Royal Cornwall Hospitals NHS Trust

Meeting: Trust Board in Public

Date of Meeting: 29 June 2023

Item Number: 09.7

Title of Report: *Starred Item* Safer Staffing Report

Executive Director Lead: Kim O'Keeffe, chief nursing officer / deputy chief executive

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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 both Quality Assurance Committee and then the Trust board to allow them oversight and assurance in regard to the current staffing levels.

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:

- **Approve** the recommendation for the continued use of the SNCT.
- **Note** the date set for data collections as ward closures due to season infections and COVID has made validation of the data more difficult.
- **Note** the inclusion of the national “Model Health” data in relation to regional and national performance for Care Hours per Patient Day (CHPD).
- **Note** the Inclusion of the boarding and holding beds as described in the previous report.
- **Note** the triangulation with the ASPRIE results and clinical data.

Safe Nursing Care Tool – safe staffing review

1. Introduction

This is the second of two reports, the first having been completed in December 2022. 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 second 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 is 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). Currently there is no national guidance form the Shelford group as to where this band should be placed. Hence it was decided that they would remain in the registered split in line with the prior first review.

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) (06 to 31 March 2023) 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.

- Refresher training was provided to operational leaders for this to be cascaded throughout the care groups.

- In line with the requirements, the data collection is 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 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 or operational 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 Acute Nursing who has attended additional training via the national team and attained the level required.

- The Trust benchmarked against the national and regional performance for registered and non-registered CHPD (Care Hours per Patient Day) through the national Model Hospital platform. Organisations submit the amount of registered and unregistered hours worked over 24 hours and the number of patients in beds at midnight, this is divided to give the number of CHPD. Allowing comparison across organisations.

- Triangulation with the last ASPIRE results giving insight into the currently quality metrics.

4. Findings

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

4.1 Benchmarking against National and regional Model Health CHPD:

On review of the model health:

- Registered CHPD for the organisation sits within the higher part of quartile 2 (there are four quartiles in total) both nationally and regionally. Meaning that our staffing resources on a daily basis sits in the middle of the recorded hours for national and regional perspective. (Regional and national Peer median 8.0 Provider median 8.1)

- Unregistered CHPD for the organisation sits within the top of quartile 3 nationally and regionally. Meaning that our unregistered resource on a daily basis sits towards the top of the recorded hours for national and regional perspective. (Regional and national Peer median 3.2 Provider median 3.2)

- When both are combined, they sit within the upper part of quartile 2 for regional and national resource. (Regional and national Peer median 8.0 – Provider median 8.1)

- Model Health data is not live, the latest data available was for January 2023. It does show that the organisation is performing in-line or slightly better than regional and national peers for CHPD. This data can be found within Appendix one:

4.1.1 Operational performance

During the 20 day data collection it is important to understand the operational performance and pressure. The organisation has supported “boarding” and “holding” beds within many clinical areas as well as sit out chairs for those awaiting discharge. Please find below a table with this information.

Ward	Boarding Bed	Holding Bed	Sit out Chair	Escalation beds
Medical 1 (WCH)	1		1	
Medical 2 (WCH)	1		1	
Trauma 1	1			
Trauma 2	1			
Phoenix			2	4
AMU	2	2	1	
Frailty Unit				5
CIU	1	1		
Wellington	1	1		
Roskear	1	1		
Grenville	1	1		
Zennor			1	
GLU	1	1		
St Mawes	1	1		
Pendennis	1	1		
Total	**13**	**9**	**6**	**9**

Noting, in addition ED utilises 5 spaces in the corridor and 4 in the ADL.

In the December 2022 review was undertaken these beds were not included in the staffing review, however for the purpose of this paper where boarding, holding and escalation beds are in operation, this will be detailed in the individual areas.

4.1.2 Operational Pressures Escalation Level (OPEL)

Throughout the 20-day data collection RCHT operational status was classified as OPEL 4 meaning that the organisation was under high pressure. This is the highest of OPEL levels classified detonating increased demand, stress and risk to patient care.

4.1.3 Closure of inpatient wards due to infections and outbreaks

During the data collection period 15 wards were closed due to infection outbreaks these lasted from 1 day to 23 days meaning that no further admissions or transfers could take place to or from the department. The two outbreaks were COVID (Coronavirus) and norovirus. Where this has occurred, it will be made clear within the specific ward section as this will have had a negative effect of the data quality.

