

**WYE VALLEY NHS TRUST**  
**TRUST BOARD MEETING “IN PUBLIC”**  
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## **NURSE STAFFING CAPACITY AND CAPABILITY**

### **1.0 INTRODUCTION**

1.1 Patient safety is a key priority for Wye Valley NHS Trust (WVT). This is the first paper that will come to Public Board on a six monthly basis in relation to staffing capacity and capability as per national recommendations in the National Quality Board (2013). This paper sets out the staffing capacity and capability based on an analysis of establishments staffing requirements.

This current paper focuses only on nursing, paediatrics and midwifery numbers in all inpatient areas. This does not include Outpatients, Theatres, Accident & Emergency, ITU or CCU or other nursing services provided in community settings, only ward based areas within the County Hospital, community hospitals and Hillside. This report is to assure the Board that robust mechanisms are in place to set and monitor nursing and midwifery staffing levels across inpatient areas.

### **2.0 RECOMMENDATION**

2.1 The Board is asked to:-

Review and be satisfied that the appropriate level of detail and assessment has been undertaken to assure itself that the inpatient wards, paediatrics and midwifery are safely staffed.

- To reaffirm the current staffing levels and to note that a further review on maternity will appear in November Board paper.
  - To note the financial pressures experienced at ward level due to vacancy factor and therefore use of bank and agency staff.
  - To note the challenges around recruitment.
  - To note the further review of the skill mix ratio for November 2014.
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### 3.0 MAIN BODY OF REPORT

#### 3.1 WVT approach to ensuring safe staffing levels on adult wards

As far back as 2001, the Audit Commission recommended that establishment setting should be simple, transparent, integrated, benchmarked and linked to ward outcomes. There is currently no one recommended model. There are a range of approaches from an acuity based tool, which measure patient dependency, to a more crude staffing ratio per bed model supported by the professional judgement of ward sisters and senior nurses.

3.2 At WVT we triangulate information gained by two methods to set ward establishments:

- Safer Nursing Care Tool
- Professional Judgement

3.3 The 'Safer Nursing Care Tool' measures the individual dependency of patients and uses generic multipliers to determine the staffing required. This is a nationally validated tool, which enables an evidence based review to be completed. However, this tool is not applicable for Acute Admissions Unit, which has therefore been excluded in the data collection. Nor is it applicable to community hospitals but in this instance Wye Valley NHS Trust have used it in an attempt to try and capture some form of benchmark. (Appendix A). Since July 2013, the Trust has completed 10 data collection cycles in all adult wards on a set date each month, this continues on a monthly basis. On a six monthly basis the data is collected for a whole month, this was last undertaken in February 2014.

The acuity tool is not used in isolation. Professional judgement and experience tell us that acuity is often higher than the staffing levels but adjustments do not need to take place as both the seniority and experience of staff on duty enables them to manage safely. Therefore when reviewing establishments it is important to take into account the layout of the ward, skill mix and strength in ward leadership.

3.4 Levels of Care (applicable to the Safer Nursing Care Tool)

**Level 0** Patient requires hospitalisation. Needs met through normal ward care

**Level 1** Appropriately managed on inpatient ward

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- Level 1a** Acutely ill patient requiring intervention or those who are unstable with a greater potential to deteriorate
- Level 1b** Patients who are in a stable condition but have increased dependence on nursing support
- Level 2** Patients who are unstable and at risk of deteriorating and should not be cared for in areas currently resourced as general wards
- Level 3** Patients needing advanced respiratory support and therapeutic support of multiple organs.

Appendix A shows the acuity tool total ward staffing since September 2013. Following on from the February data collection, a review was undertaken between the Director of Nursing & Quality, Heads of Nursing, Workforce and Finance to determine the correct staffing establishments.

- 3.5 Whilst the Royal College of Nursing (RCN) advocate a qualified to unqualified ratio of 65:35 (March 2012) they also state that “senior nurses should be able to decide their own levels locally, depending on patient need”. WVT currently strives to deliver a 60:40 ratio qualified to unqualified except on the Acute Admissions Ward (70:30) within the County Hospital. There is no guidance for community hospitals, nationally this tends to be variable. Within our community hospitals the ratio tends to be 45:55. The recent NICE Safe Staffing Guidelines Draft Consultation (May 2014) only makes reference to acute staffing, community hospitals do not have an agreed publication date for draft staffing guidelines, it is anticipated some time in 2015.
  - 3.6 The nurse to patient ratio is routinely higher on day duty than night duty. Patient care requires a greater number of nursing staff on during the day to facilitate activity such as eating and drinking, treatment regimes, diagnostics tests outside the ward area, administration etc. However, we need to actively consider how the increasing acuity of our patients is supported overnight whilst at the same time ensuring appropriate nurse to patient ratios during the busy day shifts. With the agreed uplift in nursing budgets since September 2013, by the end of October 2014 all acute wards will have a 1:8 ratio during the day and the majority the same at night.
  - 3.7 In addition the establishments must include uplifts which enable the funded establishment to absorb other factors which directly affect staffing levels, annual leave, sickness and study leave (including mandatory training), without the need to use temporary staff. WVT currently allocate 21% uplift to cover registered staff unavailability and 18% for Health Care Assistants.
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- 3.8 In the last year, 3.05% of WTE of our registered nursing and midwifery workforce were on maternity leave at one time.
- 3.9 Although establishments are based on average acuity and occupancy there are times when additional staffing levels are required to deliver 1:1 care for patients. For example, this would be to prevent a high risk patient from falling or a patient, which is confused and wandering but not safe to do so unattended. The use of staff for 'specialling' is both a financial and quality burden on the ward as these are often unpredictable short notice bookings and rely on bank or agency staff. Last financial year approximately £632k was spent on 'specialling'.
- 3.10 Any changes to establishment are required to be signed off by the Director of Nursing & Quality to ensure that staffing levels and skill mix are not adversely affected by any changes.
- 3.11 Appendix B shows, for inpatient adult wards, the current funded establishment skill mix and registered nurse. This shows the base position at October 2013 and then the incremental position as agreed at Trust Board in March 2013 to achieve the budgeted establishment by October 2014. From June 2014 there will be a monthly update at Board as per NQB guidance that shows:-
- The number of actual staff on duty during the previous month compared to the planned staffing level
  - The reasons for any gaps and the actions taken to address these
  - The impact on key quality and safety outcome measures
- 3.12 Appendix C shows the Nurse Sensitive Indicators for the period October 2013 – March 2014 these are now being monitored on a monthly basis. As well as the Safety Thermometer data that demonstrates that since December 2013 our harm free care has improved.
- 3.13 The Board approved an additional investment in general adult inpatient wards of £732k FYE in March 2014 and in October 2013 an additional investment of £1.1 million.

