

REPORT TO BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:	IMPACT ON BUSINESS:					
Catherine Morgan, Director of Nursing	Decision	High					
	Discussion	✓					
	Information	✓					
LEAD MANAGER:	REPORT TYPE:	BAF REFERENCES & RAG:					
	Strategic	✓					
	Operational	✓					
	Governance						
PEER ASSIST:	PEER REVIEW:	RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)					
Associate Chief Nurses Deputy Director of Nursing		Skill mix review paper presented and discussed at Trust Board meeting in private part (March 2014)					
CQC Essential Standard Ref:	All Outcome Standards						
NHSLA Standard Ref:	Standard 1						
Media / Communications:							

Meeting Date: 27th May 2014

Report Title: Report on Nursing and Midwifery Skill Mix Review

PURPOSE:
This paper advises the Board of Directors of skill mix reviews undertaken for inpatient adult wards, CCU, maternity and paediatrics.
It provides recommendations for minimum safe staffing levels across these areas with associated costs.
One of the expectations included in the National Quality Board report published in November 2013 is that a full skill mix review is provided to the Trust Board (public part) every 6 months to review the nursing and midwifery workforce capacity and capability.
In line with further National Quality Board expectations the Trust Board will also receive a monthly workforce report by ward/clinical area (see report on Nursing and Midwifery workforce information).
SUMMARY:
Following the most recent Care Quality Commission (CQC) visit in August 2013, it was identified that not all of the wards were staffed at a safe level. In September 2013 the Trust introduced a minimum staffing level on adult in patient wards with minimum ratios of 1:8 during the day and 1:11 at night. This has been achieved primarily with the use of temporary staffing (bank and agency nurses) with significant financial impact. This is not a sustainable solution and therefore recruitment to revised safe staffing levels is required to reduce spend and drive quality improvements.

This paper is the 3rd in a series of papers presented to the Trust Board relating to nursing and midwifery skill mix reviews.

In January 2014 a draft paper was discussed at the Trust Board of Directors meeting which presented phase 1 of a nursing and midwifery skill mix review. This paper proposed a number of recommendations for further work that needed to be undertaken relating to understanding what minimum safe staffing requirements are across a number of specialities in the Trust.

It was agreed that progress against these recommendations would be reported to the newly established workforce committee. In line with this the workforce committee received reports detailing minimum safe staffing for adult inpatient wards with associated costs and an updated skill mix review with proposed minimum safe staffing requirements for maternity and paediatric services. A paper was presented to the Trust Board in March detailing the final presentation of safe staffing recommendations for adult in patient wards, A&E, maternity and paediatrics.

The Trust Board endorsed the recommendations and support funding for minimum safe staffing in all areas except for A&E where further work was required due to the complex nature of skill mix reviews in this area and the need to adopt a multi-professional approach to workforce review in this department.

This report summarises the recommendations for the nursing skill mix required to achieve minimum safe staffing as detailed in the reports provided to the workforce committee and the Trust Board in March 2014.

The recommended minimum safe staffing is shown in WTE for each clinical area against 2013/14 funded establishment with nurse to patient ratio, acuity data (where applicable) and financial impact.

Implementation of the recommended minimum safe staffing for adult in patient wards, CCU, maternity and paediatrics services required an increase in WTE of 96.5 (registered and unregistered nurses & midwives) against the 2013/14 establishments. The financial impact of this is £2,609,811. This was support by the Trust Board for implementation from 1st April 2014 when ward budgets were revised accordingly.

Progress against recruitment and planned future actions are also summarised.

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

As detailed above

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
✓	✓	✓	✓		✓

RECOMMENDATIONS:

To note the recommended minimum safe staffing levels across specialities within the report with associated costs and note progress against implementation of the revised establishments from 1st April 2014.

