



**East Suffolk and North Essex**  
NHS Foundation Trust

# **Nursing and Midwifery Skill Mix Review**

**Board of Directors**

**January 2020**

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## **1.0 PURPOSE**

This paper advises the Board of Directors of the outcome of the annual comprehensive skill mix review undertaken at the end of 2019 for nursing and midwifery staffing. This review has been undertaken for the adult inpatient wards, paediatric areas, maternity services, emergency services and a number of other specialities in the Trust, a range of methodologies have been used in line with current guidance to inform the outcome.

## **2.0 INTRODUCTION**

Post publication of the Francis Report 2013 and Safe Staffing in Adult inpatient wards in acute hospital (NICE, 2014) the National Quality Board (NQB July 2016) has defined a framework and set of expectations (July 2018) to achieve the “right staff, with the right skills, in the right place at the right time”, including the responsibilities of Trust Boards.

NHS organisations have a responsibility to undertake an annual comprehensive nursing and midwifery skill mix review to ensure that there are safe care staffing levels to provide assurance to the Board and our stakeholders that the organisation is safe and to provide high quality care.

A triangulated approach is required for undertaking skill mix reviews, which includes:

- Workload and patient information of acuity, dependency and activity using a validated tool (where available)
- Guidance (where available)
- Professional Judgement
- Professional Consultation and review of Best Care Indicators (NQB July 2018)

The process for acuity reviews has been formalised in the trusts “Framework for Acuity Reviews” which aims to:

- Provide the clear governance to ensure that acuity reviews are concluded effectively and in line with our statutory responsibilities, formally on an annual basis.
- Facilitate the measurement of staffing levels in a consistent way and support the management of staffing levels within an approved establishment.
- Support the delivery of objectives as set out in the Trust’s plans.
- Provide assurance that the Trust is achieving best value for money in its use of resources.
- To provide high quality care.

The yearly skill mix review should be “followed with a comprehensive staffing report to the board after six months to ensure workforce plans are still appropriate” (NQB 2018).

## **3.0 BACKGROUND AND NATIONAL CONTEXT**

There has been continued emphasis on safe nurse and midwifery staffing levels following the publication of the Francis report (February 2013) and this remains a key priority for the Chief Nursing Officer for England (CNO) and Chief Midwifery Officer (CMO).

The National Quality Board followed up their report in 2013 “How to ensure the right people, with the right skills, are in the right place and the right time” with a framework document in July 2016 updated 2018 setting out expectations of NHS organisations and the requirement to utilise a triangulated methodology to set staffing levels.

Boards are required to receive monthly updates on workforce information and staffing capacity and capability should be discussed at a public board meeting at least every 6 months on the basis of a full nursing and midwifery establishment review.

It should be noted that although there has been considerable national debate on the subject of skill mix and nurse to patient ratio, to date no national standards for staffing levels in inpatient areas have been mandated. However Wales and Scotland have staffing regulation in place, this is currently under discussion for England.

However, some guidance exists relating to ratios which can be considered when undertaking establishment reviews:

- The Safer Nursing Care Tool (SNCT) recommended ratios are 1:5 during the day and 1:8 at night
- The Royal College of Nursing (RCN) recommends ratios of RN as 1:7 basically safe care and 1:5 to 1:7 for good quality care.

NICE published guidance on safe staffing for nursing in adult inpatient wards in acute hospitals in July 2014 based on the best available evidence and staffing in A&E in 2016. The guidelines also identified indicators that should be used to provide information on whether safe and effective care is being provided. These indicators were used as part of this skill mix review for the adult inpatient wards.

CHPPD (Care Hours Per Patient Day)

The Carter review recommended that NHS Improvement devise a new set of metrics including Care Hours Per Patient Day (CHPPD), which can be used to describe both the staff required and the staff available in relation to the number of patients.

CHPPD is calculated by adding the hours of Registered Nurses to the hours of Healthcare Support workers and dividing the total by the number of patients in an inpatient bed at midnight. NHS acute trusts are required to submit this data as part of the UNIFY fill data upload on a monthly basis and to publish the data on the Trust internet. It is recommended that CHPPD is not used in isolation but as part of a quality dashboard.

Safe Care also calculates CHPPD on a shift basis based on the live data that is being input 3 times per day via an iPad onto the SafeCare system. This system had previously only been used on the Colchester site, however SafeCare has now been rolled out on the Ipswich site.