Approved at Board	Band 5	Band 2
March 2014	21.94	9.71
October 2013	22.00	9.00

- 3.14 The acuity data will continue to be monitored and completed on a monthly basis and a further report will come to November 2014 Board.
- 3.15 This does not address the skill mix ratio of 60:40 in totality for acute inpatients , but discussion with senior nurses at present feel that a further stock take in six months would give a better understanding as to how ratios are functioning in practice.

#### **4.0 Supervisory Status of the ward sister**

- 4.1 It is not however, just about the numbers. Other factors, which underpin safe dignified care, include strong, empowered leadership, resources directed at supporting the ward sisters, other 'non-caring' roles and a suitable staff mix of competency, experience and learning beyond registration.
- 4.2 It is essential to ensure that the ward sister is able to manage and supervise. This role is impossible if they are included in the patient allocation per shift. The Francis report recommendations make it clear that the supervisory ward sister role is essential if we are to ensure the delivery of safe, high quality care. The supervisory ward sister is about having the time to lead, to support staff, to act as a role model and to be visible to both patients and staff. This should not be a role which is office based.
- 4.3 In December 2013 the Board approved an investment of £190k to increase all adult inpatient ward sisters from 2 days to 4 days supervisory status. It is important to note that this investment will not guarantee that a ward sister can operate in a supervisory role at all times. There will be times when patient acuity or unplanned absences necessitate that sister is part of the patient allocation numbers. This is currently being monitored as to the number of days each sister is supervisory by the Director of Nursing and Quality on a monthly basis.

#### **5.0 Managing our staffing resource as effectively as possible.**

- 5.1 As a Trust we have invested in electronic rostering, which aims to:
- Ensure safe/appropriate staffing for all wards/departments using fair and consistent rotas.
  - Minimise clinical risk associated with the level and skill mix of staffing levels.
  - Improve monitoring of sickness and absence by ward and/or individual, generating comparisons, whilst identifying trends and priorities for action.
  - Improve planning of annual leave, sickness and study leave.
  - Provide effective management of all wards.
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- 5.2 Each area has an agreed minimum number of staff per shift, as agreed between the ward sister and Head of Nursing. Agreed numbers and skill mix must be achievable within budget. It is acknowledged that occasionally numbers may drop below this number when specific workload/dependency issues should be considered.
  - 5.3 E-Rostering has been fully rolled out to all inpatient wards at the County Hospital. Within the Community Hospitals only Bromyard and Ross remain and will commence in July 2014.
  - 5.4 At present there is an expected 30 minutes handover period between shifts. Feedback from the ward sisters currently suggests that a 30 minute handover period is sufficient to ensure all relevant information is passed from shift to shift.
  - 5.5 Currently, we have approximately 35 vacancies (based on the month of April budgeted establishments against ESR contracted in-post) – 24.14 registered and 11.10 non-registered. There are a number of hotspots around the Trust. Lugg ward proves to be difficult to recruit to or retain staff, this could be due to the largest bed configuration and the acuity of patients. In general community hospitals are also difficult to recruit to this could be due to the fact of the rurality of their locations. AAU and Arrow are showing that they have recruitment problems but this is only because of the recent uplift in staffing (See Appendix D).
  - 5.6 The service units have robust plans in place to recruit to these posts, including monthly recruitment, and have included European recruitment. At the end of May we will have recruited 32 from Europe. Some areas are attempting to over recruit when suitable candidates are interviewed in anticipation of vacancies elsewhere within the Trust due to the turnover factor. There appears to be more newly qualified staff securing positions and less of the experienced workforce, a recruitment strategy is currently being developed to address these issues.
  - 5.7 The successful recruitment of European nurses has not been without its challenges and a very robust preceptorship programme has been in place.
  - 5.8 Successful reduction in vacancies is also reliant on the supply of appropriately trained nurses, there has been an increase in the number of commissions across the local Education Training Council but there has been no increase of commissions at Worcester University. This is our main supply of students. Further discussions are taking place linking in to our workforce return.
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- 5.9 The available nursing and midwifery staffing resource may unexpectedly fluctuate on a daily basis due to sickness and unplanned absence. Ward staffing requirements can also fluctuate based on the changing acuity mix of patients as previously described. In order to ensure that the available staff resource is deployed in the way, which most effectively minimises any risk associated with staffing levels, an escalation process is in place.
- 5.10 If ward sisters are unable to fill the gap from within the ward workforce, the gap is escalated to the Head of Nursing (or Level 3 out of hours) who then obtains a Trust wide picture of available staffing. Decisions are then made, based on individual ward acuities, to redeploy staff in order to ensure adequate levels of nurse and midwifery staffing. However, we may still need to request bank or agency if a gap is identified.
- 5.11 Our current use of temporary staff is too high with £5.6m spent on the last financial year including £632k spent on specialising. This is due to the need to cover vacancies, maternity leave, sickness, increased patients acuity and the opening of additional beds. There is currently a nursing and bank agency group that meets on a weekly basis which reports in to the Workforce Transformation Group that ultimately reports in to the Executive Programme Group. This is recently established and is exploring how best the Trust can minimise its reliance on both bank and agency nursing.

