



Agenda Item 47/14a

**Meeting of the Board of Directors
Monday 29th September 2014**

Report of	Executive Director of Nursing & Quality
Paper Prepared By	Gill Goodwin, Quality Improvement Nurse Jackie Bird, Executive Director of Nursing & Quality
Subject/Title	Compliance with NICE Safe Staffing Guidelines
Background Papers	Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry February 2013; National Quality Board November 2013: How to ensure the right people, are in the right place at the right time; Department of Health January 2014: Hard Truths, the journey to putting patients first; Improving the Safety of Patients in England (Berwick Report) August 2013; NICE Safe staffing guideline [SG1]; Board of Director paper April 2014.
Purpose of Paper	To review and approve the nurse staffing levels as assessed using the safer Nursing Care Tool kit and in line with recommendations within NICE Guidance.
Action/Decision Required	To endorse the findings and conclusion of this 6 monthly nursing establishment review and approve the nurse staffing levels.
Link to: ➤ NHS Strategies and Policy	Outcomes Framework 2014/15 Implementation of NICE Guidance
Link to: ➤ Trust's Strategic Direction ➤ Corporate Objectives	Five Year Strategy
Resource Impact	
Risk Rating	
You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box.	Safer Nursing Care Tool© - SNCT Mersey Internal Audit Agency - MIAA



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Compliance with NICE Safe Staffing Guidelines

1. Background

- 1.1. Since June 2010 the Trust has carried out a bi-annual audit of patient acuity and dependency using the Safer Nursing Care Tool© (SNCT) formerly known as the AUKUH (Association of UK University Hospitals) tool. The tool calculates the baseline nursing establishment required to meet patient care needs, this has been used successfully to inform and support workforce planning over the last three years.
- 1.2 The SNCT findings have been reported to the Board 6 monthly, for the last two years, to provide assurance that the trust is taking a patient-centred, evidence-based, systematic approach to monitoring and reviewing nurse staffing levels.
- 1.3 The review of the Acuity Model conducted by Mersey Internal Audit Agency (MIAA) in January 2014 provided the Board with significant assurance regarding trust arrangements for data collection in relation to the acuity model.
- 1.4 Since the final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry was published in February 2013, a succession of publications outlining safe staffing requirements and the Government's commitment to these requirements has ensued, in recognition of the evidence that staffing levels are linked to the safety of care and that staff short-falls increase the risks of patient harm and poor quality care. For ease of review the reports are available through the following hyperlinks:
 - Berwick Review August 2013: [A promise to learn a commitment to act, improving the safety of patients in England](#)
 - National Quality Board November 2013: [How to ensure the right people with the right skills are in the right place at the right time](#)
 - Department of Health January 2014: [Hard Truths, the journey to putting patients first](#)
- 1.5 NICE was subsequently commissioned to develop guidelines on safe and effective staffing which for acute hospitals were published in July 2014. A compliance review against all the guidance is currently being completed and is focusing on the issues of the red flags of care.

2. Introduction

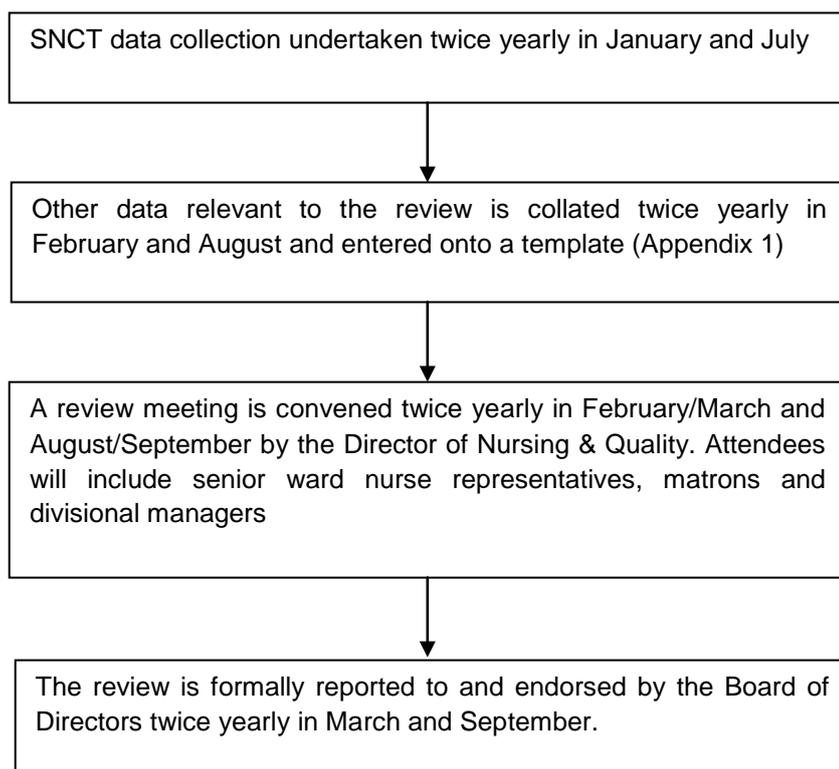
- 2.1 Although an evidence-based approach to ensuring safe staffing has been adopted by the trust for some time through the use of the SNCT, 2014 has seen the introduction of a range of additional processes to meet the expectations of the National Quality Board and Department of Health commitments which themselves are mirrored in the NICE guidance.
- 2.2 The NICE guidance addresses five overarching elements which need to be met those of:
 - Organisational strategy;
 - Principles for determining nursing staff requirements;
 - Setting the ward nursing establishment;
 - Assessing availability of nursing staff on the day to meet patient need;
 - Monitoring and evaluation of nursing staff establishments.

