The Queen Elizabeth Hospital **NHS**
King's Lynn
NHS Foundation Trust

REPORT TO BOARD OF DIRECTORS (IN PUBLIC)

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

Meeting Date: 26th **May 2015**

Report Title: **Report on Nursing and Midwifery Skill Mix Review**

PURPOSE:
This paper advises the Board of Directors of the nursing and midwifery skill mix review undertaken against the revised establishments approved in March and October 2014. This includes a review against recently published NICE guidance relating to maternity services and A&E.
The report also provides an update for the Board of Directors on current national recommendations for publishing of staffing data and further development of tools to support skill mix evaluation.
Progress on recruitment and other workforce metrics is provided by ward in appendix 6.
SUMMARY:
Background
In March 2014 the Trust Board endorsed the recommendations of the nursing and midwifery skill mix review and supported funding for the recommended minimum safe staffing. In October 2014 the Trust Board supported the proposed nurse staff establishment for A&E and supported an uplift in staffing in maternity, NICU, Oxborough and Windsor wards.
This totalled an overall uplift of nurse staffing by 112 WTE in 2014
National guidance
In "Hard Truths" the Secretary of State outlined the requirement for NHS organisations to demonstrate they are delivering safe and effective care. A range of actions and support have been implemented to ensure this is in place including:

- Trusts publishing actual versus planned staffing numbers on NHS Choices
- National Institute for Health and Care Excellence (NICE) publishing safer staffing guidelines for the acute adult care, maternity services and A&E departments (draft)
- Published guidance for capture of "contact time" i.e. the amount of time a nurse is in contact with patients (November 2014)
- Development of a composite staffing indicator with RAG rating

Adult inpatient wards

The majority of adult inpatient wards have been assessed as appropriate for minimum safe staffing and require recruitment to the revised establishment and further evaluation when this has been achieved. Some wards have shown an increase in acuity as assessed by SNCT. These wards have support in place to ensure the provision of high quality care.

- Oxborough ward has been noted to have higher acuity and a higher number of red flags reported during the trial period which triangulates with some of the challenges the ward has experienced in improving quality metrics. It is recommended that the establishment is improved on the late and night shift by 1 RN which equates to 3.95 WTE
- Elm ward is currently staffed for weekday theatre activity only. During the winter months weekend lists have been running to improve 18 week performance and to ensure that productivity is maximised. Funding for RN recruitment was agreed in April. It is recommended that as the intention is to continue elective weekend lists we should fully substantively recruit to all posts required. A further 0.43WTE RN and 2.21WTE HCA is required to achieve this.

Critical care outreach team (CCORT)

During 2014 a number of concerns were raised relating to the provision of adequate cover for care of deteriorating/acutely unwell patients on the wards. It was recognised that improvements could be achieved with the provision of a 24/7 CCORT service. The Executive team agreed that this was an urgent requirement and the funding was supported to increase the CCORT establishment by 3.0 WTE to provide 24/7 cover. These posts have now been appointed to and the service plans to move to 24/7 in the autumn.

A&E

Recruitment to the agreed funded establishment approved in the staffing model November 2014 is in progress and will be completed by June 30th 2015.

Assessment of this model against draft NICE guidance shows areas of compliance and partial compliance. Overall the current funded staffing model has significantly improved the levels of nurses to provide a safe care level. The current process and service design is dynamically responsive and mitigates risk across the service at all times applying skill mix and escalation.

Paediatric services

Based on guidance the recommended staffing levels for paediatric services (Rudham, PAU & Roxburgh) indicates that we are adequately staffed for 18 beds. It is therefore recommended that the establishment remains at the current funded establishment with flex beds for use in winter months.

NICU

It is recommended that the establishment is increased in a stepwise approach towards the BAPM standard and reviewed after 6 months. An increase of 2.75 WTE band 3 support workers at night would support the increased acuity of neonates and reduce further the occasions when staffing does not meet BAPM standards and when the NICU closes.

Maternity services

There has been a reduction in the number of CDS closures when compared to last year following an uplift of 2.2 WTE and commencement of an on call service at night. However there continues to be a number of occasions when acuity and dependency exceed the staffing capacity. Achievement of staffing as recommended by birth rate plus would

require significant investment and following the CPT process it is recognised that there is a requirement to transform and modernise maternity services at The QEH and this is a priority for the Trust. It is therefore recommended that the workforce requirement to support the transformation of maternity services in presented to the Board when completed.

