

Acuity and dependency review of nursing establishments November 2016 - April 2017 - including nurse sensitive indicators.

Medicine, Rehabilitation & Cardiac Division

Ward	Professional Judgement considerations	The acuity and dependency outcomes
OCE	<p><u>Oxford Centre for re-enablement</u>-This ward has a patient group with a high dependency and acuity requirement. The ward supports the management of tracheostomies and PEG feeds, and a complexity of care including psychological support, highly complex 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 52%:48% ratio of registered nurses to Care Support Workers, but includes staff with learning disability and mental health qualifications as well as therapists, in order to address the cognitive behaviour component of care.</p> <p><u>November 2016 - April 2017 Quality Metrics.</u></p> <p>Vacancy Rates: 6.5% Maternity Rates: 1.1% Sickness Rates: 3.5%</p> <p>All Hospital acquired pressure ulcers: 1. Category 3 & 4: 0.</p> <p>All Falls: 15. Falls with Moderate or above harm: 0.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 3.9 (This is the only area where therapists are included in the numbers so the registered nurse hours per patient will naturally be lower.</p>	Review underway by division
Gerontology	<p><u>Adams & Bedford Ward</u> – At the time of this acuity exercise this was a unit with 30 beds, all as side rooms. It has since decreased to 15 beds, and then relocated to a level 7 ward area.</p> <p>The skill mix is 54%:46%, 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, 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><u>November 2016 - April 2017 Quality Metrics</u></p> <p>Vacancy Rates: 7.2%. Maternity Rates: 1.1%. Sickness Rates: 8.5%</p> <p>All Hospital acquired pressure ulcers: 14. Category 3 & 4: 1.</p>	No changes required to establishment due to re-alignment of beds.

	<p>All Falls: 62. Falls with Moderate or above harm: 0.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 4.7</p>	
Stroke ward (6b)	<p><u>Stroke Ward (6b)</u> - This unit has 19 beds and a fast turnover of highly dependent patients requiring level 2 nursing at times.</p> <p>The patients are acute and complex with high dependency of support of activities of daily living. This includes 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. The skill mix is 72%:28%.</p> <p><u>November 2016 – April 2017 Quality Metrics</u></p> <p>Vacancy Rates: 5.5%. Maternity Rates: 0. Sickness Rates: 1.4%.</p> <p>All Hospital acquired pressure ulcers: 3. Category 3 & 4: 0.</p> <p>All Falls: 43. Falls with Moderate or above harm: 0.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 6.7</p>	No changes to establishment at present.
7A	<p><u>7A-</u> This ward has 23 beds and has a 58%:42% 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 50-80% or above on each of these wards.</p> <p><u>November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates: 7.5%. Maternity Rates: 2.9%. Sickness Rates: 4.4%.</p> <p>All Hospital acquired pressure ulcers: 11. Category 3 & 4: 1.</p> <p>All Falls: 31. Falls with Moderate or above harm: 1.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 4.4</p>	No change in establishment due to the re-alignment of beds.
7B	<p><u>7B-</u> This ward has 21 beds with a skill mix of 62%:38%, 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><u>November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates: -6.7%. Maternity Rates: 0%. Sickness Rates: 1.6%.</p> <p>All Hospital acquired pressure ulcers: 12. Category 3 & 4: 0.</p>	

<p>7C</p>	<p>All Falls: 23. Falls with Moderate or above harm: 0.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 5.0</p> <p><u>7C-</u> This ward has 22 beds and has a 62%:38% skill mix and a high acuity of patients similar to 7B</p> <p><u>November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates: 8.0%. Maternity Rates: 0%. Sickness Rates: 3.1%.</p> <p>All Hospital acquired pressure ulcers: 15. Category 3 & 4: 0.</p> <p>All Falls: 32. Falls with Moderate or above harm: 0.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 4.6</p> <p><u>7D-</u> This ward has 20 beds and has a high level of elderly care and acuity, and a skill mix of 62%:38%.</p> <p><u>November 2016- April 2017 Quality Metrics</u></p>	
<p>7D</p>	<p>Vacancy Rates: 12.8%. Maternity Rates: 3.3%. Sickness Rates: 5.1%.</p> <p>All Hospital acquired pressure ulcers: 7. Category 3 & 4: 0.</p> <p>All Falls: 16. Falls with Moderate or above harm: 0.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 5.0</p>	
<p>5A</p>	<p><u>5A-</u> This ward has 22 beds and has a 65%:35% ratio and works as an extension of the Emergency Assessment Unit on level 1. It has high acuity and a high turnover of patients.</p> <p><u>November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates: -2.5%. Maternity Rates: 2.4%. Sickness Rates: 5.7%.</p> <p>All Hospital acquired pressure ulcers: 18. Category 3 & 4: 0.</p> <p>All Falls: 17. Falls with Moderate or above harm: 0.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 4.7</p> <p><u>Short Stay Ward-</u> This ward has 18 beds and a skill mix ratio of 62%:38%. The acuity levels have been high and there is a high turnover of patients.</p>	

