



**East Suffolk and North Essex**  
NHS Foundation Trust

# **Nursing and Midwifery Skill Mix Review**

**Board of Directors**

**November 2021**

**Giles Thorpe**  
**Chief Nurse**

## 1.0 PURPOSE

This paper advises the Board of Directors of the outcome of the annual comprehensive skill mix review undertaken in August 2020 for Nursing and Midwifery staffing. This review has been undertaken for the Adult inpatient wards, Paediatric areas and a number of other specialities in the Trust, a range of methodologies have been used in line with current guidance to inform the outcome.

## 2.0 INTRODUCTION

Post publication of the Francis Report 2013 and Safe Staffing in Adult inpatient wards in acute hospital (NICE, 2014) the National Quality Board (NQB July 2016) has defined a framework and set of expectations (July 2018) to achieve the “right staff, with the right skills, in the right place at the right time”, including the responsibilities of Trust Boards.

NHS organisations have a responsibility to undertake an annual comprehensive Nursing and Midwifery skill mix review to ensure that there are safe care staffing levels, to provide assurance to the Board and our stakeholders that the organisation is safe and to provide high quality care.

A triangulated approach is required for undertaking skill mix reviews, which includes:

- Workload and patient information of Acuity, dependency and activity using a validated tool (where available)
- Guidance (where available)
- Professional Judgement
- Professional Consultation and review of Best Care Indicators (NQB July 2018)

The process for Acuity reviews has been formalised in the trusts “Framework for Acuity Reviews” which aims to:

- Provide the clear governance to ensure that Acuity reviews are concluded effectively and in line with our statutory responsibilities, formally on an annual basis
- Facilitate the measurement of staffing levels in a consistent way and support the management of staffing levels within an approved establishment
- Support the delivery of objectives as set out in the Trust’s plans
- Provide assurance that the Trust is achieving best value for money in its use of resources
- To provide high quality care

The yearly skill mix review should be “followed with a comprehensive staffing report to the board after six months to ensure workforce plans are still appropriate” (NQB 2018).

### 3.0 BACKGROUND AND NATIONAL CONTEXT

There has been continued emphasis on safe Nurse and Midwifery staffing levels following the publication of the Francis report (February 2013) and this remains a key priority for the Chief Nursing Officer for England (CNO) and Chief Midwifery Officer (CMO).

The National Quality Board followed up their report in 2013 “How to ensure the right people, with the right skills, are in the right place and the right time” with a framework document in July 2016 updated 2018 setting out expectations of NHS organisations and the requirement to utilise a triangulated methodology to set staffing levels.

Boards are required to receive monthly updates on workforce information and staffing capacity and capability should be discussed at a public board meeting at least every 6 months on the basis of a full nursing and midwifery establishment review.

It should be noted, that although there has been considerable national debate on the subject of skill mix and Nurse to patient ratio, to date, no national standards for staffing levels in inpatient areas have been mandated. Wales and Scotland have staffing regulations in place; this is currently under discussion for England. However, some guidance exists relating to ratios which can be considered when undertaking establishment reviews:

- The Safer Nursing Care Tool (SNCT) recommended ratios are 1:5 during the day and 1:8 at night
- The Royal College of Nursing (RCN) recommends ratios of RN as 1:7 safe care and 1:5 to 1:7 for good quality care.

NICE published guidance on safe staffing for nursing in adult inpatient wards in acute hospitals in July 2014 based on the best available evidence and staffing in A&E in 2016. The guidelines also identified indicators that should be used to provide information on whether safe and effective care is being provided. These indicators were used as part of this skill mix review for the adult in patient wards.

#### CHPPD (Care Hours per Patient Day)

The Carter review recommended that NHS Improvement devise a new set of metrics including Care Hours per Patient Day (CHPPD), which can be used to describe both the staff required and the staff available in relation to the number of patients.

CHPPD is calculated by adding the hours of Registered Nurses to the hours of Healthcare Support workers and dividing the total by the number of patients in an inpatient bed at midnight. NHS acute Trusts are required to submit this data as part of the UNIFY fill data upload on a monthly basis and to publish the data on the Trust internet. It is recommended that CHPPD is not used in isolation but as part of a quality dashboard. (See Appendix 2 for ESNEFT CHPPD data comparison to national average)

SafeCare also 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.

