

Paper for submission to the Board of Directors on 8th January 2015

TITLE:	PART 1 Six Monthly Nurse Staffing Report		
	PART 2 Monthly Nurse/Midwife Staffing Position – November 2014		
AUTHOR:	Denise McMahon Director of Nursing	PRESENTER:	Denise McMahon Director of Nursing
CORPORATE OBJECTIVE:			
SGO1: Quality, Safety & Service Transformation Reputation - To become well known for the safety and quality of our services through a systematic approach to service transformation , research and innovation			
SGO2: Patient Experience - To provide the best possible patient experience			
SGO5: Staff Commitment - To create a high commitment culture from our staff with positive morale and a “can do” attitude			
SUMMARY OF KEY ISSUES:			
PART 1			
This is the second six monthly detailed review of nurse staffing levels using as a basis the Safer Nursing Care Tool (SNCT) comparing the results with the present staffing levels based on the Ward Review undertaken earlier in the year. Both methods are described in the paper and the results of each are provided and compared with a number of caveats. Where required, a number of actions are suggested.			
PART 2			
The second part of the paper contains the latest monthly assessment (for November 2014) of both day and night shifts on all wards indicating if they were staffed (green) or were not staffed to the planned levels for both registered (amber) and unregistered staff (blue), with the day shift registered figures also taking into consideration the 1:8 nurse to patient ratio for general wards. Unsafe staffing will also be charted (red). 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.			
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. As this is a recent requirement, the format will evolve as time progresses but no changes have been made to the format since August 2014. The monthly report indicates a fall in the numbers of shifts since the previous month that were not staffed to the planned levels.			
IMPLICATIONS OF PAPER:			
RISK	Y		Risk Score and Description: Nurse staffing levels are sub-optimal (20) Loss of experienced midwives (15)
	Risk Register: Y		
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: 13: Staffing
	NHSLA	N	Details:
	Monitor	Y	Details: Compliance with the Risk Assessment Framework
	Equality Assured	Y	Details: Better Health Outcomes for all Improved patients access and experience
	Other	N	Details:
ACTION REQUIRED OF BOARD:			
Decision	Approval	Discussion	Other
✓		✓	

RECOMMENDATIONS FOR THE BOARD:

To discuss and review the staffing situation and actions being taken and agree to the publication of the paper into the public domain, as required.

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 second 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 (February 2014) and more recent exercise (September 2014) using the Safer Nursing Care Tool (SNCT) for all wards in the Trust for which the tool is applicable and the comparative internal extensive Ward Review process undertaken in January/February 2014. From the first paper, the Trust Board decided to adopt the figures from the Ward Review and agreed an extra £3million funding to increase the nurse establishment.

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

A. Safer Nursing Care Tool (SNCT)

1. Introduction

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 used this tool on three occasions. 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 infection rates, 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 paper attempts 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), however, 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 after this date. In addition, due to issues with the Datix system it is not possible to provide incident data by ward for November.

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 at least 1:8 RN/patient ratio directive for day shifts while this forms the basis of the RN calculations in the Ward Review. This therefore means that when comparing the two calculations (SNCT/Ward Review) only the total WTE should be looked at.

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 Director of Nursing and her Deputy discussed and debated the nurse requirements of each area, ensuring consistency with the recent national guideline of the at least 1:8 registered nurse to patient ratio for day shifts. This method therefore consists

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 two SNCT data collections and the Ward 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 A1

	Feb 14	Sep 14	
Patient Level	% of patients	% of patients	Benchmark % Med
1	60	76	40
2	5	0	10
3	34	24	48
4	1	0	1
5	0	0	2
Beds	14 +4flex	14+4 flex	
Av Pat	18	17	
Required Staff	SNCT	SNCT	Ward Review
RNs required/ratio	13.7	11.9	12.27
HCA's required/ratio	9.2	8.0	8.22
Total FTE required	22.9	19.9	20.49

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14
Nursing Care Indicators			
Staffing Levels	100	100	
Patient Observations	100	100	98
Pain Management	100	100	
Man Hand/Falls Assessment	100	98	93
Falls Assessment			100
Tissue Viability Assessment	100	100	100
Nutritional Assessment	95	93	94
Fluid Balance Management	85	93	88
Medication Assessment	99	100	100
Infection Control	88	100	
Think Glucose	100	100	
Documentation	95	93	
Bowels	100	100	
Incidents			
Minor Incidents	8	7	-
Moderate Incidents	0	0	-
Major/Tragic Incidents	0	0	-
Complaints	0	0	1

Commentary: During the SNCT study periods there were Flex and EMU beds open but the Ward Review does not take these into consideration. The dependency of patients from February to September seems to have reduced. As there are 14 beds on the ward, decreasing day RN staff would result in a ratio of 1:14. Both the two SNCT studies and the ward review have had similar results. Occupancy remains high. NSI results are good.

