

Trust Board Meeting: Wednesday 12 March 2014

TB2014.34

Title	Safe Nurse Staffing levels at Oxford University Hospitals NHS Trust
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Status	For discussion and approval
History	<ul style="list-style-type: none"> • Trust Board Seminar 21st October 2013 • Trust Board Seminar 27th November 2013 • Trust Management Executive 9th January 2014 • Trust Board (Part II) 22nd January 2014 • Trust Management Executive 23rd January 2014 • Trust management Executive 13th February 2014

Board Lead(s)	Liz Wright, Acting Chief Nurse			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. This paper presents the ten expectations highlighted in the national guidance published in November 2013 with respect to safe staffing levels, and the Trust's progress to ensure compliance.
2. The paper presents the robust processes the Trust has adopted in reviewing the nursing and midwifery staffing levels, and the implementation across the Trust using a nationally recommended tool, in order to inform the required nursing establishments.
3. The methods of triangulation of metrics for both workforce and the quality of patient care that are being developed, to examine the impact of the variances in the actual workforce are also outlined in the report.
4. The Trust Board, in its confidential session, on the 22nd January 2014, delegated responsibility to the Trust Management Executive to address the issues and recommendations highlighted by the Acting Chief Nurse in her report, following the acuity and dependency review in December 2013.

Recommendations

The Trust Board is asked:

- To note the progress made to ensure compliance with the national guidance surrounding nursing and midwifery staffing levels, and the use of a robust methodology in determining the correct levels and skill mixes of staff
- To note the actions taken to address the nursing staff skill mix and levels on the general medical wards at both the John Radcliffe and Horton General Hospital sites.
- To approve the reporting process to the Trust Board and publication of the results on the Trust's website in line with national guidance.

Safe nurse staffing levels across the Trust

Purpose

1. Oxford University Hospitals NHS Trust is committed to ensuring that the levels of nursing staff, including registered nurses, midwives and care support worker staff, are correct for the acuity and dependency needs of individual patient groups within clinical ward areas. This includes an appropriate skill mix and level of nursing staff to provide safe and effective care. These levels of staff are viewed along with “*registered nurse to patient ratios*”, the percentage skill mix ratio of registered nurses to Care Support Workers, and the numbers per shift to provide safe effective patient care.
2. This paper provides a focused overview of the Trust’s current status for the provision of appropriate nurse and midwife staffing levels, and provides the Trust Board with assurance of the work in progress to monitor and manage safe levels of nursing and midwifery staff in the Trust.
3. This process has provided assurance that either clinical areas have the correct levels of staff, or due to changes in the acuity and dependency levels of patients in clinical areas, adjustment is required and action has been taken to address the issues. This paper highlights that process and how the Trust has, through the use of an evidence based national tool, with other workforce metrics, determined the correct levels of staff for the required standard of patient care.

Background

4. There are national guidelines that are well established to determine the correct levels of staff for clinical areas, such as Intensive Therapy Units, Maternity and Childrens’ services. There is however, no national set minimum level of nursing staff in the UK for generic ward areas, although the Royal College of Nursing does recommend no less than a 65%:35% ratio between registered nurses and care support workers, in order to provide a baseline skill mix of staff to provide an effective level of care.
5. Research demonstrates that the “*registered nurse to patient ratio*” has a direct correlation to the mortality rate, efficiency of patient pathways and quality of care. The registered nurse to patient ratio varies between clinical specialties and is dependent upon the specialist workload required of registered nurses i.e. clinical areas such as ITU and chemotherapy day units have a much better ratio of registered nurses to patients i.e. 1:5 or 1:3.

6. The recent national guidance and directives

In November 2013, the National Quality Board published guidance entitled ‘***How to ensure the right people, with the right skills, are in the right place at the right time***’ setting out ten expectations regarding safe levels of nurse staffing in the provision of patient care. This guidance was aimed at both NHS Trusts and Commissioners.

The ten expectations are described in the following section:

- 6.1. **Expectation 1** – Boards 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.
- 6.2. **Expectation 2** – Processes are in place to enable staffing establishments to be met on a shift-by-shift basis.
- 6.3. **Expectation 3** – Evidence based tools are used to inform nursing, midwifery and care staffing capability and capacity.
- 6.4. **Expectation 4** – Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns.
- 6.5. **Expectation 5** – A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments.
- 6.6. **Expectation 6** – Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties.
- 6.7. **Expectation 7** – Boards receive monthly updates on workforce information, and staffing capacity and capability is discussed at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review.
- 6.8. **Expectation 8** – NHS providers clearly display information about nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift.
- 6.9. **Expectation 9** – Providers of NHS services take an active role in securing staff in line with their workforce requirements.
- 6.10. **Expectation 10** – Commissioners actively seek assurance that the right people, with the right skills, are in the right place at the right time within providers with whom they contract.

