Portsmouth Hospitals NHS
NHS Trust

TRUST BOARD PUBLIC – JULY 2015 **Agenda Item Number: 139/15**
Enclosure Number: (5)

Subject:	Nursing - Safe Staffing
Prepared by: **Sponsored by:** **Presented by:**	Nicky Sinden, Lead Nurse for Workforce and Debra Elliott Deputy Director of Nursing Cathy Stone – Director of Nursing Cathy Stone – Director of Nursing
Purpose of paper	• To present the April 2015 adult in patient Ward Based Staffing review • Update the Trust Board on the next steps of ward based staffing, with regard to the latest publications and guidance. • Present the findings of the recent Contact Hours Review • Provide details of the financial and qualitative impact of re-aligning safe staffing National Quality Board requirements to budget on the re-alignment of and increased number of beds. • Provide information of the financial and qualitative impact on nurse staffing resulting from the Unscheduled care plan
Key points for Trust Board members *Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals*	Ward nursing safer staffing levels, that enable care provisions are of acceptable quality and safety standards, has been highlighted as key concerns from the Francis report, Keogh Reviews and CQC inspections. Recommendations made by the National Quality Board in November 2013, has resulted in the publication of Trust nurse staffing data in line with NHS England 'Hard Truths Commitments'. More recently (July 2014) NICE have published guidance for safe staffing for nursing in adult inpatient wards in acute hospitals, which endorses the use of the Shelford Group Tool (SNCT) in bi-annual reviews of patient dependency and acuity. Guidelines relating to minimum staffing levels have now been challenged and this work stream is being moved to the Chief Nursing Officer. This paper provides a full briefing on the April 2015 ward based staffing review findings through: - Outcome of April 2015 ward based staffing review and subsequent professional judgment exercise. - Assessment of results against the March 2014 approved uplift in funded ward establishments, showing any dependency and acuity trends using historical establishment information. - Recommendations for safe staffing across all wards - Summary of the resulting RN to patient ratio and supervisory

	manager status following recommendations. Includes recent additional bed moves and changes
Options and decisions required *Clearly identify options that are to be considered and any decisions required*	To support the re-alignment of funding required to meet the National Quality Board requirements for ward based staffing, and the impact on nurse staffing as a result of the Unscheduled Care plan. For Trust Board to note that the contents meet the required safe staffing numbers and funded establishment for PHT adult wards and Emergency Medicine departments for 2015-16.
Next steps / future actions: *Clearly identify what will follow the Trust Board's discussion*	To incorporate the agreed actions into the Trust business planning cycle and Trust board reporting, as part of the workforce planning and quality monitoring in the Trust.
Consideration of legal issues (including Equality Impact Assessment)?	
Consideration of Public and Patient Involvement and Communications Implications?	

Links to Portsmouth Hospitals NHS Trust Board Strategic Aims, Assurance Framework/Corporate Risk Register	
Strategic Aim	Strategic Aim 1: To deliver safe, high quality patient centred care Strategic Aim 4: Be a hospital whose staff recommend the Trust as a place to work and a place to receive treatment.
BAF/Corporate Risk Register Reference (if applicable)	1.1, 1.2, 1.3, 1.4, 1.9, 4.1, 4.3
Risk Description	
CQC Reference	CQC Outcome 13, regulation 22 CQC Outcome 14, regulation 23 CQC Outcome 4, regulation 9 CQC Outcome 5, regulation 14 CQC Outcome 7, regulation 11 CQC Outcome 8, regulation 12 CQC Outcome 9, regulation 13 CQC Outcome 21, regulation 20

Committees/Meetings at which paper has been approved:	**Date**

1.0 Purpose

The purpose of this paper is to provide the Trust Board with the six monthly review of ward based strafing in line with the requirements of the Department of Health Hard Truths Report: The Journey to Putting Patients First (November 2013).

2.0 Introduction

The Board have received previous reports explaining the methodology.

This paper covers a review of ward based staffing levels, including:

- April 2015 safer staffing dependency and acuity assessment results
- Comparison of results with recent ward based staffing establishment investments
- Review of current Patient to RN ratios
- Review of current patient to shift staff ratios
- Review of current supervisory manager status
- Recommendations for rebalance/investment

In addition this paper provides a review of the Emergency floor staffing levels and requirements for additional beds.

