East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

Item 62

27th May 2015

Purpose Monitoring

Title	1. Update on Publishing of Nurse Staffing data on NHS Choices (April 2015 Planned & Actual staffing) 2. Results of Nurse & Midwifery Staffing Acuity Audit (23rd February to 15th March 2015)
Author	Mrs J Molyneaux, Deputy Chief Nurse
Executive sponsor	Mrs C Pearson, Chief Nurse

Summary: The paper details the Board's commitment to the publishing of staffing data regarding nursing, midwifery and care staff. It provides details of the staffing fill rates (actual versus planned) in hours published on the NHS Choices Website each month. Section 2 of the paper will discuss the results of the nurse staffing acuity audit undertaken for 21 days in February and March.

Report linkages

Related strategic aim and corporate objective	To improve patient experience by putting quality at the heart of everything we do. To develop services of the highest quality through innovation, pathway reform and the implementation of best practice. To invest in and develop our workforce and improve staff engagement and satisfaction levels. To further develop clinical service with key internal and external stakeholders to reduce health inequalities, improve public health and reduce cost across the health economy.
Related to key risks identified on assurance framework	All quality and patient safety risks.

Impact

Legal	~~Yes~~/No	Financial	Yes/~~No~~
Equality	~~Yes~~/No	Confidentiality	~~Yes~~/No

Previously considered by:

Purpose of the report

1. This paper will provide an update to the Trust Board in respect of the expectations set out by the National Quality Board (NQB) in November 2013, contained within "Hard Truths" (Department of Health 2013).
2. The report will also provide the Trust Board with an exception report for April 2015 actual and planned staffing figures as well as the outcome of the acuity audit undertaken in February and March 2015 over 21 days

Summary Headlines

3. As in previous months April was an extremely challenging month for nurse staffing within the organisation. No new causative factors have been identified and remain similar to previous months:
   a) High level of vacancies
   b) Sickness and absence levels
   c) Ability to match demand for nurse staffing with bank and agency fill rate/availability, particularly through the school holiday periods
   d) Limited coordinators available on day light shifts
   e) Increased attendance/acuity of patients through the emergency department and urgent care
   f) Escalation wards open, C2 and C9 for part month
   g) Extra beds open on various wards
   h) D1 has been was de-escalated as an escalation ward; however D5 ward has been closed and re-located to D1. D5 bed base has been increased from 13 beds to 20 beds as escalation.

Areas for Concern – April (below 80% actual versus planned)

   a) 15 wards fell below an 80% actual versus planned for registered nurse hours on daylight shifts
   b) 2 wards fell below an 80% actual versus planned for care staff for daylight hours
   c) 0 ward fell below an 80% actual versus planned for registered nurses for night duty shift
   d) 2 wards fell below an 80% actual versus planned for care staff for night duty shifts

Performance

4. There were also shifts under the 95% actual versus planned (see appendix 1) and the themes for them being as such, remain as in other months and will be discussed later in the report.

5. Areas Cumulatively below 80% Planned Hours

WARD	RN/RM DAYS Jan 15	RN/RM NIGHTS Jan 15	RN/RM Days Feb 15	RN/RM Nights Feb 15	RN/RM Days Mar 15	RN/RM Nights Mar 15	RN/RM Days Apr 15	RN/RM Nights Apr 15
Ward 2 AVH	79.0%		78.6%					
B6			79.9%					
B8			79.5%				72.5%	
C1	75.0%		70.1%		70.6%		67.5%	
C10					79.0%		75.0%	
C11	73.8%		70.1%		70.6%		70.0%	
C14	78.7%				79.6%		78.6%	
C2	75.4%		73.7%		74.2%		71.3%	
C3	75.4%		74.3%		72.3%		69.0%	
C4			78.6%				79.2%	
C6							79.6%	
C9	79.0%		62.1%		61.3%			
D3	73.4%		77.8%		78.8%		77.1%	
D1	76.0%		62.5%		62.9%		71.7%	
Ward 15								
Ward 16								
Ward 23			79.5%				79.2%	
Ribblesdale								
Hartley	73.0%		62.5%		67.3%		70.0%	
Marsden			74.6%		71.4%		78.8%	
Reedyford	68.1%		71.9%		69.0%		72.5%	
Burnley Birth Centre								
Blackburn Birth Centre								
Ward 28		64.7%**						
NICU								
Total Areas:	11	1	15	0	12	0	15	0

*** Ward 28, may plan for night staff overnight, but often closes; therefore plan doesn't always meet actual

RN – Registered Nurse

RM – Registered Midwife

For transparency, going forward from February when ward 28 closes, their planned hours will be removed from the submission. Any staff available are moved to other areas.