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

Tintagel Ward: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of 7.86 WTE members of staff, meaning that the ward is above the predicted requirements. During the 20-day data collection there were 31 patient episodes of enhanced care, providing a daily average of 0.6 patients on the ward however this is lower than the normal trend. During the data collection Tintagel ward was closed for 16 days due to a COVID outbreak which will have affected the output of the SNCT data. It is also noted that one HCSW role has been removed from the ward template to support the discharge coordinator role.

The ward has also seen an increase in falls and pressure ulcers for which they are being supported by the falls' practitioner and tissue viability nurse with particular focus in reducing enhanced care patients from a level 3 (line of sight) to 15 minute care round to prevent falling.

At the last ASPIRE review Tintagel achieved a "White" rating which was a reduction in rating from the previous review, since then an actions' have been implemented to support improvement.

Kerensa Ward: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of 10.89 WTE members of staff, meaning that the ward is above the predicted requirements**.** During the 20-day data collection there were 202 patient episodes of enhanced care, providing a daily average on 10.1 patients on the ward. The ward continues to have a high proportion of patients with a diagnosis of dementia with hypo or hyperactive delirium. These patients have complex physical and mental health needs which can delay finding suitable social care environments therefore leading to an increased length of stay. On further review it must also be noted that during the data collection Kerensa ward was closed for 12 days due to a COVID outbreak this will have affected the SNCT data quality.

At the last ASPIRE review, Kerensa achieved a “White” rating which was a reduction from the previous review. Action plans are in place to support improvements. The ward had seen an increased number of fallers during the last six months and is working with the falls’ practitioner with a localised plan to address this.

Phoenix Ward: Between the funded budgeted establishment and SNCT predicted requirement is positive balance of 4.41 WTE members of staff, meaning that the ward is above the predicted requirements**.** During the 20-day data collection there were 73 patient episodes of enhanced care, providing a daily average of 3.65 patients on the ward which has increased. 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.

Currently Phoenix is supporting an additional 6 beds which are not funded within their establishment,

At the last ASPIRE review Phoenix achieved a “White” rating in February 2023 however following as supportive action plan they have been reassessed and now attained a “Bronze” rating.

Acute Medical Unit: Between the funded budgeted establishment and SNCT admission area predicted requirement, there is a positive balance of 1.64 WTE members of staff, meaning that the ward is slightly above the predicted requirements**.** During the 20-day data collection there were 42 patient episodes of enhanced care, providing a daily average of 2.1 patients on the admission unit. The unit has utilised the admissions area tool to calculate their 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. As part of the AMU “Getting it Right Frist Time” (GIFT) guidelines a ratio of one nurse to six patients is recommended – not including the nurse in charge. Currently the unit does not meet this standard and would require an uplift of 2.7 WTE.

At the last ASPIRE review AMU achieved a “White” rating which was static from the previous reviews they are awaiting their next review at time of report.

Frailty Unit: Frailty Unit currently has temporary funding until February 2024 some pivotal nursing roles such as ward leader are funded substantively, but others are fixed term contracts which has made recruitment difficult and an increased reliance on temporary/ agency. The SNCT data was collected on the February 2023 review, between the current funded establishment and the SNCT predicted noted a deficit of – 5.40 WTE. The template is funded as an 18 bedded inpatient area and 10 SDEC chairs, during data collection ward was escalated to 28 inpatient beds due to operational pressure. During the 20-day data collection there were 48 patient episodes of enhanced care, providing a daily average of 2.4 patients on the ward.

The ward has seen an increase in falls and pressure ulcers on reviews this is due to staff knowledge and skills, additional support and training has been given and improvements have been seen. The environment of the ward also requires staff to support patients when walking due to nightingale design of the ward and inability to patients to steady themselves.

Care Group professional judgement review

- Tintagel ward is due to undertake a new patient caseload (general medical and neurological tracheostomy patients) therefore it may need to be reviewed prior to the next SNCT collection. No changes are requested although the ward appears overstaffed the SNCT does not reflect the needs of those patient who require enhanced care to promote safety. Tintagel has a high proportion of these patients and therefore these additional hours support that cohort. The fact that 16 days were affected due to outbreak measures needs to be factored in this decision.

