



Paper for submission to the Board of Directors on 2nd November 2017

TITLE:	a. Monthly Nurse/Midwife Staffing Position – November 2017 report containing September 2017 data b. Outcome of Safer Nursing Care Tool (SNCT) undertaken this financial year.		
AUTHOR:	Derek Eaves Professional Lead for Quality	PRESENTER	Siobhan Jordan Chief Nurse
CLINICAL STRATEGIC AIMS			
Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.			
CORPORATE OBJECTIVE: Deliver a great patient experience, Safe and Caring Services, Be the place people choose to work, Make the best use of what we have			
SUMMARY OF KEY ISSUES: The attached paper contains the actual and planned hours for qualified and unqualified staff for both day and night shifts for each area of the hospital based on the present establishments and having a significant reliance on temporary staff (bank and agency). The fill rates and the Care Hours Per Patient Day (CHPPD) are also tabled. It can be seen that in general the fill rates are close to but less than 100 percent of the current establishment and there has been improvement in these figures from early in the year (January/February). Under the guidance of the new Chief Nurse, the Trust has been undertaking a detailed, extensive staffing review of each of the wards and departments. To date all of the medical and surgical wards have been reviewed and the community and other specialised areas of the Trust e.g. out-patients are in the process of being reviewed. The completed review of the medical and surgical wards have taken into consideration the results of the Safer Nursing Care Tool (SNCT) that was undertaken earlier in the financial year. This paper contains the results of the SNCT tool (we are required to share them with the Board and publish them on the website) with a summary of the wider review that has been completed for both surgery and medical areas.			
IMPLICATIONS OF PAPER:			
RISK	Y		Risk Description: Safe Staffing
	Risk Register: Y		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Safe, Effective, Caring, Responsive, Well Led
	NHSI	Y	Details: Safe Staffing
	Other	N	Details:
ACTION REQUIRED OF BOARD:			
Decision	Approval	Discussion	Other
		✓	
RECOMMENDATIONS FOR THE BOARD: To note and consider the safe staffing data for September and the detail of the SNCT tool undertaken earlier in the financial year.			

a) Monthly Nurse/Midwife Staffing Position

November 2017 Report containing September 2017 data

The attached Safer Staffing Summary (Appendix1) shows the actual and planned hours for four categories of staff, qualified and unqualified staff for both day and night shifts, for each area of the Trust for August 2017 (wards that have been fully or partially closed in the month are omitted). As well as showing the actual and planned hours the report shows the fill rate for each of the four categories. The totals for the Trust are also indicated. In addition, the last four columns show the actual Care Hours Per Patient Day (CHPPD). We provide this information to NHS Improvement and part of it is utilised in the National Model Hospital dataset.

The report shows that the overall fill rates for the Trust are nearly 100% but this has been achieved by using the present establishments and a significant reliance on temporary staff (bank and agency). A number of factors make it unlikely that a full fill rate will always be achieved although this is the aim. These factors include long term issues such as vacancies, short term issues such as sickness and maternity leave, the unavailability of temporary staff and unexpected numbers of patients requiring enhanced care.

It can be seen that for individual wards the fill rates vary although in the main they are close to 100%. On occasion, the fill rate is over 100%. C2, the paediatric ward, is a particular exception with regards to this as the planned hours are derived from the RCN dependency tool. Each shift the planned hours are determined by the acuity of the children actually on the ward. Also, sometimes there are occasions when the fill rate of unqualified staff goes above 100%. This occurs when it is recognised that there will be a reduction in qualified staff (e.g. C5 at night). The low fill rate during the days in CCU/PCCU reflects the problems in recruiting staff to this particular area. A new recruitment drive by the department is ongoing and a number of staff have already been recruited to the department.

The chart below shows that the percentage fill rates have generally been improving over the year.

Table 1. Percentage fill rates January 2017 to the present

	Qualified Day	Unqualified Day	Qualified Night	Unqualified Night
Jan	94%	96%	94%	99%
Feb	93%	95%	96%	99%
Mar	95%	97%	97%	100%
Apr	97%	96%	98%	98%
May	97%	97%	99%	98%
June	96%	96%	98%	99%
July	96%	97%	98%	100%
August	96%	97%	97%	101%
September	96%	97%	98%	100%

With regards to the CHPPD, as has been explained in previous monthly reports this is a new indicator that can be used to benchmark the Trust (see over).