WARD	CARE STAFF DAYS Jan 15	CARE STAFF NIGHTS Jan 15	CARE STAFF DAYS Feb 15	CARE STAFF NIGHTS Feb 15	CARE STAFF DAYS MAR 15	CARE STAFF NIGHTS MAR 15	CARE STAFF DAYS Apr 15	CARE STAFF NIGHTS Apr 15
Ward 2 AVH								
C5					79.7%		79.6%	
C9								42.9%
C10								
C11								
C14								
C2								
C3								
C9								
D3								
D1								
Ward 15								
Ward 16								
Ribblesdale								
Hartley								
Marsden								
Reedyford								
Burnley Birth Centre								
Blackburn Birth Centre	62.5%		64.3%		59.4%		47.7%	
Ward 28								
NICU	74.2%	58.1%	52.7%	57.1%		37.9%		36.7%
Total Areas:	2	1	2	1	2	1	2	2

6. Composite percentage for all ELHT Wards for April 2015

	Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Apr-15	87.7%	110.4%	97.9%	110.2%

7. Appendix 2 highlights safe staffing return and nurse sensitive indicators.

Issues Effecting Actual versus Planned

Family Care

8. Where areas were under planned hours this was due to:

a) Increased sickness – managed to bank up to maintain safe trained staffing levels, though there was limited Health Care Assistant (HCA) support on nights in Neonatal Intensive Care Unit (NICU) and Central Birth Suite, and on days at Blackburn and Burnley Birth Centres. Sickness and retirements again had an impact on midwifery staffing levels at Blackburn Birth Centre throughout the month, but birth activity was lower than usual at the Birth Centre so safe staffing levels were maintained.

b) Vacancies – all posts have been recruited too, however all staff are not in post as yet. Support staff are moved to other areas to support increased acuity

c) Maternity leave – there are high levels of maternity leave particularly in Paediatrics and NICU.

9. No care issues were identified as a consequence. Where required community midwives support birth centres and birth suites. Band 7 midwives and ward managers give up management time and worked in numbers.

10. The staffing figures do not reflect how many women were in labour or acuity of areas.

Surgical and Anaesthetic Service

11. Where areas were over planned hours this was due to

a) Increased requirement for 1:1 care and bay tagging (clinical support only)

b) Staff returning from long term sick that are extra to the rota but declared in numbers for transparency reasons.

c) Increased capacity – extra beds opened on Urology Admissions Unit (14 days out of 30 days in April

12. Where areas were under planed hours, general themes were:

a) Vacancies which are been recruited to many which are pre-registration with start dates in Sept 15