3.0 April 2015 adult in patient staffing review

A full ward based staffing review took place using the NICE recommended Safer Nursing Care Tool (previously called AUKUH) was undertaken in April 2015.

As a result of ward relocation, environmental upgrades, seasonal capacity converting to established bed stock, a baseline staffing requirement review was necessary. A further review of the baseline budget took place on 18 June 2015 with the Director of Nursing, Deputy Director of Finance, Head of Finance, Deputy Director of Nursing and Lead Nurse for Workforce.

The baseline budget, following 2015 salary inflation was agreed as **£53,221,388.00**. This included all wards, emergency department and acute medical unit. It does not include non-ward based nursing teams, out patient areas, day units, intensive care, theatres or children's wards. Details are available.

In June 2015 NICE guidance regarding minimum staffing numbers have been challenged, but the use of the SNCT and related metrics to assess staffing levels is still supported by NICE and the Chief Nursing Officer for England.

In addition an adapted tool for use in admissions wards have been released.

There have been in year ward changes previously approved by the Director of Finance (within MSK and Medicine).

In year reconfigurations within Surgery, W&C, Renal, Gynae and MOPRS are presented in this review **(Appendix 1).**

4.0 Current patient to Registered Nurse ratios

NICE guidance for safe staffing for nursing in adult inpatient wards in acute hospitals.(July 2014) advises that there is clear research evidence of increased risk of harm associated with a registered nurse caring for more than 8 patients during the day shifts. Although NICE have recently advised that these staffing levels are not mandatory, the research evidence remains clear. In addition RCN guidance advises that there should be no more than 10 patients per RN at night on acute wards. These are the metrics that the CQC also use to assess safe staffing levels during their reviews and inspections **(Appendix 2).**

5.0 Outcome

PHT establishments and rosters meet the criteria of the minimum standard of 1 RN per 8 patients in the day and 1 RN per 10 patients at night based on the numbers of beds shown, with the exception of:

- F3 ward which has 2 RN's on night duty for 25 patients
- Cedar ward has 2 RN's on night duty for 22 patients. This ward does not meet the criteria for acute inpatient care.

6.0 Supervisory Leadership

Ward based supervisory management remains unchanged from the last review in September 2014. Ward sisters or charge nurses are in a supervisory role for 100% of their time in the large wards and 60% of their time in the wards with smaller bed bases and less staff. However due to current vacancy levels achieving this supervisory time remains challenging for the ward leaders.

7.0 Recruitment

Recruitment remains a significant challenge across the South. PHT is currently experiencing similar challenges with the increased activity and the need to open escalation beds. The Trust has a programme of overseas recruitment, which is currently underway and has been reported to a previous Board.

The Trust is currently reviewing all Nursing roles to identify areas where appropriately trained staff could take on roles previously undertaken by registered Nurses (i.e. the role of the Nursing Associate).

The Trust is currently in conversation with the University of Portsmouth and the Open University to further widen the access for preregistration nursing.

8.0 Quality Impact

Portsmouth Hospitals has provided within the public domain, a suite of quality indicators (Quality report). The report provides nationally benchmarked information to support quality metrics.

The information provided to the Board is at summary level, however this information is generated and visibly displayed at ward level.

Individual scrutiny of results takes places within each CSC Board governance meeting.

Trust Non-Executive Directors provide scrutiny and gain assurance at the monthly Clinical Governance reviews, where all clinical outcomes and quality indicators per CSC are reviewed.

The Quality Board report highlights that all the quality of care metrics relating to inpatient areas are in line with best practice.

The in-hospital harm element of the Safety Thermometer reflects that over 97% of inpatients received harm-free care during their hospital stay.

It is acknowledged nationally that the increased use of agency staff can lead to poor patient experience; this has not been evidenced on reviewing Datix incidents in relation to agency staff.

The Trust quality scorecard, patient and staff feedback, in addition to the CQC Quality Report (reported care as outstanding) triangulates the proposed structure.

9.0 Financial and Qualitative impact of re-aligning safe staffing and NQB requirements to budgets

Using the baseline budget and roster information and the results of the SNCT review, national guidance several wards required adjustment to their budgeted establishment. In addition some wards required adjustment due to changes in their bed base or changes.

