Mid Essex Hospital Services NHS
NHS Trust

Meeting:F & P
Date: 31st October 2016

Agenda Item:

Nursing Establishment Reviews

Key Risks-

The key risks are that current ward establishments are not matched to meet the acuity and dependency of patients with over establishment in some areas and under establishment in others.

Clinical: The delivery of safe, high quality care is a fundamental to objective of the Trust. This paper outlines the Trusts approach to using robust tools and audits to assess and inform nursing establishments on inpatient wards	**Business:** Failure to deliver on safe, high quality care may impact on the hospital of choice.
Environmental:	**Finance and Performance:** Failure to deliver on safe, high quality care may impact on the hospital of choice.
Reputation: Failure to deliver high quality care may impact on reputation.	**Legal:**
Resource Required: Re-allocation of funds is requested	
Cross Reference to Trust Strategic Priorities and Objectives: Achieve governance and regulatory standards for high quality, safe and effective patient care Deliver the very best care in the right place, at the right time, with the right staff	
Legal and Regulatory Implications/Equality and Diversity issues: None	

Recommendation

Requested Action

Members of the F & P committee are asked to note the content and recommendations within this paper and support the recommendations.

1. Introduction

The Safer Nursing care Tool (SNCT) is a nationally agreed tool for measuring the acuity and dependency of patients in adult ward areas over a 4 week period. It is based on the Keith Hurst model and is widely accepted by Chief Nurses as the tool of choice for informing ward

establishments. The model needs to be supplemented by professional judgement, local patient conditions such falls, pressure ulcers and staffing levels. The tool acknowledges ward attenders; however the evidence from MEHT bi annual studies shows that wards that have high day attenders are not adequately reflected in the suggested establishment when considered against the professional judgement.

The SNCT calculation is based upon an annual leave allowance of 22%, the trust allowance is currently 21%. The administration element for the senior sister is calculated at 20%, the Trust current funding is 50% moving to 100%. It is currently 100% in Baddow, Braxted and Goldhanger wards. The output from the model is based upon actual occupancy levels over the reference period.

2. Bi Annual SNCT Results

The original results from the study in June 2016 showed in summary a potential WTE reduction of 42 WTE, of which 4.24 were RN and 46.34 HCA. However, following discussion with the Associate Chief Nurses and Ward Sisters, this was triangulated with the Professional Judgement model. The results of June study are shown in Table 1.The discussions and narrative with the Nurses is detailed in section 3.

Table 1.