Table 2. Care Hours Per Patient Day (CHPPD) – Overall Trust and Regional/National Comparators

2017 Month	TRUST Nurse & Midwife	Midlands & East Median	National Median	TRUST Care Support Workers	Midlands & East Median	National Median	TRUST Total number	Midlands & East Median	National Median
January	4.30	4.7	4.7	3.50	2.9	2.9	7.8	7.7	7.6
February	4.34	N/A	N/A	3.63	N/A	N/A	7.97	N/A	N/A
March	4.44	N/A	N/A	3.74	N/A	N/A	8.18	N/A	N/A
April	4.55	4.8	4.8	3.73	3.1	3.1	8.28	7.8	7.9
May	4.4	4.9	4.8	3.8	3.1	3.1	8.2	7.9	7.9
June	4.36	N/A	N/A	3.58	N/A	N/A	7.95	N/A	N/A
July	4.23	N/A	N/A	3.65	N/A	N/A	7.88	N/A	N/A
August	4.17	N/A	N/A	3.51	N/A	N/A	7.68	N/A	N/A
Sept.	4.67	N/A	N/A	3.86	N/A	N/A	8.52	N/A	N/A

N/A = Data not available

The latest published regional and national average figures are for May (as reported for the last two months). The Model Hospital site has had technical problems recently and access on 24th October shows that there has been no recent update. The available comparative figures indicate that the Trust is below these averages for qualified staff but higher for care support workers.

As part of the staffing review being undertaken the comparative data in the Model Hospital has been considered throughout.

The Trust has started to use this comparative data and this will continue and become more refined as time progresses. A visit from an NHSI specialist leading on safe staffing and this data is due to take place on November 1st.

Conclusion

This report demonstrates that we are achieving nearly 100% fill rate using the present establishments and a significant reliance on temporary staff (bank and agency). Benchmarking the Trust workforce data using the CHPPD can be informative and will continue.

The staffing review which commenced in May is using data from a wide variety of sources to inform and ensure the required outcome. As well as considering the above data, the review is structured discussions with Matrons and senior nurses from each area together with their managers using information on establishments, staffing ratios and vacancy, sickness and temporary staffing rates. It is considering the outcome of the most recent six monthly Safer Nursing Tool exercise (results below) and patient acuity. The outcome of the phases of the review (1. Surgery, 2. Neonates and Paediatrics, 2a. Critical Care, 3. Medicine, 3a. ED/EAU 4. Rest of the Hospital (e.g. OPD and Renal Unit) and 5. Community) will be reported, as agreed, to the Board of Directors as each phase is completed. The first phase outcome has been agreed at the Finance and Performance Committee in July and at the Board of Directors in August. An element of the second phase requires amendment (paediatrics), but both critical care and neonates has been agreed. The third phase is now nearing completion.

The whole review will be concluded and presented to the Board by January 2018.

