

## Appendix 5.

**Acuity and dependency review of nursing establishments May - October 2016 - including nurse sensitive indicators.** (some metrics are for lesser periods of time due to ward changes and this has affected the consistency of the metrics, so the metrics have been taken post move of during a period of stability which is current)

### Medicine, Rehabilitation & Cardiac Division

Ward	Professional Judgement considerations	The acuity and dependency outcomes
OCE	<p>This ward has a patient group with a high enablement requirement, acuity in the management of tracheostomies and PEG feeds, and a complexity of care including psychological support, discharge arrangements, and high contact with families. Many of the patients require one to one nursing, (specialing), for periods of time OCE has capacity for 26 patients. The establishment constitutes 72%:28% ratio of registered nurses to Care Support Workers, but includes staff with learning disability and mental health qualifications as well as general nurses, in order to address the cognitive behaviour component of care. There is on-going work to develop a rotational junior therapist role that forms part of the skill mix.</p> <p>There has been support from the OCE staff in the evolvement of this staff skill mix, and it is addressing the issues related to vacancies. The sister leadership has also been altered and strengthened, with an additional sister in post. The Multi-disciplinary team is largely nurse led.</p> <p>Due to a merger of locations on EPR OCE commenced acuity data collection is taken from June 2016</p> <p><b><u>June - Oct 2016 Quality Metrics.</u></b></p> <p>Vacancy Rates: 6.5% Maternity Rates: 2.66% Sickness Rates: 2.90%</p> <p>All Hospital acquired pressure ulcers: 2. Category 3 &amp; 4: 0</p> <p>All Falls: 32. Falls with Moderate or above harm: 0</p> <p><b><u>October:</u></b> Registered Nurse Care Hours per Patient Day: 4.2</p>	No change required to establishment as acuity has remained consistent
Gerontology	<p><b>Adams &amp; Bedford Ward</b> - This is a unit with 30 beds, all as side rooms.</p> <p>The skill mix is 58%:42%, and includes much 1:1 care, for a complexity of care including end of life, re-enablement, and high levels of medications, with some patients who are on the stroke pathway. Feeding,</p>	No change required to establishment as acuity has remained

	<p>hydration and the management of new onset delirium, forms a large part of the care requirement, increasing the dependency demand. There is a high level of contact with families.</p> <p>The skill mix requirement of this specialty continues to be reviewed, specifically with regard to a higher level of therapy, palliation and mental health components. Consideration is being given to rotational posts.</p> <p>Senior staff, including Practice Development Nurses are working with the Nursing Assistant Academy to develop therapy competencies in the Nursing Assistant workforce.</p> <p><b><u>May - October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: -2.89% Maternity Rates: 0% Sickness Rates: 4.61%</p> <p>All Hospital acquired pressure ulcers: 12. Category 3 &amp; 4: 0</p> <p>All Falls: 64. Falls with Moderate or above harm: 2</p> <p><b><u>October:</u></b> Registered Nurse Care Hours per Patient Day: 4.7</p>	consistent
<b>Stroke ward (6b)</b>	<p><b>Stroke Ward (6b)</b> - This unit has 19 beds and a fast turnover of highly dependent patients requiring level 2 nursing at times. (this ward has moved location during this time period)</p> <p>The skill mix is 67%:33%, and is currently under review along with the stroke pathway. This will include rapid triage through the emergency department to the hyper acute unit, and will encompass a review of the rapid rehabilitation at home, the dietetic and SALT components.</p> <p>Senior management is provided by the matron who is supporting the nursing team.</p> <p>The educational stroke development through the Bucks New University programme is being accessed as well as the development of an in-house accredited stroke care programme for the staff. This will include the capacity to develop stroke specialist nurses.</p> <p>The new Stroke ward location opened in August 2016 and commenced acuity data collection in September 2016</p> <p><b><u>September - October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: 3.15% Maternity Rates: 0% Sickness Rates: 1.26%</p> <p>All Hospital acquired pressure ulcers: 0. Category 3 &amp; 4: 0</p> <p>All Falls: 9. Falls with Moderate or above harm: 1.</p> <p><b><u>October:</u></b> Registered Nurse Care Hours per Patient Day: 6.8</p>	The stroke pathway and nurse to patient ratios are undergoing a review.

<p><b>7A</b></p>	<p><b>7A</b></p> <p>This ward has 23 beds and has a 65%:35% split of Registered Nurses (RNs) to Nursing Assistants.</p> <p>There are a high proportion of patients requiring psychological care requiring 1:1 care including those held under the Mental Health Act, many requiring Registered Mental Health Nurses (RMN), with a more mixed age range of patients over the summer and an increased turnover rate. Often the level of patients with cognitive disabilities/dementia are 50% or above on each of these wards.</p> <p><b><u>7A May-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: -2.9% Maternity Rates: 2.2% Sickness Rates: 4.29%</p> <p>All Hospital acquired pressure ulcers: 16. Category 3 &amp; 4: 1.</p> <p>All Falls: 43. Falls with Moderate or above harm: 0.</p> <p><b><u>October:</u></b> Registered Nurse Care Hours per Patient Day: 4.4</p>	<p>The skill mixes on these wards were reviewed and increased in 2014/15. Staff feedback has been positive, but there is a constant challenge to manage the turnover of junior staff. The Nurse Sensitive Indicators are monitored closely.</p>
<p><b>7B</b></p>	<p><b>7B</b></p> <p>This ward has 21 beds with a skill mix of 69%:31%, due to the patient group having a higher level of acuity, including those with tracheostomies, requiring closer observation and more high dependency care.</p> <p><b><u>7B May-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: -4.74% Maternity Rates: 0% Sickness Rates: 3%</p> <p>All Hospital acquired pressure ulcers: 16. Category 3 &amp; 4: 0</p> <p>All Falls: 37. Falls with Moderate or above harm: 0.</p> <p><b><u>October:</u></b> Registered Nurse Care Hours per Patient Day: 5.0</p>	
<p><b>7C</b></p>	<p><b>7C</b></p> <p>This ward has 22 beds and has a 69%:31% skill mix and a high acuity of patients similar to 7B</p> <p><b><u>May-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: -2.28% Maternity Rates: 0% Sickness Rates: 2.51%</p> <p>All Hospital acquired pressure ulcers: 21. Category 3 &amp; 4: 1</p> <p>All Falls: 34. Falls with Moderate or above harm: 1</p> <p><b><u>October:</u></b> Registered Nurse Care Hours per Patient Day: 4.7</p>	

<p><b>7D</b></p>	<p><b>7D</b></p> <p>This ward has 20 beds and has a high level of elderly care and acuity, and a skill mix of 65%:35%.</p> <p><b><u>7D May-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: -3.22% Maternity Rates: 0% Sickness Rates: 2.18%</p> <p>All Hospital acquired pressure ulcers: 20. Category 3 &amp; 4: 0</p> <p>All Falls: 21. Falls with Moderate or above harm: 0.</p> <p><b><u>October:</u></b> Registered Nurse Care Hours per Patient Day: 5.2</p>	
<p><b>5A</b></p>	<p><b>5A</b></p> <p>This ward has 22 beds and has a 65%:35% ratio and works as an extension of the Emergency Assessment Unit on level 1.</p> <p>Due to the ward's functionality changing during this time period, EPR acuity data collection commenced in September 2016</p> <p><b><u>5A September-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: -9.09% Maternity Rates: 2.26% Sickness Rates: 1.88%</p> <p>All Hospital acquired pressure ulcers: 3. Category 3 &amp; 4: 0.</p> <p>All Falls: 9. Falls with Moderate or above harm: 0.</p> <p><b><u>October:</u></b> Registered Nurse Care Hours per Patient Day: 5.0</p>	
<p><b>Short stay ward</b></p>	<p><b>Short Stay Ward</b></p> <p>This ward has 18 beds and a skill mix ratio of 65%:35%. The acuity levels have been higher than average in the summer and there is a high turnover of patients. The skill mix of staff and the patient group is being monitored and being monitored and reviewed currently</p> <p>Due to the changes in the wards demographics, acuity data collection commenced in September 2016</p> <p><b><u>September-October 2016 Quality Metrics</u></b></p> <p>All the level 7 wards, 5A and Short Stay Ward all have a level of low impact falls, but Shortstay ward has</p>	