b) Maternity leave

c) Sickness which is managed within policy

d) Unfilled bank or agency shifts

e) Third nurse on night duty, being moved to support other areas when required

f) No coordinator on-duty during day light hours

13. No actual harm incidents have been identified as a consequence of staffing

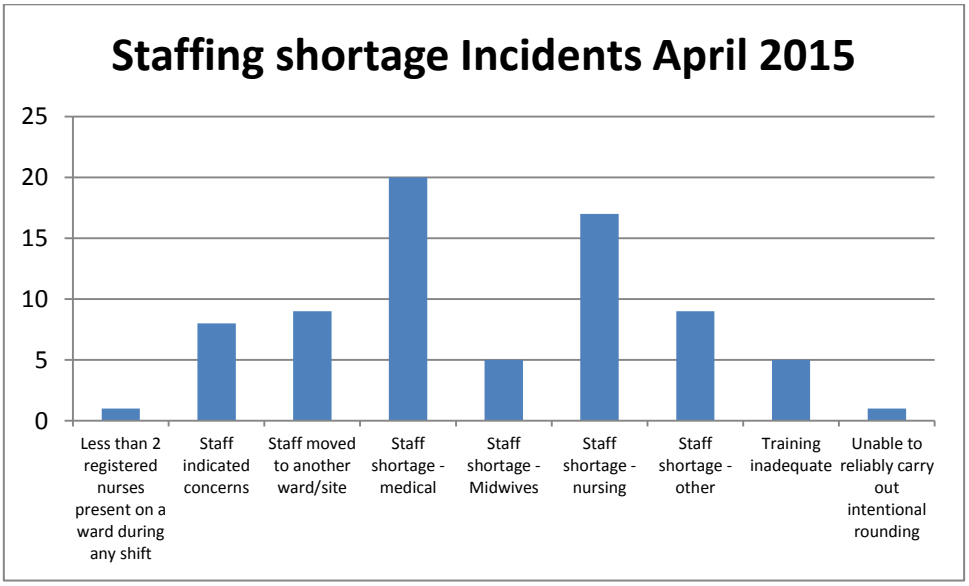
Integrated Care Group

14. Overall during April it has been particularly challenging to provide safe staffing across the division due to the availability of temporary nursing staff during school holiday period
15. Where areas were over planned hours, general themes were as in previous months
    a) Increased health care support workers to compensate for registered nurse gaps
    b) Increased requirements for 1:1 care.
16. Where areas were under planned hours, general themes are as in previous months:
    a) High proportion of under planned hours is as a consequence of having no coordinator on duty during day light hours
    b) Vacancies
    c) Sickness
    d) Maternity leave
    e) Unfilled band or agency shifts
    f) Escalation wards – C9 and C2 (which is only substantively staffed), D1 increased from 13 beds up to 30
    g) "Third" nurse on night duty, being moved to support other areas when required.
17. Of those wards with an overall deficit of below 80%, wherever possible extra healthcare support workers were deployed, and Assistant Practitioners utilised, adjoining wards helped as they could. Ward 23 had only 1 Registered Nurse on night duty on the 15th April due to unpredictable short term sickness. Additional health care support workers supported the registered nurse as well as the site night duty sister. Reedyford ward had only 1 Registered Nurse on duty on the 23rd again as a result of sudden sickness, the nurse being sent home sick. The other two wards at Pendle supported the ward.
18. DATIX incidents submitted in respect of staffing, have not identified any harm to patients. One incident did however identify delays in the administration of medications (D1 ward)
19. A number of wards fells below a 1:8 ratio on occasions, there were no subsequent harms reported
20. Several wards within Integrated Care Group are expected to see improved staffing over the coming months when newly qualified Registered Nurses obtain their Nursing and Midwifery Council registration (PIN number)

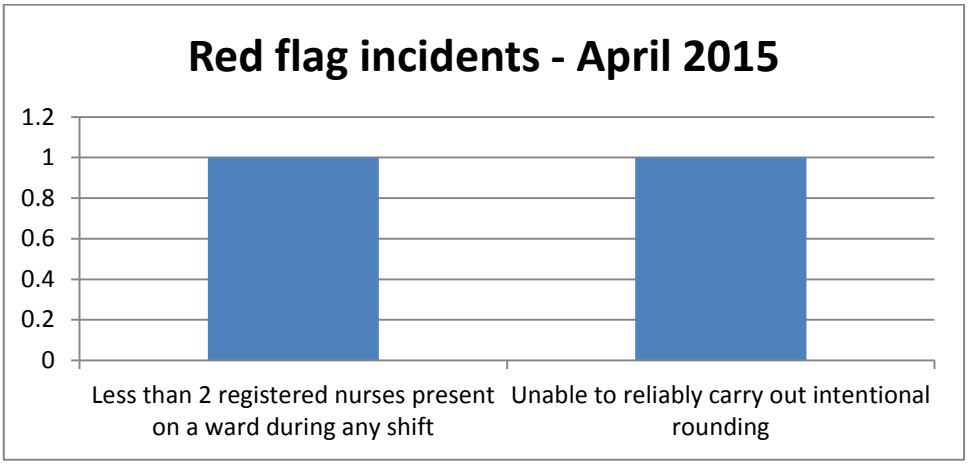
Staffing Related Datix

21. For the month of April 2015, 82 incidents of staffing shortages were reported as compared to 82 incidents reported within March 2015. Of these, no incidents were

recorded as causing actual harm to patients. The following graph details incidents by sub-category.



22. Two red flag incidents relating to less than 2 registered nurses being on a ward were reported within April 2015 as compared with 3 within March 2015.



April 2015 Recruitment Update

Division	New starters April 14 To April 15 in post Whole Time Equivalent (WTE)		In pipeline recruitment (WTE)		Outstanding vacancies per division 30 Apr 2015 (WTE)	
	RN	HCA	RN	HCA	RN	HCA
ICG	115.93	32.04	101	4	89.60	16.19
SAS	40.75	23.26	40	7	3.13	-7.00
Family Care	55.35	10.77	6	4	22.40	14.04

Total:	**212.04**	**66.08**	**147**	**15**	**115.13**	**23.23**

Predicted Start Dates for New staff

	Numbers of Registered Nurse		Numbers of Health Care Assistant	
April	ICG	4	ICG	1
	SAS	6	SAS	3
	F/Care	1	F/Care	1
May	ICG	18	ICG	
	SAS	1	SAS	
	F/Care	4	F/Care	2
June	ICG	25	ICG	3
	SAS	15	SAS	
	F/Care	1	F/Care	
July	ICG	1	ICG	3
	SAS		SAS	2
	F/Care		F/Care	
August	ICG		ICG	
	SAS		SAS	
	F/Care		F/Care	
September	ICG	53	ICG	
	SAS	18	SAS	
	F/Care		F/Care	
October	ICG		ICG	
	SAS		SAS	
	F/Care		F/Care	
Total		147		15

ICG – Integrated Care Group

SAS – Surgical and Anaesthetics Division

F/ Care – Family Care Division

23. Active recruitment continues

a) Marketing via social media

b) Business case has been approved to undertake international recruitment. Plans are underway to recruit to two cohorts of 40 registered nurses. Expecting

agreement imminently of approved recruitment agency

c) The recent test of change to recruit to band 5 physiotherapists to support care delivery at ward level was unfortunately unsuccessful. This was due to insufficient applicants. Posts have gone back to advert, hopefully attracting physiotherapist due to qualify in the summer months.

