Royal Cornwall Hospitals NHS Trust

Meeting: Trust Board in Public

Date of Meeting: 05 January 2023

Item Number: 8.5

Title of Report: Safer Staffing Report

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Purpose of the Report:

Decision ☐ **Discussion** ☐ **Assurance** ☒ **Information** ☒

The report is provided to enable the Board to discharge its accountability in continuing the culture of safe, sustainable, and productive nursing and midwifery staffing, and its responsibility for ensuring that there are proactive, robust, and consistent processes in place for the measurement of safe staffing requirements.

Consultation:

The report is provided to Trust board, via Quality Assurance Committee, to allow them oversight of the current staffing picture.

Key Risks (please tick one or more):

Clinical ☒ **Financial** ☒ **People** ☒

Reputational ☒ **Legal / Regulatory** ☒

Impact:

	Yes	No	N/A	Summarise any adverse impacts identified
Equality Impact Assessment completed?			x	
Quality Impact Assessment completed?			x	
Data Protection Impact Assessment completed?			x	

Recommendation(s):

The Board is recommended to:

- **Note and endorse** the management recommendation of a second 20-day data collection using the SNCT in February 2023 at which time this should be triangulated with the following:
  - Results of this data collection to ascertain if the demand has remained static or increased due to patient cohort.
  - Inclusion of the boarding and holding beds to understand the staffing impact for these additional patients.
  - Triangulation with the relaunched ASPRIE results.
  - Cross referenced with other indicators such as:
    - Complaints.
    - Moderate or severe clinical incidents.
    - Number of falls.
    - Number of pressure ulcers.
    - Number of medical incidents.
    - Staffing vacancies.
    - Fill rate of temporary shifts against requests.
    - Staff sickness.
- **Note** the following considerations**:**
  - Consideration should also be given into the establishment of the unfunded beds within SAL.
  - Inclusion of the Paediatric tool for the February 2023 data collection to ascertain the staffing provision within this area.
  - Consideration of splitting the Trauma unit into two individual wards to better aid nursing dependency and skill mix.

Safe Nursing Care Tool – safe staffing review

1. Introduction

This is the first of two reports with the second being completed in March 2023 following a second round of data collection as per national guidance. The report is provided to enable

the Board to discharge its accountability in continuing the culture of safe, sustainable, and productive nursing and midwifery staffing, and its responsibility for ensuring that there are proactive, robust, and consistent processes in place for the measurement of safe staffing requirements.

The paper outlines the current ward nursing establishment and assures the Board that a regular review of nurse and midwifery staffing is undertaken with informed and justified modifications of the staffing model where and when required.

2. Background

The data has been collected using the validated tool Safer Nursing Care Tool (SNCT) from the Shelford Group for adult inpatient areas. This is the first time that this version of the tool and its collection methodology has been applied within Royal Cornwall Hospitals Trust (RCHT). The tool provides a research-based prediction of the required amount of registered and non-registered staff needed for a department based upon the acuity and dependency of the patients.

It should be noted that the SNCT sets a 65/35 registered to unregistered ratio spilt for its workforce predictions within inpatient areas and a 50/50 ratio for admission departments. This is based on national benchmarking and underpinning publication and research. While this ratio can be altered there a directive that this should be applied with caution, for this review the 65/35 and 50/50 ratio have been maintained in line with the national picture.

When allocating staff into registered or non-registered workforce classifications there is ambiguity within the band 4 staff group. This is due to some staff holding active registration (Registered Nursing Associates) and other unregistered (Assistant Practitioners). The decision was made to include them within the registered spilt after discussion with the national team, the trust continues to invest in the registered route and plans expand the role of the Registered Nursing Associate.