- 2.3 As a requirement of the guidance, the board of directors has monthly review of the details and summary of planned and actual staffing on a shift-by-shift basis through the performance report.
- 2.4 However, the guidance requires that organisational responsibility and accountability for budgeted nurse staffing establishments sits with the Board of Directors and must encompass a formal board level review of individual wards at least twice a year. This paper provides the board with the information required for it to discharge this duty.

3. The review of budgeted establishments

- 3.1 This review centres on the nursing care requirement of patients determined by acuity and dependency data (SNCT data). However, it includes consideration of all the other factors that can influence the nursing staff requirement including patient flow, the care environment, staff turnover, sickness rates, and patient harm data.
- 3.2 An important aspect of compliance with the NICE guidance is ascertaining the senior ward nurse's overall professional judgement of staffing need based on all the above information.
- 3.3 A review of the ward establishments was undertaken and the process used is described below in figure 1.

Figure 1: The process for reviewing ward staffing establishments



- 3.4 The review as described above was undertaken on the 1st September 2014, it was well received by all colleagues who attended and there have been a couple of learning points with regards how the supporting data will be required going forward as there were a number of variations on how this data was presented. The trend data was also available for comparison at each review meeting.
- 3.5 For each ward reviewed a proforma was completed and the output of each assessment and sign off can be seen at Appendix 1.

4. Safer Nursing Care Tool (SNCT) Data Trends – June 2010- June 2014

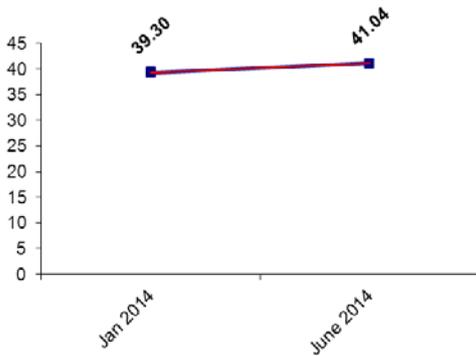
4.1 The trend data for each of the wards over the past four years can be reviewed below and for two wards where there has been a change in location or provision of services this has been greyed out until the point they came in to operation.

4.2 The SNCT kit is not used for the critical care facility as there are national guidelines on staffing levels although for fullness of this work a review of the critical care unit was carried out.

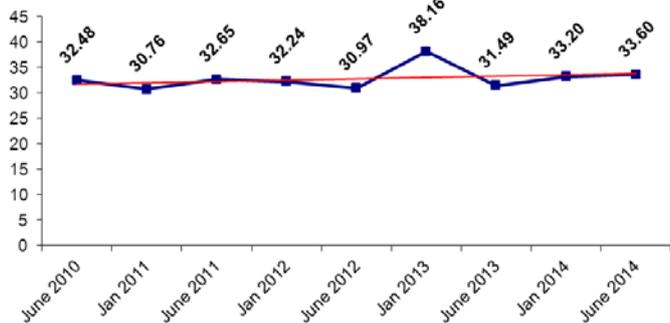
Ward	WTE recommendation from 9 SNCT data sets									Budgeted Nursing Establishment Jun-14 (Incl. Band 7)	Bed Occupancy Last 6 Months	
	Jun-10	Jan-11	Jun-11	Jan-12	Jun-12	Jan-13	Jun-13	Jan-14	Jun-14			
4/BMRU									39.30	41.04	41.68	94%
10	32.48	30.76	32.65	32.24	30.97	38.16	31.49	33.20	33.60	34.59	74%*	
11	35.17	35.89	32.57	30.38	33.60	33.57	36.28	32.00	37.16	35.94	92%	
12	37.11	38.84	37.12	36.05	34.73	33.54	32.35	34.70	34.71	37.22	94%	
MAU	29.84	28.74	29.59	30.06	33.64	29.60	29.38	30.36	33.36	31.00	82%	
Palatine									50.27	57.23	96%	

*Monday-Friday

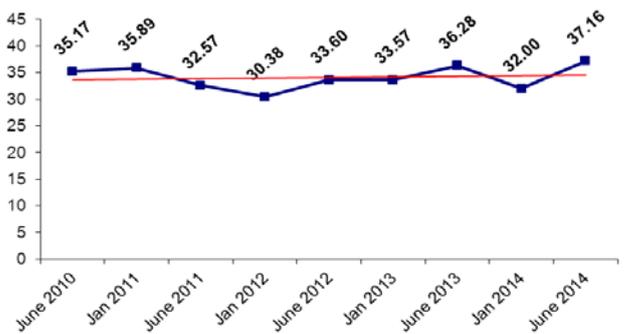
Ward 4/BMRU- WTE requirements emerging from SNCT data sets