<p>Short stay ward</p>	<p><u>November 2016- April 2017 Quality Metrics</u> Vacancy Rates: 7.6%. Maternity Rates: 4.1%. Sickness Rates: 6.6%. All Hospital acquired pressure ulcers: 13. Category 3 & 4: 0. All Falls: 33. Falls with Moderate or above harm: 1. <u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 5.5</p>	<p>No change in establishment at present.</p>
<p>Laburnum</p>	<p><u>Laburnum</u>-The skill mix is 58%:42% 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. <u>November 2016- April 2017 Quality Metrics</u> Vacancy Rates: 3.3%. Maternity Rates: 1.4%. Sickness Rates: 5.7%. All Hospital acquired pressure ulcers: 18. Category 3 & 4: 0. All Falls: 67. Falls with Moderate or above harm: 1. <u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 3.5</p>	<p>The levels of Care Hours per Patient Day are much lower than in other clinical areas and if benchmarked nationally, where the average is 5-6 hours/per day. The Divisional Nurse is reviewing the staffing skill mix and staff levels on this ward</p>
<p>Juniper</p>	<p><u>Juniper</u>-The skill mix is 62%:38% on this 30 bedded ward. The patient group includes those with gastroenterology, liver and Crohn's diseases. There are a number of patients who have delayed discharges due to being from out of area. <u>November 2016- April 2017 Quality Metrics</u> Vacancy Rates: -4.9%. Maternity Rates: 2.5%. Sickness Rates: 3.6%. All Hospital acquired pressure ulcers: 48. Category 3 & 4: 0. All Falls: 47. Falls with Moderate or above harm: 0. <u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 3.9</p>	<p>The levels of Care Hours per Patient Day are much lower than in other clinical areas and if benchmarked nationally, where the average is 5-6 hours/per day. The Divisional Nurse is reviewing the staffing skill mix and staff levels on this ward</p>

<p>Osler Chest Ward (7E) and the Cystic Fibrosis Unit (5D)</p>	<p><u>7E</u>-This is a 21 bedded ward that specialises in acute respiratory patients and has a skill mix of 73%:27%, including 2 high care beds. There are also 6 inpatient beds on the same budget of staff on level D, Oxford Adult Cystic Fibrosis Centre.</p> <p>There are a significant number of patients at Level 2 acuity (high acuity/dependency)</p> <p><u>November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates: 16%. Maternity Rates: 3.1%. Sickness Rates: 2.4%.</p> <p>All Hospital acquired pressure ulcers: 14. Category 3 & 4: 0.</p> <p>All Falls: 7. Falls with Moderate or above harm: 1.</p> <p><u>April 2017</u>: Registered Nurse Care Hours per Patient Day – Osler Chest Unit: 6.6</p> <p><u>April 2017</u>: Registered Nurse Care Hours per Patient Day – Cystic Fibrosis Unit: 9.7</p>	<p>No change required to establishment</p>
<p>John Warin</p>	<p><u>John Warin Ward</u>-This ward is funded for 20 beds but has had just 14 open since February 2016.The ward relocated to the John Radcliffe site in August 2017 with 10 beds open initially, the 6 inpatient beds from the Cystic fibrosis unit will move to join the new John Warin Ward when building works are complete. The patient group includes infectious diseases. This is the designated ward should patients be admitted with suspected Ebola. The skill mix is 68%:32.1%</p> <p><u>November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates: -0.9%. Maternity Rates: 0%. Sickness Rates: 2.4%.</p> <p>All Hospital acquired pressure ulcers: 7. Category 3 & 4: 0.</p> <p>All Falls: 17. Falls with Moderate or above harm: 0.</p> <p><u>April 2017</u>: Registered Nurse Care Hours per Patient Day: 4.9</p>	<p>No change required to establishment</p>
<p>Cardiology ward</p>	<p><u>Cardiology Ward</u>-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>Vacancies are managed within the Cardiac Centre as a whole, and staff moved between units on a daily basis</p> <p><u>November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates: 13.5%. Maternity Rates: 4.9%. Sickness Rates: 2.1%.</p>	<p>No change required to establishment</p>

	<p>All Hospital acquired pressure ulcers: 12. Category 3 & 4: 0.</p> <p>All Falls: 38. Falls with Moderate or above harm: 0.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 5.3</p>	
Cardiothoracic ward	<p><u>Cardiothoracic Ward-</u>This ward is made up entirely of 25 single rooms and has a high level of acuity for patients following complex cardiac surgery who are received from the Cardio Thoracic Critical Care Unit in the immediate phase of step down. The skill mix is 76%:24%.</p> <p><u>November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates: 6.3%. Maternity Rates: 6.4%. Sickness Rates: 1.9%.</p> <p>All Hospital acquired pressure ulcers: 6. Category 3 & 4: 0.</p> <p>All Falls: 14. Falls with Moderate or above harm: 0.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 5.3</p>	No change required to establishment
EAU JR & HH (staffing and quality metrics only)	<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><u>EAU JR November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates: 15%. Maternity Rates: 2.3%. Sickness Rates: 3.7%.</p> <p>All Hospital acquired pressure ulcers: 13. Category 3 & 4: 0.</p> <p>All Falls: 28. Falls with Moderate or above harm: 0.</p> <p><u>EAU HH November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates: 6.2%. Maternity Rates: 2.4%. Sickness Rates: 3.2%.</p> <p>All Hospital acquired pressure ulcers: 14. Category 3 & 4: 0.</p> <p>All Falls: 42. Falls with Moderate or above harm: 1.</p>	<p>Acuity data has been collected and is currently being validated for JR ED. An exercise is planned to be carried out at the Horton to collect acuity data. Currently there is no tool for EAU.</p>