d) At a recent recruitment event held at UCLAN, over 40 student nurses from outside of ELHT expressed an interest of working here on qualifying. Contact details were taken and will be followed up

e) Another recruitment open day is in the planning stages

f) Advertisement for the Trust is going in the armed forces magazines

g) The Trust has attended national recruitment events

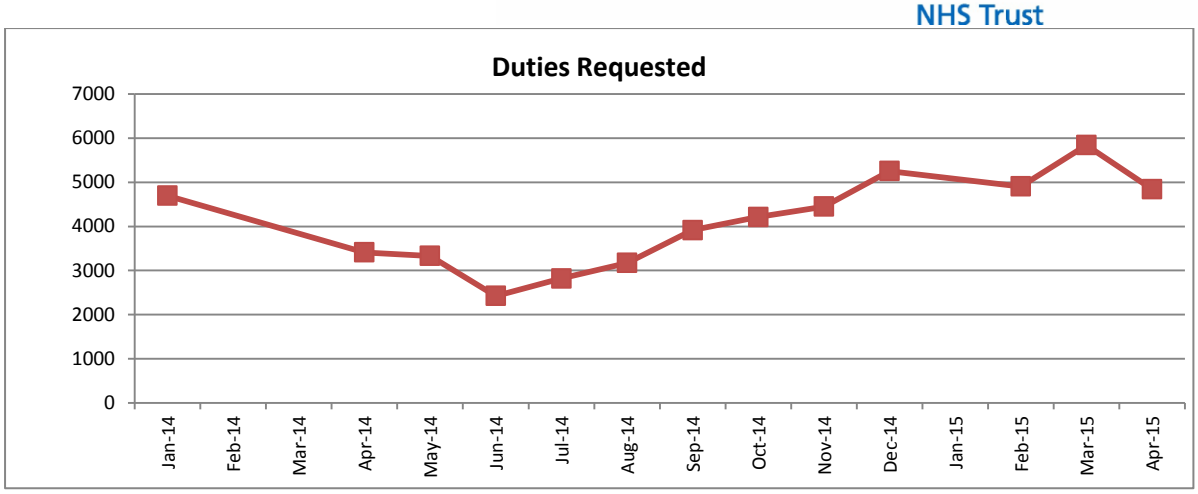
h) Recruitment adverts are planned for the “shuttle bus”

i) A concerted campaign is about to be launched to attract more bank health care support workers

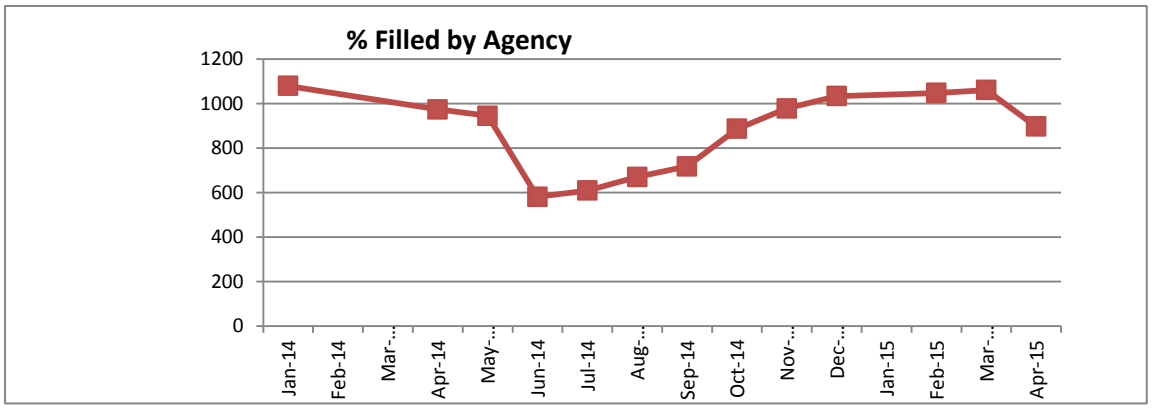
Bank & Agency Fill rates April 2015

All Duties Requested (Includes DCS)