## **6.0 WVT approach to ensuring safe staffing levels within the Paediatric Ward.**

- 6.1 Children and young people should receive high quality, evidence-based care that is appropriate to meet their specific needs and delivered by staff who have the right knowledge base, expertise and skills.

It is generally acknowledged that those children and young people admitted to hospital today are more acutely ill and require greater nursing intervention. In addition, our recent activity suggests that marked seasonal variation on our wards does exist for highly dependent children with respiratory disease. However, evidence suggests an increase in the number of high dependency children with other conditions e.g. meningitis all year round.

The intensity of the workload within all services has increased as a result of medical advances and increased technology.

- 6.2 Evidence in the UK indicates that over a third of short stay admissions in infants are for minor illnesses that could have been managed in the community. In Herefordshire, many of these children are now managed at home. Our Community Children's Nursing Team and appropriately qualified Nurse Specialists employed at WVT enable this.
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The Community Children's Nursing team are a team of 3.8 wte registered nurses who work in the community offering a Mon to Fri 9 - 5 service. There are 4 wte non registered specially trained assistants providing 24 hour care packages to children who have complex care needs or require long term assisted ventilation in their homes. This service allows more children to be cared for in their own environment rather than the clinical setting of a hospital ward. It also allows the parents to have some respite from being the sole care provider for their child. The Children's Community Nursing and Complex Care team will care for approximately 40 children and their families at any one time.

## **7. Setting the children's nursing establishment**

### **7.1 The nursing establishment is set on the following basis:-**

The following list outlines the minimum expected standards of staffing of children's health services to provide safe care delivery (RCN 2013):

- Shift supervisor in each clinical area will be supervisory to ensure effective management, training and supervision of staff.
  - At least one nurse per shift should be trained in advanced paediatric life support.
  - There will be a minimum of 70 to 30 ratio of registered to unregistered staff.
  - Nurses should be trained in children's nursing with additional training for additional roles.
  - Support roles should be used to ensure that registered nurses are used effectively.
  - Unregistered staff must attend a course of training specific to the setting, and in the case of infants, children and young people must have undergone a period of assessments before carrying out care or delegated tasks.
  - Quality indicators should be monitored to promote an evidence base for adjustments in staffing levels.
  - All staff working with babies, children and young people should be trained to safeguard children and young people.
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- Children, young people and their families must receive age appropriate care from an appropriately skilled workforce in appropriate dedicated environments that meet their specific needs.

7.2 Currently there are 20 beds from 8 a.m. to 8 p.m. and overnight 16 beds. (The reduction is due to being funded for 4 day case surgical beds) within the Paediatric Ward and the current nursing establishment is 19.6 WTE.

On a day to day basis, this is managed effectively by utilising the staff flexibly across the ward.

There is also the effective use of the Hospital Play Specialist to undertake recreational or non-clinical activities. This helps to provide a holistic approach when planning care, often working alongside the registered nurse team and parents who wish to undertake some of their child's care.

## **8.0 WVT approach to ensuring safe staffing levels within Special Care Baby Unit (SCBU)**

The neonatal Toolkit suggests that when planning the nursing establishment, consideration needs to be given to the skills mix and available education programmes. The following is suggested:

Special Care: 1:4 nurse

High Dependency Care: 1:2 nurse

Intensive Care: 1:1 nurse

The Neonatal Toolkit (2009) when applied in WVT shows that we currently have no shortfall. The budgeted establishment is 16.2 WTE and there are no vacancies. There are 9 nursery beds, 2 HDU and 1 ITU bed available on SCBU.

## **9.0 WVT approach to ensuring safe midwifery levels**

9.1 Analysis of the maternity workload demonstrates that the birth rate has reduced in the last financial year to 1835 (2013/14) compared to 2007 (2012/13). A decrease of 172 births.