APPENDIX 1

Safer Staffing Summary		Sep		Days in Month		30											
Ward	Day RN	Day RN	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW	Qual Day	UnQual Day	Qual N	UnQual N	Sum	Actual CHPPD			
	Day RM	Day RM	Day MSW	Day MSW	Night RM	Night RM	Night MSW	Night MSW						24:00 Occ	Registered	Care staff	Total
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual									
Evergreen																	
A2	240	227	210	209	150	144	180	186	95%	100%	96%	103%	1,111	4.01	4.27	8.27	
A3																	
A4																	
B1	119	116	60	60	64	64	61	60	97%	100%	100%	98%	584	3.59	2.47	6.05	
B2(H)	124	112	231	213	93	91	201	199	90%	92%	98%	99%	852	2.79	5.80	8.58	
B2(T)	92	88	144	140	62	61	113	112	96%	97%	98%	99%	608	2.87	4.96	7.83	
B3	196	190	155	144	161	157	141	140	97%	93%	98%	99%	1,044	3.89	3.26	7.15	
B4	180	174	226	209	150	144	170	164	97%	92%	96%	96%	1,338	2.79	3.34	6.13	
B5	180	182	121	111	150	162	94	92	101%	92%	108%	98%	1,036	3.90	2.35	6.25	
B6																	
C1	169	165	306	280	132	132	208	206	97%	92%	100%	99%	1,402	2.54	4.16	6.70	
C2	146	205	60	58	120	145	31	31	141%	97%	121%	100%	655	6.26	1.45	7.71	
C3	180	172	362	359	151	149	373	370	95%	99%	99%	99%	1,504	2.56	5.81	8.37	
C4	149	135	72	69	90	90	90	84	91%	96%	100%	93%	639	4.01	2.87	6.89	
C5	180	167	240	261	150	124	177	198	93%	109%	83%	112%	1,415	2.40	3.89	6.29	
C6	90	82	60	62	60	60	60	61	91%	103%	100%	102%	507	3.28	2.91	6.19	
C7	180	170	134	127	120	117	136	136	94%	95%	98%	100%	1,059	3.09	2.92	6.01	
C8	196	188	209	219	180	176	210	227	96%	105%	98%	108%	578	7.39	9.26	16.65	
CCU_PCCU	210	165	40	40	150	148	-	-	78%	100%	99%		648	5.66	0.74	6.40	
Critical Care	303	303	68	67	295	295	-	-	100%	99%	100%		285	24.65	2.59	27.24	
EAU	180	170	150	141	150	148	150	141	94%	94%	99%	94%	703	5.31	4.81	10.12	
Maternity	531	515	210	193	510	486	150	142	97%	92%	95%	95%	529	18.81	7.42	26.23	
MH DU	120	109	39	35	120	110	8	7	91%	90%	92%	88%	241	10.68	2.00	12.68	
NNU	184	175	-	-	179	170	-	-	95%		95%		429	9.24	0.00	9.24	
TOTAL	3,948	3,807	3,097	2,994	3,237	3,173	2,553	2,556	96%	97%	98%	100%	17,167	4.67	3.86	8.52	

b) Safer Nursing Care Tool (SNCT) undertaken this financial year

One of the recommendations of the national publications 'How to ensure the right people, with the right skills, are in the right place at the right time' and 'Hard Truths' is that Trusts undertake a review of their nurse staffing situation twice a year. The Trust has been doing this since 2014. April 2017, at the time of the last review using the SNCT, coincided with the appointment of the new Chief Nurse. It was recognised at the time the need for an extensive review of staffing levels to address both the quality of patient care and the significant reliance on a temporary workforce resulting in considerable financial impact. That extensive review is in progress with the Surgical Wards and the main Medical wards now completed. The reviews of community nursing and specialised areas of the Trust e.g. outpatients are now in process.

The Trust has an obligation to publish the results of a six monthly review and so the pages below show the results of the SNCT tool undertaken earlier in the year. The exercise requires ward staff to assess patient dependency (and place patients into 1 of 5 care groups) over a twenty day period (Monday to Friday over four weeks). As the descriptions of each category are open to interpretation, it does involve a professional judgement of which group every patient falls into. Therefore, there needs to be consistency of assessment.

As well as determining the level of acuity/dependency of all patients and calculating the nurse staffing required per ward based on the actual needs of those patients, the second element of the tool describes Nurse Sensitive Indicators (NSIs) such as care undertaken, patient feedback, complaints, pressure ulcers and falls. Monitoring NSIs is recommended to ensure that staffing levels deliver the patient outcomes that we aim to achieve. However, even with optimum staffing establishments poor patient outcomes may result due to other reasons such as high turnover, sickness, leave or unfilled vacancies.

It is recognised that the results of the SNCT need to be interpreted with caution as they do not take into consideration RN/patient ratios such as the national directives of having at least a 1:8 RN/patient ratio for day shifts and 1:10 nights shifts. The SNCT figures also do not take into account the workload associated with the numbers of admissions, discharges, transfers, escorts or deaths that occur on a ward and all of these activities take nursing time. Each ward is different in this respect with some wards having a fairly stable population of patients while others, particularly assessment type areas, having possibly more than one person in a bed space during a twenty four hour period. In addition, the SNCT tool is based purely on the patient types and numbers in the 20 day study periods which do not include weekends.