Conclusion: No action required.

Ward A2

	Feb 14	Sep 14	
Patient Level	% of patients	% of patients	Benchmark % Med
1	17	20	32
2	0	0	2
3	83	80	66
4	0	0	0
5	0	0	0
Beds	42	42	
Av Pat	41.8	41.3	
Required Staff	SNCT	SNCT	Ward Review
RNs required/ratio	40.2	39.3	34.35
HCA's required/ratio	26.8	26.2	32.88
Total FTE required	67.0	65.6	67.23

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14
Nursing Care Indicators			
Staffing Levels	100	100	
Patient Observations	97	100	100
Pain Management	100	83	
Man Hand/Falls Assessment	100	95	100
Falls Assessment			97
Tissue Viability Assessment	89	97	100
Nutritional Assessment	100	100	100
Fluid Balance Management	98	100	95
Medication Assessment	100	98	100
Infection Control	100	92	
Think Glucose	100	100	
Documentation	93	91	
Bowels	70	100	
Incidents			
Minor Incidents	10	6	-
Moderate Incidents	1	1	-
Major/Tragic Incidents	0	0	-
Complaints	0	0	0

Commentary: NSIs have been variable but show improvement. Both the two SNCT studies and the ward review have had similar results

Conclusion: No action required.

Ward A3

	Feb 14	Sep 14	
Patient Level	% of patients	% of patients	Benchmark % Rehab
1	19	29	38
2	0	0	7
3	80	71	52
4	0	0	4
5	0	0	0
Beds	28	28	
Av Pat	27.9	28	
Required Staff	SNCT	SNCT	Ward Review
RNs required/ratio	26.6	25.5	18.58
HCA's required/ratio	17.7	17	21.92
Total FTE required	44.4	42.6	40.50

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14
Nursing Care Indicators			
Staffing Levels	100	100	
Patient Observations	98	96	96
Pain Management	100	100	
Man Hand/Falls Assessment	100	100	100
Falls Assessment			98
Tissue Viability Assessment	100	100	98
Nutritional Assessment	98	98	100
Fluid Balance Management	95	100	99
Medication Assessment	100	100	100
Infection Control	94	100	
Think Glucose	90	100	
Documentation	96	94	
Bowels	72	93	
Incidents			
Minor Incidents	12	5	-
Moderate Incidents	0	0	-
Major/Tragic Incidents	0	0	-
Complaints	0	2	0

Commentary: Occupancy remains high. Both the two SNCT studies and the ward review have had similar results. As the ward has 28 beds decreasing the day RN staff would result in a ratio of 1:9.3. NSIs are good and have improved.

Conclusion: No action required.

Ward A4

	Feb 14	Sep 14	
Patient Level	% of patients	% of patients	Benchmark % Stroke
1	35	65	21
2	14	20	7
3	47	11	67
4	4	4	6
5	0	0	0
Beds	12	12	
Av Pat	11.2	11.8	
Required Staff	SNCT	SNCT	Ward Review
RNs required/ratio	9.7	8.5	10.2
HCA's required/ratio	6.4	5.6	5.48
Total FTE required	16.1	14.1	15.68

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14
Nursing Care Indicators			
Staffing Levels	100	100	
Patient Observations	90	98	96
Pain Management	95	100	
Man Hand/Falls Assessment	93	100	100
Falls Assessment			100
Tissue Viability Assessment	100	100	100
Nutritional Assessment	100	92	100
Fluid Balance Management	100	100	100
Medication Assessment	100	100	100
Infection Control	100	100	
Think Glucose	100	100	
Documentation	98	89	
Bowels	100	100	
Incidents			
Minor Incidents	0	2	-
Moderate Incidents	0	0	-
Major/Tragic Incidents	0	0	-
Complaints	0	0	0

Commentary: Patient dependency has reduced. Occupancy remains high. NSIs have been variable but have improved. Both the two SNCT studies and the ward review have had similar results. As there are 12 beds on the ward, reducing day RN staff would result in a ratio of 1:12.