9.2 A maternity workforce review was undertaken in March 2014 by the Head of Midwifery in utilising the BirthRate Plus (Trademark) (Ball & Washbrook 1996) as a standard and agreed methodology. BirthRate Plus (BR+) is based on the principle of 1 midwife to 1 mother during established labour and delivery for all women, with additional hours being identified for more complex case mix. In addition it also includes a 10% uplift, which covers senior and expert midwifery roles.

9.3 Key points in the review included:

- The RCM recommends a ratio for national planning of 28 births to 1 WTE midwife for hospital births and 35 to 1 WTE midwife to women for home births and standalone Midwifery Led Birth Units. The Midlands & East Ratio required is 1:30 WTE. This is the ratio (1:30) that the Trust Board agreed to towards the end of 2011 requiring a WTE of 68.53. This ratio has been fully realised since February 2014.
- Assessing staffing needs via a single ratio based only on births would be misleading and therefore separate ratios have been produced by BR+ to address individual unit requirement based on specific factors.
- The required ratios refer to the clinical element of the workforce and in order to support safe effective care, current data indicates that the % of extra WTE managerial and specialist midwives required ranges from 8% in DGH's to 10% in regional referral or tertiary units.
- It is important that time is allowed for on-going education and training as well as the time needed to high quality team working essential to safety (*Kings Fund 2008*).
- BirthRate Plus finds that local allowances vary between 17.5%-24%, for the purpose of the workshop 21% is used but further work will be required to assess using the % allowance used in individual trusts.
- The ratios cited in the guidance paper include holiday leave, average sick leave and study leave, based on 21%.
- BR+ ratios also include an allowance for time midwives give to statutory supervision.

9.4 The budgeted WTE for midwives (bands 5, 6 and 7) across the whole service is 64.88 WTE. The non-clinical element of this WTE equates to 6.43 WTE midwives. However, it is recommended that we can safely delegate\* 10% of midwifery duties to a trained maternity support worker (MSW), band 3 or above with the relevant qualifications.

WVT	Budgeted establishment	Recommended establishment
Clinical Midwives	64.88 WTE	64.79 WTE

\*midwives have a statutory responsibility to perform certain tasks of which some can be delegated to an appropriately qualified midwife support worker (MSW) or student midwife with direct and indirect supervision.

- 9.5 The challenge for WVT now is to understand the role of the Maternity support worker (MSW) across the service. We currently have band 2 support worker roles. The band 2 role is in line with that of the more traditional health care assistant. The band 3 has additional duties delegated to them by the midwives, which is in-keeping with that being proposed by BirthRate Plus, and the Royal College of Midwives. Work is underway to review the role of the MSW and to review the role of the midwife in antenatal clinic in order to ensure that the workforce is utilised effectively and with an appropriate skill mix. There are currently 8.83 band 2 support worker roles.

This will be included in the next Board paper in November.

## **10.0 Conclusion**

We have discussed in the paper that WVT has robust mechanisms in place to monitor these establishments and that further information will be reported to Board on a monthly basis. Safe staffing reviews are a continual process and will be monitored on a regular basis. There is no element of complacency, there is a need to stabilise the workforce thereby reducing bank, and agency spend.

Every 6 months the comprehensive acuity review will be undertaken and the funded workforce resource may well be redistributed if acuity levels change on the wards.

## **11.0 References**

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**Appendix A  
Acuity Data Capture – February 2014**

**Acuity**

	0			1a			1b			2		
	Avg	Min	Max	Avg	Min	Max	Avg	Min	Max	Avg	Min	Max
AAU												
Arrow	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Leadon	6.4	4	9	3.7	0	8	9.9	6	13	0.0	0	1
Lugg	21.5	10	30	1.4	0	3	6.5	0	17	0.0	0	0
Monnow	8.3	3	13	2.6	0	7	6.4	1	12	0.0	0	0
Redbrook	13.6	9	22	10.3	2	15	0.0	0	0	0.0	0	0
Teme	13.3	8	20	4.0	0	12	2.6	0	11	0.0	0	0
Wye	13.0	8	19	2.9	0	12	9.9	2	17	0.0	0	0

**Flow**

Admissions			Discharges			Transfers in			Transfers out		
Avg	Min	Max	Avg	Min	Max	Avg	Min	Max	Avg	Min	Max
3.7	0.0	30.0	1.8	0.0	16.0	0.1	0.0	3.0	3.0	0.0	25.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.8	0.0	2.0	2.2	0.0	4.0	2.3	0.0	6.0	1.0	0.0	5.0
0.0	0.0	0.0	0.5	0.0	4.0	0.7	0.0	4.0	0.5	0.0	4.0
2.5	0.0	6.0	2.7	0.0	9.0	1.6	0.0	7.0	1.0	0.0	3.0
1.7	0.0	5.0	2.6	0.0	10.0	2.7	0.0	7.0	1.9	0.0	4.0
4.0	1.0	8.0	4.0	1.0	9.0	0.1	0.0	1.0	0.2	0.0	2.0
1.4	0.0	4.0	2.1	0.0	5.0	2.6	0.0	9.0	1.5	0.0	5.0

	0			1a			1b			2		
	Avg	Min	Max	Avg	Min	Max	Avg	Min	Max	Avg	Min	Max
Bromyard	4.0	1	8	0.0	0	0	13.6	7	16	0.0	0	1
Hillside	13.2	7	21	0.2	0	2	7.7	0	10	0.0	0	0
Leominster	23.0	21	25	0.2	0	1	2.6	1	5	0.0	0	0
Ross	15.1	13	17	0.0	0	0	16.6	15	18	0.0	0	0