Surgery & Oncology Division

Ward	Professional Judgement considerations	Variations to the establishment
Sobell House	<p><u>Sobell House</u>-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 Palliation and end of life care, a level of highly dependent care related to their symptom control and complex medication regimens. There are 18 side rooms on Sobell. Many patients have complex discharges and families are dependent on nursing time too.</p> <p><u>November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates: -1.9%. Maternity Rates: 0%. Sickness Rates: 2.4%.</p> <p>All Hospital acquired pressure ulcers: 45. Category 3 & 4: 0.</p> <p>All Falls: 43. Falls with Moderate or above harm: 1.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 5.4</p>	<p>No change required to the establishment</p>
Haematology	<p><u>Haematology Ward</u>-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>Temporary 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><u>November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates: 18%. Maternity Rates: 0%. Sickness Rates: 8.4%.</p>	<p>No change required to the establishment</p>

	<p>All Hospital acquired pressure ulcers: 19. Category 3 & 4: 0.</p> <p>All Falls: 23. Falls with Moderate or above harm: 0.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 5.5</p>	
<p>Oncology</p>	<p><u>Oncology Ward</u>-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><u>November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates: 19.9%. Maternity Rates: 0%. Sickness Rates: 3.7%.</p> <p>All Hospital acquired pressure ulcers: 21. Category 3 & 4: 1.</p> <p>All Falls: 43. Falls with Moderate or above harm: 1.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 4.4</p>	<p>No change to establishment at present.</p>
<p>5F</p>	<p><u>5F</u>-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, (patients extra to the bed numbers).</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>No change required to the establishment</p>

	<p><u>November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates: -9.1%. Maternity Rates: 5.3%. Sickness Rates: 1.9%.</p> <p>All Hospital acquired pressure ulcers: 10. Category 3 & 4: 0.</p> <p>All Falls: 16. Falls with Moderate or above harm: 1.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 4.6</p>	
<p>Surgical Emergency Unit (SEU) 6D,6E & 6F</p>	<p><u>SEU</u>-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 & 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><u>6D</u> -has 12 trollies for Emergency Triage & 10 in-patient beds.</p> <p>The skill mix ratio is 66%:34%</p> <p><u>November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates: 3.8%. Maternity Rates: 4.2%. Sickness Rates: 1.9%.</p> <p>All Hospital acquired pressure ulcers: 2. Category 3 & 4: 0.</p> <p>All Falls: 6. Falls with Moderate or above harm: 0.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 7.8</p> <p><u>6E</u> -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><u>November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates: 11.9%. Maternity Rates: 0%. Sickness Rates: 1.8%.</p> <p>All Hospital acquired pressure ulcers: 10. Category 3 & 4: 1.</p> <p>All Falls: 18. Falls with Moderate or above harm: 0.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 5.5</p>	<p>No change required to the establishment</p>

<p>6F</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><u>November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates: 2.6%. Maternity Rates: 3.6%. Sickness Rates: 7.3%.</p> <p>All Hospital acquired pressure ulcers: 8. Category 3 & 4: 0.</p> <p>All Falls: 9. Falls with Moderate or above harm: 0.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 54.9</p>	
<p>Jane Ashley Colorectal Centre (JACC)</p>	<p><u>JACC</u>-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.</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><u>November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates: 19.2%. Maternity Rates: 4%. Sickness Rates: 3.4%.</p> <p>All Hospital acquired pressure ulcers: 4. Category 3 & 4: 0.</p> <p>All Falls: 13. Falls with Moderate or above harm: 0.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 5.4</p>	<p>No change required to the establishment</p>
<p>Upper Gastrointestinal ward (UGI)</p>	<p><u>UGI</u>-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>No change required to the establishment</p>

	<p><u>November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates: 23.6%. Maternity Rates: 0%. Sickness Rates: 5.3%.</p> <p>All Hospital acquired pressure ulcers: 8. Category 3 & 4: 0.</p> <p>All Falls: 8. Falls with Moderate or above harm: 0.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 6.6</p>	
Urology	<p><u>Urology Ward</u>-This 20 bedded 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>There is a high turnover of patients and consistently high acuity and dependency levels of care.</p> <p><u>November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates: 10.6%. Maternity Rates: 5.6%. Sickness Rates: 2.4%.</p> <p>All Hospital acquired pressure ulcers: 5. Category 3 & 4: 1.</p> <p>All Falls: 24. Falls with Moderate or above harm: 0.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 5.4</p>	No change required to the establishment
Renal	<p><u>Renal ward</u> -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 and palliative nature of the care for this patient group.</p> <p>There are some low impact falls without harm.</p> <p><u>November 2016-April 2017 Quality Metrics</u></p> <p>Vacancy Rates: 15.8%. Maternity Rates: 3.4%. Sickness Rates: 2.8%.</p> <p>All Hospital acquired pressure ulcers: 4. Category 3 & 4: 0.</p> <p>All Falls: 17. Falls with Moderate or above harm: 0.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 4.8</p>	No change required to the establishment
Wytham	<p><u>Wytham ward</u> -with variable levels of acuity due to the nature of variation in activity related to transplant surgery, which cannot be predicted.</p>	No change required to establishment

	<p>There is an enhanced monitoring unit that provides level 2 step down of patients from ITU. The patient group includes bowel, kidney and pancreas transplants and so the ratio is 81%:19%. There are 20 beds including 4 Private Patient rooms.</p> <p><u>November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates: 16.8%. Maternity Rates: 6.4%. Sickness Rates: 4.6%. All Hospital acquired pressure ulcers: 4. Category 3 & 4: 0. All Falls: 15. Falls with Moderate or above harm: 0.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 6.5</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
Neurosciences	<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.</p> <p>Red section is Neurosurgery including high care with 22 beds Purple section is Neurological Medicine with 18 beds Green section is Neurosurgery including the Investigation Unit with 11 beds Blue section is Neurosurgery with 23 beds</p> <p><u>November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates: 18.18%. Maternity Rates: 3.14%. Sickness Rates: 4%.</p>	<p>No change required to establishment</p>

