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Follow-Up Review of Ward Staffing

Cwm Taf University Health Board

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The team who delivered the work comprised Mandy Townsend and Katrina Febry.

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Summary report

1. Ward nurses are pivotal to the delivery of high-quality patient care. Insufficient ward staff and the wrong skill mix can adversely affect the quality of patient care. Nevertheless, with ward-staffing costs consuming up to a third of the annual pay budget and health boards facing significant financial pressures, it is vital that health bodies achieve value for money from their ward staff.
2. The Wales Audit Office undertook a ward staffing benchmarking review in 2009 and reported the findings in April 2010. At that time, we concluded that Cwm Taf Health Board (the Health Board) had 'inherited' inconsistencies in ward-staffing levels and deployment practices within and between the Prince Charles (PCH) and Royal Glamorgan (RGH) Hospitals. We reached this conclusion because:
    - there was a clear difference in ward staffing and skill mix at PCH and RGH, while staffing levels in community hospital were about average;
    - overall costs were close to the average but there was variation due to differences in local skill mix and staff numbers, while all ward budgets were overspent; and
    - benchmarking results pointed to inconsistencies in the way staff were deployed and managed.
3. The Health Board reports that it has put substantial management attention into resolving these issues, as well as other nursing issues, such as introducing e-rostering software and focusing on culture and professional practice, so it is timely to follow up and confirm progress. The Wales Audit Office did not require the Health Board to produce an action plan and report progress formally against the issues identified and reported in 2010. Nevertheless, the Health Board under both the former and current Director of Nursing recognised that the issues needed to be addressed, and resolved.
4. This audit sought to answer the question: 'Is the Health Board making sufficient progress in addressing the issues that we identified in 2010 and is progress informed by a robust understanding of current and future staffing needs?'
5. Our follow-up work demonstrates that the Health Board has made good progress in developing a consistent and informed approach to setting ward-staffing levels, which will ensure compliance with the Chief Nursing Officer's guidance on ward staffing. This is because:
    - the Health Board is making good progress in developing a more consistent approach to ward staffing;
    - Chief Nursing Officer guidance on grade mix and patients will be met once vacant posts are filled;
    - routine management information is now consistently available;
    - the establishment staffing level for each ward is supplemented by a bank allowance and the e-rostering system helps manage absences;
    - ward establishments have been revised and agreed; and
    - ward managers are now expected to manage within their budgets and allowances.
6. Our detailed findings are summarised in Exhibit 1.

Exhibit 1: Summary of findings against the key issues identified by our 2010 benchmarking exercise

<table>
<tr><th>Issue reported in 2010</th><th>Update</th></tr>
<tr><td>The 2009 benchmark data suggested there was considerable scope to develop a more consistent approach to ward-staffing levels</td><td>The Health Board is making good progress in developing a more consistent approach to ward staffing
The Health Board recognises that inconsistencies in nurse staffing levels will not support the Board's commitment to 'Cwm Taf Cares', its mission statement on how patients perceive the care they receive.
The Health Board established a project group to review nurse staffing levels across the organisation in late 2012. Subsequently, the Chief Nursing Officer for Wales published clear staffing guidelines for medical and surgical wards following the Francis Inquiry report in 2013. These guidelines reinforced the Health Board's own approach, which is based on professional judgement.
We supported the nursing team's internal review work by repeating the benchmark data during 2013. Against a smaller benchmark group than 2009, our analysis showed that overall costs and staffing levels were typical of the benchmarking group. This Health Board average masked a number of interesting variations in 2012-13:
overall, PCH had higher ward staffing costs and bed occupancy rates than RGH;
the ward sisters at RGH had more difficulty providing cost and establishment information for our benchmarking exercise compared with ward sisters at PCH;
staffing levels average out at 1.1 WTE staff per bed for the benchmark period, but this masked significant differences at ward level; and
use of bank staff to increase staffing above establishment levels was widespread, suggesting that establishments were set too low.
We discussed this benchmarking data with senior nurses in spring 2013, and the team used this information to inform their project work alongside other internal metrics, such acuity measures.
During 2013, the project group looked in detail at the numbers of staff in post by grade on each ward. This led to the Executive Team agreeing new establishment levels by grade for each ward, as well as the recruitment of substantive staff from the new graduate pool.
Hence by early 2014, the Health Board had set a baseline establishment, which fairly accounts for anticipated workload across both acute and community hospital sites.</td></tr>
</table>