#### **4.0 SKILL MIX REVIEW OUTCOMES**

Validated tool for acuity

SafeCare is a software product which has design flexibility to support various Acuity models. The system was originally designed to replicate the Shelford Safer Nursing Care Tool (SNCT), which was endorsed by NICE in 2014 and is a validated acuity tool for adult inpatient wards. The Safer Nursing Care Tool (SNCT) is one evidenced-based tool that can be used to assist Directors of Nursing to determine optimal nurse staffing levels and is now widely used by many acute hospital Trusts.

General adult inpatient wards within the Trust on the Colchester site commenced using the adult SNCT tool formerly from the 1<sup>st</sup> May 2016 and SafeCare has now been rolled out on the Ipswich site (September 2019 onwards). Critical Care and paediatrics have now started to use an adapted tool via SafeCare. There are national issues with the SafeCare maternity model so this has not yet commenced roll out at the trust.

The SafeCare acuity tool is used in conjunction with the HealthRoster system and is dependent on an interface between the NHS Professionals bank and agency system or the Bank module of HealthRoster.

SafeCare Live is a mobile version of the tool which is used on iPads within the Trust; this means they are user friendly and can be used in patient areas, meaning staff are not taken away from the clinical area to upload the relevant data to provide acuity information.

Patient acuity is recorded three times a day and can be used to support bed management meetings, with matrons, Associate Directors of Nursing, Site Directors of Nursing and the Chief Nurse utilising the software to support staff in managing Trust-wide staff re-allocation to maintain patient safety, particularly during times of high operational demand.

SafeCare provides historical data to identify trends regarding patient type, required vs. actual CHPPD (Care Hours per Patient Day), required and actual hours and assigned hours breakdown. This data supports the ongoing Professional Judgement conversations that take place on a continual basis throughout the working day that form an integral part of this process.

#### **4.1 Acuity audit data collection 12<sup>th</sup> August – 1<sup>st</sup> September 2019**

Acuity data for the time period 12<sup>th</sup> August – 1<sup>st</sup> September 2019 was extracted from the SafeCare system for acute inpatient wards on the Colchester site to be included in the audit. Following data cleansing by the HealthRoster team all data was provided to the finance team and converted into WTE for each ward using the appropriate SNCT multiplier. A paper based version of SafeCare was used at the Ipswich site for data collection due to SafeCare not being fully installed at the time of the review.

##### **4.1.1 Additional data collection**

In accordance with the SNCT guidance, Nursing Sensitive Indicators (NSIs) are also required as part of the data collection process. Numerical data was sourced from the AF, the Datix reporting system and the Infection Control team regarding:

- Complaints (not including PALS)
- Medication errors
- MRSA, & C-Diff
- Falls
- Pressure Ulcers

For specialist areas (for example maternity services) relevant quality measures were reviewed.

##### **4.1.2 Long day working**

The majority of shifts worked across the Trust are long day shifts and long night shifts, however short shifts are available for staff to work as part of supporting flexible working arrangements or to meet peaks in workload of the service. The skill mix review in early 2019 required significant realignment of roster templates at the Ipswich site, with standardisation of templates across a 7 day period and set up to accommodate a split of long shifts/short shifts (80/20) to ensure the ability to meet flexible working requests in line with Trust policy. Only minor realignment and updates were required during the recent review.

##### **4.1.3 Assistant Practitioner Role & Nursing Associates**

In response to the emerging landscape in nurse education and ongoing nursing workforce challenges, significantly the challenges to fill Band 5 vacancies both nationally and within the Trust, Band 4 roles have been included into proposals for this staffing review where practicable on each ward or area according to their individual requirements. The Band 4 roles will work either as an existing Assistant Practitioner or as a new Nursing Associate alongside the Registered Nurse.

The Nursing Associate is a new generic nursing role in England that bridges the gap between healthcare support workers and registered nurses and will hold an NMC registration. As with the existing Assistant Practitioner role, the Nursing Associate role will also offer a progression route into graduate level nursing. In the longer term this will strengthen the supply of registered nurses due to progression of Nursing Associates undertaking registered nurse training.