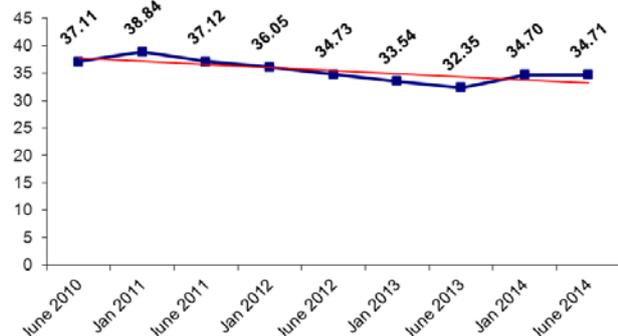
Ward 10 - WTE requirements emerging from SNCT data sets



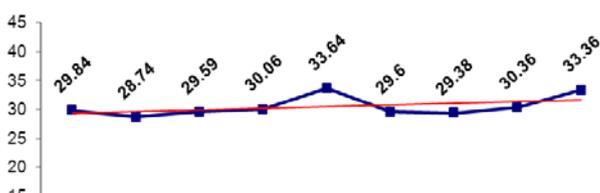
Ward 11- WTE requirements emerging from SNCT data sets



Ward 12 - WTE requirements emerging from SNCT data sets



MAU- WTE requirements emerging from SNCT data sets



5. Conclusion

- The review provides broad assurance that the budgeted nursing establishments currently set for the trust's in-patient wards align with the care needs of patients in the context of other workload sensitive factors and care quality. Review of the information in Appendix 1 demonstrates that increases to nursing establishments as the outcome of increase in activity and SNCT review has led to appropriate increases in establishment over the last year.
- However, there is recognition of the need for a further review of night staffing arrangements on ward 4, and a piece of work to examine the acuity of the upstairs and downstairs areas of the BMRU and ward 4 separately. This is under way.
- The Executive Director of Nursing & Quality has also formally requested a review to ensure the equalisation of staffing between Wards 11 and 12 based on a review of a year's worth of activity of the two wards.

6. Recommendations

- All processes related to safe nurse staffing need to be captured within a new policy which reflects the full NICE guidance including red flag events, this policy is currently being developed.
- The Board are asked to endorse the findings and conclusion of this 6 monthly nursing establishment review and approve the nurse staffing levels.

Appendix 1: Data to inform review of the budgeted nursing establishments

Palatine Ward

Current Budgeted Establishment	57.23 WTE
Current Skill Mix (Registered Nurses to Unregistered Nurses)	88% Registered 12% Unregistered
<i>Recommended Minimum Skill Mix (RCN)</i>	65:35
% Bed Occupancy (average over last 6 months May-June)	95.9%
Factors relevant to establishment review	
Patient Factors	
Baseline requirement based on patient acuity data - Safer Nursing Care Tool© data for June 2014	50.27 WTE Includes 16% uplift for annual leave & additional 6% uplift for other planned & unplanned leave
Other Patient Factors	Haematology and transplant specialist, Teenage & Young adult, Paediatric and Radioisotope services.
Ward Factors	
Ward Layout	<p>The ward has 31 side rooms, including 12 specialist Hepa rooms and 1 radioisotope room and is 100 metres long with 2 nurse bases, 2 treatment rooms and 2 sluice rooms included to reduce distances travelled by staff.</p> <p>The ward has a dual call bell system for nursing and non-nursing needs.</p> <p>Each patient room has its own set of equipment to ensure infection control standards and availability.</p>
Patient Flow – based on SNCT data for June 2014	

Evolution/Development of Service (Planned or Actual)	<p>Since opening there has been on-going integration of the haematology and TYA teams.</p> <p>There has been a review of nurse staffing and shift times and the new rostering system commenced on the 15th September 2014.</p> <p>There has been the introduction of an additional clinical practice facilitator to support the current postholder to support the integration and training of staff.</p>		
Nursing Factors			
Supervisory Status of Band 7 (WTE or %)	100%		
Sickness Rate	New ward so will be available in next review		
Staff Turnover (over last 6 months)	New ward so this will be available in next review		
Bank Use (over last 6 months) May and June data	New ward so this will be available in next review		
Support of Learners & New Staff	<p>2 clinical practice facilitators in post to train and supervise all staff to ensure competency levels are obtained and maintained and to provide extra support if required.</p> <p>There is a 12 month development programme for all new starters to the unit.</p> <p>Dedicated training days for haematology transplant and TYA specialities which are open for National attendance as well as internal staff.</p>		
Safety Factors			
Shifts where RN : Patient ratio exceeded 1:8 – based on SNCT data for June 2014	Early 0	Late 0	Night 0
Operational Safety Issues	<p>When paediatric patients are required to stay overnight on the ward or in the radio isotope room a paediatric nurse is required on every shift.</p> <p>Paediatric medical cover is provided by a permanent speciality grade doctor and a rotational Specialist Registrar from The Children's Hospital.</p>		