Workforce information

In summary, the number of vacant posts/vacancy rate for registered nurses is slightly reduced when compared to March (8.9% compared to 9.1%). The shift fill rate has improved in April particularly on the registered day shift at 93% (89% in March) and overall at 100% compared to 98% in March. Progress of the nurse recruitment programme is monitored through the workforce committee. Supervisory time also increased for ward sister/charge nurses in April at 67% compared with 60% in March.

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

As detailed in appendix 1

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):					
Strategic / External	**Operational/ Organisational**	**Financial**	**Clinical**	**Legal/ Regulatory**	**Reputational / Patient Experience**
✓	✓	✓	✓		✓

RECOMMENDATIONS:

- The Trust Board is asked to discuss the findings of the skill mix review and to note the workforce data.
- The Trust Board is asked to support the recommendations to uplift the nurse establishment in key areas.

**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   Key recommendations from the National Quality Board report *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 (November 2013)* include that Boards receive monthly updates on workforce information, and that 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.

1.3   In March 2014 the Trust Board endorsed the recommendations of the nursing and midwifery skill mix review and supported funding for the recommended minimum safe staffing. In October 2014 the Trust Board supported the proposed nurse staff establishment for A&E and supported an uplift in staffing in maternity, NICU, Oxborough and Windsor wards. This totalled an overall uplift of nurse staffing establishments by 112 WTE in 2014.

1.4   NICE guidance for adult inpatient wards 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 is broadly supportive of the 1:8 minimum ratio; however advises that this must be considered in context.

1.5   This report provides details of a nursing and midwifery skill mix review of the revised establishments approved in March and October 2014.

1.6   An update of the national context for nurse staffing and guidance is also provided including; plans to publish a composite staffing indicator in June 2015 for all Trusts; a review against the recently published NICE guidance for maternity services and A&E, and an update on progress for capture of red flag events and contact time (as recommended by NICE in their guidance for adult inpatient services).

1.7   Detailed workforce information by ward and progress against recruitment to funded establishments is shown in appendix 6.

1.8   In summary the number of vacant posts/vacancy rate for registered nurses is slightly reduced when compared to March (8.9% compared to 9.1%). The shift fill rate has improved in April particularly on the registered day shift at 93% (89% in March) and overall at 100% compared to 98% in March. Progress of the nurse recruitment programme is monitored through the workforce committee. Supervisory time also increased for ward sister/charge nurses in April at 67% compared with 60% in March.

2   Safer Staffing Performance Indicator Development

2.1   In "Hard Truths" the Secretary of State outlined the requirement for NHS organisations to demonstrate they are delivering safe and effective care.

2.2   A range of actions and support have been implemented to ensure this is in place including:
- Trusts publishing actual versus planned staffing numbers on NHS choices
- National Institute for Health and Care Excellence (NICE) publishing safer staffing guidelines for the acute adult care, maternity service and A&E departments
- Published guidance for capture of "contact time" i.e. the amount of time a nurse is in contact with patients (November 2014)
- Development of a composite staffing indicator with RAG rating

2.3   Composite staffing indicator
The indicators will support the patient safety information already published on NHS choices and provide comparable information for the Trusts to use for patient and service users to enable them to make an informed choice of care provider. It will also be used by the regulatory bodies as part of their Trust Assurance process.

This data provides detail on each of the composite indicators and the overall safer staffing summary measure and is due to be published in June 2015. The indicators used to make the composite measure are shown in appendix 4.

2.4   Contact Time
In November 2014, NHS England published "Staffing: A Guide to Contact Time" which recommends that Trusts should check their patient contact time using consistent methodology to assess any changes in contact time and consider any impact that this may have on patient care.

In the initial document, it was proposed that information on safer staffing contact time compliance was to be captured twice yearly in each Trust and to confirm that this has been reported and discussed at Board Level. However, recent guidance has been revised and it is suggested that this process is used as an improvement tool e.g. to assess contact time if changes are made to the purpose of the ward or changes are made to the skill mix.

The Trust was part of a pilot for the development of the contact time tool in the summer 2014 and data from this study was used to develop the national tool for contact time.

To date we have captured contact time tool on 4 wards (Necton, Oxborough, Windsor and Gayton) to test the process and will report findings back to the next Board with a plan of how this will be used as an improvement tool in the future.