Admissions			Discharges			Transfers in			Transfers out		
Avg	Min	Max	Avg	Min	Max	Avg	Min	Max	Avg	Min	Max
0.7	0.0	3.0	0.9	0.0	3.0	0.2	0.0	1.0	0.1	0.0	1.0
0.0	0.0	0.0	0.4	0.0	3.0	0.9	0.0	3.0	0.1	0.0	1.0
0.3	0.0	1.0	1.1	0.0	3.0	0.8	0.0	2.0	0.1	0.0	1.0
0.4	0.0	1.0	1.2	0.0	4.0	1.3	0.0	5.0	0.2	0.0	1.0

This data forms part of the Safer Nursing Care Tool acuity data capture. It shows the levels of acuity 0 – 2, also shows the numbers of admissions and discharges on average over that time period, as well as transfers in, and transfers out to other areas, which could include being moved to another ward or being moved to another hospital. Minimum levels are predominantly showing 0 due to data not being completed on a daily basis.

**Appendix B**

**Skill Mix Acute – Agreed at October 13 and planned to be in place by October 14**

		Oct-13	Apr-14	Jul-14	Oct-14		
<b>AAU</b>	Qualified		33.2	<b>5.53</b>	38.73	<b>5.54</b>	44.27
	HCA		17.41	<b>2.08</b>	19.49	<b>0</b>	19.49
Budgeted establishment			50.61		58.22		63.76

Qualified	Skill mix	66%	<b>66%</b>	<b>67%</b>	<b>69%</b>
HCA	ratio	34%	<b>34%</b>	<b>33%</b>	<b>31%</b>

		Oct-13	Apr-14	Jul-14	Oct-14		
<b>Arrow</b>	Qualified		16.1	<b>2.15</b>	18.25	<b>1.69</b>	19.94
	HCA		12.51	<b>0</b>	12.51	<b>2.03</b>	14.54
Budgeted establishment			28.61		30.76		34.48

Qualified	Skill mix	54%	<b>56%</b>	<b>59%</b>	<b>58%</b>
HCA	ratio	46%	<b>44%</b>	<b>41%</b>	<b>42%</b>

		Oct-13	Apr-14	Jul-14	Oct-14		
<b>Lugg</b>	Qualified		21.34	<b>0</b>	21.34	<b>2.15</b>	23.49
	HCA		18.28	<b>0</b>	18.28	<b>-2.13</b>	16.15
Budgeted establishment			39.62		39.62		39.64

Qualified	Skill mix	56%	<b>54%</b>	<b>54%</b>	<b>59%</b>
HCA	ratio	44%	<b>46%</b>	<b>46%</b>	<b>41%</b>

		Oct-13	Apr-14	Jul-14	Oct-14		
<b>Monnow</b>	Qualified		12.89	<b>1.69</b>	14.58	<b>0</b>	14.58
	HCA		11.38	<b>1.07</b>	12.45	<b>0</b>	12.45
Budgeted establishment			24.27		27.03		27.03

Qualified	Skill mix	53%	<b>53%</b>	<b>54%</b>	<b>54%</b>
HCA	ratio	47%	<b>47%</b>	<b>46%</b>	<b>46%</b>

		Oct-13	Apr-14	Jul-14	Oct-14		
<b>Teme</b>	Qualified		12.64	<b>1.7</b>	14.34	<b>0</b>	14.34
	HCA		10.35	<b>2.1</b>	12.45	<b>0</b>	12.45
Budgeted establishment			22.99		26.79		26.79

Qualified	Skill mix	55%	<b>55%</b>	<b>54%</b>	<b>54%</b>
HCA	ratio	45%	<b>45%</b>	<b>46%</b>	<b>46%</b>

		Oct-13	Apr-14	Jul-14	Oct-14		
<b>Redbrook</b>	Qualified		18.3	<b>0</b>	18.3	<b>0</b>	18.3
	HCA		12.45	<b>1.66</b>	14.11	<b>0</b>	14.11
Budgeted establishment			30.75		32.41		32.41

Qualified	Skill mix	56%	<b>60%</b>	<b>56%</b>	<b>56%</b>
HCA	ratio	44%	<b>40%</b>	<b>44%</b>	<b>44%</b>

		<b>Oct-13</b>	<b>Apr-14</b>	<b>Jul-14</b>	<b>Oct-14</b>
<b>Wye</b>	Qualified		19.99	19.99	19.99
	HCA		17.84	17.84	17.84
Budgeted establishment			37.83	37.83	37.83

Qualified	Skill mix ratio	50%	<b>53%</b>	<b>53%</b>	<b>53%</b>
HCA		50%	<b>47%</b>	<b>47%</b>	<b>47%</b>

		<b>Oct-13</b>	<b>Apr-14</b>	<b>Jul-14</b>	<b>Oct-14</b>
<b>Leadon</b>	Qualified		16.72	16.72	16.72
	HCA		12.45	12.45	12.45

Qualified	Skill mix ratio	51%	<b>57%</b>	<b>57%</b>	<b>57%</b>
HCA		49%	<b>43%</b>	<b>43%</b>	<b>43%</b>