<p>% of nursing hours where actual met the planned hours: June 2014</p>		<p>For Registered Nurses: 89.2%- Day Shifts 103% - Night shifts</p> <p>For Care Staff 90.3% - Day shifts 35.3% Night shifts (the unit was merged in June and following a review of staffing new posts established awaiting staff coming into post)</p>					
<p>Nurse Sensitive Indicators of Quality (Data for last 6 months)</p>		Jan	Feb	Mar	Apr	May	Jun
	Falls (moderate & above)					0	0
	Pressure Ulcers (attributable Grade 2 & above)					0	0
	Medication Errors (attributable to nurses)					0	3
	Complaints (related to nurses or nursing care)					0	0
	MRSA bacteraemia					0	0
	Attributable C. Diff.					0	0
	Red Flag events (from July 2014)					N/A	N/A
<p>Professional Judgement and Recommendation of Senior Ward Nurse</p>		<p>The staffing levels are appropriate and meet the requirement of patient acuity with the addition of the extra unregistered staff agreed pre-opening which have been recruited to. The unit is highly specialised which is reflected in the high staff to patient ratio of 1:3 and 1:4.</p>					

Ward 10

Current Budgeted Establishment	34.59 WTEs
Current Skill Mix (Registered Nurses to Unregistered Nurses)	70:30
<i>Recommended Minimum Skill Mix (RCN)</i>	65:35
% Bed Occupancy (average over last 6 months)	74.7% Monday to Friday
Factors relevant to establishment review	
Patient Factors	
Baseline requirement based on patient acuity data - Safer Nursing Care Tool© data for June 2014	33.60 WTEs Includes 16% uplift for annual leave & additional 6% uplift for other planned & unplanned leave
Other Patient Factors	Patients requiring post op continuous monitoring therefore an increased dependency at ward level. Also an increased number of patients with dementia.
Ward Factors	
Ward Layout	4 x side rooms 6 x 4 bed bays
Patient Flow – based on SNCT data for June 2014	Very High
<p style="text-align: center;">Ward 10 - Patient Flow</p>	
Evolution/Development of Service (Planned or Actual)	Additional nurses recruited as part of the Gynaecological surgical transfer. Additional Surgical ward planned to open on the 29 th September in a temporary location until estates works are complete on ward 1.

Nursing Factors							
Supervisory Status of Band 7 (WTE or %)		60%					
Sickness Rate (June 2014)		6.54%					
Staff Turnover (over last 6 months)		2.89%					
Bank Use (over last 6 months)		77 shifts					
Support of Learners & New Staff		All new members of staff undergo a supernumerary period of 2-4 weeks. Induction packs and competency booklets are issued and staff are assigned a mentor.					
Safety Factors							
Shifts where RN : Patient ratio exceeded 1:8 – based on SNCT data for June 2014		Early 0	Late 6	Night 5			
Operational Safety Issues		4 monitored beds and high patient flow					
% of nursing hours where actual met the planned hours: June 2014		For Registered Nurses: 96.5%- Day Shifts 103.1% - Night shifts For Care Staff 84.4% - Day shifts 85.7% Night shifts					
Nurse Sensitive Indicators of Quality (Data for last 6 months)		Jan	Feb	Mar	Apr	May	Jun
	Falls (moderate & above)	0	0	0	0	0	0
	Pressure Ulcers (attributable Grade 2 & above)	0	0	0	0	0	0
	Medication Errors (attributable to nurses)	1	1	2	3	1	1
	Complaints (related to nurses or nursing care)	0	0	1	0	0	0
	Attributable MRSA bacteraemia	0	0	0	0	0	0
	Attributable C. Diff.	0	0	0	0	0	0
	Red Flag events (July 2014)	N/A	N/A	N/A	N/A	N/A	N/A
Professional Judgement and Recommendation of Senior Ward Nurse		The ward funded establishment is correct for the patient acuity.					