- No changes are recommended to Kerensa ward. While the ward appears over hours these are used to support the complex needs of this patient group. Through professional judgment it is noted that any reduction would more than likely lead to increased incidents and a fall in the quality of nursing care and the registered hours would need to be increased. The fact that 12 days were affected due to outbreak measures needs to be factored in this decision.

- If Phoenix ward is to continue to operate long term within the escalation 6 beds, substantive staffing should be adjusted to reflect this.

- AMU requires an uplift of 2.7 WTE to ensure the unit meets the GIFT recommendation.

- Frailty Unit positions should be recruited to substantively as this is felt to attract more applications. In the event that Frailty Unit does not continue after February 2024 these staff can be absorbed into existing vacancies within the organisation.

  See Appendix 1 for detailed breakdown of staffing, banding and predictions for this care group.

4.3 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 but remains in line with the December 2022 paper. During the 20-day data collection there were 118 patient episodes of enhanced care, providing a daily average on 5.9 patient on the ward. No concerns were noted at the professional judgement meeting.

Grenville Ward has one boarding bed this was not in consistent use during the data collection.

At the last ASPIRE review Grenville achieved a “Bronze” rating which showed an increase in its performance from the previous review.

Roskear Ward: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of 3.35 WTE members of staff, meaning that the ward is above the predicted requirements. During the 20-day data collection period there were 17 patient episodes of enhanced care. Roskear ward specialises in the care of cardiology patients.

The ward currently has two boarding/holding beds to support operational flow however these were not in use every day during the data collection.

At the last ASPIRE review Roskear achieved a “Bronze rating which was an improvement in its performance from the previous review.

Wellington Ward: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of 1.53 WTE members of staff, meaning that the ward is above the predicted requirements. During the 20-day data collection there were 17 patient episodes of enhanced care. Through professional judgement it has also been established that the ward has a requirement to staff its six bedded higher care unit embedded into the ward template.

The ward currently has two boarding/holding beds to support operational flow, however both of these were not in use every day during the data collection.

At the last ASPIRE review Wellington achieved a “White” rating which was a reduction in its performance from the previous review, supportive actions plans are in place to address. The ward is awaiting reassessment.

Wheal Prosper Ward: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of 5.39 WTE members of staff, meaning that the ward is above the predicted requirements. During the 20-day data collection there were 23 patient episodes of enhanced care. While this area is over established this is the infection control ward, solely nursing is provided in single rooms, leading to a higher nursing to patient ratio 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 Proposer achieved a “White” rating which is static in its performance from the previous review. The ward is awaiting its reassessment.

Zennor ward: Between the funded budgeted establishment and SNCT predicted requirement is negative by 1.93 WTE members of staff, meaning that the ward is below the predicted requirements. During the 20-day data collection there were 58 patient episodes of enhanced care, providing a daily average of 2.9 patients on the ward. Increased falls and moderate harm incidents have occurred in Zennor, the workforce is junior in its maturity, given the change in speciality however improvements have been seen of the six month period.

This ward continues to have seven unfunded beds despite the recommendation of the December 2022 paper.

At the last ASPIRE review Zennor 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 negative positive balance of 0.31 WTE members of staff, meaning that the ward is below predicted requirements. During the 20-day data collection there no patient episodes of enhanced care.

The ward currently has two boarding/holding beds to support operational flow however these were both not in use every day during the data collection.

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 7.75 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. This positive balance must be taken in the context of the unit’s specialism, which requires increased registered nursing interventions and an ability to flexibly meet the needs of the service such as out of hours procedures such as the cardiac catheter laboratory and out of hours on call requirement.

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

Care Group professional judgement review

- Grenville ward – no changes recommended, this is a minimal over establishment, given the challenging layout and the design of the clinical area, it is not professionally supported to reduce numbers on any shifts.

- Roskear Ward – reduction of unregistered member of staff at night to skill mix day shift to support patient care demand.

- Wellington Ward – no changes recommended at present given the current redesign and higher acuity of patients within the higher care bay of the Wellington higher care bay. Plan to evaluate at the next data collection and make amendments if able.

- Wheal Prosper Ward – no changes recommended. Data collection is limited via design to traditional ward environment calculations. Wheal Prosper is singe roomed and cares for patients who require isolation nursing. Therefore, additional time is required for the putting on and removal of PPE (donning and doffing) and associated care in single rooms.

