Nurse staffing review

- RN : patient ratio – (service model)

- CHPPD – (productivity model)
  average number of patients in a bed at 23:59hrs to the average number of care hours worked by RN/HCA’s no agreed national standard

- Acuity model - SCNT
Model hospital dataset
## RN to patient ratio

<table>
<thead>
<tr>
<th>Care Group</th>
<th>RN to patient ratio</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Day</td>
<td>Night</td>
</tr>
<tr>
<td>Scheduled Care</td>
<td>1:6</td>
<td></td>
<td>1:8</td>
</tr>
<tr>
<td>Unscheduled Care</td>
<td>1:6</td>
<td></td>
<td>1:8</td>
</tr>
<tr>
<td>Ward 14 Women’s services</td>
<td>1:5</td>
<td></td>
<td>1:6</td>
</tr>
</tbody>
</table>
Acuity Levels
1st May - 31st May 2018
All Wards

- Level 0: 59%
- Level 1a: 21%
- Level 1b: 0%
- Level 2: 0%
- Level 3: 20%
<table>
<thead>
<tr>
<th>Care Group</th>
<th>Fill Rate</th>
<th>Available CHPPD – NHSI data</th>
<th>Actual hours - SafeCare</th>
<th>Required hours - SafeCare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled</td>
<td>RN: 95.7%</td>
<td>HCA: 117.6%</td>
<td>6.3</td>
<td>6.53</td>
</tr>
<tr>
<td>Unscheduled</td>
<td>RN: 98%</td>
<td>HCA: 105.3%</td>
<td>7.3</td>
<td>6.87</td>
</tr>
<tr>
<td>Ward 14 WS</td>
<td>RN: 112.9%</td>
<td>HCA: 98.6%</td>
<td>7.1</td>
<td>6.15</td>
</tr>
</tbody>
</table>
Unscheduled care – May 2018
Ward 11 – Gastroenterology typically accommodates patients with a higher dependency. Average RN to patient ratio is 1:6 during the day and 1:10 at night. 7.6WTE vacancies (45%).
Ward 6 CCU- monitoring data input
Ward 24 / CCU - has experienced a high volume of sickness throughout May - 7.41%. The impact of short term sickness can be seen below. The ward manager is proactive in managing sickness with the HR team. There are 3.8 WTE vacancies.
Recommendation from senior nurses within this organisation include:

• Continue to support consistent SafeCare data entry
• Develop process to utilise SafeCare sunburst to influence decisions regarding redeployment of staff
• Ensure ward managers work in a supervisory capacity on the ward to lead on quality, patient flow and safe staffing
• Nursing Associate roles to support registered nurses
• Band 4 assistant practitioner roles; combination of support worker with therapy worker
• Consider extending housekeeper/ward clerk hours to provide greater support on the wards
• Plan to increase rotation posts to target harder to recruit areas
• Consider apprentice scheme to support ward managers with administrative work to permit supervisory clinical opportunities for supervisor time and leadership
• Regular staffing establishment reviews to take place 6monthly to track seasonal trends with input from finance
• Establish a live feed from the PSAG screen to SafeCare – in times of high demand it is ever more likely census data with missing or not be updated in a timely manner.