

**The Dudley Group**   
NHS Foundation Trust

**Paper for submission to the Board of Directors on 3<sup>rd</sup> December 2015**

<b>TITLE:</b>	<b>1. Results of Six Monthly 'Safer Nursing Tool' exercise</b> <b>2. Monthly Nurse/Midwife Staffing Position (October 2015)</b>		
<b>AUTHOR:</b>	Derek Eaves, Professional Lead for Quality Yvonne O'Connor, Deputy Chief Nurse	<b>PRESENTER:</b>	Dawn Wardell, Chief Nurse
<b>CORPORATE OBJECTIVE:</b> SGO1: Quality, Safety & Service Transformation Reputation, SGO2: Patient Experience, SGO5: Staff Commitment			
<b>SUMMARY OF KEY ISSUES:</b>			
<p><b>PART 1:</b> This is the fourth six monthly detailed review of nurse staffing levels using as a basis the Safer Nursing Care Tool (SNCT), comparing the results with the three previous exercises and the present establishments which are generally based on the Ward Review undertaken in 2014, unless wards have changed their speciality or bed numbers since then. Both methods are described in the paper and the results of each are provided and compared with a number of caveats. In addition, Nursing Sensitive Indicators are provided for each ward. Where appropriate, actions already being undertaken or further actions are suggested.</p> <p><b>PART 2:</b> This part of the paper contains the latest monthly information on nurse/midwife staffing. As previously stated, there is no set template for this information and so the intention behind the format of the attached has been to make potentially complex information as clear and easily understandable as possible. The paper indicates for the month of October 2015 when day and night shifts on all wards were staffed to planned levels (green). It also shows when the number of shifts were identified as amber (shortfall of registered staff or when planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available), blue (shortfall of unregistered staff or when planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available) or red (serious shortfall). The total number of these latter shifts is 55 which is a reduction from the last two months. The planned levels for each ward vary dependent on the types of patients and their medical specialities and national ratios apply to specialist areas such as intensive care, midwifery and paediatric areas. When shortfalls occurred the reasons for gaps and the actions being taken to address these are outlined and an assessment of any impact on key quality indicators has been undertaken.</p>			
<b>IMPLICATIONS OF PAPER:</b>			
<b>RISK</b>	<b>Y</b>		<b>Risk Score and Description:</b> Nurse staffing levels are sub-optimal (20) Loss of experienced midwives (15)
	<b>Risk Register: Y</b>		
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y</b>	<b>Details:</b> 13: Staffing
	<b>NHSLA</b>	<b>N</b>	<b>Details:</b>
	<b>Monitor</b>	<b>Y</b>	<b>Details:</b> Compliance with the Risk Assessment Framework
	<b>Equality Assured</b>	<b>Y</b>	<b>Details:</b> Better Health Outcomes for all Improved patients access and experience
	<b>Other</b>	<b>N</b>	<b>Details:</b>
<b>ACTION REQUIRED OF BOARD:</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		✓	
<b>RECOMMENDATIONS FOR THE BOARD:</b>			
To discuss and review the staffing situation and actions being taken and agree to the publication of the paper.			

# **The Dudley Group NHS Foundation Trust**

## **PART 1 Nurse Staffing Review**

### **Introduction**

This paper provides an overview of the nurse staffing situation at the Trust. It is the fourth six monthly paper following the recommendations of the national publications 'How to ensure the right people, with the right skills, are in the right place at the right time' and 'Hard Truths' authored by Jane Cummings, Chief Nursing Office for England and Mike Richards, Chief Hospital Inspector at the Care Quality Commission. It contains data from both the initial two exercises (February and September 2014) and the more recent exercises (March and October 2015) using the Safer Nursing Care Tool (SNCT) for all wards in the Trust for which the tool is applicable. It also contains present establishment data for comparison purposes which generally came from the internal extensive Ward Review process undertaken in January/February 2014 although a number of ward changes, and their associated establishments have changed since that time. From the first paper in early 2014, the Trust Board decided to adopt the figures from the Ward Review and agreed an extra £3million funding to increase the nurse establishment. The paper also contains a number of quality indicators for each ward (or Nurse Sensitive Indicators (NSIs) as the SNCT designates them).

In Part 2, the paper provides the now monthly information for the month of October 2015 on actual staffing levels at the Trust in relation to planned registered and unregistered staff.

### **A. Safer Nursing Care Tool (SNCT)**

#### **1. Introduction/Background**

The AUKUH (Association of UK University Hospitals) staffing tool was formally launched at the CNO Summit on 1 November 2007. Further development work was then carried out by the NHS Institute and later, The Shelford Group. Following an extensive review of the tool, its definitions and multipliers, commissioned by the Shelford Group's Chief Nurses' Sub-Group, it was relaunched as The Safer Nursing Care Tool in mid 2013.

It can be seen there have been a number of organisations involved in this tool and a number of changes to it.

#### **2. The Trust and the Safer Nursing Care Tool**

The Trust has now four sets of data from this tool. The six monthly exercise requires staff on all wards to assess every patient's dependency (and categorising every patient into 1 of 5 care groups) over a twenty day period (Monday to Friday over four weeks). As the descriptions of each category are open to interpretation, it can be seen that it contains a professional judgement of which group every patient falls into. There therefore needs to be consistency of assessment.

### **3. Specialties the tool covers**

It is worth noting that the originators of the tool indicate that this is an 'adult, generic' tool. It states that the tool is being further developed to better reflect the complexities of caring for older people in acute care wards. It stated in July 2013 that this latter version 'is almost ready for use', although this has not been published to date. It also states a tool is being developed for Accident and Emergency Departments.

### **4. Second Element of the Tool**

As well as determining the level of acuity/dependency of all patients and calculating the nurse staffing required per ward based on the actual needs of those patients, the second element of the tool describes Nurse Sensitive Indicators (NSIs) such as care undertaken, patient feedback, complaints, pressure ulcers and falls. It is recommended that these should be monitored to ensure that the staffing levels determined in Element 1 are enabling the delivery of expected patient outcomes.