- Zennor Ward – substantive funding of the 7 additional beds to support nursing recruitment and safe care.

- CIU – no changes recommended. This is a minimal positive variance and does not consider functions such as TOE list and assessing of elective not currently admitted.

- CCU – no changes recommended. The SNCT does not differentiate the additional requirements of this patient case load – the budgeted establishment supports the use of Cath Lab out of hours which requires the release of staff from the unit.

See **Appendix 1** for detailed breakdown of staffing, banding and predictions for this care group.

4.4 General Surgery and Care Group:

Emergency Surgery Unit: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of 3.74 WTE members of staff, meaning that the ward is above the predicted requirements. During the 20-day data collection there were no 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. Within the ESU template is provision for the Same Day Surgical Admission (SDSA) area they also support three clinics per week for admission avoidance. There have been no increased clinical incidents over this time frame.

At the last ASPIRE review ESU achieved a "White" rating which is reduction in its performance from previous reviews. Actions have been put into place to address this, and the unit is awaiting re-inspection.

Planned Care Unit: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of 15.29 WTE members of staff, meaning that the ward is above the predicted requirements. During the 20-day data collection there was no occurrences of enhanced care. Staff were moved from St Mawes Lounge to Planned Care Unit. Local review to split out the individual staffing needs for admitting and preparation areas, in line with national guidance.

No concerns in relation to harm events were noted on the review.

St Mawes Ward: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of 8.28 WTE members of staff, meaning that the ward is above the predicted requirements however, this has reduced from 14.58 from the December 2022 paper as the St Mawes lounge staff have moved as above. During the 20-day data collection there were 37 patient episodes of enhanced care giving a daily average of 1.85 which is a marked increase of those who require daily support.

Concerns were raised into increased falls and incidents within the ward and actions have been jointly produced via subject matter experts and the ward. The clinical matron and practice development team are also supporting to increase clinical skills within the workforce.

There are two boarding beds on St Mawes ward to support operational pressures however these were both not always used during the data collection period.

Pendennis Ward: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of 6.92 WTE Mainly within the unregistered workforce. During the 20-day data collection there were 19 patient episodes of enhanced care which remains fairly static since the last review. 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

There are two boarding beds on Pendennis ward to support operational pressures however these were both not always used during the data collection period.

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 6 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, the unit is staffed with 5 registered and 3 unregistered on the day and 3 registered and unregistered on the night shift. This makes the ward complaint with general cancers standards however this is increased when supporting stem cell transplants. Lowen ward is currently funded for 18 beds in June 2023 the ward is moving to a larger footprint allowing an increase in bed to 24. The full business case of these additional beds has yet to be resolved.

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

Care Group professional judgement review

- ESU – no changes to current establishment as this establishment also accounts for SDSA. The positive balance is required to support this service.
- Planned Care Unit – local review to spilt out the individual staffing needs for admitting and preparation areas.
- St Mawes Ward – complexity of patient cohort appear to be changing this should be benchmarked against next six-monthly review. No changes are requested at present given the significant challenges within this area. Currently need to understand the impact of the removal of the triage area from the inpatient ward.
- Pendennis Ward – No changes to current establishment.
- Lowen Ward – oncology nursing has a specific skill set in relation to chemotherapy and stem cell transplant. Lowen ward has been designed with these key elements and regulatory compliance embedded into its template. No changes are requested at present however when the ward is fully open this will need to be reviewed.

See Appendix 1 for detailed breakdown of staffing, banding and predictions for this care group.

4.5 Specialist Surgery Care Group:

Gastro and Liver Unit: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of 13.55 WTE members of staff, meaning that the ward is above the predicted requirements**.** During the 20-day data collection there were no patient episodes of enhanced care. The physical environment of GLU ward means that there is an increased number of side rooms relating to isolation nursing. No clinical concerns were raised during care group review.

During the SNCT data collection the ward was closed due to infections for 2 days there was also periods of bed closures due to essential call bell work being undertaken.

There is one boarding bed and one holding bed on GLU to support operational pressures however these were not always used during the data collection period.

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

Wheal Coates Ward: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of 5.57 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). The ward layout consists of 4 bedded bays and an increased number of side rooms for the AGPs. No clinical concerns were raised during care group review.