This review of all rosters and re-alignment of the ward baseline budget has resulted in saving of a baseline budget saving as of £268,744.00 **(Appendix 3).**

2015/2016 baseline budget for ward based staffing	**Re-alignment of rosters baseline budget**	**Saving**
£43,305,638.00	£43,036,894.00	£268,744.00

10.0 Emergency Medicine CSC Nurse staffing review

The urgent care plan agreed by the local health system has supported a new model for emergency care. This has resulted in an increase of 22 beds within the AMU footprint. In addition the recent CQC report highlighted a shortfall in nursing staff within the Emergency

Department. Following a full review of the key area and executive support for the proposal, the initiatives have been implemented.

The table below summarises the changes and financial impact.

Department	Summary of changes	Baseline budget	Outcome budget	Investment Required
AMU	Relocation of ambulatory from orange ward into discharge lounge Additional 22 inpatient beds opened in orange ward.	£3,970,548	£4,172,217	£201,669
ED	Provision of queue staffing at all times and additional resource between 10:00 and 02:00 to maintain safe staffing as enforced by the CQC	£5,945,202	£6,004,896	£59,694
Total				**£261,363**

The savings from the ward based realisation can support the investment to achieving the required skill mix.

10.0 Contact Hours

Safer Staffing: A guide to Care Contact Time was published in November 2014 by NHS England. This guidance recommended that Trusts undertake a baseline assessment of contact hours by summer 2015 and that this data form part of the Safer Staffing Review.

A full analysis of breakdown of contact hours is included as part of **Appendix 4**.

12.0 Conclusion

The Trust Board receives monthly and six monthly performance data reports on staffing and positive outcomes of care metrics which support the level of staffing established within acute wards. The staffing for unplanned activity remains a challenge, though the report highlights the current focus on recruitment throughout the Trust which will enable this challenge to be addressed in a sustainable manner. The workforce teams are looking at how new roles can support the delivery of care.

This paper identifies that staffing in midwifery, children and neonatal care meet safe staffing requirements (Future work will include an additional acuity tool in these areas to endorse a workforce plan currently underway within the Trust).

In conclusion this paper demonstrates:

- During 2014/2015 national safe staffing levels had been in place across all adult in patient wards. Since the last review significant changes have arisen within ward relocation, re-profiling and increase in bed compliments.
- The increase of 36 beds across the Trust can be achieved without additional investment following the proposed re-alignment and review of nursing budgets.
- The adjustment of staffing levels within the Emergency Department following reported CQC concerns, can be achieved without further investment but through the re-alignment of the ward based, ED and AMU budgets.

13.0 Recommendation

The Board is recommended to acknowledge the safe staffing report and to support the realignment of the nursing budgets.

Nicky Sinden
Lead Nurse for Workforce

Appendix 1

Summary staffing review (N:B = Ratio of total nursing establishment to total funded beds as a result of the SNCT audit)