Links between patient dependency, workload, staffing and quality have been established in recent years. Evidence in the literature links low staffing levels and skill mix ratios to adverse patient outcomes. Monitoring Nurse Sensitive Indicators is therefore recommended to ensure that staffing levels, deliver the patient outcomes that we aim to achieve. However, even with optimum staffing establishments poor patient outcomes may result due to other reasons such as high turnover, sickness, leave or unfilled vacancies.

The initial six monthly report did not include this element with the Board regularly receiving separate reports on quality data such as complaints, nursing care indicators, incidents, safety thermometer results, healthcare associated infections and patient and staff experience data. However, this and the last two papers attempt to cover this element by including some of the relevant data that is produced for the Trust's monthly 'Ward Performance Reports'. Some of that data consists of the Trust's own Nursing Care Indicators (NCIs) but due to changes in some of the criteria of this system in September 2014 it is not possible to make historical comparisons on all criteria. In addition, due to further changes to the NCIs in September and October of this year the NSIs used in this latest report are for August not October 2015. Finally, for this and the last paper a number of other indicators, such as the Friends and Family Test results, have been introduced to hopefully give a wider view on quality on the ward.

### **5. Overview of SNCT Data**

There are some fixed parameters with the SNCT e.g. the times allocated to each patient category. With regards to the parameters that are within the power of the Trust, it has been decided to use an average 23% time out/headroom for annual leave etc (only one value for all staff can be used and the tool suppliers suggest between 22-25%) while the accompanying Ward Review (see Section B below) data used 23.2% for permanent RN staff and 22.46% for permanent unqualified staff. In addition, within the SNCT it was decided to use the same RN to unqualified split throughout (60:40 split RN to unqualified staff) unlike the Ward Review, which has used differing figures for each ward. The SNCT default 68:32 has not been used.

It also needs to be pointed out that the SNCT calculation does not take into consideration the national directive of at least 1:8 RN/patient ratio for day shifts while this formed the basis of the RN calculations in the Ward Review, although recent communication from the centre indicates that this ratio should now be seen as guidance and is not a recommendation or directive.

The tool also provides 'benchmarks' of the average percentage of each category of patient per speciality from the wards that took part in research on which the tool is based.

## **B. Ward Review**

Matrons, the then Director of Nursing and her Deputy discussed and debated the nurse requirements of each area, ensuring consistency with the then national requirement of at least 1:8 registered nurse to patient ratio for day shifts. This method therefore consisted of experienced nurses considering a range of issues associated with a ward, from its layout, the range of associated support staff such as ward clerks etc, the types of patient and their dependencies, skill mix within the team, the specialties of medical staff using the ward and such issues as the throughput and turnover of patients, any associated ward attenders etc. The system looked at the staffing and grade mix needs for each of the seven days of the week both for the day and night shifts for both RN and unqualified staff. The resultant figures went through a number of iterations, ensuring that there was consistency between similar wards etc. With expert help from the Finance Department this resulted in detailed data for each ward from which an establishment and associated cost was calculated. The whole process was validated by Mr S Davies, who was the Interim Turnaround Director at the time and checked by Price Waterhouse Cooper.

## **C. Data**

Section 6 below contains the summaries of key data from both the four SNCT data collections and the Ward Review (or present establishment, if the ward and establishment has changed since the review) for each ward as well as the available Nurse Sensitive Indicators (NSIs), as described above.

In summary, with regards to the comparison between the ward review and SNCT figures, this needs to be interpreted with caution for the following reasons:

- For some of the wards there have been changes to the bed numbers and specialities
- It also needs to be remembered that the SNCT figures below do not take into account the workload associated with the numbers of admissions, discharges, transfers, escorts or deaths that occur on a ward and all of these activities take nursing time. Each ward will be different in this respect with some wards having a stable population of patients while others having possibly more than one person in a bed space during a twenty four hour period.
- In addition, the SNCT tool is based purely on the patient types and numbers in the 20 day study periods which do not include weekends.
- There are different percentages added in for relief/time-out/headroom
- Most importantly, the 1:8 RN/patient ratio for day shifts is not built into the SNCT.

## **6. SNCT and Comparative FTE Data**

## Ward A2

	Feb 14	Sep 14	Mar 15	Oct 15	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Med
1	17	20	80	76	32
2	0	0	3	3	2
3	83	80	17	21	66
4	0	0	0	0	0
5	0	0	0	0	0
Beds	42	42	42	42	
Av Pat	41.8	41.3	41.5	36.6	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	40.2	39.3	28.3	25.6	34.35/38.64*
HCA's required	26.8	26.2	18.9	17.1	32.88/38.41*
Total FTE required	<b>67.0</b>	<b>65.6</b>	<b>47.2</b>	<b>42.6</b>	<b>67.23/77.05*</b>

\*Latter figures are for March 2015 onwards as the patient speciality of the ward changed after September 2014.

## Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15
<b>Nursing Care Indicators</b>				
Patient Observations	97	100	86	96
Manual Handling	100	95	100	100
Falls Assessment			-	100
Tissue Viability Assessment	89	97	100	100
Nutritional Assessment	100	100	93	90
Medication Assessment	100	98	100	100
Nutrition (Total)			99	98
SL – Hand Hygiene			97	100
SL – Commode Audits			94	100
Friends and Family Test Score			96	99
<b>Incidents</b>				
Minor Incidents	10	6	8	10
Moderate Incidents	1	1	0	0
Major/Tragic Incidents	0	0	0	0
<b>Complaints</b>				
	0	0	1	1

Commentary: After the September 2014 study the ward was changed to a short stay area, hence the establishment change. The Acute Medical Society indicates that such areas require 1:6 qualified nurse to patient ratio hence the increase in establishment. The high turnover area means there can be more than 30 transfers of patients a day while the study only looks at the situation at one time-point in the day. The usefulness of the tool in such circumstances is therefore questionable (just like it is not suitable for the Emergency Department). NSIs are good and generally 'green'.