#### **4.1.4 Professional judgement**

- The NICE guidance (2014) on Safe Staffing for nursing in adult inpatient wards in acute hospitals recommends the use of “informed professional judgement” to make a final assessment of the nursing needs of each clinical area. Following data collection in August/September the acuity results for this audit period as well as historical data were shared in individual meetings with each ward and included Ward Sisters, Matrons, and the relevant Finance Manager(s). The Education Lead for Workforce presented these findings and wards were able to see their current nursing template provided by the finance team and discuss the implications of the results for their ward. The meetings provided the valuable soft intelligence about individual ward areas that need to be considered and can be different for each ward. These included: Geography and layout of the ward
- Type of patients
- Acuity of patients
- Skill mix (including experience)
- Flow of patients
- Additional non-inpatient activities held on the ward such as ward attenders, clinic support, investigations.

The meetings with the Ward Sister, Matron, Associate Directors of Nursing and Finance Managers have resulted in a proposed template and for each ward included in the review. These will be revisited in early 2020 as part of the ongoing skill mix review process and to support workforce planning. Proposed templates were presented for review to the Chief Nurse, who met with each of the Associate Directors of Nursing, Director of Midwifery and Heads of Midwifery to agree and sign off any amendments to roster templates for implementation in the next financial year.

## **4.2 HEADLINE SUMMARIES**

As a result of significant changes to establishments on the Ipswich site in the previous skill mix review and a well embedded process on the Colchester site over a number of years, the number of changes to establishments required following this review is minimal. An exception to this is maternity services where investment in establishments will be required to support implementation of Continuity of Carer (this has not be included in this review) as part of the national requirement for transformation of the way in which maternity care is delivered.

### **Seasonal Demand**

Each year there are periods of high demand, traditionally between November and March, where additional beds across both sites are opened, although periods of persistent increased demand are common-place. When at maximum capacity (usually from November to April) ESNEFT requires approximately an additional 100 WTE nurses (previously unfunded) with a skill mix of 50/50. This year it was necessary to rely on a secondments from substantive wards to escalation areas and temporary workforce which has impacted on fill rates despite a reduced vacancy rate to 8.7% for Qualified nurse (Dec 2019). The principle of over recruitment to support winter capacity through the summer months was discussed but not supported due to financial constraints. This will require further review

for 20/21 winter planning to improve continuity of care, reduce the impact on substantive wards and ensure we are well prepared to meet increasing emergency demand.

### **Devolved Budgets to Divisions**

This year (2020/21) in line with the Trusts decision to continue to support devolved accountability and responsibility to divisional teams, the outputs from this skill mix review have been reviewed and discussed by the divisional management teams (DMT). Any changes to establishments with financial impact (savings or spend) will feature in their business plans and their financial control total. The outcomes presented here are following agreement by the DMT and in some cases, where further work is required and agreed.

### **Summary of findings**

The following section includes some high level narrative reporting for the clinical areas for each division, particularly where there is a proposed change in funded establishments; this may be driven by acuity data, quality measures or template realignment.

## **4.2.1 GROUP ONE: MEDICINE DIVISION**

### **Ipswich Site:**

#### **Emergency Department (ED)**

No further changes currently planned to WTE following increase last year, some further work is required to ensure funded establishments meet revised working hours for long days, this will be supported from existing budget by reviewing any “off floor” hours..

#### **Brantham (Emergency Assessment Unit) & Brantham POD (High Observation).**

Uplift in establishment from 2019 review recruited to and bedding in, no proposed changes at this time.

#### **Capel (Short Stay Unit)**

No proposed changes.

#### **Debenham Ward (Renal & Endocrine)**

No additional changes required at present.

#### **Claydon Ward (Cardiology)**

No changes of significance after investment last year.

#### **Shotley Ward (Stroke)**

No changes proposed at present, significant investment in establishment last year to be fully recruited to. Acute Stroke Nurse funded 24/7 and fully recruited to which has made a positive impact and meets the requirements for HASU and Stroke emergency care.

#### **Kesgrave (Medicine/respiratory)**

No major changes identified at present, looking to realign template within financial envelope and will be for further review as part of next acuity review.

**Kirton (Respiratory including ARCU)**

No changes required to be made at present.

**Sproughton (Acute medicine)**

The worked establishment for Sproughton ward has been increased for the winter period to support the change from caring for medically stable patients to an acute medical ward. This increased template is not funded for the full year. The medical division are currently reviewing their bed capacity and what is required going forward, there is an appetite to move away from having a medically stable ward in which case the nursing and medical workforce model will require substantively funding.

**Washbrook (Short stay acute medicine)**

No changes currently identified.