SNCT and Comparative Whole Time Establishments as at April 2017

Ward B1 – QUALITY INDICATORS AND RESULTS OF SAFER NURSING TOOL

	Oct 15	Mar 16	Oct 16	Apr 17	Required Staff April 17	SNCT	Establishment (WTE)
Patient Level	% of patients	% of patients	% of patients	% of patients	RNs required	15.5	18.35
1	82	86	83	85	HCA's required	10.3	10.96
2	2	11	0	0	Total FTE required	25.8	29.31
3	16	3	17	15			
4	0	0	0	0			
5	0	0	0	0			
Beds	26	26	26	26			
Av Pat	21.7	22.2	23.9	23.3			
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT							
	Aug 15	Feb 16	Oct 16	Apr 17			
Patient Observations	94	98	93	96			
Manual Handling	100	100	88	100			
Falls Assessment	100	100	90	100			
Tissue Viability Assessment	100	97	100	100			
Nutritional Assessment	47	53	100	100			
Medication Assessment	98	100	97	100			
Nutrition (Total)	97	88	98	98			
SL – Hand Hygiene	100	100	96	100			
SL – Commode Audits	100	100	100	100			
Incidents							
Minor Incidents	1	0	1	5			
Moderate Incidents	0	0	0	0			
Major/Tragic Incidents	0	0	0	0			
Complaints							
	0	3	0	0			

Commentary: Both the dependency and occupancy have increased over time. The increase in dependency can be accounted in part by more dependant outlier patients from ward B2 being placed on this ward to create capacity for T&O and general surgery. The SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges on a surgical ward.

Ward B2 Hip – QUALITY INDICATORS AND RESULTS OF SAFER NURSING TOOL

	Oct 15	Mar 16	Oct 16	Apr 17	Required Staff April 17	SNCT	Establishment (WTE)
Patient Level	% of patients	% of patients	% of patients	% of patients	RNs required	28.2	20.32
1	63	21	12	10	HCA's required	18.8	30.14
2	1	2	2	1	Total FTE required	46.9	50.46
3	36	78	86	89			
4	0	0	0	0			
5	0	0	0	0			
Beds	30	30	30	30			
Av Pat	27.1	27.4	27.5	28.4			
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT							
	Aug 15	Feb 16	Oct 16	Apr 17			
Patient Observations	94	98	100	97			
Manual Handling	100	100	100	100			
Falls Assessment	100	100	100	100			
Tissue Viability Assessment	100	100	100	100			
Nutritional Assessment	97	100	100	100			
Medication Assessment	96	100	100	100			
Nutrition (Total)	95	99	98	99			
SL – Hand Hygiene	100	96	100	100			
SL – Commode Audits	100	88	100	100			
Incidents							
Minor Incidents	3	4	4	6			
Moderate Incidents	0	0	0	0			
Major/Tragic Incidents	0	0	0	0			
Complaints	1	2	0	0			

Commentary: The dependency of the patients on this ward has increased over time. This is likely due to the increasing number of patients with dementia that need require 1 to 1 care and 2-hourly intentional rounding as well as skin bundles, due to high risk of pressure damage. This contributes to the different actual skill mix requirement provided to this ward (as opposed to the SNCT calculation). The SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges on a surgical ward.

Ward B2 Trauma – QUALITY INDICATORS AND RESULTS OF SAFER NURSING TOOL

	Oct 15	Mar 16	Oct 16	Apr 17	Required Staff	SNCT	Establishment (WTE)
Patient Level	% of patients	% of patients	% of patients	% of patients	RNs required	19.1	14.80
1	60	72	44	45	HCA's required	12.7	18.68
2	5	0	3	0	Total FTE required	31.8	33.48
3	35	28	53	55			
4	0	0	0	0			
5	0	0	0	0			
Beds	24	24	24	24			
Av Pat	19.8	21.6	22.6	22.7			
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT							
	Aug 15	Feb 16	Oct 16	Apr 17			
Patient Observations	98	100	90	97			
Manual Handling	100	100	87	100			
Falls Assessment	89	100	96	100			
Tissue Viability Assessment	100	100	90	90			
Nutritional Assessment	100	90	90	100			
Medication Assessment	100	100	100	100			
Nutrition (Total)	96	100	100	100			
SL – Hand Hygiene	100	100	100	100			
SL – Commode Audits	100	100	100	100			
Minor Incidents	3	4	3	4			
Moderate Incidents	0	0	0	0			
Major/Tragic Incidents	0	0	0	0			
Complaints	1	0	0	1			

Commentary: Both occupancy and dependency have risen, the latter quite considerably, over time. The SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges on a surgical ward. Quality Indicators are good.

