

## Cover page

Meeting	Trust Board
Paper Title	Bi-annual staffing review - Summary
Date of meeting	28 May 2020
Date paper was written	19 May 2020
Responsible Director	Maggie Bayley, Interim Chief Nurse
Author	Clair Hobbs, Deputy Director of Nursing

### Executive Summary

Following a review of previous board papers and a discussion with the national workforce lead, it was recognised that previous papers regarding safe staffing were not in line with national recommendations and needed further refinement.

A nursing establishment review of all adult inpatient wards and paediatrics was undertaken during January 2020 in line with the national requirement to complete a review twice a year (January and February). The establishment review encompassed the use of an evidence based tool (Imperial College Safer Nursing Care Tool), professional judgement (from the Deputy Director of Nursing and each individual band 7 Manager) and a review of patient outcomes within the specific clinical areas.

Initial analysis implies that there are opportunities for change to the nursing workforce; best practice however would be to collect 3 data sets prior to confirming any change. The previous data collections in 2019 in July and October would indicate a similar outcome. At the next data collection in July 2020 consideration will need to be given to the changes to clinical areas due to the Covid-19 pandemic, which will impact on the ability to compare like with like.

The main points to note from the adult in-patient staffing review are as follows:

- Registered Nurse to patient ratios for day shifts meets the national minimum requirement of 1 nurse to 8 patients (Scheduled Care 6.0 and unscheduled care 5.8). There is no national recommendation for night shifts however both Care Groups still remain better than the 1:8 ratio.
- Overall acuity for the wards was mainly 1b with some smaller numbers for 1a and 0. There were very few level 2 patients (2 being higher acuity and 0 being less acute) and it was recognised that further work regarding measuring of acuity and dependency for inter-reliability is required.
- For Care Hours Per Patient Day (CHPPD) the Trust remains in line with peer organisations according to the Model Hospital data available (December 2019).
- Fill rates across the 2 hospital sites for registered staff is above 90%.
- Fill rates for Healthcare Assistants shifts were above 100%.
- There are some wards where fill rates were not always achieved and this is always highlighted within the monthly staffing report and triangulated with patient outcomes to ensure appropriate mitigation can occur.
- There is some variation across Care Groups in regards to the funding of band 7 staff; some in Scheduled Care are supernumerary and some are not.
- Band 6 numbers within ward areas is not consistent and appears to be linked previously to the need to encourage recruitment into hard to fill areas. This variation in skill mix will need to be reviewed in future establishment reviews once there is confidence that vacancy levels are not in a critical position.
- Analysis of ward splits in regards to registered and unregistered staff would indicate that the Trust is below the minimum national recommendation of 65% registered staff. Many wards appear to have a percentage ratio of circa 50%. This should be noted with caution as the Safer Nursing Care Tool analysis indicates that there is more unregistered staff currently

funded than is required. Again further analysis is required regarding this as a number of clinical areas continue to over fill their rosters with this resource.

- It is recognised that there are a number of clinical areas where the Nursing Associate role will play a critical part in future workforce configurations. Further work is underway to analyse the best approach to recruiting this important resource.
- Due to Covid-19 pandemic, changes to clinical areas and workforce may overtake the outcome of this review.

An assessment of Paediatric staffing has been undertaken against Royal College of Nursing guidelines and it was noted and agreed at the workforce assurance committee that further work is required in this area, particularly in relation to acuity and dependency which historically has not been captured within the Trust. This initial review is therefore not included in the attached paper.

The Deputy Director of Nursing is supporting the Paediatric Lead Nurse with the implementation of the acuity tool ready for July data capture.

As part of the 6 monthly staffing review, a gap analysis of the Trust's current position compared to national recommendations for Safer Staffing was performed and consequently a Safer Staffing Improvement Plan has been developed and agreed by the Interim Chief Nurse.

This improvement plan will be monitored monthly via the Trust Workforce Assurance Committee, to ensure future assurance and compliance with both national recommendations and CQC requirements and MUST Take actions.

Additionally a further gap analysis will be undertaken to against the workforce plans included in the outline Hospital Transformation Plan, to facilitate a strategic approach to workforce planning.

The Board are asked to receive the report and note the further actions being taken to assure safe staffing.

<b>Previously considered by</b>	<p><b>Workforce Committee</b></p> <p>Agreed that a monthly update will be presented in regards to the gap analysis and improvement plan on Safer Staffing.</p> <p>July data will be used to assess any required workforce changes noting any impact of ward changes due to Covid 19</p> <p>Further work required in relation to Paediatrics.</p>
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The Board is asked to:			
<input type="checkbox"/> Approve	<input type="checkbox"/> Receive	<input checked="" type="checkbox"/> Note	<input checked="" type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:				
<input type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input type="checkbox"/> Well-led