Ward	Beds	April 2013 results N:B	Dec 2013 results N:B	Sep 2014 results N:B	Apr 2015 results N:B	Current establishment N:B	Current skill mix (RN:HCSW)	Current supervisory manager
E2	30	1.27	1.23	1.35	1.4	1.10	59:41	100%
E3	32	1.10	1.18	1.16	1.34	1.16	61:39	100%
D7	36	1.38	1.37	1.41	1.4	1.22	66:34	100%
SHCU	10	1.8	1.60	1.55	1.54	1.98	86:14	60%
SAU	28	1.39	1.3	1.4	1.54	1.22	70:30	100%
G5	12			0.94	1.07	1.53	73:27	60%
F5/6/7	38	1.77	1.62	1.66	1.69	1.48	71:29	100%
C5	36	1.29	1.36	1.34	1.33	1.26	66:34	100%
C6	36	1.24	1.27	1.15	1.31	1.18	64:36	100%
C7	23	1.11	1.14	1.15	1.02	1.49	80:20	100%
E6/7	38	1.73	1.57	1.48	1.4	1.64	70:30	100%
E8	36	1.27	1.35	1.36	1.23	1.18	64:36	100%
D2	30		1.47	1.26	1.26*	1.31	57:43	100%
D3	34				1.38	1.53	57:43	100%
Ark Royal	20	1.27	1.07	1.12	1.3	1.40	54:46	60%
Cedar	22	1.13	1.25	1.45	1.52	1.27	54:46	60%
F1	12	1.86	1.72	1.71	1.52	1.70	55:45	60%
F2	30	1.64	1.40	1.53	1.42	1.63	71:29	100%
F3	26	1.44	1.63	1.66	1.49	1.48	52:48	100%
F4	34	1.58	1.34	1.69	1.57	1.44	65:35	100%
G1	22				1.52	1.58	60:40	100%
G2	29	1.69	1.48	1.56	1.31	1.54	62:38	100%
G3	30	1.62	1.65	1.69	1.59	1.58	62:38	100%
G4	21	1.53	1.49	1.31	1.47	1.65	60:40	100%
D8	22	1.32	1.29	1.18	1.23	1.30	70:30	100%
G6	10		1.87	1.44	1.79	2.44	78:22	60%
G7	25		1.91	1.69	1.88	2.18	88:18	60%
G9	14		1.94	**1.57**	1.56	1.95	81:19	60%
A5/6	18	1.21	1.10	1.21	1.52	1.46	80:20	60%
D1	28	1.52	1.55	1.51	1.4	1.53	56:44	100%
D4	26	1.16	1.26	1.36	1.21	1.53	63:37	100%
D5	36	1.31	1.09	1.11	1.01	1.35	66:34	100%
D6	36	1.10	1.06	1.12	1.53	1.53	58:42	100%
AMU	36				1.56	2.06	78:22	100%
						Average ward skill mix	**66:34**	

Appendix 2

Table to demonstrate patient to Nurse ratio over a 24 hour period.

Ward	Beds	Acuity	Day patient:RN	Night patient:RN	Day patient:staff	Night patient:staff
E2	30	Acute Surgery	7.5	10	4.3	6
E3	30	Acute Surgery	6.4 – 8	10	4	6.4
SAU	28	Surgical Assessment – direct admission	5.6	9.3	3.5	5.6
D7	30	Complex multi-access urology and vascular surgery	5.1	9	3.3	6
SHCU	10	Enhanced recovery provides care for some level 2 surgical patients	2.5 - 3.3	3.3	2 - 2.5	2.5
G5	13	Private Unit	4 – 6	6	3 - 4	4
F5/6/7	38	Combines acute haematology and oncology	4.2-4.7	6.3	3.2 - 3.5	4.2
C5	36	Acute Gastrology	5.1	9	3.6	5.1
C6	36	Cardiology	6	9	3.6	6
C7	23	Coronary Care and step down	3.8 - 4.6	4.6	3.3	3.8
E6/7	38	Respiratory inc 10 Respiratory high care beds providing care for level 2 respiratory patients	4.2	5.4	2.9	3.8
E8	36	Respiratory and general medicine	6	9	3.6	6
D2	30	General medicine	6	7.5	3.8	5
D3	30	General medicine	5.7	8.5	3.4	5.7
Ark Royal	20	Rehabilitation	6.7	10	2.9	6.7
Cedar	22	Rehabilitation	7.3	11	3.1	7.3
F1	12	Under 65 rehabilitation	4 – 6	6	2.4	4
F2	30	Acute stroke unit	4.3	6	3	4.3
F3	25	Stroke rehabilitation	5.2 - 6.5	12.5	2.9	5.2
F4	34	Acute medicine for older people	4.9	8.5	3.4	4.9
G2	29	Acute medicine for older people	4.8	7.25	2.9 - 3.2	4.8
G3	30	Acute medicine for older people	5	7.5	3	5
G1	22	Acute medicine for older people	5.5	7.3	3.1	4.4
G4	21	Acute medicine for older people	5.3	7	3	4.2
D8	27	Head and neck surgery caring for level 2 airway patients	4.4	7.3	3.14	5.5
G6	10	Renal	2.5	3.3	2	2.5
G7	20	Renal	2.9	5	2.2	2.9
G9	14	Renal	3.5	4.7	2.3	3.5
A5/6	16	Gynaecology, Breast surgery and Gynae emergency clinic	5.5	7.3	3.7	5.5
D1	26	MSK and acute head injury	5.6	7	3.5	4
D6	36	MSK Trauma	5.1	9	3	5.1
D4	26	MSK including spinal patients	5.2 - 6.5	6.5	3.3	4.3
D5	36	Elective orthopaedic surgery	5	9	3.6	6

Appendix 3

The table below details the wards realignment.