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

Care Group professional judgement review

- GLU - no changes should be made currently due to outbreak and estates works resulting in bed closures noted during the data collection period. However, this should be reviewed in the next data collection period.

- Wheal Coates Ward – no changes to current establishment given the speciality for AGPs and vascular patients.

See **Appendix 1** for detailed breakdown of staffing, banding and predictions for this care group.

4.6 Anaesthetics and Critical Care Group:

Critical care unit: 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 e.g., 08/06/2023 – Critical care – 9 x Levels 3 & 2 x Level 2 – for GPICS compliance = 12 RN.

Since the 1 January 2023, critical care has been 'under hours' less hours than required on Safe Care (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. On review regionally and nationally the unit is in line with other critical care areas, who are unable to currently meeting GPIC guidelines, some units reported not yet having moved from the "doubling" of patients (meaning one nurse to two critical care patients) therefore this should be taken into context.

The workforce within critical care and across the care group is flexed on a daily basis to support and mitigate the actual verse predicted acuity for the next 48 hours. Substantive additional hours and agency nurses are used along with prioritisation 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.

Enhanced Perioperative Care (EPOC) unit: EPOC provides the best pathway for patients with monitoring, treatment or care needs which are greater than those provided on normal postoperative wards, but who are not expected to require Level 2 or 3 (critical care). Through the use of EPOC this also releases critical care capacity leading to a reduction in patient cancelations.

EPOC nurse staffing ratios are aligned with GPICs to provide Level 2 care for 7 elective post-operative patients. Patient acuity and staffing levels are monitored with both Critical care and EPOC – staff are redeployed as required providing an opportunity to maintain/ acquire enhanced skills.

Since January 2023 EPOC has no RN vacancies and staffed as per GPIC guidance.

The unit received its first ASPIRE review and achieved a "Sliver" rating which excellent performance for a new unit.

Theatres and Anaesthetics: All clinical rosters have been reviewed to ensure these meet the needs of the theatre service provision. Benchmarked against the Association for Perioperative Practice (AfPP) standards. Currently the care group are offering a several training schemes to support recruitment. For existing non perioperative nurses the ability to undertake the specialist anaesthetic course as this will support with anaesthetic provision (Known to be a national shortage). Also supporting career pathway from Health Care Support Worker (HCSW) to Operating Department Practitioner (OPD). Where practitioners have two distinct specialities such as scrub and recovery rotational posts are being utilised to maintain these skills. The department continues to reduce it vacancies through recruitment while supporting better utilisation of theatre suites.

Care Group professional review:

- Critical Care Unit – current training plan in place to implement registered nursing associates into the unit which will support the skill mix diversification, practice education team have also been increased to support the influx of new to critical care nurses who require intensive support and education.

- EPOC Unit – no changes to current establishment.

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

Eden Ward: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of 13.25 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 found to be positive by 0.25 WTE.**

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

Maternity: Birth Rate Plus is endorsed by the National Institute for Clinical Excellence (NICE) as a tool for the assessment and review of safe midwifery staffing for maternity services and is commissioned bi-annually by the Chief Nursing Officer / Deputy Chief Executive Officer. The most recent report was undertaken in January 2022 and provided recommended safe staffing numbers in both the community and hospital/acute setting. Recommended staffing numbers were given for both a Maternity Continuity of Care (MCOC) model of care and a traditional model of care. When considering staffing the maternity services use the tool supported by outcome data, staff and patient feedback, and professional judgement.

MCOC has been the desired model of care since 2020, however, a letter from the national team in September 2022 outlined the removal of the target for implementation of MCOC as the default model of care. Therefore, a reduction of staff within the community setting and an increase in staff in the hospital/acute was required.

To ensure staff in the right place at the right time, a full staffing consultation took place between November 2022-February 2023 to ensure the Birth Rates Plus model for staffing (without MCOC) was followed. This consultation was undertaken by the senior midwifery team, People and OD Partner and the Royal College of Midwives (RCM) with changes in staffing models from April 2023.

The focus for maternity staffing is now to ensure a safe and stable maternity workforce. Recommendation for MCOC is to continue to support existing MCOC teams, with an emphasis on women and birthing people living in areas of high deprivation and those from a black or ethnic minority backgrounds. There is an ongoing business case to increase capacity within the current WREN team who provide additional physical, emotional and mental health support care for these vulnerable groups.