Ward B3 – QUALITY INDICATORS AND RESULTS OF SAFER NURSING TOOL

	Oct 15	Mar 16	Oct 16	Apr 17*	Required Staff	SNCT	Establishment (WTE)
Patient Level	% of patients	% of patients	% of patients	% of patients	RNs required	36.3	31.66
1	71	66	73	60	HCA's required	24.2	19.34
2	6	12	2	2	Total FTE required	60.6	51.00
3	23	22	25	38			
4	0	0	0	1			
5	0	0	0	0			
Beds	38+4HDU	38+4HDU	38 +4HDU	38 +4HDU			
Av Pat	34.5	33.6	36.5	37.7			
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT							
	Aug 15	Feb 16	Oct 16	Apr 17			
Patient Observations	99	97	100	96			
Manual Handling	88	100	100	85			
Falls Assessment	98	97	100	78			
Tissue Viability Assessment	100	100	100	100			
Nutritional Assessment	45	93	100	73			
Medication Assessment	93	100	100	100			
Nutrition (Total)	87	100	100	100			
SL – Hand Hygiene	93	100	100	100			
SL – Commode Audits	100	100	100	100			
Incidents							
Minor Incidents	2	1	2	4			
Moderate Incidents	1	1	0	0			
Major/Tragic Incidents	0	0	2	0			
Complaints	0	0	0	1			

Commentary: Both dependency and occupancy has increased over time, with the former due to an increase in HDU activity. With regards to the establishment, as noted previously, there is a large difference between the SNCT calculation and the actual establishment. B3 contains the VASCU unit which has a variable workload which contributes to this difference as does the fact that, as previously stated, the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges of a surgical ward.

Ward B4 – QUALITY INDICATORS AND RESULTS OF SAFER NURSING TOOL

	Oct 15	Mar 16	Oct 16	Apr 17	Required Staff	SNCT	Establishment (WTE)
Patient Level	% of patients	% of patients	% of patients	% of patients	RNs required	30.3	31.66
1	85	81	80	86	HCA's required	20.2	27.40
2	10	9	1	1	Total FTE required	50.5	59.06
3	4	9	19	13			
4	0	0	0	0			
5	0	0	0	0			
Beds	48	48	48	48			
Av Pat	46.8	46.9	46.8	46.1			
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT							
	Aug 15	Feb 16	Oct 16	Apr 17			
Patient Observations	99	93	98	98			
Manual Handling	100	100	100	100			
Falls Assessment	100	100	100	100			
Tissue Viability Assessment	100	83	100	100			
Nutritional Assessment	96	38	95	100			
Medication Assessment	100	100	100	100			
Nutrition (Total)	100	100	100	96			
SL – Hand Hygiene	100	98	100	100			
SL – Commode Audits	100	100	100	100			
Incidents							
Minor Incidents	4	2	6	7			
Moderate Incidents	0	0	0	0			
Major/Tragic Incidents	1	0	0	0			
Complaints	1	2	2	1			

Commentary: Dependency and occupancy have reduced slightly at the last review. NSI results have improved. The SNCT study suggests a smaller FTE than the establishment, which is probably accounted for by the fact, as previously stated, that the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges of a surgical ward.

Ward B5 – QUALITY INDICATORS AND RESULTS OF SAFER NURSING TOOL

	Oct 15	Mar 16	Oct 16	Apr 17*	Required Staff	SNCT	Establishment (WTE)
Patient Level	% of patients	% of patients	% of patients	% of patients	RNs required	38.5	31.27
1	95	95	89	86	HCA's required	25.7	16.44
2	3	1	2	1	Total FTE required	64.2	47.71
3	2	4	9	13			
4	0	0	0	0			
5	0	0	0	0			
Av Pat	33.3	33.2	37.1	46.1			
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT							
	Aug 15	Feb 16	Oct 16	Apr 17			
Patient Observations	91	97	97	97			
Manual Handling	100	75	94	100			
Falls Assessment	100	53	90	100			
Tissue Viability Assessment	90	100	95	100			
Nutritional Assessment	97	43	37	100			
Medication Assessment	100	98	100	100			
Nutrition (Total)	100	100	100	92			
SL – Hand Hygiene	100	100	100	100			
SL – Commode Audits	100	100	100	100			
Incidents							
Minor Incidents	1	0	1	1			
Moderate Incidents	0	0	1	0			
Major/Tragic Incidents	0	0	0	0			
Complaints	0	1	2	1			