**Conclusion: No action required.**

### Ward A3

	Feb 14	Sep 14	Mar 15	Oct 15	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Rehab
1	19	29	25	25	38
2	0	0	0	1	7
3	80	71	75	74	52
4	0	0	0	0	4
5	0	0	0	0	0
Beds	28	28	28	28	
Av Pat	27.9	28	25.3	28	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	26.6	25.5	23.6	25.9	18.58/25.84*
HCA's required	17.7	17	15.7	17.3	21.92/19.20*
Total FTE required	<b>44.4</b>	<b>42.6</b>	<b>39.3</b>	<b>43.2</b>	<b>40.50/45.04*</b>

\*Latter figures are for March 2015 as the patient speciality of the ward changed after September 2014.

### Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15
<b>Nursing Care Indicators</b>				
Patient Observations	98	96	100	93
Manual Handling	100	100	100	100
Falls Assessment			94	100
Nutritional Assessment	98	98	100	91
Medication Assessment	100	100	100	100
Nutrition (Total)			99	100
SL – Hand Hygiene			93	95
SL – Commode Audits			90	100
Friends and Family Test Score			90	100
<b>Incidents</b>				
Minor Incidents	12	5	6	3
Moderate Incidents	0	0	1	1
Major/Tragic Incidents	0	0	0	0
<b>Complaints</b>				
	0	2	1	0

Commentary: Occupancy remains high. After September 2014, the ward changed from Stroke Rehabilitation to care of the elderly, although the dependency of patients remains similar. The ward and establishment also includes FESU (Frail Elderly Short Stay Unit). As the ward has 28 beds decreasing the day RN staff would result in a ratio of 1:9.3. NSIs are good.

**Conclusion: No action required.**

**Ward B1**

	Feb 14	Sep 14	Mar 15	Oct 15	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Surgery
1	81	79	80	82	62
2	18	3	1	2	15
3	0	18	18	16	22
4	0	0	0	0	1
5	0	0	0	0	0
Beds	26	26	26	26	
Av Pat	18	17	23.2	21.7	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	15.4	16.6	15.8	14.6	18.35
HCA's required	10.3	11.1	10.5	9.7	11.04
Total FTE required	<b>25.7</b>	<b>27.7</b>	<b>26.3</b>	<b>24.3</b>	<b>29.39</b>

**Nursing Sensitive Indicators (NSIs)**

	Jan 14	Aug 14	Mar 15	Aug 15
<b>Nursing Care Indicators</b>				
Patient Observations	94	100	98	94
Manual Handling	68	86	81	100
Falls Assessment			100	100
Tissue Viability Assessment	88	98	100	100
Nutritional Assessment	26	96	100	47
Medication Assessment	100	86	89	98
Nutrition (Total)			97	97
SL – Hand Hygiene			100	100
SL – Commode Audits			100	100
Friends and Family Test Score			99	100
<b>Incidents</b>				
Minor Incidents	0	3	2	1
Moderate Incidents	0	0	0	0
Major/Tragic Incidents	0	0	0	0
<b>Complaints</b>				
	0	0	0	0

Commentary: Dependency remains similar to previous studies while occupancy has decreased slightly. NSIs have improved from January 2014. The nutritional assessment score has moved into green since August of this year. The SNCT study results and the present establishment are similar, although the present establishment has a slightly higher FTE which is probably accountable by the fact, as previously stated, that the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges. With 26 beds, reducing day RN staff would result in a ratio of 1:8.7

**Conclusion: No action required except there needs to be continued close monitoring of the NSIs, in particular nutrition.**

**Ward B2 Trauma**

	Feb 14	Sep 14	Mar 15	Oct 15	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Trauma
1	65	68	58	60	34
2	16	13	2	5	5
3	19	19	40	35	57
4	0	0	0	0	2
5	0	0	0	0	3
Beds	24	24	24	24	
Av Pat	23.2	23	23.2	19.8	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	16.8	16.4	18.1	15.1	13.80
HCAs required	11.2	11	12.1	10.1	17.81
Total FTE required	<b>27.9</b>	<b>27.4</b>	<b>30.2</b>	<b>25.2</b>	<b>31.61</b>

**Nursing Sensitive Indicators (NSIs)**

	Jan 14	Aug 14	Mar 15	Aug 15
<b>Nursing Care Indicators</b>				
Patient Observations	95	97	96	98
Manual Handling	98	100	83	100
Falls Assessment			98	89
Tissue Viability Assessment	97	98	96	100
Nutritional Assessment	100	100	100	100
Medication Assessment	98	100	94	100
Nutrition (Total)			99	96
SL – Hand Hygiene			100	100
SL – Commode Audits			98	100
Friends and Family Test Score			97	96
<b>Incidents</b>				
Minor Incidents	9	6	2	3
Moderate Incidents	3	3	0	0
Major/Tragic Incidents	0	0	0	0
<b>Complaints</b>	0	0	1	1

Commentary: Occupancy dipped in October while dependency remains constant. Incident numbers continue to be lower than previous. Both the SNCT study outcomes and the present establishment are similar, although the latter has a slightly higher FTE which is probably accountable by the fact, as stated, that the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges. NSI results are good.