<p>Link to strategic objective(s)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare</li> <li><input checked="" type="checkbox"/> SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care</li> <li><input type="checkbox"/> HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities</li> <li><input checked="" type="checkbox"/> LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions</li> <li><input checked="" type="checkbox"/> OUR PEOPLE Creating a great place to work</li> </ul>
<p>Link to Board Assurance Framework risk(s)</p>	<p>BAF 1533 IF we do not implement all of the 'integrated improvement plan' which responds to CQC concerns THEN we cannot evidence provision of improving care to our patients.</p> <p>BAF 668 IF we do not deliver our Hospitals Transformation Programme (HTP) THEN we cannot ensure our patients get the best care.</p> <p>BAF 670 IF we do not deliver our control total and meet the trajectory to live within our financial means THEN we cannot meet our financial duties nor invest in service development and innovation.</p> <p>BAF 859 IF we do not have a recruitment strategy and retention strategy along with demand-based rostering for key clinical staff THEN we cannot ensure the sustainability of services.</p>
<p>Equality Impact Assessment</p>	<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Stage 1 only (no negative impact identified)</li> <li><input type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)</li> </ul>
<p>Freedom of Information Act (2000) status</p>	<ul style="list-style-type: none"> <li><input checked="" type="radio"/> This document is for full publication</li> <li><input type="radio"/> This document includes FOIA exempt information</li> <li><input type="radio"/> This whole document is exempt under the FOIA</li> </ul>
<p>Financial assessment</p>	<p>No</p>

## Nursing Staffing Bi-Annual Review January 2020

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## 1. EXECUTIVE SUMMARY

- 1.1 Following a review of previous board papers and a discussion with the national lead; it was noted that previous papers regarding safe staffing may not have been fit for purpose and were not in line with national recommendations. Work has therefore been undertaken over a period of time to ensure the organisation are in line with national requirements.
- 1.2 As a result of this analysis and advice from the national lead a nursing establishment review was undertaken during January 2020 for all adult inpatient wards including the new escalation areas that were open at the time. This review will form the baseline data collection and analysis for future biannual reviews which will occur in July and January every year in line with national standards.
- 1.3 A gap analysis of national safe staffing recommendations and a safe staffing improvement plan for the organisation has now been devised and will be monitored via the Workforce Committee on a monthly basis to ensure improvements are reviewed for assurance purposes.
- 1.4 The Deputy Director of Nursing (DDoN) has also spoke at length with the national lead for nursing workforce, the national lead for Nursing Associates (NA) and the DDoN at Northampton who has been published in the Nursing Times for their work on nurse establishment reviews.
- 1.5 The review has utilised the Safer Nursing Care Tool (SNCT) which includes suggested nurse: patient ratios, a review of ward numbers and professional judgement as the main judgement tools. Other evidence to help with triangulation has also been reviewed and includes CQC insight evidence, Model Hospital submissions and monthly staffing papers over the last 6 months which includes quality and safety measures.
- 1.6 The review included face to face discussions with every Ward Manager and where available the Matron for the area. Temporary staffing usage, vacancies, quality and safety issues and logistics of ward layouts were all discussed in depth to help with professional judgement.
- 1.7 The national recommendation is to collect 3 sets of data for analysis prior to making large scale changes to workforce establishments. It is therefore recommended that the analysis of this data is noted and discussed but that future changes to establishments should be withheld until a further 2 data collections have taken place.
- 1.8 This review of the January data has allowed the first formal review of nursing establishments compared to acuity and dependency data that has been shared. A further comparative review will occur in July and then again in January 2021. The data that will be collected in July will allow for a first comparative review for the organisation. It will also allow for a deeper understanding of nursing establishment requirements and any trends.
- 1.8 There are recommended changes in section 10 which includes Nursing Associates within the workforce as the Trust now has some individuals who have qualified and further numbers in the pipeline due to qualify in coming months.
- 1.10 A separate review of Paediatrics was undertaken against Royal College of Nursing (RCN) Guidelines and further work is required to use a national acuity tool.
- 1.11 It should be noted that the template for Ward 14 and ward 6 covers more than inpatient areas and therefore further work is required to disaggregate the information and enable an appropriate comparative analysis.
- 1.12 It should also be noted that due to Covid 19, some of the wards have now changed in regards to specialty areas which will need to be considered for the July 2020 establishment review.
- 1.13 The details of this review have been shared and agreed with the Heads of Nursing from each Care Group and the Chief Nurse.