3. Method and determining safe staffing levels

Collection of data relating to staffing numbers and patient classification has been formulated through the attaining the elements below

- Data collection has been undertaken using the national Safer Nursing Care Tool (SNCT) from the Shelford Group for adult inpatient, in the case of assessment areas such as Acute Medical Unit an adapted version of the tool was applied.
    - Data collection was completed over 20 days (Monday to Friday) (05 to 30 September 2022) providing a robust four-week data set.
        - Ward staff were required to input each individual patient's acuity and dependency score against set parameters.
        - As an addition each ward was also asked to identify the number of patients who required enhanced care, plus the level of support required as this is not captured or calculated within the SNCT but does have a direct correlation on the number of nursing staff required.

- Link training was supplied to the trust in August 2022 from the national team, all care groups provided a Heads of Nursing and matron to undertake the training and independent assessment which was then marked by the national team. Those who attained the required level where then allowed them to cascade training for their care group to ensure the data collection and patient classifications was robust.

- In line with the requirements the data collection completed at the same time daily (14:00).

- For an added level of scrutiny independent peer reviews were completed to ensure the validity of the results was high. These were not known by the department in advance and were independently allocated from outside of the care group.

- The predicted whole-time equivalents (WTE) from the SNCT have been subject to professional judgement by heads of nursing and clinical matrons for each care group. This validation is a key element when considering the staffing need for example, patient speciality care requirements, previous amendments made to establishment following on from learning/ incidents, and the volume of patients receiving enhanced care. Other factors such as the environmental factors of the ward where also considered.

- Specialist areas such as Intensive Care have provided high level narrative following their own reviews via validated tools/ guidance (GPIC).

- The final sign off for the professional judgement review has been undertaken by the Associate Director of NMAHPs Clinical Quality and Strategic Workforce Development they have attended additional training via the national team and attained the level required.

4. Findings

This section details the predicted verses the budget establishment with narrative if required from the professional judgement.

To add further triangulation the latest departmental, ASPIRE results have been included. The department assessments can result in one of four ratings from white being the lowest to gold being the highest achievement. The table below defines the scoring system related to percentage compliance of the assessment.

Score	Rating
0-65%	White
66-85%	Bronze
86-94%	Silver
94-100%	Gold

Once the department has been assessed an action plan is formulated to support increased or sustained compliance. The related score also dictates the period between assessment.

4.1 Urgent, Emergency and Eldercare (UEE) Care Group:

Tintagel Ward: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of **10.76 WTE** members of staff meaning that the ward is above the predicted requirements. During the 20-day data collection there were 132 patient episodes of enhanced care, providing a daily average of 6.6 patients on the ward. On further interrogation of the predicted workforce the ward is -10.56 WTE for predicted registered workforce this is mitigated through an increased unregistered workforce. Due to the mix of neurology and eldercare the care group has previously made the decision to increase the unregistered workforce to support the complex emotional and physical needs of the patient cohort. This increase was mitigated through the reduction in registered workforce, this was discussed at the professional judgement review and no concerns were raised by the care group as they felt that the needs of the patients are being met by the unregistered workforce.

At the last ASPIRE review Tintagel achieved a “Bronze” rating which was an increase in rating from the previous review.

Kerensa Ward: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of **9.06 WTE** members of staff meaning that the ward is above the predicted requirements**.** During the 20-day data collection there were 163 patient episodes of enhanced care, providing a daily average of 8.9 patients on the ward. Further interrogation of the predicted workforce the ward there is a -12.69 WTE of registered workforce but this is compensated for by a positive 21.75 WTE on the unregistered staff. The ward has a high proportion of patients with a diagnosis of dementia. These patients have complex physical and mental health needs which is coupled by an inability to find suitable social care environments therefore leading to an increased length of stay. There has been a previous decision to decrease the number of registered staff due to the long-term care element hence the positive swing in unregistered staff who are able to provide the specialist support required such as meaningful activity coordinators.

At the last ASPIRE review Kerensa achieved a “Bronze” rating which was static from the previous review.

