Board of Directors
Meeting Report

Subject: **Six-monthly WARD Nurse Staffing – Update Paper**
Date: **October 2015**
Lead Authors: **Michele Platt, Victoria Bagshaw**
Lead Director: **Victoria Bagshaw Acting Chief Nurse**

Executive Summary

This paper presents the six-monthly review of nursing and care staffing across inpatient wards and the Emergency Department (ED) at Sherwood Forest Hospitals NHS Foundation Trust (SFHT). This information triangulates professional judgement, a review of patient incidents pulled from nurse sensitive indicators with the data analysis from the nationally recognised evidence based Safer Staffing tools used by the Trust: Safer Nursing Care Tool for inpatient wards.

Following discussions with nursing teams in September 2015, all ward areas are now undertaking a twice daily collection of patient acuity and dependency.

This review is underpinned by monthly safer staffing reports which have previously been presented to the Board, detailed staffing on a shift-by-shift basis at ward, divisional and Trust level to the Board.

The detailed review process will be repeated six-monthly or more frequently if changes in service specification indicate this. This is in-line with best practice and national requirements.

A trust-wide review of all ward establishments, both whole time equivalent and skill mix, will be undertaken in November based on the information collated from the previous 3 patient acuity and dependency reviews.

Recommendation
The Board is asked to:

- Receive and consider the information and related risks highlighted in this report
- Note that nurse staffing establishment reviews and progress reports will be

presented six-monthly

- Note that a review of ward establishments including whole time equivalent and skill-mix acuity and dependency monitoring will be undertaken based on the acuity and dependency monitoring.

Relevant Strategic Objectives (please mark in bold)	
Achieve the best patient experience	
Improve patient safety and provide high quality care	
Attract, develop and motivate effective teams	

Links to the BAF and Corporate Risk Register	BAF 1.3, 2.1, 2.2 2.3,
Details of additional risks associated with this paper *(may include CQC Essential Standards, NHSLA, NHS Constitution)*	Risk of being assessed as non-compliant against the CQC essential standards of Quality and Safety – particularly Outcome 13. Potential failure to comply with new NICE guidance on staffing when available Judged as ;partially assured' against Keogh judgement Individual roles and responsibilities 'identified within 'How to ensure the right people, with the right skills are in the right place at the right time' are not met
Links to NHS Constitution	Principle 2, 3, 4 & 7
Financial Implications/Impact	An investment of £4.25 million
Legal Implications/Impact	.
Partnership working & Public Engagement Implications/Impact	This paper will be shared with the CCG Quality Lead
Committees/groups where this item has been presented before	
Monitoring and Review	This will be monitored through Trust Board, divisional forums and the nursing workforce forum. Reported Monthly via the quality and safety reports.
Is a QIA required/been completed? If yes provide brief details	No

Sherwood Forest Hospitals NHS
NHS Foundation Trust

Establishment and Safer Staffing (Nursing) Review

OCTOBER 2015

1.1 Introduction and Background

In line with NHS England requirements and National Quality Board recommendations, the Trust Board received the six-monthly registered nursing (RN) and healthcare assistant (HCA) staffing establishment reports in November 2014 and April 2015.

This six monthly review is supported by monthly staffing reports which provide a summary analysis of the actual staffing in the Trust each month. Monthly reports include:

- Planned versus actual nursing hours including ward, division and site, triangulated with (identified nurse sensitive) incidents
- Workforce, vacancies and progress with staff recruitment
- Organisational capacity and capabilities.

Staffing compliance is scrutinised by the ward sisters/charge nurses, matrons, divisional matrons, silver on-call managers and the Executive Director of Nursing and Quality and her Deputy to ensure that safer staffing levels are adhered to. In the paper presented in November 2014 and April 2015 the Trust Board received an initial analysis of information gathered which advised that:

- The RN to patient ratio was maintained at 1:8
- There was a continued focus on recruitment and retention
- Vacancies had reduced
- There was evidence of a move towards a 60:40 skill mix of RNs to HCAs.

This paper provides a six-month update to the Board, outlining the actions taken and progress made alongside any new or emergent risks and their potential impact on the Trust in conjunction with national guidelines and best practice. This includes:

- A summary of monthly fill rate submissions to UNIFY (planned versus actual)
- Analysis of six-monthly acuity and dependency audit data and associated evidence based staffing requirements in whole time equivalents (WTE) by ward, division and site. The Safer Nursing Care Tool (SNCT) is used to this end as recommended by NICE (2014)
- A comparison between calculated and actual staffing levels in WTEs
- A review of vacancies and mitigating actions taken
- Analysis of any correlation between staffing issues and incident rates
- Evidence to support fundamental standards, Regulation 18 from the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which identifies that

- *Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.*
- Alongside the CQC guidance (February 2015) which states that *providers should have a systematic approach to determine the number of staff and range of skills required in order to meet the needs of people using the service.* Furthermore, they indicate that Trusts should consider *the different levels of skills and competence to meet those needs, the registered professional and support workers needed, supervision and leadership requirements.*

This paper aims to support the Care Quality Commission's line of enquiry that demonstrates how the service makes sure that there are sufficient numbers of suitable nursing and care staff to keep people safe and meet their needs.

1.2 Context

The range and nature of services provided across the three sites at SFHT means there is no single ratio or formula that can be used to determine optimum staffing levels for all inpatient areas. National guidance including the National Quality Board (2014) and NICE (2014) suggests a range of approaches, including professional judgement and professionally recognised acuity and dependency tools, should be used to review establishments. These should be mapped against nurse sensitive indicators. In developing this report the senior nursing team have used the following professionally recognised tools: Safer Nursing Care Tool, (SNCT)

Safe staffing for nursing in adult inpatient wards in acute hospitals (NICE, 2014) recognises that harm is more likely to occur to patients if the registered nurse (RN) to patient ratio equals or exceeds 1:8. While this is the aim for all wards areas at SFHT, it is recognised that this ratio must also take account of ward function and specialty, acuity and dependency. The *Safer Nursing Care Tool (SNCT)* acuity and dependency monitoring audit (Shelford Group, 2014) is based on a six monthly monitoring of patient acuity and dependency levels in all ward areas (January/February and July/August). In September 2015 a decision was made to continue data collection daily following concerns raised by the Care Quality Commission. The data from the Safer Nursing Care Tool (SNCT) is used to calculate evidence based recommended staffing levels in WTEs. The SNCT does not recommend skill mix ratios. The SNCT used by the Trust is the 'original' version; this has now been further developed by Shelford Group and AUKUH to allow a more specific review for wards. Consideration is being given to the application of the newer version of the SNCT to our ward.