## 2. INTRODUCTION

- 2.1 Demonstrating safe staffing is one of the essential standards that all health care providers must meet to comply with Care Quality Commission (CQC) regulation, Nursing and Midwifery Council (NMC) recommendations and NICE guidelines (2014). The National Quality Board (2016) guidance includes expectations for Nursing and Midwifery staffing levels to assist local Trust Board decisions in ensuring the right staff, with the right skills are in the right place at the right time.
- 2.2 It is well documented that ensuring adequate Registered Nurse (RN) staffing levels on acute medical and surgical wards in line with national recommendations has many benefits including improved recruitment and retention, reduction in staff stress and thus sickness levels, improved patient outcomes including mortality and improved levels of patient care.
- 2.3 The National Quality Board guidance of 2016 focused on supporting NHS provider boards to achieve safe Nursing and Midwifery care staffing. NHS provider boards are accountable for ensuring their organisation has the right culture, leadership and skills in place for safe, sustainable and productive staffing. They are also responsible for ensuring proactive, robust and consistent approaches to measurement and continuous improvement, including the use of a local quality framework for staffing that will support safe, effective, caring, responsive and well-led care.
- 2.4 Developing Workforce Safeguards (2018) was established from safe staffing work when system leaders identified a gap in support around workforce and builds on the National Quality Board (2016) guidance. It identifies that Trusts must ensure the below three components are used in their safe staffing processes:
- Evidence based tools and data
  - Professional judgement
  - Outcomes

It also recommends other important factors such as a full Quality Impact Assessment for any significant establishment changes such as the introduction of Nursing Associates.

- 2.5 This review for January 2020 has ensured compliance to the recommendations listed in the above bullet points.
- 2.6 This nursing establishment review was undertaken for the following reasons:
- To offer assurance or highlight risk both internally and externally in regards to ward establishments and their appropriateness to provide safe quality care to patients.
  - To provide establishment data that will inform the Trust Workforce Strategy.
  - To deliver Care Quality Commission (CQC) requirements under the domain of 'Safe'.
- 2.7 Evidence in the literature associates low staffing levels and poor skill mix ratios to adverse patient outcomes (Rafferty et al. 2007; NPSA 2009). Although nurse sensitive indicators provide a method of monitoring quality of care delivery, it is recommended that any of the above statistical measures **must** be reviewed in conjunction with more qualitative professional judgement methods to increase confidence in recommending staffing levels to provide a balanced assurance. Nurse sensitive indicators have been reported monthly since July 2019.

## 3. SAFER NURSING CARE TOOL (SNCT) & NURSE TO PATIENT RATIOS

- 3.1 RN to patient allocation is based on the typical needs of the patients on that particular ward. As an example, in Critical Care the ratio may be 1:1 for the sickest patients. On general wards the RN to patient ratio is different, for example 1:8 dependent on the type of service delivered. This service model is based upon guidelines from professional organisations and accreditation bodies.

3.2 It is feasible however that this method may not always accurately reflect the needs of the individual patient as their dependency on nursing input may vary overtime. Indeed, the service model may not always accurately reflect the needs of the organisation in its duty to ensure services are staffed in the most cost-effective way. Nevertheless, the Royal College of Nursing (RCN) ‘Mandatory Nurse Staffing Levels’ (2012) and NICE ‘Safe Staffing for nursing in adult inpatient wards in acute hospitals’ (2014) suggest acute wards must have a planned RN to patient ratio of **no more than 1: 8** during the day. There is no guidance for nights. Tervo-Heikkinen et al (2008) identified that once nurse to patient ratios went above 1:8 that patient satisfaction decreased.

3.3 Table1 shows the average RN: Patient ratio at SaTH during the month of January 2020.

**Table 1: Actual Average RN: Patient ratio during January 2020**

Care Group	RN to patient ratio		Average
	Day	Night	
Scheduled Care	<b>6.0</b>	<b>7.8</b>	<b>6.6</b>
Unscheduled Care	<b>5.8</b>	<b>7.5</b>	<b>6.7</b>

3.4 In addition to RN to patient ratio, the SNCT can be utilised to review nursing establishments. SNCT is an evidence-based scoring tool developed to help NHS Trusts measure individual patient acuity and dependency. It is proposed that using SNCT offers greater understanding if actual hours match required hours.

3.5 The tool is designed to be used daily for a 20-day period twice per year (January & July) SNCT allows the Ward Manager to detail individual patient acuity. Using Lord Carter’s methodology of adding the hours of RNs to the hours of Healthcare Assistants (HCAs) and dividing the total by every 24hours of in-patients, the actual CHPPD is calculated to include 22% headroom to encompass statutory training, annual leave ( 2% of this is held centrally for maternity leave). Unlike NHSE/I data, SNCT applies a multiplier to each level of acuity (i.e. number of 1a’s, 1b’s as shown in table 2) to determine the number of care hours required to care for that patient group. Validated multipliers for each level of acuity can be seen in the table below.