The global pandemic of COVID-19 had a significant impact on most wards and departments within the Trust, with changes to bed bases, patient type, splitting of clinical departments into COVID and non-COVID areas (red and green) as well as significant staff redeployment. This is still being felt, as many departments were not yet back to business as usual activity during the census period, with many empty beds. This has an adverse impact on acuity data.

The Trust has been chosen to be an elective accelerator site to “implement and evaluate innovative ways to increase the number of elective operations” we deliver (NHS England May 2021) and is expected to achieve 120% activity by 30<sup>th</sup> September 2021.

## **4.0 SKILL MIX REVIEW OUTCOMES**

### **Validated tool for Acuity -**

SafeCare is a software product, which has design flexibility to support various Acuity models. The system was originally designed to replicate the Shelford Safer Nursing Care Tool (SNCT), which was endorsed by NICE in 2014 and is a validated Acuity tool for Adult inpatient wards. The Safer Nursing Care Tool (SNCT) is one evidence-based tool that can be used to assist Chief Nurses to determine optimal Nurse staffing levels and is now widely used by many acute hospital Trusts.

General Adult inpatient wards within the Trust on the Colchester site commenced using SafeCare from May 2016 and from September 2019 onwards at Ipswich and Community hospitals. The SafeCare Acuity tool is used in conjunction with the HealthRoster system and is dependent on an interface between the NHS Professionals bank and agency system or the Bank module of HealthRoster. Critical Care and Paediatrics utilise independent Acuity models. Neonatal units utilise BAPM.

Patient Acuity is recorded three times a day and can be used to support bed management meetings, with Matrons, Associate Directors of Nursing, Deputy Chief and Chief Nurses utilising the software to support staff in managing Trust-wide staff re-allocation to maintain patient safety, particularly during times of high operational demand.

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.

### **4.1 Acuity audit data collection 17<sup>th</sup> May to 13<sup>th</sup> June 2021**

Acuity data for the time period 17<sup>th</sup> May to 13<sup>th</sup> June 2021 was extracted from the SafeCare system for acute inpatient wards on the Colchester, Ipswich and Community hospital sites. Data was provided to the Finance team and converted into WTE for each ward using the appropriate SNCT multiplier.

### 4.1.1 Additional data collection

In accordance with the SNCT guidance, Nursing Sensitive Indicators (NSIs) are also required as part of the data collection process. Numerical data was sourced from, the Datix reporting system and the Infection Control and Harm free teams regarding:

- Complaints (not including PALS)
- Medication errors
- MRSA & C-Diff
- Falls
- Pressure Ulcers

For specialist areas (for example maternity services), relevant quality measures were reviewed.

### 4.1.2 Long day working

The majority of shifts worked across the Trust are long day shifts and long night shifts however, short shifts are available for staff to work as part of supporting flexible working arrangements or to meet peaks in workload of the service. The skill mix review in early 2019 required significant realignment of roster templates at the Ipswich site, with standardisation of templates across a 7-day period and set up to accommodate a split of long shifts/short shifts (80/20) to ensure the ability to meet flexible working requests in line with Trust policy. Only minor realignment and updates were required during the recent review.

### 4.1.3 Professional judgement

- The NICE guidance (2014) on Safe Staffing for Nursing in Adult inpatient wards in acute hospitals recommends the use of “informed professional judgement” to make a final assessment of the Nursing needs of each clinical area. Following data collection in May/June, the Acuity results for this audit period as well as historical data were shared in individual meetings with each ward and included Ward Sisters, Matrons, and the relevant Finance Manager(s). The Head of Clinical Education & Workforce presented these findings and wards were able to see their current Nursing template provided by the Finance team and discuss the implications of the results for their ward. The meetings provided the valuable soft intelligence about individual ward areas that need to be considered, which can be different for each ward. These included:
  - Geography and layout of the ward
  - Type of patients
  - Acuity of patients
  - Skill mix (including experience)
  - Flow of patients
  - Additional non-inpatient activities held on the ward such as ward attenders, clinic support, investigations.

Departments have undertaken further work in the Divisions and any amendments to templates have been agreed in individual Divisional Management Team (DMT meetings) as uplifts and will be funded from Divisional reserves.