Key principles that underpin the ward nursing establishments:

- Sisters/charge nurses are fully clinically supernumerary. It is acknowledged that due to vacancy levels this is not always possible.
- RN to patient ratio should equal or exceed 1:8 (excluding sisters/charge nurses)
- Previous Board agreements following the Keogh recommendations aimed to achieve an alignment of the RN to HCA skill-mix ratio of 60:40, with an overall aim for 70:30. Based on this position:
    - Surgery is currently transitioning to 60:40 RN:HCA skill mix. This is not yet possible on *all* shifts, due to the number of vacancies. Whilst the new staffing levels are being implemented, the wards are staffed to deliver minimum safe levels (this equates to a minimum of 3 RNs per shift on general surgical wards); additional hours or temporary staff (Bank or Agency) are only used over and above this level if the patient acuity and ward workload require additional RNs to provide safe care.
    - Medicine continues to work towards a 50:50 RN:HCA skill mix target (but with an aim of 60:40). Once the international nurses already recruited commence, this will have significant impact on nurse staffing targets.
- Monitoring of safety and nurse-sensitive indicators informs changes that are made to staffing on a shift by shift basis to ensure that safe care is consistently provided.

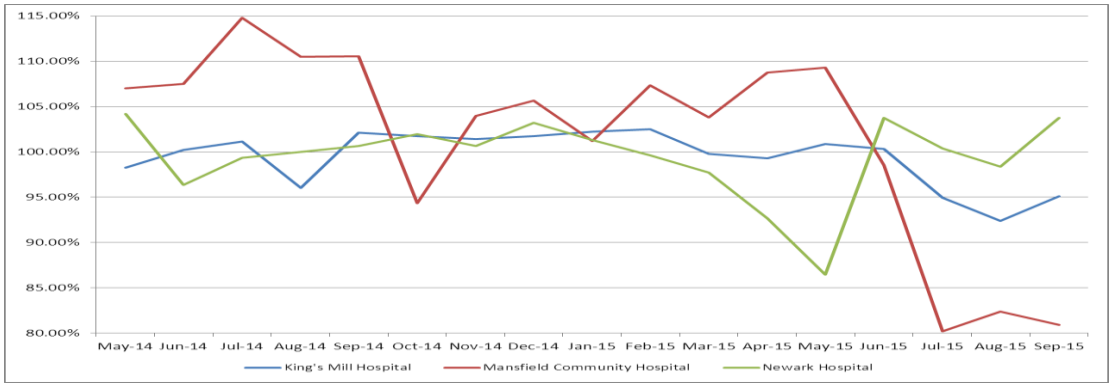
2. Planned verses Actual fill rates

Planned verses actual 'fill rates' are calculated on a daily shift-by-shift basis and reported monthly via the UNIFY national database. Planned staffing is the staffing identified within the duty roster when created; actual is the staffing that was on shift. This reporting does not take into consideration the patient acuity and dependency requirement for the shift. Local monitoring however highlights wards where staffing is either below 90% (under-filled) or above 110% (over-filled). This data identifies the proportion of shift coverage for days and nights by both RN and HCAs. The four run charts below illustrate the percentage coverage for the three sites across SFHT.

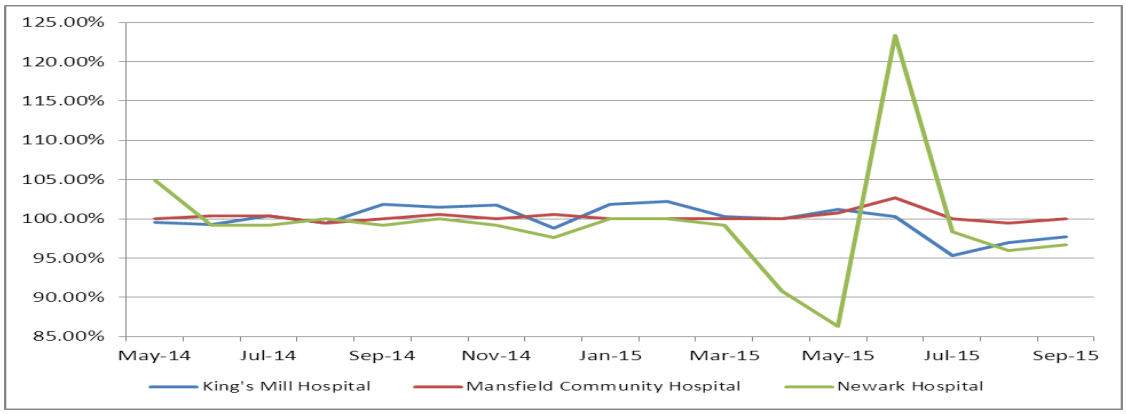
Over the last six months, all sites have achieved the 80% targets for RNs, Midwives and HCAs for both the day and night shifts. The overfill target of 110% has been exceeded by registered staff on the night shift at Newark site. This was also exceeded by unregistered staffing on the day shift at Mansfield site and the night shift at both Newark and Mansfield sites. This is explained largely by the increased use of the enhanced observation tool, which

provides staff with an assessed level and determines what additional support is required for patients at risk.

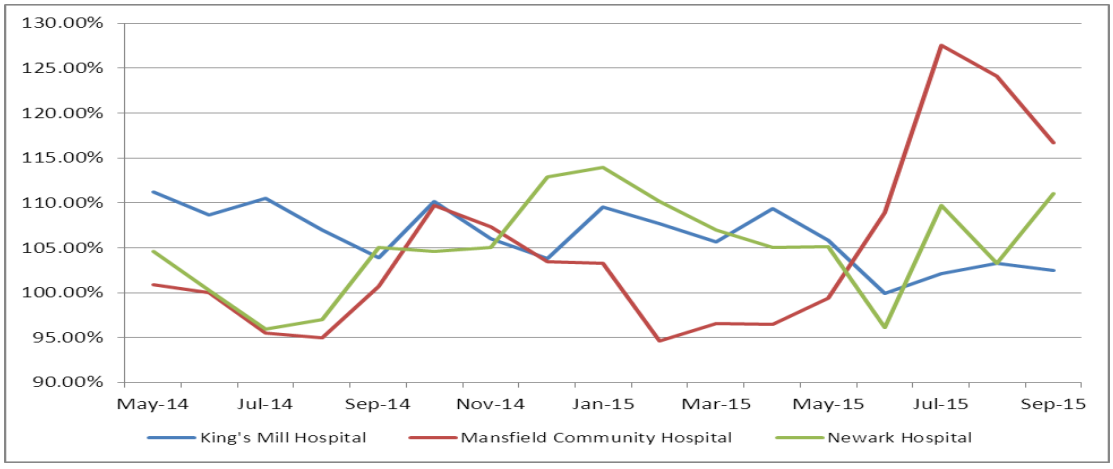
Run chart 1. Registered Nurses and Midwives (day shift)



