Addendum
Nurse Staffing\Skill Mix Ratios
Period: January 2014

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Executive Summary

The Associate Director of Finance and Business Intelligence and the Business Intelligence Team co-ordinator met with the eRostering administration manager to identify the potential data sources to be used for the proposed metric. We have subsequently collated data from the E-roster system – health roster, NHSP bank rota and the Trust Patient Administration system.

The Deloitte report produced for the Trust was used as a reference initially. Various other websites were utilised to source potential methodologies for local review\agreement e.g. NHS England, Care Quality Commission, Department of Health.

The Director and Deputy Director of Nursing and Patient Services were approached to agree the methodology to be used for the interim local metric until the national definitions are available.  The definitions will be developed by National Institute for Health and Care Excellence (NICE).

**Data Definitions** – (see Appendix 1 for full details – including data sources):

Day and weekend shifts: staff trained rota\average daily bed occupancy\average actual shift– excludes management, includes bank staff

1:11 ratio: Trust performance for January 2014 - 1:11 ✔️ ❯ December 1:9
Night shifts: staff trained rota\midnight bed occupancy\average actual night shift– includes management and bank staff


**Findings:**
Overall the Trust meets the 1:8 ratio for day and weekend shifts, however, even though the night shifts meet overall there are a number of individual wards that do not meet the 1:11 target. The Trust overall is below the skill mix ratio recommended ratio.

*your hospitals, your health, our priority*
Headlines: **Day Shift - Average ward ratio**

Current performance: **1 Nurse to 6 patients**

Royal College of Nursing Recommended ratio 1:8

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Headlines: **Night** Shift - Average ward ratio

Current Performance: 1 Nurse to 11 patients

Royal College of Nursing Recommended ratio 1:11
Dashboard: Staffing Ratios – Achieving overall, however a number of wards are higher than the recommended ratio at night

Day Shift: Patients to Nurse Ratio
Based on Average Daily Occupancy for January 2014 & Average Actual Shift Rota (Excluding Nurse Management)

Night Shift: Patients to Nurse Ratio
Based on Midnight Occupancy as at 31st January 2014 & Average Actual Shift Rota (Including Nurse Management)

Note: Charts represent qualified worked rotas including bank shifts
Actual v Established Rota: For days, for most wards, there is less qualified work than established, however, for nights the actual v established appears to be consistent for most wards.

**Commentary:**

On day duty it is clear that most wards on a number of days have less than the established number of RN's on duty. These empty shifts have not been filled by NHSP staff. When trained staff are unavailable via NHSP, often, such shifts are filled with untrained staff which reduces the risk to patient safety. It is also worthy to note that overall, during the day, WWL staffing levels are higher than the minimum RCN recommendations as nursing levels have been calculated and agreed using an evidence based acuity tool.

On night duty, actual V’s establishment is consistent. Again, overall levels appear to be above the RCN recommended guidance for night duty, on most occasions. However, at times we do have a deficit of RN’s on night duty which poses a risk to patient safety. Again, this is usually balanced and mitigated with higher numbers of HCA’s. Night time staffing levels are to be reviewed within the next 6 months.

Although we have recruited 164 trained nurses and 161 untrained nurses in the last 18 months we still have a number of outstanding vacancies. Recruitment is on-going and there is confidence that within the next 6 months we should have the required nursing establishments in place.
Skill Mix Ratios: The established skill mix for days is 55% qualified, while the actual worked is lower at 51%, below North West Trust average of 63%*.

*Source: Deloitte report September 2013 based on March 2013 data
Definitions

- Locally agreed Wrightington, Wigan & Leigh NHS Trust Definitions

Methodology:

Acute Inpatient wards only:

- **1:8 ratio** (as a minimum) – early, late & weekend shifts (average for the month) – using e-roster data + nhs professionals bank staff data, using PAS occupied beds (average daily for the month). Excludes ward management B7, or B6 if no band 7 on duty i.e. whoever is rostered as ward manager for early day and late shifts only – management duties only

- **1:11 ratio** (as a minimum)– evening shift (average for the month). No management exclusions. PAS midnight occupancy as at the end of the month

- **65:35 Skill mix ratio** – ratio of registered nurses to healthcare assistants

Wards included:
Aspull, Astley, ASU, CDW, Ince, John Charnley Wing, Langtree, Lowton, MAU, Orrell, Shevington, Standish, Swinley, Taylor, Ward 5, Ward 6, Winstanley

