6 Monthly Nurse Staffing Review

July 2018
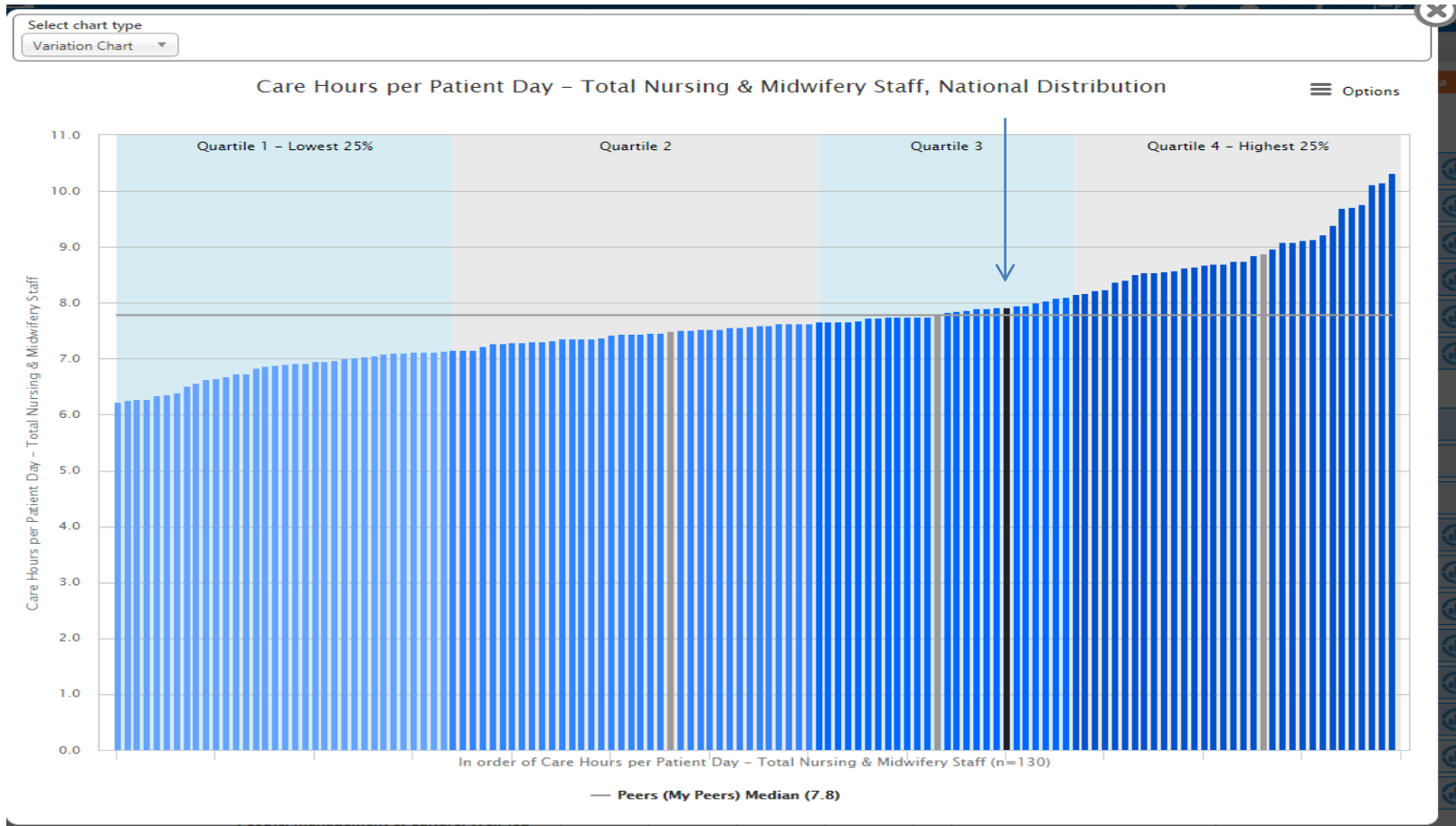
Nurse staffing review

- **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**
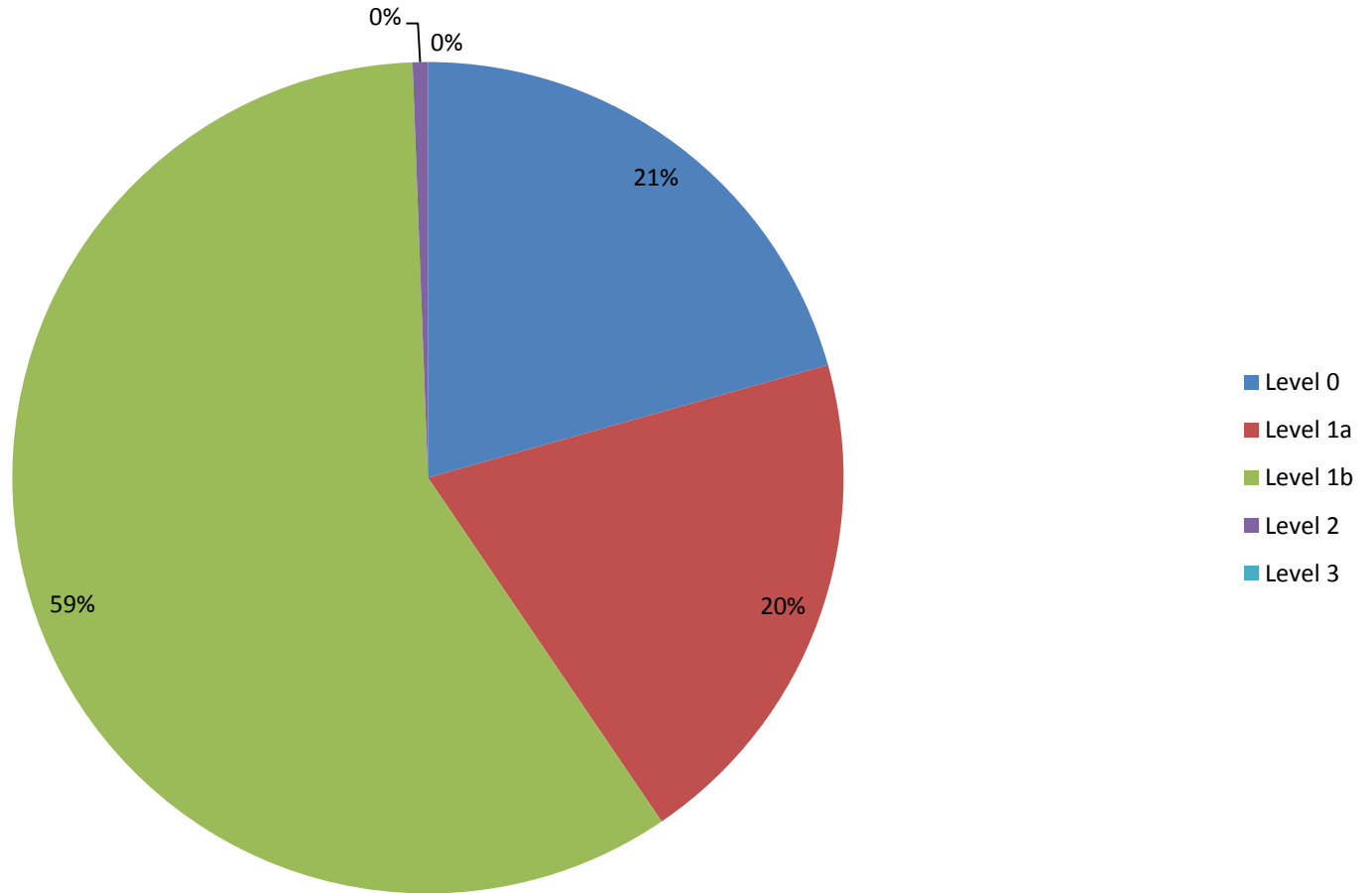
Model hospital dataset

RN to patient ratio