Phoenix Ward: Between the funded budgeted establishment and SNCT predicted requirement is positive balance of **14.03 WTE** members of staff (this includes registered and non-registered staff), meaning that the ward is above the predicted requirements**.** During the 20-day data collection there were 33 patient episodes of enhanced care, providing a daily average of 1.65 patients on the ward. This ward also has a requirement to staff its six bedded high dependency unit, Hyper-Acute Stroke Unit (HASU) which, while patient dependency was captured, the full additional impact of this service is not encompassed within the SNCT as this requires separate staffing to other clinical bays. Due to post stroke delirium the unit has a higher number of patient episodes of enhanced care.

At the last ASPIRE review Phoenix achieved a “White” rating which was static from the previous review.

Acute Medical Unit: Between the funded budgeted establishment and SNCT admission area predicted requirement there is a positive balance of **0.38 WTE** members of staff, meaning that the ward is slightly above the predicted requirements**.** During the 20-day data collection there were 94 patient episodes of enhanced care, providing a daily average of 4.7 patients on the admission unit. The unit has utilised the admissions area tool to calculate the acuity and dependency, however recent pressure within the trust has led to an increased number of longer lengths of patient stays within the unit whose care should have been transferred to speciality or general ward.

At the last ASPIRE review AMU achieved a “White” rating which was static from the previous review.

From the professional oversight review for this care group the board can take assurance that the current budgeted establishment sits in line or above the predicted SNCT staffing requirements. Variation is noted in the ratios of registered to non-registered staff however on further interrogation this is in line with local requirements. See Appendix 1 for detailed breakdown of staffing, banding and predictions.

4.2 Specialist Medicine Care Group:

Grenville Ward: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of **1.54 WTE** members of staff, meaning that the ward is slightly above the predicted requirements. During the 20-day data collection there were 20 patient episodes of enhanced care, providing a daily average on 1 patient on the ward. No concerns were noted at the professional judgement meeting.

At the last ASPIRE review Grenville achieved a “White” rating which was reduction in its performance from the previous review.

Roskear Ward: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of **6.05 WTE** members of staff, meaning that the ward is above the predicted requirements. During the 20-day data collection period there were 15 patient episodes of enhanced care. Roskear ward specialises in the care of cardiology patients. It is noted that there was a slight under establishment of registered staff within this area however this is off set by the number of unregistered staff who have the required skills to support this patient cohort.

At the last ASPIRE review Roskear achieved a “White” rating which was reduction in its performance from the previous review.

Wellington Ward: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of **3.93 WTE** members of staff, meaning that the ward is above the predicted requirements. During the 20-day data collection there were 16 patient episodes of enhanced care. Through professional judgement it has also been established that the ward has a requirement to staff its six bedded high dependency unit for respiratory patients, which, while the tool captured the patient dependency, the full additional impact of this service is not encompassed within the SNCT as this requires separate staffing to other clinical bays. It would therefore be recommended that this areas data is collected in isolation on the February 2023 review.

At the last ASPIRE review Wellington achieved a “Bronze” rating which was static in its performance from the previous review

Wheal Prosper Ward: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of **7.69 WTE** members of staff, meaning that the ward is above the predicted requirements. During the 20-day data collection there were 6 patient episodes of enhanced care. While this area is over established this is the infection control ward. All patients are nursed in individual rooms leading to a higher nursing requirement. This area is also relatively small in its environment which leads to a higher concentration of registered staff as two registered nurses are required per shift.

At the last ASPIRE review Wheal Prosper achieved a “Bronze” rating which is an improvement in its performance from the previous review.

Surgical Admission Lounge (SAL): Between the funded budgeted establishment and SNCT predicted requirement is negative by **3.43 WTE** members of staff, meaning that the ward is below the predicted requirements. During the 20-day data collection there were 68 patient episodes of enhanced care, providing a daily average of 3.4 patients on the ward. This ward currently has seven unfunded beds open which has led to the above negative establishment figure. At the professional judgement review the negative ward position was discussed currently SAL as seven unfunded beds open due to operational pressures which do not sit within the budgeted staffing figures but were recorded by the SNCT. For assurance, these beds are currently supported using temporary staff to ensure the patient care needs are met.