Ward	Bed +/-	Summary	Current Establishment	Current N:B ratio	SNCT results N:B ratio	Change to RN +/-	Change to CSW +/-	Outcome N:B ratio	Outcome Establishment	Outcome Skill mix
E2	0	Increasing acuity, concerns regarding day and night staffing and skill mix reported by CQC	32.87	1.1	1.4	5.75	0.00	1.29	38.59	65:35
E3	+4	Increasing acuity, CQC concerns regarding day and night staffing and skill mix. Increase of 4 beds	34.78	1.16	1.34	6.19	0.00	1.21	40.94	67:33
SAU	0	Increasing acuity, concerns regarding night staffing. High number of additional patients in waiting room	34.08	1.22	1.4	2.95	-1.72	1.22	35.31	74:26
D7	-5	Reduction of 5 beds, increasing acuity due to mix of patient specialties	44.67	1.24	1.49	-2.6	0.00	1.36	42.05	65:35
D3	+4	Shift to acute general medical ward with direct admissions. Increase of 4 beds	45.76	1.53	1.38	1.25	-4.1	1.25	42.91	63:37
F3	+1	Currently 2 RN's on night duty. Increase by 1 bed	36.96	1.48	1.49	0.70	-2.52	1.35	35.14	57:43
D8	-5	Bed reduction from 27 to 22. Removal of additional funding for treatment room as funded in separate budget	35.19	1.23	1.3	-3.76	-1.49	1.29	28.3	70:30
A5/6	+6	Increase of 6 beds and staff required to manage increasingly busy gynae emergency assessment bay	23.33	1.46	1.52	2.68	5.11	1.41	31.12	67:33
D5	0	Professional judgement applied due to high turnover of elective patients.	48.65	1.35	1.01	-1.68	-2.9	1.22	44.06	68:32

		Some shift adjustment and staff reduction over weekend.								
G7	+6	Increase of 6 beds. Increase supervisory sister from 60% to 100%	43.67	2.18	1.88	0.47	5.24	1.9	49.38	82:18

Appendix 4

Contact Hours

The contact hours exercise was undertaken between 27th April and the 8th May in all Clinical Service Centres with in-patient beds. Wards were selected to ensure a spread of new and old bed stock, and all major specialities were covered. The tool to collect the contact hours data was decided following assessment of a range of tools which were then further discussed with Wessex Directors and Deputy Directors of Nursing as part of a collaborative exercise. The NHS Institute for Innovation and Improvement activity follow template was considered to be the most suitable and therefore adapted and used. This template has been previously used in this organisation, staff were familiar with how to undertake activity follows and allowed the opportunity to compare new and previous data.

Each ward was required to follow an RN and HCSW for 6 hours. The wards who participated in the exercise were:

- Medicine – E8
- Surgery & CHOC – E2 and F5
- HNU – D8
- MOPRS – F3 and G2
- Renal G7
- W&C – A6 and CAU
- AMU – short stay
- MSK – D5

Contact Hours Analysis

Registered Nurse contact hours/direct care time

Ward	No. of hours followed*	Number of interruptions	Direct Care time	Time spent in motion	Other activities / information
E8	5	18	44%	18%	23% medicines admin
E2	5.5	41	61%	10.9%	8.5% in discussion
F5	6	39	67%	10.3%	19 patient status

					interruptions
D8	6	46	51%	10.8%	15.8% in discussion
F3	6	56	63%	1.9%	21.7% in handovers
G2	5	13	58%	4%	7% in patient flow
G7	6	25	72%	11.4%	9.4% in discussion
A6	6	41	41%	11.1%	20% in patient flow
CAU	5	36	55%	4%	14.7% in admin
AMU	6	5	51%	6.4%	15.6% in discussion
D5	4.5	2	44%	25.6%	10.7% in discussion