	<p>All Hospital acquired pressure ulcers: 7. Category 3 & 4: 2.</p> <p>All Falls: 98. Falls with Moderate or above harm: 1.</p> <p>The vacancy rate is quite high currently</p> <p>April 2017: Registered Nurse Care Hours per Patient Day - Red section Neurosurgery: 7.0</p> <p>April 2017: Registered Nurse Care Hours per Patient Day - Purple section Neurological Medicine: 5.6</p> <p>April 2017: Registered Nurse Care Hours per Patient Day - Green section Neurosurgery: 4.5</p> <p>April 2017: Registered Nurse Care Hours per Patient Day - Blue section Neurosurgery: 4.6</p> <p>April 2017: Registered Nurse Care Hours per Patient Day – Neuro ICU: 24.3</p>	
<p>Specialist Surgery Inpatients.</p>	<p>SSIP -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>November 2016- April 2017 Quality Metrics</p> <p>Vacancy Rates: 17.4%. Maternity Rates: 1.7%. Sickness Rates: 2.8%.</p> <p>All Hospital acquired pressure ulcers: 3. Category 3 & 4: 0.</p> <p>All Falls: 16. Falls with Moderate or above harm: 0.</p> <p>April 2017: Registered Nurse Care Hours per Patient Day: 4.4</p>	<p>No change to establishments at present.</p>
<p>6A</p>	<p>6A-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>No necessity to alter the establishments from the acuity review; however the ward is receiving support, education packages and quality metrics are</p>

	<p><u>November 2016- April 2017 Quality Metrics</u> Vacancy Rates: -8.7%. Maternity Rates: 4.8%. Sickness Rates: 3.1%. All Hospital acquired pressure ulcers: 13. Category 3 & 4: 0. All Falls: 22. Falls with Moderate or above harm: 0. <u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 4.5</p>	<p>monitored closely.</p>
<p>Trauma</p> <p>2A - JR</p> <p>3A - JR</p> <p>F Ward on Oak location - Horton Hospital</p>	<p><u>Trauma</u>-These wards have 26 beds and include a high acuity patient group, with a staff skill mix of 62%:38%. Both Trauma wards were relocated in August 2017 due to fire regulations, this has resulted in a realignment of beds for the service. Both 2A and 3A are Major Trauma wards admit a mix of complex trauma patients.</p> <p><u>November 2016- April 2017 Quality Metrics</u> Vacancy Rates: 5.8%. Maternity Rates: 2.7%. Sickness Rates: 1.6%. All Hospital acquired pressure ulcers: 3. Category 3 & 4: 0. All Falls: 17. Falls with Moderate or above harm: 0. <u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 5.0</p> <p><u>November 2016- April 2017 Quality Metrics</u> Vacancy Rates: 22.2%. Maternity Rates: 3.7%. Sickness Rates: 4.3%. All Hospital acquired pressure ulcers: 6. Category 3 & 4: 0. All Falls: 18. Falls with Moderate or above harm: 0. <u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 4.8</p> <p>F ward is an 18 bedded Trauma ward on the Horton site.</p> <p><u>November 2016- April 2017 Quality Metrics</u> Vacancy Rates: 5.9%. Maternity Rates: 0%. Sickness Rates: 5.1%. All Hospital acquired pressure ulcers: 8. Category 3 & 4: 0.</p>	<p>No need to change the establishment at present.</p> <p>No necessity to alter establishments from the acuity review</p> <p>No necessity to alter establishments from the acuity review however post move the quality metrics are being monitored closely</p>

	<p>All Falls: 20. Falls with Moderate or above harm: 0.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 5.4</p>	
Blenheim	<p><u>Blenheim ward</u> -is a ward with 15 beds, the skill mix ratio of 72%:28% is due to difficult airway management and patients undergoing major complex head and neck surgery.</p> <p><u>November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates: -0.9%. Maternity Rates: 7.4%. Sickness Rates: 5.9%.</p> <p>All Hospital acquired pressure ulcers: 5. Category 3 & 4: 0.</p> <p>All Falls: 14. Falls with Moderate or above harm: 0.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 5.3</p>	No necessity to alter the establishments from the acuity review.
<p>Nuffield Orthopaedic Hospital wards (NOC)</p> <p>Ward D</p> <p>Ward E</p>	<p>These wards have a skill mix of 66%: 34%, and have a stable workforce managing largely elective surgery and treatment. However they all have the lowest uplift of the Trust at 18% (for study, sick and annual leave) other clinical areas across the Trust are 20% or 21%</p> <p>The Bone Infection Unit, has very complex drug regimens and high acuity patients.</p> <p>NOC ward E closed in August 2017 due to a realignment of beds and staffing and turnover of patients has improved.</p> <p><u>NOC D – November 2016- April 2017 Quality Metrics (23 beds)</u></p> <p>Vacancy Rates: 20.4%. Maternity Rates: 6.5%. Sickness Rates: 7.5%.</p> <p>All Hospital acquired pressure ulcers: 10. Category 3 & 4: 1.</p> <p>All Falls: 15. Falls with Moderate or above harm: 0.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 4.6</p> <p><u>NOC E – November 2016- April 2017 Quality Metrics (18 beds)</u></p> <p>Vacancy Rates:11.5%. Maternity Rates: 0%. Sickness Rates: 3.3%.</p> <p>All Hospital acquired pressure ulcers: 3. Category 3 & 4: 0.</p> <p>All Falls: 12. Falls with Moderate or above harm: 0.</p>	No necessity to alter the establishments from the acuity review.