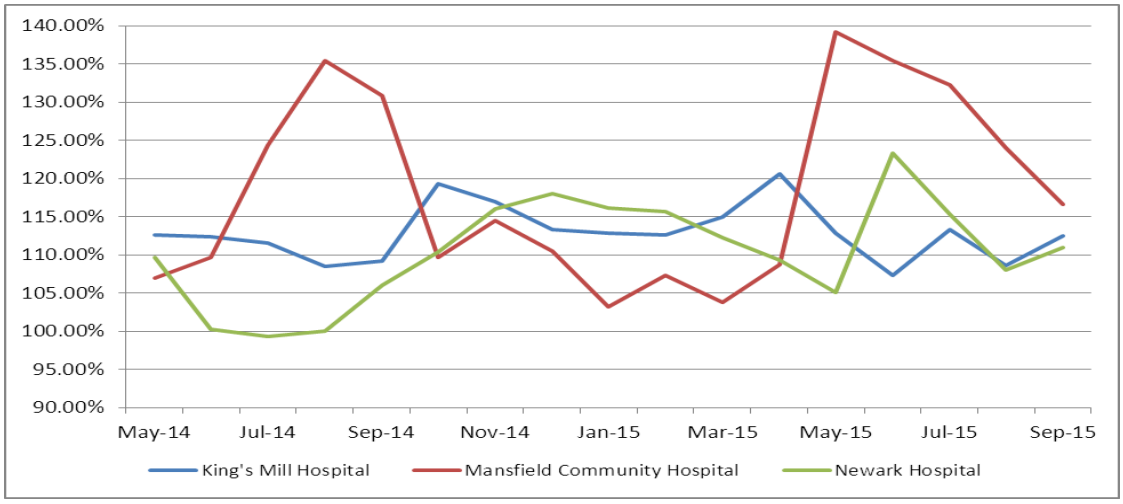
Run chart 2. Registered Nurses and Midwives (night shift)



Run chart 3. Healthcare Assistants (day time)



Run chart 4. Healthcare Assistants (night time)



The CQC visit in April 2014 identified that, with immediate effect, additional registered nurses were required on nights and that the 50/50 skill mix was inadequate. Following this the Trust was served with a Prevention of Future Death (PFD) order by the coroner following a serious untoward incident that occurred during a night shift. The coroner therefore wanted assurance that any planned reduction in support staff would not affect patient safety. The recent 2015 CQC visit recognised that improvements had been made to Safer Staffing levels but recognised the high levels of nurse staffing vacancies and that staff reported incidents where they believed staffing levels did not always match the patient dependency. Currently all medical wards continue to work with two HCAs, but some of the surgical wards have reduced their support staff to one on the night shift. Any substantive changes to ward establishments must be agreed by the Executive Board Nurse.

During the day time (08:00 - 20:00hrs), a Reducing Harms service is provided by two HCAs on an early, a late and one long day shift. They report to the duty nurse manager who, alongside the silver on-call manager, allocates staff to any ward or department where there is increased patient dependency or acuity levels. Following the CQC visit this information is now mapped through to the twice daily staffing reports. The initial parameters of this service were designed to support patients who require enhanced observation, including those patients at risk of self-harm, falls and severe dementia. The requests to the Reducing Harms service exceeds the number of available nurses.

Table 1 below illustrates the number of shifts for each month requested from the Bank by the Reducing Harms Team.

Table 1. Reducing Harm Team Summary March 2015-September 2015

2015	Mar	April	May	June	July	Aug	Sept
Shifts requested	193	183	214	175	184	179	180
Filled by bank	132 (68%)	125 (68%)	176 (82%)	124 (71%)	68 (37%)	114 (64%)	108 (60%)

The additional shifts requested by wards and departments for enhanced patient observation, beyond that which is available from the Reducing Harms Team, are illustrated in the tables below. These shifts are predominately filled by bank nurses, occasionally agency nursing is used and an evidence-based assessment supports this request. The use of enhanced observation is monitored by ward leaders, matrons, divisional matrons and the silver manager on call.

Unregistered nurses (HCA)

MONTH	Shifts Requested	Filled by Bank	% Fill by Bank	Filled by Agency	%Fill by Agency	Unfilled
Apr-15	788	444	56.35%	179	22.72%	165
May-15	723	414	57.26%	80	11.07%	229
Jun-15	537	261	48.60%	64	11.92%	212
Jul-15	626	335	53.51%	97	15.50%	194
Aug-15	565	322	56.99%	101	17.88%	142
Sep-15	615	289	46.99%	136	22.11%	190

Registered Nurses						
MONTH	**Shifts Requested**	**Filled by Bank**	**%Fill by Bank**	**Filled by Agency**	**%Fill by Agency**	**Unfilled**
Apr-15	2	0	0.00%	0	0.00%	2
May-15	1	0	0.00%	1	100.00%	0
Jun-15	1	0	0.00%	0	0.00%	1
Jul-15	1	0	0.00%	1	100.00%	0
Aug-15	3	0	0.00%	0	0.00%	3
Sep-15	29	0	0.00%	23	79.31%	6

A review of the Reducing Harms service and the enhanced care model which underpins this service is being undertaken and will inform the numbers required to respond to the demands placed on practice.

3. Vacancies and temporary capacity staff

Wards 33 Closure: Following a decision to close ward 33, the nursing staff were re-deployed into vacancies across the organisation. This had a minimum impact on RN vacancy reduction as there were only five substantive RNs.

Emergency Flow and reduced bed requirements: Work led by the Programme Lead for Emergency Flow, has addressed underpinning reasons for delay in the organisation and our ability to achieve the 95% target for four-hour waits. This has been achieved without the requirement to open additional capacity. This work has, in turn, reduced the need to use temporary staffing in respect of capacity. This work remains imperative to achieving the targets set and maintaining or improving the organisation's ability to discharge patients in a timely manner.

Vacancies for both RNs and HCAs are reported in Table 2 below (August 2014 – September 2015). These have been taken from the monthly key performance indicator (KPI) data, maintained by the Human Resources Department. European and international nurses have been recruited and are commencing in post in a phased manner based on their earliest opportunity to commence employment with the Trust. There is a need to review further the Trusts registered and unregistered nurse recruitment strategy and to explore issues relating to the retention of staff within the organisation.