Medical Admissions Unit

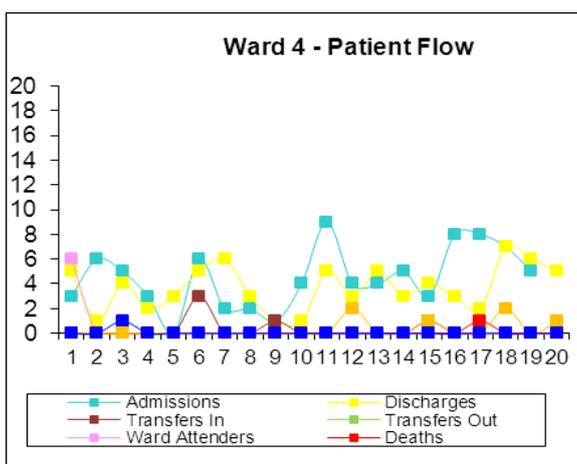
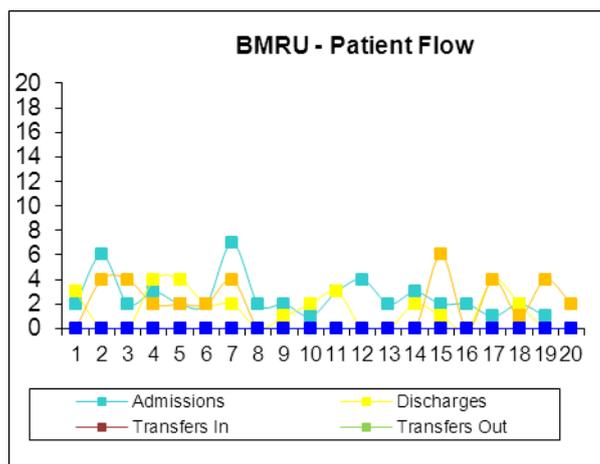
Current Budgeted Establishment	31 WTE
Current Skill Mix (Registered Nurses to Unregistered Nurses)	75:25
<i>Recommended Minimum Skill Mix (RCN)</i>	65:35
% Bed Occupancy (average over last 6 months)	82%
Factors relevant to establishment review	
Patient Factors	
Baseline requirement based on patient acuity data - Safer Nursing Care Tool© data for [June 2014]	33.36 WTEs Includes 16% uplift for annual leave & additional 6% uplift for other planned & unplanned leave
Other Patient Factors	All non-elective emergency admissions
Ward Factors	
Ward Layout	21 bed ward made up of 3 side rooms 10 beds on main ward and 8 beds in the annexe
Patient Flow – based on SNCT data for [June 2014]	Very High There has been a 13% rise in activity patterns in the last 6 months specifically between 4pm and midnight.
<p style="text-align: center;">MAU - Patient Flow</p>	
Evolution/Development of Service (Planned or Actual)	MAU staffing has been supported since Dec 2013 by using the christie nurse and health care assistant (HCA) bank. This has enabled an increase in HCA numbers to 2 per shift, and to provide an additional registered nurse to cover the Twilight shift(4-12pm). Both of these have allowed MAU to cope with the increased activity. The use of bank staff is a temporary

	<p>situation and the ward manager, matron and service manager have proposed a new permanent staffing model to the cancer centre services divisional board in June 2014 which has led to the funded establishment being increased by 2 registered nurses and a business case is coming forward for the required increase in un-registered carers.</p> <p>The Trust also supported a business case in September 2013, for Advanced nurse practitioner on MAU. This highly experienced senior acute oncology nurse provides clinical and professional support for the nursing and medical staff and to triage, clerk and access patients.</p> <p>Plans for 2018 are to open a new MAU, combining acute services, bed management, hotline and Emergency admissions services.</p>		
Nursing Factors			
Supervisory Status of Band 7 (WTE or %)	60%		
Sickness Rate	3.43%		
Staff Turnover (over last 6 months)	9.7%		
Bank Use (over last 6 months)	277 shifts		
Support of Learners & New Staff	All new nursing staff have a supernumery period.		
Safety Factors			
Shifts where RN: Patient ratio exceeded 1:8 – based on SNCT data for [June 2014]	Early 0	Late 0	Night 0
Operational Safety Issues	High patient activity		
% of nursing hours where actual met the planned hours: June 2014	<p>For Registered Nurses: 92.6%- Day Shifts 100% - Night shifts</p> <p>For Care Staff 86% - Day shifts 60% - Night shifts</p>		

		Jan	Feb	Mar	Apr	May	Jun
Nurse Sensitive Indicators of Quality (Data for last 6 months)	Falls (moderate & above)	0	0	0	0	0	0
	Pressure Ulcers (attributable Grade 2 & above)	0	0	0	0	0	0
	Medication Errors (attributable to nurses)	4	3	8	3	0	3
	Complaints (related to nurses or nursing care)	1	0	0	0	0	0
	Attributable MRSA bacteraemia	0	0	0	0	0	0
	Attributable C. Diff.	0	0	0	0	0	0
	Red Flag events (July 2014)	N/A	N/A	N/A	N/A	N/A	N/A
	Professional Judgement and Recommendation of Senior Ward Nurse	<p>The funded nursing establishment with the addition of the 2 registered nurses and 2 un-registered nurses (currently going through business case) meets the requirement of the unit following the 13% increase in activity over the last six months.</p> <p>The management team have been very supportive in enabling the business cases for the increase in the funded establishment.</p>					

