

Subject:	Nurse Staffing Review
Prepared by: Sponsored by: Presented by:	Nicky Sinden – Lead Nurse for Workforce Nicky Lucey – Acting Director of Nursing Debra Elliott – Acting Deputy Director of Nursing
Purpose of paper	To share the results of the December 2013 Safer Staffing (AUKUH) review Make recommendations for investment based on the findings, recent publications and national and professional guidance.
Key points for Trust Board members <i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i>	Ward nursing safer staffing levels, that enable care provision and are of acceptable quality and safety standards, have been highlighted as key concerns from the Francis and Keogh reviews and CQC inspections. In November 2013, NHS England responded to concerns raised and published clear guidance on safer staffing; outlining 10 recommendations that it expected all NHS providers to implement. The Secretary of State for Health has endorsed these recommendations. This paper follows on from the Board Paper presented in January 2014. It presents the findings of the December 2013 Safer Staffing Review (AUKUH), makes recommendations to the Board for investment and provides the analysis of the staffing outcome from this potential investment. It will provide <ul style="list-style-type: none"> • Recommended ward establishments based on the Safer Staffing Review (AUKUH & nurse to bed ratios), professional judgement and professional guidance • Resulting RN to patient ratios if the recommendations are implemented • Analysis of compliance within MOPRS wards against RCN national guidance • Resulting Supervisory Leadership position
Options and decisions required <i>Clearly identify options that are to be considered and any decisions required</i>	To consider the presented evidence and agree the level of investment to the ward based staffing levels.
Next steps / future actions: <i>Clearly identify what will follow the Trust Board's discussion</i>	Consider the information presented and agree the investment.

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 of 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 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 Introduction

PHT has agreed with the Executive Team (EMT) the approach for ward based nursing staffing levels, which reflect the RCN safer staffing levels in the UK (2010). This includes:

- Twice yearly review of ward based staffing using evidence based dependency and acuity tool.
- Staffing reviews consistently use the same triangulated methodology; acuity/dependency tool; professional judgement; benchmarking with comparators.
- Implement where possible supervisory time for ward leaders.
- Support ward leaders with administrative support, where possible.
- Skill mix to reflect the needs of the patients case mix and activity.
- Additional nursing metrics are recommended by the RCN Safer Staffing model these include: Nurse to Bed ratio (N:B); this divides total number of nurses in the ward establishment by the number of beds on the ward e.g. 32.93 nurses / 30 beds + N:B ratio 1.10.

Registered Nurse to Patient ratio (Patient:RN) calculates the number of patients to each registered nurse on duty for that shift e.g. 30 bedded ward with 5 RN's on an early will equate to a Patient:RN of 6.

The N:B ratio calculates the requires establishment to care for the number of patients with the determined acuity. The Patient:RN ratio helps clarifies the number of patients to each registered nurse on duty helping to determine the appropriate skill mix (Registered to Unregistered Nurses) within the ward establishment.

1.1 classification of shift patterns – for guidance throughout the report

23 hrs paid = 11.5 hr paid day and night shifts

24 hrs paid = mix of 11.5 hr, 6 hr and 8hr paid shifts

25 hrs paid = 7.5 hrs paid early and late shift and 10 hrs paid night shifts

2.0 Safer Staffing (AUKUH) results and establishment recommendations

Tables 1-5 below shows a summary of 2013/2014 nurse staffing metrics (current) and the December 2013 AUKUH results with recommendations. The full report is attached in **Appendix 1**.

**Table 1
Surgery**

Ward	Beds	Current		Recommendations					
		Current N:B	Current skill mix	AUKUH Apr 13	AUKUH Dec 13	N:B	Skill mix	RN invest	CSW invest
E2	30	1.1	59:41	1.27	1.23	1.1	59:41	0.0	0.0
E3	32	1.09	61:39	1.1	1.18	1.09	61:39	0.0	0.0
SAU	28+	1.05	72:28	1.1	1.11	1.22	70:30	2.3	2.3
D7	36	1.19	65:35	1.38	1.37	1.25	66:44	1.9	0.0
SHCU	10	2.04	86:14	1.8	1.6	2.04	86:14	0.0	0.0
F5/6/730	39	1.44	71:29	1.77	1.62	1.44	71:29	0.0	0.0
Total								4.2	2.3

Professional Judgement

Shift patterns - All wards within Surgical CSC have recently changed to a mixed shift pattern (24 hrs paid) which allows for improved N:B ratios. This change has accommodated full supervisory manager by end of 2013/2014.

SAU SAU is an acute assessment unit. AUKUH does not calculate the dependence of the emergency patients within ambulatory or in the waiting room, therefore N:B ratio is not an accurate measure of the nursing dependency. The uplift will provide an increase of 1 x RN 07:30 – 20:00, 7 days per week and 1 x HCSW 19:30 – 20:00, 7 days per week.