At the last ASPIRE review SAL achieved a “White” rating which is static in its performance from the previous review.

Cardiac Investigation Unit: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of **1.59 WTE** members of staff, meaning that the ward is above the predicted requirements. During the 20-day data collection there no patient episodes of enhanced care.

At the last ASPIRE review CIU achieved a “Bronze” rating which is static in its performance from the previous review.

Coronary Care Unit: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of **7.15 WTE** members of staff, meaning that the ward is above the predicted requirements. During the 20-day data collection there were 3 patient episodes of enhanced care. This positive balance must be taken in the context of the unit’s speciesism which requires increased registered nursing interventions and an ability to flexibly meet the needs of the service such as out of hours procedures.

At the last ASPIRE review CCU achieved a “Bronze” rating which is static in its performance from the previous review.

From the professional oversight review for this care group the board can take assurance that the current budgeted establishment sits in line or above the predicted SNCT staffing requirements for all areas accept SAL ward. It is recommended that if

these beds are to remain open then they should be funded to allow the care group to recruit substantively and reduce the reliance on temporary workforce. See Appendix 1 for detailed breakdowns of staffing banding and predictions.

4.3 General Surgery and Care Group:

Emergency Surgery Unit: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of **1.64 WTE** members of staff, meaning that the ward is above the predicted requirements. During the 20-day data collection there were 11 patient episodes of enhanced care. Again, this unit was assessed using the admissions area tool. The unit's current establishment sits in line with the tool and no concerns were voiced.

At the last ASPIRE review ESU achieved a "Bronze" rating which is static in its performance the previous review

EPOC Surgery: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of **1.48 WTE** members of staff, meaning that the ward is above the predicted requirements. During the 20-day data collection there was 1 patient episode of enhanced care. It is recommended that this establishment is reviewed once it transfers to the new clinical setting later in December. However, at present it is in line with requirements.

St Mawes Ward: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of **14.58 WTE** members of staff, meaning that the ward is above the predicted requirements. During the 20-day data collection there were 5 patient episodes of enhanced care. When applying professional judgement, a proportion of this over establishment sits within St Mawes lounge where patients awaiting elective surgery are admitted. Hence this gives a false sense of over staffing.

At the last ASPIRE review St Mawes achieved a "Bronze" rating which is static in its performance the previous review

Pendennis Ward: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of **5.52 WTE**. During the 20-day data collection there were 14 patient episodes of enhanced care. No concerns were raised during the professional judgement review.

At the last ASPIRE review Pendennis achieved a "Bronze" rating which is static in its performance the previous review

Lowen Ward: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of **14.21 WTE** members of staff, meaning that the ward is above the predicted requirements. During the 20-day data collection there were 5 patient episodes of enhanced care. Lowen ward cares for patients who have active cancer treatment or who require palliation. The tool does not make variation for clinical speciality however given treatments such as stem cell transplant and chemotherapy, this was found on the professional judgement review to be acceptable. Lowen ward has moved since the data collection to a larger temporary footprint before being relocated to the new build. Staffing need will continue to be reviewed regularly during this interim phase.

At the last ASPIRE review Lowen achieved a “Bronze” rating which is a reduction in its performance the previous review

From the professional oversight review for this care group the board can take assurance that the current budgeted establishment sits in line or above the predicted SNCT staffing requirements. Variation is noted in the ratios of registered to non-registered staff however on further interrogation this is in line with local requirements or future ward requirements. See Appendix 1 for detailed breakdowns of staffing banding and predictions.

4.4 Specialist Surgery Care Group:

Gastro and Liver Unit: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of **8.25 WTE** members of staff, meaning that the ward is above the predicted requirements**.** During the 20-day data collection there were 3 patient episodes of enhanced care, this is mainly due to the use of “bay watch” to avoid the need for individual enhanced care staff.

At the last ASPIRE review GLU achieved a “Bronze” rating which is a marked improvement in performance since the previous review.