	<p>experienced higher levels of falls as well as hospital acquired pressure ulcers due to the increased dependency of the patient group since the DTOC programme was put into place to optimise the bed base.</p> <p>The challenge is the constant turnover of band 5 staff. There are band 6 staff who provide night staff supervision and Practice Development Nurses to support new staff nurses, provide training to Nursing Assistants and orientation to newly recruited nurses.</p> <p>Vacancy Rates: -5.0% Maternity Rates: 3.82% Sickness Rates: 2.74%</p> <p>All Hospital acquired pressure ulcers: 3. Category 3 &amp; 4: 0.</p> <p>All Falls: 12. Falls with Moderate or above harm: 0.</p> <p><b>October:</b> Registered Nurse Care Hours per Patient Day: 5.8</p>	
<b>Laburnum</b>	<p>The skill mix is 65%:35% on this 28 bedded ward. The patient group on this ward has a level of acuity that includes patients with respiratory and cardiac conditions as well as general medical patients. There is a Nurse Educator appointed and in post at the Horton site, who provides the education and orientation for new staff.</p> <p><b>May-October 2016 Quality Metrics</b></p> <p>Vacancy Rates: 5.88% Maternity Rates: 1.89% Sickness Rates: 4.62%</p> <p>All Hospital acquired pressure ulcers: 30. Category 3 &amp; 4: 1.</p> <p>All Falls: 59. Falls with Moderate or above harm: 0.</p> <p><b>October:</b> Registered Nurse Care Hours per Patient Day: 3.3</p>	<p><b>The ratios on these three medical/stroke rehabilitation wards were reviewed and increased in 2014/15.</b></p> <p><b>The levels of Care Hours per Patient Day and much lower than in other clinical areas and if benchmarked nationally, where the average is 5-6 hours/per day.</b></p> <p><b>The Divisional Nurse is reviewing the staffing skill mix and staff levels on this ward</b></p>
<b>Juniper</b>	<p>The skill mix is 65:35% on this 30 bedded ward. The patient group includes those with gastroenterology, liver and Cohn's diseases. There are a number of patients who have delayed discharges due to being</p>	<p><b>The levels of Care Hours per Patient</b></p>

	<p>from out of area.</p> <p><b><u>May-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: 2.64% Maternity Rates: 0% Sickness Rates: 4.56%</p> <p>All Hospital acquired pressure ulcers: 25. Category 3 &amp; 4: 0.</p> <p>All Falls: 49. Falls with Moderate or above harm: 1.</p> <p><b><u>October:</u></b> Registered Nurse Care Hours per Patient Day: 3.9</p>	<p><b>Day and much lower than in other clinical areas and if benchmarked nationally, where the average is 5-6 hours/per day.</b></p> <p><b>The Divisional Nurse is reviewing the staffing skill mix and staff levels on this ward</b></p>
<p><b>Osler Chest Ward (7E) and the Cystic Fibrosis Unit (5D)</b></p>	<p>This is a 21 bedded ward that specialises in acute respiratory patients and has a skill mix of 67%:33%, including 2 high care beds.</p> <p>The ward moved to the JR site (7E) in February 2016, and the level acuity is monitored closely due to the conditions of this highly acute patient group.</p> <p>There are a level of clinical incidents due to the acuity of this patient group, including weaning off ventilation, and acute deterioration of patients.</p> <p>There are a significant number of patients at Level 2 acuity (high acuity/dependency)</p> <p><b><u>Osler Chest Ward May-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: 6.69% Maternity Rates: 4.85% Sickness Rates: 4.45%</p> <p><b><u>Cystic Fibrosis Unit May-October 2016 Quality Metrics</u></b></p> <p>Cystic Fibrosis ward: Vacancy 0.8%; Mat/Adoption 23.9%; Sickness 3.8%.</p> <p><b><u>NSI data: Osler Chest Ward including Cystic Fibrosis unit</u></b></p> <p>All Hospital acquired pressure ulcers: 7. Category 3 &amp; 4: 0.</p> <p>All Falls: 15. Falls with Moderate or above harm: 0.</p> <p><b><u>October:</u></b> Registered Nurse Care Hours per Patient Day – Osler Chest Unit: 7.1</p> <p><b><u>October:</u></b> Registered Nurse Care Hours per Patient Day – Cystic Fibrosis Unit: 8.7</p>	<p>No change required to establishment</p>

<p><b>John Warin</b></p>	<p>This ward is funded for 20 beds. The patient group includes infectious diseases, TB and patients who are homeless and have associated conditions to living outside. This is the designated ward should patients be admitted with suspected Ebola. The skill mix is 68%:32.1%</p> <p><b><u>May-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: 8.6% Maternity Rates: 0% Sickness Rates: 3.08%</p> <p>All Hospital acquired pressure ulcers: 8. Category 3 &amp; 4: 2.</p> <p>All Falls: 18. Falls with Moderate or above harm: 0.</p> <p><b><u>October:</u></b> Registered Nurse Care Hours per Patient Day: 5.2</p>	<p>No change required to establishment</p>
<p><b>Cardiology ward</b></p>	<p>This ward is large with 41 beds spanning over 2 areas, including a 6 bedded high dependency unit, and rapid assessment unit, and 25 side rooms. The skill mix ratio is 72%:28% in order to accommodate to the acuity levels of this patient group and the rapid turnover.</p> <p>The indicators include low grade pressure ulcers and falls, which are being addressed although the reporting culture is good.</p> <p>Vacancies are managed within the Cardiac Centre as a whole, and staff moved between units on a daily basis</p> <p><b><u>May-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: 7.4% Maternity Rates: 7% Sickness Rates: 3.12%</p> <p>All Hospital acquired pressure ulcers: 8, Category 3 &amp; 4: 2.</p> <p>All Falls: 18. Falls with Moderate or above harm: 0.</p> <p><b><u>October:</u></b> Registered Nurse Care Hours per Patient Day: 4.9</p>	<p>No change required to establishment</p>
<p><b>Cardiothoracic ward</b></p>	<p>This ward is made up entirely of 25 single rooms and has a high level of acuity for patients who are received from the Cardio Thoracic Critical Care Unit in the immediate phase of step down. The skill mix is 70%:30%.</p> <p>There are high levels of vacancies, although the Cardiac Centre moves staff around daily to address the acuity and to mitigate short notice staff deficits.</p> <p><b><u>May-October 2016 Quality Metrics</u></b></p>	<p>No change required to establishment</p>

	<p>Vacancy Rates: 18.53% Maternity Rates: 6.44% Sickness Rates: 2.26%</p> <p>All Hospital acquired pressure ulcers: 24. Category 3 &amp; 4: 0.</p> <p>All Falls: 6. Falls with Moderate or above harm: 0.</p> <p><b><u>October</u></b>: Registered Nurse Care Hours per Patient Day: 5.1</p>	
<p><b>EAU JR &amp; HH</b> <b>(staffing and quality metrics only)</b></p>	<p>The skill mixes are 76%:24% at the JR and 74.8%:25.2% HGH.</p> <p>Additional support has been put into place to support junior nursing staff and to improve clinical education through Practice Educator posts</p> <p>The measurement tool for acuity does not suit this clinical area due to the high turnover. A tool is being sourced that will be appropriate</p> <p><b><u>EAU JR May-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: 10.9% Maternity Rates: 4.72% Sickness Rates: 4.49%</p> <p>All Hospital acquired pressure ulcers: 3. Category 3 &amp; 4: 0.</p> <p>All Falls: 26. Falls with Moderate or above harm: 0.</p> <p><b><u>EAU HH May-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: 1.49% Maternity Rates: 5.97% Sickness Rates: 2.36%</p> <p>All Hospital acquired pressure ulcers: 9. Category 3 &amp; 4: 0.</p> <p>All Falls: 20. Falls with Moderate or above harm: 0.</p>	<p>Acuity data needs to be collected from these areas using a different tool which is currently being sourced in order to identify the level 2 patients in particular. This is owing to the turnover and acuity being very different to that of the in-patient wards.</p>