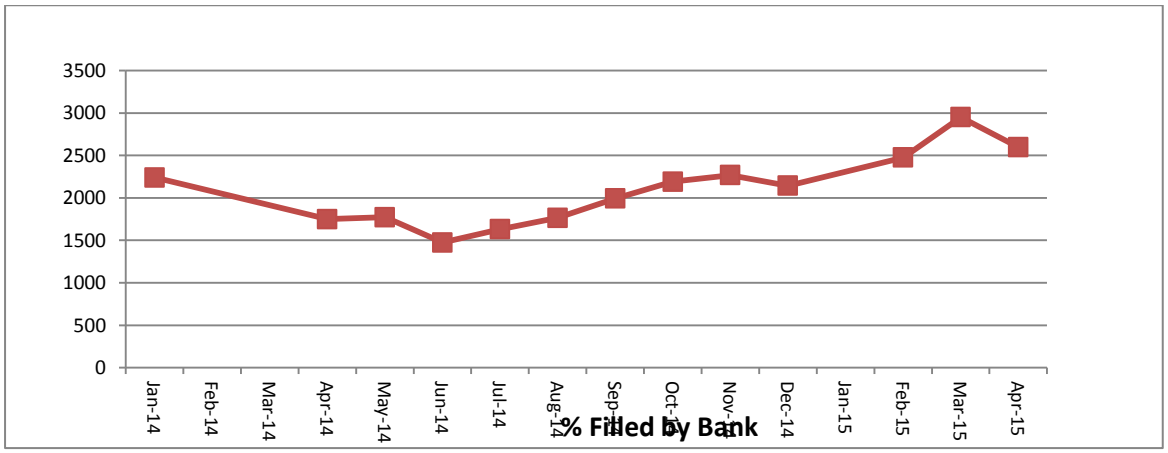
	No of Shifts Requested		% of shifts filled by Bank or Agency				% of shifts unfilled	
Division	RN	HCA	RN Bank	RN Agency	HCA Bank	HCA Agency	RN	HCA
ICG	1673	1649	**35.02%**	**27.50%**	69.86%	11.95%	37.48%	18.19%
SAS	390	530	26.66%	25.90%	73.4%	9.62%	47.44%	16.98%
F/Care	331	202	76.73%	43.07%	53.47%	0.3%	26.88%	11.39%
Total	2265	2555	38.01%	28.61%	67.24%	9.78%	33.73%	22.94%