Conclusion: No action required.

Ward B1

	Feb 14	Sep 14	
Patient Level	% of patients	% of patients	Benchmark % Surgery
1	81	79	62
2	18	3	15
3	0	18	22
4	0	0	1
5	0	0	0
Beds	26	26	
Av Pat	18	17	
Required Staff	SNCT	SNCT	Ward Review
RNs required/ratio	15.4	16.6	18.58
HCA's required/ratio	10.3	11.1	10.96
Total FTE required	25.7	27.7	29.54

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14
Nursing Care Indicators			
Staffing Levels	100	100	
Patient Observations	94	100	99
Pain Management	98	98	
Man Hand/Falls Assessment	68	86	75
Falls Assessment			100
Tissue Viability Assessment	88	98	93
Nutritional Assessment	26	96	97
Fluid Balance Management	90	93	86
Medication Assessment	100	86	82
Infection Control	88	98	
Think Glucose	100	100	
Documentation	97	94	
Bowels	50	89	
Incidents			
Minor Incidents	0	3	-
Moderate Incidents	0	0	-
Major/Tragic Incidents	0	0	-
Complaints	0	0	0

Commentary: Dependency has increased while occupancy remains the same. NSIs have improved from January 2014. Both the two SNCT studies and the ward review have had similar results, although the Ward review 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. 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.

Ward B2 Trauma

	Feb 14	Sep 14	
Patient Level	% of patients	% of patients	Benchmark % Trauma
1	65	68	34
2	16	13	5
3	19	19	57
4	0	0	2
5	0	0	3
Beds	24	24	
Av Pat	23.2	23	
Required Staff	SNCT	SNCT	Ward Review
RNs required/ratio	16.8	16.4	17.79
HCA's required/ratio	11.2	11	13.7
Total FTE required	27.9	27.4	31.49

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14
Nursing Care Indicators			
Staffing Levels	100	100	
Patient Observations	95	97	96
Pain Management	100	100	
Man Hand/Falls Assessment	98	100	75
Falls Assessment			100
Tissue Viability Assessment	97	98	100
Nutritional Assessment	100	100	78
Fluid Balance Management	100	100	86
Medication Assessment	98	100	100
Infection Control	100	92	
Think Glucose	100	100	
Documentation	100	100	
Bowels	94	100	
Incidents			
Minor Incidents	9	6	-
Moderate Incidents	3	3	-
Major/Tragic Incidents	0	0	-
Complaints	0	0	1

Commentary: Occupancy remains high and dependency remains the same. Incident numbers have improved. Both the two SNCT studies and the ward review have had similar results, although the Ward review 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 although there has been some recent deterioration.

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

Ward B2 Hip

	Feb 14	Sep 14	
Patient Level	% of patients	% of patients	Benchmark % Ortho
1	62	68	42
2	19	3	22
3	19	29	34
4	0	0	1
5	0	0	0
Beds	30	30	
Av Pat	28.4	28.7	
Required Staff	SNCT	SNCT	Ward Review
RNs required/ratio	20.6	21.1	18.58
HCA's required/ratio	13.8	14	19.18
Total FTE required	34.4	35.1	37.76

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14
Nursing Care Indicators			
Staffing Levels	100	100	
Patient Observations	98	92	98
Pain Management	98	100	
Man Hand/Falls Assessment	97	98	100
Falls Assessment			100
Tissue Viability Assessment	90	95	100
Nutritional Assessment	89	89	100
Fluid Balance Management	98	93	86
Medication Assessment	100	100	100
Infection Control	100	74	
Think Glucose	100	100	
Documentation	98	100	
Bowels	84	95	
Incidents			
Minor Incidents	9	6	-
Moderate Incidents	3	2	-
Major/Tragic Incidents	0	2	-
Complaints			
	0	6	0

Commentary: Dependency has increased and occupancy remains high. There was a relative high number of complaints in August and two incidents of high grade pressure ulcers. A review of the whole B2 ward has since taken place and a number of measures put in place to address issues identified, for example: the ward has now been formally fully split into two wards (B2 Hip and B2 Trauma) with two lead nurses and an increased number of staff approved. A second lead nurse has now been in post from 5th October 2014. An increased input and audit of the ward via the tissue viability team shows an improvement in pressure area care. Complaints are showing a downward trend since August. As there are 30 beds on the ward, decreasing the day RN staff would result in a ratio of 1:10. NSIs have improved in November.