Commentary: With an increase in activity over the last two years both occupancy and dependency have increased. This area as well as the in-patient numbers also has SAU which accounts in the difference between the SNCT tool results and the present establishment. NSIs have improved in April 2017.

Ward C6 – QUALITY INDICATORS AND RESULTS OF SAFER NURSING TOOL

	Oct 15	Mar 16	Oct 16	Apr 17	Required Staff	SNCT	Establishment (WTE)
Patient Level	% of patients	% of patients	% of patients	% of patients	RNs required	13.8	16.38
1	84	76	87	70	HCA's required	9.2	10.96
2	2	2	1	2	Total FTE required	23.0	27.34
3	13	22	12	28			
4	0	0	0	0			
5	0	0	0	0			
Beds	20	20	20	20			
Av Pat	16.9	17.5	18.7	19			
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT							
	Aug 15	Feb 16	Oct 16	Apr 17			
Patient Observations	99	81	87	96			
Manual Handling	100	70	100	100			
Falls Assessment	100	86	84	91			
Tissue Viability Assessment	100	88	88	82			
Nutritional Assessment	100	87	89	83			
Medication Assessment	100	100	93	78			
Nutrition (Total)	100	100	90	100			
SL – Hand Hygiene	100	100	92	100			
SL – Commode Audits	100	100	100	100			
Incidents							
Minor Incidents	1	1	0	1			
Moderate Incidents	1	0	0	0			
Major/Tragic Incidents	0	0	0	0			
Complaints	0	0	0	0			

Commentary: Dependency has increased as have the patient numbers. Occupancy is at its highest since these studies began. The establishment has a slightly higher FTE than the SNCT results which is probably accounted for by the fact that, as previously stated, the SNCT does not take into consideration the workload that comes from high numbers/turnover of admissions and discharges on a surgical ward plus outpatient clinic work that occurs on the ward. NCIs have taken a considerably decrease in results recently and the ward is at Escalation Level 3 with an action plan in place. A contributing factor to the latter is the ward losing very experienced staff recently to work in other areas of the Trust.

WARD A2 – QUALITY INDICATORS AND RESULTS OF SAFER NURSING TOOL

	Oct 15	Mar 16	Oct 16	Apr 17	Required Staff	SNCT	Establishment (WTE)
Patient Level	% of patients	% of patients	% of patients	% of patients	RNs required	33.3	38.64 [^] /36.89*
1	76	75	63	86	HCA's required	22.2	38.41 [^] /35.67*
2	3	1	0	3	Total FTE required	55.5	77.05[^]/72.56*
3	21	24	36	11			
4	0	0	0	0			
5	0	0	0	0			
Beds	42	42	42	42			
Av Pat	36.6	40.1	39	40.1			
	Aug 15	Feb 16	Oct 16	Apr 17			
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT							
Patient Observations	96	88	91	95			
Manual Handling	100	100	100	100			
Falls Assessment	100	70	96	100			
Tissue Viability Assessment	100	90	92	92			
Nutritional Assessment	90	100	86	38			
Medication Assessment	100	98	95	100			
Nutrition (Total)	98	99	96	87			
SL – Hand Hygiene	100	100	95				
SL – Commode Audits	100	100	100				
Friends and Family Test Score	99	97	85	84.6			
Incidents							
Minor Incidents	10	5	8	6			
Moderate Incidents	0	2	1	0			
Major/Tragic Incidents	0	1	0	0			
Complaints	1	1	0	2			

[^]Figures are for March and Oct 2015 as the patient speciality of the ward changed after September 2014.