## Surgery & Oncology Division

Ward	Professional Judgement considerations	Variations to the establishment
<b>Sobell House</b>	<p>This ward remains funded for 18 beds. Whilst the charity pays for some additional facilities such as the music therapist and the chef, the nurse establishment for the ward is fully NHS funded. The skill mix is 60%:40% and this reflects the patient group who require a level of highly dependent care related to their symptom control and medication. There are 18 side rooms on Sobell.</p> <p><b><u>May-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: 17.4% Maternity Rates: 0% Sickness Rates: 5.26%</p> <p>All Hospital acquired pressure ulcers: 10. Category 3 &amp; 4: 0.</p> <p>All Falls: 24. Falls with Moderate or above harm: 0.</p> <p><b><u>October:</u></b> Registered Nurse Care Hours per Patient Day: 5.6</p>	<p>No further change required to the establishment</p>
<b>Haematology</b>	<p>This ward has 25 beds. The specialist nature of this ward requires a high level of registered nurse to unqualified Nursing Assistants in skill mix, related to cancer care and the administration of chemotherapy, as well as the care of other patients with other haematology conditions. This skill mix is 82%:18%. The level of acuity is high in these patients especially on deterioration, and in the cases of neutropenic sepsis.</p> <p>Agency staff in general do not have the specialist competencies or the technical skill set to manage this patient group as they require the National Chemotherapy course. The ward's own staff undertake bank work coupled with long line specialist agency workers in order to provide an optimal level of temporary staffing.</p> <p>The nursing workforce have been supplemented with the use of x 5 specialist high cost chemo trained agency nurses whilst their own staff were recruited and trained. This patient group require skilled staff in the management of syringe drivers and complex chemotherapy medication, the majority of patients have a high level of acuity.</p> <p>Benchmarking with the Shelford Group demonstrates that OUH compared to other Trusts has a higher</p>	<p>No change required to the establishment</p> <p>The career pathway for the staffing establishment is being reviewed in order to enable better retention</p>

	<p>level of band 5 and lower level of skilled band 6 staff in specialist posts.</p> <p>The numbers of band 6 posts are being reviewed in order to support, train and supervise the more junior workforce as well as providing a career progression structure. The lack of a career structure is known to be the reasons for high staff attrition to other Trusts to gain promotion.</p> <p>The acuity of patients varies and the level of registered nurse cover is being monitored for trends to ensure adequate support for patients especially out of hours.</p> <p>The quality indicators however are well managed.</p> <p><b><u>May-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: 9.79% Maternity Rates: 0.63% Sickness Rates: 5.91%</p> <p>All Hospital acquired pressure ulcers: 8. Category 3 &amp; 4: 0.</p> <p>All Falls: 15. Falls with Moderate or above harm: 0.</p> <p><b><u>October:</u></b> Registered Nurse Care Hours per Patient Day: 5.7</p>	
<p><b>Oncology</b></p>	<p>This ward has 30 beds. This ward cares for patients with cancer of many different tumour sites. There is a wide range of care requirements that includes in-patients with high acuity needs and others who are very high dependency (patients with spinal cord compression), The advancement of specialised treatments such as brachytherapy has resulted in an increasing acuity of patients over the last 2 years. The skill mix is 74%:26%.</p> <p>The ward benefits from additional staffing to release nurses to provide specialist care (prostate brachytherapy and chemotherapy), palliative care, communication with families, and specifically the administration of medications. Many patients are cared for through to end of life on this ward, and there can be a higher dependency related to palliative care.</p> <p>The ward receives direct admissions from the Triage Unit which has consistently expanded the service due to its increased activity over the past 3 years, enabling patients to be assessed and treated, many avoiding admission. However the haematology and oncology wards cover this service overnight and at weekends.</p> <p><b><u>May-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: 10.51% Maternity Rates: 1.97% Sickness Rates: 2.90%</p> <p>All Hospital acquired pressure ulcers: 13. Category 3 &amp; 4: 1.</p> <p>All Falls: 21. Falls with Moderate or above harm: 0.</p>	<p>The quality metrics are being closely monitored in relation to the staffing skill mix and levels</p>

	<b>October:</b> Registered Nurse Care Hours per Patient Day: 4.5	
<b>5F &amp; 5E</b>	<p>This ward covers Gastroenterology and the Day Case unit with patients scheduled for interventional radiology treatments. Many patients are complex cases requiring psychological care, and patients sectioned under the Mental Health Act, as well as those with eating disorders, cyclic vomiting and long term feeding therapy. There are a high number of ward attenders.</p> <p>There are multiple teams of medical staff (11 teams) who attend this ward, and it has a skill mix of 75%:25%.</p> <p>The ward establishment is funded to cover the ward which has 20 beds, but also extends to the Day Case Unit</p> <p>The leadership has been strengthened through high visibility of the matron to support staff; however there the co-ordinator for 5F ward has to also coordinate for 5E Day case unit(although the wards are directly opposite each other).</p> <p>The skill mix and levels of staff do require additional support in relation to ensuring that the establishment of staff is sustainable and to cover 5E as well as the ward.</p> <p><b><u>5F May-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: 0.98% Maternity Rates: 7.84% Sickness Rates: 3.01%</p> <p>All Hospital acquired pressure ulcers: 6. Category 3 &amp; 4: 1.</p> <p>All Falls: 15. Falls with Moderate or above harm: 0.</p> <p><b>October:</b> Registered Nurse Care Hours per Patient Day: 4.6</p>	<p>No change required to the establishment</p> <p>The quality metrics are monitored closely</p>
<b>Surgical Emergency Unit (SEU) 6D,6E &amp; 6F</b>	<p>This unit is very complex and has multiple levels of in-patient facilities, and a triage area for surgical emergency cases. It includes wards 6D, 6E &amp; 6F. 6D includes a 12 trolley Triage area and 10 beds, with a high turnover of patients (average of 25 patients per day) and on average 8.93 nurse escorts a day. The skill mix ratio is 80%:20%</p> <p>There are x 6 supernumery Surgical Emergency Nurse Practitioner (ENPs) who provide emergency assessment expertise to the team within triage.</p> <p>The medical staff have reconfigured their working practice, to include both surgeons appointed who are based in emergency surgery and a physician based on SEU providing cover for triage and ED. This is in</p>	<p>No change required to the establishment</p>

<p><b>6D</b></p>	<p>order to provide a more senior level of decision making. On average 74% of patients referred by their GP do not require surgery</p> <p>6D has 12 trollies for Emergency Triage &amp; 10 in-patient beds.</p> <p>The skill mix ratio is 66%:34%</p> <p><b><u>6D May-October 2016 Quality Metrics (12 beds)</u></b></p> <p>Vacancy Rates: 0.85% Maternity Rates: 4.46% Sickness Rates: 1.92%</p> <p>All Hospital acquired pressure ulcers: 21. Category 3 &amp; 4: 0.</p> <p>All Falls: 29. Falls with Moderate or above harm: 0.</p> <p><b><u>October</u></b>: Registered Nurse Care Hours per Patient Day: 6.8</p>	
<p><b>6E</b></p>	<p>6E is a male patient ward and has a skill mix ratio of 72%:28% and requires 3 nurse escorts per day on average.</p> <p><b><u>6E May-October 2016 Quality Metrics(18 beds)</u></b></p> <p>Vacancy Rates: 3.39% Maternity Rates: 0% Sickness Rates: 1.93%</p> <p>All Hospital acquired pressure ulcers: 4. Category 3 &amp; 4: 0.</p> <p>All Falls: 7. Falls with Moderate or above harm: 0.</p> <p><b><u>October</u></b>: Registered Nurse Care Hours per Patient Day: 4.9</p>	
<p><b>6F</b></p>	<p>6F is a female patient ward which has on average 1-5 level 2 patients per day (high dependency) and 3 nurse escorts. This patient group has a high level of acuity, clinical deterioration, and cardiac arrests. It has a skill mix ratio of 72%:28%</p> <p>The non- nursing ward support is minimal and only covers 8-4pm.</p> <p><b><u>6F May-October 2016 15 Quality Metrics (20 beds)</u></b></p> <p>Vacancy Rates: -9.83% Maternity Rates: 5.55% Sickness Rates: 5.31%</p> <p>All Hospital acquired pressure ulcers: 6. Category 3 &amp; 4: 0.</p> <p>All Falls: 5. Falls with Moderate or above harm: 0.</p>	