#### **4.1.4 Approval and Implementation**

The Chief Nurse and Director of Finance will approve this finalised report before submission for approval at the September Public Board. Implementation of new templates will occur on October 2021 (if current budgets allow) and will be included in budget setting for the 2022/2023 financial year.

## **4.2 HEADLINE SUMMARIES**

As a result of significant uplifts post-merger (particularly at Ipswich site) and realignment of templates there are changes to templates in a minimal number of clinical areas.

### **Seasonal Demand & COVID-19**

Each year there are periods of high demand, traditionally between November and March, where additional beds across both sites are opened, although periods of persistent increased demand are commonplace. The global COVID-19 pandemic has required significant operational changes to wards and departments, which will continue into winter 2021. It is likely that additional beds will be required this winter at both Colchester and Ipswich hospital sites. A proportion of over recruitment may be required to staff these additional beds.

### **Devolved Budgets to Divisions**

Since 2020(2021/22) in line with the Trusts decision to continue to support devolved accountability and responsibility to Divisional teams, the outputs from this skill mix review have been reviewed and discussed by the Divisional Management Teams (DMT). Any changes to establishments with financial impact (savings or spend) will feature in their Business Plans and their financial control total. The outcomes presented here are following agreement by the DMT and in some cases, where further work is required.

### **Summary of findings**

The following section includes some high level narrative reporting for the clinical areas for each Division, particularly where there is a proposed change in funded establishments; this may be driven by Acuity data, quality measures or template realignment.

## 4.2.1 GROUP ONE: MEDICINE DIVISION

### Ipswich Site:

#### **Brantham ward, EAU & High observations (HOBS).**

No change to template. Proposal not supported. Plan to review activity data/attends through EAU and consider moving staff to map the activity.

#### **Bramford - red assessment**

Part of EAU for COVID suspected patients. Not permanently funded. No change at present.

#### **AMSDEC**

Not permanently funded. Business case completed. Need to further identify the benefits on LOS and bed days saved, along with the improved patient experience. No change to template.

#### **Capel (Short Stay Unit)**

Challenging patients with mental health/alcohol withdrawal. On risk register for mental health. Remove band 5 on short shift and upskill Band 2 on LD and LN to Band 3 with specific Mental Health competencies to support these patients.

#### **Claydon & Cardiac monitoring Unit (CMU)**

Reconfiguration of Band 5 budget to support recovery and return of Heart Centre patients Monday to Thursday 16:00 to 21:00. Cost saving.

#### **Debenham Ward (Renal & Endocrine)**

No change to template.

#### **Emergency Department (ED)**

BEST tool last undertaken in September 2020. No staffing review meeting required. CDG considering what changes are required as a consequence of increased activity and changes to service delivery. Minor injuries was moved out of the main department at the start of the pandemic which left a further 3 cubicles for majors. Staffing establishment had to be reviewed to support this. The need for a further RN for the minor injuries unit has been identified. Further reviews may be needed as demand continues to increase.

#### **Kirton (Stroke) and Hyper Acute Stroke Unit (HASU)**

No change to template but may change due to relocation of gym which will result in a reduction of the bed base.

#### **Kesgrave (Medicine/respiratory)**

No change to template.

**Rushmere medical Day Unit**

Realignment of template. Cost neutral.

**Shotley Ward & RHDU (Respiratory High Dependency Unit)**

Awaiting outcome of business case re RHDU requirements. No change at present.

**Saxmundham**

Skill mix adjusted to bring in line with other medical wards. Potential for need for review once neuro beds are relocated in ward.

**Washbrook**

High turnover of beds increasing workload. Will consider utilising staffing from Kirton if their bed base reduces. Observe Acuity data. No change to current template.

**NB. Additional investment**

Medicine Ipswich are investing in a 1.0 WTE Practice Educator Band 6 to support the newly qualified and International Nurses in clinical practice. This has been funded from the savings made above.

**Colchester Site:****Acute Cardiac Unit (ACU)**

Acuity higher than current template. Changing to an admissions unit. Will require business case for funding after 3 months. Advised to utilise acuity data. No changes to current template.

**AMSDEC (Acute medical same day emergency care) was (MDU)**

Additional COVID funding for department until September 2021. Move Band 5 from Early to 3 on LD.