UPDATED REPORT TO THE BOARD OF DIRECTORS ON NURSING AND MIDWIFERY WORKFORCE

1 BACKGROUND

- 1.1 There has been continued emphasis on safe nurse staffing levels following the publication of the Francis report (February 2013) and the launch of the Chief Nursing of England's 6 C's strategy for nursing: Compassion for practice.
- 1.2 The National Quality Board published a report in November 2013; How to ensure the right people, with the right skills, are in the right place and the right time: A guide to nursing, midwifery and care staffing capacity and capability. The report seeks to support organisations in making the right decisions and to create a supportive environment for staff to provide compassionate care. The reports set out 10 expectations for providers and commissioners in relation to getting nursing, midwifery and care staffing right.
- 1.3 Two of the expectations are that Boards receive monthly updates on workforce information, and staffing capacity and capability is discussed at a public board meeting at least every six months on the basis of a full nursing and midwifery establishment review.
- 1.4 This report provides details of the full nursing and midwifery review completed in March 2014 and an update on recruitment since approval of the revised establishments. A report on workforce information is also provided in a separate paper.
- 1.5 In January 2014 a report was discussed at the Trust Board of Directors meeting which presented phase 1 of a nursing and midwifery skill mix review. This paper proposed a number of recommendations for further work that needed to be undertaken relating to understanding what minimum safe staffing requirements are across a number of specialities in the Trust.
- 1.6 It was agreed that progress against these recommendations would be reported to the newly established workforce committee. A report was then provided to the Trust Board in March 2014 with recommendations to revise the nursing and midwifery skill mix to support minimum safe staffing. The Trust Board agreed to support this across all areas except for A&E where it was agreed that further work was required adopting a multi-professional approach to the workforce review.
A full report detailing the workforce review and requirements for the A&E will be presented in a future paper to the workforce committee and the Trust Board.
- 1.7 It should be noted that although there has been considerable national debate on the subject of skill mix and nurse to patient ratio, to date no national standards for staffing levels in in patient areas have been mandated although a minimum registered nurse to patient ratio of 1:8 in the day and 1:11 at night is supported by professional associations such as the Royal College of Nursing and the Safe Staffing Alliance.

- 1.8 NICE is currently developing a guideline on safe staffing for nursing in adult inpatient wards in acute hospitals. The consultation will close on 10th June with an anticipated publication date of 15th July 2014. The guideline makes recommendations on safe staffing for nursing in adult inpatient wards in acute hospitals, based on the best available evidence. The guideline also identifies indicators that should be used to provide information on whether safe and effective nursing care is being provided in adult inpatient wards in acute hospitals.
- 1.9 There is no single ratio or formula that can calculate the complex issue of safe nurse staffing which will differ between organisations; it is therefore recommended that to achieve this triangulation of information is required with the use of evidence, evidence based tools, the exercise of professional judgement and a multidisciplinary approach.
- 1.10 NICE similarly states that there is "no single nursing staff to patient ratio that can be applied across the wide range of wards to safely or adequately meet the nursing care needs of patient. The guideline therefore recommends the factors that need to be systematically assessed at ward level when determining nursing staff requirements, with the nursing care needs of individual patients being the main driver. These factors should then be used in a staged approach to set safe nursing staff requirements throughout a 24-hour period".
The draft guideline is broadly supportive of the 1:8 minimum ratio however advises that this must be considered in context.
- 1.11 The guideline also makes recommendations for monitoring whether the calculated nursing staff requirements are being met and, most importantly, whether patients are receiving the nursing care they need. The actions if staffing requirements are not being met are also outlined.
- 1.12 A full report on QEHKL compliance with the NICE guidelines will be completed following their publication.

MINIMUM SAFE STAFFING LEVELS FOR THE TRUST INCLUDING ADULT INPATIENT WARDS, CRITICAL CARE, MIDWIFERY AND PAEDIATRICS

2 SKILL MIX REVIEW OF ADULT IN PATIENT WARDS AND CRITICAL CARE

- 2.1 The process undertaken to establish the minimum safe staffing requirements has utilised the acuity data obtained from use of the safer nursing care tool (SNCT) acuity data capture in September/October 2013 with the professional judgement of the ward sisters and associate chief nurses. The rosters that have been recommended are in current use to achieve minimum safe staffing which is being achieved to date through high use of temporary staffing (bank and agency nurses).
- 2.2 It should be noted that although minimum registered nurse: patient ratios of 1:8 and 1:11 have been cited following the CQC review and the rapid response review last year these are minimum ratios and are inadequate to provide safe care in a number of inpatient wards and all assessment areas.

