



East Suffolk and
North Essex
NHS Foundation Trust

Annual Nursing & Midwifery acuity review

August 2022

Emma Sweeney – Deputy Chief Nurse



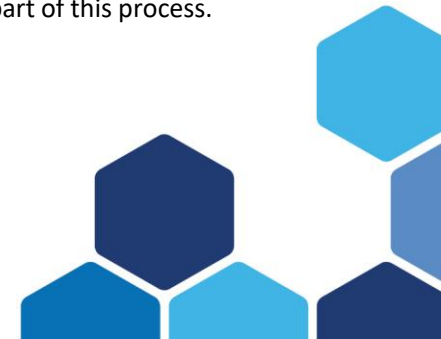
Headline Summary

- No changes to overall WTE – no impact on finances and the Division of Women's and Children's are supporting their changes in templates with ERF monies (noting that this is non recurrent)
- Separation of some rosters to ensure more accurate recording has been undertaken during this process
- 77 clinical departments participated in review including 47 adult inpatient areas.
- There are some minor changes to templates and skill mix
- Some specialist areas required templates produced for the first time
- Rosters and SafeCare separated for clinical departments with high dependency beds to support protection of minimum staffing requirements and to produce more accurate acuity data.
- Staffing templates for different bed bases produced for areas with escalation beds to support winter planning
- There are twice daily staffing meetings to ensure ratios as set in the national standards are maintained and the Trust have a staffing escalation SOP to support further mitigations if nurse to patient ratios fall outside of these.
- There has been continued significant operational pressures (partly due to COVID-19) and changes to some wards and departments. Flex and additional capacity on both sites was required with an agreed over recruitment to support the safe care of patients.
- COVID-19 outbreaks have contributed further to unusual bed occupancy, resulting in inaccurate acuity data
- Census entry compliance was poor in a small number of ward areas due to adverse staffing across the trust.
- SafeCare data now embedded to support decision making in the twice daily staffing meetings.
- Power Bi reporting providing live data on compliance, acuity and red flags.
- Overall census completion compliance for January 2022 is as follows: 72% wards Green (70%+ data entry), 26% amber (40 to 69%) 2% wards Red (less than 40%).
- A number of ward areas are running at a significantly higher RNPR than recommended nationally.
- SIMT approved a staffing escalation paper in response to staff sickness due to Omicron.
- Cross-divisional staffing group (CDSG) is the governance forum for the escalation of any staffing challenges from across the Trust.



Background & National context

- This paper provides a summary to the Board of Directors following the Annual comprehensive skill mix review undertaken in May/June 2022 for Nursing and Midwifery staffing.
- The National Quality Board (NQB) framework (2018) sets out expectations of NHS organisations to utilise a triangulated methodology to set staffing levels.
- Boards are required to receive monthly workforce information staffing capacity. Capability should be discussed at public boards at least 6 monthly.
- Current Safer Nursing Care Tool (SNCT) guidance recommends RN ratio of 1:5 during day and 1:8 at night
- The Royal College of Nursing (RCN) recommends RN ratio of 1:7 during day and 1:5 to 1:7 for good quality care.
- NICE published guidance on safe staffing in 2014 for nursing in adult acute inpatient wards and on ED nursing in 2016.
- CHPPD (Care Hours per Patient Day) a new set of metrics devised by NHS Improvement which can be used to describe the staff required and available in relation to a number of patients. It is calculated by adding the hours of RNs to Healthcare Support workers and dividing the total by the number of patients in an inpatient bed at midnight.
- SafeCare calculates CHPPD on a shift basis based on the live data that is being submitted 3 times per day onto the SafeCare system by adult inpatient wards.
- SafeCare is a software product , originally designed to replicate the SNCT tool but which has design flexibility to support various acuity models.
- Adult inpatient wards on both acute hospital sites and all of the community hospitals within the trust are using SafeCare.
- Patient acuity is recorded 3 times per day and is being used to support site staffing meetings as well as being utilised by Matrons, ADoNs and Deputy and Chief Nurses to support operational staffing decisions. All Quality Matrons have an Ipad.
- Nurse-in-charge can raise a “Red Flag” on the system to highlight particular risks. Matrons utilise “professional judgement” to record actions and decisions to mitigate staffing and patient safety risks.
- Compliance reports are sent monthly to all adult inpatient Matrons and ADoNs
- SafeCare provides historical data to identify trends regarding patient type, required vs. actual CHPPD (Care Hours per Patient Day), required and actual hours and assigned hours breakdown. This data supports the ongoing Professional Judgement conversations that take place on a continual basis throughout the working day that form an integral part of this process.



Acuity data methodology

- Acuity data for the time period 1st May to 31st May 2022 was extracted from the SafeCare system for acute inpatient wards on the Colchester, Ipswich and Community hospital sites.
- WTE is calculated utilising the national SNCT multipliers.
- Nursing Sensitive Indicators (NSIs) were reviewed for May 2022 as part of the professional judgement meetings.
- A small number of areas were required to provide some context for their acuity data (which remains abnormal and did not reflect patient acuity or dependency due to the opening and closing of beds- usually due to COVID-19 outbreaks).
- Low bed occupancy (due to bed closures for closed wards and bays due to COVID -19) reduces acuity data output providing falsely low acuity data. This is reflected in the following slides which detail the ward changes and reason.