2.5   Red flag events

NICE guidance on safe staffing recommends the noting and actioning of red flag events.

A Red Flag event is an event "which warns when nurses in charge of shifts must act immediately to ensure they have enough staff to meet the needs of patients on that ward" see appendix 4.

A trial of the collection of Red Flag events was undertaken on Denver ward in March 2015. This was to test the process and mode of data collection; from mid April 2015 Red Flag events data was collected in all inpatient wards for a 2 week period.

This data will support professional decision making when allocating staff and will be used alongside staffing numbers and patient acuity, by adding the number and type of Red Flag events we can assess safe staffing levels more robustly.

Red Flag events can also be used as an improvement tool to respond to trend which may indicate that prioritisation of work, coordination and planning could be enhanced to improve patient care.

Red Flag data for the last two weeks in April indicates that there were higher number of events relating to a delay in administration of pain relief and IV antibiotics and a staff shortfall.

Oxborough ward was a particular outlier for delays in drug administration which triangulates with the high acuity of patients and high number of IV medications.

This is the first capture of Red Flag data and further work will be undertaken with all sisters and charge nurses and this information will be triangulated with other evidence to identify areas for action and this will be reported in more detail to Trust Board in future reports.

A summary of the Red Flag event data is provide in appendix 5

3   ADULT INPATIENT WARDS

3.1   The process undertaken to review the revised establishments for minimum safe staffing has utilised acuity data captured in April 2015 compared with September 2014 obtained from use of the safer nursing care tool (SNCT). It also considers incidents, quality metrics and associated risks and the professional judgement of the ward sisters, matrons and associate chief nurses.

3.2   Note: 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).

3.3   For each clinical area the following information is presented in appendix 1; the speciality bed base, current funded establishment (agreed for minimum safe staffing), recommended staffing as per national guidelines, professional judgement recommendations, results from the SNCT acuity assessment (September 2014 and April 2015) and any change to establishment if recommended.

3.4   The SNCT is an evidence based tool that enables nurses to assess patient acuity and dependency, incorporating a staffing multiplier to ensure that nursing establishments reflect patient needs in acuity / dependency terms.

3.5 The SNCT data for April shows that patient acuity has risen in a number of wards compared to the acuity data that was analysed in September 2014. It should be noted however that the multipliers used to calculate data have been updated to reflect increasing acuity nationally. This requires monitoring over the summer months when acuity will usually reduce to track trends and to inform workforce plans in the future.

3.6 The data obtained from the SNCT is suggested as part of a number of tools to support assessment of staffing levels and the WTE levels suggested are a total of registered and non- registered nurses. These need to be triangulated with other data (quality metrics, red flag events and professional judgement).

3.7 In summary the majority of adult inpatient wards have been assessed as appropriate for minimum safe staffing and require recruitment to the revised establishment and further evaluation when this has been achieved.

3.8 Wards with higher patient acuity and dependency include: Windsor, Necton, Oxborough and Gayton. A number of mitigating actions have been put in place to support the delivery of high quality care is these wards:
- Patient comfort and support worker posts for wards with a high proportion of dependant older patients (Windsor, Necton, Gayton, Oxborough and West Raynham) have been appointed to support nutrition and hydration needs and general comfort e.g. talking with patients, shaving, reading etc.
- Reduction of the bed base on Necton ward to 30 beds preceding a move to West Newton which will have 28 beds.
- Appointments of 2 clinical coordinators for Windsor ward to support with discharge planning and multidisciplinary coordination of care.

3.9 Oxborough ward
Short term
The acuity data for Oxborough is higher than any other ward and the ward had the most number of Red Flag events during the April pilot. The ward have also had a number of challenges in delivery improved quality metrics e.g. pressure ulcers numbers have been high. A significant proportion of these issues triangulate to provision of sufficient skilled staff to provide care to this group of acutely unwell patients.

As an immediate action the ward has been supported to increase the number of shifts which can be filled by bank or agency nurses based on acuity assessment and professional judgement. It is recommended that additional RN cover is required for the late and night shift and that this is in the establishment from October 2015 due to the time required to recruit to substantive posts and the fact that acuity will increase during winter months. This uplift equates to 3.95 WTE at band 5.

Medium Term
A review is taking place of ways in which to improve the way in which patients receiving non-invasive ventilation are cared for; i.e. development of an NIV bay providing HDU level care (ratio of nurse:patient of 1:2).