SUMMARY of DATA COLLECTION
JUL 2016 ACUITY COLLECTION

Jul 16 ACUITY compared to CURRENT FUNDING ie: Jul 16 BUDGETS

19 Wards				Dependency Level Summary						At Reference Period Occupancy			
Directorate/ Ward	**Beds**	**Bed Occupancy (for ref period)**	**Bed Occupancy (for reference period)**	**0**	**1a**	**1b**	**2**	**3**	Current Nursing Levels (WTE)	Acuity Proposed Nursing Levels (WTE)	Staffing Increase/(Decrease) (WTE)	Trained (WTE)	Untrained (WTE)
Emergency Care									**111.87**	**90.82**	**(21.05)**	**(5.42)**	**(15.63)**
EAU	30	95.8%	95.8%	28.6%	35.9%	26.0%	9.2%	0.4%	71.05	49.68	(21.37)	(10.15)	(11.22)
ESS	32	97.9%	97.9%	48.1%	16.8%	35.1%	0.0%	0.0%	40.82	41.14	0.32	4.73	(4.41)
Medical									**263.10**	**272.07**	**8.97**	**21.69**	**(12.72)**
Baddow	26	99.2%	99.2%	20.7%	22.7%	56.6%	0.0%	0.0%	37.32	38.54	1.22	0.96	0.26
Braxted	26	99.2%	99.2%	32.8%	4.5%	62.6%	0.2%	0.0%	37.32	37.85	0.53	0.58	(0.05)
Stroke	25	97.0%	97.0%	17.3%	3.9%	77.5%	1.2%	0.0%	36.86	38.41	1.55	3.04	(1.49)
Felsted	20	95.3%	95.3%	28.1%	10.0%	52.8%	9.2%	0.0%	33.34	28.68	(4.66)	(1.03)	(3.63)
Terling	32	94.4%	94.4%	34.8%	0.7%	30.3%	34.3%	0.0%	39.57	46.81	7.24	7.66	(0.42)
Danbury	32	99.7%	99.7%	38.4%	17.7%	43.9%	0.0%	0.0%	41.37	44.06	2.69	6.20	(3.51)
Goldhanger	27	99.4%	99.4%	37.2%	13.8%	48.0%	0.9%	0.0%	37.32	37.72	0.40	4.28	(3.88)
Surgery									**115.43**	**113.68**	**(1.75)**	**0.64**	**(2.39)**
Rayne	32	99.4%	99.4%	32.7%	32.7%	33.8%	0.8%	0.0%	40.68	43.74	3.06	2.09	0.97
Heybridge	32	98.9%	98.9%	28.1%	40.4%	31.3%	0.2%	0.0%	44.19	43.73	(0.46)	(0.09)	(0.37)
SEW	19	91.1%	91.1%	53.8%	30.9%	15.0%	0.3%	0.0%	30.56	26.21	(4.35)	(1.36)	(2.99)
Musculoskeletal									**97.38**	**104.31**	**6.93**	**10.98**	**(4.05)**
Notley	28	95.0%	95.0%	20.3%	37.3%	42.4%	0.0%	0.0%	36.23	39.27	3.04	4.42	(1.38)
Lister	20	96.5%	96.5%	28.2%	6.2%	65.5%	0.0%	0.0%	26.37	28.83	2.46	2.45	0.01
John Ray	28	102.3%	102.3%	60.4%	4.7%	34.9%	0.0%	0.0%	34.78	36.21	1.43	4.11	(2.68)
Plastics & Burns									**104.91**	**77.17**	**(27.74)**	**(20.24)**	**(7.50)**
Mayflower	12	122.8%	122.8%	97.9%	2.1%	0.0%	0.0%	0.0%	30.89	14.72	(16.17)	(11.01)	(5.16)
Billericay	24	97.5%	97.5%	60.6%	2.6%	23.0%	13.8%	0.0%	36.08	30.50	(5.58)	(3.14)	(2.44)
Stock	24	96.3%	96.3%	44.5%	12.0%	32.9%	10.6%	0.0%	37.94	31.95	(5.99)	(6.09)	0.10
Womens & Children									**25.28**	**17.82**	**(7.46)**	**(3.41)**	**(4.05)**
Gosfield	14	90.7%	90.7%	17.3%	57.9%	24.8%	0.0%	0.0%	25.28	17.82	(7.46)	(3.41)	(4.05)
TOTAL	**483**	**98.3%**	**98.3%**	**37.2%**	**18.5%**	**39.9%**	**4.4%**	**0.0%**	**717.97**	**675.87**	**(42.10)** WTE Decrease -5.9% Dec	**4.24**	**(46.34)**

NB: Total Bed Occupancy & Dependancy Levels and Staffing Increase/Decrease exclude zero values in their calculation

NB: Data Issue means returns % is less than the target set

3. Discussion

3.1 Emergency Care

EAU: The SNCT is not well suited to the fast pace and throughput of patients through an Emergency Admissions Unit. EAU have reduced their staffing levels and it is the assessment of the matron and senior sister that to reduce the staffing any further would potentially compromise care. The introduction of the Emergency Village has altered the flow of patients through EAU, with GP expected patients now being taken straight to this area avoiding the Emergency Department. In the light of this the staffing levels will be reviewed again in January when the next 6 month review is undertaken.

ESS: The implementation of the Frailty Unit has been an excellent success. The unit has required additional RN support during its infancy due to the high turnover of patients. The staffing will be reviewed in January when the unit has become more established. Again the SNCT is not well suited for high through assessment unit areas, however to date this is the only tool currently available.

3.2 Medical

Goldhanger, Baddow and Braxted have a correct establishment for their acuity. The SNCT does not take into account the requirement of patients who need specialing and this is a pressure within these wards. Although the requirement for specialing should, in theory, be included in the patients assessment under the dependency element, it is confirmed by “ experts” that the tool does not cover this aspect of care. The allocation of the Enhanced Support Assistants to Medicine and Surgery will assist in this care need; however this remains a challenge across the NHS. There is further work needed to reduce the reliance on specialing patients. As part of the 90 day improvement programme with Allocate the Health Roster Steering Group are agreeing that when a patient has been assessed as requiring enhanced support the level of support required will be added to the health roster. This will then enable the request of specials to be matched against patient need. A daily spot check will take place during the week to assure the assessment against the level of specialing provided to determine if these match. It is noted that the senior sisters in these 3 wards are 100% supervisory due to previous CQC report requirements/actions.