Table 2. Ward Nurse staffing vacancies across SFHT (August 2014 – September 2015)

Month	RNs (WTE)	HCAs (WTE)
Aug 14	129.09	65.94
Sept 14	74.03	39.85
Oct 14	60.87	50.69
Nov 14	67.08	71.65
Dec 14	80.8	76.31
Jan 15*	58	31
Feb 15	79.39	65.15

Mar 15 (a)	91.21	36.31
Mar 15 (b)	*106.5*	*46.65*
April - August 15	*Data is not available due to discrepancies* *A vacancy audit, carried out by the Finance Team, provides accurate data for September 2015*	
September 15	*88.73*	*28.14***
January 2015 reduction related to decommissioning of ward 21* * any negative vacancies (i.e. overfills have been changed to zero for the purposes of calculating the total vacancies*		

Mitigating for the associated risk, any current vacancies have been supported with bank staff and fixed term contracts, as well as agency usage. The nursing bank has and continues to proactively recruit, but a decision was made earlier in 2015 not to recruit substantively to HCA posts and to offer fixed-term contracts whilst skill-mix transition to 70:30 is implemented. This decision has been reviewed and all vacancies are now being actively recruited too. Table 3 below summarises the vacancies for each ward across the Trust, with 'hot-spots' (three or more vacancies) marked in red. T*he associated Trust-wide use of additional HCA shifts is predominantly for enhanced care.* The Trust's aim is to increase the bank HCAs to avoid the use of agency and there is a continuous rolling programme to recruit staff. As part of the turnaround project a task and finish group is working on temporary staffing, some of the considerations are additional incentives to RN's, including increased hourly salary and access to training, all with the intention of raising the profile and enticing registered staff to the organisation.

Table 3. Identifies the vacancies on each area (September 2015)

	Vacancies			
		RN	HCA	**Total vacancies**
PC&S	**21***	NA	NA	
	31	0.28	0.2	
	32	3.7	2.18	
	14*	7.8	-0.06	
	11	4.53	0.96	

	12	3.68	1.55	
	22	4.71	0.05	**29.6**
Newark	**Sconce***	5.3	3.78	
	Minster	?	?	**9.08+**
EC&M	**EAU***	6.23	2.36	
	23	5.35	-0.93	
	24	2.93	2.98	
	43	2.11	5.06	
	44	1.92	2.31	
	33*	NA	NA	
	34	3.79	-1.9	
	42	5.48	1.18	
	41	0.78	0.55	
	51	2.49	1.43	
	52	10.47	-1.06	
	53&54	9.26	2.83	
	35	2.21	-0.61	
	36	0.23	0.3	**72.25**
MCH	**Chatsworth**	2.17	1.03	
	Lindhurst	2.31	-0.34	
	Oakham	1.0	-3.14	**6.51**
	total	88.73	28.14	

**negative vacancy figures = overfill and are counted as zero for the total vacancies*

Table 4 below illustrates total number of combined RN and HCA vacancies by division between September 2014 and September 2015.

Table 4. Vacancies by division (September 2014 to September 2015).

	PC&S		**Newark**	**ECM**	**MCH**	**Maternity**	**NICU**	**TOT**
		Wd 25						
Sept 14	5.74	1.79	7.89	90.79	4.67	9.9	4.15	**128.06**
Feb 15	-4.96*	2.19	7.91	82.9	2.92	5.9	-1.23	**95.63**
Mar 15	-6.37	1.22	8.7	84.32	2.92	7.47	-2.03	**96.23**
April – Aug 15	*Data is not available due to discrepancies* *A vacancy audit, carried out by the Finance Team, provides accurate data for*							

	September
Sept 15	The vacancy data supplied was not provided in divisions so unable to populate this table fully. Medicine ward areas account for 63.91% while Surgical areas show a significant increase of 24.82%. See table 3 above.

Negative numbers represent no vacancies and an over-establishment

Mitigating action has been taken in many areas despite the lack of organisational data over previous months and matrons and divisional matrons have been closely monitoring their own areas and responding to each issue on an individual basis.

i. Sconce ward

Bed census has been reduced to 26 to support the existing vacancies and to allow an increase in staffing on the night shift to three RNs, in line with safer staffing.

ii. Stroke unit

This ward has maintained a 70:30 skill mix, which represents an improvement, but this is at significant cost as vacancies are covered by temporary staff (agency).

iii. Emergency Admissions Unit (EAU)

The successful recruitment of 4.4WTE staff has been enhanced further by an additional 7 WTE staff in September, not yet visible in the data and a reduction in bed census by four. This has not impacted on the establishment, but will increase the team's ability to deliver safer care.

iv. *Respiratory medicine*

Actions were taken to move staff around the three wards to maintain safety and skills, and ensure that permanent nursing staff were evenly distributed. Ward 43 has an enhanced requirement for registered nurses, to ensure that the patients within the level 2 area of the ward have an increased ratio of nurse to patient with the appropriate skills and knowledge.

v. Matrons and Ward Leadership teams

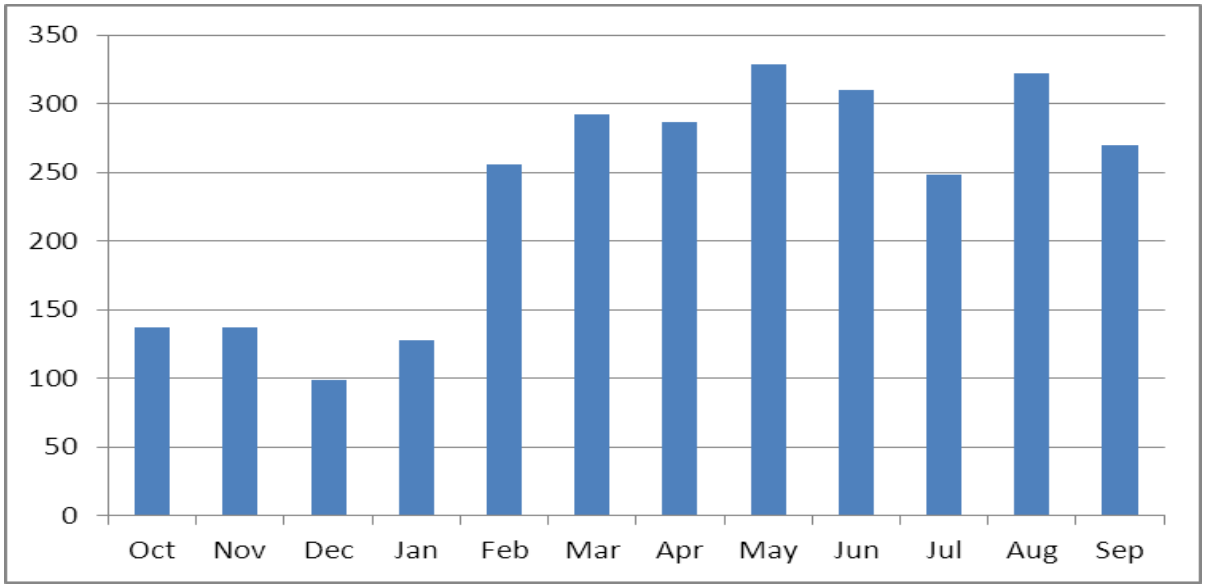
The matrons have implemented a daily staffing coordinator role which is undertaken on a rotational basis by the ward sister/charge nurse and supported by a weekly matron, This action plan is shared with silver on call DNMs, matrons and divisional matrons.