This would be a service improvement and will take time to work up an appropriate model of care and the workforce requirement to support this (medical and

nursing). The nursing establishment has been reviewed in line with BTS guidelines (appendix 3) and would require an additional uplift of 3.0 WTE registered nurses and 2.21 WTE unregistered nurses to the recommended increase above.

This service improvement will also require engagement of commissioners and will need time to prepare and is more likely to be fully achieved in 2016/17.

3.10   Elm ward
Elm ward currently has a funded establishment for weekday theatre activity only. During the winter months weekend lists have been running to improve 18 week performance and to ensure that productivity is maximised. This has been staffed with temporary back fill to date but is challenging to consistently achieve. Partial funding for weekend working was agreed for RNs from April 2015.   It is recommended that as the intention is to continue elective weekend lists we should fully substantively recruit to the skill mix required to provide this service. A further 0.43 WTE RN and 2.21 WTE HCA is required to achieve this.

3.11   Critical care outreach team (CCORT)
During 2014 a number of concerns were raised relating to the provision of adequate cover for care of deteriorating/acutely unwell patients on the wards. There were a number of incidents which indicated that significant improvements in the level of care provided to these patients and support to more junior nurses and doctors could be achieved with the provision of a 24/7 CCORT service. The current service covers 12 hours per day. The Executive agreed that this was an urgent requirement and the funding was supported to increase the CCORT establishment by 3.0 WTE to provide 24/7 cover. These posts have now been appointed to and the services plans to move to 24/7 in the autumn.

3.12   Recognising the significant challenge to recruiting to registered nurse posts both locally and nationally we will need to ensure that future workforce plans include innovative solutions to addressing the predicted gaps.

Scoping of new roles will form a key part of this; for example, consultant nurse/AHP roles for frail elderly, expansion of the skilled band 4 workforce and the use of support roles such and clinical coordinators and Physicians Associates.

4   A&E

4.1   NICE published draft guidance for staffing in emergency departments in February 2015 this year. The Emergency Care Consultant Nurse has been part of the NICE consultation with QEHKL as one of the hospitals involved in the consultation process.

4.2   The recruitment of registered nurses/paramedic staff to the agreed funded establishment approved in the staffing model November 2014 is in progress and will be completed by June 30th 2015.

4.3   In summary NICE guidance recommends a staffing model of:
- 1 RN to 4 patients in majors and minors (*current staffing is complaint with this recommendation, including the observation bay*).
- 1 RN to 2 cubicles in resus (*complaint with 1 RN funded in max 2 patients non trauma*)

- Major trauma 2 RN's per patient and priority call 1 RN per patients *(partial compliance with funding for 1 RN with flex used from majors (zone 1)*
- Band 7 nurses on shift clinically present 7 days a week *(partial compliance with band 7 cover 0800-2000 and Band 6 cover overnight)*
- Paediatric nurse to support paediatric area *(partial compliance with paediatrics staffed with 1 RN until 2am with insufficient RSCN's however all nurses are completing paediatric competencies to support care of paediatric patients)*

4.4   It is recognised that demand in A&E can change rapidly and the draft guideline recommends that when planning the number of nurses for the establishment, departments should allow for enough nursing staff to care for higher than the average number of patients who attend the department on a daily basis. By increasing weekly nursing staff hours to cover above average attendance numbers, staff can deal with unexpected peaks in the demand for A&E services and be moved around the department flexibly to respond to changing situations.

4.5   Summary
The current funded staffing model has significantly improved the levels of registered nurses to provide a safe care level. The current process and service design is dynamically responsive and mitigates risk across the service at all times applying skill mix and escalation.

5   PAEDIATRIC SERVICES

5.1   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.

5.2   The recommended levels of staff are taken from the RCN Paediatric staffing guidelines 2013, see appendix 2.

5.3   The Rudham establishment covers Rudham and Roxburgh outpatient department. The Paediatric Assessment Unit (PAU) is within the Rudham ward area and establishment.

5.4   The funded establishment on Rudham was revised up by 2.2 WTE registered nurses in April 2014. The bed base for Rudham was reduced to 18 beds during the summer period. To ensure safe staffing during the winter the 5 closed beds were used flexibly, they were opened when the workload increased such as days when there was a theatre list or to accommodate day case investigations and when there was adequate staff and skill mix to meet the acuity of the patients. We will be fully recruited to the funded establishment with new recruits in post by September 2015.