Ward 4/BMRU

Current Budgeted Establishment	41.68 WTE
Current Skill Mix (Registered Nurses to Unregistered Nurses)	71:29
<i>Recommended Minimum Skill Mix (RCN)</i>	<i>65:35</i>
% Bed Occupancy (average over last 6 months)	94%
Factors relevant to establishment review	
Patient Factors	
Baseline requirement based on patient acuity data - Safer Nursing Care Tool© data for June 2014	41.04 WTEs Includes 16% uplift for annual leave & additional 6% uplift for other planned & unplanned leave
Other Patient Factors	<p>The ward specialises in complex head and neck cancers requiring close observation and higher levels of nursing skills and competencies.</p> <p>The ward also is the centre for molecular radiotherapy and internal brachytherapy treatments and again this requires enhanced competencies and training for staff.</p> <p>The ward has become the specialist ward in the trust for brain tumours and dementia patients.</p> <p>The ward cares for patients with spinal cord compression which require 5 staff to log roll to change position and provide care.</p>
Ward Factors	
Ward Layout	<p>A 33 bed ward split between bays, single side rooms and specialist treatment rooms.</p> <p>The ward is split over 2 floors and managed in 3 discrete sections requiring independent staffing.</p>



<p>Evolution/Development of Service (Planned or Actual)</p>	<p>The annexe of ward 4 is due for an upgrade in the next financial year.</p> <p>There is expected to be a growth in brachytherapy activity.</p> <p>Due to increased complexity of chemotherapy in ORTC there is a requirement for nurses on the ward to be able to administer bolus chemotherapy and give first patient talks.</p>		
<p>Nursing Factors</p>			
<p>Supervisory Status of Band 7 (WTE or %)</p>	<p>60% working towards 80%</p>		
<p>Sickness Rate June 2014</p>	<p>7.37%</p>		
<p>Staff Turnover (over last 6 months)</p>	<p>3.76%</p>		
<p>Bank Use (over last 6 months)</p>	<p>265 shifts</p>		
<p>Support of Learners & New Staff</p>	<p>Comprehensive supernumerary induction to all starters provided due to the specialist nature of the ward.</p>		
<p>Safety Factors</p>			
<p>Shifts where RN: Patient ratio exceeded 1:8 – based on SNCT data for June 2014</p>	<p>Early 0</p>	<p>Late 2</p>	<p>Night 8</p>
<p>Operational Safety Issues</p>	<p>On night shifts between Monday and Friday since the three discrete areas of the ward have opened it has not always been possible to provide the correct staff</p>		

		numbers and the Director of Nursing has asked for this to be reviewed.					
% of nursing hours where actual met the planned hours: June 2014		<p>For Registered Nurses: 97%- Day Shifts 103% - Night shifts (specialing for 1 patient)</p> <p>For Care Staff: 96.8% - Day shifts 102.2% Night shifts (specialing for 1 patient)</p>					
Nurse Sensitive Indicators of Quality (Data for last 6 months)		Jan	Feb	Mar	Apr	May	Jun
	Falls (moderate & above)	0	0	0	0	0	0
	Pressure Ulcers (attributable Grade 2 & above)	0	0	0	0	0	0
	Medication Errors (attributable to nurses)	0	0	0	2	3	0
	Complaints (related to nurses or nursing care)	0	0	0	0	0	0
	Attributable MRSA bacteraemia	0	0	0	0	0	0
	Attributable C. Diff.	0	0	0	0	0	0
	Red Flag events (from July 2014)	N/A	N/A	N/A	N/A	N/A	N/A
Professional Judgement and Recommendation of Senior Ward Nurse		On the whole the funded establishment meets the acuity requirements of patient care a piece of work to separate the acuity of the upstairs and downstairs of the BMRU and ward 4 separately is taking place.					

Critical Care Unit

Current Budgeted Establishment	29.6 WTEs
Current Skill Mix (Registered Nurses to Unregistered Nurses)	100% RNs
<i>Recommended Minimum Skill Mix (RCN)</i>	65:35
% Bed Occupancy (average over last 6 months)	80.1%
Factors relevant to establishment review	
Patient Factors	
Baseline requirement based on patient acuity data	For CCU there are national staffing guidelines.
Other Patient Factors	The unit accepts all non-elective emergency admissions and planned surgical admissions meeting the criteria for Level 2 & 3 care.
Ward Factors	
Ward Layout	4 bed bay 4 side rooms
Patient Flow	Work on-going to capture patient flow for the next six month report.
Evolution/Development of Service (Planned or Actual)	<p>The critical care unit has undergone significant operational and service changes, as a result of the external review carried out by the critical care network in 2012.</p> <p>As a result of the external review there has been an increase in nurse staff by 5 x band 5 to meet nurse ratio compliance.</p> <p>Level 3 patients are no longer transferred out for level 3 care. All patients are now supported on the unit with enhanced nursing support and medical support</p> <p>Partnership arrangement with UHSM was agreed in May 2014, to support the critical care unit with senior medical staff, facilitate transfers into the critical care for level2/3 care and provide an enhanced training programme for medical and nursing staff on level 3 care</p> <p>Partnership arrangement with UHSM</p>