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

Ward B3

	Feb 14	Sep 14	
Patient Level	% of patients	% of patients	Benchmark % Surgery
1	54*	43	62
2	12*	11	15
3	34*	46	22
4	0	0	1
5	0	0	0
Beds	28+10SAU	38+4HDU	
Av Pat	35	29.2	
Required Staff	SNCT	SNCT	Ward Review
RNs required/ratio	27.6	24.2	26.07
HCA's required/ratio	18.4	16.2	21.92
Total FTE required	46.0	40.4	47.99

*Not including SAU

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14
Nursing Care Indicators			
Staffing Levels	100	100	
Patient Observations	94	96	96
Pain Management	100	95	
Man Hand/Falls Assessment	94	84	53
Falls Assessment			97
Tissue Viability Assessment	100	87	96
Nutritional Assessment	98	72	77
Fluid Balance Management	100	92	93
Medication Assessment	100	99	100
Infection Control	100	95	
Think Glucose	100	87	
Documentation	97	80	
Bowels	100	89	
Minor Incidents	4	5	-
Moderate Incidents	1	0	-
Major/Tragic Incidents	0	0	-
Complaints	0	1	0

Commentary: For the initial SNCT survey, B3 had 28 beds and SAU (10 beds) was based on B3 but treated separately during the study and so the SAU results have been added to the 28 bed results for a comparison with the new 38 bed ward. As there are now 42 (38 plus 4 HDU) beds on the ward, decreasing the RN staff during the day would result in a ratio of 1:9.5. Occupancy has fallen considerably. NSIs deteriorated from January and so the ward has been on escalation level 2 to address the amber and red scores.

Conclusion: The reduced bed occupancy suggests the need for a review of the ward's function. NSIs need to be continued to be closely monitored.

Ward B4

	Feb 14	Sep 14	
Patient Level	% of patients	% of patients	Benchmark % Surgery
1	81	71	62
2	5	5	15
3	14	25	22
4	1	0	1
5	0	0	0
Beds	48	48	
Av Pat	45.1	43.1	
Required Staff	SNCT	SNCT	Ward Review
RNs required/ratio	30.4	30.9	32.38
HcAs required/ratio	20.3	20.6	27.40
Total FTE required	50.7	51.6	59.78

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14
Nursing Care Indicators			
Staffing Levels	100	100	
Patient Observations	97	92	99
Pain Management	100	98	
Man Hand/Falls Assessment	86	74	78
Falls Assessment			79
Tissue Viability Assessment	93	67	93
Nutritional Assessment	97	32	100
Fluid Balance Management	97	83	98
Medication Assessment	99	100	100
Infection Control	95	74	
Think Glucose	60	18	
Documentation	88	82	
Bowels	87	64	
Minor Incidents	5	7	-
Moderate Incidents	1	2	-
Major/Tragic Incidents	0	0	-
Complaints	1	1	0

Commentary: Dependency has increased. NSIs considerably deteriorated in August but have improved since. The two SNCT studies suggest smaller FTE than the ward review, 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.

Conclusion: No action required except NSIs need to be continued to be closely monitored.

Ward B5

	Feb 14	Sep 14	
Patient Level	% of patients	% of patients	Benchmark % Surgery
1	87	97	62
2	9	2	15
3	5	1	22
4	0	0	1
5	0	0	0
Beds	32	30+4GAU	
Av Pat	21.9	33.3	
Required Staff	SNCT	SNCT	Ward Review
RNs required/ratio	14.0 (23.2)	20.2	26.86
HCA's required/ratio	9.3 (15.4)	13.4	16.44
Total FTE required	23.3 (38.6)	33.6	43.30

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14
Nursing Care Indicators			
Staffing Levels	100	100	
Patient Observations	100	100	98
Pain Management	100	100	
Man Hand/Falls Assessment	100	100	100
Falls Assessment			80
Tissue Viability Assessment	100	100	100
Nutritional Assessment	88	50	100
Fluid Balance Management	98	100	97
Medication Assessment	97	100	100
Infection Control	100	75	
Think Glucose	100	100	
Documentation	100	90	
Bowels	90	100	
Minor Incidents	5	1	-
Moderate Incidents	2	2	-
Major/Tragic Incidents	0	0	-
Complaints	0	0	1