5.5   Based on the RCN Paediatric staffing guidelines 2013 the recommended staffing levels for paediatric services (Rudham, PAU & Roxburgh) indicates that we are adequately staffed for 18 beds but to open the flexible beds permanently would require an additional 5.50 WTE. It is therefore recommended that the establishment remains at the current funded establishment with flex beds for use in winter months.

5.6 Additional initiatives to support future sustainability of the paediatric workforce include:
- 5 Registered nurses are at different stages of degree and masters pathways, which will support succession planning.
- Conversion of 3 band 2 support workers to band 3 with support to complete Health and Care NVQ training which supports on-going shortages of RCN's and the challenges with local recruitment supporting the 2grow your own" initiative as all have expressed an interest in continuing their studies with the aim of entering nurse training.

6   NEONATAL SERVICES

6.1 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 needs to be flexed according to occupancy and acuity; which is challenging to achieve. The trend in occupancy and acuity is an increase in the number of ITU and HDU cots with a reduction in special care cots following implementation of the outreach team.

6.2 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. This is currently staffed from the NICU establishment during the day.

6.3 The 2.75 WTE uplift received at the last review has been fully recruited to.

6.4 The recent peer review of NICU (October 2014) recommended that the cot base for the unit remain the same. The staffing requirements to fully meet BAPM (British Association of Perinatal Medicine) standards for staffing with this cot base require an additional 5.98 WTE. It is recognised that to uplift staffing to meet the BAPM standards is not financially sustainable.

6.5 When acuity of capacity is exceeded this may result in the closure of the NICU to transfers and admissions, of note however it is challenging to achieve full closure whilst the central delivery suite is open which may put additional pressure on staff to care for higher number of babies.

6.6 Data showing activity and acuity and number of closures and occasions when capacity exceed staffing for 2014/15 are shown in appendix 3. This has improved since November 2014 with a reduced number of closures. However we still have too many occasions where we have to escalate to unit closure.

6.7 Staffing establishments against BAPM standards is captured daily (for each shift) and reported monthly. Since November 2014 there has been a reduction in the number of occasions and the degree to which BAPM standards are not met. With 20 out of 60 shifts being non-compliant to some degree in April (19 of which were at night).

6.8 It is therefore recommended that we increase the establishment in a stepwise approach towards the BAPM standard and review after 6 months.
It is recommended that the establishment is revised to add a support worker shift at night. This equates to an increase of 2.75 WTE band 3 support workers and

would support the increased acuity of neonates and reduce further the occasions when BAPM standards are not met and the NICU closes.

7   MATERNITY SERVICES

7.1   The maternity unit consists of a 14 bedded delivery suite (DS), a 25 bedded combined antenatal and post natal ward (Castleacre) that also accommodates Transitional care, a Day Assessment Unit (DAU) within Brancaster clinic open 7 days per week, antenatal clinic and 4 community teams.

7.2   Midwifery safe staffing is calculated using Birthrate Plus tool and uses the number of births per year and acuity data and recommends the unit to have a ratio of midwives to women of 1:28. In addition the NICE guidance on Safe Staffing for Maternity settings February 2015 has been incorporated into this review

7.3   The birth rate for The QEH was 2308 in 2014 /15 and the indication is that this trend will continue this year.

7.4   The midwifery skill mix was increased by 2.2 WTE registered midwives in April 2014 and all vacancies (as of 1st May 2015) will be recruited to by end of May 2015. The on call rota to support the escalation process out of hours continues.

7.5   Whilst there has been a reduction in the number of DS closures when compared to last year there continues to be a number of occasions when acuity and dependency exceed the staffing capacity. DAU is also frequently closed as staff are moved to support DS (appendix 4).

7.6   Supervisory status of the ward manager is recommended in Birthrate Plus for wards and DS; the current establishment for Castleacre and for DS 24/7 does not include funded supervisory status for the ward manager. The calculations below show the WTE for registered midwifery staffing as recommended by Birthrate Plus.

Number of births	2300
1:28 ratio	82.1 (WTE)
Manager (non-clinical)	4.2
Supervisory band 7s	5.4
Total recommended	92.7
Current establishment	83.4
Increase in establishment	**8.3 WTE**

7.7   Achievement of staffing as recommended by Birthrate plus would require significant investment. At this time the most significant area of concern relates to achievement of safe staffing on the CDS which requires staff movement from community and DAU which impacts on those services.