	now supports on site cardiology respiratory and renal medicine as well as acute physician support.
Nursing Factors	
Supervisory Status of Band 7 (WTE or %)	60%
Sickness Rate	3.28%
Staff Turnover (over last 6 months)	16.89%
Bank Use (over last 6 months march-August)	94 shifts
Support of Learners & New Staff	<p>All new starters receive a protected supernumerary period – ranging from two to six weeks – dependent upon previous experience.</p> <p>In September we will have three new starters who will each require a minimum period of four to six weeks supernumerary</p> <p>All Learners are allocated Mentor Teams and two Student Liaison nurses work closely with both Learners and mentors to ensure learning needs/opportunities are met.</p>
Safety Factors	
Shifts where RN: Patient ratio exceeded 1:8	Not Applicable
Operational Safety Issues	<p>There has been a significant increase in level 2 and level 3 support on the critical care unit in the last 18 months, driven by an increase in emergency admissions and increased in surgical activity.</p> <p>We are commissioned for 1713 bed days of which we are currently over performing against this target.</p> <p>A twice daily meeting with theatre staff, CCU staff, consultant anaesthetist, outreach staff and service management to plan the day's activity against theatre scheduling and the outreach position for patients in escalation. This escalation also includes the executive team on call. This process has been well managed in the last 18 months, all planned activity has continued and no</p>

		emergency admissions have had to be transferred out.					
% of nursing hours where actual met the planned hours: June 2014		For Registered Nurses: 73.8% - Day Shifts 87.5% - Night shifts					
Nurse Sensitive Indicators of Quality (Data for last 6 months)		Jan	Feb	Mar	Apr	May	Jun
	Falls (moderate & above)	0	0	0	0	0	0
	Pressure Ulcers (attributable Grade 2 & above)	0	0	2	1	0	0
	Medication Errors (attributable to nurses)	2	2	2	0	0	0
	Complaints (related to nurses or nursing care)	0	0	1	0	0	0
	Attributable MRSA bacteraemia	0	0	0	0	0	0
	Attributable C. Diff.	0	0	0	0	0	0
	Red Flag events (from July 2014)	N/A	N/A	N/A	N/A	N/A	N/A
Professional Judgement and Recommendation of Senior Ward Nurse		Based on the funded establishment for six beds there are enough staff. To meet the national requirement of a supervisory nurse on each shift the Matron and ward leader are currently reviewing this situation.					

Ward 11

Current Budgeted Establishment	35.94
Current Skill Mix (Registered Nurses to Unregistered Nurses)	70.30
<i>Recommended Minimum Skill Mix (RCN)</i>	65:35
% Bed Occupancy (average over last 6 months)	92%
Factors relevant to establishment review	
Patient Factors	
Baseline requirement based on patient acuity data - Safer Nursing Care Tool© data for June 2014 During the period of data collection ward 11 admitted patients with more complex needs due to vacancies on ward 12.	37.16 WTE Includes 16% uplift for annual leave & additional 6% uplift for other planned & unplanned leave
Other Patient Factors	<p>Patients on ward 11 require intense nursing care. The ward treats acutely unwell patients.</p> <p>Treating IL2 patients requiring minimum of hourly interventions.</p> <p>Rituximab patients requiring 15 minute observations for the first hour of delivery, then every half hour for the duration of the administration, duration of treatment can be from 3 to 5 hours.</p>
Ward Factors	
Ward Layout	28 beds in 5 four bedded bays and 8 side rooms.
Patient Flow – based on SNCT data for June 2014	
<div style="text-align: center;"> <p>Ward 11 - Patient Flow</p> </div>	

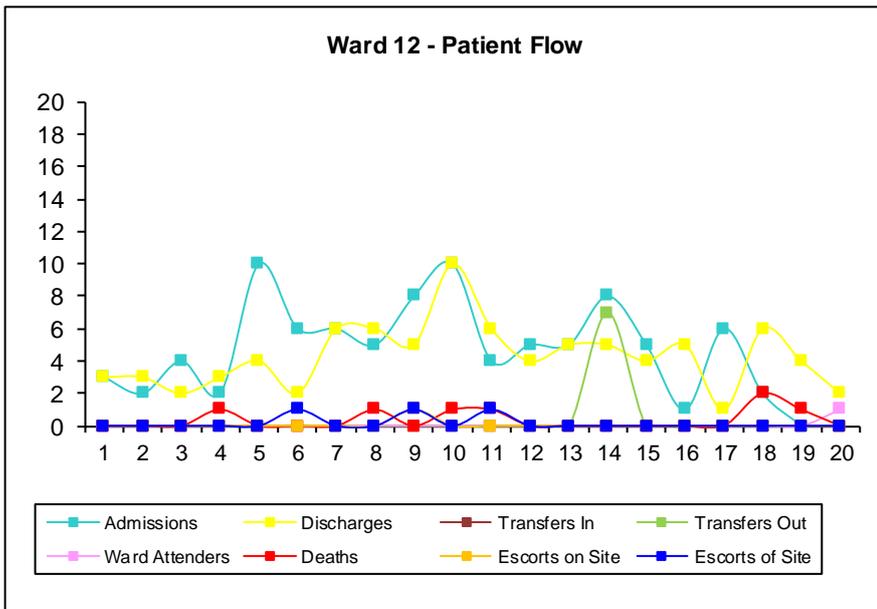
Evolution/Development of Service (Planned or Actual)		Any further growth in IL2 activity would require a review of the nursing establishment.					
Nursing Factors		Due to increased complexity of chemotherapy in ORTC there is a requirement for nurses on the ward to be able to administer bolus chemotherapy and give first patient talks.					
Supervisory Status of Band 7 (WTE or %)		60% (working towards 80%)					
Sickness Rate (June 2014)		4.32%					
Staff Turnover (over last 6 months)		7.8%					
Bank Use (over last 6 months)		113 shifts					
Support of Learners & New Staff		Ward 11 was awarded by Manchester University in 2013 Placement of the year, and have been nominated again in 2014.					
Safety Factors							
Shifts where RN : Patient ratio exceeded 1:8 – based on SNCT data for June 2014		Early 1	Late 1	Night 3			
Operational Safety Issues		All staff aware of staffing escalation process.					
% of nursing hours where actual met the planned hours: June 2014		For Registered Nurses: 89.6%- Day Shifts 101% - Night shifts For Care Staff 83.1% - Day shifts 100% Night shifts					
Nurse Sensitive Indicators of Quality (Data for last 6 months)		Jan	Feb	Mar	Apr	May	Jun
	Falls (moderate & above)	0	0	0	0	0	0
	Pressure Ulcers (attributable Grade 2 & above)	1	0	1	0	1	1
	Medication Errors (attributable to nurses)	7	6	6	3	3	3
	Complaints (related to nurses or nursing care)	1	0	0	0	0	0
	Attributable MRSA bacteraemia	0	0	0	0	0	0