D7 Emergency patients are managed daily in the treatment room direct from GPs and ED, these are not captured by AUKUH. The uplift will provide 1 x RN 07:30 – 20:00 Monday – Friday.

Table 2

Medicine		Current		Recommendations					
Ward	Beds	Current N:B	Current skill mix	AUKUH Apr 13	AUKUH Dec 13	N:B	Skill mix	RN invest	CSW invest
C5	36	1.19	62:38	1.29	1.36	1.28	65:35	3.37	-0.70
C6	36	1.18	61:39	1.24	1.27	1.22	65:35	1.28	-0.70
C7	23	1.39	91:9	1.11	1.14	1.39	85:15	0.04	2.29
E6/7	38	1.7	70:30	2.17	1.8	1.7	70:30	-1.35	-1.06
E8	36	1.16	61:39	1.27	1.35	1.22	64:36	1.77	-0.70
D2	21	1.41	52:48	n/a	1.47	1.41	52:48	0.4	0.0
G5	12	1.52	73:27	n/a	n/a	1.52	73:27	0.0	0.0
Total								5.51	-0.87

Professional Judgement

Shift patterns - All wards within Medical CSC use a full 12.5 hr shift pattern (23 hrs paid) which allows for improved N:B ratios.

Investment – To meet the requirements outlined in the AUKUH review the ward establishments require some rebalancing and investment to achieve correct skill mix, N:B, RN:Patient ratios and full supervisory managers.

**Table 3
MOPRS**

		Current		Recommendations					
Ward	Beds	Current N:B	Current skill mix	AUKUH Apr 13	AUKUH Dec 13	N:B	Skill mix	RN invest	CSW invest
Ark Royal	20	1.39	57:43	1.27	1.07	1.40	57:43	-0.68	0.76
Cedar	22	1.26	57:43	1.13	1.25	1.27	57:43	-0.68	0.76
F1	12	1.72	56:44	1.86	1.72	1.70	56:44	-0.43	0.24
F2	30	1.58	57:43	1.64	1.4	1.65	71:29	8.27	-6.1
F3	25	1.57	52:48	1.44	1.63	1.57	52:48	-0.82	-0.89
F4	34	1.45	55:45	1.58	1.34	1.41	65:35	3.77	-5.11
G2	29	1.5	53:47	1.69	1.48	1.56	62:38	5.16	-3.4
G3	30	1.45	53:47	1.62	1.65	1.51	62:38	5.16	-3.4
G4	21	1.62	50:50	1.53	1.49	1.68	61:39	3.7	-2.58
Total								23.45	-19.72

Professional Judgement

Shift patterns – Suggested establishment changes are calculated including a change from 25hrs paid shifts to 24 hrs paid shifts. Investment is calculated to ensure compliance with RCN Older Persons guidelines (which are shown in Section 4.0) and to achieve full supervisory managers.

Table 4

Head and Neck		Current		Recommendations					
Ward	Beds	Current N:B	Current skill mix	AUKUH Apr 13	AUKUH Dec 13	N:B	Skill mix	RN invest	CSW invest
D8	27	1.22	68:32	1.32	1.29	1.29	70:30	1.9	0.0
Total								1.9	0.0

Professional Judgement

D8 - Emergency patients are managed daily in the treatment room direct from GPs and ED these are not captured by AUKUH. The uplift will provide 1 x RN 07:30 – 20:00 Monday – Friday.

Table 5

Women & Children Current

Recommendations

Ward	Beds	Current N:B	Current skill mix	AUKUH Apr 13	AUKUH Dec 13	N:B	Skill mix	RN invest	CSW invest
A5/6	17	1.38	80:20	1.21	1.1	1.39	80:20	0.20	0.0
NICU								8.0	0.0
Total								8.2	0.0

Professional Judgement

A5/6 – The investment is to increase supervisory manager from 40% to 60%.

NICU – The Neonatal Network have undertaken an independent staffing review of the NICU. Appendix 2 details the full review. A three year phased plan for additional staff has been recommended to increase capacity and meet recommended staffing requirements for NICU. Table 5 details Year 1 (2014/15) recommendations.

Renal, MSK and Emergency Medicine

Renal, MSK and Emergency Medicine do not require any adjustment to their establishments as they meet all safer staffing requirements.