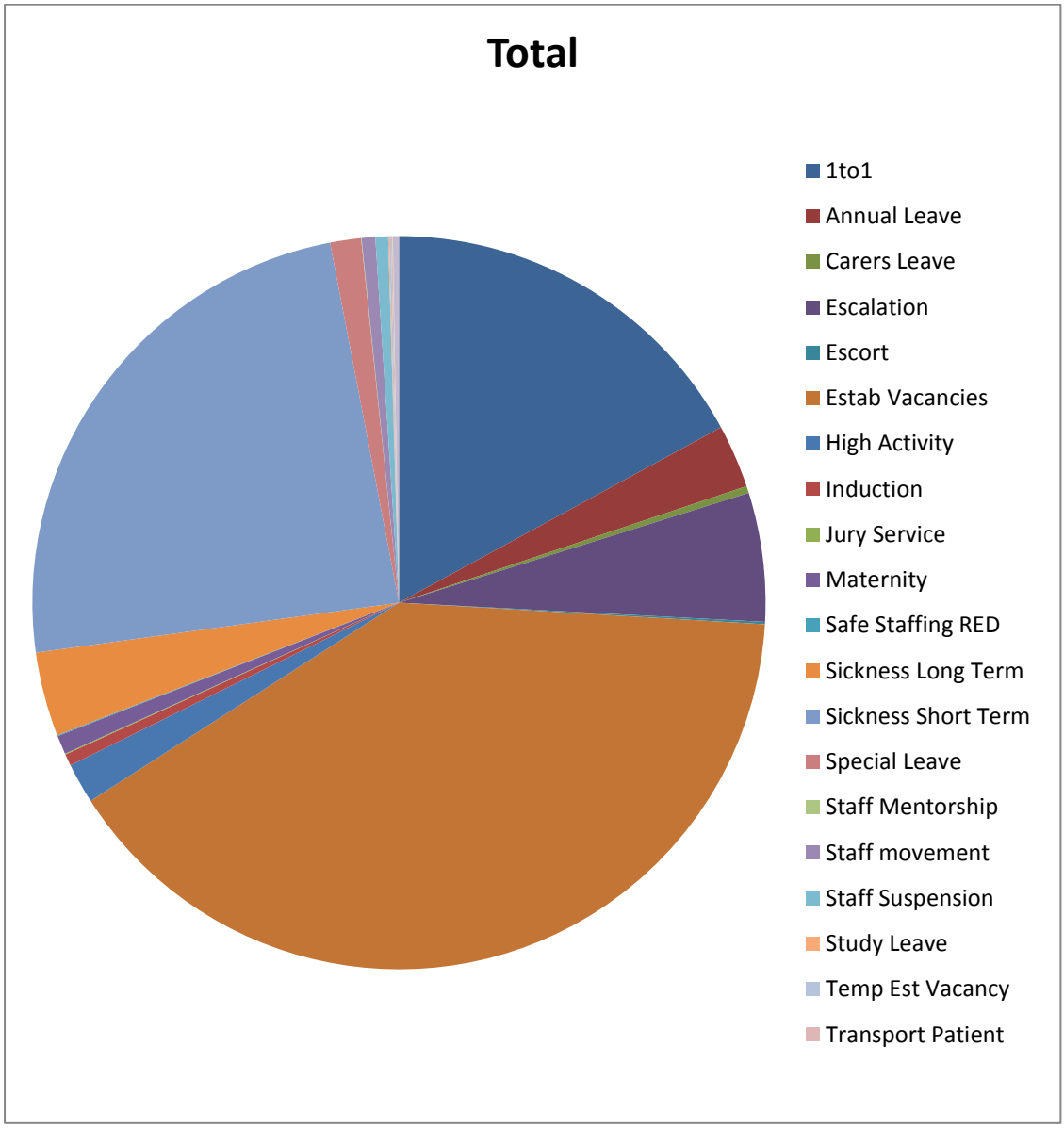
Percentage of Shifts Filled by Agency



Percentage of Shifts Filled by Bank



By Request Reasons



24. In order to support the staffing issues experienced in April requests to all framework agencies continued.

Actions to Support Staffing

a) 3 times a day staffing safety huddles, staff moved across organisation to support and mitigate risk continues
b) Increased Matron cover on site at weekends continues as well as band 7 nurse
c) Contingency staffing plans for the weekend agreed and disseminated on Friday
d) Trust continuing to recruit locally, nationally and soon internationally
e) Part time staff have been given the opportunity to increase their hours
f) Staff on 36 hour contracts have been offered 37.5
g) Staff who have retired offered the opportunity to return

h) Staff being paid their substantive pay rate for bank shifts (5,6,7)
i) Weekly pay role for bank staff agreed and now in place
j) Funded vacancies for band 5, 6,7 nurses exempt from vacancy review panel, thus speeding up recruitment time.
k) Consultation underway to agree 8 week notice for band 5 staff as opposed to 4 weeks' notice.

Summary

25. Staffing continues to be problematic, compounded by escalation beds, vacancies, sickness and absence and bank and agency fill rates, whilst recruiting to the staffing levels of 1:8 and coordinator shifts in day light hours
26. The senior nursing team continue to work hard to ensure wards are supported. staff are moved on the premise of risk assessment and in order to mitigate risk. This may mean that staff are moved for part shifts.
27. Many of the shifts not filled are as a consequence of there being no coordinator on duty and because of the investment the Trust has made into the nursing budgets being beholden to filling the vacancies created.
28. There are currently 147 registered nurses in the recruitment pipeline. It should be noted that this changes frequently due to start times changing, depending on recruitment checks etc.
29. Outstanding vacancies continue to reduce month on month
30. The Keith Hurst acuity model was repeated as off the 23rd February for 21 days. The results of which will be discussed in part 2 of this report

Recommendation

31. The Trust Board is asked to:

a) Receive the report and agree its content.

Section 2

Results of Nurse & Midwifery Staffing Acuity Audit (23rd February to 15th March 2015)

Introduction

1. This additional report will inform the Trust Board of the results of the Nurse Staffing Acuity Audit undertaken in February and March, utilising the Keith Hurst (KH) Acuity Model, It will include a review of midwifery staffing numbers using the BirthRate + criteria and calculation tool

Overview

2. The ward acuity audit benchmarks ELHT wards against 'best practice' wards to gain a better understanding of staffing levels. The audit uses the methodology and staffing multipliers set out by Dr Keith Hurst, who recommends that it should be completed every 6 months.

Benchmark Wards

3. Keith Hurst's model uses a number of different ward types to benchmark against, the main 3 used at ELHT are:
   a) Acute
   b) Elderly Care
   c) Medical Elderly

   All have 5 levels of acuity but use different definitions of acuity and different staff multipliers. The Divisional Deputy Chief Nurses agreed which of the Keith Hurst ward types to benchmark their wards against

Data Collection and Calculations

4. The main data collected over the 21 days (last day was 15 March 2015) shows the number of patients at each acuity level staying on the ward. This data is fed into the Keith Hurst model which calculates the recommended staffing.

Analysis and Modifications

5. The number of beds on a ward does not directly affect the number of recommended staff. The number of patients requiring 1 to 1 care is taken into account as part of the acuity (i.e. Elderly Care class this as a level 4b patient and Medical Elderly class this a Level 2b patient). The Acute Ward type does not take into account patients requiring 1 to 1 care. The KH model assumes each ward will have a Ward Manager and a Deputy Ward Manager who spend 60% of their time on supervision. ELHT allows 2 wte per

ward for supervision (one for early and one for late shifts). To take account of this the recommended number of registered nurses has been increased by 0.8 wte per ward.

Wards <u>Excluded</u> from the March 15 Audit (Keith Hurst Model, does not support all areas)

4438	Ward 6	4195	Rossendale Birth Centre
5362	Critical Care/POCU	4165	Central Birthing Suite
4316	Surgical Day Case Burnley	4192	Burnley Birth Centre
5352	SADU	5256	Blackburn Birth Centre
4212	CMIU BGH	4200	Antenatal Ward
4214	Childrens Day Case Unit	4203	Postnatal Ward
5210	Childrens Unit RBH	4215	NICU Neonatal ICU
5214	COAU RBH	6064	Urgent Care Centre RBH
5288	Gynaecology EAU	6074	Urgent Care Centre BGH
4175	Gynaecology Daycase Unit	R197	Minor Injuries Unit AVH
6058	D1 Medical Step Down		

6. As more specialised acuity tools become available and are endorsed by NICE, further work will be undertaken for those areas not currently covered by the KH model of acuity.