Definitions agreed with the Director of Nursing and Patient Services and the Deputy Director of Nursing and Patient Services

- Data sources: eRoster system – Health rosters, nhsp bank rota data, Patient Administration System

E-roster data includes nurse management where nursing duties have been completed on shift and recorded on e-roster, as in the skill mix
Issues\Risks Log

- The analysis is dependant upon the accuracy of the data input into the various systems used as a data source
- Occupied beds are a potential issue if patients not discharged on the PAS system, main areas for concern are Lowton and MAU
- Potential delay in nhsp data. When nurse bank is integrated into e-rostering this will be resolved
- Definition and identification of nurse management
- Escalation wards e.g. Highfield are not included in the e-roster system

Next steps

- Untrained (Healthcare assistant’s) ratios to be developed\incorporated for next month’s report
- Await national definitions from NICE for national metrics effective from April 2014
- Once nurse bank data is integrated into e-roster, the data will need to be imported into the data warehouse to enable us to link this automatically to the PAS data.
- If snapshots during the day are required i.e. to coincide with the relevant shifts, development will also be required within the data warehouse to ensure extracts are timed accordingly
- Additional requirements from August 2014 i.e. A&E, maternity, inpatient paediatrics and neonatal, to be identified and shadow monitored. Guidance to be published by NICE in July 2014
- The future reporting requirements will need to be specified and scheduled for development i.e. interactive dashboards
Appendix 1: Background

- **Nurse to patient ratios** for adult wards in acute inpatient settings will be reported nationally from April 2014. In advance of the publication of these ratios the Trust will be shadow monitoring these metrics in the Trust board performance report. Initially, this will be based on local intelligence until definitive national guidance is available.

- A number of similar metrics are available nationally for benchmarking purposes i.e. Acute Trust Quality Dashboard, CQC Intelligence Monitoring, Workforce Assurance Tool. However, these appear to have varying definitions.

- **Skill Mix Ratio** - The Royal College of Nursing recommends that all organisations use a skill mix ratio of 65% registered nurses to 35% health care assistants.

- **A Health Service Journal** article published on the 29th November 2013 placed WWL in the Trusts with the highest ratio of available nursing days to occupied beds for the £200m-£299m turnover category. The data was taken from the Acute Trust Quality dashboard published by Methods Insight Analytics and the results show significant variation in the ratio, giving an indication of the potential scale of the shortfall of nursing provision. The data sources are Electronic Staff Record (ESR) and Hospital Episode Statistics (HES).

- **Deloitte** produced a nurse staffing ratio benchmarking report for the Trust in September 2013 using data from 22 local organisations from across the North of England. The data was sourced from the individual Trusts via an FOI request using data as at March 2013. The results showed the Trust’s nurse to bed ratio slightly below the average of 1.33 at 1.29, ratio of registered nurses to healthcare assistants below 63% average at 56%, nursing ratio variance for medical wards above average but surgical below average. The % uplift allowed for sickness, absence and staff training is just below the average of 21% at 20%.
Appendix 1: Background continued

• Both Robert Francis 'Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry' (February 2013) and the Berwick report: 'Improving the Safety of Patients in England' (August 2013) said NICE, the health and social care guidance body, should be the lead organisation in the development of advice on NHS staffing levels. NICE will carry out a comprehensive review of the evidence relating to staffing levels in the NHS and will evaluate available, relevant data on nursing activities at ward level.

• NICE will produce guidance on safe, efficient staffing levels initially focusing on adult wards in acute in-patient settings (where patients receive urgent short-term medical treatment), and provide a formal process of endorsement for associated tools. The focus of the work will be nurse staffing levels, alongside nursing assistants, in relation to the care requirements of different types of patient.

• Jane Cummings, Chief Nursing Officer in England said:
  “We have very clear evidence of a link between appropriate staffing and the outcomes of our patients. This evidence must be used to set staffing levels locally. Patients and the public are therefore entitled to know that we have the right number of people in place to provide safe, quality care every time.”
  “We first encouraged a move towards greater transparency on staffing levels in my nursing strategy, but we are now going further. Hospitals will have to publish this information – at ward level – and present the evidence they have used to determine staffing levels in public. That is the right way to ensure there is rigour around decisions that are taken, as well as to provide hospitals and other services with the flexibility they need to get the right staff in the right place. We need the right level of staffing in every locality – and that cannot be mandated centrally.”