Care Group	RN to patient ratio	
	Day	Night
Scheduled Care	1: 6	1: 8
Unscheduled Care	1: 6	1:8
Ward 14 Women's services	1: 5	1:6

Acuity Levels
1st May - 31st May 2018
All Wards

- Level 0
- Level 1a
- Level 1b
- Level 2
- Level 3

0% 0%
21%
20%
59%

| Care Group	Fill Rate		Available CHPPD – NHSi data	Actual hours - SafeCare	Required hours - SafeCare
Scheduled	RN: 95.7%	HCA: 117.6%	6.3	6.53	6.49
Unscheduled	RN: 98%	HCA: 105.3%	7.3	6.87	7.11
Ward 14 WS	RN: 112.9%	HCA: 98.6%	7.1	6.15	6.02

Scheduled care – May 2018
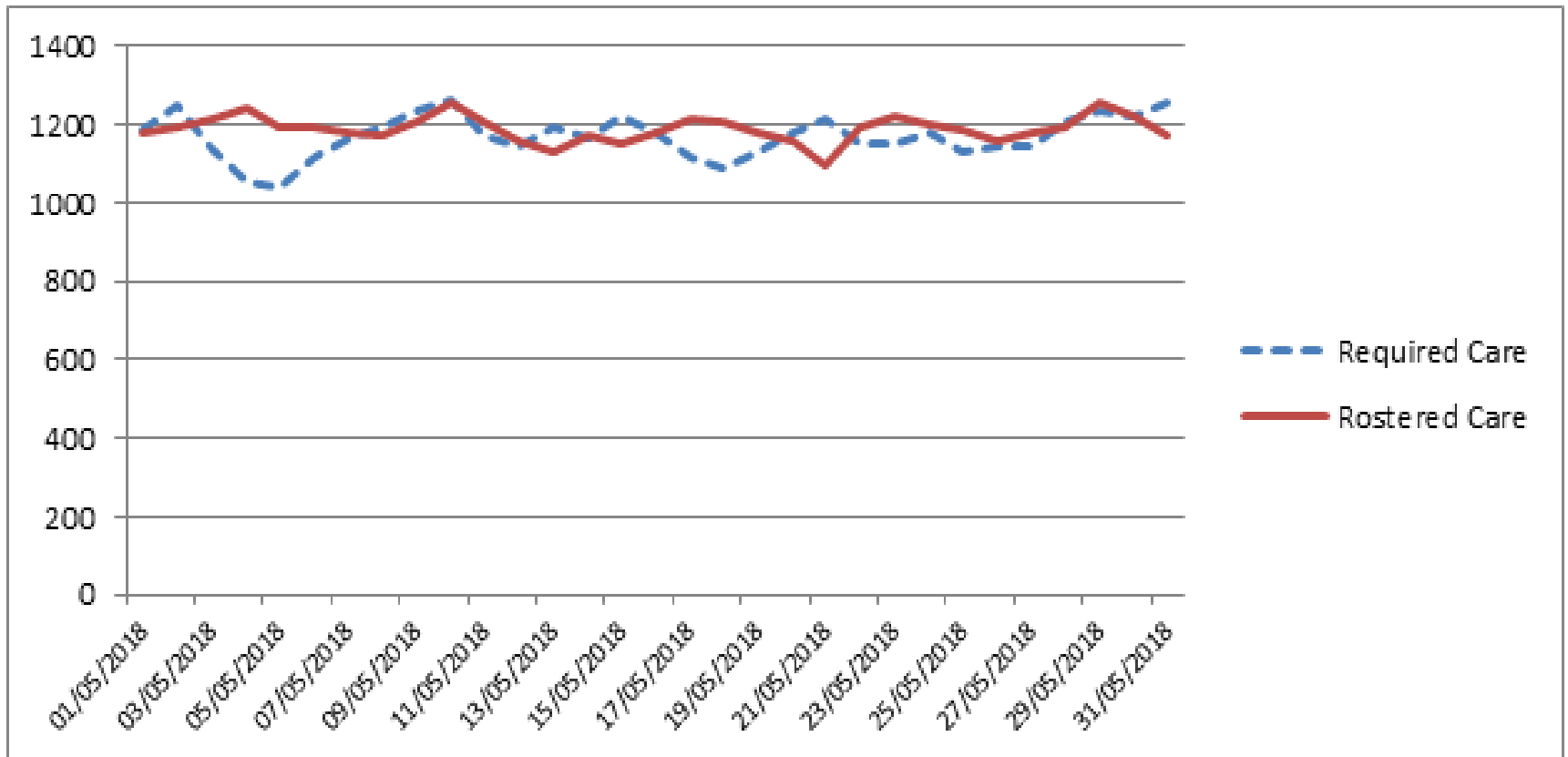