	<p><b>October:</b> Registered Nurse Care Hours per Patient Day: 5.3</p>	
<p><b>Jane Ashley Colorectal Centre (JACC)</b></p>	<p>This ward has a complex patient group which includes all aspects of colorectal, breast and gynae-oncology surgery.</p> <p>The skill mix is 68%:32% which is appropriate for this clinical area. Recent changes in the establishment have allowed the ward to appoint a total of 1.8WTE Band 7 ward sister posts to strengthen this role on this large 36 bedded ward. 1 sister is currently on maternity leave.</p> <p>The acuity includes a number of patients on parenteral feeding i.e. 14 at any one time, therefore requiring a high skill mix of Registered Nurses. JACC decreased its beds from 36 to 32 to allow for a Urology Triage area to accommodate space on the ward. This is staffed by Urology ward and budget.</p> <p>This ward currently has had a high level of vacancies however recruitment is proving successful.</p> <p><b><u>May-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: 16.52% Maternity Rates: 2.39% Sickness Rates: 3.82%</p> <p>All Hospital acquired pressure ulcers: 6. Category 3 &amp; 4: 1.</p> <p>All Falls: 10. Falls with Moderate or above harm: 0.</p> <p><b>October:</b> Registered Nurse Care Hours per Patient Day: 5.3</p>	<p>No change required to the establishment</p>
<p><b>Upper Gastro intestinal ward (UGI)</b></p>	<p>This 28 bed ward undertakes highly complex surgery with high acuity levels post operatively, including bariatric surgical patients referred from Reading.</p> <p>The skill mix is 77%:23% and this relates to the specialist levels of care required by this patient group, many of whom 'step down' from the Intensive Therapy Unit.</p> <p>This ward currently has a high level of vacancies however recruitment is proving extremely challenging.</p> <p><b><u>May-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: 17.88% Maternity Rates: 2.76% Sickness Rates: 4.25%</p> <p>All Hospital acquired pressure ulcers: 29. Category 3 &amp; 4:2.</p> <p>All Falls: 30. Falls with Moderate or above harm: 2.</p> <p>This ward currently has a high level of vacancies and recruitment is proving challenging.</p>	<p>No change required to the establishment</p>

	<b><u>October</u></b> : Registered Nurse Care Hours per Patient Day: 5.9	
<b>Urology</b>	<p>This 20 bedded urology ward undertakes major complex surgery including specialist referrals from other areas in the region; this includes a significant increase in cystectomies and radical prostatectomies.</p> <p>The opening of the urology rapid assessment unit on site from July 2016 has enabled the relocation of acute urological surgery from SEU to be adjacent to the urology ward. This triage service is staffed separately however it is envisaged that some of the urology patients being treated as in-patients will be able to be relocated to an ambulatory pathway setting.</p> <p>There is a high churn of patients and consistently high acuity and dependency levels of care. Two new consultants have commenced in post and the referral rate has increased significantly</p> <p><b><u>May-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: -10.58% Maternity Rates: 6.39% Sickness Rates: 2.88%</p> <p>All Hospital acquired pressure ulcers: 7. Category 3 &amp; 4: 1.</p> <p>All Falls: 8. Falls with Moderate or above harm: 0.</p> <p><b><u>October</u></b>: Registered Nurse Care Hours per Patient Day: 5.1</p>	No change required to the establishment
<b>Renal</b>	<p>The renal ward has 18 beds and provides care for a range of patient conditions, including those requiring dialysis and end of life care.</p> <p>The skill mix is 72%:28% and this reflects the technical nature of the care for this patient group.</p> <p>There are some low impact falls without harm.</p> <p><b><u>May-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: 8.11% Maternity Rates: 4.35% Sickness Rates: 3.17%</p> <p>All Hospital acquired pressure ulcers: 1. Category 3 &amp; 4: 0.</p> <p>All Falls: 7. Falls with Moderate or above harm: 0.</p> <p><b><u>October</u></b>: Registered Nurse Care Hours per Patient Day: 4.2</p>	No change required to the establishment
<b>Wytham</b>	This is a ward with variable levels of acuity due to the nature of variation in activity related to transplant	No change required to

	<p>surgery, which cannot be predicted.</p> <p>There is an enhanced monitoring unit that provides level 2 step down of patients from ITU.</p> <p>The patient group includes bowel, kidney and pancreas transplants and so the ratio is 81%:19%. The indicators demonstrate some low impact falls without harm.</p> <p>There are 20 beds including 4 Private Patient rooms for the use of surgical and haematology services.</p> <p><b><u>May-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: 5.23% Maternity Rates: 4.76% Sickness Rates: 2.29%</p> <p>All Hospital acquired pressure ulcers: 9. Category 3 &amp; 4: 1.</p> <p>All Falls: 15. Falls with Moderate or above harm: 0.</p> <p><b><u>October</u></b>: Registered Nurse Care Hours per Patient Day: 6.6</p>	<p>establishment</p> <p>The activity (which is less predictable than most wards due to the specialty) is monitored closely against the staffing levels</p>
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## Neurosciences, Orthopaedics, Trauma and Specialist Surgery Division

Ward	Professional Judgement considerations	Variations to establishment
<b>Neurosciences</b>	<p>This large unit has a skill mix split of 69%:31%. It has 89 bed spaces, with the current use of 75 in-patient beds and 12 day case/theatre same day admissions, The ward has 3 neurosurgical areas, with one area incorporating a high care, a neurology area and a day unit.</p> <p>The ward is split into 4 sections each with a ward manager and a deputy sister, the splitting of the ward from one large area to 4 more manageable sections happened in June 2016, and that is when the acuity data collection commenced.</p> <p>The ward has split into :</p> <p>Red section is Neurosurgery including high care with 22 beds</p> <p>Purple section is Neurological Medicine with 18 beds</p> <p>Green section is Neurosurgery including the Investigation Unit with 11 beds</p> <p>Blue section is Neurosurgery with 23 beds</p> <p><b><u>June-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: 15.39% Maternity Rates: 3.25% Sickness Rates: 3.63%</p> <p>All Hospital acquired pressure ulcers: 10. Category 3 &amp; 4: 0.</p> <p>All Falls: 60. Falls with Moderate or above harm: 1.</p> <p>The vacancy rate is quite high currently</p> <p><b><u>October</u></b>: Registered Nurse Care Hours per Patient Day - Red section Neurosurgery: 7.1</p> <p><b><u>October</u></b>: Registered Nurse Care Hours per Patient Day - Purple section Neurological Medicine: 5.9</p>	<p>No change required to establishment</p>



	<p><b><u>October</u></b>: Registered Nurse Care Hours per Patient Day - Green section Neurosurgery: 4.8</p> <p><b><u>October</u></b>: Registered Nurse Care Hours per Patient Day - Blue section Neurosurgery: 4.5</p> <p><b><u>October</u></b>: Registered Nurse Care Hours per Patient Day – Neuro ICU: 26.6</p>	
<p><b>SSIP</b></p>	<p>This 34 bed ward has a variety of plastics and specialist surgery. The senior leadership structure has been enhanced, with a Nurse Manager at 8A a band 7 sister and 5 deputy managers at band 6. inpatient based and covers Inpatients, GPRU and Day Surgery</p> <p>The skill mix is 68%:32.1%.</p> <p><b><u>May-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: 8.52% Maternity Rates: 0.98% Sickness Rates: 4.14%</p> <p>All Hospital acquired pressure ulcers: 3. Category 3 &amp; 4: 0.</p> <p>All Falls: 11. Falls with Moderate or above harm: 0.</p> <p><b><u>October</u></b>: Registered Nurse Care Hours per Patient Day: 4.5</p>	<p>No necessity to alter the establishments from the acuity review.</p>
<p><b>6A</b></p>	<p>This 22-24 bed ward, which includes a triage area, has patients with vascular conditions; and the staff undertake thrombolysis treatment which requires level 2 (high dependency care) and 1:1 ratio of RN to patients during the treatment to provide continuity of care.</p> <p>The senior leadership on the ward has been changed and includes a Practice Development Nurse to support the clinical team, and a change in the ward manager and the deputy sisters</p> <p><b><u>May-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: -8.94% Maternity Rates: 3.65% Sickness Rates: 3.36%</p> <p>All Hospital acquired pressure ulcers: 10. Category 3 &amp; 4: 1.</p> <p>All Falls: 20. Falls with Moderate or above harm: 0.</p> <p><b><u>October</u></b>: Registered Nurse Care Hours per Patient Day: 4.7</p>	<p>No necessity to alter the establishments from the acuity review; however the ward is receiving support, education packages and quality metrics are monitored closely.</p>