<p>Ward F</p>	<p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 5.0</p> <p><u>NOC F November 2016- April 2017 Quality Metrics (24 beds)</u></p> <p>Vacancy Rates: 13.9%. Maternity Rates: 0%. Sickness Rates: 2.2%. All Hospital acquired pressure ulcers: 3. Category 3 & 4: 0. All Falls: 10. Falls with Moderate or above harm: 0.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 4.6</p>	
<p>Bone Infection Unit (BIU)</p>	<p>The Bone Infection Unit (BIU) has 25 beds with 40% as side room beds. .</p> <p><u>BIU November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates:16.4%. Maternity Rates: 0.9%. Sickness Rates: 5.9%. All Hospital acquired pressure ulcers: 3. Category 3 & 4: 1. All Falls: 14. Falls with Moderate or above harm: 0. Extravasation incidents: 0.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 4.4</p>	

Children's & Women's Division

Ward	Professional Judgement considerations	Variations to the establishment
<p>Childrens' Services</p> <p>Newborn Care</p> <p>Bellhouse Drayson Ward</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 is being utilised to verify the staffing and skill mix required in Childrens Services and provide assurance of safe staffing for the future. 5 months' worth of data has now been collected and is currently being validated.</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>The New Born Care Unit (NBCU) 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><u>Bellhouse Drayson Ward (18 beds) – November 2016- April 2017 Quality Metrics</u></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 and the first 6 months of data is due to be validated in September 2017. This will be for the children's inpatient non critical care areas only. Following this will be a review of the establishments in these areas.</p>

<p>Robins Ward</p>	<p>Speciality: Acute Paediatrics; infectious diseases; respiratory; cardiac; gastroenterology; endocrinology; diabetes; rheumatology; complex needs</p> <p>Vacancy Rates: -4.8%. Maternity Rates: 6.3%. Sickness Rates: 5.1%</p> <p>Extravasation Incidents: No hospital acquired pressure ulcers</p> <p><u>April 2017</u>: Registered Nurse Care Hours per Patient Day: 6.0</p> <p><u>Robins Ward (14 beds) – November 2016- April 2017 Quality Metrics</u></p> <p>Speciality: Plastics, ENT, ophthalmology, craniofacial, neurosurgery, neurology</p> <p>Vacancy Rates: Maternity Rates: Sickness Rates:</p> <p>Extravasation Incidents: Hospital acquired pressure ulcers:</p> <p><u>April 2017</u>: Registered Nurse Care Hours per Patient Day: 5.9</p>	
<p>Kamran's Ward</p>	<p><u>Kamran's Ward (8 beds, 2 of which are high dependency) November 2016- April 2017 Quality Metrics</u></p> <p>Speciality: haemo-oncology.</p> <p>The day ward is co-located (open 0800-1800). Staff within the establishment cover both areas</p> <p>Vacancy Rates: -9.6%. Maternity Rates: 3.5%. Sickness Rates: 3.7%.</p> <p>Extravasation Incidents: 0. Hospital acquired pressure ulcers: 0.</p> <p><u>April 2017</u>: Registered Nurse Care Hours per Patient Day: 8.1</p>	
<p>Toms Ward</p>	<p><u>Toms Ward (18 beds) November 2016- April 2017 Quality Metrics</u> Speciality: surgery - neonatal; spinal, trauma; orthopaedic; urology; gastro-intestinal</p> <p>Vacancy Rates: -4.4%. Maternity Rates: 7.7%. Sickness Rates: 5%.</p> <p>Extravasation Incidents: 1. Hospital acquired pressure ulcers: 0.</p> <p><u>April 2017</u>: Registered Nurse Care Hours per Patient Day: 5.9</p>	

Melanie's Ward

Melanie's Ward (12 beds) November 2016- April 2017 Quality Metrics

Speciality: All specialities for patients 12-16yrs

Vacancy Rates: -21.3%. Maternity Rates: 6.6%. Sickness Rates: 6.4%.

Extravasation Incidents: 2. Hospital acquired pressure ulcers: 0.

April 2017: Registered Nurse Care Hours per Patient Day: 6.5

**Neonatal Unit
(Newborn Care)**

Neonatal Unit (44 cots) November 2016- April 2017 Quality Metrics

Speciality: Level 3 tertiary neonatal care

Intensive Therapy Unit (ITU) : 16

High Dependency Unit (HDU): 18

Low Dependency Unit (LDU) 20

April 2017: Registered Nurse Care Hours per Patient Day: 11.1

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/HDU (9 beds) November 2016- April 2017 Quality Metrics

Speciality: all specialities elective and emergency requiring level 3 care

Vacancy Rates: 2.1%. Maternity Rates: 5.1%. Sickness Rates: 3.9%.

Extravasation Incidents: 12. Hospital acquired pressure ulcers: 6.