Kynance (Wheal Coates) Ward: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of **6.07 WTE** members of staff, meaning that the ward is above the predicted requirements. During the 20-day data collection there were no episodes of enhanced care. The ward provides specialist care for patients who have tracheostomies and laryngectomies. This has an additional nursing requirement due to isolation in single rooms for activities such as Aerosol Generating Procedures (AGP).

At the last ASPIRE review Kynance achieved a “Bronze” rating which is static in its performance from the previous review.

From the professional oversight review for this care group the board can take assurance that the current budgeted establishment sits in line or above the predicted SNCT staffing requirements. Concerns were raised by the care group that nursing associates and assistant practitioners were placed into the registered component as they are unable to practice all skills required. For this care group they were initially moved to unregistered, however this did not affect the outcome. See Appendix 1 for detailed breakdowns of staffing banding and predictions.

4.5 Anaesthetics and Critical Care Group:

Intensive Care unit: Critical Care activity and the associated nursing workload are dynamic and can vary significantly throughout a shift. Emergency admissions and patient deterioration are not predictable, and therefore the number of nurses on shift should safely allow for flexibility to respond to changes in patients’ clinical conditions and unit activity and demands.

The nurse staffing standards published in the Guidelines for the Provision of Intensive Care (GPICS) version 2:1 (2022) cite the Core Standards for Intensive Care Units and in the Adult Critical Care Clinical Reference Group Service Specification provide

standards for nurse staffing ratios to ensure a positive impact on both quality of care and safety for critically ill patients.

- **Level 3 patients** (level guided by ICS levels of care) require a registered nurse/patient ratio of a minimum **1:1** to deliver direct care.

- **Level 2 patients** (level guided by ICS levels of care) require a registered nurse/ patient ratio of a minimum **1:2** to deliver direct care.

- **PLUS,** a Clinical Co-ordinator (this person **is not** rostered to deliver direct patient care to a specific patient) 24/7 5.

- **Units with greater than 10 beds** will require additional registered nursing staff (this person **is not** rostered to deliver direct patient care to a specific patient) over and above the clinical coordinator to enable the delivery of safe care. The number of additional staff per shift will be incremental depending on the size and layout of the unit (e.g., multiple single rooms). Consideration needs also be given during events such as infection outbreak. For example 01/12/2022 – Critical care – 6 Level 3 patients and 6 Level 2 patients – for GPICS compliance = 11 RN.

  Since 01 July 2022, critical care has been 'under hours' i.e. less hours than required on Safe Care (the daily staffing requirement verse patient dependency) when inputting required Level 2 and Level 3 dependencies, therefore meaning the unit has not been GPIC compliant. To retain admitting capacity, the unit needs to maintain + 8 hours per shift.

  The workforce within critical care and across the care group is flexed to accommodate the actual and predicted acuity for the next 48 hours. Substantive additional hours and agency nurses are used along with cancellation of training and the use of non-clinical staff to meet this demand.

  At the last ASPIRE review Critical Care Unit achieved a "Bronze" rating which is static in its performance the previous review.

4.6 Women's, Children's, and HIV Care Group:

Eden Ward: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of **8.25 WTE** members of staff, meaning that the ward is above the predicted requirements. During the 20-day data collection there were no occurrence of enhanced care. The nursing establishment on Eden ward is also required to cover the gynaecology assessment area which actively diverts this patient cohort away from the ED. While this is a positive balance, on removal of this staffing requirement it was felt that this establishment was in line with the ward needs.

At the last ASPIRE review Eden achieved a "Bronze" rating which is static in its performance the previous review.

The board can take assurance that the establishment for the adult inpatient area within in this care group is in line with requirements. The SNCT adult inpatient tool does not measure staffing establishments for paediatric areas.