Unscheduled care – May 2018
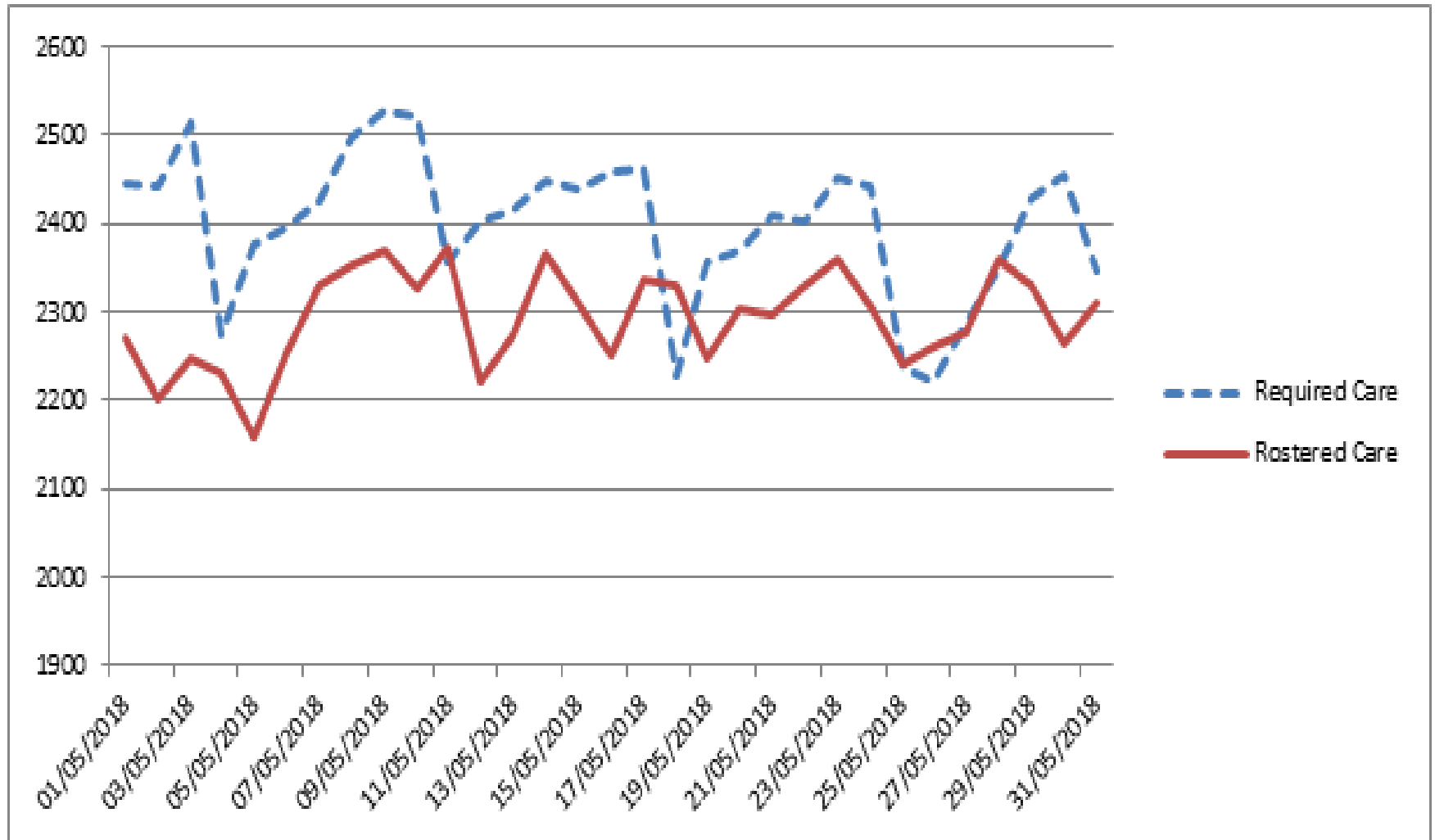
Ward 11 – Gastroenterology typically accommodates patients with a higher dependency. Average RN to patient ratio is 1:6 during the day and 1:10 at night. 7.6WTE vacancies (45%).