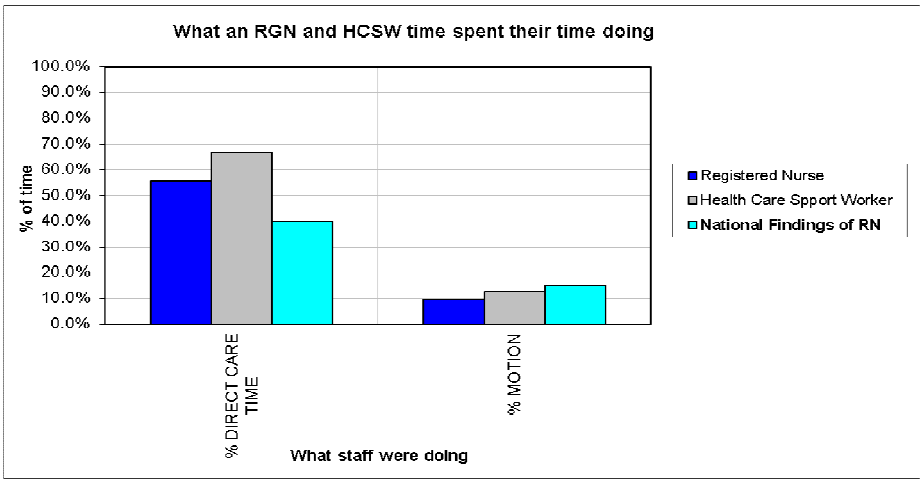
*denotes the number of usable hours – some areas may have not completed all the required hours or submitted duplicate times

Health Care Support Worker contact hours/direct care time

Ward	No. of hours followed*	Number of interruptions	Direct Care time	Time spent in motion	Other activities / information
E8	5	17	61%	11.7%	
E2	6	28	64%	13.3%	5.3% in discussion
F5	6	48	73%	14.4%	25 patient status interruptions
D8	6	19	64%	16.1%	8.1% in discussion
G2	5	0	72%	12.3%	
G7	6	7	72%	11.7%	7.8% in admin
A6	5	3	54%	10.7%	16.3% in admin
AMU	6	3	72%	11.1%	5% in admin

The above tables show that of the 11 wards that completed the contact hours review, there is an average of 55% contact time for Registered Nurses with 10% of time spent in motion. For Health Care Support Workers, there is an average of 67% contact time (based on 8 completed follows) with 13% time spent in motion. Table 6 below shows these activities against the national averages published by the NHS Institute in 2008 (no other national data available).

Diagram showing comparison of PHT average contact hours against national average



Interruptions

The total number of interruptions for all hours recorded was 447. Of these, 155 (or 35%) were concerning Patient Status. Several initiatives including patient journey boards and 'bed view' have been implemented. These interruptions to care reduce contact time and are worth exploring further.

Comparison to previous data

Previous data exists on contact hours that were collected in October 2010 as part of the NHS Institute and Innovation Productive Ward Programme; and use the same collection methodology. Table 7 provides a comparison of data collected in 2010 and 2015. The areas 'greyed' out have not been included as they do not contain a comparative full data set.

2010 and 2015 comparison

Ward	RN DCT / Contact Time		HCSW DCT / Contact time		RN Motion		HCSW Motion	
	Oct 2010	**May 2015**	Oct 2010	**May 2015**	Oct 2010	**May 2015**	Oct 2010	**May 2015**
E8	59%	**44%**	70%	**61%**	7.7%	**18%**	12.7%	**11.7%**
E2	58%	**61%**	51%	**64%**	23.6%	**10.9%**	25%	**13.3%**
F5	52%	**67%**	33%	**73%**	5.3%	**10.3%**	33.3%	**14.4%**
D8	28%	**51%**	48%	**64%**	13.9%	**10.8%**	20.6%	**16.1%**
F3	54%	**63%**			33.9%	**1.9%**		
G2	62%	**58%**	74%	**72%**	9.4%	**4%**	15.2%	**12.3%**

G7	43%	**72%**	44%	**72%**	10.6%	**11.4%**	11.1%	**11.7%**
A6	48%	**41%**	61%	**54%**	22%	**11.1%**	15.2%	**10.7%**
CAU	31%	**55%**			27.3%	**4%**		
AMU	54%	**51%**			9.5%	**6.4%**		
D5	29%	**44%**			18.9%	**25.6%**		
Comparative PHT Average	47.1%	**55.1%**	54%	**65.7%**	16.5%	**10.4%**	19%	**12.8%**

Contact Hours Conclusion

The Contact Hours Analysis provides the Trust a starting point for future trends.