		<b>Oct-13</b>	<b>Apr-14</b>	<b>Jul-14</b>	<b>Oct-14</b>
<b>Women's H</b>	Qualified	9.05	9.05	9.05	9.05
	HCA	4.77	4.77	4.77	5.77
Budgeted establishment		13.82	13.82	13.82	14.82

Qualified	Skill mix ratio	65%	65%	65%	61%
HCA		35%	35%	35%	39%

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**Skill Mix – Agreed Community – Agreed at October 13**

		<b>Oct-13</b>		<b>Apr-14</b>	
<b>Bromyard</b>	Qualified			11.07	
	HCA			14.1	

Qualified	Skill mix ratio	61%		<b>44%</b>	
HCA		39%		<b>56%</b>	

		<b>Oct-13</b>		<b>Apr-14</b>	
<b>Leominster</b>	Qualified			16.6	
	HCA			19.06	
Budgeted establishment				35.66	

Qualified	Skill mix ratio	37%		<b>47%</b>	
HCA		63%		<b>53%</b>	

		<b>Oct-13</b>		<b>Apr-14</b>	
<b>Ross</b>	Qualified			16.4	
	HCA			22.8	
Budgeted establishment				39.2	

Qualified	Skill mix ratio	40%		<b>42%</b>	
HCA		60%		<b>58%</b>	

		<b>Oct-13</b>		<b>Apr-14</b>	
<b>Hillside</b>	Qualified			11.25	
	HCA			19.27	
Budgeted establishment				30.52	

Qualified	Skill mix ratio	36%		<b>37%</b>	
HCA		64%		<b>63%</b>	





### Appendix C Nurse Sensitive Indicators (Quarter 3 & 4) October 13 – March 14

Please note complaints currently in relation to communication, clinical care and attitude include all healthcare professionals. It is the intention from April 2014 to only include nursing complaints for the nurse sensitive indicators.

2013/14 Quarter 3

	Arrow Ward		Frome AAU/SSU		Leadon Ward		Lugg Ward		Monnow Ward		Redbrook Ward		Teme Ward		Womens Health Ward		Wye Ward		Ross CH		Leominster CH		Bromyard CH		Hillside			
	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days		
Complaints - Communication	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	2	3.44	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Complaints - Clinical care	2	0.87	4	1.32	0	0.00	1	0.36	0	0.00	0	0.00	0	0.00	3	5.16	1	0.44	0	0.00	1	0.44	0	0.00	0	0.00	0	0.00
Complaints - Attitude	1	0.44	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	1	0.78	1	1.72	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
MRSA Bacteramia	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Clostridium Difficile (post)	2	0.87	0	0.00	0	0.00	3	1.08	2	1.28	1	0.46	0	0.00	0	0.00	2	0.88	1	0.36	0	0.00	0	0.00	0	0.00	0	0.00
Drug Errors	5	2.18	12	3.96	3	1.66	2	0.72	2	1.28	1	0.46	1	0.78	2	3.44	3	1.32	5	1.78	4	1.75	4	2.56	6	3.33		
Slips, trips and falls	7	3.06	10	3.30	3	1.66	24	8.61	3	1.91	5	2.29	2	1.56	1	1.72	13	5.73	34	12.13	24	10.48	10	6.39	21	11.65		
Pressure Ulcers (3&4)	2	0.87	0	0.00	0	0.00	3	1.08	0	0.00	1	0.46	0	0.00	0	0.00	1	0.44	0	0.00	0	0.00	0	0.00	0	0.00		
Bed Days	2289	n/a	3030	n/a	1810	n/a	2788	n/a	1568	n/a	2183	n/a	1282	n/a	581	n/a	2267	n/a	2804	n/a	2290	n/a	1564	n/a	1803	n/a		

Worst performer  
 Second worst performer  
 Third worst performer

	Childrens Ward		Maternity Ward		SCBU		Delivery Suite	
	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days
Complaints - Communication	0	0.00	0	0.00	0	0.00	0	
Complaints - Clinical care	0	0.00	3	3.16	0	0.00	0	
Complaints - Attitude	0	0.00	0	0.00	0	0.00	0	
MRSA Bacteramia	0	0.00	0	0.00	0	0.00	0	
Clostridium Difficile (post)	1	0.89	0	0.00	0	0.00	0	
Drug Errors	3	2.68	1	1.05	0	0.00	0	
Slips, trips and falls	0	0.00	0	0.00	0	0.00	0	
Pressure Ulcers (3&4)	0	0.00	0	0.00	0	0.00	0	
Bed Days	1118	n/a	950	n/a	566	n/a	n/a	

Discharge figures are unavailable from this area as they can have multiple bed occupancies a day

	CCU		ITU	
	Number	Per 1000 bed days	Number	Per 1000 bed days
Complaints - Communication	0	0.00	0	0.00
Complaints - Clinical care	0	0.00	0	0.00
Complaints - Attitude	0	0.00	0	0.00
MRSA Bacteramia	0	0.00	0	0.00
Clostridium Difficile (post)	0	0.00	0	0.00
Drug Errors	0	0.00	0	0.00
Slips, trips and falls	1	2.61	0	0.00
Pressure Ulcers (3&4)	0	0.00	0	0.00
Bed Days	383	n/a	438	n/a