4. Incidents

Each month the nurse staffing fill rates are compared against reported against nurse sensitive/ patient care indicators. These include incidents for falls, pressure ulcers, medication errors and staffing issues. The bar chart and associated table below illustrate the number of incidents reported over the last year (October 2014 – September 2015) and this indicates an increasing upward trend, related to these four areas of practice.

The overall increase in reported incidents is explained, in part, by a more transparent reporting system and recent improvements to the Trust's risk management reporting system (Datix), but also an increase in types of incidents reported monthly against staffing data. Initially (April – July 2014), medication and falls were reported, with staffing incidents added in August 2014 and pressure ulcers in December 2014. The raw data provides minimal insight into the underlying causes of the incidents, therefore each month the organisational leads for these areas are asked to comment on any trends and themes they have identified as they scrutinise both the data and the specific incidents. There is limited evidence to support reduced staffing has a negative impact, however a review of the falls data provides evidence that fall rates increase during the night shift hours and have identified peak periods of increased incidence during specific hours of this shift.

Bar chart 1. Incidents reported by month (October 2014 – September 2015).



Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
137	137	99	128	256	292	287	329	310	248	322	270

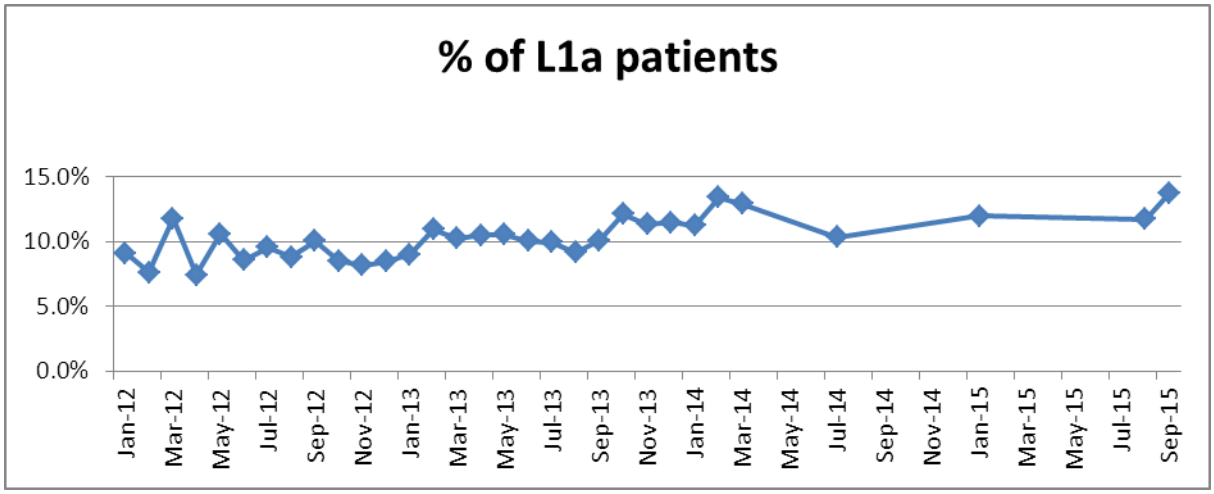
5. Acuity, dependency and associated staffing: Safer Nursing Care Tool (SNCT)

The SNCT provides evidence regarding levels of patient care in respect of their acuity (Level 1a), dependency (Level 1b) and high dependency (Level 2 with support for one failing organ) on all adult in-patient wards at the Kings Mill and Newark site. Data has been collected every six months from July 2014 – August 2015 and is now collected on a continuous daily basis. The run charts below show Trust wide levels of care from January 2012 to September 2015.

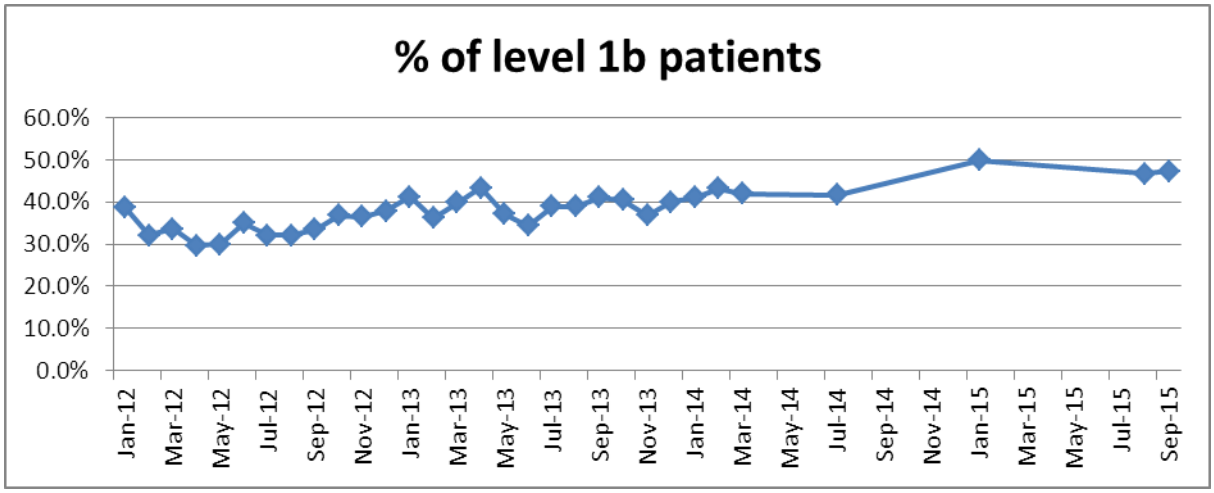
Mansfield Community Hospital acuity and dependency data has been analysed separately and the staffing data is reported in Table 8, later in this section.

These charts indicate that the majority of patients require above normal levels of ward care level 0). The proportion of patients requiring Level 1a (high acuity) and Level 1b (high dependency) care has been variable over the last two years, but suggests a slight upwards trend. Over the last two months (August and September 2015) acuity has risen to an all-time high (14.1%) and dependency levels currently stand at 46.7%.

Run Chart 3. Proportion of patients (%) requiring Level 1a care (acutely ill patients).



Run Chart 4. % of patients requiring Level 1b care (highly dependent on nursing)



This data suggests an increasingly complex and acute patient case-mix. This is summarised in table 6 below. Decreasing raw numbers after January 2015 are explained by bed closures, but also reduced compliance with data collection.

