –Royal College Psychiatry (2011) “Do the right thing: how to judge a good ward: Ten standards for adult in-patient mental healthcare “- bed occupancy rates should be no higher than 85%”