**Paediatric ITU
And HDU**

April 2017: Registered Nurse Care Hours per Patient Day – Paediatric ICU: 26.3

April 2017: Registered Nurse Care Hours per Patient Day – Paediatric HDU: 10.9

<p>Horton Hospital Childrens Ward</p>	<p><u>Horton Hospital Childrens Ward (14 beds) – currently 4 beds closed</u></p> <p><u>Speciality: Acute Paediatrics, day surgery dentals and ENT</u></p> <p><u>November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates: 2.6%. Maternity Rates: 2.7%. Sickness Rates: 5.7%.</p> <p>Extravasation Incidents: 0. Hospital acquired pressure ulcers: 0.</p> <p><u>April 2017:</u> Registered Nurse Care Hours per Patient Day: 5.1</p>	
<p>Midwifery Services at the John Radcliffe and Horton Hospital Maternity Units</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> <p><u>Maternity Units – all sites CHPPD April 2017</u></p> <p><u>Level 5</u> Care Hours per patient Day = 7.8</p> <p><u>Level 6</u></p>	

Care Hours per patient Day = 3.0

Delivery Suite

Care Hours per patient Day = 22.7

Maternity Observation Unit

Care Hours per patient Day = 5.5

Spires

Care Hours per patient Day = 13.6

Level 7

Care Hours per patient Day = 4.7

Horton Midwifery Led Unit (temporary)

This is currently considered a MLU so CHPPD is not recorded

November 2016- April 2017 Quality Metrics for both units as a whole

Sickness rate: 4.7%.

Extravasation Incidents: 1.

Emergency Lower Segment Caesarean Section as % of total births - Del Suite only – 12.6%

3rd & 4th degree tears as % of total births (Delivery/MLU/Home) –5.9%

Delivery on ward - Levels 5, 6 and 7 - none

Hospital acquired VTE - 0

Ventouse and Forceps Del as % of total births - Del Suite only – 14.2%

Gynae Ward

This is a 20 bed ward managing gynae medicine and surgery. They have a triage emergency area and a day case area as well as the inpatient area. Twilight shifts are worked in this area and a new matron is due to commence in August following a period with only an OSM.