**Table 2: SNCT summary of criteria and associated multiplier**

Acuity Level	Multiplier	Criteria
Level 0	0.99	Patient requires hospitalisation Needs met by provision of normal ward care
Level 1a	1.39	Acutely ill patients requiring intervention or those who are UNSTABLE with a GREATER POTENTIAL to deteriorate
Level 1b	1.72	Patients who are in a STABLE condition but are dependent on nursing care to meet most or all of the activities of daily living
Level 2	1.97	May be managed within clearly identified/designated beds, requiring resources with the required expertise and staffing level OR may require transfer to a dedicated level 2 unit
Level 3	5.96	Patients needing advanced respiratory support and/or therapeutic support of multiple organs

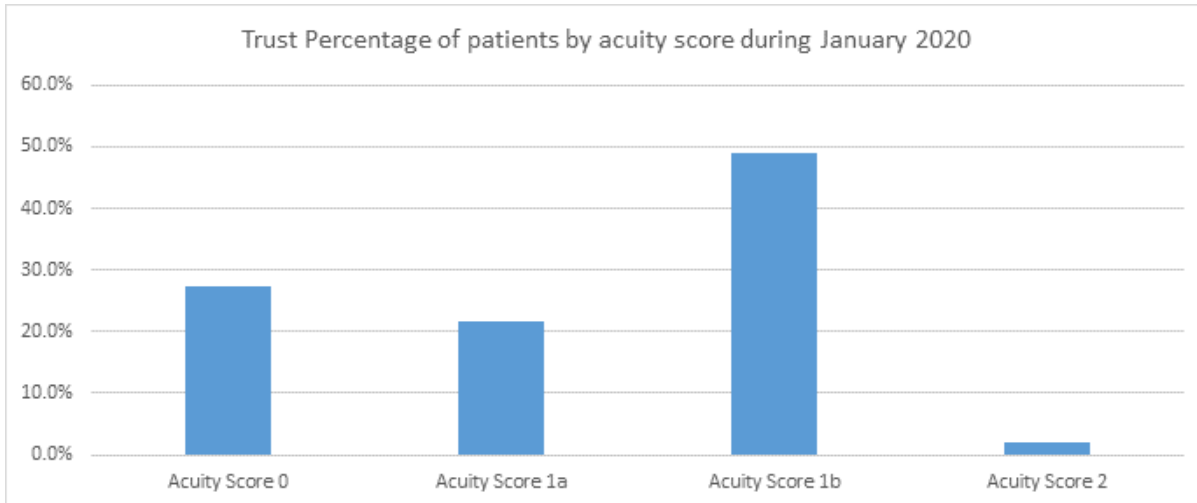
3.6 The SNCT allows clinical staff to assess the needs of every individual patient. It is worth noting that as a generic tool, subjective application of SNCT has an expected 10% variation from ward to ward and is not designed to indicate required skill mix. Thus, should be considered as a baseline against

which to set staffing levels as other variables need to be taken into consideration. Other variables include:

- Clinical speciality
- Staff capacity, capability, seniority and confidence
- Organisational support and support roles such as therapy services

3.7 The analysis for all wards acuity in January 2020 is shown in Graph 1, where it can be seen that nearly 50 percent of patients are level 1b and above.

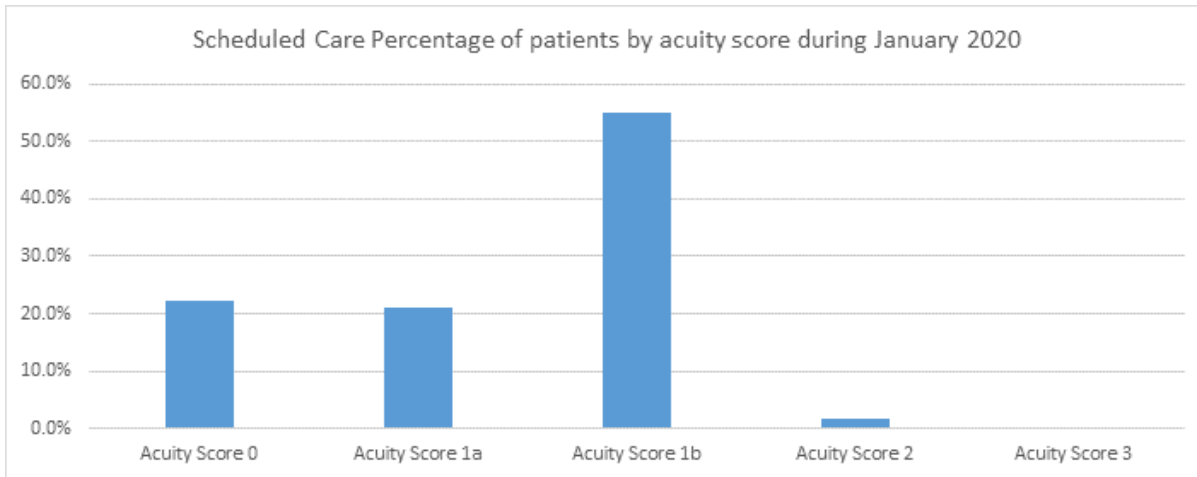
**Graph 1 – overall Trust acuity scores**