Felsted: The ward had already had its funding reduced as a direct result of the previous audit. It is not possible to reduce the staffing any further to complete a safe roster. The SNCT is known not to work well for wards that have a small number of beds. This is because it makes the generation of a safe staffing roster difficult due to the effect of the number of nurses required for safe staffing within a small bed base.

Terling: In 2015 Medical HDU was transferred over to the Critical Care Directorate. Previously, the HDU took a higher percentage of cardiac patients but these now go directly to Terling Ward. The impact of this is that the ward requires an increase in staffing of 7.24 wte. The investment required will be considered should there be any savings identified and made available as part of the 12 hour shift consultantion which is currently being undertaken across the unit.

Stroke: The acuity results show that the stroke unit requires an increase of 1.55 wte. However due to changes in the number and types of patients being admitted to the stroke unit a business case is being developed to reflect the new national guidance for

staffing stroke beds. In the interim it has been agreed to support the unit with an additional RN per shift until the end of March.

3.3 Surgery:

The surgical wards are broadly within the wte funded at present. SEW cannot release any more funding from that which was removed as a result of the last audit. However a deep dive will take place when the SNCT is carried out in January. Rayne ward requires a small increase and this will be reviewed against any savings realised from the 12 hour shift consultation which is taking place across the unit.

3.4 Orthopaedics:

Lister and John Ray ward sisters are satisfied with their current funding. Notley requires an additional RN on night duty and this will be reviewed against any savings realised from the 12 hour shift consultation which is taking place across the unit.

3.5 Plastics and Burns:

Mayflower: This has 3 streams of patients being cared for through the ward. At times the ward can have up to 75 patients attending. The SNCT does not adequately reflect the number of day attenders in the ward. Following the opening of the hand trauma unit in 2017, a cohort of patients will be removed from the ward. Following this the acuity tool will be redone in the summer to review the ward acuity in the true sense. The ACN and ward sisters do not believe at this point the establishment can be reduced.

Billericay: The ward has a high number of patients who are classed as level 2, this means a ratio of 1 nurse to 2 patients. This is because they have patients who have complex head and neck cancer and patients with trachyostomy's. The trauma element of the ward has high numbers of patients attending and the SNCT does not adequately capture this nursing care requirement. Therefore it is the view of the ACN and Ward Sister that the staffing cannot be reduced.

Stock: This ward has up to 10 level 2 beds, and there is an increasing number of Diep Flap patients being admitted. ITU have required support for undertaking Diep Flap observations whilst these patients are in ITU which is a further drain on the nursing resource. A teaching plan is in place for ITU nursing staff to develop their competence in these. The staffing on this ward is unable to be reduced at this time.

3.6 Women and Children's

Gosfield: The staffing on the ward had already been reduced as a result of the previous study. The funded ward establishment also includes 1.53 wte trained and 1.53 wte untrained staff for the provision of EPAU which runs a 7 day service, slightly reduced hours over the weekend. The issue of the difficulty which the SNCT has with making recommendations for wards with a small bed base applies to Gosfield as well as Felsted. No further changes are able to be made to this staffing level.

4. Success Regime

A week long acuity survey was undertaken by BTUH, Southend and MEHT in October. The results of this will be available in December. This was only for a week so that the 3 Trusts could get a snapshot of staffing levels using the same methodology. The full review across the 3 Trusts will take place in January commencing January 16th 2017.

5. Conclusion

Following the triangulation of the Professional Judgement model with the Chief Nurse, ACNs and Ward Sisters it is clear that there cannot be any further reductions in staffing without compromising safety. In the next report which will be an ESR Report we will include benchmarking with BTUH and Southend which will also help with analysing the staffing levels on our fast throughput wards such as EAU, Mayflower and Billericay where we have struggled to evidence the staffing levels required for safe care.

In terms of addressing the continuing reliance on the use of specials a plan is being devised to monitor patient assessment scores against the number of specials required and this will be monitored to determine if the policy is being applied appropriately.

6. Next Steps:

6.1 In line with ESR that the next review be undertaken from the middle of January 2017 simultaneously with Southend and Basildon.
6.2 That in January a deep dive be undertaken in ESS, SEW and Stroke
6.3 Review of specials requested against the patients risk assessments to determine if the number of specials being requested is in line with the Enhanced Observation Policy, and demonstrates good value for money.

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Pre-submission Legal Review: No