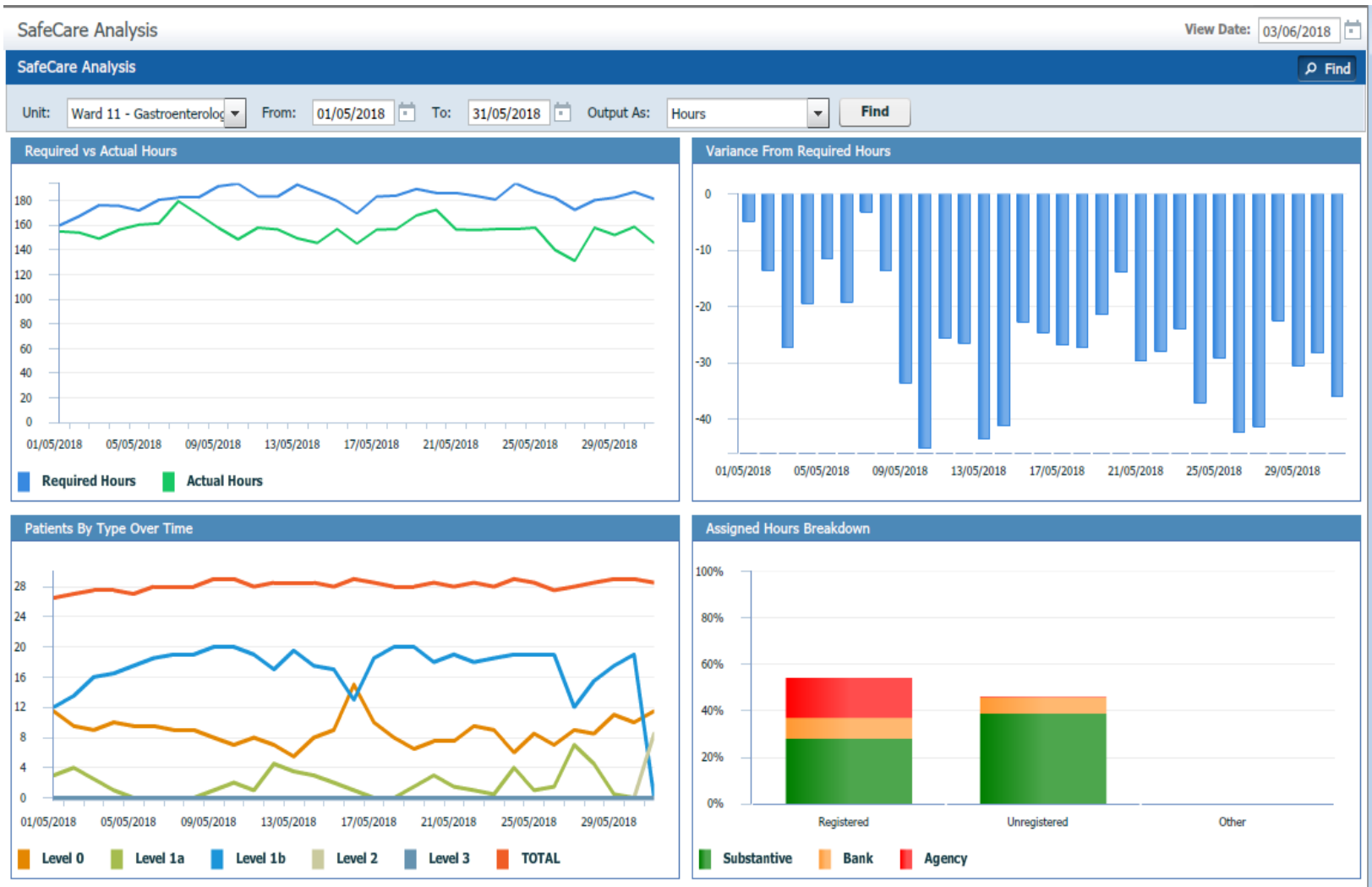
Ward 6 CCU- monitoring data input
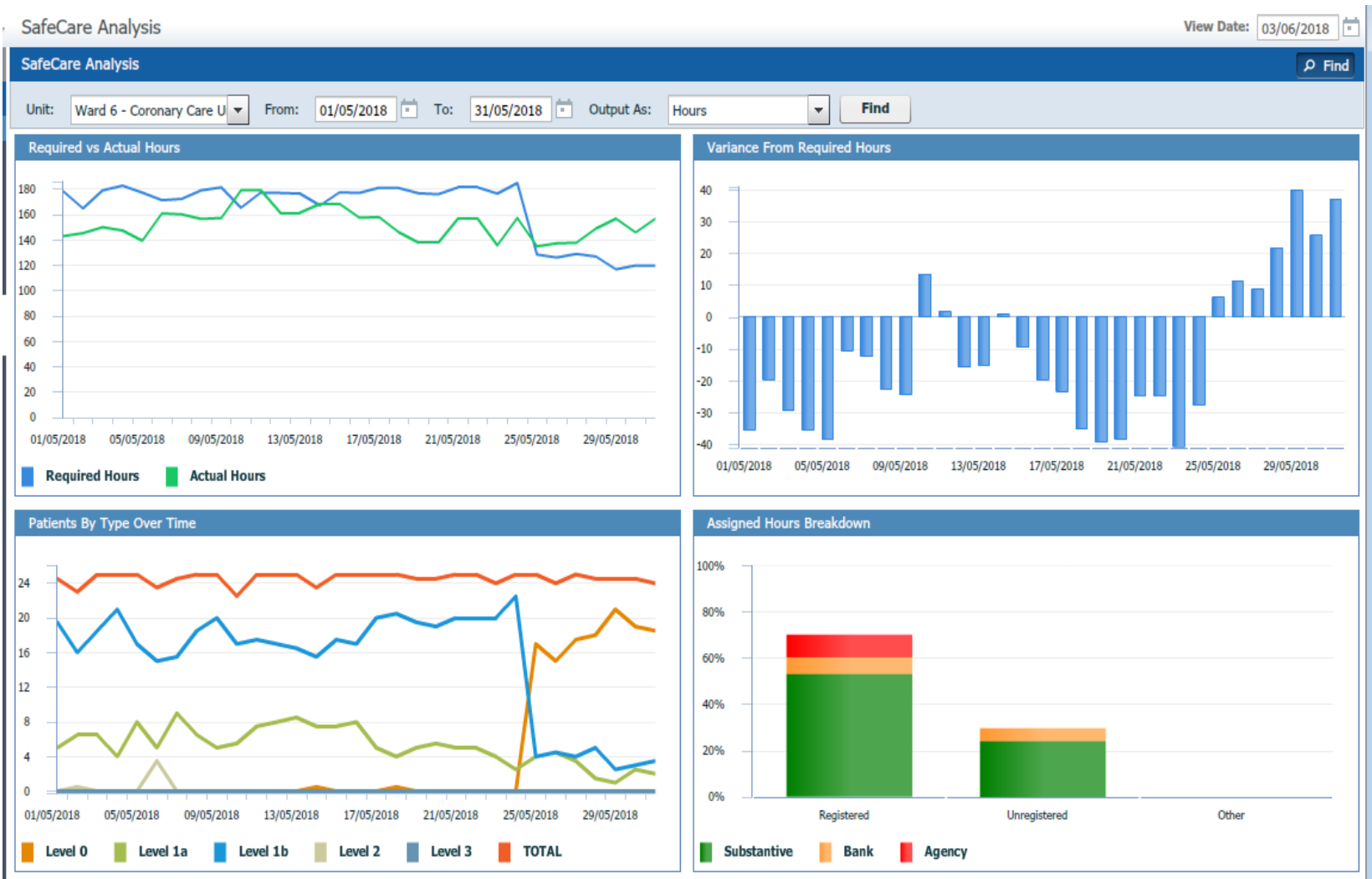
Ward 24 / CCU - has experienced a high volume of sickness