Providing assurance regarding the correct nursing and midwifery staffing levels at Oxford University Hospitals NHS Trust

7. In relation to nurse staffing levels, the Safer Nursing Care Tool (SNCT) is advocated nationally as the most reliable method of calculating accurate levels of staff and this includes the Shelford Group of Hospitals. This preferred evidence based methodology for the data collection, uses individual patient's acuity and dependency levels (amount of nursing time to manage differing levels of care in acute illness), against previously determined multipliers to calculate the numbers of staff needed to manage patient care effectively.
8. The results provide numeric data which is quality assured by using senior nursing staffs' Professional Judgement to provide the context of what is considered an accurate level and skill mix of staff. Experienced sisters and matrons will use their local knowledge to support their professional judgement and this may include the following:

- An understanding of the specific skill sets of staff;
- Which staff provide mentorship;
- The lay out of the wards; and
- The flexibility by which staff can be moved between areas of large wards to provide a safe level of care for the patients' specific needs.

The Acting Chief Nurse together with the ward sisters, matrons and divisional nurses have undertaken a 14 day audit of the acuity levels and dependency levels of patients within their wards/departments in April and October 2013. Following lessons learned from these two audits, the process was revised resulting in a more refined and accurate undertaking which included the provision for robust quality assurance. This revised process was implemented in a further audit undertaken over a 14 day period in December 2013, and this provided a greater level of confidence and assurance as to the accuracy of the analysis of the data. This informed the appropriate skill mix requirements and the nursing establishment levels, to meet the needs of the patients. This process of reviewing the acuity and dependency of patients for 14 days using the SNCT on all the wards, will be undertaken six monthly and the results and analysis reported to the Trust Board.

9. It should be noted that the data cannot be viewed in isolation, but as an overall 'picture' that includes the registered nurse to patient ratio, the percentage skill mix of registered nurses to care support workers, the number of beds and the geographical layout of the ward with side rooms, and the registered nurse to bed ratio. All of these aspects contribute to the understanding of the nursing workforce required, in order to meet the needs of the patient group and their acuity or dependency calculation of nursing requirement in terms of care provision.
10. Midwifery staffing levels, are determined through national guidance from The Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives (2007) (<http://www.rcog.org.uk/womens-health/clinical-guidance/safer-childbirth-minimum-standards-organisation-and-delivery-care-la>) The recommendation for the minimum midwife to woman ratio is 1:28 to achieve a safe level of service, thus providing 1:1 care in labour. The ratio will change depending on the level of complexity and acuity of the women. Birthrate Plus is a tool recommended to determine staffing levels and within this process is the ability to skill mix by using competent and trained maternity support workers in certain aspects of maternity care. The maternity support workers are not included in intrapartum or antenatal care. At Oxford University Hospitals NHS Trust, the senior midwifery team commissioned a Birthrate Plus assessment in 2012 in order to determine safe staffing levels. The results identified a shortfall of midwives and a business case was presented to the Trust Management Executive who approved the increase in establishment. The birth rate and establishment are monitored to ensure ratios are maintained at a maximum of 1:30.

The 'Real Time' management of staffing levels to mitigate risk

11. The Trust has developed and implemented a database with trust-wide shared access for ward sisters to record and manage nursing staffing levels on a day to day, shift to shift basis.
12. This database provides the ward/department sister or nurse-in-charge with a tool, into which they input the numbers of Registered Nurses (RN), Assistant Practitioners (AP) and Care Support Workers (CSW) on each shift. They then use their judgement to determine if the activity on the ward is matched by the skill mix and levels of staff inputted, in order to provide effective quality of care.
13. Each ward has pre-determined threshold levels of staff, against which current staff levels are reviewed to identify if action is required, for example in the event of short notice shortfalls of staff or unexpected increases in patient acuity and dependency requirements. The levels are RAG rated (Red Amber Green) with escalation actions specified at each level and clarity of the level of seniority for escalation. The process is highlighted in a Standard Operating Procedure and includes the detail at each step of the RAG rated process including the responsibilities at sister levels, matron, divisional nurse, up to the Chief Nurse.