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 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 has increased with dependency slightly decreased. NSIs are variable, resulting in action plans at escalation level 2 in September with a return to green RAG rating by October 2014. The latest SNCT study suggests a smaller FTE than the ward review, 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, 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	
Patient Level	% of patients	% of patients	Benchmark % ENT
1	88	87	73
2	2	2	12
3	10	11	7
4	0	0	3
5	0	0	6
Beds	29	17	
Av Pat	28.2	16.4	
Required Staff	SNCT	SNCT	Ward Review
RNs required/ratio	18.3	10.7	13.06
HCA's required/ratio	12.2	7.1	8.22
Total FTE required	30.4	17.8	21.28

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14
Nursing Care Indicators			
Staffing Levels	100	100	
Patient Observations	94	100	100
Pain Management	100	100	
Man Hand/Falls Assessment	89	100	100
Falls Assessment			100
Tissue Viability Assessment	98	100	100
Nutritional Assessment	98	90	100
Fluid Balance Management	91	93	100
Medication Assessment	100	100	100
Infection Control	100	53	
Think Glucose	67	100	
Documentation	94	83	
Bowels	100	80	
Minor Incidents	9	1	-
Moderate Incidents	1	1	-
Major/Tragic Incidents	0	0	-
Complaints	1	1	0

Commentary: B6 had 29 beds during the first study but then lost 12 beds. Decreasing the day RN staff would reduce the ratio to 1:8.5. Dependency remains similar despite the change in number of beds. NSIs have shown considerable improvement since January 2014. The latest SNCT study suggests a smaller FTE than the ward review, 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. NSIs are good and have improved considerably.

Conclusion: No action required.

Ward C1

	Feb 14	Sep 14	
Patient Level	% of patients	% of patients	Benchmark % Med
1	39	24	40
2	14	29	10
3	47	47	48
4	0	0	1
5	0	0	2
Beds	48	48	
Av Pat	47.9	47.9	
Required Staff	SNCT	SNCT	Ward Review
RNs required/ratio	40.3	42.0	31.59
HCA's required/ratio	26.9	28.0	32.88
Total FTE required	67.2	70.0	64.47

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14
Nursing Care Indicators			
Staffing Levels	100	100	
Patient Observations	92	94	91
Pain Management	92	100	
Man Hand/Falls Assessment	100	99	97
Falls Assessment			100
Tissue Viability Assessment	100	100	100
Nutritional Assessment	81	90	72
Fluid Balance Management	89	92	89
Medication Assessment	100	100	100
Infection Control	100	100	
Think Glucose	100	100	
Documentation	83	86	
Bowels	100	100	
Minor Incidents			
Minor Incidents	8	5	-
Moderate Incidents	0	0	-
Major/Tragic Incidents	0	0	-
Complaints	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 increasing. NSIs have deteriorated and the ward is on stage 1 escalation. Both the two SNCT studies and the ward review have had similar results

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

Ward C3A

	Feb 14	Sep 14	
Patient Level	% of patients	% of patients	Benchmark % Med Eld
1	12	23	32
2	7	0	2
3	81	77	66
4	0	0	0
5	0	0	0
Beds	52	24	
Av Pat	48.1	24	
Required Staff	SNCT	SNCT	Ward Review
RNs required/ratio	-	22.5	17.79
HCA's required/ratio	-	15	16.44
Total FTE required	-	37.5	34.23

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14
Nursing Care Indicators			
Staffing Levels	100	100	
Patient Observations	80	96	100
Pain Management	100	100	
Man Hand/Falls Assessment	86	100	100
Falls Assessment			100
Tissue Viability Assessment	92	100	100
Nutritional Assessment	97	94	100
Fluid Balance Management	100	98	100
Medication Assessment	100	100	100
Infection Control	100	100	
Think Glucose	100	100	
Documentation	94	95	
Bowels	100	100	
Minor Incidents	16	9	-
Moderate Incidents	0	5	-
Major/Tragic Incidents	0	0	-
Complaints	0	1	0

Commentary: At the initial SNCT study this ward had 52 beds and this was reduced to 24. The latest SNCT study and the ward review have had similar results. NSIs are good and improving.

Conclusion: No action required.