- 2.3 The number of registered and unregistered nurses required to meet minimum safe staffing on each shift for each ward is shown in appendix 2
- 2.4 The Safer Nursing Care Tool (SNCT) recommended ratios are 1:5 during day and 1:8 at night (average 1:6).

RCN recommends ratios of RN: patient 1:7 for basically safe care and 1:5 – 1:7 for good quality care (Appendix 3).

- 2.5 The Inpatient wards included in this review are; 4 surgical wards, 7 medical wards, 1 oncology ward, and 2 assessment wards. For some areas the environment impacts on required nurse staffing levels for example Stanhoe and Tilney wards.
- 2.6 For each clinical area the following information is presented in appendix 1; the speciality bed base, current funded establishment, current in post, recommended staffing as per national guidelines, professional judgement recommendations, results from the SNCT acuity assessment (undertaken during a 20 day period in September and October 2013) and minimum safe staffing with financial impact (of minimum safe staffing)
- 2.7 The recommended skill mix is presented against the current funded establishments and has been costed by the finance department. The calculation includes the 22% uplift for sick leave, maternity leave and mandatory training requirements.

The minimum safe staffing requirements assume all ward sisters to be supervisory; this is an essential requirement to achieve the quality improvements required in the Trust.

- 2.8 Strengthened evidence and acuity based assessment and a multi-professional approach to the workforce review in A&E was requested following discussion at the Trust Board meeting in March. This work is on-going and forms part of the project work following the ECIST review. Once completed the findings of the review will be reported to the workforce committee and the Trust Board in a separate paper including all A&E related workforce requirements. It should be noted that in the meantime active recruitment to band 2, 3 and 5 posts continues to reduce reliance on temporary staffing in the A&E.

2.9 Option appraisal for adult in-patient staffing

- Option 1** Increase staffing to minimum safe staffing (includes supervisory ward sister) pending further review of acuity and dependency; requires an increase of 91.1 WTE based on funded establishments for 2013/14 at a cost of £2,404,850.
- Option 2** Increase staffing to recommended staffing levels as informed by professional judgment and acuity data (includes supervisory ward sister) requires an increase of 177.16 WTE at a cost of £5,057,952

- 2.10 It is recognised that option 2 is unrealistic as it would not be financially sustainable at recruitment to such a large number of posts would not be achievable in the short term. Option 1 is recommended in the first instance; there should also be more robust capture of acuity data to inform workforce planning in the future and review of quality improvements following recruitment to these establishments and achievement of supervisory status for ward sisters. There should also be a review of the current bed model and likely future requirements with potential to consider some bed closures to further support improved nurse staffing.
- 2.11 Active recruitment to both registered and unregistered nurse posts has been supported to reduce the quality and financial risks related to high use of bank and agency staffing resulting in recruitment above the 2013/14 funded establishments. Therefore the recruitment gap post implementation of the revised establishments which achieve the recommended minimum safe staffing is significantly lower than 91.1 WTE. At the time of writing the report the number of registered nurse vacancies for adult in patient wards is 30 (this does not include job offers made).

SKILL MIX REVIEW OF PAEDIATRICS AND MATERNITY SERVICES

3 PAEDIATRIC SERVICES

- 3.1 Infants, children and young people have the right to be cared for by sufficient numbers of staff with the right qualifications, skills and experience, and all staff must receive appropriate training and supervision to meet the professional standards that allow them to practice (CQC, 2010, 2011).
- 3.2 Children's services are becoming increasingly complex, encompassing general and specialist care provision across an age spectrum that extends from neonates to adolescents and young adults. Services are designed to meet children and young people's surgical, medical and mental health care needs. Additionally, an increase of higher dependency nursing care is delivered within hospital wards and a greater amount of acute, complex care and continuing care is being provided in community and primary care settings.
- 3.3 The recommended levels of staff were taken from the RCN Paediatric staffing guidelines 2013, see appendix 3.
- 3.4 The Rudham establishment covers 3 areas; Rudham, Paediatric Assessment Unit and Roxburgh outpatient department.
- 3.5 In addition there is a Paediatric assessment unit (PAU) consisting of 5 beds/trolleys which is currently open 7 days a week.
- 3.6 The 2013/14 funded establishment on Rudham does not support a supervisory ward sister.
- 3.7 Based on the RCN Paediatric staffing guidelines 2013 the recommended staffing levels for paediatric services (Rudham, PAU & Roxburgh) indicates an increase in

the current funded establishment by 10.26 WTE (assumes ward sister as supervisory).