2013/14 Quarter 4

	Arrow Ward		Frome AAU/SSU		Leadon Ward		Lugg Ward		Monnow Ward		Redbrook Ward		Teme Ward		Womens Health Ward		Wye Ward		Ross CH		Leominster CH		Bromyard CH		Hillside	
	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days
Complaints - Communication	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Complaints - Clinical care	2	0.89	6	2.02	0	0.00	1	0.37	2	1.29	1	0.48	0	0.00	3	5.05	0	0.00	1	0.36	3	1.34	0	0.00	2	1.07
Complaints - Attitude	1	0.45	1	0.34	0	0.00	0	0.00	0	0.00	0	0.00	2	1.39	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
MRSA Bacteramia	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Clostridium Difficile (post)	0	0.00	1	0.34	1	0.56	2	0.74	3	1.94	1	0.48	0	0.00	0	0.00	1	0.45	2	0.72	0	0.00	1	0.63	1	0.53
Drug Errors	6	2.68	11	3.71	7	3.94	16	5.91	3	1.94	5	2.40	0	0.00	5	8.42	4	1.79	4	1.44	4	1.78	5	3.17	4	2.13
Slips, trips and falls	5	2.23	13	4.38	5	2.81	35	12.92	5	3.23	8	3.84	7	4.88	0	0.00	10	4.47	26	9.36	15	6.69	13	8.25	14	7.46
Pressure Ulcers (3&4)	1	0.45	0	0.00	0	0.00	3	1.11	0	0.00	1	0.48	0	0.00	1	1.68	0	0.00	0	0.00	0	0.00	0	0.00	1	0.53
Bed Days	2239	n/a	2967	n/a	1778	n/a	2708	n/a	1550	n/a	2084	n/a	1435	n/a	594	n/a	2238	n/a	2778	n/a	2241	n/a	1576	n/a	1876	n/a

Worst performer  
 Second worst performer  
 Third worst performer

	Childrens Ward		Maternity Ward		SCBU		Delivery Suite	
	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days
Complaints - Communication	0	0.00	0	0.00	0	0.00	0	
Complaints - Clinical care	1	1.05	2	2.05	1	1.72	0	
Complaints - Attitude	0	0.00	0	0.00	0	0.00	0	
MRSA Bacteramia	0	0.00	0	0.00	0	0.00	0	
Clostridium Difficile (post)	0	0.00	0	0.00	0	0.00	0	
Drug Errors	2	2.11	1	1.03	0	0.00	0	
Slips, trips and falls	0	0.00	0	0.00	0	0.00	0	
Pressure Ulcers (3&4)	0	0.00	0	0.00	0	0.00	0	
Bed Days	949	n/a	974	n/a	581	n/a	*	n/a

Discharge figures are unavailable from this area as they can have multiple bed occupancies a day

	CCU		ITU	
	Number	Per 1000 bed days	Number	Per 1000 bed days
Complaints - Communication	0	0.00	1	2.46
Complaints - Clinical care	0	0.00	0	0.00
Complaints - Attitude	0	0.00	0	0.00
MRSA Bacteramia	0	0.00	0	0.00
Clostridium Difficile (post)	1	3.13	1	2.46
Drug Errors	0	0.00	5	12.32
Slips, trips and falls	0	0.00	0	0.00
Pressure Ulcers (3&4)	0	0.00	1	2.46
Bed Days	319	n/a	406	n/a

**Safety Thermometer (Percentage)**

		May13	Jun13	Jul13	Aug13	Sep13	Oct13	Nov13	Dec13	Jan14	Feb14	Mar14	Apr14	May14
Harm Free		92.59	94.79	94.18	92.46	93.73	92.92	92.16	95.67	94.13	94.88	96.12	95.43	95.40
Pressure Ulcers - All		5.53	4.05	3.58	4.40	4.13	5.72	5.17	3.29	3.46	3.66	2.39	3.05	3.45
Pressure Ulcers - New		0.75	0.43	0.45	0.63	1.14	0.75	0.94	0.60	0.30	0.88	0.45	0.55	0.49
Falls with Harm		0.50	0.58	1.04	1.41	1.00	0.45	0.63	0.00	0.15	0.59	0.45	0.14	0.49
Catheters & UTIs		0.25	0.58	0.15	0.63	0.57	0.45	0.78	0.60	1.51	0.73	0.45	0.83	0.49
Catheters & New UTIs		0.13	0.29	0.15	0.31	0.57	0.30	0.16	0.30	1.05	0.59	0.30	0.28	0.49
New VTEs		1.26	0.29	1.04	1.10	0.57	0.45	1.25	0.45	1.05	0.15	0.60	0.55	0.16
All Harms		7.41	5.21	5.82	7.54	6.27	7.08	7.84	4.33	5.87	5.12	3.88	4.57	4.60
New Harms		2.64	1.59	2.69	3.45	3.28	1.96	2.98	1.35	2.56	2.20	1.79	1.52	1.64
Sample		796	691	670	637	702	664	638	669	664	683	670	722	609
Surveys		29	29	30	29	25	25	25	26	26	25	25	25	25