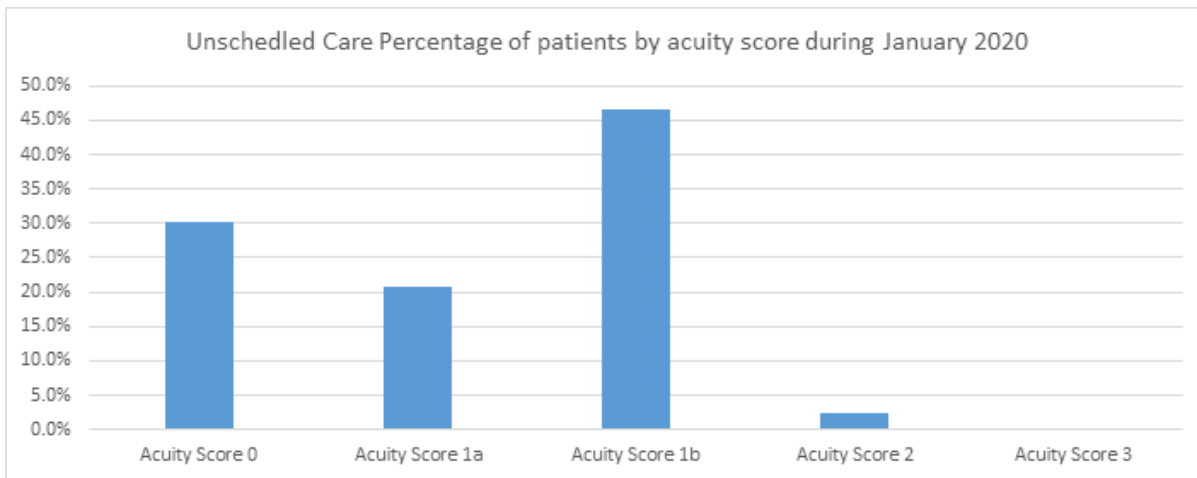


3.8 Graphs 2, 3 and 4 show the acuity for January 2020 broken down by Care Group. It shows that for Scheduled Care and Unscheduled Care the highest proportion of patients fall into the 1b category. For Ward 14 in Women’s & Children’s, the majority of patients score a 1a.

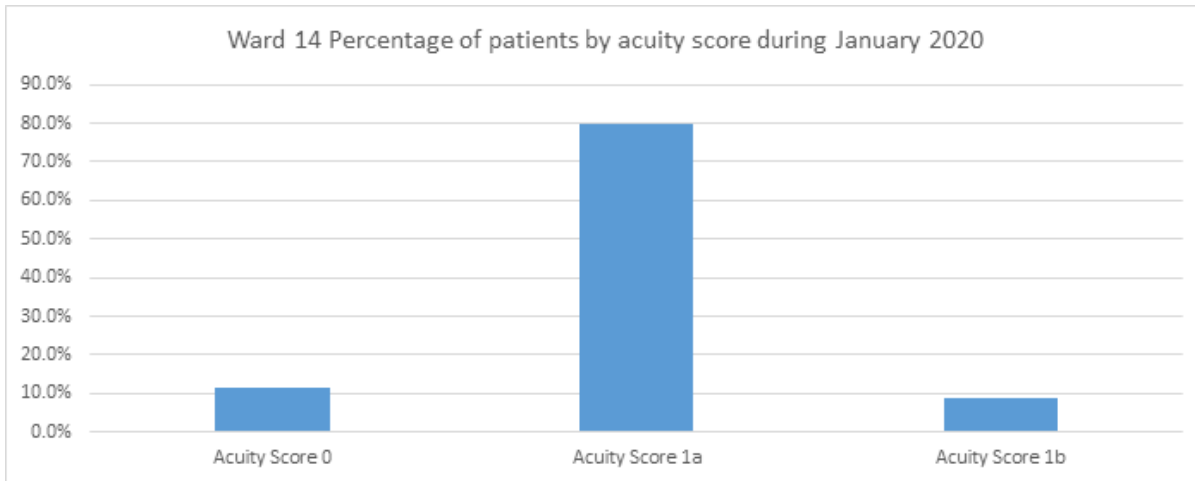
**Graph 2 – Scheduled Care acuity scores**



**Graph 3 – Unscheduled Care acuity scores**



**Graph 4 – Ward 14 (Gynaecology) acuity scores**



- 3.9 It is noted that there is a small number of level 2 patients within Scheduled Care which would be unusual for the demographic of patient within these clinical areas and will need to be reviewed further by the Head of Nursing.
- 3.10 For the purpose of the January 2020 review, a RN: HCA ratio of 65:35 has been utilised within the SNCT which is in line with current RCN guidance.
- 3.11 The analysis of the data collection in January 2020 is shown in appendix 1. To aid triangulation the data supplied includes, by ward; the acuity of patients; current budgeted establishments and expected establishments based on acuity (SNCT), RN: HCA ratios and fill rates for January 2020.
- 3.12 This baseline data set will be used as a comparator to the forthcoming July 2020 data collection to establish if the findings are supported or if there is any variance.
- 3.13 Changing budgets should **not be** recommended until at least three data sets have been collected in line with national guidance. Additionally, further work is required to enable a disaggregation of the workforce if the ward budget covers more than an in-patient area e.g. in Gynaecology and Ward 6.