Understanding the Acuity Data

7. Appendix 3 details the acuity results alongside the current nursing establishments based on a previous professional judgment review. Appendix 3 also details the recommended WTE for Registered Nurses and Health Care Assistants based on the acuity audit undertaken in February and March 2015, and as a comparison the results of the audit undertaken in August 2014.
8. Each benchmark ward has an expected split of patients between the 5 acuity levels. Some of the wards at ELHT have a very different mix of patients than the ward they are benchmarked against. This needs to be taken into account when making staffing decisions. The Acuity Report highlights whether the ELHT ward is similar to the benchmark ward based on an absolute variance of 10% or more. Of the 36 areas audited this time only 17 were similar to the benchmark
9. Overall the Feb/March 2015 audit is showing an under establishment of 9.68 WTE Registered Nurses and an over establishment of 56.74 WTE Health Care Assistants

The Results

10. There remain several anomalies with the tool and the capture of the data which will be addressed through the introduction of the Allocate Safer Care Tool which will negate the need to undertake the 6 monthly acuity audit as the recording of acuity and dependency will be recorded and monitored on a shift by shift basis and will become embedded custom and practice. A recent business case for the Safer Care Tool has been agreed and we are currently negotiating an implementation plan with the company.
11. It is clear on reviewing the data, that some wards really understand the process and data capture and some wards remain unclear with the process, there are some increases and indeed decreases to establishments that would not enable the ward to produce a viable, safe roster. A robust training and education programme will be introduced to support the roll out of the Safer Care Tool, with non-compliance being addressed through the Chief Nurse performance and accountability meetings with ward managers and matrons, which are currently being set up.

General Themes

12. This is the second audit undertaken and the caveat remains that staffing recommendations should be made alongside professional judgment and the collection of data over time. A further professional judgement review of nursing establishments with finance colleagues is due to take place late summer early autumn, which will include the review of health care assistants' numbers.
13. Almost half of the wards did not meet the benchmark ward. The safe care tool will enable us to build a bespoke system.
14. The tool does not easily translate for those wards with smaller bed bases or for those wards that run clinics from their wards, or have a combination of trolleys and or beds. For example coronary care or surgical triage unit.
15. The requirement for 1:1 care needs further exploration as the tool doesn't capture this.
16. At the times of staffing pressures pertaining to Registered Nurses, the levels of health care support workers are increased.
17. Some wards do not have funded establishment therefore their results will always be skewed.

Family Care

Midwifery Staffing

18. A review of midwifery staffing numbers has been undertaken using BirthRate+ criteria and calculation tool, in line with the recently published NICE guidance for Safe Midwifery Staffing for Maternity Settings (NICE, 2015).

19. The number of required WTE midwives based on the number of births in the previous twelve months using the BirthRate+ calculation is 210.5 (excluding 14.4 WTE managerial and non-clinical posts) which equates to a ratio of 1:30.4
20. The number of WTE midwives in post at the end of March 2015 is 210.8 (excluding 14.4 WTE) which is a ratio of 1:30.4. This would therefore suggest that the current staff in post numbers and ratio are adequate, however consideration needs to be given to the fact that the service is delivered across several sites and the calculation does not allow for this.
21. The new NICE guidance requires predicted staffing levels to be calculated using numbers of predicted births in the following six months. These predictions are based on numbers of dating scans.
22. Predicted birth numbers over the next six months are anticipated to reduce slightly from the previous year. Based on the BirthRate+ (BR+) calculation the number of WTE midwives required is 209.2 excluding 14.4 WTE for managerial and non-clinical hours as per BR+ guidance

NICU

23. The unit is currently staffed on the following ratio:

Intensive care 1:2
High Dependency Unit (HDU) 1:3
Special care 1:4

24. The above is not to BAPM (British Association of Perinatal Medicine) standards but is under the derogation process.

Room staffing numbers

25. Based on full occupancy of the unit, these are the staffing numbers required per shift.

Room / Cots	**Staff required**
Rm 1: 6 ITU & 2 HDU cots	4 trained
Rm 2: 6 HDU cots	2 trained
Rm 3: 8 SC cots	2 trained & 1 HCA
Rm 4: 4 SC cots	1 trained
Rm 5: 8 SC cots	2 trained
Total: 34 cots	**11+1**

26. Staffing levels for NICU recently had to be submitted to the CRG (Clinical Risk Group) taskforce. The document was based on staffing to BAPM standards. This showed we would require a further 40+ staff to meet those standards. The network has acknowledged that staffing to BAPM standards is unachievable and unaffordable and has escalated the issue nationally.
27. Neonatal services are commissioned by Specialised Commissioning based on the 2001 BAPM standards, but units are having to report against the 2011 standards.