Ward C3B

	Feb 14	Sep 14	
Patient Level	% of patients	% of patients	Benchmark % Med Eld
1	12	30	32
2	7	0	2
3	81	70	66
4	0	0	0
5	0	0	0
Beds	52	28	
Av Pat	48.1	27.8	
Required Staff	SNCT	SNCT	Ward Review
RNs required/ratio		25.2	18.58
HCA's required/ratio		16.8	21.92
Total FTE required		42.0	40.50

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14
Nursing Care Indicators			
Staffing Levels	100	100	
Patient Observations	80	96	100
Pain Management	100	100	
Man Hand/Falls Assessment	86	100	100
Falls Assessment			100
Tissue Viability Assessment	92	100	100
Nutritional Assessment	97	94	100
Fluid Balance Management	100	98	100
Medication Assessment	100	100	100
Infection Control	100	100	
Think Glucose	100	100	
Documentation	94	95	
Bowels	100	100	
Minor Incidents	16	9	-
Moderate Incidents	0	5	-
Major/Tragic Incidents	0	0	-
Complaints	0	1	0

Note: At the initial SNCT study this ward had 52 beds and so there is no useful WTE comparison from that time. As there are 28 beds on ward C3B, decreasing the day RN staff would reduce the ratio to 1:9.3. Dependency has improved. NSIs have improved. The latest SNCT study and the ward review have had similar results. NSIs are good and improving.

Conclusion: No action required.

Ward C5

	Feb 14	Sep 14	
Patient Level	% of patients	% of patients	Benchmark % Med
1	53	53	40
2	12	3	10
3	27	36	48
4	8	8	1
5	0	0	2
Beds	48	48	
Av Pat	47.7	47.4	
Required Staff	SNCT	SNCT	Ward Review
RNs required/ratio	37.9	38.5	31.59
HCA's required/ratio	25.3	25.7	32.88
Total FTE required	63.1	64.2	64.47

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14
Nursing Care Indicators			
Staffing Levels	100	100	
Patient Observations	96	100	97
Pain Management	81	98	
Man Hand/Falls Assessment	86	77	100
Falls Assessment			100
Tissue Viability Assessment	78	90	100
Nutritional Assessment	74	96	100
Fluid Balance Management	98	97	100
Medication Assessment	100	99	100
Infection Control	97	88	
Think Glucose	22	79	
Documentation	91	95	
Bowels	100	95	
Minor Incidents	10	3	-
Moderate Incidents	2	2	-
Major/Tragic Incidents	0	0	-
Complaints	0	1	2

Commentary: Occupancy remains high and dependency has increased. NSIs have improved considerably. Both the two SNCT studies and the ward review have had similar results.

Conclusion: No action required.

Ward C6

	Feb 14	Sep 14	
Patient Level	% of patients	% of patients	Benchmark % Surgery
1	89	88	62
2	4	2	15
3	7	10	22
4	0	0	1
5	0	0	0
Beds	20	20	
Av Pat	19.1	17.2	
Required Staff	SNCT	SNCT	Ward Review
RNs required/ratio	12.2	11.1	15.82
HCA's required/ratio	8.1	7.4	10.96
Total FTE required	20.3	18.5	26.78

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14
Nursing Care Indicators			
Staffing Levels	100	100	
Patient Observations	92	100	89
Pain Management	96	100	
Man Hand/Falls Assessment	100	100	61
Falls Assessment			100
Tissue Viability Assessment	100	100	100
Nutritional Assessment	100	98	75
Fluid Balance Management	100	100	100
Medication Assessment	89	100	90
Infection Control	94	100	
Think Glucose	100	100	
Documentation	84	92	
Bowels	98	100	
Minor Incidents	6	4	-
Moderate Incidents	0	0	-
Major/Tragic Incidents	0	0	-
Complaints	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. Dependency remains similar with a slight drop in occupancy. NSIs have deteriorated and the ward is on escalation stage 2. The ward review 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.

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

Ward C7

	Feb 14	Sep 14	
Patient Level	% of patients	% of patients	Benchmark % Med
1	68	64	40
2	2	1	10
3	30	35	48
4	0	0	1
5	0	0	2
Beds	36	36	
Av Pat	35.7	35	
Required Staff	SNCT	SNCT	Ward Review
RNs required/ratio	26.2	26.5	26.86
HCA's required/ratio	17.5	17.7	21.92
Total FTE required	43.7	44.1	48.78

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14
Nursing Care Indicators			
Staffing Levels	100	100	
Patient Observations	94	97	89
Pain Management	100	98	
Man Hand/Falls Assessment	87	89	61
Falls Assessment			100
Tissue Viability Assessment	98	100	100
Nutritional Assessment	56	94	75
Fluid Balance Management	75	89	100
Medication Assessment	99	98	90
Infection Control	100	100	
Think Glucose	28	31	
Documentation	79	87	
Bowels	90	100	
Minor Incidents	10	7	-
Moderate Incidents	3	2	-
Major/Tragic Incidents	0	1	-
Complaints	0	0	0

Commentary: Occupancy remains high and dependency has increased slightly. NSIs remain variable and have deteriorated recently since August and so the ward is on escalation stage 1. 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 NSIs.

