Ashford and St. Peter's Hospitals **NHS**
NHS Foundation Trust

TRUST BOARD
January 26th 2012

TITLE	**Ward Staffing Benchmarking: Audit Commission Report**

EXECUTIVE SUMMARY

The Audit Commission was requested by the Trust to undertake a review of ward nursing staff levels. This was conducted between May and June 2011. Key findings from this report are that the Trust has (in comparison to the benchmark group):

- a high number of nursing staff per bed with a high proportion of registered to unregistered staff
- ward nursing establishment is filled to 87.2%
- low usage of agency staff
- high usage of bank staff
- low levels of sickness.

BOARD ASSURANCE (RISK)/ IMPLICATIONS

Nursing staff ratios are equal to or better than Royal College of Nursing (RCN) recommendations.

STAKEHOLDER/ PATIENT IMPACT AND VIEWS

No stakeholder or patient views taken.

EQUALITY AND DIVERSITY ISSUES

The scope of this report has not considered equality and diversity issues.

LEGAL ISSUES

Nil identified.

The Trust Board is asked to:

Review the report and ratify the recommendations.

Submitted by:

Suzanne Rankin
Chief Nurse

Date:

January 15th 2012

Decision:

For approving

1.   Introduction

The Audit Commission was requested by the Trust to review ward staffing levels between May and June 2011. Data was collected from all inpatient wards and include unregistered staff, bands 1 to 4, and registered staff, bands 5 to 8. The complete sample group included eighteen Trusts across the UK and are used in this report as a comparative group

A previous report had been commissioned for the same period in 2008; some comparisons are made to this earlier document.

2.   Findings and Discussion

The findings are collated into three areas:

1) **staffing numbers, cost and skill mix;**
   a. the Trust has the highest WTE (whole time equivalent) per available bed at 1.74 WTE nursing staff per available bed and is amongst the highest in comparative group (median 1.33 WTE). This is, however, a decrease of 0.8% for WTE per available bed since 2008.
   b. the Trust has a high cost per available bed which equates to a cost per bed of £50,910 (median £42,200). This is an increase of 11% since 2008, but is the lowest increase when compared to the group.
   c. the Trust has a high proportion of registered to unregistered staff of registered (76.7%) to unregistered staff (23.3%). This figure reflects the fact that the Trust has the lowest proportion of nurses at band 4 and the highest proportion at band 5.
   d. the overall average cost per WTE is £29,210, which is in the lowest 25%, compared to a median of £31,700.

Analysis
The Trust has a high WTE per available bed giving good overall staffing levels, with a high proportion of registered staff. The RCN's 'guidance on safe nurse staffing levels in the UK' (RCN 2010), illustrates the variance of staffing levels across the UK, and recommends an overall 70 / 30 skill mix of registered to un-registered staff. ASPH is currently operating at or better than this ratio. Studies have shown that, in certain areas, higher levels of unregistered staff at band 4 are underused and that they have a valuable contribution to make to patient care (report for the National Institute for Health Research Service Delivery and Organisation programme 2010).

The low average cost per band may be due to junior staff on low increments and or lower pay scales. It may also be indicative of high turnover of junior staff that do not stay at the Trust long enough to progress through the pay increments.

2) **establishment levels and temporary staff;**
   a. the Trust has low numbers of substantive nursing staff in established posts, at 87.2%, one of the lowest in the group, compared to a median of 93.3% (this figure has not changed significantly since 2008). This is weighted more heavily in the band 1- 4 unregistered staff group.
   b. the use of agency staff is minimal.
   c. Sickness levels of 2.3% are in the lowest quartile of the group. This is a large reduction of 33% since 2008.

Analysis
Across all wards there is a comparatively high cost of bank staff, utilising 16.8% of the overall budget, compared to a median of 7.7%. This fits with the low establishment fill rate in the unregistered bands 1-4 and reflects the staffing of beds above the planned bed base.

3) **quality;** for the first time the Audit Commission has introduced quality metrics, which is welcomed but the reports use of the data requires further development before it can give a robust triangulation. The quality metrics include complaints, falls incidents, pressure ulcers, indwelling catheters, MRSA reports and C Difficile reports. Four of these metrics were reported in which the Trust was listed in the top 25% of comparative wards.

Analysis

It is difficult to draw conclusions from these metrics as:
- some Trusts are reporting in low numbers, with no robust reporting mechanisms
- only two months worth of data was collected.

It can be seen that the Trust is a high reporter reflecting the positive attitude towards reporting and robust mechanisms.

4.   Conclusions

Positive outcomes:
- high nurse ratios
- low staff sickness
- high reporting of outcome metrics.

Areas for improvement:
- high cost per bed
- under establishment fill in some aspects of the staffing profile
- high usage of bank staff and associated cost (relates to item above and additional activity/beds))
- skill mix ratio above recommendations and associated costs.

5.   Recommendations

The following recommendations have been discussed by the Trust Executives and are prepared here for Trust Board approval:

1. Incorporate the necessary improvement work into the workforce objective of the Nursing and Midwifery Strategy. This will ensure a coherent approach to nursing and midwifery workforce development over the next three to five years.
2. Review the regional and Trust approach to unregistered workforce development and recruitment to identify the short and medium term opportunities for expansion of this staff group.
3. Move the Trust registered to unregistered staff ratio to 70/30 whilst allowing individual clinical areas to be staffed according to the acuity and dependency of their patients (critical care will require higher ratios whilst some medical wards will require lower ratios).
4. Develop plans to recruit and retain the very best staff in order to protect against poor recruitment, high bank use and a high staff turnover. This should aim to normalise the cost per WTE so that a broader spectrum of experience is reflected across the nursing workforce.

Suzanne Rankin
Chief Nurse