A monthly update on maternity staffing including concerns and risks, alongside current vacancy rates is provided to Quality Assurance Committee (QAC) and Trust Board via the Maternity and Neonatal Safety Report.

Care Group professional judgement review

- Eden Ward – no changes to establishment recommended as the positive staffing balance being in relation to the day case unit and emergency admissions area.

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

Medical One: Between the funded budgeted establishment and SNCT predicted requirement is a negative balance of -3.79 WTE members of staff, meaning that the ward is below the predicted requirements. During the 20-day data collection there were 76 patient episodes of enhanced care, providing a daily average of 3.8 patients on the ward.

Medical One acts as a Cornwall's Community Assessment and Treatment Unit (CATU) for WCH this means that the acutely and patient flow is increased through the ward as all admission for WCH go through Medical one. During the data collection Medical One was closed for 15 days with COVID and norovirus which will have affected the wards' ability to discharge complex patients to community settings.

There are two boarding beds on Medical One to support operational pressures however these were both not always used during the data collection period.

At the last ASPIRE review Medical One achieved a "Bronze" rating which is an improvement in its performance.

Medical Two: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of 0.09 WTE members of staff, meaning that the ward is minimally above the predicted requirements. During the 20-day data collection there were 36 patient episodes of enhanced care, providing a daily average of 1.8 patients on the ward. During the data collection Medical One was closed for 9 days with COVID and norovirus which will have affected the wards' ability to discharge complex patients to community settings.

There are two boarding beds on Medical Two to support operational pressures however these were both not always used during the data collection period.

At the last ASPIRE review Medical One achieved a “Bronze” rating which is an improvement in its performance.

St Michael and St Joseph’s wards: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of 9.41 WTE members of staff, meaning that the ward is above the predicted requirements. During the data collection period the patient case load on the ward was significantly reduced due to plan to move back to its elective function therefore when considering the positive balance this needs to be taken into context as the ward was not functioning at capacity.

Currently the funded establishment for both wards sits under St Joseph’s ward which continues to make interpretation and correlation of the data more challenging. At the time of data collection St Michaels ward was supporting the care of trauma and medical patients’ post-acute treatment.

At the last ASPIRE review St Michaels ward achieved a “White” rating which is a reduction in its performance. St Joseph’s ward has been assessed and attained a “Bronze”.

Marie Therese House (MTH): 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. MTH 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. MTH was closed for 14 days during the data collection due to COVID outbreak however they remained at full occupancy during this period therefore it hasn’t affected the data.

At the last ASPIRE review Marie Therese House achieved a “White” rating which is static in its performance since the previous review, an action plan is in place to support improvement and they are awaiting reassessment at time of this report.

Trauma Unit: Between the funded budgeted establishment and SNCT predicted requirement is a positive balance of 15.41 WTE members of staff, meaning that the ward is above the predicted requirements. During the 20-day data collection there were 130 patient episodes of enhanced care, providing a daily average of 6.5 patients on the ward. During the data collection period Trauma Unit was closed for 11 days on Trauma 1 due to norovirus and 18 days on Trauma 2 due to COVID and norovirus, therefore the data quality needs to be questioned as both wards were not functioning a full patient capacity during this time.

There has previously been noted, an increase in pressure ulcer damage and falls within the unit, localised plan are in place and improvements have been seen.

At the last ASPIRE review Trauma Unit achieved a “Bronze” rating which was an improvement in its performance since the previous review.

Care Group professional judgement review

- Medical One – no changes to establishment.

- Medical Two – no changes to establishment.
- St Michael and St Joseph's ward – data capture at the next collection will enable benchmarking of establishment against agreed speciality. Splitting of these wards will support better staff planning.
- Marie Therese House – no changes to establishment.
- Trauma Unit – completion of the splitting back to two distinct wards supporting better accountability and workforce planning. The positive balance noted in this review is believed to be due to ward closures because of infection outbreak. During this time the patient numbers were reduced hence no request is made to reduced establishment.

See Appendix 1 for detailed breakdown of staffing, banding and predictions for this care group.

5 Limitations:

This was the second SNCT process undertaken in RCHT, and it still requires further embedding into practice. As noted through out the report data quality is an issue due to ward closures due to outbreaks of infection.