Ward C8

	Feb 14	Sep 14	
Patient Level	% of patients	% of patients	Benchmark % Med
1	69	83	40
2	2	2	10
3	29	15	48
4	0	0	1
5	0	0	2
Beds	36+4 flex	36+4flex	
Av Pat	40.1	39.4	
Required Staff	SNCT	SNCT	Ward Review
RNs required/ratio	36.7	33.4	39.87
HCA's required/ratio	24.5	22.2	27.4
Total FTE required	61.1	55.6	67.27

Nursing Sensitive Indicators (NSIs)

	Jan 14	Aug 14	Nov 14
Nursing Care Indicators			
Staffing Levels	100	100	
Patient Observations	98	96	100
Pain Management	100	90	
Man Hand/Falls Assessment	100	92	50
Falls Assessment			100
Tissue Viability Assessment	100	82	100
Nutritional Assessment	100	97	100
Fluid Balance Management	93	79	94
Medication Assessment	100	99	96
Infection Control	100	94	
Think Glucose	100	100	
Documentation	100	95	
Bowels	98	55	
Minor Incidents	8	4	-
Moderate Incidents	0	1	-
Major/Tragic Incidents	0	0	-
Complaints	0	0	0

Commentary: C8 works as an extension to the Emergency and EAU Departments, having to assess and discharge patients quickly, so, as with the surgical assessment units and wards, the fact that the ward review has a higher FTE than the SNCT studies is probably due to the SNCT not taking into consideration the workload that comes from high numbers/turnover of admissions and discharges. Occupancy remains high with the use of the flex beds. Dependency has improved slightly. NSIs have deteriorated and a documentation review is being undertaken to ensure that the standards within the Nursing Care Indicators are achievable in this acute area. The ward is on escalation stage 1 for the NCIs.

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

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. 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. 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 November follows in Part 2 below.

With regards to the quality indicators, this is the first time they have been made available in this report. As already stated due to changes in some of the criteria of the NCIs in September it has not been possible to make historical comparisons on all criteria after this date. Prior to the next six monthly report an attempt will be made to find alternative quality measures that can be used. It also needs to be noted that due to the changes in ward specialities and bed numbers that occurred in October and any future similar changes will also make it difficult to make clear historical staffing comparisons in the future.

PART 2 Monthly Nurse/Midwife Staffing Position

November 2014

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.

The 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 and also the number of occurrences when staffing levels have fallen below the optimum levels for both registered and unregistered staff. It should be noted that these occurrences will not necessarily have a negative impact on patient care

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 each ward 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). The establishment forms a planned number of registered and care support workers each shift.
- 2) Each six weeks the Lead Nurse draws up a duty rota aimed at achieving those planned numbers.
- 3) Each shift the nurse in charge assesses if the staff available meet the patients' nursing needs.

Following the shift, the nurse in charge completes a monthly form 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 day. Each month the completed form for every ward is sent to the Nursing Directorate where they are analysed and the attached chart compiled.

It can be seen from the chart that the staffing available met the patients' nursing needs in the majority of cases (green squares). In a number of instances, despite attempts through the use of deployment of staff or the use of bank/agency staff, the number of planned staff for the patients on that shift were not reached.

When there is an unregistered staff shortfall the shift is marked in blue and when there is a registered staff shortfall this is marked in amber. If the shift is reported as unsafe, this will be marked as red. In all instances of shortfalls, the planned and actual numbers are indicated.

The number of shifts identified as amber or blue has decreased for November to 38 from the October figure of 53 (there were 33 in September). There have been no incidents of any shifts assessed as red and unsafe.

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.

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.