3.8 Option appraisal for paediatric staffing

Option 1 Increase staffing to minimum safe staffing (includes supervisory ward sister) pending further review of acuity and dependency; requires an increase of 2.2 WTE band 5 at a cost of £77,212

Option 2 Increase staffing to professional judgements levels requires an increase of 4 WTE band 5 and 1.5 WTE band 3 at a cost of £178,157

Option 3 Increase staffing to recommended levels as per National guidance requires an increase of 10.26 WTE at a cost of £340,257

3.9 It is recognised that option 3 is unrealistic, it is not financially sustainable and it is unlikely that the posts would be recruited to.

3.10 Although option 2 is the preferred option: option 1 is the minimum required to achieve a supervisory ward sister and safe care.

It is recommended that the skill mix is revised in line with option 1 and that acuity data is captured on Rudham ward and that the use of annualised hours contracts is implemented to flex staffing in line with reduced activity over the summer months (reduction in beds to 18 from 23) to improve efficiency in utilization of staffing. The current establishment cannot achieve this and requires the support of additional temporary (bank and agency) staff during the winter months with associated costs. It is also recommended that review of paediatric care outside of these areas i.e. the day surgery unit takes place to review the most appropriate and cost effective way to deliver day surgery care to children whilst meeting recommendations from the Royal College of Surgeons and the Royal College of Nursing.

3.11 An updated skill mix report should be provided following implementation/completion of the above recommendations.

4 NEONATAL SERVICES

4.1 The current funding for Neonatal intensive care (NIC) includes 1 Intensive care cot, 2 high dependency cots and 9 special care cots, however the dependency often varies and staffing is flexed according to occupancy and acuity including use of additional hours and temporary staff.

4.2 In addition to NICU there is a transitional care (TC) area consisting of a 6 bedded bay on Castleacre ward where babies stay short term with their mothers until they are ready to be discharged. To reduce length of stay on the neonatal unit a community team was established with pump priming of costs by the specialist commissioners to ensure that babies are discharged in a timely manner and are kept safe by a team that provide support for the families caring for them. The provision of outreach care is now funded from the NICU establishment.

- 4.3 The staffing requirements for the NICU to meet BAPM (British Association of Perinatal Medicine) national standards Assuming cots are at full funded capacity the staffing requirement is = 29 WTE. The current establishment for NICU (not including the practice development nurse and ENP's which cover the medical rota) is 23.65 WTE therefore an additional 5.35 WTE would be required to meet BAPM standards at a cost of £186,008.
- 4.4 It is however recognised that the acuity, dependency and activity on the neonatal unit varies. The most significant recent change is a reduction in activity for SC cots (4256 in 2012 and 2271 in 2013) as a result of outreach care into the community team and an increase in HD (188 in 2013 and 334 to end Feb 2014) and ITU (188 in 2013 and 216 to end Feb 2014) cots. The increased in patient dependency requires a higher skill mix even if overall activity is lower.
- 4.5 A full and detailed review of current commissioned cots and funding against activity is currently underway and is required to better inform workforce planning.
- 4.6 It is therefore recommended that at this stage the establishment is revised to support supervisory status of the unit sister; an increase of 1 WTE band 5 at a cost of £35,096.
- 4.7 The skill mix should then be reviewed when activity planning and any revisions to commissioned cots is completed.