7.8   Following the CPT process it is recognised that there is a requirement to transform and modernise maternity services at The QEH and this is a priority for the Trust

7.9   A Maternity Modernisation Board has been established and has identified the development of a midwifery led birth unit (MLBU) as a priority. We currently do not offer choice of birth place for women for the service and this needs to be urgently addressed. Some women are choosing to transfer their intrapartum care

to neighbouring units that do offer an MLBU service. Repatriation of this workload would be advantageous to The QEH. The lack of both MLBU and HBS has a negative impact on the reputation of our service

7.10   In order to progress development of an MLBU and to scope provision of a home birth service in the future a more detailed workforce plan is required. This workforce plan also needs to consider the clinical and financial sustainability of the service.

7.11   It is therefore recommended that the workforce requirement to support the transformation of maternity services in presented to the Board when completed in a separate skill mix review paper.

APPENDIX 1 - Adult In patient Wards, maternity, paediatrics, A&E, Theatres, DSU and CCU

Ward/ Department	Total establishment funded WTE	Acuity (SNCT) Sept 2014	Acuity (SNCT) April 2015	National guidance	Recommended staffing requirement	Ratio (RN:Patient) Day/night	Recommended change to establishment (WTE)	Financial Impact £	Comment
Denver (28)	43.41	32.4	45.7	46.99	43.41	1:5.6/1.9.3			
Elm (32)	39.43	27.4	34.71	40.8	36.03	1:7/1:10	0.43 @ band 5 + 2.21 @ band 2	64,665	For weekend theatre lists
Leverington (20)	32.98	No data	25.93	37.1	29.98	1.5/1:10			
Gayton (32)	46.27	32.14	53.2	55.84	46.27	1:5.3/1:8			
Necton (32)	46.27	46.43	53.12	55.84	46.27	1:5.3/1:8			
Oxborough (32)	44.48	41.1	56.34	46.76	46.28	1:5.3/1:8	3.95 @ band 5	138,629	
Windsor(32)	40.52	31.5	54.8	45.16	46.87	1:6.4/1:8			
West Raynham (28)	43.45	39.54	45.84	65.63	42.45	1:4.6/1:9.3			
Stanhoe (27 + 5)	49.02	54.73	49.53	55	50.82	1:5.3/1:9			
Terrington (34)	43.01	39.6	46.57	48.55	43.01	1:5.3/1:8			
Tilney (28)	35.73	32.36	49.37	42.53	35.73	1:5.6/1:7			
Critical Care (16)	69.76	N/A	N/A	89.8	72.77	1:1 or 1:2	3.0 @ band 7	151,632	CCORT
MAU (25)	40.42	24*	N/A	46.42	40.42	1:4.1/1:6			
SAU (13)	24.89	14.77*	N/A	29.88	24.89	1:4/1:4			
Shouldham (12)	24.26	17.28	20.04	23.16	21.17	1:5/1:6			
Theatres	108.81	N/A	N/A	N/A	108.81	N/A			
DSU	54.65	N/A	N/A	60.65	60.65	1:1 – 1:6			
A&E	80	N/A			80	NICE			
Rudham/PAU	41.02	N/A	N/A	41.02	41.02	See appendix 2			At 18 beds
NICU	32.48	See appendix 3		38.46	35.23	BAPM	2.75@ band 3	69,250	
Maternity	83.4	See section 5		91.7	83.4	Birth rate +			
Total	**1015.26**				**1023.48**			**424,176**	

APPENDIX 2 – Guidelines/Acuity modelling

Area	Methodology
Inpatient general Wards	NICE guidance for adult inpatient wards (2014) Safer Nursing Care Tool (SNT) and 1:5 during day and 1:8 at night (average 1:6)
Care of older persons wards (Necton, Gayton, Windsor)	Royal College of Nursing Older: Staffing Older people's Wards (RCN 2012) |	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 including NIV/acute respiratory care	British Association of Critical Care Nurses (BACCN) Royal College of Nursing (RCN guidelines) o 1:1 level 3 – critical care, 1:2 level 2 – high dependency, 1:3 coronary care. Plus 1 coordinator for each shift The BTS (2008) guidelines (minimum staffing ratio of 1 nurse to 2 NIV patients for at least the first 24 hours of NIV treatment. Provision of care through colocation into a dedicated bay area would support through "lean" working and cohorting of acuity)
Emergency Department	NICE guidance for emergency departments Baseline Emergency Staffing Tool (BASE) and Professional Guidelines and SNCT adapted
Hyper Acute Stroke Unit (HASU)	National Stroke Strategy –BSSP Guidance 2010 1st 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 o Acute patients 1.35 WTE per bed @ 65/35 (RN / non-RN) split
Maternity Services	NICE guidance for maternity services (2015) and 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)
	    o 1:4 nurses during the day/night, under the age of 3 years of age the ratio is 1:3
	    o ward manager should be supervisory
	    o 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) o 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)