**Emergency Assessment Unit (EAU), High Observation Bay (HOBs) & EAU Short Stay**

Meeting declined. No change to template.

**Easthorpe Ward (Endocrinology)**

COVID red ward. Funding for this until March 2022. Rationalisation of short shifts to LD. Cost saving.

**Emergency Department (ED)**

Meeting declined. New safety nurse post. Reconfiguration work has commenced.

**Urgent Treatment Centre (UTC)**

Part of North Essex UTS. Budgets under review.

**Langham Ward (Gastroenterology & renal)**

No changes to template required.

**Layer Marney Ward (Respiratory)**

Await outcome of business case for NIV patient staffing. No change to current template.

**Nayland Ward (Acute Medicine)**

No change to template.

**Stroke Unit**

Further review of shifts to support HASU, which is currently below national Stroke staffing recommendations (RCP 2012).

#### 4.2.2. GROUP ONE: CANCER & DIAGNOSTICS DIVISION

**Ipswich site:****Somersham (Oncology)**

Very low occupancy during census period due to decisions not to admit patients on high doses of chemotherapy or transplant patients. No change to template. Potential for savings.

**Colchester site:****West Bergholt (Oncology)**

Reduction of Band 4 establishment and increase in band 2 establishment. Cost saving.

**Allied Health professionals (AHPs)**

Funding for EJobPlan software (Allocate) approved for 12 months. Preparations underway to launch in September 2021 for AHPs, pharmacy and CNS.

## 4.2.3 GROUP TWO: TRAUMA & ORTHOPAEDIC (T&O) AND SPECIALIST SURGERY DIVISION

### Ipswich site:

#### **Levington**

Various tweaks to templates to reflect different geographical layout and increased number of side rooms. Introduction of a Band 3 blended role. Cost pressure.

#### **Martlesham (Orthopaedics)**

Movement of skills mix. No change to overall WTE. Cost saving.

#### **Needham**

Changes to skill mix. Cost saving.

### Colchester Site:

#### **Aldham**

Convert al HCAs to LD. Cost saving.

#### **Fordham**

Convert HCAs to LD/LN. Cost saving.

#### **Great Tey**

Reinstatement of Copford in budget. Cost neutral.

Potential to use cost savings to introduce band 3 blended role at Colchester at the 6 month review in December 2021.

## 4.2.4 SURGERY & ANAESTHETICS DIVISION

### Ipswich site:

#### **Critical Care**

Business case in development to expand bed base to 16 for elective surgery.

#### **Lavenham**

No change to template. Template may need to change with plan to remove 7 beds when Gynaecology moves out.

#### **Raedwald Day Surgery Unit**

Meeting declined.

#### **Sproughton & SAU/Stowupland**

No change to template.

#### **Stradbroke**

No change to template.

### Colchester site:

#### **Brightlingsea (Acute general surgery)**

No permanent change to template.

#### **Critical Care (including Boxted HDU)**

Business case in progress to increase bed base to 17 beds for elective surgery. Boxted utilised as High Dependency Unit.

#### **Elective care Centre**

Meeting declined. Pre-assessment to become digitised by the end of 2021. Staffing will need reviewing in light of this.

#### **Elmstead surgical day unit**

Meeting declined.

#### **Mersea**

Elective surgery. Removal of Band 4 at weekends. Utilise Mersea RN for HDU. Cost saving.

#### **Wivenhoe (Vascular surgery)**

No change to template.

## 4.2.5. WOMEN'S & CHILDREN'S DIVISION

### **Maternity Services**

The expected growth in the population of women age 15 to 44 years old has a projection of 10% growth from 2017 – 2037. The birth rate has remained static over the last few years at both sites however; the projected population growth is likely to put an increased pressure on Maternity services. The NHS set out a national plan for the development of Maternity services to 2020/21 for all women in England, called *Better Births*. Within Suffolk and North East Essex, the two organisations involved in providing and supporting Maternity care have been brought together in a partnership called the Local Maternity System (LMS) to transform and improve Maternity care in line with this national plan.

### **Neonatal services Colchester**

Extend Neonatal Outreach from 5 to 7 days. Cost pressure. This team sit within the overall ward establishment and are not separately budgeted.