**Conclusion: No action required except there needs to be continued close monitoring of the NSIs.**



### Ward B2 Hip

	Feb 14	Sep 14	Mar 15	Oct 15	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Ortho
1	62	68	43	63	42
2	19	3	7	1	22
3	19	29	50	36	34
4	0	0	0	0	1
5	0	0	0	0	0
Beds	30	30	30	30	
Av Pat	28.4	28.7	29.2	27.1	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	20.6	21.1	24.4	20.6	18.79
HCA's required	13.8	14	16.2	13.7	30.14
Total FTE required	<b>34.4</b>	<b>35.1</b>	<b>40.6</b>	<b>34.3</b>	<b>48.93</b>

### Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15
<b>Nursing Care Indicators</b>				
Patient Observations	98	92	99	94
Manual Handling	97	98	100	100
Falls Assessment			100	100
Tissue Viability Assessment	90	95	100	100
Nutritional Assessment	89	89	100	97
Medication Assessment	100	100	100	96
Nutrition (Total)			99	95
SL – Hand Hygiene			100	100
SL – Commode Audits			98	100
Friends and Family Test Score			97	100
<b>Incidents</b>				
Minor Incidents	9	6	4	3
Moderate Incidents	3	2	0	0
Major/Tragic Incidents	0	2	0	0
<b>Complaints</b>				
	0	6	0	1

Commentary: Dependency has decreased. It was noted that in October there were fewer patients with dementia and fewer requirements for 1 to 1 nursing care in this month which is unusual and this has resulted in the tool suggested a lower FTE. Recent NSIs and those from March 2015 show an excellent improvement in quality indicators, with green RAG ratings across the indicators. As there are 30 beds on the ward, decreasing the day RN staff would result in a ratio of 1:10.

**Conclusion: No action required.**

### Ward B3

	Feb 14	Sep 14	Mar 15	Oct 15	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Surgery
1	54*	43	28	71	62
2	12*	11	29	6	15
3	34*	46	31	23	22
4	0	0	3	0	1
5	0	0	0	0	0
Beds	28+10SAU	38+4HDU	38+4HDU	38+4HDU	
Av Pat	35	29.2	38.9	34.5	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	27.6	24.2	32.9	24.6	24.84
HCA's required	18.4	16.2	21.9	16.4	16.44
Total FTE required	<b>46.0</b>	<b>40.4</b>	<b>54.8</b>	<b>41.0</b>	<b>41.28</b>

\*Not including SAU

### Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15
<b>Nursing Care Indicators</b>				
Patient Observations	94	96	87	99
Manual Handling	94	84	44	88
Falls Assessment			98	98
Tissue Viability Assessment	100	87	97	100
Nutritional Assessment	98	72	78	45
Medication Assessment	100	99	100	93
Nutrition (Total)			67	87
SL – Hand Hygiene			96	93
SL – Commode Audits			100	100
Friends and Family Test Score			96	94
Minor Incidents	4	5	3	2
Moderate Incidents	1	0	0	1
Major/Tragic Incidents	0	0	0	0
<b>Complaints</b>	0	1	0	0

Commentary: In the light of a number of issues including the poor NSIs and apparent recent radical change in the dependency of patients, B3 underwent a review process in July 2015. The review found that the method of assessing the dependency of patients in March 15 was flawed. Following monitoring to ensure that there is a correct understanding of the tool, it can be seen that the latest results in October have resulted in the tool suggesting a similar FTE to the existing establishment. The NSIs have improved since March although some aspects still require improvement.

**Conclusion: NSIs need to be continued to be closely monitored.**

**Ward B4**

	Feb 14	Sep 14	Mar 15	Oct 15	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Surgery
1	81	71	84	85	62
2	5	5	7	10	15
3	14	25	9	4	22
4	1	0	0	0	1
5	0	0	0	0	0
Beds	48	48	48	48	
Av Pat	45.1	43.1	47.3	46.8	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	30.4	30.9	31.0	30.1	30.36
HCA's required	20.3	20.6	20.7	20.0	24.66
<b>Total FTE required</b>	<b>50.7</b>	<b>51.6</b>	<b>51.7</b>	50.1	<b>55.02</b>

**Nursing Sensitive Indicators (NSIs)**

	Jan 14	Aug 14	Mar 15	Aug 15
<b>Nursing Care Indicators</b>				
Patient Observations	97	92	97	99
Manual Handling	86	74	80	100
Falls Assessment			100	100
Tissue Viability Assessment	93	67	100	100
Nutritional Assessment	97	32	100	96
Medication Assessment	99	100	100	100
Nutrition (Total)			100	100
SL – Hand Hygiene			100	100
SL – Commode Audits			100	100
Friends and Family Test Score			100	100
<b>Incidents</b>				
Minor Incidents	5	7	6	4
Moderate Incidents	1	2	1	0
Major/Tragic Incidents	0	0	0	1
<b>Complaints</b>	1	1	0	1

Commentary: Dependency has decreased slightly. NSIs continue to improve. The SNCT study outcomes suggest smaller FTE than the establishment, which is probably accounted for by the fact, as stated, that the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges.

**Conclusion: No action required.**

### Ward B5

	Feb 14	Sep 14	Mar 15	Oct 15	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Surgery
1	87	97	95	95	62
2	9	2	3	3	15
3	5	1	3	2	22
4	0	0	0	0	1
5	0	0	0	0	0
Beds	22	30+4GAU	30+4GAU	30+4GAU	
Av Pat	21.9	33.3	33.1	33.3	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	14.0 (23.2)	20.2	20.4	20.5	18.93
HCA's required	9.3 (15.4)	13.4	13.6	13.7	16.44
Total FTE required	<b>23.3 (38.6)</b>	<b>33.6</b>	<b>34.0</b>	<b>34.2</b>	<b>35.37</b>

### Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15
<b>Nursing Care Indicators</b>				
Patient Observations	100	100	98	91
Manual Handling	100	100	67	100
Falls Assessment			100	100
Tissue Viability Assessment	100	100	100	90
Nutritional Assessment	88	50	90	97
Medication Assessment	97	100	100	100
Nutrition (Total)			94	100
SL – Hand Hygiene			100	100
SL – Commode Audits			100	100
Friends and Family Test Score			93	96
Minor Incidents	5	1	0	1
Moderate Incidents	2	2	0	0
Major/Tragic Incidents	0	0	0	0
<b>Complaints</b>	0	0	2	0

Commentary: There were 22 beds on B5 for the initial SNCT study but now there are 20 beds + SAU (10 beds) and Gynaecology Assessment Unit (GAU) (4 beds). The figures in brackets on the first study include the separate SNCT figures for SAU and GAU to assist with any comparison. As there are 30 beds on the ward, decreasing the day RN staff would reduce the ratio to 1:10. Occupancy remains constant as does dependency. NSIs are variable. The SNCT studies suggest a smaller FTE than the ward review, which is probably accounted for by the fact, as stated, that the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges, which is a significant issue for this ward with the two assessment units.