November 2016- April 2017 Quality Metrics

Vacancy Rates: 28.1% Maternity Rates:1.8% Sickness Rates: 4.4%

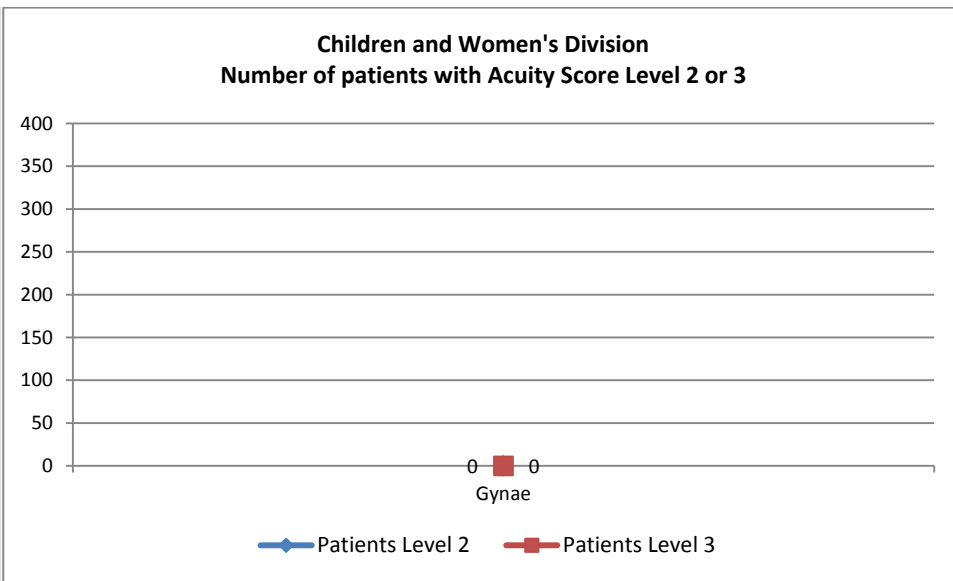
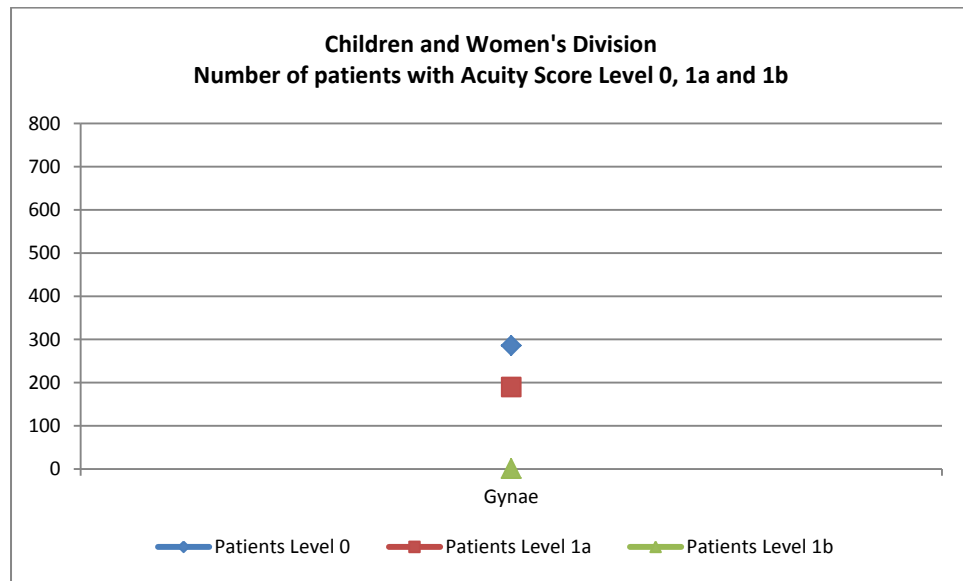
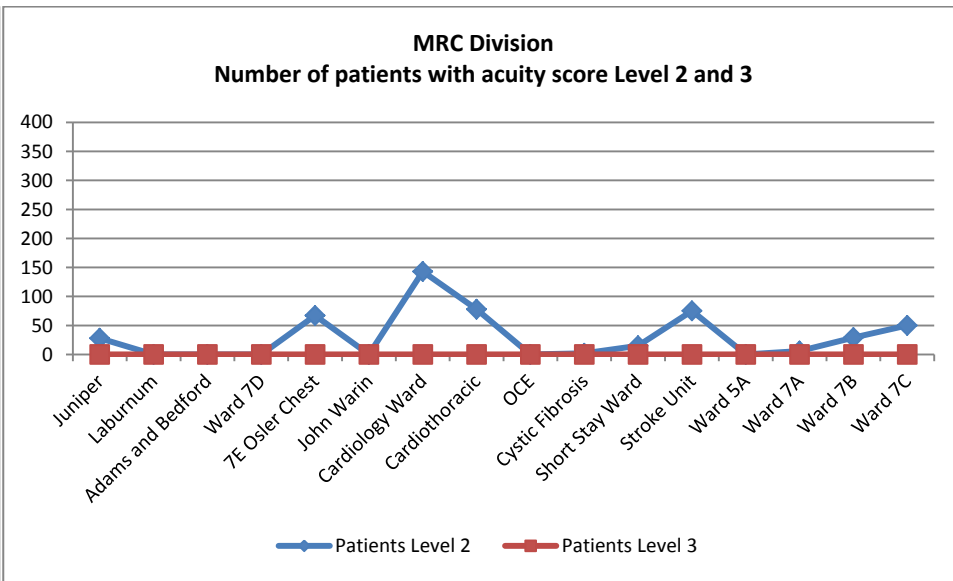
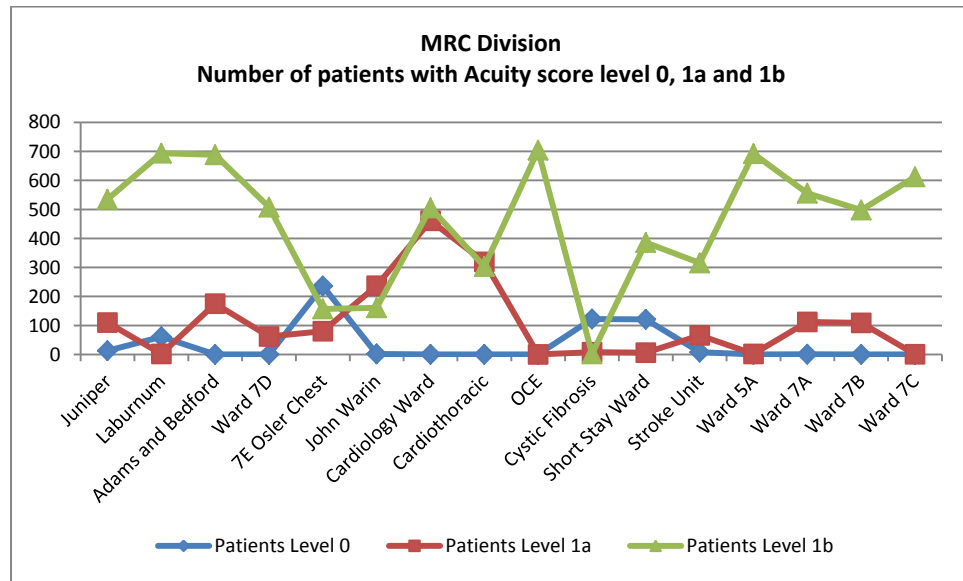
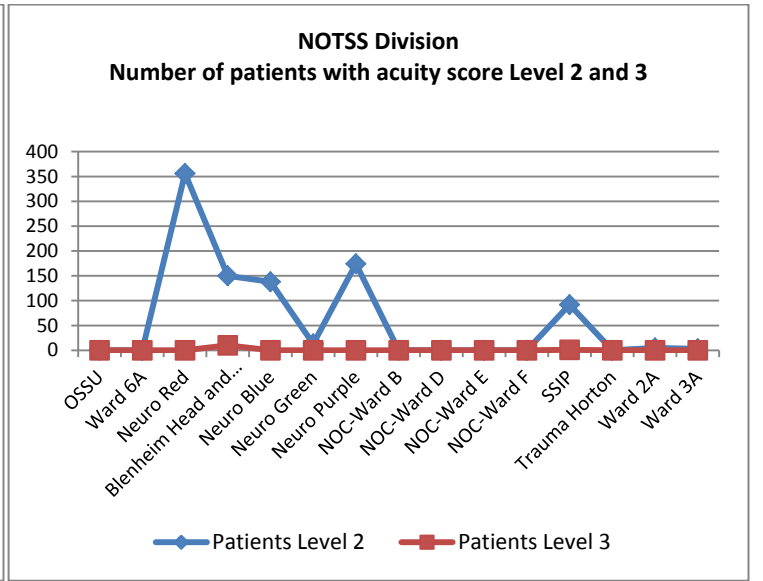
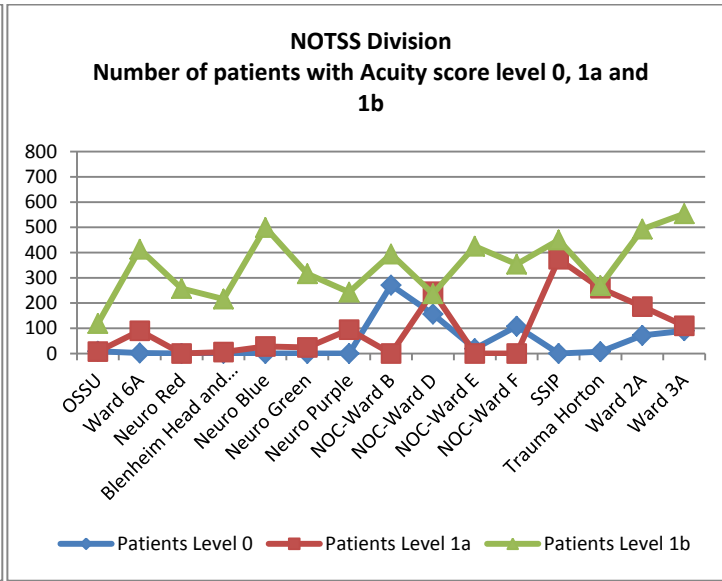
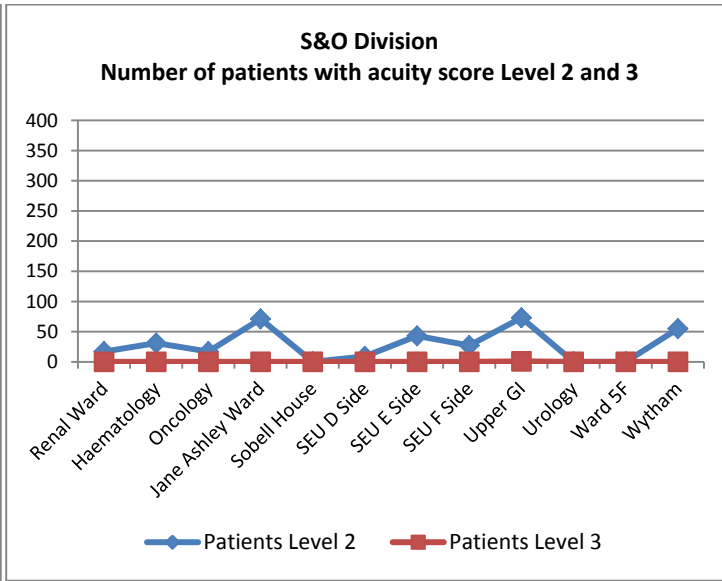
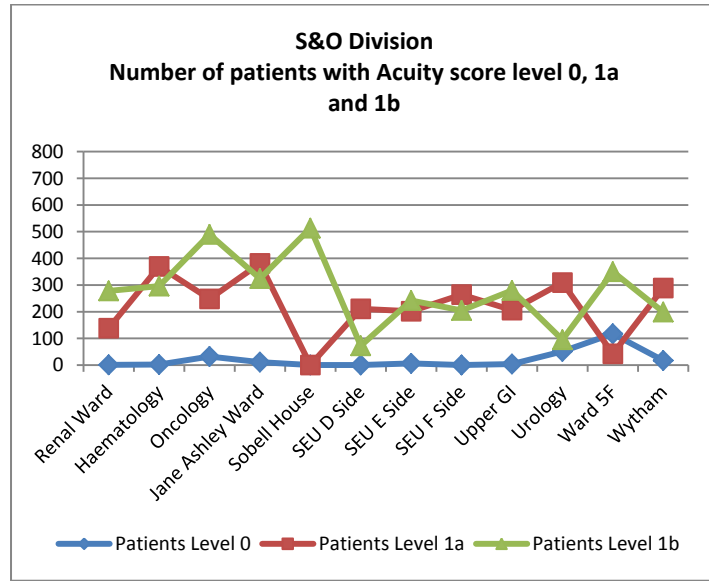
All Hospital acquired pressure ulcers: 0 Category 3 & 4: 0

