

**Meeting:** Trust Board  
**Date:** 4<sup>th</sup> February 2018

**Agenda Item:**

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## **Nursing Establishment Reviews March and July 2017**

### **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.

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**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**

The Board 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 and Discussion**

This paper demonstrates the results of the summer and winter acuity studies which were undertaken using the SNCT. The summary table below demonstrates the March and June figures. Narrative for each area describes the results and any action required to address the difference between the funded establishment and the SNCT results.

Directorate/ Ward	Beds	Current Nursing Levels (WTE)	March 17 Acuity Proposed Nursing Levels (WTE)	July 17 Acuity Proposed Nursing Levels (WTE)
<b>Emergency Care</b>		<b>83.51</b>	<b>93.43</b>	<b>81.19</b>
AMU	20	37.05	51.80	38.41
ESS	32	46.46	41.63	42.78
<b>Medical</b>		<b>265.42</b>	<b>281.50</b>	<b>271.49</b>
Baddow	26	37.32	40.55	39.94
Braxted	26	37.32	39.34	38.74
Stroke	25	37.32	38.49	36.46
Felsted	20	34.54	30.98	31.28
Terling	31	39.61	44.17	46.50
Danbury	32	41.99	44.76	38.41
Goldhanger	27	37.32	43.21	40.16
<b>Surgery</b>		<b>115.53</b>	<b>118.81</b>	<b>119.38</b>
Rayne	32	41.09	49.32	47.32
Heybridge	32	42.67	41.07	44.10
SEW	19	31.77	28.42	27.96
<b>Musculoskeletal</b>		<b>99.84</b>	<b>103.60</b>	<b>97.57</b>
Notley	28	36.05	39.02	39.15
Lister	20	29.10	29.50	28.04
John Ray	28	34.69	35.08	30.38
<b>Plastics &amp; Burns</b>		<b>126.69</b>	<b>75.31</b>	<b>69.45</b>
Mayflower	16	25.60	16.49	14.07
Billericay	24	36.08	28.89	27.94
Stock	24	37.94	29.93	27.44
<b>Women's &amp; Children</b>		<b>24.98</b>	<b>17.29</b>	<b>18.51</b>
Gosfield	14	24.98	17.29	18.51

## **1.0 Discussion**

### **1.1 Emergency Care**

#### **AMU:**

In June 2017 AMU changed its bed base from a 30 bedded admissions unit to a 20 bedded admissions unit and a 12 bedded assessment unit. This was part of the emergency village model which enabled GP patients to be assessed by the medical team in AMU. The establishment has now been sub divided into a 20 bed admissions unit establishment and the remaining 12 beds with an establishment for an assessment unit, which is not included within the SNCT remit. The current funded establishment is suitable for the ward and this will be further reviewed in the next assessment to ensure the appropriate establishment is in place. The March results reflect the previous model of working and are not relevant in the emergency village model which is now in place. The conclusion is that the AMU establishment matches the recommendations of the SNCT.

#### **ESS:**

ESS changed its function to support the emergency village model in September 2016. The ward has 20 short stay beds, which includes 6 observation beds for ED and 12 frailty beds. Although the ward is showing a slightly lower required nursing establishment with the SNCT assessment the ward are going to split the establishment to reflect the inpatient and assessment beds. Like AMU the staffing levels will be reviewed again in the next assessment to ensure that appropriate staffing levels are in place. The SNCT is not sensitive enough to reflect the turnover of this short stay unit. The conclusion is that the establishment remains as it is currently funded.

### **1.2 Medical**

Felsted, Goldhanger, Baddow and Braxted have a correct establishment for their acuity. The division has 12 wte allocated to it through a separate establishment which are allocated across the wards to meet the requirement for "specials". The ward managers for these wards are satisfied that with access to the Enhanced Support Assistants that their wards are suitably staffed.

#### **Terling:**

To address the shortfall and ensure safety an additional RN has been added to the night shift. The SNCT assessment shows that for a ward where 12 patients are monitored the current establishment is inadequate. The division will be applying for additional funds to support the ward to its required staffing level in 2018, at the moment the additional night RN shift is in place. Staff are being rotated through the cardiac unit to ensure that they continue developing their clinical skills caring for cardiac patients. ECG training is being provided to the ward staff to ensure that staff are competent to care for patients on telemetry. Staff are also being rotated through the renal unit to ensure their renal skills are developed to enhance patient care and safety.

#### **Stroke:**

Stroke had additional staff of 5 wte agreed at budget setting this year 2017/8. This has now been added to the establishment and should ensure that the correct staffing levels are in place for the patient requirements. The national guidance demonstrates that the stroke unit require higher staffing level than the acuity report shows as the SNCT is not sensitive to the specific needs of stroke patients.

### **1.3 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. Rayne and Hybridge ward require a small increase and this will be reviewed against the changes being developed with the ward reconfiguration which are planned for 2018/9.

#### **Orthopaedics:**

Lister, Notley and John Ray ward sisters are satisfied with their current funding. The wards now have access to 8 wte of the Enhanced Support Assistants which support safe staffing levels against the patient requirements.

### **1.4 Plastics and Burns:**

#### **Mayflower:**

The hand trauma unit opened in June 2017. The ward has elective and trauma clinics running through it and the next SNCT assessment will exclude these areas and the nursing establishment associated with them. The ADN and ward sister is of the view that we cannot safely remove any nursing posts. This is due to the high volume of elective patients coming to the ward, and the transfer of any hand trauma patients requiring ongoing assessment or admission from 21.00.

#### **Billericay:**

The ward cares for patients with acute or chronic airway conditions as a regional service. Whilst the assessment shows that the establishment seems rich staff cannot be taken off the ward due to the requirement to match nurse staffing levels to patient need i.e. patients with cuff up and down tracheostomy. This is compounded with ensuring single sex accommodation rules. The next SNCT assessment will review the score for tracheostomy patients.

#### **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.

### **1.4 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 unit has implemented a revised model of care in line with the emergency village model. It now takes patients into an area with 4 seats where the patient's emergency care is delivered. This means that patients go straight to the ward once booked in ED. The establishment will be separated in the next assessment so that the emergency 4 beds are excluded from the inpatient area and the nursing establishment associated with that. No further changes are able to be made to this staffing level.

## **2.0 Maternity**

The maternity services have completed birth rate plus in order to assess safe staffing levels across the service. This was completed as part of the group approach. The acuity and dependency together with the increased activity denotes urgent investment in midwifery to provide 4.77 WTE increase in midwifery workforce. This will be submitted as part of the business planning process.

## **3.0 Conclusion**

Following discussions between the Director of Nursing, ADNs and Ward Sisters it is clear that there cannot be any further reductions in staffing without compromising safety. The next assessment will be part of the group hospitals assessment and will enable benchmarking with Basildon and Southend Hospitals to be noted.

## **4. Next Steps:**

1. The surgical ward establishments need to be revised in line with any planned moves to a smaller ward as part of the ward reconfiguration.
2. The plastics unit needs to be reviewed in the light of the opening of the hand trauma unit and a literature review of any evidence base for nurse staffing level.
3. Gosfield ward needs to be reviewed in the light of the changing care delivery model Which will exclude the 4 emergency care trolley spaces.

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Pre-submission Legal Review: No