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review and triangulated the information obtained with professional judgement, benchmarking data and comparisons with another organisation outside of the Benchmark group (Portsmouth Hospital). Portsmouth Hospital was chosen as the interim Chief Operating skill mix review.

At the same time, all ward budgets were reviewed which showed inconsistencies in their baseline from ward to ward. The calculations of the 19% headroom were difficult to interpret, and the allocation of resources had continued to be displayed in a historic fashion (e.g. allocation of budgets demonstrated an allowance for 2.0 WTE band 6 posts, when in fact there was only 1.0 WTE band 6 in post for several years or vice versa). Some budgets had posts assigned into the costings that were not directly linked to the clinical requirements of the ward such as nurse practitioners who did not contribute to the clinical establishment of the ward. The budgets did not demonstrate vacant funded posts and it was difficult to ascertain how or if any backfill costs for maternity leave had been allocated back into the budget.

To deliver safe care, the skill mix review identified that there was no scope for a reduction in the nursing inpatient resource. Some areas needed an increase in their staffing levels and this was supported primarily by resource reallocation. An investment of £200k was approved to address a deficit in the baseline budget and also to support the introduction of the supervisory role for ward sisters.

It was agreed that an annual skill mix review would be undertaken with the ward sisters and DSNs and recommendations presented to the Board. This review process would be supported by the introduction of the Safer Care tool which assesses levels of acuity and dependency in wards. However this was not possible because the tool was not supported due to the closure of the NHS Institute for Innovation and Improvement. The tool was then part of the review leading to the published guidance by the National Quality Board and the Chief Nursing Officer.

It was also agreed that headroom needed to be further explored and that this could have been achieved through the utilisation of Rosterpro and Matrons Dashboard. After many attempts at using Matrons Dashboard to monitor headroom together with a number of other system problems with Rosterpro it became evident that a different e-rostering system was required to achieve this. A business case was therefore developed and agreement reached that Allocate would be a better rostering system to effectively monitor rota efficiency and headroom. Allocate also has the added benefit of its own acuity tool which will enable future skill mix reviews to include acuity and dependency information with less burdensome data entry.

Current Skill Mix Review 2013/14

from the recommendation in the 2012/13 review that the Trust would undertake an annual

The CQC Inspection of the Trust in February 2013 raised minor concerns in relation staffing levels and high levels of vacancies for nursing staff filled by the use of agency and bank staff. Evidence we gathered told us staff

The ward sister/charge nurse role is pivotal and can be seen as a crucial bridge between (continuity at organisational systems level).

Investment into the supervisory ward sister role can be seen to have clear benefits and within the organisation would support delivery of several of the transformational programmes such as patient flow, reduction of agency spend and facilities transformation project.

The majority of wards only have 1 Band 7 and 1 Band 6 therefore are unable to provide senior cover at weekends. This results in junior staff being in charge of wards at a vulnerable time when there is less support to the ward areas. An initial pilot in the medicine directorate of band 7 ward sisters covering the weekend has already demonstrated benefits on staff allocation, reduction of agency requests and ward staff feeling better supported.

Late shifts demonstrated difficulty in meeting the guidance of safe staffing ratios of 1RN to 8 patients in several areas. Investment into ensuring these ratios are better met would lead to improved patient outcomes.

The purchase of the Allocate electronic rostering system will enable a better understanding of nursing hours per bed through the acuity and dependency element of the system which provides detailed analysis.

Since the skill mix review was undertaken in September additional concerns have been raised with regard to the staffing levels on a medical ward due to the high acuity of the patients and their staffing on the night shift as well as the late needs to be considered. It is recognised that the on-

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be consideration to exploring whether such an approach could be used for Unregistered Nurses specifically to use for specials.

In November 2013 the National Quality Board (NOB) 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 NOB guidance with three key reporting elements that each Trust is required to have in place by June 2014:

- 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.

At the Board in April 2014 a full skill mix review was discussed and an £800k investment was agreed for ward nurse staffing levels. This money has being allocated to support the introduction of supervisory ward sisters, to provide 7-day senior cover through additional Band 6 nurses and to support wards whose nursing requirements were below 1:8 ratios where this had the potential to impact on care.

In undertaking the first review staffing levels were assessed and triangulated against quality indicator data. As the Trust continues to implement the agreed recommendations it will continue to evaluate the impact on the quality of care and staffing experience.

Further embedding of the Allocate e-rostering system will enable the use of SaferCare module which will enable nurse staffing hours to be assessed against the acuity and dependency levels of patients thus providing greater assurance on staffing levels. The system allows for flexibility in acuity tools to be used so they can be appropriate to the specific needs of an area. This module cannot be rolled out until the system is embedded into practice.

The supervisory role of ward sisters will commence with publication of rosters in July. In April a developmental session was held with the ward sisters to support their understanding of the concept of the supervisory role, and will continue to be supported through the use of action learning sets to ensure the maximum impact is gained from the introduction of this role in the delivery of safe quality care.

The Directorate Senior Nurses have worked with their teams to maximise the allocated investment into improving staffing ratios. The conversion of some Nursing Assistant (NA) posts to Registered Nurses (RN) has enabled additional areas to benefit from changes to staffing on night shifts.

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shift basis and to advise of wards where staffing capacity and capability frequently falls short of what is required to provide quality care, the reasons why, the impact on quality and the action taken to address any gaps. It is anticipated that this report be completed as an exception report to avoid the need for numerous amounts of data being presented to Board and to more meaningfully describe and debate risks and mitigations.

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nursing care needs of individual patients being the main driver. NICE are likely to endorse the Shelford Nurse acuity tool as the first endorsed tool for setting nurse staffing levels.

As a result of this report the Board is asked to:

- Note the improvements which have been made to staffing levels as a result of the investment of £800k

- Agree the tabled planned vs actual staffing data which will be submitted to UNIFY on the 10th June

- Agree that there will be monthly exception reporting to Trust Board of planned versus actual staffing levels which will be published on the Trust website

- Agree the publication of this report on the Trust website to meet the requirement of publishing monthly staffing information