Divisional Highlights

Medicine Ipswich:

Brantham ward/EAU & HOBBS/Bramford red assessment:

Difficulties obtaining accurate acuity data due to multiple areas within department which are too complex to separate:

No changes to template.

Capel: Increase in mental health patients:

Proposal: Increase B2 on LD Cost 78k:

Decision – no change to template

Claydon & cardiac monitoring unit (CMU):

Proposal: Remove twilight shift. Save £24k:

Decision – Remove twilight shift and add 4.5 hours Band 7 to 34.5hrs. Saves £17.5k.

Saxmundham: Now admitting neurology patients

Proposal: Uplift to Band 4. Cost £10k:

Decision – Neurology not moving as Nursing resource cannot be released to support the move. Uplift B4 LD to B5. Cost pressure £11k.

ED: Planning to commence use of ED SNCT tool with 2 data sets before end of financial year to support new templates for rebuilt department:

No change to current template.

Kirton (Stroke) and Hyper acute Stroke Unit (HASU):

Roster and SafeCare separated in ward and HASU beds:

Proposal: Changes to template. Cost £186k:

Decision – Increase 1 RN LD 7 days per week, no other changes to template. Cost pressure £104.3k.

Kesgrave: Moved in April to new ward with lower bed base:

Proposal: Template adjusted. Saving £115k:

Decision - Remove HCA N, Plan to recruit into B4 with established Associate Nurse or Apprenticeship AN to develop skills in Tissue viability and Diabetes care. Saving £100.1k.

Shotley ward & ARCU: Roster and SafeCare separated into ward and ARCU:

No changes to template.

Waldringfield: (was Washbrook): Reduced bed base:

No changes to template.

Rushmere Day Unit:

Proposal: Template over budget to be discussed with Finance.

Decision – No concerns, no change to template.

Divisional Highlights

Medicine Colchester

Emergency Assessment Unit &HOBS:

Roster and SafeCare separated into EAU & HOBS:

No changes to template

ED: Now using new ED SNCT acuity tool:

Proposal: Minor skill mix changes Cost £9k:

Decision – Agreed to hold off full staffing review until re-design of area complete.

Layer Marney:

Proposal: Roster and SafeCare split into ward and ARCU. Cost £189k:

Decision – still pending Finance conversations and costings.

Nayland:

Acuity significantly higher than budgeted template for last 3 months. Feels unsafe:

Proposal: Increase template. Cost £178k:

Decision – No changes to template. Census based on 30 beds – agreed to revert back to budgeted 28 beds and to be reviewed again in the next acuity review.

Stroke Unit:

Ward and HASU now have split roster and SafeCare:

No changes to template.

MSK & specialist surgery

Martlesham:

Proposal: Slight adjustment to skill mix. Cost £36k:

Decision – Agreed to skill mix adjustment

Needham:

Proposal: Create a Band 3 development post by reducing HCA WTE. Saving £25k

Decision - approved

Fordham:

Proposal: 6 month trial of different skill mix:

Decision – approved no change to budget.

Surgery

Sproughton/Stowupland/SAU:

Proposal: One combined budget which is causing difficulties with SafeCare and Roster. Division to consider splitting budgets.

Decision – Once areas have been split and accurate data available, acuity will be reviewed.

Washbrook (was Stradbroke):

Proposal: Acuity higher than template. Switch band 5 at night for Band 6. Cost £14k

Decision – No current changes, potential change to bed base. Band 6 review to be considered as part of Divisional Workforce plan.

Divisional Highlights

Cancer & Diagnostics

Somersham:

Proposal: Running at higher template than budget: Cost £190k:

Decision – Need to ensure that patients are being scored correctly.

NEECS

St Osyth Priory:

Historical budget:

Proposal: High number of B6s on short shifts:

Decision – Historical funding is for 24 beds, approved funding for 28 beds up to March 23. Try to always have B6 on Night shift due to isolation hence additional B6 on template. No change to template - continued additional bed funding.

Trinity:

Historical budget for 21 beds:

Proposal: Potential cost of additional 4 beds £157k:

Decision - Historical funding is for 21 beds, approved funding for 25 beds as part of seasonal variation up to March 23. Short shifts remain to support recruitment/retention and flexible working across ward areas. No change to staffing

NEECS

Waverley:

Historical budget from Clacton for 20 beds:

Proposal: Increase beds to 24 beds, cost £127k:

Decision – Additional funding for 4 beds funded through seasonal variation. No change.

Birch:

Budgeted for 28 beds, 36 open:

Proposal: Potential cost of 36 beds £33k

Decision – Funding for additional 8 beds agreed through seasonal variation plans up to March 23

Darcy:

Poor compliance:

Proposal: Remove Band 4 into Band 5 budget, cost £20k

Decision - Long term plan is to recruit to Associate Nurse B4, current structure to remain.

Tiptree

Very high RNPR:

Proposal: Remove short shifts, additional Band 5 on LD. Cost £207k.

