**Briefing Paper**

**Date: 30th December 2016**

**Subject: Ward 43 NIV monitors**

1. **Background information and proposal**

**Background**

In 2015 CQC reports following the Trust’s inspection, highlighted that as the designated NIV beds on Ward 43 at King’s Mill Hospital were described locally as ‘level 2’ according to national guidelines, they subsequently received this level tariff. Furthermore they contractually form part of the critical care provision at the Trust and thus received direct Intensive Care Unit oversight in terms of standards and guidelines.

Therefore it would be appropriate that acute NIV patients could expect to possibly be cared for in mixed sex accommodation as such guidelines specify. However, given the variation in acuity of NIV, from level 2 in the acute phase, ranging to a level 1a or 1b in the latter stages of weaning, the Delivering Single Sex Accommodation Policy (DSSA) should still apply to avoid breach of this principle at times when patients are being weaned from acute care. As a result 8 beds over 2 bays were designated for NIV patients and kept at 1 male bay and 1 female bay at all times.

It was also highlighted at this time that staffing levels required review to ensure adequate nursing ratios were established according to intensive care unit standards. British Thoracic Society guideline suggests a 1:2 nursing ratio in the first 12 hours of treatment for NIV patients

“Ensure the provision of level two critical care on Ward 43 includes nursing staffing levels in line with the ‘Core Standards for Intensive Care Units’ published by the Intensive Care Society and the commissioners expectations.

Ensure patients requiring critical care at level two on Ward 43 are cared for by appropriately trained staff in line with the ‘Core Standards for Intensive Care Units’ published by the Intensive Care Society.”

Consequently nursing establishment on the ward has addressed this matter and now has sufficient nursing and skillset levels. The table below depicts the nursing levels within the current establishment and the point at which additional nursing staff would be required according to patient level demands.

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient numbers in acute phase of NIV** | **Total numbers of staff RN** | **Total numbers of NIV trained staff** | **Action** |
|  |  |  |  |
| 1 | 5 | 1 | A |
| 2 | 5 | 1 | A |
| 3 | 5 | 2 | A |
| 4 | 5 | 2 | A |
| 5 | 6 | 3 | B |
| 6 | 6 | 3 | B |
| 7 | 7 | 4 | B |
| 8 | 7 | 4 | B |
| 9 | 8 | 5 | B |
| 10 | 8 | 5 | B |
| 11 | 9 | 6 | B |
| 12 | 9 | 6 | B |

These figures show that within current nursing levels on ward 43, 4 acute NIV patients can be adequately cared for at any one given time.

**Proposal**

Given the above figures and the Trust’s shortcomings of medical equipment, this business case proposes the purchase of 4 portable NIV monitors to be utilised on ward 43 for patients requiring NIV which would mirror the nurse staffing levels within the current establishment.

1. **Current position and drivers for change**

**Capacity and demand – current position**

The below table depicts the demand figures of NIV patients on ward 43 dating from January 2016 to November 2016 (provided by ward 43 administration staff).

Totals show that during the 2016 calendar year thus far, 190 patients have constituted the NIV clinical cohort on ward 43. Monthly demand varies from 5 in November to 28 in February. The maximum number of NIV patients documented as being admitted on any one given day is 4 (however there may be more than this depending upon demand in days prior to and post these admissions). Thus the proposal to purchase 4 flexible monitors would enable acute patients to receive the adequate continuous monitoring as stipulated by the British Thoracic Society Guidelines for the Ventilatory Management of Acute Hypercapnic Respiratory Failure in Adults



**Drivers for change –** the below outlines the key areas which highlight the importance of installing the 4 monitors on Ward 43.

* DSSA – Delivering Single Sex Accommodation policy.
* NIV level 2 tariff and appropriate provisions compliance, satisfying national guidelines and CCG scrutiny.
* BTS Monitoring during NIV (page ii10) – “Continuous monitoring of oxygen saturation is essential.”

**Trust objective drivers –** the proposal more broadly incorporates the below Trust objectives.

* Ensure the highest standards of safe care are consistently delivered by, and for, individuals, teams and departments.
* Ensure that patients experience the very best care, building on good practice, and listening and learning from both negative and positive feedback and events.
* Provide timely access to diagnosis, treatment and care when people need it and safely reduce the time patients spend in hospital.
1. **Financial / CIP**

**Not supplied**

1. **Risks**

**Lack of NIV monitoring equipment risks:**

* Failure to provide appropriate standard of care for NIV patients according to the BTS/ICS Guidelines for the Ventilatory Management of Acute Hypercapnic Respiratory Failure in Adults.
* External CCG scrutiny risk regarding tariff claims, and the financial implications of this.
* Inability to provide optimum quality of care according to the BTS national standards of care for patients requiring NIV.
* Risk of breaching the DSSA policy if monitors cannot be flexibly utilised between the two bays.
* Inability for trained NIV nursing staff to provide quality of care and carry out their role as dictated by national guidelines due to lack of monitoring equipment.
* Loss of level two income tariff

**Risks of proposal:**

* Inability to identify sufficient funding for the monitors.
1. **Benefits**

Benefits associated with this business case are outlined explicitly in the above section which highlights the drivers for change.

1. **Conclusion**

Should the above proposal be accepted, it would ensure the technical equipment provisions are in line with the level two tariff being claimed for this service. It would also ensure the equipment available mirrors the nurse staffing establishments and skill sets which have been previously developed in again in line with the level two tariff for NIV service provision.