4.7 West Cornwall Hospital (WCH), St Michaels Hospital (SMH) and Trauma

Medical One: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of **7.51 WTE** members of staff, meaning that the ward is above the predicted requirements. During the 20-day data collection there were 45 patient episodes of enhanced care, providing a daily average of 2.25 patients on the ward. Medical one acts as a Cornwall's Community Assessment and Treatment Unit (CATU) for WCH this means that the acuity and patient flow is increased through the ward as all admissions for WCH go through Medical one.

At the last ASPIRE review Medical One achieved a “White” rating which is static in its performance the previous review.

Medical Two: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of **0.41 WTE** members of staff, meaning that the ward is minimally above the predicted requirements. During the 20-day data collection there were 69 patient episodes of enhanced care, providing a daily average of 3.45 patients on the ward. At the professional judgement meeting it was noted that establishments are same for medical ward one and two however on review of the data medical two appears to have increased patient dependency – this is linked to patients being transferred to the ward via Medical One and Royal Cornwall Hospital.

At the last ASPIRE review Medical Two achieved a “White” rating which is static in its performance the previous review.

Prior to the SNCT data collection the care group had reviewed the establishments at WCH to encompasses the Registered Nursing Associate role more comprehensively through the movement of some band 5 roles into band 4s.

St Michael and St Joseph’s wards: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of **9.29 WTE** members of staff, meaning that the ward is above the predicted requirements. During the 20-day data collection there were 59 patient episodes of enhanced care, providing a daily average on 2.95 patients on the ward.

Currently the funded establishment for both wards sits under St Joseph’s ward which has made interpretation and correlation of the data more challenging. Currently St Michaels ward is supporting the care of trauma and medical patients’ post-acute treatment, which is different to the original requirement which the establishment is based on. Both clinical areas do register a positive balance despite this. Since the data collection, patient numbers have increased leading to an increased requirement for temporary staff.

At the last ASPIRE review they achieved a “White” rating which is a reduction in its performance since the previous review within both clinical areas.

Marie Therese House: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of **6.05 WTE** members of staff, meaning that the ward is above the predicted requirements. During the 20-day data collection there were no episodes of enhanced care. Marie Therese House specialises in the rehabilitation of neurology patients. These patients have a high dependency

requirement coupled with at times complex emotional needs. The unit has twelve beds, these are all single patient rooms and the building itself is an annex to the main peripheral site. Because of these two elements the unit is noted to have a higher requirement than predicted via the SNCT.

At the last ASPIRE review Marie Therese House achieved a “White” rating which is static in its performance since the previous review.

Trauma Unit: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of **5.91 WTE** members of staff, meaning that the ward is above the predicted requirements. During the 20-day data collection there were 200 patient episodes of enhanced care, providing a daily average of 5.12 patients on the ward. On review of the results its noted that the patient cohort is multifactorial in that the dependency needs are high. This is coupled with an increased level of confusion and agitation in the patient cohort leading to a higher number of falls. A review is currently underway to consider splitting the unit back into two distinct clinical wards as its felt that this would provide accountability for leadership and provide staff with a more manageable unit to oversee.

At the last ASPIRE review Trauma Unit achieved a “White” rating which is static in its performance since the previous review.

From the professional oversight review for this care group the board can take assurance that the current budgeted establishment sits in line or above the predicted SNCT staffing requirements. See Appendix 1 for detailed breakdowns of staffing banding and predictions. However, consideration does need to be given to patient cohorts at St Michaels hospital and the splitting of the trauma unit.

5. Limitations

As detailed at the beginning of the report no changes to establishments have been recommended in this paper.

This is due to the need for a second data collection which will be undertaken at the end of February through to mid-March. Once completed this will not be considered in isolation but will encompasses other elements such as clinical incidents, complaints, vacancies, and sickness.

6. Conclusion

The Committee can assure itself that on the initial data review the trusts inpatients funded adult beds are in line with the validated tool. Where there are variations, rational for these can be given either due to escalation beds (supported through temporary staffing), clinical speciality, or patient cohort. Therefore, please see below for the recommendations at the next six-month review.