	<p>All Falls: 1 Falls with Moderate or above harm: 0.</p> <p>Extravasation incidents: 0.</p> <p><u>April 2017</u>: Registered Nurse Care Hours per Patient Day: 4.2</p>	
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Clinical Support Services

Ward	Professional Judgement considerations	Variations to the establishment
<p>Adult ITU</p>	<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><u>Adult ICU November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates: 13%% Maternity Rates: 4.9% Sickness Rates: 4.3%</p> <p>All Hospital acquired pressure ulcers: 6. Category 3 & 4: 0.</p> <p>All Falls: 0. Falls with Moderate or above harm: 0.</p> <p><u>Horton Critical Care Unit November 2016- April 2017 Quality Metrics</u></p> <p>Vacancy Rates: 27.5% Maternity Rates: 10.1% Sickness Rates:6.9%</p> <p>All Hospital acquired pressure ulcers: 0. Category 3 & 4: 0.</p>	<p>The staffing varies day to day dependent upon the levels of care for the patients</p>

	<p>All Falls: 4. Falls with Moderate or above harm: 0.</p> <p><u>April 2017</u>: Registered Nurse Care Hours per Patient Day – JR Adult ICU: 26.3</p> <p><u>April 2017</u>: Registered Nurse Care Hours per Patient Day – Horton Critical Care: 12.9</p>	
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Patient Acuity data from IPAMS between November 2016 and April 2017

This represents 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. The previous review was undertaken in June 2016 for a 6 month 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/@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 over sight from the Deputy Chief Nurse and Chief Nurse.

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.

Liz Wright
Deputy Chief Nurse
and Rachel Adam
Lead Nurse Safe Staffing and Nursing and Midwifery Regulation
July 2017