**Colchester Site:****Acute Cardiac Unit (ACU), Layer Marney Ward (respiratory) & Stroke Unit**

The findings of this review suggested that no change to the template is currently required.

**Easthorpe Ward (Endocrinology)**

The last review completed in January 2019 identified that a saving could be made by aligning the templates resulting in a cost saving due to enhancements. No further adjustments are required at this time.

**Langham Ward (Gastroenterology)**

No further changes currently required following increase in establishment last year which has mostly been recruited to.

**Nayland Ward (Acute Medicine)**

In the last skill mix review Nayland ward was substantively funded for 28 beds and the majority of posts have been recruited to. During the acuity review it has been noted that the high turnover of patients (short stay) has driven a high work load and has required some revisions to the skill mix.

**Emergency Department (ED) & Urgent Treatment Centre (UTC)**

A workforce model was developed to support opening of the UTC in October 2019. The workforce model is currently under review including the impact of the opening of the UTC on the ED. Staff have worked collaboratively to support each department flexing according to demand, however further work is required including a forward plan for the trainee ACP/ANP roles.

**Medical Day Unit (MDU)**

At the last review it was identified that there have been changes in referral criteria and an increase in activity with worked templates not aligning to funded establishments with additional shifts required to support care delivery showing a continuous overspend. The template has been reviewed and realigned to in line with the current model of care. This has made a positive impact and has reduced the requirement temporary staff, particularly overnight. No further changes required at present.

### **Emergency Assessment Unit (EAU), High Observation Bay (HOBs) & EAU Short Stay**

A number of changes in clinical pathways for emergency medicine (opening of UTC and AMSDEC) have taken place in recent months requiring review of workforce requirements. Some temporary changes to workforce in EAU have been made to support this whilst the transformation programme continues to develop.

## **4.2.2. GROUP ONE: CANCER & DIAGNOSTICS DIVISION**

### **Ipswich site:**

#### **Somersham (Oncology)**

There was significant investment in last year's review, good progress has been made in recruiting to the newly funded posts and this has had a positive impact on the quality metrics and patient experience. As the oncology service continues to develop and the acuity of patients increase, further review will be required including specialist roles. No immediate changes to be implemented.

### **Colchester site:**

#### **West Bergholt (Oncology)**

Following on from the last review there was a requirement to adjust the shift times. A Band 4 post has been added in for days only in preparation for the new Nursing Associate role. No other changes currently required.

## **4.2.3 GROUP TWO: TRAUMA & ORTHOPAEDIC (T&O) AND SPECIALIST SURGERY DIVISION**

### **Ipswich site:**

#### **Needham, Martlesham and Saxmundham (T&O) Wards**

Following the acuity review in early 2019 all 3 ward templates required realignment and reconfiguring to support improved senior cover across 7 days and overnight. The recent review shows that Saxmundham ward template requires an additional HCA due to the complexity and dependency of the patient group and Needham ward requires additional support, the decision has been made to add a band 4 role during the day to the template. These costs have been included in the MSK 20/21 business plan.

### **Colchester Site:**

#### **Aldham, Fordham, Copford, Great Tey (T&O) Wards**

No changes required to Aldham and Fordham templates, a review of weekend working for Great Tey ward supported a small reduction in WTE (0.4), savings realised from this change will contribute to the uplift required for Needham ward.



## 4.2.4 SURGERY & ANAESTHETICS DIVISION

### Critical Care

Roster templates have been realigned to improve nurse staffing levels at the Ipswich site. Activity has been reviewed alongside acuity information indicating that Ipswich required an additional RN 24/7, this has been supported by re skill mixing at Colchester and sharing of resource across sites. The teams have also implemented cross site working to improve specialist critical care nurse support at time of increased activity and acuity. The templates for both units will be the same going forward, cancelled operations (due to lack of CCU space) and timely admission and transfers out of CCU, which can be impacted by workforce availability, are being monitored.

#### Ipswich site:

#### Lavenham (Surgery and SAU), Stowupland (Elective Surgery) & Stradbroke (Acute surgery and gastroenterology)

There have been no adjustments made to Lavenham Ward template during this review however; review of the workforce to support SAU and triage is ongoing recognising the increase in activity.

Stowupland Ward required some minor adjustment of shift times and adjustments to Band 2 roles resulting in a small cost pressure (included in business plan).

There have been no changes advised for Stradbroke Ward, although acuity needs close monitoring.