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 NOVEMBER 2014

WARD	No.	RN/ Unreg	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A1	2 1	RN Unreg	Vacancy	Escalated to Matron, out to bank and agency – both unable to fill. Unqualified staff found to fill the registered nurse shifts which were both at night and day staff remained to assist to 22.00 and 23.00. When there was an Unregistered nurse short on days, lead nurse worked clinically to assist.
A2	3 1	RN Unreg	Vacancy	Requested staff from bank and agency but both unable to fill. For the RN shortfalls, assistance occurred from an unqualified staff assisted on one occasion, on another the night site co-ordinator and adjacent ward staff assisted and on the third the nurse in On the Unreg shortfall occasion, assistance was given by the adjacent ward and the site co-ordinator.
A3	1	RN	Short term sickness	Unfilled by bank and agency and the workload redistributed the workload more effectively.
B1	6	RN	Vacancy and sickness	Unfilled by bank. On two occasions new international nurses in attendance, on one occasion the ward took minor patients only and for the other three shifts work was prioritised more effectively.
B4	8	RN	Maternity Leave Short term sickness Vacancy	Unfilled by bank and agency. On one occasion at night two Unreg staff assisted and on the seven day shifts the ratio was 1:9 patients and the workload was redistributed more effectively.
B6	1	RN	Vacancy	Shift filled by bank nurse who was taken poorly on arrival. The ward was closed to admissions.
C1	3	RN	Short term sickness	Unfilled by bank and agency and the workload redistributed the workload more effectively.
C5	1	RN	Sickness	Unfilled by bank and agency. Patient dependency assessed and was such that no action required.
C6	3	RN	Vacancy	Unfilled by bank and agency. Patient dependency assessed and was such that no action required.
C7	3 2	RN Unreg	Short term sickness Vacancy Additional support required	Bank unable to fill shifts. On one RN shortfall occasion two newly qualified supernumerary staff available and on the other two patient needs assessed and safety maintained. The two Unreg shortfall shifts were due to additional support being required but not available but safety maintained.
Maternity	3	RM	Unanticipated absence High maternity leave Sickness	Bank unable to fill. Escalation process enacted. Staff redeployed to area of need. Elective work delayed after risk assessment. On one occasion, community midwives and on-call Supervisor of Midwives assisted.

Nov-14

SHIFT

WARD	STAFF	SHIFT																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
		D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	
WARD A1	Reg		2/1		2/1																													
	Unreg	4/3																																
WARD A2	Reg		5/3		4/2																										6/5			
	Unreg				4/2																													
WARD A3	Reg																														4/3			
	Unreg																																	
WARD A4	Reg																																	
	Unreg																																	
WARD B1	Reg				4/2																													
	Unreg																																	
WARD B2 HIP	Reg																																	
	Unreg																																	
WARD B2 TRAUMA	Reg																																	
	Unreg																																	
WARD B3	Reg																																	
	Unreg																																	
WARD B4	Reg	6/5		6/5																														
	Unreg																																	
WARD B5	Reg																																	
	Unreg																																	
WARD B6	Reg																																	
	Unreg																																	
WARD C1	Reg																																	
	Unreg																																	
WARD C2***	Reg																																	
	Unreg																																	
WARD C3A	Reg																																	
	Unreg																																	
WARD C3B	Reg																																	
	Unreg																																	
WARD C4	Reg																																	
	Unreg																																	
WARD C5	Reg																																	
	Unreg																																	
WARD C6	Reg		2/1																															
	Unreg																																	
WARD C7	Reg																																	
	Unreg																																	
WARD C8	Reg																																	
	Unreg																																	
CCU	Reg																																	
	Unreg																																	
PCCU	Reg																																	
	Unreg																																	
EAU	Reg																																	
	Unreg																																	
MHDU	Reg																																	
	Unreg																																	
CRITICAL CARE*	Reg																																	
	Unreg																																	
NEONATAL**	Reg																																	
	Unreg																																	
MATERNITY****	Reg																																	
	Unreg																																	

Key ■ Unsafe staffing ■ Registered nurse shortfall ■ Care Support Worker short

* Critical Care has 6 ITU beds and 8 HDU beds

** Neonatal Unit has 3 ITU cots, 2 HDU cots and 18 Special care cots. Ratios reflect BAPM guidance and include a single figure for registered and non registered staff

*** Children's ward accommodates children needing direct supervision care, HDU care 2 beds, under 2 years of age care and general paediatric care. There are no designated beds for these categories, other than HDU and the beds are utilised for whatever category of patient requires care

**** Midwifery registered staffing levels are assessed as the midwife: birth ratio and is compliant with the 'Birthrate +' staffing assessment