*Present establishment following a review after October 2015

Commentary: The Acute Medical Society indicates that such an area requires 1:6 qualified nurse to patient ratio. The high turnover area means there can be more that 30 transfers of patients a day while the SNCT study only looks at the situation at one time-point in the day. The usefulness of the tool in such circumstances is therefore questionable (just like it is not suitable for the Emergency Department). The dependency of patients has decreased since October 17 but the chart indicates the variability in the types of patients the area accommodates. NSI results have also been variable.

WARD C1 – QUALITY INDICATORS AND RESULTS OF SAFER NURSING TOOL

	Oct 15	Mar 16	Oct 16	Apr 17	Required Staff	SNCT	Establishment (WTE)
Patient Level	% of patients	% of patients	% of patients	% of patients	RNs required	37.6	31.36
1	56	51	50	57	HCA's required	25.1	32.93
2	3	4	0	1	Total FTE required	62.7	64.29
3	45	50	42	48			
4	0	0	0	1			
5	0	0	0	2			
Beds	48	48	48	48			
Av Pat	47.7	47.7	47.8	47.8			
Nursing Care Indicators (NCIs), Nutrition Audit, Saving Lives and FFT							
	Aug 15	Feb 16	Oct 16	Apr 17			
Patient Observations	93	97	96	92			
Manual Handling	76	100	94	89			
Falls Assessment	100	100	100	100			
Tissue Viability Assessment	100	100	100	100			
Nutritional Assessment	93	39	83	56			
Medication Assessment	100	98	100	100			
Nutrition (Total)	93	97	95	99			
SL – Hand Hygiene	97	97	100	100			
SL – Commode Audits	100	100	100	100			
Friends and Family Test Score	96	100	100	100			
Incidents							
Minor Incidents	6	3	6	4			
Moderate Incidents	0	0	0	0			
Major/Tragic Incidents	1	0	0	0			
Complaints	0	0	0	0			

Commentary: Occupancy remains constant at nearly 100%. The ward has had some very highly dependent patients at the last review. NCIs have deteriorated slightly in April 2017 compared to previously, but have improved again since then in the last few months.

WARD C3 – QUALITY INDICATORS AND RESULTS OF SAFER NURSING TOOL

	Oct 15	Mar 16	Oct 16	Apr 17	Required Staff	SNCT	Establishment (WTE)
Patient Level	% of patients	% of patients	% of patients	% of patients	RNs required	49.9	34.91
1	24	24	20	15	HCA's required	33.3	38.41
2	2	1	5	1	Total FTE required	83.2	73.32
3	74	75	75	84			
4	0	0	0	0			
5	0	0	0	0			
Beds	52	52	52	52			
Av Pat	51.5	52	50.3	51.3			
	Aug 15	Feb 16	Oct 16	Apr 17			
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT							
Patient Observations	99	93	92	94			
Manual Handling	100	100	82	94			
Falls Assessment	100	100	84	87			
Tissue Viability Assessment	100	100	100	100			
Nutritional Assessment	100	73	62	88			
Medication Assessment	100	96	100	100			
Nutrition (Total)	100	98	95	100			
SL – Hand Hygiene	100	100	100				
SL – Commode Audits	100	100	80				
Friends and Family Test Score	100	100	100	100			
Incidents							
Minor Incidents	11	8	9	6			
Moderate Incidents	1	1	0	0			
Major/Tragic Incidents	0	0	0	0			
Complaints	0	1	0	1			

Commentary: The dependency of the patients has increased slightly compared to the previous reviews and occupancy remains high. The last three SNCT studies suggest there should be higher establishments on this ward but both the well-being workers, the acute confusion team and 1 to 1 additional staff give considerable assistance to this ward, which can balance out this difference. NCIs are very variable becoming worse in October 2016 and April 2017.