### **Paediatric Services**

#### **Bergholt ward & PIU Ipswich**

No change to template. Previous plan to standardise acuity tools across both paediatric inpatient wards from last review did not happen (now a priority).

#### **Boxford PAU & ED Ipswich**

Whole template reworked to support flow of patients from children's ED and ambulatory model. Department under consultation re changes of shift times. Will result in a cost pressure which has been agreed. Longer term plan to fund from Bergholt establishment evident at next acuity review.

#### **Children's ward Colchester**

No changes to template. Previous plan to standardise acuity tools across both inpatient wards from last review did not happen (now a priority).

#### **Children's Elective care Unit (CECU) ECU & OPD Colchester**

No change to template.

#### **CAU incl. Paeds ED**

No changes to template.

#### **Community Nursing team Colchester**

Template under budget. No change. Cost saving.

#### **Stanway Ward**

Funded for 14 beds but 21 beds frequently open (non gynae patients) Ongoing work required to consider how this will be staffed going forward as part of seasonal variation planning and beyond. SafeCare changed to 21 beds to capture all acuity data. Changes to skill mix.

### **Stour Centre**

Include EGAU. Changes to skill mix to enable amber & green pathways. Cost pressure.

### **Gynae Outpatients Colchester**

Job plans reviewed, clinic analysis against capacity and demand.

### **Gynae Outpatients Ipswich**

Job plans reviewed, clinic analysis against capacity and demand.

## **4.2.6. GROUP THREE: INTEGRATED PATHWAYS DIVISION**

### **Community Hospitals:**

Over the last 18 months all Community hospitals are receiving patients from Ipswich earlier in their recovery pathway and as a result Acuity and the potential for deterioration is high, in part evidenced by the rise in patients being transferred to Ipswich Hospital (ADON Integrated Pathways).

### **Aldeburgh Community Hospitals**

Acuity data based on 20 funded beds (additional beds open when required and identified on bed capacity model). Increase Band 6 provision to 24/7 (conversion of band 5). Cost pressure. This will be funded temporarily through divisional reserves whilst we convert 5.2 Band 5 post to band 4 to ensure cost neutral. Bed base changed to 27 on SafeCare. A business case is proposed to permanently fund additional beds.

### **Bluebird Lodge**

Data demonstrates an under establishment of 8.0 WTE, particularly around care and rehabilitation but a different model of care is currently being implemented. Increase Band 6 provision to 24/7 (conversion of band 5). Cost pressure. This will be funded temporarily through divisional reserves whilst we convert 5.2 WTE Band 5 to Band 4 to ensure cost neutral.

### **Felixstowe**

Data shows over establishment but this is a standalone unit and an increase of 1 RN at night was required for fire safety (whole site evacuation). Increase Band 6 provision to 24/7 (conversion of band 5). Cost pressure. This will be funded temporarily through divisional reserves whilst we convert 5.2 WTE Band 5 to Band 4 to ensure cost neutral.

### **Ipswich site:**

#### **Grundisburgh (Care of Older People's services)**

No change to template.

#### **Haughley (Care of Older People's Services)**

No change to template.

**Woodbridge**

Additional band 2 on each LD to support the Acuity and dependence of the patients presenting with neurological conditions whilst waiting for specialist neuro-rehabilitation beds. Cost pressure. This will be funded temporarily through divisional reserves whilst we convert 5.2 WTE band 5 post to Band 4 to support funding this will not cover the full cost but we will look across the wards to review how this can be supported following acuity review in 6 months.

**Waveney**

Currently closed for refurbishment. Funded for 18 beds but will reopen with 28 beds. Business case required for additional funding.

**Suffolk Community teams**

Interim Management and Support Tool (IMAS) has been used to map clinical activity against capacity and has demonstrated a significant shortfall of Nursing and Therapy staff within the Community teams. The Division will now consider the implications for this extensive job planning exercise. The Community Nursing teams have also participated in a week long pilot of the Safer Nursing care Tool (SNCT) adapted for Community teams. Findings from the national team have yet to be shared.

**Colchester site:****Birch,**

No change to template.

**D'Arcy**

No change to template.

**Peldon**

No change to template.

**Tiptree Wards**

No change to template.