**Conclusion: No action required other than continue closely monitoring NSIs.**

### Ward B6

	Feb 14	Sep 14	Mar 15	Oct 15	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % ENT
1	88	87	92	93	73
2	2	2	3	2	12
3	10	11	5	5	7
4	0	0	0	0	3
5	0	0	0	0	6
Beds	29	17	17	17	
Av Pat	28.2	16.4	16.5	16.1	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	18.3	10.7	10.3	10.0	13.06
HCA's required	12.2	7.1	6.9	6.7	8.22
Total FTE required	<b>30.4</b>	<b>17.8</b>	<b>17.2</b>	<b>16.7</b>	<b>21.28</b>

### Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15
<b>Nursing Care Indicators</b>				
Patient Observations	94	100	100	91
Manual Handling	89	100	38	100
Falls Assessment			100	100
Tissue Viability Assessment	98	100	100	90
Nutritional Assessment	98	90	86	97
Medication Assessment	100	100	100	100
Nutrition (Total)			99	100
SL – Hand Hygiene			100	100
SL – Commode Audits			100	100
Friends and Family Test Score			98	100
Minor Incidents	9	1	2	0
Moderate Incidents	1	1	0	0
Major/Tragic Incidents	0	0	1	0
<b>Complaints</b>	1	1	2	0

Commentary: B6 had 29 beds during the first study but then lost 12 beds. Decreasing the day RN staff would only leave one nurse on duty. Dependency remains similar although this is expected to decrease with the recent commencement of acute ENT patients going to New Cross Hospital out of hours. NSIs remain variable but generally good. The latest SNCT study suggests a smaller FTE than the ward review, which is probably accounted for by the fact, as stated, that the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges.

**Conclusion: No action required other than to continue closely monitoring NSIs.**

**Ward C1**

	Feb 14	Sep 14	Mar 15	Oct 15	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Med
1	39	24	46	56	40
2	14	29	1	3	10
3	47	47	53	41	48
4	0	0	0	0	1
5	0	0	0	0	2
Beds	48	48	48	48	
Av Pat	47.9	47.9	47.9	47.5	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	40.3	42.0	39.9	37.4	31.59
HCA's required	26.9	28.0	26.6	25.0	32.88
<b>Total FTE required</b>	<b>67.2</b>	<b>70.0</b>	<b>66.5</b>	<b>62.4</b>	<b>64.47</b>

**Nursing Sensitive Indicators (NSIs)**

	Jan 14	Aug 14	Mar 15	Aug 15
<b>Nursing Care Indicators</b>				
Patient Observations	92	94	80	93
Manual Handling	100	99	30	76
Falls Assessment			61	100
Tissue Viability Assessment	100	100	98	100
Nutritional Assessment	81	90	24	93
Medication Assessment	100	100	100	100
Nutrition (Total)			94	93
SL – Hand Hygiene			100	97
SL – Commode Audits			100	100
Friends and Family Test Score			100	96
Minor Incidents	8	5	4	6
Moderate Incidents	0	0	0	0
Major/Tragic Incidents	0	0	0	1
<b>Complaints</b>	0	0	0	0

Commentary: As there are 48 beds on the ward, decreasing the day RN staff would reduce the ratio to 1:9.6. Occupancy remains high with dependency decreasing in the latest studies. NSIs have improved since the deterioration in March. All four SNCT studies and the ward review have had similar results.

**Conclusion: No action required.**

### Ward C3

	Feb 14	Sep 14	Mar 15	Oct 15	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Med Eld
1	12	23/30	34	24	32
2	7	0/0	1	2	2
3	81	77/70	65	74	66
4	0	0/0	0	0	0
5	0	0/0	0	0	0
Beds	52	24/28	52	52	
Av Pat	48.1	24/27.8	49.2	51.5	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)*
RNs required	46.7	22.5/25.2	43.7	47.9	34.86
HCA's required	31.1	15/16.8	29.1	31.9	38.41
Total FTE required	<b>77.8</b>	<b>37.5/42.0</b>	<b>72.8</b>	<b>79.8</b>	<b>73.27</b>

*\*In September 2014 this ward was divided into two but them merged again afterwards.*

### Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15
<b>Nursing Care Indicators</b>				
Patient Observations	80	96	93	99
Manual Handling	86	100	100	100
Falls Assessment			100	100
Tissue Viability Assessment	92	100	100	100
Nutritional Assessment	97	94	97	100
Medication Assessment	100	100	100	100
Nutrition (Total)			98	100
SL – Hand Hygiene			100	100
SL – Commode Audits			100	100
Friends and Family Test Score			94	100
<b>Incidents</b>				
Minor Incidents	16	9	8	11
Moderate Incidents	0	5	4	1
Major/Tragic Incidents	0	0	0	0
<b>Complaints</b>	0	1	1	0

Commentary: At the initial SNCT study this ward had 52 beds. The ward was then split into two (C3A[24 beds]/C3B[28beds]) but was unified again under one lead nurse. The dependency of the patients varies due to the focus on care of elderly on this ward. The latest SNCT study suggests there should be a higher establishment on this ward but both the well-being workers and the acute confusion team give considerable assistance to this ward, which balances out this difference. NSIs are good.