Issue reported in 2010	Update
	Chief Nursing Officer guidance on grade mix and patients will be met once vacant posts are filled The CNO guidance for acute wards on grade mix is a ratio of 60:40 ie, 60 Registered General Nurses (RGNs) to 40 Healthcare Support Workers (HCSW), the Health Board have agreed a 50:50 grade mix for community wards. These standards are embedded across the establishment for all wards except some in the community hospitals, where the ratio was 40:60. This reversal was inherited and remains the subject of some debate, due to the nature of care on these wards; nevertheless, this should be resolved as quickly as possible. The standard on RGN to patients of 1:7 patients (day) and 1:11 patients (night) is again embedded in establishment for all wards. The recruitment of an additional 27 HCSWs was required to match establishment levels at the time of writing, with advanced plans to redeploy RGNs from the process of closing beds in Dewi Sant and reproviding some beds in RGH to address remaining inconsistencies. Once these changes have been made, the Health Board will meet all of the Chief Nursing Officer staffing guidelines.
Some relatively routine management information on nurse staffing levels proved difficult to collect and there were inconsistencies in how information was captured locally	**Routine management information is now consistently available** The Health Board used our repeat of the benchmarking data collection in late 2012 to understand what data were routinely available to ward sisters. The project team worked with ward sisters and the Finance department to address gaps in information during 2012 and 2013. The project team identified that a standard suite of information was required both for acute and community hospital wards and by the end of 2013 this information was available for all wards across the Health Board. The standard information includes the following metrics: • information about the ward eg, specialism, patient profile and bed numbers, including planned surge beds or ‘flex; • demand proxy measures including bed occupancy rates (average, and professionally judged appropriate occupancy level) and patient acuity level; • staffing eg, numbers, acceptable variance from planned, and skill mix; • bank use measures for each ward eg, historic average, current usage and acceptable bank usage thresholds; and • overtime and sickness rates, available from the ESR system.

Issue reported in 2010	Update
The issue in 2010 was that the headroom[1] ward staffing allowance may have been insufficient	**The establishment staffing level for each ward is supplemented by a bank allowance and the e-rostering system helps manage absences** The Chief Nursing Officer ward-staffing guidance (Appendix 2) reinforced the importance of sufficient nursing staff to ensure acceptable patient care. Our analysis shows that since 2012, staffing levels across the Health Board comply with the Chief Nursing Officer's guidance for 1.1 WTE per occupied bed. However, before the Health Board's own review of ward establishments, there was significant variation and some wards exceeded this by a substantial margin, whilst others were substantially under. Once the new establishments are fully in place, these anomalies will be eradicated. The new establishments do allow for headroom, with a notional number of bank nurse shifts to fill gaps in rota, the bank nurse allowance. The Chief Nursing Officer recommended that ward sisters are supernumerary and that all wards have sufficient staff to meet recommended patient to nurse ratios. However, wards sisters are not supernumerary in the Health Board, as only 50 per cent of their time is supernumerary. This is not just a financial decision, but also a deliberate decision to ensure that sisters work alongside their teams in direct patient contact. The Health Board will need to keep these decisions under review to ensure that both the establishment plus bank allowances are sufficient to ensure that staff can be released for training without compromising staffing levels, and that ward sisters' working practices have the expected results. In addition, the rollout of e-rostering means that all wards now have template rosters, which allows variation to be built in. The key now is that ward sisters understand and manage their establishments, arrange cover for absent staff, and the Health Board has not set arbitrary absence allowances but does expect all ward sisters to set safe staffing levels at all times. Sufficient information is provided to ward sisters to monitor and control their rosters and bank use, and additional support is provided from matrons and the wider nursing team to support wards where necessary.

[1] Headroom is the standard allowance (normally included in the establishment) for absence for any reason, eg, sickness, maternity leave and training. If insufficient headroom is included in establishment staffing levels, then bank or agency use will be high and staff may not be released for mandated training.