5 MATERNITY SERVICES

- 5.1 The birth rate for the QEH was 2500 in 2012 and the indication is that this will be similar this year. The current establishment includes inpatient and community/outpatient services.
- 5.2 Community midwifery caseloads are based on a ratio of 1:100 per annum for each 1 WTE midwife. With a caseload of 2500 deliveries per year there is a requirement for 25 WTE midwives in the community teams although the QEH books 2800+ women but delivers 30% less due to moves away, cross border work and early pregnancy loss. The current establishment for community services is 22.26 WTE.
- 5.3 Recruitment has been challenging due to a high proportion of maternity leave requiring temporary replacement posts and the inability to recruit to experienced band 6 MW posts which is a National issue. It was also necessary to discontinue the on call service at this time as it was not complaint with EWTD and this has presented additional challenges in limiting escalation which results in closure of the delivery suite.
- 5.4 The impact of staffing on the quality metrics includes:
- Increase in the number of closure of the central delivery suite (CDS)
 - Increase in the number of reported staffing incidents
 - Non achievement of CQUIN requirement of 70% breast feeding initiation reduced support for new mothers with breast feeding

- Poor scores for FFT test for in-patient care when benchmarked with other Trusts in the region.
- 5.5 The skill mix review has been undertaken using Birth Rate Plus and professional judgment to present both aspirational and minimum safe staffing for maternity services.
- 5.6 Birth Rate Plus recommends that an increase in establishment of 5.4 WTE midwives and 4.0 WTE support workers is required to meet safe staffing requirements (and support supervisory status of coordinator). It is recognised that in the context of the current challenging recruitment and financial position this would not be achievable in the short/medium term.
- 5.7 Birth Rate Plus recommends that all band 7s are supervisory, within midwifery, and a 90:10 ratio for registered to unregistered midwives however at this time the Head of midwifery is satisfied that whilst safe care can be delivered with the extra WTE stated, she suggests that the move to supervisory status for all band 7's is an aspiration for the future and this will require a further 5.4 WTE at band 6. This has not been included at this time, but will be included in the 2014/15 staffing review.
- 5.8 The recommended minimum safe staffing requirement to support safe care for in-patient services only is to increase the establishment by 2.2 WTE MW's at a cost of £92,653 and to re-instate the on call service for escalation out of hours.

A summary of the 2013/14 funded establishments, recommended establishment based on National guidance and minimum safe staffing requirement with associated costs is provided in Appendix 1.

6 UPDATE ON PROGRESS AGAINST REVISED ESTABLISHMENTS

- 6.1 Following support from the Trust Board in March 2014 ward establishments were revised to the recommended minimum safe staffing requirements for implementation in April 2014.
- 6.2 The recruitment and retention group meet monthly and monitor progress against the detailed action plan to manage both short term and longer term recruitment and workforce requirements.
- 6.3 International recruitment continues with 16 offers made to Spanish nurses following interviews in May with commencement date planned for mid-June.
- 6.4 An information day for nurses qualifying in September 2014 was held in May with interviews taking place in June.
- 6.5 Alternative career pathways for nurses are being developed including band 4 assistant practitioner posts, Open University degree pathways and options to provide a nursing degree locally to support the local population and improve recruitment rates on qualification.
- 6.6 The number of nurse student placements for September 2014 has been increased to improve recruitment rates on qualification

- 6.7 Rotational posts for paediatrics are being developed to support recruitment to paediatrics and the A&E.
- 6.8 The Trust Board will receive monthly workforce reports by ward/clinical area which will detail establishments, vacancy rates and nurse: patient ratios, planned versus actual staffing with the number of shifts that did not meet planned staffing. It should be noted that this will initially be high due to the recent upward revision of all establishments.
- 6.9 The Trust Board is asked to note the report with recommended minimum safe staffing levels across specialities within the report with associated costs and note progress against implementation of the revised establishments from 1st April 2014 with future plans for workforce reporting.