**Conclusion: No action required.**

### Ward C5

	Feb 14	Sep 14	Mar 15	Oct 15	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Med
1	53	53	54	62	40
2	12	3	4	5	10
3	27	36	39	26	48
4	8	8	4	7	1
5	0	0	0	0	2
Beds	48	48	48	48	
Av Pat	47.7	47.4	48	47.9	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	37.9	38.5	38.4	36.6	31.59
HCA's required	25.3	25.7	25.6	24.4	32.88
<b>Total FTE required</b>	<b>63.1</b>	<b>64.2</b>	<b>64.0</b>	<b>61.0</b>	<b>64.47</b>

### Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15
<b>Nursing Care Indicators</b>				
Patient Observations	96	100	98	98
Manual Handling	86	77	100	100
Falls Assessment			100	100
Tissue Viability Assessment	78	90	98	100
Nutritional Assessment	74	96	97	100
Medication Assessment	100	99	82	100
Nutrition (Total)			86	98
SL – Hand Hygiene			100	96
SL – Commode Audits			97	93
Friends and Family Test Score			100	100
Minor Incidents	10	3	10	3
Moderate Incidents	2	2	1	1
Major/Tragic Incidents	0	0	0	0
<b>Complaints</b>	0	1	1	1

Commentary: Occupancy remains high and dependency has decreased in the latest study. NSIs have improved considerably over time. All four SNCT studies and the ward review have had similar results.

**Conclusion: No action required.**



### Ward C6

	Feb 14	Sep 14	Mar 15	Oct 15	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Surgery
1	89	88	88	84	62
2	4	2	0	2	15
3	7	10	12	13	22
4	0	0	0	0	1
5	0	0	0	0	0
Beds	20	20	20	20	
Av Pat	19.1	17.2	17.3	16.9	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	12.2	11.1	11.2	11.2	15.82
HCA's required	8.1	7.4	7.5	7.5	10.96
<b>Total FTE required</b>	<b>20.3</b>	<b>18.5</b>	<b>18.7</b>	<b>18.7</b>	<b>26.78</b>

### Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15
<b>Nursing Care Indicators</b>				
Patient Observations	92	100	98	99
Manual Handling	100	100	27	100
Falls Assessment			100	100
Tissue Viability Assessment	100	100	100	100
Nutritional Assessment	100	98	85	100
Medication Assessment	89	100	100	100
Nutrition (Total)			98	100
SL – Hand Hygiene			100	100
SL – Commode Audits			100	100
Friends and Family Test Score			98	100
Minor Incidents	6	4	4	1
Moderate Incidents	0	0	0	1
Major/Tragic Incidents	0	0	0	0
<b>Complaints</b>	0	0	0	0

Commentary: Dependency remains similar with a slight drop in occupancy. With 20 beds on the ward, decreasing the day RN staff would reduce the ratio to 1:10. NSIs have improved over time. The establishment is a slightly higher FTE than the SNCT results which is probably accounted for by the fact, as stated, that the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges plus some outpatient clinic work that occurs on the ward.

**Conclusion: No action required.**

### Ward C7

	Feb 14	Sep 14	Mar 15	Oct 15	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Med
1	68	64	57	61	40
2	2	1	4	2	10
3	30	35	39	37	48
4	0	0	0	0	1
5	0	0	0	0	2
Beds	36	36	36	36	
Av Pat	35.7	35	35.7	36	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	26.2	26.5	27.8	27.5	26.86
HCA's required	17.5	17.7	18.6	18.4	21.92
Total FTE required	<b>43.7</b>	<b>44.1</b>	<b>46.4</b>	<b>45.9</b>	<b>48.78</b>

### Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15
<b>Nursing Care Indicators</b>				
Patient Observations	94	97	82	78
Manual Handling	87	89	90	100
Falls Assessment			100	70
Tissue Viability Assessment	98	100	96	96
Nutritional Assessment	56	94	100	94
Medication Assessment	99	98	100	100
Nutrition (Total)			94	95
SL – Hand Hygiene			96	100
SL – Commode Audits			88	100
Friends and Family Test Score			100	92
Minor Incidents	10	7	5	5
Moderate Incidents	3	2	1	1
Major/Tragic Incidents	0	1	1	0
<b>Complaints</b>	0	0	1	0

Commentary: Occupancy remains high and dependency has decreased slightly since the last study in March 2015. NSIs remain variable and have deteriorated recently and so the ward remains on escalation with an action plan in place. As there are 36 beds on the ward, decreasing the day RN staff would reduce the ratio to 1:9. FTEs from the SNCT and the ward review are similar.

**Conclusion: No action required other than continue closely monitoring the NSIs.**

## Ward C8

	Feb 14	Sep 14	Mar 15	Oct 15	
Patient Level	% of patients	% of patients	% of patients	% of patients	Benchmark % Med
1	69	83	34	23	40
2	2	2	4	26	10
3	29	15	62	51	48
4	0	0	0	0	1
5	0	0	0	0	2
Beds	36+4 flex	36+4flex	36	44	
Av Pat	40.1	39.4	36	39	
Required Staff	SNCT	SNCT	SNCT	SNCT	Establishment (WTE)
RNs required	36.7	33.4	31.8	34.6	39.87/20.32*/38.11+
HCA's required	24.5	22.2	21.2	23.1	27.4/32.92*/38.41+
Total FTE required	<b>61.1</b>	<b>55.6</b>	<b>52.9</b>	<b>57.7</b>	<b>67.27/53.24*/76.52+</b>

*\*Figures for March 2015 as the patient numbers and speciality of the ward changed after September 2014.*

*+Figures for October 2015 when stroke rehabilitation and the acute stroke unit were combined*

### Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Mar 15	Aug 15
<b>Nursing Care Indicators</b>				
Patient Observations	98	96	96	94
Manual Handling	100	92	100	100
Falls Assessment			100	100
Tissue Viability Assessment	100	82	100	100
Nutritional Assessment	100	97	100	83
Medication Assessment	100	99	100	100
Nutrition (Total)			98	98
SL – Hand Hygiene			100	100
SL – Commode Audits			100	95
Friends and Family Test Score			100	97
<b>Minor Incidents</b>				
Minor Incidents	8	4	5	13
<b>Moderate Incidents</b>				
Moderate Incidents	0	1	0	0
<b>Major/Tragic Incidents</b>				
Major/Tragic Incidents	0	0	0	1
<b>Complaints</b>				
Complaints	0	0	0	2

Commentary: The ward has recently changed increasing the beds due to the relocation of the hyperacute stroke unit hence the increase in the ward establishment. Occupancy across the ward is not as high as other areas but two emergency beds have to be kept empty due to the stroke pathway guidance. Dependency is fluctuating and there are more level 2 patients this month with the merger of the two units. NSIs are good.