<p><b>Trauma</b></p>	<p>These wards have 26 beds and include a high acuity patient group, with a staff skill mix of 62%:38%. Both 2A and 3A are Major Trauma wards admit a mix of complex trauma patients.</p> <p>The quality indicators suggest that for this patient group there are a few pressure ulcers including one category 3, and low impact falls for this time period, although there are effective preventative strategies in place.</p>	<p>No necessity to Alter establishments from the acuity review</p>
<p><b>2A - JR</b></p>	<p><b><u>2A May-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: 11.64% Maternity Rates: 0.48% Sickness Rates: 4.71%</p> <p>All Hospital acquired pressure ulcers: 10. Category 3 &amp; 4: 1.</p> <p>All Falls: 25. Falls with Moderate or above harm: 0.</p> <p><b><u>October</u></b>: Registered Nurse Care Hours per Patient Day: 5.1</p>	
<p><b>3A - JR</b></p>	<p><b><u>3A May-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: 12.92% Maternity Rates: 3.15% Sickness Rates: 4.16%</p> <p>All Hospital acquired pressure ulcers: 6. Category 3 &amp; 4: 1.</p> <p>All Falls: 6. Falls with Moderate or above harm: 0.</p> <p><b><u>October</u></b>: Registered Nurse Care Hours per Patient Day: 5.1</p>	<p>No necessity to alter establishments from the acuity review</p>
<p><b>F Ward on Oak location - Horton Hospital</b></p>	<p><b>F ward</b> is an 18 bedded Trauma ward. In April 2016 the ward increased its ratio of band 6 RNs. In mid-October 2016 the ward moved at the Horton to the old Oak ward location and commenced acuity data collection in November 2016, as the bed capacity had reduced and the lay out of the ward is very different.</p> <p><b><u>F Ward (on Oak) November 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: 5.6% Maternity Rates: 0% Sickness Rates: 2.4%</p> <p>All Hospital acquired pressure ulcers: 4. Category 3 &amp; 4: 0.</p> <p>All Falls: 3. Falls with Moderate or above harm: 0.</p> <p><b><u>October</u></b>: Registered Nurse Care Hours per Patient Day: 6.7</p>	<p>No necessity to alter establishments from the acuity review however post move the quality metrics are being monitored closely</p>



<p><b>Ward F</b></p>	<p>All Falls: 12. Falls with Moderate or above harm: 0.  <u>October</u>: Registered Nurse Care Hours per Patient Day: 4.9</p> <p><b><u>NOC F May-October 2016 Quality Metrics (24 beds)</u></b></p> <p>Vacancy Rates: 5.29% Maternity Rates: 0% Sickness Rates: 1.74%</p> <p>All Hospital acquired pressure ulcers: 1. Category 3 &amp; 4: 1.</p> <p>All Falls: 13. Falls with Moderate or above harm: 0.  <u>October</u>: Registered Nurse Care Hours per Patient Day: 4.6</p>	
<p><b>Bone Infection Unit (BIU)</b></p>	<p><b>The Bone Infection Unit (BIU)</b> has 25 beds with 40% as side room beds. .</p> <p><b><u>BIU May-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: 14.27% Maternity Rates: 1.36% Sickness Rates: 3.83%</p> <p>All Hospital acquired pressure ulcers: 13. Category 3 &amp; 4: 1.</p> <p>All Falls: 30. Falls with Moderate or above harm: 0.</p> <p>Extravasation incidents: 0.</p> <p><u>October</u>: Registered Nurse Care Hours per Patient Day: 3.9</p>	

## Children's & Women's Division

Ward	Professional Judgement considerations	Variations to the establishment
<p><b>Childrens' Services</b></p> <p><b>Newborn Care</b></p> <p><b>Bellhouse Drayson Ward</b></p>	<p>There is a national acuity tool for Childrens' in-patient wards and OUH was a contributor to the development of the data collection tool 3-4 years ago. This is imminently to be published nationally, and has been endorsed by the Shelford Group. The tool will be utilised to verify the staffing and skill mix required in Childrens Services and provide assurance of safe staffing for the future.</p> <p>The current staffing model for general children's ward reflects the RCN staffing guidance, which is based on the age of the child and is not specific to the level of acuity. i.e. children under 2 years old have a 1:3 ratio of registered nurse to patients and over 2 years old have a ratio of 1:4, but does not take into account acuity or dependency of the children.</p> <p>The Children's Critical Care (CCC) staffing model reflects the Paediatric Intensive Care Standards</p> <p><b>The New Born Care Unit (NBCU)</b> in common with other level 3 units, OUH is aspiring to meet the standards prescribed by British Association of Perinatal Medicine (BAPM). However when benchmarked with other units nationally OUH is not an outlier. The ratio should be 1:1 however, it is often 1:2 or 1:3 in the unit as registered nurse to baby ratio.</p> <p>There is work being undertaken to identify specific Nurse Sensitive Indicators (NSI) which will provide metrics against staffing and skill mix issues affecting the quality of care e.g. extravasation incidents are more sensitive than falls in the case of children, and pressure ulcers tend to occur in relation to medical devices i.e. plaster cast, intubation, non-invasive ventilation and naso-gastric tubes.</p> <p>When necessary, in order to maintain safety when there have been high levels of vacancy, beds have been closed, in order to mitigate and ensure safe care and staffing levels.</p> <p>A review of the children's' inpatients wards over a 12 month period 2015/2016, examined the impact from the reduced staffing and impact on quality metrics and bed closures, which was presented at the August Quality Committee</p> <p><b><u>Bellhouse Drayson Ward (18 beds) – May-October 2016 Quality Metrics</u></b></p> <p>Speciality: Acute Paediatrics; infectious diseases; respiratory; cardiac;</p>	<p>The main issues are vacancies and maternity leave affecting the baseline.</p> <p>There is a need to review the establishments with the use of a validated acuity/dependency tool as the establishments have been longstandingly based only on the very approximate Royal College of Nursing guidance.</p> <p>The implementation of the acuity and dependency aspect of IPAMS is in process.</p>

<p><b>Robins Ward</b></p>	<p>gastroenterology; endocrinology; diabetes; rheumatology; complex needs  Vacancy Rates: 12.99%; Maternity Rates: 4.64%; Sickness Rates: 3.33%  Extravasation Incidents: 4. No hospital acquired pressure ulcers  <u><b>October</b></u>: Registered Nurse Care Hours per Patient Day: 6.6</p> <p><u><b>Robins Ward (14 beds) – May-October 2016 Quality Metrics</b></u>  Speciality: Plastics, ENT, ophthalmology, craniofacial, neurosurgery, neurology  Vacancy Rates: 4.43%; Maternity Rates: 4.44%; Sickness Rates: 2.33%  Extravasation Incidents: 3. Hospital acquired pressure ulcers: 0.  <u><b>October</b></u>: Registered Nurse Care Hours per Patient Day: 5.9</p>	
<p><b>Kamran’s Ward</b></p>	<p><u><b>Kamran’s Ward (8 beds, 2 of which are high dependency) May-October 2016 Quality Metrics</b></u>  Speciality: haemo-oncology.  The day ward is co-located (open 0800-1800). Staff within the establishment cover both areas  Vacancy Rates: -12.13%; Maternity Rates: 0%; Sickness Rates: 4.18%  No extravasation Incidents. No hospital acquired pressure ulcers  <u><b>October</b></u>: Registered Nurse Care Hours per Patient Day: 8.0</p>	
<p><b>Toms Ward</b></p>	<p><u><b>Toms Ward (18 beds) May-October 2016 Quality Metrics</b></u> Speciality: surgery - neonatal; spinal, trauma; orthopaedic; urology; gastro-intestinal  Vacancy Rates: -0.74%; Maternity Rates: 5.98%; Sickness Rates: 2.49%  No extravasation Incidents. No hospital acquired pressure ulcers.  <u><b>October</b></u>: Registered Nurse Care Hours per Patient Day: 5.5</p>	