Table 6. Raw numbers and proportion of patients and level of care required.

	Level 0 **(ward level dependency)**	**Level 1a** **(acuity)**	**Level 1b** **(dependency)**	**Level 2** **(high Dependency)**
July 14	6434 (40.1%)	1654 (10.3%)	6674 (41.6%)	95 (0.6%)
Jan 15	5768 (37.3%)	1844 (11.9%)	7700 (49.8%)	102 (0.7%)
Aug 15	5067 (40.8%)	1455 (11.7%)	5800 (46.7%)	64 (0.5%)
Sept 15	4273 (38.2%)	1577 (14.1%)	5222 (46.7%)	72 (0.6%)

The SNCT provides a nationally recognised, evidence based method for calculating RN and HCA establishments in WTEs. Table 7 below illustrates the staffing levels (WTE) for each ward as calculated from the last four audits (July 2014, January, August and September 2015). It is important to note however that this audit provides a 'snap shot' of patient acuity at 14:00-15:00hrs every day and therefore does not account for considerable changes in patient acuity, dependency or flow through ward areas. The process used within the Trust to obtaining the SNCT does not include any data validation or moderation processes; as such the information cannot be assured as reliable. The Acting Chief Nurse has reviewed the process and is discussing with Divisional and ward teams a process to strengthen the reliability of the SNCT data. The calculated staffing is provided as total nursing WTEs and does not indicate skill-mix; this is set locally. Non-inpatient areas, day case, emergency departments and paediatric wards are excluded from the audit as the tool is only ratified for use in adult inpatient wards.

Current establishment is compared with the WTE calculated from the SNCT as well as the number of staff currently in post. Where establishment exceeds the SNCT calculation, this is colour-coded green. Where the establishment falls short of the SNCT recommendation, this is colour-coded red. The majority of ward establishments exceed that indicated by the SNCT, but wards 24, 34, 42, 51, 53 and 54 are under-established with respect to the SNCT nurse staffing score.

Table 7 below identifies the total WTEs required, as indicated by the SNCT illustrated below (including registered and non-registered staff) increased between July 2014 and January 2015 and this is a reflection of the rise in Level 1a and Level 1b patients. The decrease in August and September 2015 is explained by the closure of beds (e.g. ward 21, 33, 53, 54 and Sconce).

Table 7. Total WTE as identified by the SNCT

	staffing	Level 1a	Level 1b
July 2014	824 wte	10.3%	41.6%
January 2015	897 wte	12%	49.8%
August 2015	612	11.7%	46.7%
September 2015	682	14.1%	46.7%

Table 8 below illustrates the staffing as calculated by the SNCT over time for each ward and this is compared with the current establishments.

Table 8. SNCT staffing (WTE) calculations: a ward level summary.

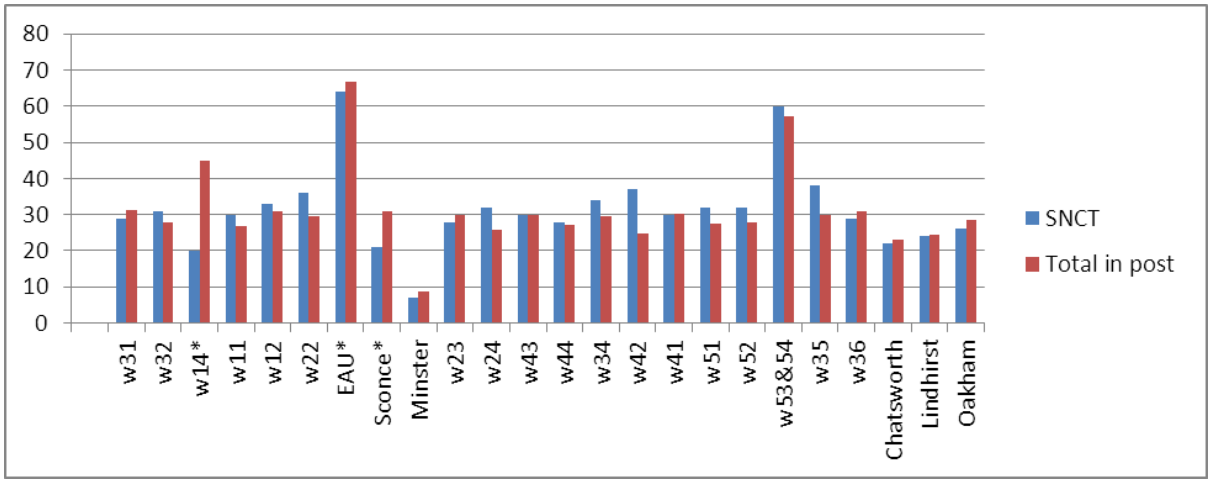
WARD	SNCT calculated WTE				IN POST			ESTABLISHMENT		
	July 14	Jan 15	Aug 15	Sept 15	RN	HCA	Total	RN	HCA	Total
21*	31	NA	**Closed***		**NA**	**NA**	**NA**	**na**	**na**	**na**
31	30	30	28	**29**	**20.12**	**11.19**	**31.31**	**20.05**	**11.39**	**31.44**
32	31	33	30	**31**	**16.8**	**11.21**	**28.01**	**20.05**	**13.39**	**33.44**
14*	23	25	19	**20**	**26.56**	**18.29**	**44.85**	**34.36**	**18.23**	**52.59**
11	31	36	32	**30**	**16.4**	**10.43**	**26.83**	**20.93**	**11.39**	**32.32**
12	37	39	29	**33**	**19**	**11.84**	**30.84**	**22.68**	**13.39**	**36.07**
22	40	41	36	**36**	**15.79**	**13.93**	**29.72**	**30.5**	**13.98**	**44.48**
EAU*	70	72	56	**64**	**38.95**	**27.75**	**66.7**	**45.21**	**30.11**	**75.32**
Sconce*	30	40	20	**21**	**15.2**	**15.72**	**30.92**	**20.05**	**19.5**	**39.55**
Minster	ND	6	4	**7**	**6.6**	**2**	**8.6**	**9.33**	**2**	**11.33**
23	28	29	27	**28**	**20.67**	**9.39**	**30.06**	**26.02**	**8.46**	**34.48**
24	28	28	32	**32**	**14.63**	**11.0**	**25.63**	**17.56**	**13.98**	**31.54**
43	29	31	29	**30**	**20.97**	**8.92**	**29.89**	**23.08**	**13.98**	**37.06**
44	31	31	36	**28**	**15.64**	**11.67**	**27.31**	**17.56**	**13.98**	**31.54**
33*	36	39	Closed*							
34	34	35	35	**34**	**13.77**	**15.88**	**29.65**	**17.56**	**13.98**	**31.54**