**Conclusion: A staffing review will take place six months after the two units were combined.**

## **7. Conclusion**

It can be seen that even with the difficulties in comparing different methods of formulating how many staff are required on a ward that not too dissimilar results occur on most wards between the SNCT studies and the present ward establishments. From the analysis that can be undertaken on both the results of the establishment calculations and on the Nursing Sensitive Indicators, it would seem that the situation as it stands is reasonable across all areas, although some areas for action have been noted in terms of the care quality rather than staffing. While the present establishments seem to conform with the requirements of an 'objective' measure, it is still necessary to monitor what occurs on a day to day basis with such variables as staff sickness and vacancies affecting the staff available. The latest results of this monitoring for October 2015 follows in Part 2 below.

With regards to the quality indicators, as already stated, due to changes in some of the criteria of the NCIs in September 2014 it has not been possible to make full historical comparisons on all criteria after this date. In addition, further changes to these indicators were made in the previous report. Plans are underway in the Nursing Division, with help from the Finance Department, to have a comprehensive 'dashboard' of quality indicators for each ward which will help in providing a more straightforward and systematic picture of the quality of care on a ward which will be useful both operationally but also when reviewing the staffing and its interrelationship with quality in each area.

## PART 2

### THE DUDLEY GROUP NHS FOUNDATION TRUST

#### Monthly Nurse/Midwife Staffing Position

October 2015

One of the requirements set out in the National Quality Board Report 'How to ensure the right people, with the right skills, are in the right place at the right time' and the Government's commitments set out in 'Hard Truths', is the need for the Board to receive monthly updates on staffing information.

This paper endeavours to give the Board a view of the frequency when Registered Nurse to patient ratios do not meet the recommended ratio on general wards of 1:8 on day shifts (there is no recommended ratio for night shifts) and also the number of occurrences when staffing levels have fallen below the planned levels for both registered and unregistered staff. It should be noted that these occurrences will not necessarily have a negative impact on patient care

The attached charts follow the same format as previously. They indicate for this month when day and night shifts on all wards fell below the optimum, or when the 1:8 nurse to patient ratio for general wards on day shifts was not achieved.

In line with the recently published NICE (2014) guideline on safe staffing:

- 1) An establishment (an allocated number of registered and care support workers) is calculated for general wards based on a combination of the results of the six monthly Safer Nursing Care Tool exercise and senior nurse professional judgement both based on the number and types of patients on that ward (with the Board receiving a six monthly paper on this). For areas such as midwifery, critical care and paediatrics other specialist tools are used. The establishment forms a planned number of registered and care support workers each shift.
- 2) Each six weeks the Lead Nurse/Midwife draws up a duty rota aimed at achieving those planned numbers.
- 3) Each shift the nurse/midwife in charge assesses if the staff available meet the patients' nursing/midwifery needs.

If, at anytime, there is a shortfall between the planned for that shift and the staff available a clear escalation process is in place.

Starting in June 2015, following each shift, the nurse/midwife in charge now completes a spreadsheet indicating the planned and actual numbers and, if the actual doesn't meet the planned, what actions have been taken, if any is needed, for the patients on that shift. Each month the completed spreadsheet is checked by the Matron then staff in the Nursing Division analyse the data and the attached charts are compiled. In addition, for consistency purposes the data from the spreadsheet is now used for the UNIFY return from which the fill rates are published on NHS Choices.

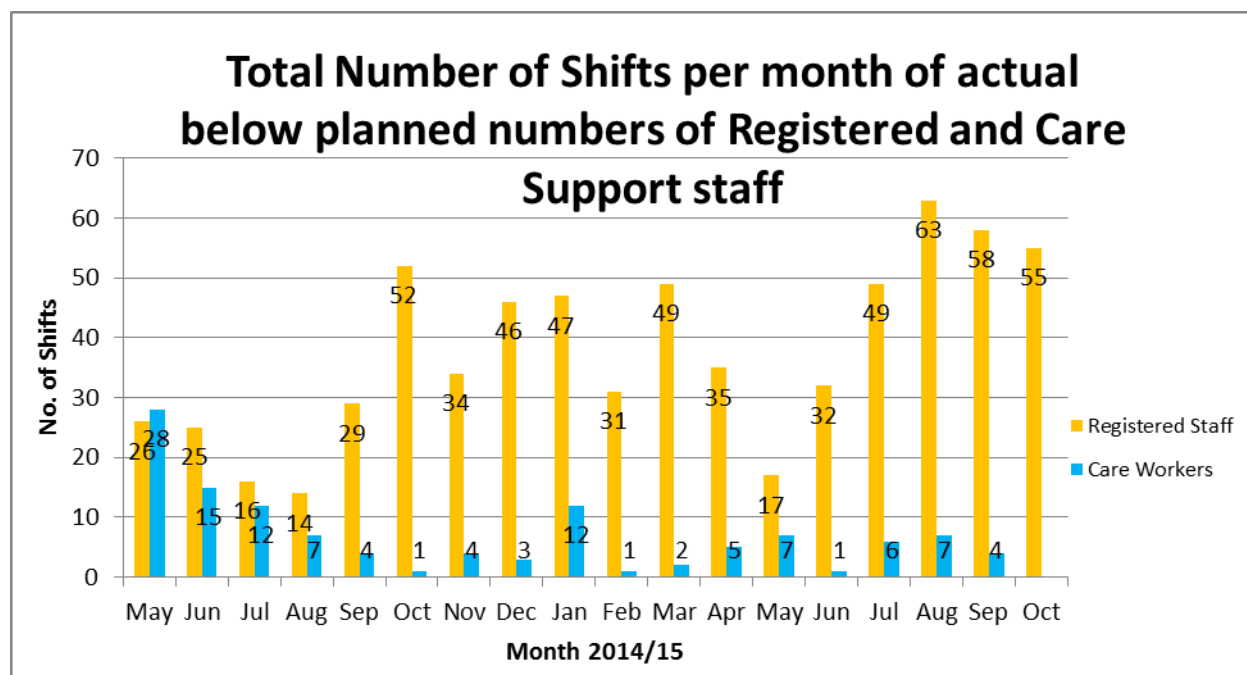
It can be seen from the accompanying chart that the number of shifts identified as amber (shortfall of registered staff or when planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available), blue (shortfall of unregistered staff or when planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available) or red (serious shortfall) is 55. This figure can be compared with previous months (see Table 1) and a downward trend from the high figure in August can be seen. In particular, the improved situation in maternity is noted. As in previous recent months, the shifts occur mainly on three wards. Staff on ward A3 (7 shifts down from 11 and 13 shifts in