7. Recommendation

- **Note and endorse** the management recommendation of a second 20-day data collection using the SNCT in February 2023 at which time this should be triangulated with the following:

- Results of this data collection to ascertain if the demand has remained static or increased due to patient cohort.
- Inclusion of the boarding and holding beds to understand the staffing impact for these additional patients.
- Triangulation with the relaunched ASPRIE results.
- Cross referenced with other indicators such as:
  - Complaints.
  - Moderate or severe clinical incidents.
  - Number of falls.
  - Number of pressure ulcers.
  - Number of medical incidents.
  - Staffing vacancies.
  - Fill rate of temporary shifts against requests.
  - Staff sickness.

- **Note** the following considerations**:**
  - consideration should also be given into the establishment of the unfunded beds within SAL.
  - Inclusion of the Paediatric tool for the February 2023 data collection to ascertain the staffing provision within this area.
  - consideration of splitting the Trauma unit into two individual wards to better aid nursing dependency and skill mix

Appendix 1.

UEE

	Band 4- 6 WTE		Band 2-3 WTE		
Ward	**Current Establishment**	**SNCT Proposed**	**Current Establishment**	**SNCT Proposed**	**Variance WTE**
Tintagel	18.24	28.8	36.82	15.5	10.76
Kerensa	14.01	26.70	36.15	14.40	9.06
Phoenix	28.70	23.60	21.63	12.70	14.03
AMU	28.36	63.20	49.22	34.	0.38

Specialist Medicine

	Band 4- 6 WTE		Band 2-3 WTE		
Ward	**Current Establishment**	**SNCT Proposed**	**Current Establishment**	**SNCT Proposed**	**Variance WTE**
Grenville	21.27	24.7	18.27	13.3	1.54
Roskear	17.75	20.40	18.60	11	6.05
Wellington	28.93	24.80	13.20	13.40	3.93
Wheal Prosper	14.13	11	10.46	5.90	7.69
CCU	21.43	12.10	4.32	6.50	7.15
CIU	15.42	12.90	6.07	7.0	1.59
SAL	19.73	25.10	15.44	13.50	-3.43

General Surgery and Cancer

	Band 4- 6 WTE		Band 2-3 WTE		
Ward	**Current Establishment**	**SNCT Proposed**	**Current Establishment**	**SNCT Proposed**	**Variance WTE**
ESU	21.87	21.40	12.67	11.50	1.64
EPOC Surgery	11.21	9.90	5.47	5.30	1.48
St Mawes	24.10	19.30	20.18	10.40	14.58

Pendennis	20.37	20.10	16.05	10.80	5.52
Lowen	24.0	14.60	12.41	7.60	14.21

Specialist Surgery

	Band 4- 6 WTE		**Band 2-3 WTE**		
Ward	**Current Establishment**	**SNCT Proposed**	**Current Establishment**	**SNCT Proposed**	**Variance WTE**
GLU	25.10	25.50	22.35	13.70	8.25
Kynance (Wheal Coates)	17.14	16.90	14.93	9.1	6.07

Women's, Children's, and HIV

	Band 4- 6 WTE		**Band 2-3 WTE**		
Ward	**Current Establishment**	**SNCT Proposed**	**Current Establishment**	**SNCT Proposed**	**Variance WTE**
GLU	25.10	25.50	22.35	13.70	8.25

West Cornwall Hospital, ST Michaels Hospital and Trauma

	Band 4- 6 WTE		**Band 2-3 WTE**		
Ward	**Current Establishment**	**SNCT Proposed**	**Current Establishment**	**SNCT Proposed**	**Variance WTE**
Trauma	43.98	54.50	45.83	29.40	5.91
Medical one	17.17	20.50	21.84	11	7.51
Medical two	17.17	25.10	21.87	13.50	0.41
Marie Therese	12.52	13.40	14.13	7.20	6.05
St Michaels	30.74	16.20	23.57	8.70	9.29
St Josephs		13.4		7.87	