WARD C5 – QUALITY INDICATORS AND RESULTS OF SAFER NURSING TOOL

	Oct 15	Mar 16	Oct 16	Apr 16	Required Staff	SNCT	Establishment (WTE)
Patient Level	% of patients	% of patients	% of patients	% of patients	RNs required	35.1	31.59
1	62	60	48	62	HCA's required	23.4	32.92
2	5	3	19	10	Total FTE required	58.4	64.51
3	26	33	31	23			
4	7	3	2	5			
5	0	0	0	0			
Beds	48	48	48	48			
Av Pat	47.9	47.9	47.5	46.5			
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT							
	Aug 15	Feb 16	Oct 16	Apr 17			
Patient Observations	98	97	87	96			
Manual Handling	100	83	94	85			
Falls Assessment	100	100	100	96			
Tissue Viability Assessment	100	80	87	100			
Nutritional Assessment	100	98	83	80			
Medication Assessment	100	100	94	96			
Nutrition (Total)	98	99	90	99			
SL – Hand Hygiene	96	100	100	100			
SL – Commode Audits	93	100	100	100			
Friends and Family Test Score	100	93	100	100			
Incidents							
Minor Incidents	3	8	8	6			
Moderate Incidents	1	1	0	0			
Major/Tragic Incidents	0	0	1	0			
Complaints	1	0	1	0			

Commentary: Occupancy remains high and dependency has fluctuated compared to the last studies. The number of NIV (non-invasive ventilation) and high flow oxygen patients account for the Category 4 patients. NCIs have generally improved since the previous study period.

WARD C7 – QUALITY INDICATORS AND RESULTS OF SAFER NURSING TOOL

	Oct 15	Mar 16	Oct 16	Apr 17	Required Staff	SNCT	Establishment (WTE)
Patient Level	% of patients	% of patients	% of patients	% of patients	RNs required	26.2	26.86/29.6*
1	61	52	62	62	HCA's required	17.5	21.92/21.94*
2	2	4	1	3	Total FTE required	43.7	48.78/51.54*
3	37	44	37	35			
4	0	0	0	0			
5	0	0	0	0			
Beds	36	36	36	36			
Av Pat	36	35.9	35.8	34.6			
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT							
	Aug 15	Feb 16	Oct 16	Apr 17			
Patient Observations	78	76	89	97			
Manual Handling	100	66	87	100			
Falls Assessment	70	74	100	100			
Tissue Viability Assessment	96	90	100	100			
Nutritional Assessment	94	85	85	100			
Medication Assessment	100	100	86	100			
Nutrition (Total)	95	93	97	96			
SL – Hand Hygiene	100	100	100	100			
SL – Commode Audits	100	94	100	100			
Friends and Family Test Score	92	100	100	88.2			
Incidents							
Minor Incidents	5	6	10	3			
Moderate Incidents	1	0	0	0			
Major/Tragic Incidents	0	0	1	0			
Complaints	0	2	2	0			

*Following a review the skill mix on this ward was amended in early 2016.

Commentary: Occupancy remains high and dependency is similar to the last study. This period sees an improvement in the NSIs. Incident reports have decreased.

WARD C8 – QUALITY INDICATORS AND RESULTS OF SAFER NURSING TOOL

	Oct 15	Mar 16	Oct 16	Apr 17	Required Staff	SNCT	Establishment (WTE)
Patient Level	% of patients	% of patients	% of patients	% of patients	RNs required	39.2	37.79
1	23	13	27	23	HCA's required	26.1	38.41
2	26	22	5	4	Total FTE required	65.3	76.2
3	51	64	68	71			
4	0	0	0	1			
5	0	0	0	0			
Beds	44	44	44	44			
Av Pat	39	42.3	40.4	40.4			
Nursing Care Indicators, Nutrition Audit, Saving Lives and FFT							
	Aug 15	Feb 16	Oct 16	Apr 17			
Patient Observations	94	66	78	89			
Manual Handling	100	66	100	100			
Falls Assessment	100	60	97	80			
Tissue Viability Assessment	100	86	100	93			
Nutritional Assessment	83	33	74	90			
Medication Assessment	100	89	92	90			
Nutrition (Total)	98	95	91	95			
SL – Hand Hygiene	100	100	100	100			
SL – Commode Audits	95	100	100	100			
Friends and Family Test Score	97	100	88.8	100			
Incidents							
Minor Incidents	13	8	6	2			
Moderate Incidents	0	1	0	0			
Major/Tragic Incidents	1	0	0	0			
Complaints	2	2	0	1			

Commentary: Occupancy has decreased slightly at the last two reviews with dependency being variable. Although there is a difference between the SNCT results and the establishment this is balanced out by the presence of the stroke bleep holder in the establishment (accounts for 5.45WTE). The NCIs have improved since April 2017.