#### 4 NHSE/I DATA SUBMISSION – FILL RATES

- 4.1 Acute Trusts are required to collate and report staffing fill rates for external data submission to NHSE/I every month. Fill rates are calculated by comparing planned hours against actual hours worked for both RN and HCA. Internal monthly review at Workforce Committee (previously at Quality and Safety Committee) reviews any ward areas with a combined fill rate below 85% and mitigating action is taken by the nursing teams to balance risk across the organisation.
- 4.2 The summary position for January 2020 is shown in table 3.

**Table 3 – Fill rates**

	Registered Nurses		HCA	
	Day	Night	Day	Night
RSH January 2020	93.0%	98.4%	106.5%	116.1%
PRH January 2020	99.05%	97.65%	110.82%	115.19%

SOURCE: Unify submission January 2020

4.3 Factors affecting fill rates include:

- Sickness
- Vacancies
- Enhanced Patient Safety requirements (EPS) otherwise known as 1:1 observation
- Usage of temporary staffing

4.4 All in-patient wards, together with Critical Care, Maternity and Paediatric services are included in the data submission to NHSE/I. Data submission enables auto-calculation of the actual care hours delivered per patient per day (CHPPD) by comparing the average number of patients in a bed at 23:59hrs to the average number of hours worked by RN, Midwife and HCA over the month. The resulting calculation although irrespective of patient acuity levels and patient flow details and irrespective of skill mix; does enable a Trust-wide aggregated CHPPD value to be utilised for the Model Hospital dataset.

4.5 The data from January suggests that fill rates overall on both hospital sites are acceptable/above current expected levels; RNs being above 90% and HCAs being above 100%. The increased levels of HCAs appears to link to EPS shifts.

4.6 It should be noted that there were still some wards where shifts were below expected levels and that the fill rates are based on current expected levels and may not reflect the required numbers from SNCT and professional judgement results. This data also does not indicate skill mix and experience and what percentage of this workforce may have been temporary staffing. All of which are contributing factors to quality and safety within the clinical environment.

## 5. CARE HOURS PER PATIENT DAY (CHPPD) – PRODUCTIVITY MODEL

5.1 A review of NHS productivity, chaired by Lord Carter, highlighted Care Hours Per Patient Day (CHPPD) as the preferred metric to provide NHS Trusts with a consistent way of reporting deployment of staff on inpatient wards. CHPPD is a useful means of benchmarking against other NHS Trusts via the Model Hospital website and it is anticipated future comparisons may be made against individual services. CHPPD is calculated by dividing the total numbers of nursing hours on a ward or unit by the number of patients in beds at the midnight census. This calculation provides the average number of care hours available for each patient on the ward or unit.

5.2 The below shows the most up to date position for SaTH on Model Hospital (December 2019) and indicates that for CHPPD nationally SaTH are mid-point of quartile 2. It also demonstrates the comparison between SaTH and other peer hospitals. The results indicate that we are in line with our peers for this measurement.

Average number of actual nursing care hours spent with each patient per day (all nursing and midwifery staff, including support staff).