These levels include:

Established levels of staff that have been agreed = Green

Minimum safe levels of staff = Amber

Escalation levels of staff (that present a potential risk and require action) = Red

14. The shared drive provides a means by which sisters input their levels of staff including registered nurse and care support workers numbers. The database also provides an overall site view of all the wards to support the staff and bed capacity meetings, where staff are moved around the site in order to address short falls i.e. moved from wards where there is a green rating to a red. This is supported by text in an overall monthly view by ward and shift that provides an audit trail for the mitigating actions.
15. An email distribution is sent following these meetings by the lead sister or matron that escalates the shifts that are of concern that are RAG rated for action by the next meeting and the data adjusted when this has been undertaken.
16. Green shifts are determined by the sister to be safe levels and would not require escalation as these constitute the levels expected through the ward establishment
17. Amber shifts are considered, through the sisters' professional judgement, to be at a minimum safe level. The matron will be alerted, but no further escalation would be required. Staff will prioritise their work and adjust their workload through the shift accordingly.
18. Red shifts will alert the matron that action is required as potentially the shift will present a shortfall of staff that is below minimum levels. Mitigating actions will be taken, and documented, which may constitute the movement of staff from another ward, or temporarily reducing the ward capacity and activity to match the staff availability, a non-ward based nurse maybe asked to support the staff on the ward or

activity would be reduced through reduction in the use of beds. This addresses the risk and reduces the shift to an amber rating. Red shifts will be escalated to the Chief Nurse who will monitor the actions being undertaken

19. Divisional Nurses are expected to report the levels of staffing, the Nurse Sensitive Indicators and workforce metrics i.e. vacancies, numbers on maternity leave, at their monthly divisional performance meetings.

Reporting staff levels on ward/dept. boards

20. Wards/Departments have developed their standardised ward 'Quality and Safety Boards', which include a section on nursing quality metrics, patient experience feedback results and '*actual against expected*' staffing levels. These are recorded shift by shift, as well as the actions taken to mitigate shortfalls and the '*Registered Nurse to Patient ratio*'.

Patients' named nurses and consultants

21. All wards are in the process of putting in to place boards above or near individual patient beds, providing details of the patient's named nurse and named consultant. Some wards also provide this information on cards for patients to keep, along with contact details of key workers as appropriate for the patient's needs.

Recruitment and nursing vacancies

22. The nursing post vacancies are monitored on a monthly basis by the Acting Chief Nurse with the divisional nurses. This is to identify any key areas of shortfall, and long standing bank/agency staff to fill the vacancies until an appointment is made to those posts. These are monitored against the effect of the recruitment drives. This includes localised focused recruitment for sites such as the Horton General Hospital as well as overseas recruitment. The Trust is continuing to implement a proactive recruitment strategy, aimed at appointing suitable staff to vacancies and enabling retention. The areas of particular on-going challenge include the operating theatres and specialist nursing staff although the vacancies are covered through long standing agency staff.

Board reporting of nurse staffing levels

23. The Acting Chief Nurse will report monthly to the Trust Board and Quality Committee regarding the actual nurse staffing levels against the established staff levels, on a shift by shift, ward by ward basis. This will also include workforce metrics such as vacancy levels, numbers of staff on maternity leave, sickness rates and numbers of leavers.
24. This will include monitoring the numbers of shifts that have been escalated, triangulated against the workforce and quality metrics to indicate if there are issues that require improvement i.e. high levels of maternity leave or short notice sickness.
25. Board reporting will also include six monthly measurements of the patient acuity levels for in-patient clinical areas, using the Safer Nursing Care Tool to monitor changes of acuity within services and patient groups. This tool provides accurate information triangulated with Professional Judgement to determine the correct

establishment levels and skill mix of nursing staff. This will if necessary, include benchmarking for specialist areas.

26. This process of acuity/dependency data collection over time provides a consistent level of data and trends with reference points, for on-going analysis of changes in patient acuity and dependency levels. This forms a baseline on which to determine the appropriate levels of staff and percentage skill mix between Registered Nurses, Care Support Workers and Assistant Practitioners. An electronic Safer Nursing Care Tool is currently being explored by the Trust, in order to enable consistent daily measurement of acuity levels. This e-tool needs to be user friendly, quick to use and able to provide a consistent level of data, as well as an automatic messaging escalation to senior nurses.

Sensitive Quality Indicators

27. Nurse sensitive quality indicators have been agreed with the Divisional Nurse Team and Head of Midwifery i.e. numbers of falls and hospital acquired pressure ulcers. These are monitored to provide an indication of the quality of care provided in each clinical area, and this, with the workforce metrics will provide a triangulated view as to the actual level and skill mix of staff, and the quality of care being provided.
28. The use of Professional Judgement by senior nursing staff, provides an interpretation of these indicators in the context of their wards, and will use them as indicators that signpost to areas for further investigation and possible action. They will triangulate all the data, and use a peer review approach to provide an objective process of governance in the analysis of the workforce and the quality of patient care. This will also be affirmed through listening to the views of patients and staff within those ward areas. Key factors that contribute to effective ward organisation include strong sister/charge nurse and midwifery leadership. It is well documented as being a primary factor in the guardianship of quality of care and a good staff and patient experience.