APPENDIX 1

Adult In patient Wards, A&E and CCU

Ward/ Department	Current funded Establishment (WTE)	Current in post (WTE)	Acuity (SNCT)	Professional Judgement & national guidance	Recommend staffing	Minimum staffing requirement	Ratio (RN:Patient) Day/night (minimum safe care)	Required increase (WTE) to provide minimum safe staffing	Financial Impact £
Denver (28)	28.4	32.71	32.4	46.99	46.99	43.41	1:5.6/1.9.3	15.01	450,864
Elm (32)	31.4	36.56	27.4	40.8	35.68	36.03	1:7/1:10	4.63	132,445
Leverington (20)	31.9	31.33	no data	37.1	32.08	29.98	1.5/1:10	1.0	(101,676)
Gayton (32)	39.5	45.6	32.14	55.84	51.3	46.27	1:5.3/1:8	6.77	146,745
Necton (32)	35.95	44.95	46.43	55.84	51.23	46.27	1:5.3/1:8	10.32	260,632
Oxborough (32)	34.8	39.11	41.1	46.76	46.76	44.48	1:5.3/1:8	9.68	236,334
Pentney (32)	34.85	36.96	31.5	45.16	44.01	40.52	1:6.4/1:8	5.67	138,460
West Raynham (28)	42.93	46.62	39.54 (ward)	65.63	58.32	42.45	1:4.6/1:9.3	-0.48	46,036
Stanhoe (27 + 5)	36.3	39.66	54.73	55	53.25	49.02	1:5.3/1:9	12.72	330,193
Terrington (34)	35.1	39.85	39.6	48.55	45.8	43.01	1:5.3/1:8	8	223,927
Tilney (28)	28.6	36.08	32.86	42.53	42.53	35.73	1:5.6/1:7	7.13	193,460
Critical Care (16)	67.37	66.7	N/A	89.8	71.77	69.77	1:1 or 1:2	2.4	84,230
MAU (25)	39.06	41.39	N/A	46.42	46.42	40.42	1:4.1/1:6	1.36	23,036
SAU (13)	21.4	20.38	N/A	29.88	26.89	24.89	1:4/1:4	3.49	122,286
Shouldham (12)	18.77	19.76	17.28	23.16	22.16	21.17	1:5/1:6	3.4	117,878
Total	526.33	577.66				613.42		91.1	2,404,850

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Paediatrics

Ward/ Department		Current funded Establishment (WTE)	Current in post (WTE)	Acuity (SNCT)	Recommended staffing as per national guidelines	Recommended staffing professional judgment	Recommended minimum staffing requirement	Required increase (WTE) to achieve minimum safe staffing	Financial Impact £
Rudham	Registered	26.74	24.61	PANDA	37	30.74	28.94	2.2	77,212
	Unregistered	8.4	8.4			9.9	8.4	0	0
NICU (not including PDN and ENP's)	Registered	23.85	23.29	BAPM	35.38	29	26.465	1.0	35,096
	Unregistered	5.24	4.95		5.24	5.24	5.24	0	0
Total								3.2	£112,308

Maternity

		Current funded Establishment (WTE)	Current in post (WTE)	Professional Judgement & national guidance Supervisory coordinator 24/7 (includes HBS)	Minimum staffing (to support escalation)	Minimum staffing (to support HBS)	Recommend minimum staffing	Ratio (MW:mother) (safe care)	Required increase (WTE) to achieve minimum safe staffing	Financial Impact £
Maternity (without HBS)	Registered	84.18		97.28	86.18		86.18	1:29	2.2	92,653
	Unregistered	19.5		19.5					0	0
Total										92,653

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APPENDIX 2

The following table shows the minimum levels of staffing (number of registered and unregistered nurses by shift) required to be able to deliver safe care.

Please note that the total RN WTE in this table does not include a supervisory ward sister therefore 1 WTE RN has been added to the final requirement in appendix 1.

Wards WTE requirement has been modelled on a majority long days (70 long days: 30 short days) except for Denver ward which is on the short day model.