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Dec 2019

Trust value Quartile 2

**7.8**

Peer median Quartile 1

**7.4**

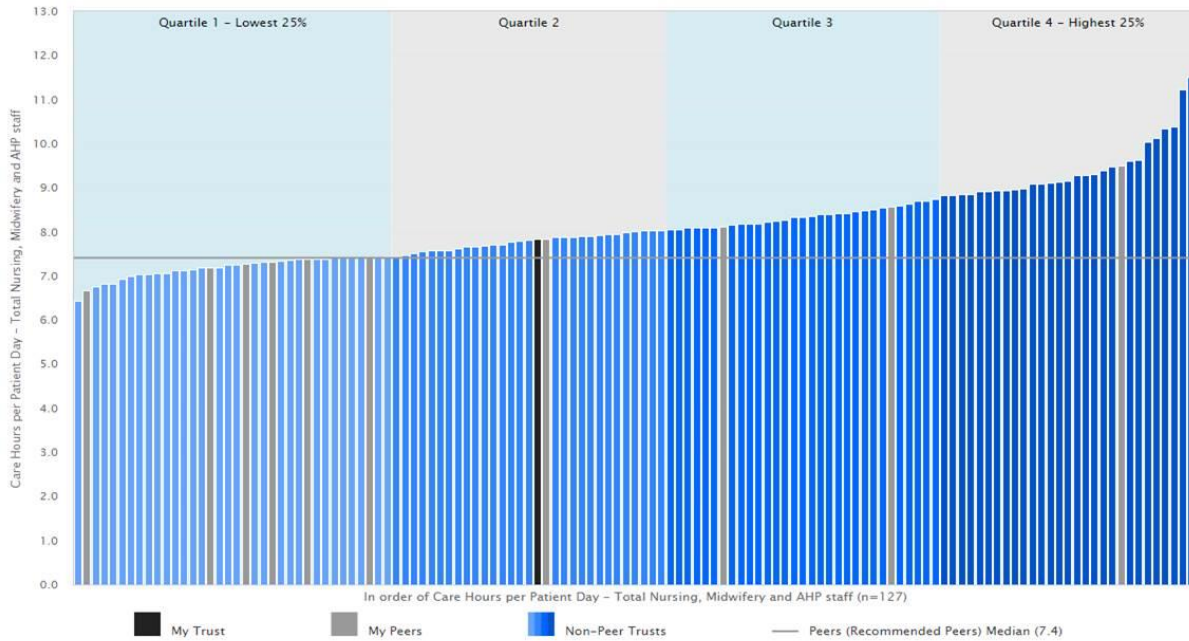
National median

**8.0**

Shrewsbury and Telford Hospital NHS Trust

Select chart type  
Variation Chart

Care Hours per Patient Day – Total Nursing, Midwifery and AHP staff, National Distribution



5.3 Table 5 shows the CHPPD available from SafeCare for CHPPD by site for January 2020:

**Table 5 – CHPPD by hospital site**

Site	Actual CHPPD - SafeCare	Total Trust average for January 2020
RSH	6.5	7.2
PRH	7.9	

5.4 The data for January specifies there is an anomaly between the 2 hospital sites with PRH having a higher ratio of average care hours to patient than RSH.

## 6.0 CQC INSIGHT DATA

6.1 CQC published the Insight report for SaTH on 24 January 2020, it highlighted the following which can be linked to staffing:

Worse when compared nationally:	Shown a decline:
<ul style="list-style-type: none"> <li>• Health &amp; wellbeing (staff survey)</li> <li>• Morale (staff survey)</li> <li>• Quality of care (staff survey)</li> <li>• Safe environment (staff survey)</li> <li>• Staff Engagement (staff survey)</li> </ul>	<ul style="list-style-type: none"> <li>• Emotional support from hospital staff (Inpatient survey)</li> <li>• Safety Culture (staff survey)</li> <li>• Involvement in decisions (inpatient survey)</li> <li>• Staff Engagement (staff survey)</li> <li>• Quality of care (staff survey)</li> <li>• Safe Environment – Violence (staff survey)</li> <li>• Health &amp; wellbeing (staff survey)</li> <li>• Safe Environment - Bullying &amp; Harassment (staff survey)</li> <li>• Equality, diversity &amp; inclusion (staff survey)</li> <li>• Treatment with respect and dignity (inpatient survey)</li> <li>• Overall experience as an inpatient (inpatient survey)</li> </ul>

## 7.0 NURSING ESTABLISHMENT – ANALYSIS AND THEMES

- 7.1 Quality and safety indicators were reviewed for each department. All areas were red for Statutory training; this will need to be owned and rectified at Care Group level. The DDoN has shared this with each Head of Nursing for onward improvement.
- 7.2 The clinical hours on the ward that each Band 7 Manager works varies across departments and more so across Care Groups with most Scheduled Care band 7s claiming to be supernumerary. An organisational steer needs to be made on this and then shared to ensure consistency across clinical areas; this action has been added to the safe staffing improvement plan. It should be noted that there will be a financial impact as a result of the decision.
- 7.3 Band 6 numbers in ward areas are inconsistent; it appears that band 6 numbers have been increased in some areas to improve the recruitment rates however from a professional judgement perspective this may not be necessary in the future when vacancies within these specific areas are filled. This will need to be added into the future workforce plan.
- 7.4 Knowledge of set uplift and budget management varies across Ward Managers and Matrons; this will need to be addressed in the coming year to ensure efficient and effective use of resources.
- 7.5 On analysis of ward splits for Registered and unregistered staff; most areas show as circa 50% split. This is below national standards (RCN being 65% registered to 35% unregistered). This should be noted with caution however this could be due to having a larger establishment of HCAs than is actually required.
- 7.6 Initial evaluation would suggest that HCA numbers may be able to reduce in some areas however with current temporary staffing requests increasing and fill rates being utilised above 100%.
- 7.7 Further data analysis over the next 2 data collections (July and January) will need to take place to confirm if there needs to be significant changes to RN and/or HCA establishments.
- 7.8 On speaking to individual Ward Managers and monitoring temporary staffing usage it is apparent that HCA requests for additional shifts are mainly due to the need for patients to have Enhanced

Supervision. These requests could be significantly reduced if patients requiring enhanced supervision were cohorted onto specific wards only. The Enhanced Supervision policy for the Trust has also been recently updated by the Head of Nursing for Scheduled Care and requires full adherence across all clinical areas.