Issue reported in 2010	Update
There were differences between funded establishments and the staffing levels with which wards were operating (ie, finance and nursing staff had a different understanding)	**Ward establishments have been revised and agreed** The Health Board used both professional judgement and the Chief Nursing Officer guidelines to set a new 'establishment level' for all wards, in both acute and community hospitals. The project group ensured that both finance and nursing staff understood and agreed the staffing levels to which wards were operate. However, these will need to be reviewed regularly, particularly in light of the All Wales Acuity Measure when it is published, because higher acuity levels demonstrate the need for more staff than may have historically been expected. The increasing age and comorbidity of patients makes higher acuity levels more likely.
A stronger focus is needed on managing ward budgets when the ward establishments and associated funding is agreed	**Ward managers are now expected to manage within their budgets and allowances** In late 2014, the Health Board agreed ward establishments and the associated funding. The focus has moved to managing within these budgets. Although not all wards manage within the agreed budget, the Health Board works to understand the reasons for variance and more critically take action to resolve or manage the reasons. The ward managers receive training and support to manage their staff and budgets, such as the peer review and buddying systems. Under this system, all ward sisters are paired with wards sisters from another ward in the same hospital and all aspects of the work of the ward are discussed and compared. For example, how rosters are compiled, or when discharge planning starts. Mentoring and coaching is also provided by matrons.

Exhibit source: Wales Audit Office fieldwork

Recommendations

7. We make two further recommendations:

The majority of issues from 2010 have been resolved but a few are not yet fully complete
R1 The Health Board must complete the implementation of these recommendations by: • resolving inconsistencies in inherited establishment levels in community hospitals over the next 12 months; • ensuring the management practices used by ward sisters are consistent by training this cohort in management techniques over the medium term; and • ensuring ward level data is used and discussed regularly.
The new establishment agreed in 2014 will meet Chief Nursing Officer guidelines once fully recruited
R2 The establishment will need to be fully recruited to, so that all vacant posts are filled by March 2015. Then it must be: • reviewed regularly, particularly in light of the All Wales Acuity Measure when it is published; • compared against rosters and payroll records to ensure that actual staffing levels match planned/establishment levels; and • reviewed alongside mandated training records and fundamentals of care and other audit results to ensure that staff are released for training.

Exhibit source: Wales Audit Office

Appendix 1

Action Plan

Issue	Recommendation	Intended outcome/benefit	Agreed	AIB responsibility and actions	Completion date
The majority of issues from 2010 have been resolved but a few are not yet fully complete	R1 The Health Board must complete the implementation of these recommendations by: • resolving inconsistencies in inherited establishment levels in community hospitals over the next 12 months; • ensuring the management practices used by ward sisters are consistent by training this cohort in management techniques over the medium term; and • ensuring ward level data is used and discussed regularly.	The Health Board will be able to demonstrate that it has a consistent and coherent approach to deciding staffing levels on its wards: • inconsistencies will be addressed or justified; • this will have the benefit of reducing variation practice further than peer mentoring and support alone can achieve; and • regular use and discussion of ward-level data will ensure that the information remains accurate and understood.	Yes	Lynda Williams	October 2014

Issue	Recommendation	Intended outcome/benefit	Agreed	AIB responsibility and actions	Completion date
The new establishment level will need to be reviewed regularly	R2 The establishment will need to be fully recruited to, so that all vacant posts are filled by March 2015. Then it must be: • reviewed regularly, particularly in light of the All Wales Acuity Measure when it is published; • compared against rosters and payroll records to ensure that actual staffing levels match planned/ establishment levels; and • reviewed alongside mandated training records and fundamentals of care and other audit results to ensure that staff are released for training.	The new establishment will meet the CNO guidelines in full once fully recruited. However, this will not be static, given the level of scrutiny over nurse staffing levels and the pressure to reduce costs in a climate of financial austerity. Therefore, regular review that: • the establishment is still correct in light of acuity rather professional judgement based levels; • actual matches planned; and • sufficient headroom is included will ensure that the establishment is fit for purpose.	Yes	Lynda Williams	March 2015

Appendix 2

Management response

It is good to receive endorsement from Wales Audit Office for the extensive work that has been undertaken across the Health Board to get to a point where we are clear about the nursing establishments for all clinical areas. We will now work to ensure the principles are embedded which the organisations and that ward managers, senior nurses and Head of Nursing work together to manage the clinical staffing.

We will also continue with the roll out of e-rostering which will support the establishment work.

Appendix 3

Chief Nursing Officer guidance on ward-staffing levels

CNO Guidance
1.1 WTE per patient on the wards
Grade mix should be 60:40 RGN to HCSW
Ratio of RGN to patients of: • 1:7 during the day • 1:11 at night
Ward sisters/charge nurses should be supernumerary

Exhibit source: Wales Audit office summary of key guidance

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