42	36	38	36	**37**	**12.08**	**12.8**	**24.88**	**17.56**	**13.98**	**31.54**
41	21	31	28	**30**	**16.78**	**13.43**	**30.21**	**17.56**	**13.98**	**31.54**
51	29	31	31	**32**	**15.07**	**12.55**	**27.62**	**17.56**	**13.98**	**31.54**
52	31	35	31	**32**	**12.96**	**15.04**	**28**	**23.43**	**13.98**	**37.41**
53&54	65	72	63	**60**	**33.67**	**23.45**	**57.12**	**42.93**	**26.28**	**69.21**
35	34	37	39	**38**	**15.35**	**14.59**	**29.94**	**17.56**	**13.98**	**31.54**
36	23	31	26	**29**	**17.27**	**13.64**	**30.91**	**17.5**	**13.98**	**31.48**
Chatsworth	20	23	22	**22**	**12.81**	**10.36**	**23.17**	**14.98**	**11.39**	**26.37**
Lindhirst	25	28	23	**24**	**15.6**	**8.8**	**24.4**	**17.91**	**8.46**	**26.37**
Oakham	27	27	25	**26**	**16.9**	**11.6**	**28.5**	**17.91**	**8.46**	**26.37**

**Configuration changed since audit was carried out*

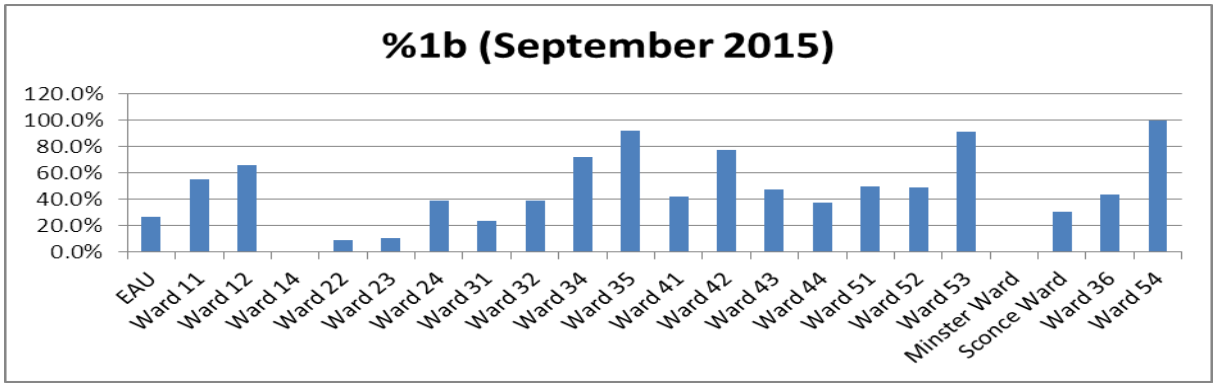
Bar chart 2 below presents the data from Table 7 above for visual comparison where the SNCT calculated staffing WTE (blue) is presented alongside the total WTE staff currently in post (red) at the time of this report (not the establishment).

Bar Chart 2. A comparison of SNCT WTE with staff in post for each ward

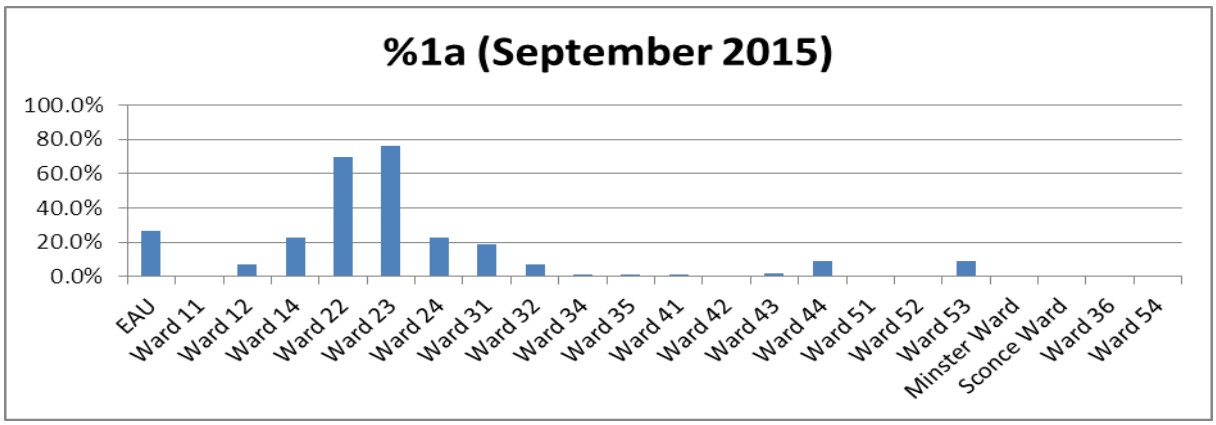


Each ward has a different acuity and dependency profile which guides the staffing score and the variation across the Trust is illustrated in the bar charts below. Bar chart 3 below highlights the wards where the most dependent patients (Level 1b) are being nursed. Bar chart 4 below illustrates the proportion of acutely ill patients (Level 1a) found on each ward.

Bar chart 3. Proportion of patients requiring Level 1b care (September 2015).



Bar chart 4. Proportion of patients requiring Level 1a care (September 2015).



These charts highlight that, for example, ward 23 (cardiology) has low dependency but high acuity. Conversely, Ward 53 and 54 report consistently high numbers of patients requiring Level 1b care but low acuity. Ward 14 reports low numbers of Level 1a and Level 1b patients. Thus a profile can be built up for each ward, where for example it might be expected that orthopaedic surgery would generate higher levels of dependency and low levels of acuity in respect of the nature of their illness process. This should be reflected in the ward establishment skill mix.

Table 9 highlights that the 'hot spot' wards, with high vacancy rates (identified in Table 3 above) with associated high acuity and/or high dependency case mix which may indicate potentially higher levels of risk.

Table 9. Vacancy 'hot spot' and associated acuity and dependency (September 2015).

Ward	%L1a	%L1b
EAU	**26.5**	**27.0**
Ward 11	**0.0**	**55.6**
Ward 12	**6.8**	**66.1**
Ward 14	**22.8**	**0.2**
Ward 22	**69.4**	**9.4**
Ward 23	**76.4**	**10.4**
Ward 32	**6.9**	**39.3**
Ward 34	**1.2**	**72.4**
Ward 42	**0.3**	**77.4**
Ward 43	**1.8**	**47.5**
Ward 52	**0.0**	**48.7**
Ward 53	**9.0**	**91.0**
Sconce Ward	**0.0**	**30.8**
Ward 54	**0.0**	**100.**

The wards identified in table 9 who have a combination of high levels of patient acuity and dependency with a number of vacancies are at a greater risk and should be considered a priority for recruitment.