	Attributable C. Diff.	0	0	0	0	0	0
	Red Flag events (from July 2014)	N/A	N/A	N/A	N/A	N/A	N/A
Professional Judgement and Recommendation of Senior Ward Nurse		Ward manager suggests on evidence that they are 1 WTE down and it was agreed through the review meetings that there needed to be an equalisation of staffing between ward 11 & 12 to address this issue					

Ward 12

Current Budgeted Establishment	37.22 WTE
Current Skill Mix (Registered Nurses to Unregistered Nurses)	70:30
<i>Recommended Minimum Skill Mix (RCN)</i>	<i>65:35</i>
% Bed Occupancy (average over last 6 months)	94%
Factors relevant to establishment review	
Patient Factors	
Baseline requirement based on patient acuity data - Safer Nursing Care Tool© data for June 2014 During the period of data collection ward 12 admitted patients with less complex needs due to vacancies on the ward. More complex patients were admitted to other clinical areas to ensure patient safety was not compromised.	34.71 WTEs Includes 16% uplift for annual leave & additional 6% uplift for other planned & unplanned leave
Other Patient Factors	Patients on ward 12 require intense nursing care. The ward treats acutely unwell patients. Treating IL2 patients requiring minimum of hourly interventions. Rituximab patients requiring intensive observations Caring for patients with spinal cord compression. This involves 5 nurses to undertake log roll. Ward 12 has a higher proportion of patients in the last days of life.
Ward Factors	
Ward Layout	28 bed ward comprising of 5 four bedded bays and 8 side rooms.

Patient Flow – based on SNCT data for June 2014



Evolution/Development of Service (Planned or Actual)

Any further growth in IL2 activity would require a review of the nursing establishment.

Due to increased complexity of chemotherapy in ORTC there is a requirement for nurses on the ward to be able to administer bolus chemotherapy and give first patient talks.

Nursing Factors

Supervisory Status of Band 7 (WTE or %)

60% (working towards 80%)

Sickness Rate (June 2014)

4.78%

Staff Turnover (over last 6 months)

19.5%

Bank Use (over last 6 months)

200 shifts

Support of Learners & New Staff

Currently there is a high number of newly qualified nurses commencing employment within the clinical area requiring a high level of support from senior staff.

Safety Factors

Shifts where RN: Patient ratio exceeded 1:8 – based on SNCT data for June 2014

Early
3

Late
7

Night
2

Operational Safety Issues							
% of nursing hours where actual met the planned hours: June 2014		For registered Nurses: 95.3% - Day Shifts 95.7% - Night shifts For Care Staff 99.7% - Day shifts 100% Night shifts					
Nurse Sensitive Indicators of Quality (Data for last 6 months)		Jan	Feb	Mar	Apr	May	Jun
	Falls (moderate & above)	0	0	0	0	0	0
	Pressure Ulcers (attributable Grade 2 & above)	0	0	1	0	0	1
	Medication Errors (attributable to nurses)	3	5	3	5	1	2
	Complaints (related to nurses or nursing care)	0	1	0	0	0	0
	Attributable MRSA bacteraemia	0	0	0	0	0	0
	Attributable C. Diff.	0	0	0	0	0	0
	Red Flag events (from July 2014)	N/A	N/A	N/A	N/A	N/A	N/A
Professional Judgement and Recommendation of Senior Ward Nurse		As senior ward manager I feel the current budgeted establishment of 37.22 wte is correct for the clinical area.					