Sept/Aug) have had to assist with the opening of the eight beds on A1 which has occurred due to capacity issues. The second area is C1 (10 shifts compared to 14 and 10 shifts in Sept/Aug) which still has vacancies although some new staff commenced in October. Finally, on ward B4 (12 shifts compared to 9 and 7 shifts in Sept/Aug) maternity leave and sickness have added to long term vacancies, some of which have been filled in October. There have been no serious shortfall (red) shifts this month. No safety issues occurred on any of the shifts with shortfalls.

Returning to the complete Trust picture, the staffing available met the patients' nursing needs in all cases. When shortfalls in the 1:8 RN to patient ratio for day shifts on general wards or when shifts have been identified as below optimum; the reasons for the gaps and the actions being taken to address these in the future are outlined below. As noted last month, the Trust received a joint letter from the TDA, Monitor, NHS England and the CQC indicating that the 1:8 RN to patient ratio should only be seen as guidance. The Trust has decided to still try to maintain this standard.

An assessment of any impact on key quality indicators is undertaken each month. From as far as possible as it is to ascertain, these shortfalls have not affected the results of any of the nursing care indicator measures or other quality measures such as the number of infections. In addition, there is no evidence that they have affected patient feedback in terms of the answers to the real time surveys or in the number of concerns or complaints received.

Table 1



Nice (2014) Safe Staffing for nursing in adult in-patient wards in acute hospitals (London: July 2014)

**MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS OCTOBER 2015**

<b>WARD</b>	<b>No.</b>	<b>RN/RM CSW</b>	<b>REASONS FOR SHORTFALLS</b>	<b>MITIGATING ACTIONS</b>
A3	7	RN	Vacancy x7	Bank and agency did not fill. Due to patient numbers (capacity), Ward A1 was opened during this month as and when required. Staff from A3 also staff that ward when it has to open. Risk assessment of patient caseload is always undertaken and the nurse in charge takes a caseload of patients on many shifts. No patient safety issues are occurring. On one occasion lead nurse from C3 assisted.
B1	1	RN	Staff sickness	The 18 patients on the 26 bed ward meant that the ratio was 1:9. A supernumerary graduate nurse was also on the shift. The Lead Nurse assessed there was a safe level of staffing for the patients on that shift. No safety concerns occurred.
B2H	2	RN	Vacancyx1	On the night shift, the patient dependency was such that a nurse was moved to another ward as the night co-ordinator assessed the ward as safe and no safety issues occurred. On the day shift, the employed bank nurse cancelled her shift very late but the dependency of the patients was such that the Lead nurse assessed the wad as safe and no safety issues occurred.
B3	1	RN	Staff sickness	The nurse due to be moved from B4 to assist was unable to due to an emergency but the ward was assessed as safe by the nurse in charge and patient safety was maintained.
B4	16	RN	Maternity Leave x11, Sickness x5	Bank/agency unable to fill all of these shifts but with the dependency of the patients present on the ward safety was maintained with an RN ratio of 1:9.6 on 11 day time occasions. On one of the other shifts assistance came from the on-call lead nurse and on another the bed management nurse assisted. At all times safety maintained.
B6	2	RN	Vacancy	The bank was unable to fill the shifts but this was a weekend and there were only 12 patients on the ward and with two CSWs working on the day an done at night safety was maintained.
C1	10	RN	Vacancy x8, Sickness x2	On all occasions the lead nurse or nurse in charge assessed the situation and delegated staff appropriately to maintain patient safety.
C3	1	RN	Vacancy	Bank and agency were unable to fill. With the workload of the patients on the ward, safety was maintained.
C5	4	RN	Vacancy x2 Sickness x2	Bank unable to fill. On all occasions extra were CSWs employed. Safety was maintained.
C6	3	RN	Maternity Leavex1 Sickness x2	Bank was unable to fill. On two occasions the 20 bed ward had 10 patients and on the other 12 patients. On one occasion, a supernumerary RN was working. On another, a CSW was moved elsewhere. On all occasions the remaining staff were able to provide the required care to patients. There were no safety issues on all three shifts.
C8	3	RN	Vacancyx3	On all occasions a nurse was moved from HASU to main ward so that the workload was effectively distributed. The CNS and lead nurse provided support. There were no safety issues.

CCU/ PCCU	1	RN	Sickness Vacancy	Bank and agency unable to fill. Lead nurse worked clinically and matron assisted to ensure safety.
Maternity	4	RM	Vacancy Maternity leave	Escalation policy enacted on all occasions. Bank unable to fill. No patient safety issues occurred. On Each shift there was a delayed induction of labour.