The SNCT was planned for the paediatric areas, however at the time of data collection RCHT continues to await the licence for this tool – once this has been granted these data collection will occur.

6 Conclusion:

The board can assure itself that RCHT staffing on average sits above the SNCT recommendations. Where areas are below there is rational or local mitigation evident due to the needs of the service. From the review the trust continues to utilise temporary workers to support gaps in service or escalation beds. Therefore, please see below for the recommendations at the next six-month review.

- Undertake SNCT data collection within paediatrics once the license for the tool has been granted.
- Continued use of the adult inpatient data collection using the SNCT.
- Consideration of the data collections months given that this review has been affected by seasonal closures due to infection outbreaks.
- It was recommended in the December 2022 paper that Zennor ward should recruit nursing staff for their seven unfunded beds – this has not occurred, the ward continues to use bank and agency staff to mitigate this which is at an increased cost and know to affect patient care quality. It is therefore recommended again, that this is recruited to.
- Frailty Unit is currently only partially recruited to – the report recommends that this unit is supported to recruit substantively. This will reduce the increased cost of bank and agency but also improve the quality of patient care given within the unit. If the Unit does not receive funding past February 2024, the staff can be redeployed into other vacant roles within the RCHT.

7 Recommendation

- **Approve** the recommendation for the continued use of the SNCT.
- **Note** the date set for data collections as ward closures due to season infections and COVID has made validation of the data more difficult.
- **Note** the inclusion of the national “Model Health” data in relation to regional and national performance for Care Hours per Patient Day (CHPD).
- **Note** the Inclusion of the boarding and holding beds as described in the previous report.
- **Note** the triangulation with the ASPRIE results and clinical data.

Author: Paul Highton – associate director of acute nursing.

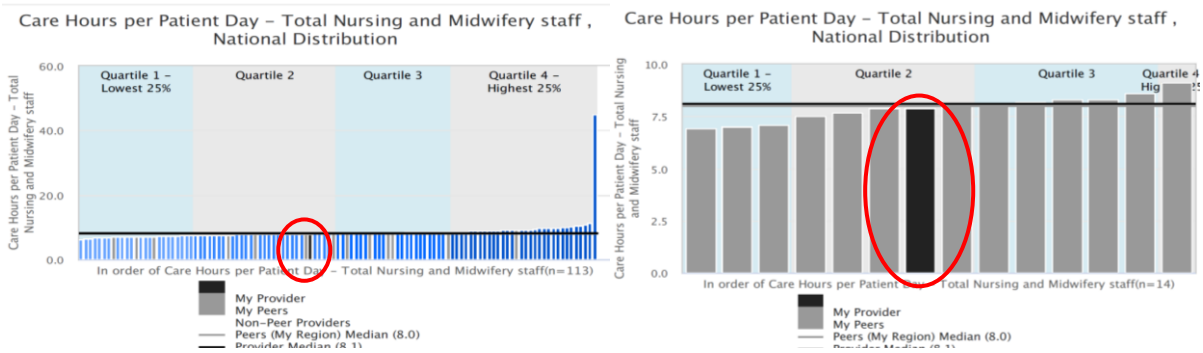
Date: 12 June 2023

Amended and Approved: Kim O’Keeffe

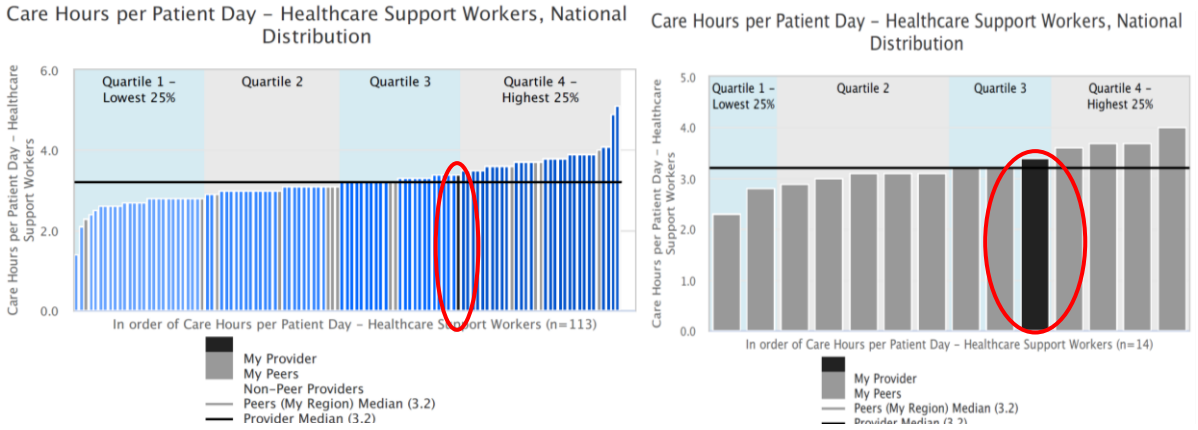
Date: 13 June 2023, final amendments.