Nursing staff levels and skill mixes – the current status at OUH

29. Following the recent data collection processes using the Safer Nursing Care Tool in December 2013, it is the senior nursing team's Professional Judgement that the majority of in-patient areas within the Trust have the correct levels and skill mixes of nursing and midwifery staff.
30. Some areas require some minor adjustments within current funded budgets to accommodate minor variances in acuity or service changes.
31. However, some wards within medicine at the John Radcliffe and Horton General Hospital, have required adjustment to their '*registered nurse to patient ratio*' and percentage skill mix of nursing staff to accommodate the increased acuity of the patients being admitted to these clinical areas.
32. General medicine at both the Horton General Hospital and the John Radcliffe sites, have an in-patient group that have become increasingly highly dependent with a large proportion of patients requiring two nurses for their care. This was particularly highlighted within the measurement of the acuity and dependency data collection in December 2013. The skill mix ratio over time, although apparently of good levels, is

less able to manage the care for patients with increasing levels of cognitive disability within an older age group who are frail, and suffering from acute illness

33. The data collection and review of the quality metrics was validated through the staff feedback at the time of the peer review in December 2013. This indicated that the skill mix and levels of staff needed to be adjusted to accommodate the increase in dependency, even though on the JR site the ratios of staff to patients appear to be satisfactory. The workforce metrics indicated that the staff sickness is 4% and a higher than average turnover of junior staff nurses, which may also be an indicator that the skill mix requires a review to support staff working in an area of increasing demand.
34. The recent proactive recruitment drive over the past 8 months has reduced the vacancy level considerably in these wards; however the retention issues remain a challenge for the reasons already highlighted. The ward sisters within this group of wards are budgeted to be supernumerary to the numbers of staff, which has been part of the Trust's strategy to enable an effective level of senior supervision. However, due to the previous level of vacancies, they had become part of the working numbers most days and so reduced the level of supervision to junior staff until the recent recruitment up to full ward establishments. It is at this point, when the vacancies were almost filled at the measurement of acuity and dependency took place that the actual skill mix and levels of staff become more apparent, requiring an adjustment.
35. General medicine/surgery wards at the Horton General Hospital have a long standing low turnover of staff with very experienced ward sisters, however the ratio of RNs to CSWs are below the levels recommended by the Royal College of Nursing (65%:35%) at 54%:46%. The increased acuity and dependency of elderly frail patients being admitted with acute illness became evident during the review of the data collection. The review and adjustment to the nursing workforce on these wards includes the conversion of CSW vacant posts to RN posts to improve the quality of the ratio to meet the 65%:35% standard and increase the levels of RNs in the evening and at night. This is because the acuity and dependency of this patient group is now tending to be consistent during the whole twenty-four hour period.
36. Some surgical wards during the winter months convert to take medical patients due to the winter changes in illness prevalence, and this affects the acuity and dependency levels of the patient groups on these wards. The establishment in these areas have been adjusted to accommodate to this flexibility.
37. The increase in skill mix and levels of nursing staff in general medicine across the two sites has been approved in a business case which was presented to the Trust Management Executive in January 2014. This business case also includes clerical/receptionist staff in order to extend ward clerk hours into the evening during visiting time, releasing clinical staff who are frequently distracted by receptionist type duties in answering the telephone. Sisters' assistants will also be employed to support the audit and clerical duties for sisters, releasing them to the wards for increased levels of supervision of staff and patient contact.
38. An immediate project group was established and a recruitment campaign commenced in order to implement the actions highlighted in the business case.

Conclusion

39. A robust process of reviewing the nursing and midwifery staffing levels has been implemented and undertaken across the Trust using a nationally reliable tool, in order to inform the required nursing establishments. This will be undertaken a minimum of six monthly and reported to the Trust Board.
40. The Trust is making good progress in compliance with the national guidance published in November 2013, with a view to reporting monthly on actual staffing levels to Trust Board from April 2014, and these results will be published on the Trust's website.
41. The methods of triangulation of metrics for both workforce and the quality of patient care are being developed, to examine the impact of the variances in the actual workforce with a view to divisions reporting at their monthly quality governance meetings.
42. The Trust Board, in its confidential session, on the 22nd January 2014, delegated responsibility to the Trust Management Executive to address the issues and recommendations highlighted by the Acting Chief Nurse following the acuity and dependency review in December 2013. These were addressed immediately through the use of temporary staff and a business case presented in January 2014 which was approved. An immediate recruitment project group and campaign commenced to address the recommended additional posts for the general medicine wards highlighted in the review.

Recommendations

43. The Trust Board is asked:
 - 43.1. To note the progress made in compliance with the national guidance surrounding nursing and midwifery staffing levels, and the use of robust methodology in determining the correct levels and skill mixes of staff
 - 43.2. To note the actions taken to address the nursing staff skill mix and levels on the general medical wards at both the John Radcliffe and Horton General Hospital sites.
 - 43.3. To approve the reporting process to the Trust Board and publication of the results on the Trust's website in line with national guidance.

Liz Wright
Acting Chief Nurse

March 2014