6. Narrative and mitigating issues

Following the last establishment review reported to the Board in April 2015, the key actions that remain in place or have been progressed are as follows;

- Systems are in place and divisional teams continue to provide monthly staffing reports.
- Standard systems have been embedded regarding staffing levels capacity and capability on a shift by shift basis, enhanced by e-Rostering.
- Monthly updates presented to the Board are available on NHS Choices for transparency, following upload onto the national database UNIFY.
- Information about RN and HCA staffing on each shift is now displayed in all inpatient areas. Staffing levels are formally reported four times per day via the capacity and flow bed meetings whereby respective matrons and on-call teams address gaps in provision to mitigate risk on a daily basis. This is reported daily to the Senior Nursing team including the Chief Nurse and Deputy Chief Nurse, and is incorporated into the Silver Manager on call responsibilities.

- Staffing compliance is scrutinised monthly by the Divisional Matrons and the Acting Chief Nurse to ensure standards are adhered to.

- The registered nurse to patient staffing ratio does not exceed 1:8 in all inpatient areas at the Kings Mill site. Indeed, some areas exceed this minimum, for example specialist areas such as the Integrated Critical Care Unit (ICCU) where a 1:1 nurse patient ratio is achieved for all level 3 patients and 1:2 for all level 2 patients in accordance with national guidance (Faculty of Intensive Care Medicine, 2013) and the D16 *Specification for Adult Critical Care* . Similarly, in the Non-invasive Ventilation Unit on ward 43 the ratio has been increased from 1:4 to 1:2 which recognises these patients as requiring level 2 care. The wards at the Mansfield Community Hospital site have transitioned into smaller caseloads during the day 1:6 however remain currently staffed at a ratio of 1:12 for the night shift.

- The implementation of Allocate 'Health Roster' which will replace the current SMART system will be completed by 31st March 2016 and this will enable the Trust to monitor skill-mix across all wards and the Trust as a whole. Furthermore, it will facilitate close monitoring of staff movement between wards. The addition of the Safe Care module will enable triangulation of staffing roster data with patient dependency data.

- The SNCT is now collected daily to identify acuity and dependency levels, as recommended by NICE (2014). To date, compliance with data collection has been variable. Systems to improve the validity and reliability of the data are being implemented.

- Dashboards, nursing metrics, incidents and complaints are reviewed monthly by sisters/charge nurses, matrons, divisional matrons and the Acting Chief Nurse. This is scrutinised in conjunction with safer nurse staffing levels to provide assurance to the Board that safety and quality are maintained and appropriate action taken.

This review has identified that

- All wards achieve the required minimum ration of 1:8 (except two wards at Mansfield Community on the night shift).
- The majority of wards achieve greater than 90% fill rates during the day shift

- Overall staffing shows a 55.99% RN to 40.45% HCA (October 2015) and continues improve.

- Nineteen of the twenty four wards monitored with SNCT have a staffing establishment WTE above that indicated by the evidence based tool, in post WTE

reduces the number of wards to 11 leaving 13 wards with inadequate levels of trust employed staff to meet their established need.

- All wards will be undertaking an establishment review with the Divisional matron and Acting Chief Nurse in November. This review will triangulate SNCT, incidents, complaints, ward metrics and professional judgement.

- The Trust continues to deliver additional HCA level care in excess of planned staffing to mitigate for associated risks to care and quality. This has resulted in use of bank and agency staff which had temporarily reduced but has seen an increase over the two most recent months.

7. Managing the risks

In order to ensure the on-going safety and quality of care of SFHT inpatient wards require a proactive recruitment and retention strategy which focuses on:

- Marketing – with the support of a public relations company, a campaign has been implemented including the use of social media, local radio, East Midlands News and two Recruitment Open Days have been successfully undertaken April and September 2015 resulting in almost 40 RN appointments to the organisation.
- On-going advertisements for Band 5 staff nurses and focused speciality recruitment campaigns using journals and local press

- Cohort recruitment from the local university was carried out In April 2015 with newly qualified individuals joining the organisation September 2015

- Flexible family friendly staffing policies

- Staff feedback response, exit interviews. Information obtained by the Practice Development Team from HR identifies the poor agreement of staff to attend an exit interview, work is currently in progress to understand the reason for the poor compliance and then once more data is available to use it to provide understanding into reasons why staff are moving around or leaving the organisation.

- International nurse recruitment plan has been largely enacted including visiting the Philippines, Rome, Italy and Spain resulting in the recruitment of the numbers. This may need to be extended

- A return to practice strategy, in line with the national campaign ‘Come Back’, led by Health Education East Midlands (HEEM) to encourage nurses who are currently no longer practicing back to work. This includes a national and local public relations

campaign (for example, leaflet drops and a coffee morning) and working more closely with local higher education institutions to facilitate the return to work pathway. An interview day hosted jointly with Derby University resulted in the successful recruitment of 3 candidates due to start in September 2 are RGN's and 1 who is Mental Health trained. The Trust has supported 9 RtP nurses to date 3 whom have completed the course with 1 Nurse successfully securing a position at the Trust. 3 RtP nurses are currently on placement at the Trust with another 3 due to start their placements shortly. Return to practice opportunities are advertised on all recruitment materials and the Trust's website.

- Providing excellent support for preceptorship RNs. Recently the Trust has received funding from HEEM for a years additional seconded post to support both the newly qualified and return to practice but to assist with the support needed by the international recruits.

- A pilot audit is underway on two wards at the Kings Mill site and Sconce ward at Newark to investigate ways in which the SNCT can be used prospectively to identify areas of risk. Currently the data is used retrospectively, but the use of a 'staffing score' in real time may augment daily staffing reviews.

- Reduce widespread reliance on temporary staffing
  - Fewer wards pulling on the pool of available bank and agency staff enables wards with vacancies to fill their vacant shifts with temporary staff
  - Reduce the reliance on the Reducing Harm team
  - Facilitate effective management, especially out of hours, for the site coordinators

- Rotation of specialist nurses: Consideration as been given to the Specialist nurses have been asked to support their specialty wards, if their job plan allows (not to the detriment of direct patient care and clinical activity).

8. Recommendations to the Board

The Trust Board is requested to note the issues raised in this report.

9. References

NICE (2014) Safe staffing for nursing in adult inpatient wards in acute hospitals found at https://www.nice.org.uk/guidance/sg1 last accessed 13/04/15

FICM (2013) *Core Standards for Intensive Care Units* found at http://www.ficm.ac.uk/news-events/core-standards-intensive-care-units Last accessed 13/04/15

National Quality Board (2013) *How to ensure the right people with the right skills, are in the right place at the right time* found at http://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf last accessed 13/04/15

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