**Melanie's Ward**

**Melanie's Ward (12 beds) May-October 2016 Quality Metrics**

Speciality: All specialities for patients 12-16yrs  
Vacancy Rates: -24.22%; Maternity Rates: 11.99%; Sickness Rates: 4.38%  
No extravasation Incidents. No hospital acquired pressure ulcers  
**October**: Registered Nurse Care Hours per Patient Day: 6.3

**Neonatal Unit  
(Newborn Care)**

**Neonatal Unit (44 cots) May-October 2016 Quality Metrics**

Speciality: Level 3 tertiary neonatal care  
Intensive Therapy Unit (ITU) : 16  
High Dependency Unit (HDU): 18  
Low Dependency Unit (LDU) 20  
The configuration of beds altered after October 2016 following the amalgamation of the HGH SCBU (these figures will be included in the next acuity review)  
  
Vacancy Rates: 21.61%; Maternity Rates: 8.77%; Sickness Rates: 4.47%  
Extravasation Incidents: 5. No hospital acquired pressure ulcers  
**October**: Registered Nurse Care Hours per Patient Day: 8.9  
The high vacancy rates lead to a higher ratio of registered nurses to babies than national guidance states, the Trust is not an outlier in this respect. There is a high use of bank and agency staff to mitigate the deficits in staff and an ongoing recruitment campaign

**Paediatric ITU  
And HDU**

**Paediatric ITU (9 beds) May-October 2016 Quality Metrics**

Speciality: all specialities elective and emergency requiring level 3 care  
Vacancy Rates: 5.93%; Maternity Rates: 5.99%; Sickness Rates: 3.23%  
Extravasation Incidents: 2. 6 hospital acquired pressure ulcers, none at category 3 or 4.

<p><b>Horton Hospital Childrens Ward</b></p>	<p><b><u>October</u></b>: Registered Nurse Care Hours per Patient Day – Paediatric ICU: 21.4  <b><u>October</u></b>: Registered Nurse Care Hours per Patient Day – Paediatric HDU: 10.9</p> <p><b><u>Horton Hospital Childrens Ward (14 beds) – currently 4 beds closed</u></b>  <b><u>Speciality; Acute Paediatrics, day surgery dentals and ENT</u></b>  <b><u>May-October 2016 Quality Metrics</u></b>  <b><u>4 beds have been closed during this period due to long term sickness.</u></b>  Vacancy Rates: 5.68%; Maternity Rates: 5.73%; Sickness Rates: 6.85%  Extravasation Incidents: 1. No hospital acquired pressure ulcers  4 beds have been closed for over a year due to staff with long terms sickness.  <b><u>October</u></b>: Registered Nurse Care Hours per Patient Day: 5.4</p>	
<p><b>Midwifery Services at the John Radcliffe and Horton Hospital Maternity Units</b></p>	<p>OUHT Midwifery staffing establishments have been developed using the Birth Rate acuity tool for ratios of midwives to mothers and to monitor the acuity in the delivery suite (this is measured at least 4 hourly).</p> <p>In order to provide 1:1 care for women in labour midwives are moved from all areas of the maternity service to delivery suite and the Spires MLU as required. This will include midwives on call both for the hospital maternity service and the community maternity service</p> <p>The Horton Maternity Unit temporarily moved to being a Midwifery Led Unit in order to mitigate the issues while the obstetric doctor recruitment campaign is underway.</p> <p>Currently the service is under pressure; this is mainly due to high levels of maternity leave and sickness rates have increased. This has occurred following staff being moved from the HGH site to the JR.</p> <p>The ratio of Midwives to mothers during this period has been between 1:28.8 to 1:30.5 (the latter being in October 2016 which is currently an amber flag against the agreed threshold, but does not include staff on maternity leave).</p>	



**Maternity Units – all sites**

**Level 5**

Ratio % of Midwives to Midwifery Support Workers (MSWs)