## CORPORATE

### **Outpatients Colchester**

Division did not require review.

### **Central Outpatients Ipswich**

Division did not require review. Supporting additional activity within current template.

### **Jubilee Unit Clacton**

Division did not require review.

### **Clacton & Harwich Outpatients**

Division did not require review.

### **Primary care centre (ophthalmology & dermatology Colchester)**

Division did not require review.

### **Gainsborough clinics**

Due to COVID-19, the provision of outpatient services has had to change dramatically with an emphasis to virtual clinics (though some face to face has remained). A longer-term review of these services is currently underway which will impact staffing requirements.

## **5.0 FINANCIAL IMPACT ASSESSMENT**

- 5.1** Budgets are devolved to the clinical Divisions therefore the Board is not required to approve investment for any skill mix revisions as this has formed part of Divisional business planning within the agreed Financial Governance framework.

Recommended establishment uplifts have been limited in this review partly because Acuity data was not useful due to low bed occupancy in many areas.

### **5.2 WTE (Whole Time Equivalent) Movement Summary**

The overall WTE change that has been agreed by Divisions to date is a total establishment increase of 9.23 WTE.

A number of Divisions are undertaking further work to inform decisions with regards to service development and change.

## **6.0 SUMMARY**

- 6.1** SafeCare training via Teams offered to all SNCT wards prior to commencement of census collection.
- 6.2** Compliance audited 2 weekly for 3 months prior to 28 day census period. Significant improvements in all SNCT wards.
- 6.3** All SNCT wards provided with an I-pad to support census entry.
- 6.4** All Quality Matrons provided with an I-pad to support operational staffing decisions.
- 6.5** All SNCT wards achieved minimum of census entry 70% compliance with an average of 91.1%.

## **7.0 NEXT STEPS**

- Finalisation of “Task” data to ensure activity outside of normal nursing care is captured and contributes to staffing hours.
- Phase 2 of SafeCare project to commence in September 2021, including red flags, professional judgement and operational use for Matrons/bed meetings.
- Implementation of updated templates in rosters from October 2021 (if funding available in this financial year) or from April 2022.
- Monthly run of census data through SNCT multipliers to provide consistent WTE data for each SNCT ward.
- 6-month follow-up review to take place in December 2021.

## Appendix 1

Division	Ward/department	Current WTE	Acuity WTE	New WTE	Cost/saving
<b>Medicine - Ipswich</b>	Brantham ward, EAU & HOBS	78.70	67.87	78.70	0
	Bramford Red	N/A	N/A	N/A	N/A
	AMSDEC	N/A	N/A	N/A	N/A
	Capel	36.00	32.36	34.63	£48,795
	Claydon & CMU	32.05	34.38	32.68	(£23,455)
	Debenham	32.05	33.99	32.05	0
	Kesgrave	34.62	30.93	34.62	0
	Kirton (Stroke & HASU)	40.45	40.87	40.45	0
	Rushmere Day Unit	N/A	N/A	N/A	0

Division	Ward/department	Current WTE	Acuity WTE	New WTE	Cost/saving
	Saxmundham	34.62	31.59	34.64	£26,574
	Shotley & RHDU	39.81	37.60	39.81	0
	Washbrook	34.62	34.44	34.62	0
	ED Ipswich	N/A	N/A	N/A	N/A
	<b>Change to WTE &amp; cost/saving</b>			<b>-0.72</b>	<b>£51,914 saving</b>
<b>Medicine - Colchester</b>	Acute cardiac Unit	37.22	45.55	37.22	0
	AMSDEC	22.82	N/A	25.54	0
	Emergency Assessment Unit (EAU) & High Observation (HOBS)	85.62	66.53	85.62	0
	Easthorpe	30.09	22.89	30.09	0
	ED	98.16	N/A	98.16	0

Division	Ward/department	Current WTE	Acuity WTE	New WTE	Cost/saving
	Urgent Treatment Centre (UTC)	N/A	N/A	N/A	N/A
	Langham	39.81	37.11	39.81	0
	Layer Marney	43.49	36.53	43.49	0
	Nayland	37.21	38.65	37.21	0
	Stroke	53.78	47.0	53.78	0
	<b>Change to WTE &amp; cost/saving</b>			<b>2.42</b>	<b>0</b>
<b>Surgery &amp; anaesthetics</b>	Critical care Ipswich	N/A	N/A	N/A	0
	Lavenham	29.70	27.57	29.61	£5245
	Raedwald Day Unit	N/A	N/A	N/A	N/A

