

Biannual Skill Mix Review Adult Inpatient Wards – Phase 1 4 June 2018



Agenda Item No: 10.3

Trust Board Report	
Meeting Date:	4 th June, 2018
Title:	Biannual Skill Mix Review Adult Inpatient Wards – Phase 1
Purpose of the Report:	Advise the Board on the outcome of the adult inpatient skill mix review
Summary:	This paper details the methodology followed and the outcome of phase 1 of the biannual adult inpatient skill mix review. The content will support the Board in fulfilling their responsibilities to monitor staffing capacity and capability as per NQB guidance 'How to ensure the right people, with the right skills, are in the right place at the right time' and the Government's commitment set out in 'Hard Truth's'.
Action required:	Receive for Assurance
Clinical implications and view	Ward Sister/Charge Nurses; Matrons and Heads of Nursing/Midwifery were involved in the skill mix process.
Patient, carer, public impact and views	
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CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <p>Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p>Responsive: services are organised so that they meet people's needs.</p> <p>Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>
Trust Strategic Objectives	<ol style="list-style-type: none"> 1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services 3. To have an effective and well integrated local health and care system that operates efficiently 4. Attract, retain and develop our staff, and improve employee engagement 5. Maintain financial health – Appropriate investment to patient services 6. Be in the top 25% of all key performance indicators
Links to Assurances	
Resource Implications:	<p>Revenue: none at present</p> <p>Capital: none</p> <p>Workforce: revised workforce numbers will require recruitment</p> <p>Funding Source: none</p>
Equality and Diversity Impact	
Risks:	Clinical risk if additional vacant positions are not recruited to
Risk register reference:	

Other formal bodies involved:	
References	<p>a. 'Hard Truths' Commitments NHS England http://www.england.nhs.uk/2014/04/01/hard-truths/ April 2014</p> <p>b. Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time - Safe sustainable and productive staffing. National Quality Board, July 2016 http://www.england.nhs.uk</p> <p>c. Griffiths P, Ball J, Murrells T, Jones S, Rafferty AM (2016b) Registered nurse, health care support worker, medical staffing levels and mortality in English hospital Trusts a cross sectional study. BMJ open 5:e008751</p> <p>d. NHS England (2014) Five Year Forward View. http://www.england.nhs.uk/ourwork/futurenhs</p> <p>e. NHS England (2016) Leading Change, Adding value: A framework for nursing, midwifery and care staff http://www.england.nhs.uk/ourwork/leading-change</p> <p>f. NICE (2013) Safe staffing for nursing in adult inpatient wards in acute hospitals. http://www.nice.org.uk/guidance/SG1</p> <p>g. NQB (2016) 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 http://www.england.nhs.uk/ourwork/part-rel/nqb</p> <p>h. The Safer Nursing Care Tool The Shelford Group – 2013 http://shelfordgroup.org/resource/chief-nurses/safer-nursing-care-tool http://shelfordgroup.org/library/documents/SNCT_A4.pdf</p>

Report Details	
1	<p>Background</p> <p>Patients have the right to be cared for by appropriately qualified, experienced /or competent staff in safe environments. The National Quality Board (2016) expects the Trust to ensure safe, effective, caring, responsive and well-led care on a sustainable basis, and that the Trust will employ the right staff with the right skills in the right place and at the right time.</p> <p>To demonstrate the Trust's commitment to the above requirement a twice yearly adult inpatient skill mix review is completed. The procedure for completing the review is aligned to Commitment 9 of Leading Change, Adding Value: a framework for nursing, midwifery and care staff (2016).</p> <p>Methodology of review</p> <p>The key elements of the workforce review include:</p> <ol style="list-style-type: none"> 1. Utilisation of a recognised decision support tool (a systematic, evidence-based approach to determine the number and skill mix of staff required). <p>For adult in-patient wards the Safer Nursing Care tool is utilised. This tool was originally developed in conjunction with the Association of UK University Hospitals (AUKUH). The tool uses patient acuity and/or dependency score which is agreed by senior nurse for the ward. This is captured daily on either the SafeHands system or on paper (for those wards not having SafeHands). This data is then</p>

converted into total staff numbers by using the provided nursing multiplier. Confirmation has been received from Imperial Innovations that we are now licensed to use 'Safer Nursing Care Tool' as our safe sustainable staffing tool when conducting reviews of adult inpatient wards. To support the licence agreement a revised validation process will be introduced in phase 2 of the adult inpatient review process.