Decision - Staff will flex across the 4 OA ward to support safer staffing. Review of 1:1's as above will support safer co-horting and management of confused patients. The temporary wall in this ward makes the ratio's more challenged when in place and this was certainly more during the acuity period measured. It is hoped that this requirement will reduce over the coming months but awareness of acuity across the 4 wards and distribution of risk shared.

Divisional Highlights

Integrated Pathways

Waveney:

Templates created for 18 and 28 beds:

Proposal: Currently funded for 18 beds. Cost 380k:

Decision – No change for 18 beds. Seasonal variation plans funded until end March 23 for 28 beds as escalation.

Woodbridge:

Acuity over template.

Proposal: Temporary staffing uplift: Cost £93k:

Decision – No change to template for 22/23.

Aldeburgh Hospital:

Funding for additional beds has ended:

Proposal: Cost of permanently funding 27 beds £364k

Decision – Template agreed.

Bluebird Lodge:

Review of skill mix:

Proposal: Student Nursing Associates commencing in September 2022.

Decision - Template agreed.

Felixstowe Hospital:

Proposal: Increase template to accommodate bay tagging. Cost £178k:

Decision – Agreed to fund B2 LD & B2 N for bay tagging from Delerium money. Change in B5/6 agreed to fund 22/23 through reserves

Divisional Highlights

Womens & children's

Stanway:

Proposal: Changes to skill mix including EPU. Cost £38k:

Decision - considered appropriate to wait until Stanway bed base changes occur.

Gynae Outpatients Ipswich:

Template significantly under requirements for activity:

Proposal to increase by WTE 6.39, cost £238k (not including additional activity)

Decision – Template to increase by WTE 3.78 cost £130,174.00.

Gynae Outpatients Colchester:

Template significantly under requirements for activity:

Proposal: increase WTE 4.82, cost £109k (not including additional activity):

Decision – Template to increase by WTE 3.47, cost of £58,752.00

Neonatal Unit Ipswich:

Extra Nurses required for QIS, funds offset by HEE until March 2023:

Proposal: increase WTE to 46.60 additional B5 LD & N, cost £207k:

Decision – Template to increase by 4.32, cost £206,790, offset by NHSe income

Children's elective care & Outpatients Colchester:

Slight change to skill mix:

Proposal: reduce B2 & B3 small increase to B4. Cost £4k:

Decision – Change to banding – costs agreed £3,990.00

Bergholt ward:

Proposal: Reduction on template due to ambulatory model. Cost saving £98,207.00

Decision – Cost saving approved.

Boxford PAU & ED:

Proposal: Template changes required in readiness of new UTC. Cost £110k

Decision – Increase in template WTE 4.58, approved cost £209,923.00

Summary and recommendations

| Red Flag Type | Trust total for May 2022 |
|---------------------------------|--------------------------|
| Shortfall in RN time | 165 |
| Missed intentional Rounding | 12 |
| Unplanned Omission of medicines | 2 |
| Pain relief delay | 2 |
| Vital signs missed | 6 |
| Less than 2 RNs | 27 |
| Total | 214 |

Table showing red flag data for time period

- **No change to overall WTE from this update review.**
- SafeCare being utilised to support evidence base.
- Decision making in twice daily staffing meetings.
- Poor census compliance in small number of adult inpatient wards.
- Separation of rosters and SafeCare for adult inpatient wards with high dependency areas will result in more accurate acuity data.
- ESNEFT CHPPD data (7.03) is consistently lower than the average of the 189 other NHS trusts (9.46).
- “Shortfall in RN time” has been removed by Allocate as a type of red flag.

Actions for the next 6 months

- Embed Standard Operating Procedure for red flags and professional judgement.
- ED SNCT tool to be embedded across both ED departments with view to integrate into SafeCare system.
- Evaluate acuity data of departments that have new separated Rosters and SafeCare
- E-JobPlan project to make progress.
- Nationwide implementation of community SNCT tool agreed at ESNEFT to be first wave adopters
- Next 6 month update to be undertaken in December 2022 with follow up of decisions from this review period.
- Potential to pull BirthRate+ live data into the Power BI reports
- That the time owing function on roster is reduced from 37.5hrs to 11.5 in a rolling roster period
 - Proposed “go live date” due to roster planning phases May 2023
 - Clear communication plan with Ward Managers regarding the change and ‘go live date’
 - Work with finance regarding templates

Appendix 1

Comparison of Care Hours per Patient Day (CHPPD) compared to national average

(NHS England- May data not yet available)

Whilst the CHPPD are lower than the national average there are a number of reasons that could result in this; an action to review this in the 6 months review with provide us with greater clarity on this reduction.

| Month | ESNEFT overall CHPPD | National average (180 trusts) |
|--------|---------------------------------|-------------------------------|
| Dec-21 | 7.42 | 9.25 |
| Jan-22 | 7.18 | 9.21 |
| Feb-22 | 6.91 | 9.16 |
| Mar-22 | 7.03 | 9.47 |
| Apr-22 | ESNEFT not included in data set | 9.33 |
| May-22 | Data not published | Data not published |