Division	Ward/department	Current WTE	Acuity WTE	New WTE	Cost/saving
	Stradbroke	37.40	35.81	37.40	0
	Stowupland/Sproughton/SAU	60.22	32.10	60.22	0
	Brightlingsea	36.65	34.62	37.21	0 (contingency funding)
	Critical care Colchester	N/A	N/A	N/A	N/A
	Elective Care Centre	N/A	N/A	N/A	N/A
	Elmstead surgical Day Unit	N/A	N/A	N/A	N/A
	Mersea	43.19	28.59	42.43	£34,000
	Wivenhoe	26.88	25.54	26.88	0
	<b>Change to WTE &amp; cost/saving</b>			<b>-0.29</b>	<b>£39,245 saving</b>

Division	Ward/department	Current WTE	Acuity WTE	New WTE	Cost/saving
<b>Cancer &amp; Diagnostics</b>	West Bergholt	38.3	33.01	38.22	£27,489
	Somersham	39.81	27.33	39.81	0
	<b>Change to WTE &amp; cost/saving</b>			<b>-0.08</b>	<b>£27,489 saving</b>
<b>MSK &amp; Specialist surgery</b>	Levington	29.43	19.83	29.89	(£24,000)
	Martlesham	36.62	33.55	36.62	£10,000
	Needham	40.68	35.46	41.18	£9,000
	Aldham	42.08	34.6	41.45	£19,000
	Fordham	42.08	27.46	41.45	£19,000
	Gt Tey	29.52	17.3	29.52	£0
	<b>Change to WTE &amp; cost/saving</b>			<b>-0.30</b>	<b>£33,000 saving</b>

Division	Ward/department	Current WTE	Acuity WTE	New WTE	Cost/saving
<b>Women's &amp; Children's</b>	Neonatal Unit Colchester	40.42	N/A	40.98	(£30,903)
	Bergholt ward & PIU Ipswich	42.88	N/A	42.88	0
	Boxford PAU & ED	18.02	N/A	19.12	(£91,000)
	Children's ward Colchester	39.81	N/A	39.81	0
	CECU & OPD Colchester	13.13	N/A	13.13	0
	CACU & ED Colchester	27.41	N/A	27.41	0
	Community paediatric team	8.24 (Budget 8.80)	N/A	8.24	0
	Stanway ward	19.60	11.76 (14 beds only)	19.60	0
	Stour Centre	22.40	11.76	22.67	(£31,000)
	Gynae OPD Colchester	19.56	N/A	19.56	0
	Gynae OPD Ipswich	4.13	N/A	7.78	(£90,000)
	<b>Change to WTE &amp; cost/saving</b>			<b>5.58</b>	<b>(£242,903) cost</b>
<b>Integrated Pathways</b>	Aldeburgh	32.04	30.79	32.04	(£25,557)
	Bluebird	42.42	36.45	42.40	(£25,340)

Division	Ward/department	Current WTE	Acuity WTE	New WTE	Cost/saving
	Felixstowe	24.31	16.54	24.31	(£26,000)
	Grundisburgh	40.27	38.65	40.27	0
	Haughley	40.27	42.64	40.27	0
	Woodbridge	37.39	40.00	40.01	(£76,476)
	Waveney	24.31	N/A	24.31	0
	Integrated Community teams	N/A	N/A	N/A	0
	Birch	39.83	37.70	39.83	0
	Darcy	38.17	37.29	38.17	0
	Peldon	40.06	41.40	40.06	0
	Tiptree	38.17	41.24	38.17	0
		<b>Change to WTE &amp; cost/saving</b>		<b>2.62</b>	<b>(£153,373) Cost</b>

## Appendix 2

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

Month	ESNEFT Overall CHPPD	National average (188 NHS trusts)
May 2021	8.33	10.11
April 2021	8.14	10.21
March 2021	8.53	10.28
February 2021	8.33	10.63
January 2021	7.82	10.00
December 2020	8.27	10.39

(NHS England July 2021)

## Appendix 3

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