Appendix 3

Data on NICU activity, acuity and closures April 2014 – March 2015

Month	ITU Days	HDU Days	No. of time NICU closed to Network	No. times NICU closed internally	No. bank hours used	No. of times national standards not met
April	15	42	2	2	159.75	5
May	17	76	2	2	121.5	5
June	27	31	0	0	103.5	0
July	20	68	6	5	85.5	7
August	14	21	0	0	35.25	1
September	34	42	5	1	128	18
October	34	77	15	8	208.5	14
November	37	26	11	6	179	34
December	22	32	0	0	35.5	11
January	22	43	6	0	61.5	6
February	22	23	4	0	40.75	6
March	11	42	3	0	60	6

Maternity services

Closure of Day assessment area and central delivery suite

	2013 / 14	2014 /15
Closure of CDS	29	47
Closure of DAU	43	27

Appendix 4

Composite Staffing Indicator

The indicators that make up the initial composite measure include:

- Staff sickness rate, taken from ESR (published by HSCIC)

- The proportion of mandatory training completed, taken from the National staff survey

- Completion of a Performance Development Review (PDR) in the last 12 months, taken from the National staff survey measure

- Staff views on staffing, taken from the National staff survey measure

- Patient views on staffing , taken from the National patient survey measure

- The indicators are currently being finalised and may change slightly to those listed above

Red Flag Events

A red flag event has been designed by NICE as any of the following incidents listed below:

Red Flag Index

1. Unplanned omission in providing patient medications

2. Delay of more than 30 minutes in providing pain relief

3. Delay in the administration of IV antibiotics of > 60 mins

4. Patient observations not assessed or recorded as planned

5. Omission of planned intentional rounding

6. Less than 2 RN's present on the ward during any shift

7. No substantive RN available on any shift

8. Unavailability of planned 1:1 Enhanced Care (specials)

9. Shortfall of 8 hours or 25% (whichever is reached first) of RN time available

Compared with actual requirement for shift. E.g. If a shift requires 40hrs of RN time, a red flag would occur if less than 32 hrs of RN time is available. If a shift requires 15 hrs of RN time, a red flag would occur if 11 hrs or less of RN time is available (which is the loss of more than 25% of the required RN time).

Appendix 5

Summary of red flag events
Red Flag Event - Month: March
In July 2014 NICE published guidance on safe staffing levels - this included the noting and actioning of red flag events
A Red Flag event is an event "which warns when nurses in charge of shifts must act immediately to ensure they have enough staff to meet the needs of patients on that ward.   Below are the 9 clinical outcomes that NICE consider to be Red flag events

Ward	Comments	Total
DENVER	RNs moved to support other clinical areas (n=14) Some delays in administration of IV antibiotics (n=3)	17
ELM		5
GAYTON	Staffing related	7
LEVERINGTON		1
MAU	Several occasions when staffing short fall and delays and omissions of medicines	12
NECTON	2 times when 1:1 not covered / 10 occasions with delay in antibiotic and 3 occasions when shortfall in staffing	17
RUDHAM		3
SAU	Increased sickness on several occasions when staffing levels affected RN:pt ratio maintained at 1:6	26
SHOULDHAM	N=5 relating to provision of 1:1 care for chemotherapy	10
STANHOE		5
OXBOROUGH	N= 22 relating to delays in IV antibiotics, n= 23 delays in pain relief	53
TERRINGTON	Nil return	0
TILNEY	N=6 due to staffing	9
CCC	Nil red flag events	0
A&E	Delay in admin of abs (n=1) 16 shifts with staff shortfall	17
CASTLEACRE	Delay in giving abs as pt in NICU with baby x 2 occasions due to prescribing and work load / CDS	4
WEST RAYNHAM	Nil return	0
WINDSOR	N=9 related to staffing	11
TOTAL		218