2. Application of professional judgement to ensure specific local needs are included.

This includes consideration of:

- **Ward layout/facilities:** The configuration of wards and facilities affect the nursing time available to deliver care to patients, and this can be reflected in staffing establishments through professional judgement. For example, wards with a high proportion of single rooms might make adequate surveillance of vulnerable patients more difficult.
- **Escort duties:** This is not captured by the Safer Nursing Care tool, consideration needs to be given if this role is likely to affect the numbers of staff required. A local data collection and analysis exercise is undertaken to determine a percentage to be added to the establishment to ensure staffing remains responsive to daily patient care needs if this is considered to have a significant impact on the ward activity
- **Shift pattern:** The type of shifts (long day versus short day) in use may affect the overall establishment required to ensure shift-to-shift staffing levels. These are monitored to understand the impact and effect on staff and patients

This element was completed by Senior Sister/Charge Nurse and Matron and presented to Head of Nursing/Midwifery at a challenge and confirm meeting.

3. Benchmarking with peers (e.g. CHPPD via model hospital)

Comparing staffing with peers can act as a 'sense check', particularly on assumptions and professional judgements. Benchmarking can also help stimulate the sharing of best practice. Care hours per patient day (CHPPD) provide a useful metric for making these comparisons. CHPPD gives a picture of the total ward care workforce but is split between registered nurses and healthcare support workers.

While the summary CHPPD measure includes all care staff, the registered nurse hours must always be considered in any benchmarking alongside quality care metrics (Griffiths et al 2016b) in order to assess the impact on patient outcomes.

4. Taking account of national guidelines.

NICE (2013) made recommendations on safe staffing for nursing in adult inpatient wards in acute hospitals. The guidance focuses on wards that provide overnight care for adult patients in acute hospitals. It does not cover Intensive Care, High Dependency, Maternity, Mental Health, acute admissions or assessment units or ward or inpatient wards in community hospitals.

There is no single nursing staff-to-patient ratio that can be applied across all acute adult inpatient wards. However, there is evidence of increased risk of harm and mortality associated with a registered nurse caring for more than 8 patients during a day shift.

5. Headroom

Nursing establishments for adult in-patient acute wards should include Headroom to allow for the efficient and responsible management of planned and unplanned leave and to ensure that absences are able to be managed effectively. Headroom is set at circa 20.0% which includes 15% for annual leave, 3.24% for sickness and 2% study leave. There is no inclusion for maternity, paternity, carers or compassionate leave.

All elements listed above were considered by the Associate Chief Nurse and Chief Nurse when the individual ward skill mix was presented at confirm and challenge meetings by the Heads of Nursing/Midwifery

Skill Mix Summary:

Previously Funded Establishment

Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total w.t.e.
28.00	89.40	469.6	26.00	5.80	316.83	935.63

Recommended Establishment

Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Total w.t.e.
28.00	90.60	506.46	27.80	4.80	339.20	971.30

Following further discussion with the Gynaecology Directorate and Division 1 management team it has been agreed that the requested additional 1.5 Band 5s for D7 will not go ahead at this time as they wish to address the frequency of additional beds being utilised to support outliers on the ward. As this is the main reason for the request for additional staff, they will continue to book bank on these occasions to ensure the ward is safely staffed.

The additional cost for enacting all the other recommended changes was factored in at budget setting and is included in ward budgets.