Appendix D

Data to Support Nursing Skill Mix Review - Sept.13 onwards																	Apr'14				
Department	Staff Group	FTE SIP @ 30.04.14	Total ward staffing FTE (N&M and HCA) @ 30.04.14	Acuity Tool FTE requirements Aug'13	Acuity Tool FTE requirements Sept.'13	Acuity Tool FTE requirements Oct'13	Acuity Tool FTE requirements Nov'13	Acuity Tool FTE requirements Dec'13	Acuity Tool FTE requirements Jan'14	Acuity Tool FTE requirements Feb'14	Acuity Tool FTE requirements Mar'14	Acuity Tool FTE requirements Apr'14	Current Vacancy in system @ 14.05.14	Total SIP plus latest Vacant fte	Nursing Bank Usage FTE	Nursing Agency Usage FTE	FTE Abs lost @ Apr'14	Abs Rate % (fte) @ Apr'14	12 Mth Cumulative % Abs Rate (FTE) @ Apr'14		
229 AAU/SSU	Additional Clinical Services	17.21											2.68	19.89	1.03	0.98					
	Nursing and Midwifery Registered	32.97	50.18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	10.33	43.30	0.91	4.62	29.41	1.90%	2.54%		
229 Arrow Ward	Additional Clinical Services	15.31												15.31	3	1.03					
	Nursing and Midwifery Registered	16.76	32.07	32.10	29.30	29.40	30.40	30.00	29.90	29.90	29.40	30.00	4.15	20.91	0.24	0.57	143.97	14.92%	10.91%		
229 Hillside	Additional Clinical Services	22.76												22.76	1.51						
	Nursing and Midwifery Registered	11.00	33.76	29.60	30.40	28.60	22.50	28.20	26.70	26.40	25.10	20.30	0.40	11.40	0.29		78.60	6.69%	6.52%		
229 Leadon Ward (4)	Additional Clinical Services	12.57												12.57	3.28	0.1					
	Nursing and Midwifery Registered	12.79	25.36	26.40	28.20	27.40	27.40	29.40	29.40	27.60	27.60	26.20		12.79	0.42	1.44	10.00	1.26%	4.72%		
229 Lugg Ward	Additional Clinical Services	16.35											3.80	20.15	2.05	1.59					
	Nursing and Midwifery Registered	17.90	34.25	38.80	34.00	33.00	31.00	31.00	29.70	34.20	32.70	33.90	5.46	23.36	0.2	0.85	32.28	3.15%	4.65%		
229 Monnow Ward2	Additional Clinical Services	12.71												12.71	2.88						
	Nursing and Midwifery Registered	14.90	27.61	21.60	23.10	22.60	21.40	0.00	0.00	23.00	22.60	22.80		14.90	1.37	0.04	16.16	2.01%	5.30%		
229 Nursing - Bromyard	Additional Clinical Services	11.91												11.91	2.69	0.7					
	Nursing and Midwifery Registered	11.55	23.46	21.00	24.50	27.70	26.20	24.40	22.60	26.30	25.20	25.10		11.55	0.4	1.46	87.91	12.15%	12.80%		
229 Nursing - Days - Ross	Additional Clinical Services	25.89											1.00	26.89	1.92	0.11					
	Nursing and Midwifery Registered	15.22	41.11	43.20	42.60	41.00	32.40	32.30	0.00	43.40	42.60	34.40	0.40	15.62	0.85		52.20	4.12%	4.91%		
229 Nursing - Leominster CH	Additional Clinical Services	20.73												20.73	3.65	0.53					
	Nursing and Midwifery Registered	13.81	34.54	29.50	28.30	31.40	28.90	27.80	27.60	27.20	29.60	28.70	0.80	14.61	1.01	0.23	39.60	3.82%	5.33%		
229 Redbrook Ward	Additional Clinical Services	14.37											2.00	16.37	5.01	0.56					
	Nursing and Midwifery Registered	15.84	30.21	25.60	27.40	28.10	26.60	27.40	0.00	28.20	0.00	0.00		15.84	0.88	2.13	43.00	4.59%	6.56%		
229 Teme Ward (2)	Additional Clinical Services	11.60												11.60	0.8	0.14					
	Nursing and Midwifery Registered	13.00	24.60	21.00	0.00	24.30	22.90	22.20	21.00	23.10	0.00	0.00	1.00	14.00	1.24	0.14	42.80	5.78%	4.83%		
229 Women's Health	Additional Clinical Services	5.27											1.62	6.89	2.82	0.08					
	Nursing and Midwifery Registered	8.86	14.13	11.70	10.70	12.80	10.40	9.90	11.00	9.70	10.20	8.80	0.80	9.66	0.89	0.05	20.00	4.75%	6.84%		
229 Wye Ward (2)	Additional Clinical Services	16.90												16.90	4.63	1.18					
	Nursing and Midwifery Registered	19.26	36.16	37.80	36.50	36.80	35.50	34.90	34.70	34.60	35.50	37.90	0.80	20.06	0.08	0.94	60.40	5.37%	5.73%		
<b>Total</b>		<b>407.44</b>	<b>407.44</b>	<b>338.30</b>	<b>315.00</b>	<b>343.10</b>	<b>315.60</b>	<b>297.50</b>	<b>232.60</b>	<b>333.60</b>	<b>280.50</b>	<b>268.10</b>	<b>11.10</b>	<b>442.68</b>	<b>44.05</b>	<b>19.47</b>	<b>656.33</b>				
<b>Note:</b> Sisters included in these figures													<b>24.14</b>	<b>Note:</b> Manual system -Total fte is indicative as staff may still be in post							