Ward	EARLY		LATE		NIGHT		WTE required included 22% headroom	
	RN	HCA/NA	RN	HCA/NA	RN	HCA/NA	RN	HCA/NA
Denver (28) <i>*Short Days</i>	5	3	5	3	3	2	26.16	16.25
Elm - Elective (32)	3 M 5 T W T F 4 Sat 3 Sun	2	5 M 5 T W T F 3 Sat 2 Sun	2	3 M 3 T W T F 2 Sat 2 Sun	2 M 2 T W T F 1 Sat 1 Sun	20.48	10.71
Elm - AU (12)	2	1	Closed	Closed	Closed	Closed	2.56	1.28
Gayton (32)	6	4	5	4	3	3	25.03	20.24
Leverington (prev Feltwell) (19)	4	3	4	3	2	2	17.49	14.49
Lev - SAU (13)	3	1	3	1	3	1	17.92	5.97
MAU (25)	5	2	6	2	5	2	28.67	10.75
Necton (32)	6	4	5	4	3	3	25.03	20.24
Oxborough (32)	5	4	5	4	3	3	23.24	20.24
Pentney (32)	5	4	5	3	3	2	23.24	16.28
Shouldham (12)	3	1	3	1	2	2	15.02	8.24
Stanhoe (27)	4	4	4	3	3	2	20.24	16.28
Stanhoe Isolation (5)	1	1	1	1	1	1	5.75	5.75
Terrington (34)	5	3	5	2	4	3	25.98	16.03
Tilney (28)	4	3	4	3	3	2	20.24	14.49
West Raynham (28)	5* + 1 thrombo	4	4 + 1 thrombo	3	3 + 1 thrombo	2	27.78	14.67

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APPENDIX 3 – Guidelines/Acuity modelling

Area	Methodology												
Inpatient general Wards	Safer Nursing Care Tool (SNT) 1:5 during day and 1:8 at night (average 1:6)												
Care of older persons wards (Necton, Gayton, Pentney)	Royal College of Nursing Older: Staffing Older people's Wards (RCN 2012) <table border="1" data-bbox="550 476 1852 579"> <tr> <th></th> <th>Total Staff : Patients</th> <th>Registered Nurse : Patients</th> <th>Registered : Unregistered</th> </tr> <tr> <td>Basically Safe Care</td> <td>1 : 3.8</td> <td>1 : 7</td> <td>50 : 50 %</td> </tr> <tr> <td>Ideal, Good Quality Care</td> <td>1 : 3.3</td> <td>1 : 5</td> <td>65 : 35 %</td> </tr> </table>		Total Staff : Patients	Registered Nurse : Patients	Registered : Unregistered	Basically Safe Care	1 : 3.8	1 : 7	50 : 50 %	Ideal, Good Quality Care	1 : 3.3	1 : 5	65 : 35 %
	Total Staff : Patients	Registered Nurse : Patients	Registered : Unregistered										
Basically Safe Care	1 : 3.8	1 : 7	50 : 50 %										
Ideal, Good Quality Care	1 : 3.3	1 : 5	65 : 35 %										
Intensive, Coronary and High Dependency units	British Association of Critical Care Nurses (BACCN) Royal College of Nursing (RCN guidelines) <ul style="list-style-type: none"> ○ 1:1 level 3 – critical care, 1:2 level 2 – high dependency, 1:3 coronary care. Plus 1 coordinator for each shift 												
Emergency Department	Professional Guidelines and SNCT adapted Baseline Emergency Staffing Tool (BASE)												
Hyper Acute Stroke Unit (HASU)	National Stroke Strategy –BSSP Guidance 2010 1 st 72 hours of an acute strokes patient's admission require level staffing numbers 1:2 (2.9 WTE per hyper acute bed inclusive of non-registered staff, suggest 80:20 (RN / non-RN) split <ul style="list-style-type: none"> ○ Acute patients 1.35 WTE per bed @ 65/35 (RN / non-RN) split 												
Maternity Services	Birthrate Plus (1:29) Ratio registered to unregistered MW 90:10 Supervisory coordinator 24/7 on delivery suite												
Paediatrics	RCN guidelines 2013 and PANDA (paediatric acuity nurse dependency audit) <ul style="list-style-type: none"> ○ 1:4 nurses during the day/night, under the age of 3 years of age the ratio is 1:3 ○ ward manager should be supervisory ○ the skill mix for the ward should be RN 70:30 NA/SHC and the minimum standard for all inpatient Paediatric wards is to have 2 RSCN/RNC on duty/24hrs (DOH1996) 												
Neonatal Unit	British Association of Perinatal Medicine (BAPM) <ul style="list-style-type: none"> ○ 1:4 special care, 1:1 intensive care, 1:2 high dependency 												
Shouldham – oncology/ haematology	Haematology peer review standards May 2013 1 RN to 2 neutropenic patients per shift (ward averages 3 neutropenic patients a shift)												