#### Colchester site:

#### Mersea (Elective surgery), Wivenhoe (Vascular surgery) & Brightlingsea (Acute general surgery)

Following the review there was a reconfiguration of skill mix and an improvement to registered nurse to patient ratio overnight, which resulted in a slight cost pressure to these areas, however there are no plans to make any adjustments to Mersea Ward template following this review. Wivenhoe Ward template has been adjusted to reflect current establishment resulting in a small cost pressure, which will be funded from within the Division from other cost-savings.

#### SAU (Surgical assessment unit)

It is not possible to capture acuity data via the SNCT in this area however the clinical team have reported some change in workflows following opening of the UTC. Activity profiling is in progress to inform workforce requirements and opening times of the department.

### Specialist Areas

There are a number of areas in this division where further work/service development is in progress which will inform workforce requirements; these areas include theatres, pre-operative assessment and endoscopy. Theatres had a comprehensive review where skill mix was realigned and flexibility in roles was developed, this was implemented last year and is being reviewed against AFPP guidance, this is complete for the Colchester site and in progress on the Ipswich site.

## 4.2.5. WOMEN'S & CHILDREN'S DIVISION

The expected growth in the population of women age 15 to 44 years old has a projection of 10% growth from 2017 – 2037. The birth rate has remained static over the last few years at both sites, however, the projected population growth is likely to put an increased pressure on maternity services. The NHS has set out a national plan for the development of maternity services to 2020/21 for all women in England, called *Better Births*. Within Suffolk and North East Essex, the two organisations involved in providing and supporting maternity care have been brought together in a partnership called the Local Maternity System (LMS) to transform and improve maternity care in line with this national plan.

### **Maternity Services**

The *Birthrate Plus* maternity tool was utilised which enables calculation of the required number of midwives to meet needs in relation to defined standards and models of maternity care. NICE (2015) has also published standards relation to maternity workforce one of which requires one to one care from a midwife throughout labour. From the utilised tool and professional discussions, there are no changes required on the Colchester site however, the Ipswich site workforce does not meet the standards and is noted to require an additional 8WTE midwives. To date the division has agreed to support an additional shift on the inpatient unit (1.4WTE) which has been recruited to.

It should be noted that the LMS is leading on the implementation of the national requirement to implement Continuity of Carer during 2020/ 2021, which will have major implications for the way midwives work and to workforce requirements. Further modelling of the workforce is currently being undertaken to support roll out of CoC during 2020, there will be a requirement to increase establishments on both sites.

### **Neonatal services**

The staffing requirements for the neonatal units are to meet BAPM (British Association of Perinatal Medicine) national standards. It was identified that the funded establishments and worked templates for neonatal units on both sites meet the BAPM standards.

### **Paediatric Services**

Last year the skill mix review for paediatric services at the Colchester site demonstrated that no significant changes were required to the current templates however, a number of adjustments were required across the service at the Ipswich site; particularly relating to the need for a more senior skill mix and an increase in establishment to support HDU level care. Since adjustments have been made to the workforce, vacancies have reduced, the clinical team have reported a significant improvement in staff morale, ability to safely flex open beds to meet winter demand and support staff caring for children in ITU prior to and during transfer. In September 2019 the paediatric nursing team in ED transferred to the Women's and Children's division, this has proven to be a positive move with closer working and flexible support across departments. The next step in terms of workforce is to look at ways to improve flexible cover for paediatric resus on the Ipswich site and to review activity in the community team on the Colchester site.

### **Gynaecology Services**

#### **Ipswich, Stour Ward & Colchester, Stanway Ward**

No changes currently required.

## **4.2.6. GROUP THREE: INTEGRATED PATHWAYS DIVISION**

### **Community Hospitals:**

## **Bluebird Lodge, Felixstowe & Aldeburgh Community Hospitals**

No changes to current templates anticipated.

### **Ipswich site:**

#### **Haughley & Grundisburgh – Constable Suite (Care of Older People’s Services)**

Investment in the workforce was included in the previous review; this review has shown that acuity and quality information support no changes to the establishment in Grundisburgh ward but a re-skill mix with band 4 support during the day has been profiled for Haughley ward. The need to ensure full funding for the dementia assistant (supervisory to the template) is also required, this is shared post across both wards. Overall this requires a small investment which the division have included in their 20/21 plan.