2.1 Financial impact/investment

Table 6 below shows the estimated financial investment required to achieve the recommended staffing levels. This investment is calculated at midpoint Band 5 and midpoint Band 2 with 21% on costs. (Band 5 = £30000, Band 2 = £19000)

Table 6

CSC	RN Investment (fte)	HCSW Investment (fte)	Total
Surgery & CHOC	4.2	2.3	£169,700
Medicine	5.51	-0.87	£136,770
MOPRS	23.45	-19.72	£373,850
Head & Neck	1.9	0.0	£57,000
Women & Children	8.2	0.0	£246,000
Total	43.26	-18.29	£983,320

3.0 Patient to Registered Nurse Ratios

Recent research by the Florence Nightingale School of Nursing and Midwifery at King's College London found operating a general medical or surgical acute hospital ward with more than eight patients per Registered Nurse, increased the risk of harm (HSJ August 2013). New published safer staffing guidelines recommend that the registered nurse to patient ratio is more appropriate to use as a general guide and must be used in conjunction with local professional judgement when reviewing ward staffing levels, skill mix and nurse to bed ratios and take into account local ward activity and case-mix requirements.

Table 7 below shows Patient to RN ratios in PHT on adult general wards calculated each shift (early, late and night) and an average over the 24 hour period. Grey is current and white post proposed investment. Table 8 shows these calculations for the more specialist wards.

Table 7
General Wards

Ward	Acuity & Professional Judgement	Beds	Current				Post Investment			
			Patient:RN Early	Patient:RN Late	Patient:RN Night	Patient:RN average	Patient:RN Early	Patient:RN Late	Patient:RN Night	Patient:RN average
E2	SENP support	30	7.5	7.5	10	8.3	7.5	7.5	10	8.3
E3	SENP support	32	6.4	8	10.7	8.4	6.4	8	10.7	8.4
D7	Complex vascular patients	36	6	6	9	7	5.1	5.1	9	6.4
C5	Specials within establishment	36	7.2	7.2	9	7.8	5.1	5.1	9.0	6.4
C6		36	7.2	7.2	12	8.8	6.0	6.0	9.0	7.0
E8		36	7.2	7.2	12	8.8	6.0	6.0	9.0	7.0
D2		30	7	7	10.5	8.2	6.0	6.0	10.0	7.3
Ark Royal		20	7.3	7.3	10	7.8	7.3	7.3	10	7.8
Cedar		22	7.3	7.3	11	8.5	7.3	7.3	11	8.5
F4		34	5.7	8.5	11.3	8.5	5.7	5.7	8.5	6.6
G2		29	5.8	7.3	9.7	7.6	4.8	5.8	9.7	6.8
G3		30	6	7.5	10	7.8	5.0	6.0	10.0	7.0
G4		21	5.3	7	11.5	7.9	5.3	5.3	7.0	5.8
D3	Complex older persons surgery	30	5	7.5	10	7.5	5	7.5	10	7.5
D4	Spinal patients	26	6.5	6.5	8.7	7.3	6.5	6.5	8.7	7.3
D5		28	7	7	9.3	7.8	7	7	9.3	7.8
D6		32	8	8	10.7	8.9	8	8	10.7	8.9

Table 8
High Care or Specialist Areas

Ward	Specialism	Beds	Current				Post Investment			
			Patient:RN Early	Patient:RN late	Patient:RN Night	Patient:RN Average	Patient:RN Early	Patient:RN Late	Patient:RN Night	Patient:RN average
SAU	Assessment unit	28	7	7	9.3	7.8	5.6	5.6	9.3	6.8
SHCU	High Care	10	3.3	2.5	3.3	3	3.3	2.5	3.3	3
CHOC	Cancer and Haematology	39	4.3	4.9	6.5	5.2	4.3	4.9	6.5	5.2
E6/7	Resp + High Care	40	2.5	2.5	2.5	2.5	4.4	4.4	5.7	4.9
G6	Renal	10	2.5	2.5	3.3	2.8	2.5	2.5	3.3	2.8
G7	Renal	10	2.5	2.5	3.3	2.8	2.5	2.5	3.3	2.8
G9	Renal	20	2.9	2.9	4	3.3	2.9	2.9	4	3.3
MAU	Assessment unit	58	3.9	3.9	4.8	4.2	3.9	3.9	4.8	4.2
D8	High acuity airway patients	27	5.4	5.4	9	6.6	4.5	4.5	9.0	6.0
C7	Coronary Care	23	3.8	3.8	4.6	4	3.8	4.6	4.6	4.3
F2	Hyper acute stroke unit	30	6	6	7.5	6.5	4.3	4.3	6.0	4.9
F3	Stroke Rehabilitation	25	5	6.3	12.5	7.9	5	6.3	12.5	7.9
F1	Under 65 Rehabilitation	11	5.5	5.5	5.5	5.5	5.5	5.5	5.5	5.5
D1	Acute Head Injury specials	22	5.5	5.5	7.3	6.1	5.5	5.5	5.5	5.5

4.0 RCN Safe staffing for Older Peoples wards

The RCN guidance for older peoples wards recommends implementation of: increased registered nurse staffing skill mix; improvements in nurse to patients ratios; access to additional budgeted staffing resources when required; specific older persons skills and knowledge training and education; improved supervision for health care support workers and care indicators relevant to older persons are monitored.