Neonatal nurse staffing requirements

28. The following table demonstrates current establishment and actual requirements due to pressures or service developments

Ward / Area	Band	Current establishment	Required staffing numbers	Rationale
NICU	Band 7	4.8 WTE	6 WTE	To provide 24/7 Band 7 cover to coordinate the unit and provide leadership & managerial expertise.
	Band 6 (Qualified in Specialty)	22.12 WTE	21.86 WTE	4 Band 6 per shift 24/7
	Band 5	39.78 WTE	38.25 WTE	7 Band 5 per shift 24/7
Transitional Care	Band 5	Not established	5.46 WTE	To provide TC support to babies on postnatal ward – 1 nurse 24/7. Currently only providing 12/7 at a pressure to the unit.
Transport team	Band 5	1.36 WTE	1.36 WTE	To provide transport service alternate weeks
Retinopathy screening	Band 5	Not established	0.26 WTE	
Training support	Band 6	Not established	1.0 WTE	To support clinical practice on the unit,

				assist in training, preceptorship.

Several pressures in NICU staffing are highlighted in the above table:

29. Another 1.2 WTE Band 7's are required to provide 24/7 leadership and expertise. This is essential for nursing management and leadership but more so given the staffing issues on the medical rotas and the impact on skill mix of the medical team.
30. Transitional care service is not funded, but there are 12 transitional care cots on the postnatal ward and without this service, these babies would all need to be in NICU. The support ideally needs to be 24/7 but is currently 12/7 at a pressure to the unit. The divisional accountant is currently exploring if transitional care is funded within the trust.
31. The retinopathy screening service is not funded, but needs to be delivered.
32. A training post is urgently required to ensure all nurses are equipped with the required training and clinical practice support required in an intensive care unit. This was one of the development discussions with the CQC. This post is therefore going to be advertised and will have to be taken from establishment.
33. Consideration is not reflected in the uplift in the unit for the fact that staff have to complete so much additional training to work in the unit they have to be qualified in specialty to work in high dependency and intensive care.
34. Due to the above posts that have to be staffed from existing establishment, the staffing levels in the unit itself are consequently impacted, and therefore the need to utilise bank and agency staff is required to ensure safe staffing levels.

Paediatric Staffing

35. The Royal College of Nursing guidelines on safe paediatrics staffing, along with professional judgment have been applied to identify safe staffing levels for Children's Services.
36. .The review of our registered sick children's nursing establishment using professional Judgment identified a gap in the budget establishment of **12.70 WTE Registered Sick Childrens Nurses (RSCNs).**
37. This required establishment includes an increased 2% within establishment for absences applied to take account of our abnormally high maternity leave gaps. There is clear evidence to demonstrate a gap in establishment of between 7-12 WTE nurses on maternity leave for the last 3 consecutive years and our staff profile indicates an all-female and very young workforce so this pressure is likely to continue. Whilst the 22 % uplift rate takes into account general absence, our unique situation requires an increase in establishment to maintain safe staffing levels.

38. The review of our registered sick children's nursing establishment, using the RCN (2014) recommendations, identifies a gap of **36.67 WTE** RSCN. This is calculated on 100% occupancy.
39. The staffing requirements also need to be reviewed to include dependency of patients, different acuity tools are currently being trialled in the tertiary centre prior to a national recommendation being made.
40. Operational challenges for the inpatient ward include:
    a) 20 Cubicles
    b) Wide spread geographical lay out of bays and cubicles
    c) Rapid changes in activity and dependency of patients
    d) Management of HDU and stabilisation of the critically ill child within the unit.

Required Actions

41. Seek Divisional approval to continue to recruit staff, additional to establishment to provide safe staffing, taking into account our abnormally high maternity leave gaps - presently 11 members of staff will be on Maternity leave over the winter period
42. Seek additional funding to increase funded establishment by **12.70** WTE band 5 staff nurses.
43. Complete a staffing review utilising an acuity tool once a valid tool is agreed nationally.
44. Going forward the Paediatric Clinical network will provide the opportunity to bench mark across the region, with regards to the RCN standards.

In Conclusion

45. The collection and collation of the acuity data remains an iterative process. The implementation of the Safer Care Module will provide real time acuity data, and ultimately a more robust method of providing assurance to the board that nurse staffing levels consistently meet the acuity and dependency needs of patients. This piece of work will be further supported by the professional judgment review of nursing establishments.

Recommendations

46. The Board is asked to:
    a) Receive this report and support that this is an iterative process, with a need to collate staffing data over time to inform nursing establishments
    b) Paediatrics will be fully reviewed as part of the professional judgment exercise and nursing establishment review as will health care support workers
    c) To accept that nurse staffing establishment need to be formulated using a variety of methods, not just based on acuity tools