### **Woodbridge**

Following the last major review the existing templates on Woodbridge required rationalising to utilise long days and proposed uplift of Band 2 role to support care delivery. The acuity data and professional judgement in this review supports the need to have an additional RN during the long day. The ward cares for patients with complex needs (including neurological conditions) which drives the high acuity and dependency scores. The investment required is being planned for by the division.

### **Colchester site:**

#### **Birch, D’Arcy and Tiptree Wards (Care of Older Peoples Services)**

In the last review challenges with quality metrics and high turnover and vacancies were identified on Birch ward, the skill was improved to provide more senior leadership and the ward has made significant improvements. No further changes are indicated from the years review. Tiptree ward has been fully funded for the 28 beds (additional 6 beds opened when frailty unit moved) and these posts are fully recruited to, no changes required.

Darcy ward required some additional support during the day and the skill mix and been revised between day and night cover to support this (minimal financial impact).

Peldon ward has changed to an acute medical ward form December 2019 to support winter capacity, this has required additional RN cover for the winter period. Longer term planning will inform whether this will be a permeant change, in which case there will need to be substantive investment to maintain the temporary changes.

## **5.0 FINANCIAL IMPACT ASSESSMENT**

- 5.1 The acuity review presented to the Trust Board in June 2019 approved investment to support an uplift in nursing establishment by 52 WTE. That investment was realised from a central reserve set aside for the purpose. This year (2020/21) the budgets are devolved to the clinical divisions therefore the Board is not required to approve investment for any skill mix revisions as this has formed part of divisional business planning within the agreed

financial governance framework. Recommended establishment uplifts have been minimal in this review and in many cases have been achieved through realignment of templates and optimising use of band 4 roles.

## 5.2 WTE (Whole Time Equivalent) Movement Summary

The overall WTE change that has been agreed by divisions to date is a total establishment increase of 10.1 WTE

A number of divisions are undertaking further work to inform decisions with regards to service development and change (Maternity service and emergency care at Colchester site). Other areas require further consideration by the DMT; paediatrics and two medical wards at Ipswich. Bed modelling is also required to inform decisions regarding changes to the “medically fit” wards at each site, if the winter change to acute medical wards is agreed to continue, establishments will need substantive funding to support the increased workforce requirements.

## 5.3 Improved financial controls

The process for worked hours exceeded agreed templates is to be standardised; currently this can be done by use of optional shifts and additional shifts on the e-roster system. Optional shifts will be removed and nursing staff will be required to record all extra shifts under the additional shift route, additionally the additional shift authorisation will sit at Matron level rather than ward manager.

## 6.0 SUMMARY

### 6.1 This follow-up review has required a 3 stage process:

- Following on from the review conducted at the start of 2019, realignment of rosters to provide a workable 80/20 template for ward areas to ensure continuity, consistency, quality & safety and rebalancing of templates to reflect the cost of long night shifts has continued. It is essential that ward templates are able to accommodate a number of shift patterns (short or long day shifts) to ensure accommodation of flexible working arrangements for staff in line with Trust policy and to support nurse and midwifery retention as well as ensure a sustainable and consistent approach to quality and safety.
- Skill mix adjustments to introduce Band 4 Assistant Practitioner and the new Nursing Associate role into templates within the existing establishments; these posts were skill mixed in either from current Band 2 or 5 posts dependent on existing skill mix and acuity findings.
- Adjustments to the establishments in line with changes in the acuity data utilising the methodology outlined in the Skill Mix and Acuity Review Framework

## 7.0 NEXT STEPS

- Implementation of updated templates for completion in early 2020.
- Finalise roll out of Safecare at the Ipswich site to support daily capture of acuity data to improve daily decisions making of staff deployment to meet care needs and trend analysis of acuity changes.
- Continue to drive recruitment to fill funded establishments; this will require both local and international recruitment pipelines
- New Roster dashboard developed at end of 2019, continue to evaluate use for monitoring of good roster practice & compliance with policy driving more effective use of resource
- Development of a proposal for sufficient substantive recruitment to support winter workforce in line with Trust bed capacity plan for 20/21 to drive reduction in agency requirements and safe and more responsive ability to meet increased demand

- Continue to support development of new roles including band 4 Nurse Associates (NA's) and Advanced Care Practitioners (ACP's) and ensure future skill mix reviews incorporate these roles.
- 6 month evaluation of skill mix implementation and safe staffing review providing assurance to Trust Board

## Appendix 2

### REFERENCES

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