This was presented to SMT in 2012/2013 as part of the business case prioritisation; part investment of 360K was allocated to MOPRS for 2013/2014.

The CSC made the professional judgement to prioritise the investment to improve overall staffing numbers. This change has resulted in the skill mix of RN to HCSW not resolved for 2013/2014. Whilst this does improve the staffing numbers on shifts it does not achieve full compliance against the RCN 'Safe Staffing for Older People's Wards'.

Table 9 below shows the 2012/2013 and 2013/2014 position and demonstrates the impact of the proposed investment on these measures (2014/15). The full analysis broken down by shifts can be found in **Appendix 3**. Please note full consultation with Head of Nursing for MOPRS has been undertaken and although the No of Staff ratio remains amber for some areas, the professional decision has been to focus on Skill Mix, RN:Patient, Staff:Patient and No of RNs ratios as the most important next steps for MOPRS.

Table 9-

Ward	Skill Mix			RN:Patient			Staff:Patient			No of RN's			No of Staff		
	12/13	13/14	14/15	12/13	13/14	14/15	12/13	14/14	14/15	12/13	13/14	14/15	12/13	13/14	14/15
G2	47:53	52:48	59:31	1:9.7	1:7.3	1:6.2	1:4.6	1:3.8	1:3.6	2.9	3.9	4.5	5.8	7.4	7.7
G3	55:45	52:48	59:31	1:7.5	1:7.5	1:6.4	1:4.7	1:3.9	1:3.8	3.7	3.7	4.4	6.5	7.2	7.5
G4	47:53	50:50	61:39	1:8.3	1:7	1:5.7	1:3.1	1:3.5	1:3.5	3.4	4.0	4.9	4.5	8.0	8.0
F2	50:50	57:43	70:30	1:6.9	1:6.4	1:4.7	1:3.8	1:3.6	1:3.3	3.7	4.1	5.9	7.5	7.8	8.4
F4	50:50	54:46	65:35	1:8.5	1:7.2	1:6.0	1:4.6	1:3.9	1:3.9	3.3	3.9	4.7	6.6	7.2	7.1

5.0 Supervisory Leadership

Each inpatient ward has, as part of its structure and establishment, a Band 7 Ward Leader. They are responsible for the following

- Patient experience: safety and quality standards
- Ward staffing resources: HR management, recruitment, retention, learning and development (including students in training from University) and rostering
- Financial management: including stores, workforce budget, equipment and patient valuables
- Pharmacy management: drug administration and storage
- Access: patient flow (admission, transfer and discharge)
- Governance: audits, incident investigations, complaints and management of family involvement
- Innovation and improvement projects: releasing time to care, new care pathway development

In January 2012 EMT considered the costs of implementing a full supervisory ward leader, at this stage however full investment was not made due to other priorities. CSC's have since revisited the financial affordability of releasing, where possible, ward leaders to undertake supervisory roles. The results were presented to EMT in January 2014.

Further review of the ward shift patterns within the CSC's has allowed for a further increase in some wards. Table 9 shows the impact of shift adjustments and the investment proposed in this paper on 'supervisory leadership'.

It has been agreed with the relevant Heads of Nursing that ward leaders on the smaller wards require 60% supervisory. In addition to the reduced number of beds and staff, these wards have a more specialist nature and the ward leader provides a key specialty clinical lead.

Table 9

Ward	Beds	2013/2014 supervisory budgeted	Proposed supervisory 2014/2015
E2	30	20%	100%
E3	32	20%	100%
SAU	28	20%	100%
D7	36	60%	100%
SHCU	10	20%	60%
F5/6/7	39	60%	100%
C5	36	100%	100%
C6	36	100%	100%
C7	23	40%	100%
E6/7	38	40%	100% (x2)
E8	36	40%	100%
D2	18	40%	100%
D1	22	100%	100%
D3	30	100%	100%
D4	26	100%	100%
D5	28	20%	100%
D6	32	20%	100%
A5/6	17	40%	60%
D8	27	20%	100%
Ark Royal	20	60%	60%
Cedar	22	60%	60%
F1	12	60%	60%
F2	30	60%	100%
F3	25	60%	100%
F4	34	60%	100%
G2	29	60%	100%
G3	30	60%	100%
G4	21	60%	100%
G6	10	20%	60%
G7	20	20%	60%
G9	10	20%	60%

6.0 Summary

In summary, this is a comprehensive review of the current position of nurse staffing within PHT. The report highlights the areas that do not meet the requirements of national and professional workforce measures and recommends the investment required to achieve these measures.