62%:38%

Care Hours per patient Day = 2.3

**Level 6**

Ratio % of Midwives to MSWs

60%:40%

Care Hours per patient Day = 2.9

**Delivery Suite**

Ratio % of Midwives to MSWs

78%:22%

Care Hours per patient Day = 23.2

**Maternity Assessment Unit**

Ratio % of Midwives to MSWs

73%:27%

Care Hours per patient Day =

**Spires**

Ratio % of Midwives to MSWs

76%:24%

Care Hours per patient Day = 18

**Level 7**

Ratio % of Midwives to MSWs

62%:37%

Care Hours per patient Day = 4.5

**Obstetric Assessment**

Ratio % of Midwives to MSWs

68%:32%

Care Hours per patient Day = 5.5

**Horton Midwifery Led Unit (temporary)**

Ratio % of Midwives to MSWs

69%:30%

This is currently considered a MLU so CHPPD is not recorded

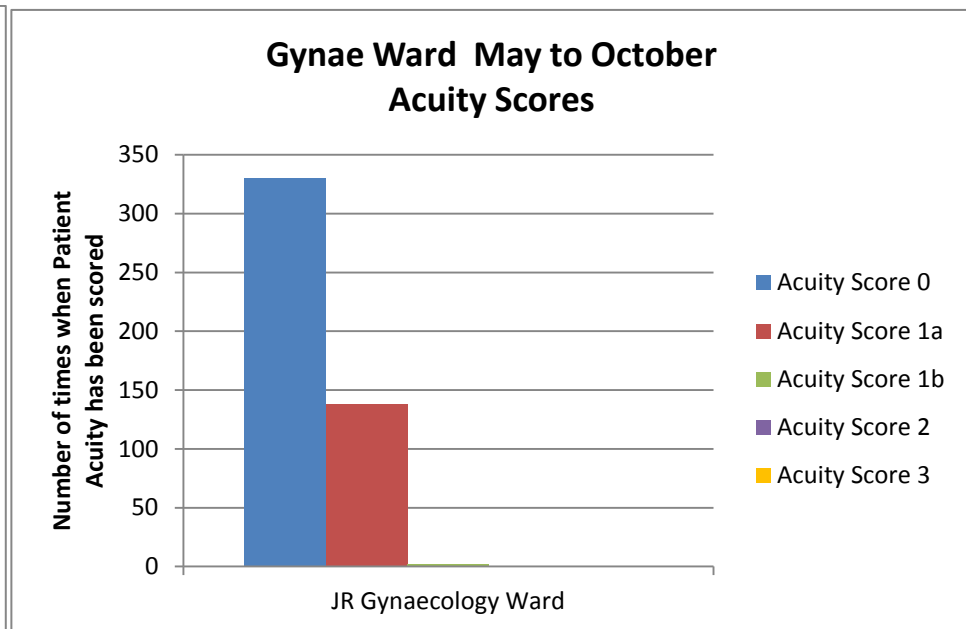
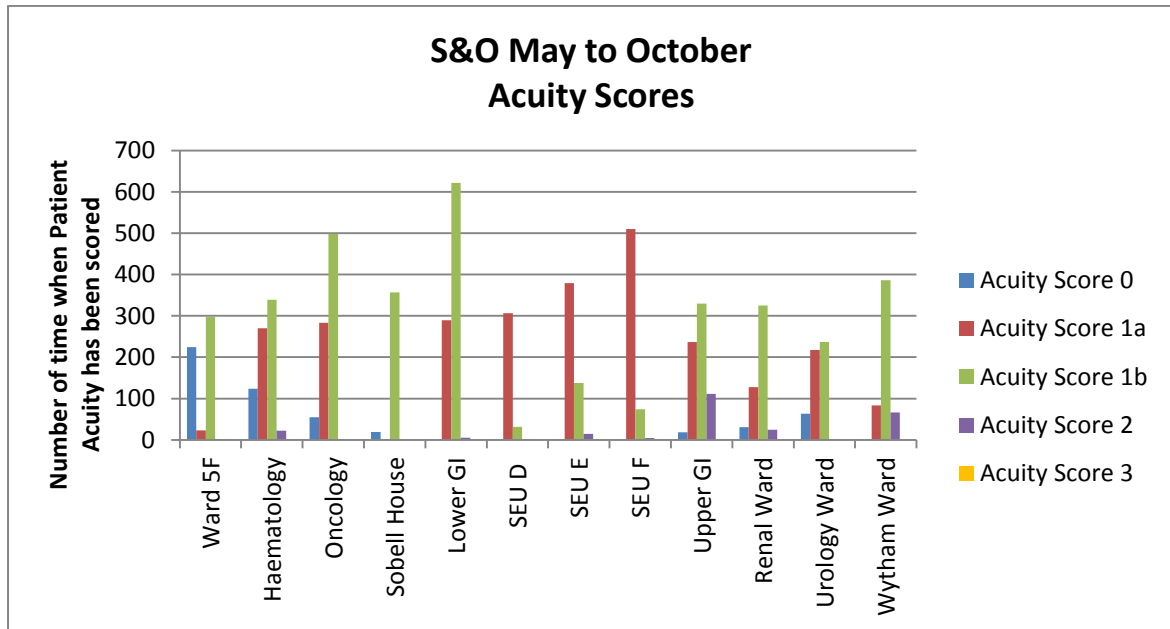
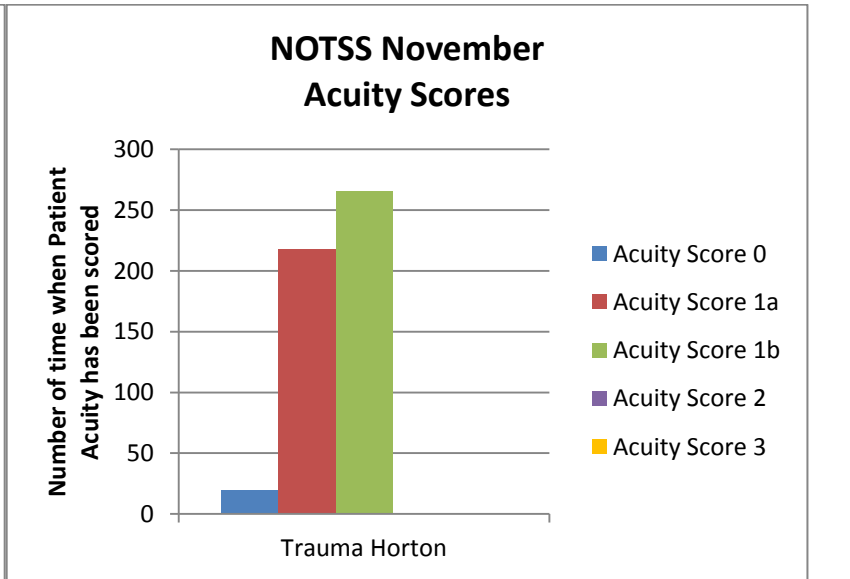
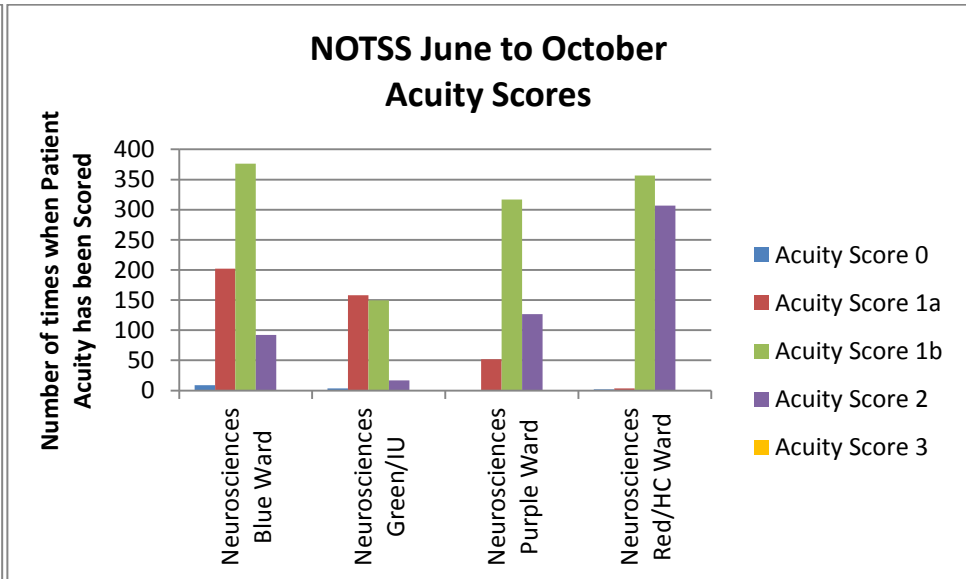
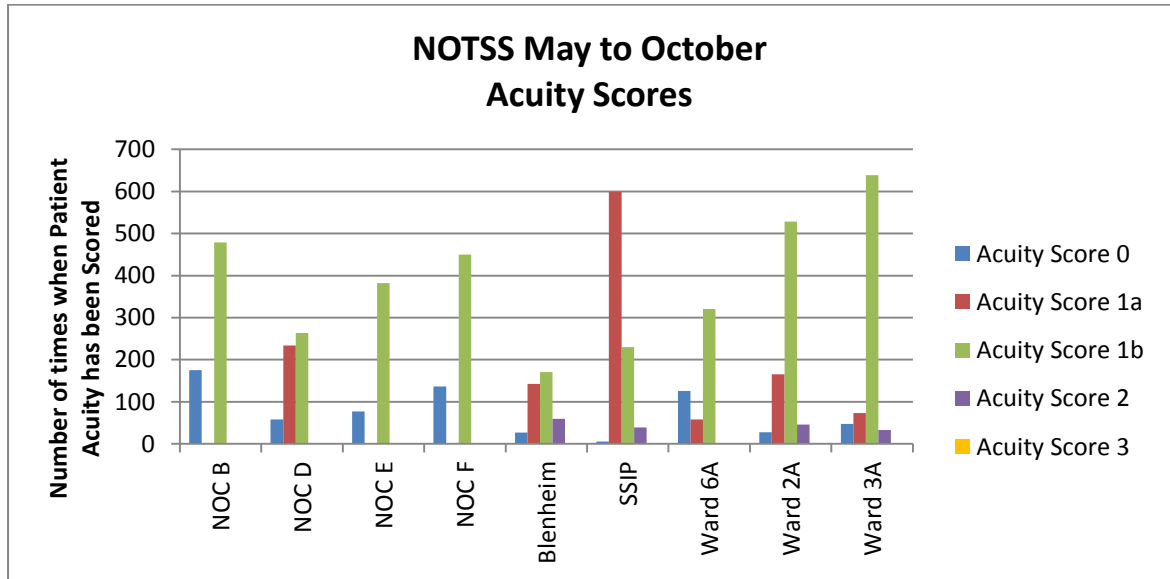
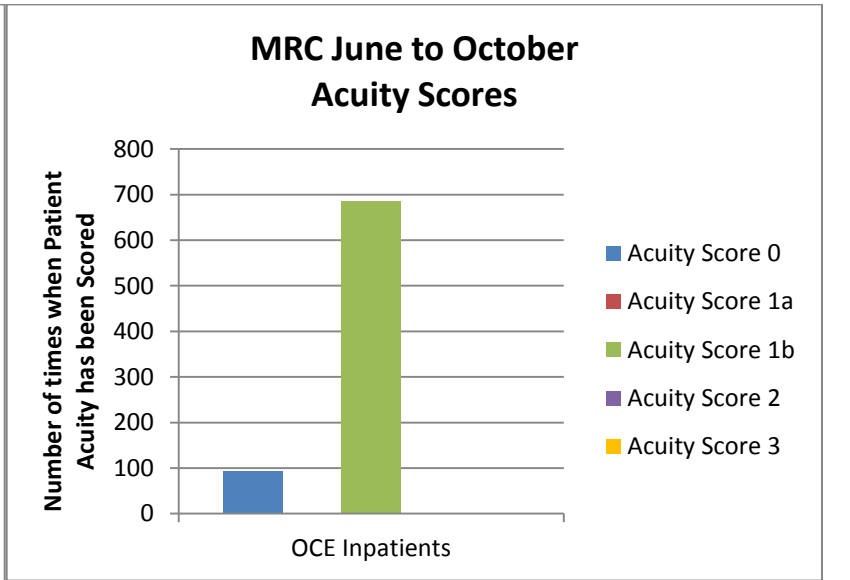
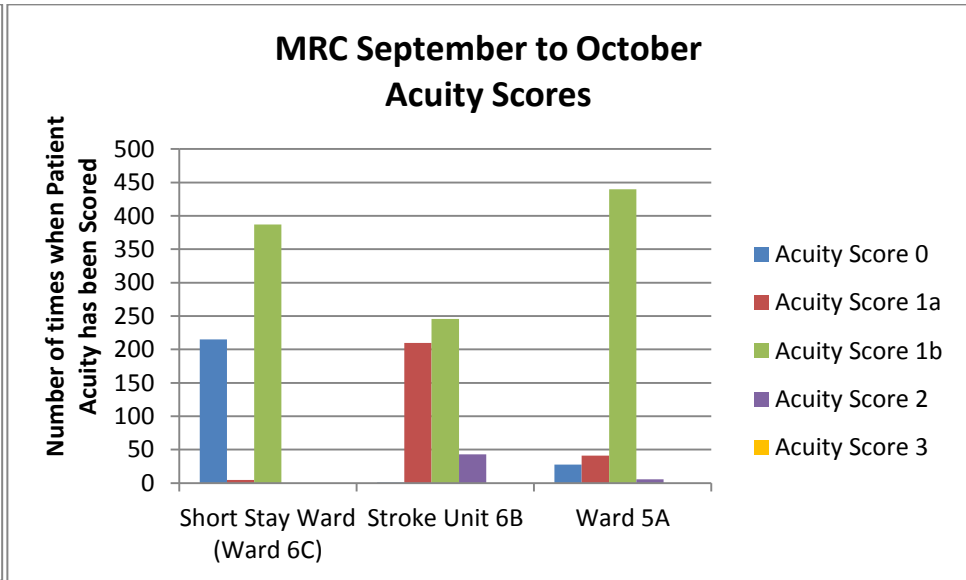
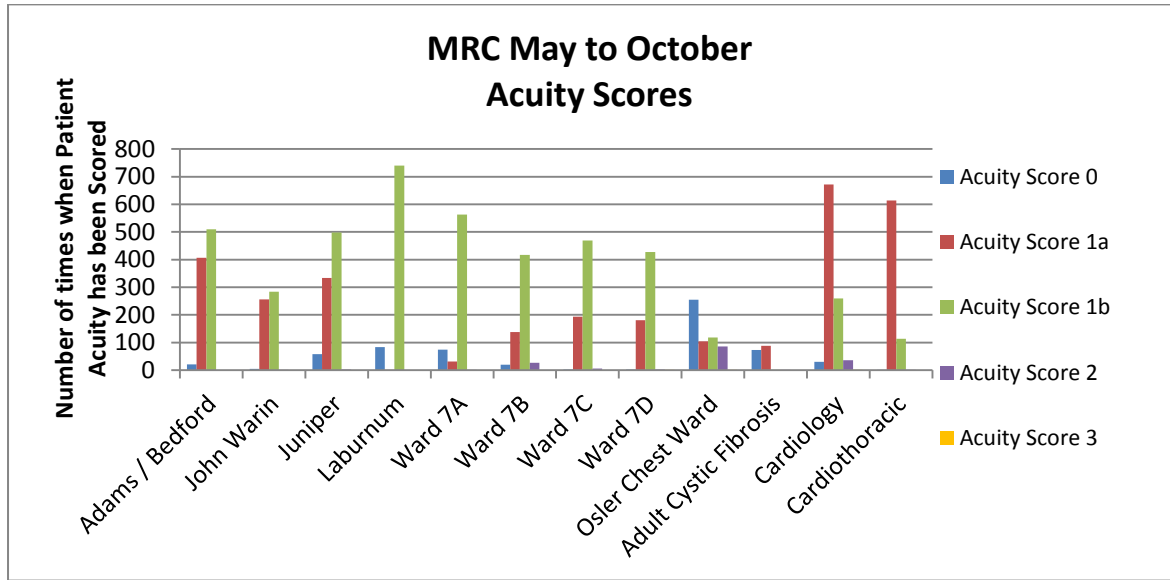
**May-October 2016 Quality Metrics for both units as a whole**