Appendix 1.

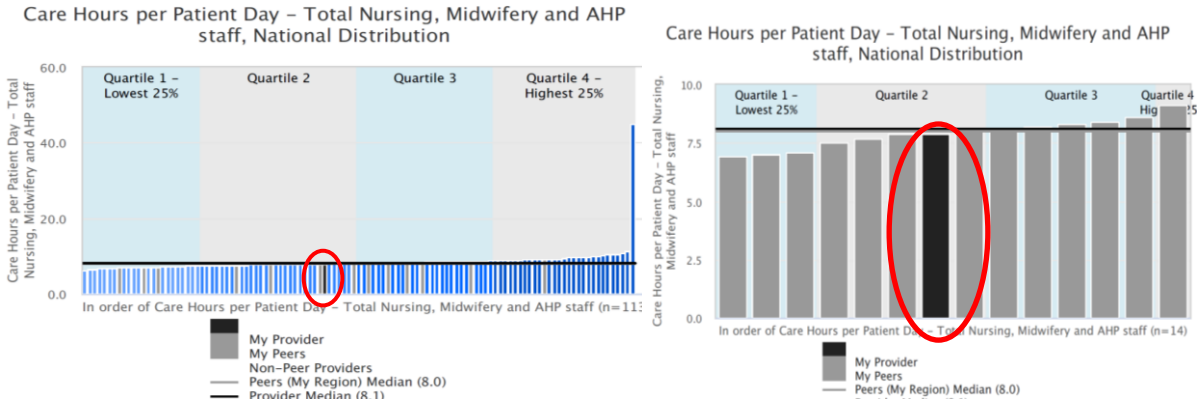
National and Regional CHPD (Registered)



National and Regional CHPD (Unregistered)



National and Regional CHPD (Registered and unregistered combined)



Appendix 2.

UEE

	Band 4- 6 WTE		Band 2-3 WTE		
Ward	**Current Establishment**	**SNCT Proposed**	**Current Establishment**	**SNCT Proposed**	**Variance WTE**
Tintagel	18.97	29.40	34.09	15.80	7.86
Kerensa	17.24	27.20	35.55	14.70	10.89
Phoenix	27.70	25.80	16.41	13.90	4.41
AMU	51.99	61.20	43.75	32.90	1.64
Frailty	19.36	19.14	28.50	15.40	-5.40

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	18.75	22.01	18.60	11.90	- 3.35
Wellington	28.93	26.40	13.20	14.20	1.53
Wheal Prosper	14.13	12.50	10.46	6.70	5.39
CCU	21.43	11.70	4.32	6.30	7.75
CIU	15.42	14.20	6.07	7.6	- 0.31
Zennor	19.73	24.10	15.44	13.00	-1.93

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	19.40	12.67	11.40	3.74
Planned Care Unit	14.94	10.20	16.05	5.30	15.29

St Mawes	24.10	23.40	20.18	12.60	8.28
Pendennis	20.37	19.20	16.05	10.30	6.92
Lowen	24.0	14.60	12.30	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	24.60	22.35	9.30	13.55
Wheal Coates	17.14	17.20	14.93	9.30	5.57

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**
Eden	24.29	16.40	17.16	8.80	13.25

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	27.80	21.84	15.00	**-3.79**
Medical two	17.17	25.40	21.87	13.70	**-0.09**
Marie Therese	12.52	13.40	14.13	7.20	6.05
St Michaels	30.74	18.80	23.57	10.10	9.41
St Josephs		10.40		5.60	