throughout May - 7.41%. The impact of short term sickness can be seen below. The ward manager is proactive in managing sickness with the HR team. There are 3.8 WTE vacancies
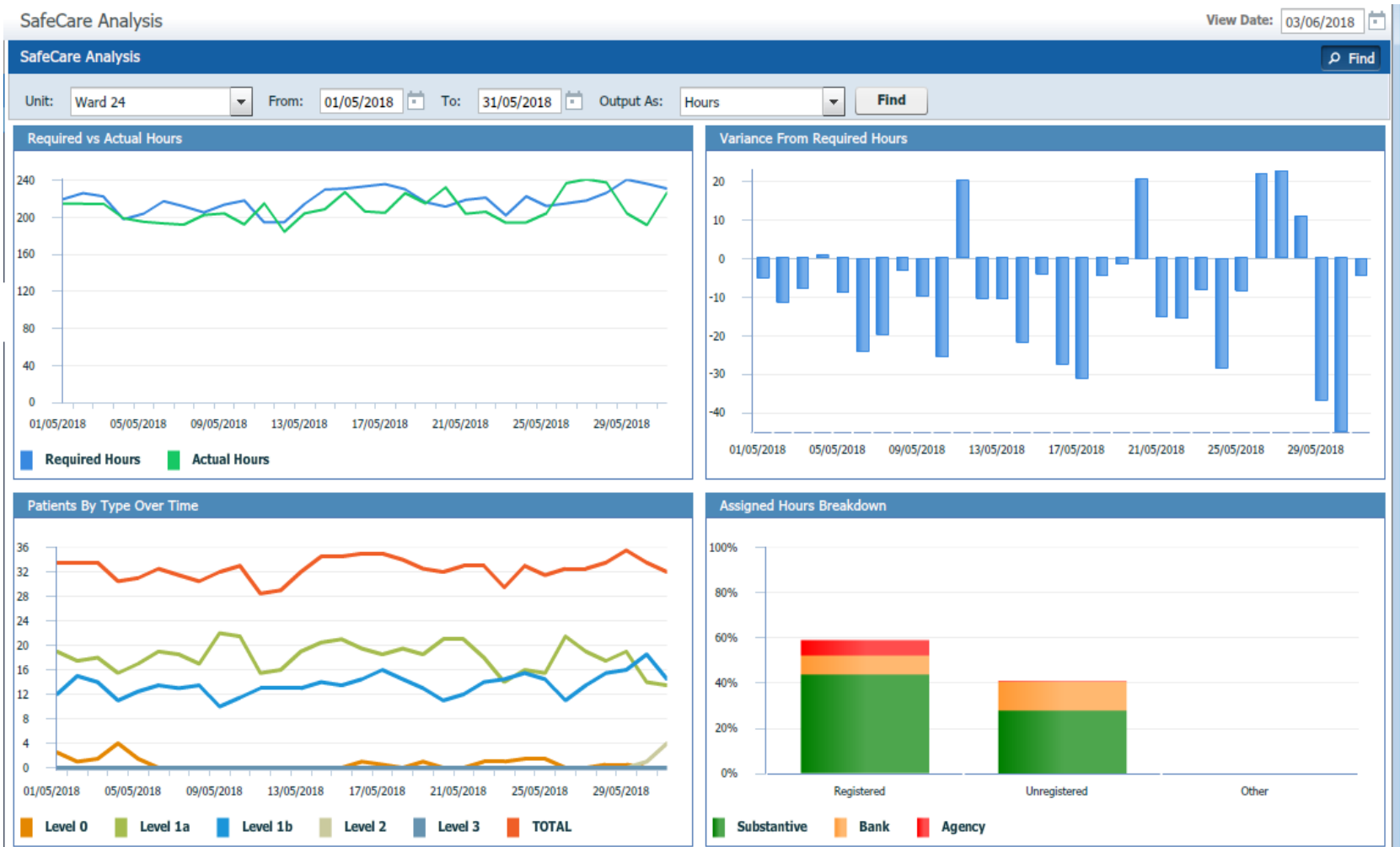
Recommendation from senior nurses within this organisation include:

- 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.