Yeovil District Hospital NHS
NHS Foundation Trust

APPENDIX 1
BOARD OF DIRECTORS
5 JANUARY 2011

Report to: Board of Directors

Report from: Sue Jones – Director of Nursing

Subject: Safe Staffing

Date: 5 January 2011

1. BACKGROUND

Patients have a right to be cared for by appropriately qualified and experienced staff in safe environments. This right is enshrined within the National Health Service (NHS) Constitution, and the NHS Act 1999.

It is well recognised that the provision of safe nurse staffing levels is fundamental in meeting essential care needs for patients, the Robert Francis Inquiry into Mid Staffordshire Hospital found that there were too few staff and that staffing cuts and skill mix changes were implemented when the trust was already understaffed. The same contributory factors were found in the Healthcare Commissions investigations into Clostridium *difficile* outbreaks at Stoke Mandeville Hospital and Maidstone and Tunbridge Wells Hospital, where as at Mid Staff's increasing financial pressures impacted on the further reduction of already low numbers of nurses[1].

In the last 10 years the research base has been growing demonstrating the link between greater ratios of registered nurses on improved outcomes for patients. .Linda Aitkin who led this research in America has now seen similar studies replicated internationally, in the UK Dr Anne Marie Rafferty[2] reported a 26 per cent higher mortality for patients in hospitals that had the highest patient to nurse ratios. Nurses in these hospitals also

[1] Healthcare Comission (2007) Investigation into outbreaks of Clostridium difficile at Maidstone and Tunbridge Wells NHS Trust. Audit Commission, London.
[2] Rafferty et al (2007) Outcomes of variation in hospital nurse staffing in English Hospitals: cross sectional analysis of survey data and discharge records. International Journal of Nursing Studies 44(2) pp175-182

showed higher burnout rates and were approximately twice as likely to be dissatisfied in their job. They were also more likely to report low or deteriorating quality of care on their ward or in their hospital. These indicators are important questions in the national staff survey.

2. INTRODUCTION

Provision of a nursing workforce to safely meet the needs of patients must also set within the context of an aging nursing workforce, a demographic of less younger people to access the professions in the future and the nursing transition to all graduate entry by 2013.

Given that nursing is one of the biggest workforce costs for the Trust it is vitally important to get this right, and to ensure that the workforce provided is as efficient and effective as it can be.

The Royal College of Nursing has just recently published guidance on safe nurse staffing levels in the UK[3] . The guidance recommends the following best practice principles:

- Board level support, nurse leaders fully engaged in / leading staffing reviews
- Consistency across wards
- Triangulation; meaning 2 or more recognised workforce planning methods to increase validity
- Data: staff, patients and organisational outcome measures
- Timing of reviews, at least biennially, and when morale/turnover deteriorates
- Communication well in advance explaining methodology
- Protected time to conduct a review
- Use the findings at board level, and feedback to staff
- Report concerns
- Define parameters, e.g. exclude staff time focused on additional services such as ward attenders
- Uplift: Establishments must have an allowance of at least 25% to allow for Annual leave sickness absence, other types of leave training and development
- Review changes to the overall number and competence of registered nurses

[3] Royal College of Nursing (December 2010) Guidance on safe staffing levels in the UK

3. THE TRUSTS APPROACH

Skill mix reviews have mainly relied on professional judgment (the Telford approach), in addition the Audit Commission review[4]. provided valuable benchmarking information. There have also been attempts to use acuity or dependency scoring methods.

Well established developments include the training and development of band 3 Assistant Practitioners, and the Trust is working towards its first band 4 Associate Practitioners. The Nursing Workforce is already largely 50:50 registered to unregistered in most of the general wards.

4. 2010-11 SKILL MIX REVIEW

Heads of Nursing have conducted a skill mix review with each Ward Sister / Charge Nurse and Matron as part of this years budget setting process. The first principle was to review staffing levels required using professional judgement; to confirm the registered to unregistered ratios and to produce the numbers of Nurses Per Occupied Bed (NPOB). NPOB is a useful indicator from Department of Health Guidance developed by Keith Hurst. He used the ratio 1.34 NPOB as a benchmark for the provision of quality care. Within the 1.34 this average accounted for some patients having a higher dependency than others.

This year's review demonstrated the following:

Ward	Division	Number of beds	Registered / unregistered %	NPOB	Notes
6A	Surgery	30	50:50	0.96	
8B		24	56:44	0.88	
7A		30	56:44	0.80	
8A	Medicine	30	55::45	0.88	
6B		36	53:47	0.96	
CCU		8	100:0	2.00	Critical care area

[4] A9Budit Commission 2008 Ward Nursing – comparative benchmarking analysis, Yeovil District Hospital

9A		30	50:50	1.04	
EAU		30	50:50	0.96	
10	Women's, Children's and …..	22	76:24	1.71	PANDA dependency tool explored this year
Freya		23	79:21	1.63	Birth rate plus tool used.
SCBU		8	53:47	4.70	Critical care area
Jasmine		12	69:31	3.13	
Kingston Wing		14			

There remain small margins for the development of the band 4 nurse practitioner, particularly in specialist areas such as coronary care where registered to unregistered ratios remain high.

The NPOB ratios are low. This can be rationalised by the findings of the Audit Commissions review where the Trust benchmarked just into the upper quartile, with the exception of surgery that was in the lower quartile.

The Professional judgement of Heads of Nursing and Matrons supports the current skill mix, however low NPOB ratios are also supported by the Trusts model for critical care outreach 7 days per week 0800 -2000 hours Mon- Fri, 09:00-17:00 Sat/Sun. High dependency patients are nursed in critical care and coronary care, rather than on the wards with the exception of the stroke unit low NPOB ratios can be supported. The stroke unit will require further review of acuity.

The Audit Commission in their report specifically commented on the relationship between skill mix and the national patient survey. Patients when asked in the 2007 'Were there enough nurses on duty to care for you in hospital?' answered positively placing the Trust in the upper quartile in 2008, however this was not sustained in 2009.

National Patient Survey	2007	2008	2009	
In your opinion, were there enough nurses on duty to care for you in hospital?	73	78	73	↓

Workforce planning also features in the national staff survey. Staff satisfaction remains high, and while the Trust is in the top 20%, this year's survey did highlight the need to focus on levels of stress experienced by our staff.

5. WORKFORCE PLANNING FUTURE PLANS

This year was the first of an annual process of skill mix review for the inpatient wards in line with budget setting. The longer term workforce planning includes the development of Band 4 Associate Practitioners and the clinical leadership development of the Band 7 Ward Sister / Charge Nurse role with more dedicated supervisory time.

Clinical Nurse Specialists are currently reviewing their workload. The CNS review will consider numbers of patients seen, telephone advise, teaching, support to other clinical staff and their role in the Multi Disciplinary Team. This review will be useful for budget setting, skill mixing where CNS's are part of a team and ensuring patient episodes are captured for payment by results. It is likely to illustrate a requirement for administrative support to ensure CNS time is as productive as it can be.

The Board of Directors is asked to NOTE the progress in reviewing the nursing workforce, and DISCUSS the key risks.