Sickness rate: 4.3%

Extravasation Incidents: 0.

## Clinical Support Services

Ward	Professional Judgement considerations	Variations to the establishment
<b>Adult ITU</b>	<p>The areas of ITU and theatres are not measured against acuity or dependency as all patients are either level 2 or 3 and the skill mix is determined by the Intensive Care Society guidelines</p> <p>The Churchill and JR ITUs are treated as one unit and staff are moved across site dependent upon staff requirements, as well as the Horton Hospital Critical Care Unit</p> <p><b><u>May-October 2016 Quality Metrics</u></b></p> <p>Vacancy Rates: 20.19% Maternity Rates: 4.87% Sickness Rates: 2.86%</p> <p>All Hospital acquired pressure ulcers: 5. Category 3 &amp; 4: 1</p> <p>All Falls: 5. Falls with Moderate or above harm: 1.</p> <p><b><u>October</u></b>: Registered Nurse Care Hours per Patient Day – JR Adult ICU: 25.5</p> <p><b><u>October</u></b>: Registered Nurse Care Hours per Patient Day – Horton Critical Care: 16.9</p>	<p>The staffing varies day to day dependent upon the levels of care for the patients</p>



**Patient Acuity data from IPAMS between June to October 2016**  
**but maybe taken during shorter periods within this time frame if there were ward changes.**

This represent in-patient wards, using the acuity and dependency levels from the Shelford Safer Nursing Care Tool, using the IPAMS data from the last six months. However some wards within this period have changed service or environment, and in these cases only the months post change have been utilised. The previous review was undertaken in May 2016 for a 2 week period.

The levels of 0, 1, 2 & 3 arise from the Comprehensive Critical Care document [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@d h/@en/documents/digitalasset/dh\\_4082872.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@d h/@en/documents/digitalasset/dh_4082872.pdf)

The subdivision of 1a and 1b represent acuity (1a) and dependency (1b) levels that are more finely moderated through the Safer Nursing Care Tool.

It is notable that the higher levels of 1b tend to be aligned to the wards that have very dependent patients i.e. those that require two nurses or more for mobilisation, manual handling, have mental capacity issues or long term conditions and cognitive disabilities. The high acuity wards are represented by the high levels of 1a & 2 patients. Common to Trusts with which this Trust benchmarks, there are relatively few patients within the '0' category.

**The Tables above represent the wards with in each division**

Level 2 patients are those requiring high dependency which could include single organ support or those for instance requiring high flow oxygen, to those requiring acute management of care i.e. acute stroke patients, acutely ill respiratory patients, acutely ill after major surgery or step down from ITU.

It should be noted that there are high levels of level 2 patients in the ward areas who require single organ support due to the gap in a level 2 High Dependency facility and a deficit in the level 3 ITU beds required for a Trust of this complexity and size.

There may appear to be low levels of level 0 patients in the majority of wards, as the clinical areas are required to score for the highest patient acuity level that has passed through each bed in the previous 24 hour period.

The data has been robustly scrutinised between the Safe Staffing Team and the sisters, matrons and divisional nurses with oversight from the Deputy Chief Nurse and Chief Nurse and approved at the Nursing & Midwifery Board in January 2017.

This is the first time accumulated electronic data has been downloaded to review trends and identify areas considered to be outliers. The levels of high acuity on the wards is notable due to the limited ITU/HDU bed capacity, which adds pressure on the nursing staff in terms of skill mix and skill set. There is no Critical Care Outreach team to provide proactive care and advice, only follow up to patients who step down from ITU to a ward bed.

It should also be noted that at present the EAUs do not report on the acuity level of patients, due to the difficulty of the level of turnover i.e. in 24 hours potentially a number of level 2 patients can be admitted through the same bed, and the current tool is not capable of managing that facility. Additionally the resource to input that data several times in 24 hours would be significant. A solution is being brought to the wards.

**Liz Wright**  
**Deputy Chief Nurse**  
**February 2017**