- 7.9 A reduction in HCA posts could be achieved by utilising the Nursing Associate role to further enhance the skill base in each ward area or alternatively by reviewing additional roles outside of the “nursing workforce” such as Ward Hostesses, Bed Cleaning teams and transfer teams.
- 7.10 As Trainees register as Nursing Associates (NAs) they are being placed into band 5 positions. As these critical nursing support posts are on a different part of the professional register; they cannot be classed as a replacement for a RN and thus a professional review with the Chief Nurse needs to be undertaken for a decision in regards to this as removal of a band 5 post for a Nursing Associate post will reduce the registered to unregistered split further.
- 7.11 Currently all areas are utilising 12 hour shifts after this change was made several years ago Trust wide. Given that the workforce at SaTH has a high proportion of staff nearing or at retirement age, careful consideration needs to be given to flexing this approach in order to retain staff and reduce sickness levels. The DDoN has discussed this with each individual Ward Manager highlighting that flexibility should be applied to individual requests if the needs of the service can be met. There is a potential financial impact to this approach but it is envisaged these are likely to be small numbers in the near future and likely to be off-set by an anticipated reduction in sickness levels.
- 7.12 Some areas have started implementing a Band 4 coordinator – again this is not consistent across the organisation and requires a review before implementing this role further. There does not appear to have been a Quality Impact Assessment completed prior to this new role and the Deputy Director of Nursing can find no evidence on how the effectiveness of this role has been measured.
- 7.13 Additional HCAs appear to be utilised regularly for Enhanced Supervision; the SNCT data would not support this – it identifies that as an organisation we are budgeted for more HCAs than should be required.
- 7.14 Additional band 6 roles have been added to some establishments (paid for from band 5 monies) to try and encourage recruitment into the areas; this will need to be reviewed once vacancies are filled for each area.
- 7.15 HCAs appear to be covering some domestic/housekeeper duties; it is recommended that a staffing review of these roles should be performed by Hotel Services with support.
- 7.16 Stat training and in particular blood transfusion training is an issue across most areas. Many training records rely on paper copies find their way to the training team for submission onto the electronic database. Ward managers widely reported that their local records did not match that of the Trust records.
- 7.17 There are some wards experiencing issues with Wi-Fi which is contributing to poor compliance with measurements such as late observations.
- 7.18 The data shown in appendix 1 would suggest the following:
- RN: Patient ratios are better than national recommendations (e.g.: 1:8) for days and for some areas on nights. There is no recommended night ratio.
  - RN: HCA split – data would suggest RN percentage is low however from reviewing the RN: patient ratios this would suggest the assumption is incorrect and that in fact most areas are HCA rich. The additional requests and usage of HCAs above templates however would not support this therefore further analysis is required.
  - Furthermore, current budgeted RN posts versus SNCT suggests an overall deficit in RN numbers with an over-establishment of HCAs (SCNT formulae has utilised 65% RN split rather than 70% split). Overall (removing AMUs and SAU) SNCT suggests a budgeted deficit of 84.49 RN posts and an over recruitment of 52.39 HCA posts.

- Ward 22RE and Ward 17 show RN: HCA ratios of less than 50% however both are also noted to be over-established on HCAs.
- Ward 25 has the highest RN: patient ratio on nights at 1:11.5
- Ward 32 Short Stay has the highest RN: patient ratio on days at 1:7.6 this is still however within national guidance 1:8.
- Many of the wards have an actual CHPPD above what is required. There are some wards below their CHPPD (Ward 9, 11, 25, 4, 22T&O and 23).
- Further work is required to understand establishment requirements for Ward 14, Ward 22 and RE and Ward 25.

7.19 The main points from the paediatric staffing review (appendix 2) is as follows:

- There are gaps in nurse to patient ratios for CAU, Oncology and is suggestive for ratios within the ward although further analysis is required in regards to this. An outline business case is going to the Care Group Board in May 2020 to try and address these gaps.
- SaTH is not commissioned for Paediatric HDU beds however during the winter months there are occasions where HDU patients are within the clinical area requiring treatment whilst waiting for a transfer to a tertiary centre when there are capacity issues. Further analysis of this is required.
- Paediatrics have not been using a dependency scoring tool. The Deputy Director of Nursing has accessed and shared the Shelford SNCT for Children's and Young People and is meeting the Heads of Nursing in May to commence work on this.
- Oncology specific training percentages identify a gap however further work is required with the Care Group to decipher how the percentage has been calculated.
- There are some requirements for post-registration courses and competency assessments that require funding. Additional Clinical Practice Educator hours have been added to the outline business case currently going through the Care Group.

## 8.0 LIMITATIONS

- 8.1 The methods utilised to calculate and review nursing establishments have their limitations. There is no existing national workforce tool that can incorporate all factors and thus a combination of statistical methods is recommended to arrive at optimal staffing levels.
- 8.2 As already highlighted, there should be 3 consistent data collections prior to making any major changes to establishments as a result of these reviews. Any changes should have a Quality Impact Assessment which is shared and reviewed prior to approval. Opposed to this principle would be that of the Nursing Associate role whereby a decision needs to be taken now on how this important resource should be funded and distributed into clinical areas on qualifying.
- 8.3 None of the tools utilised in this review are able to measure the additional risk of experience of nurses within clinical areas and thus this consideration has been given when utilising professional judgement.
- 8.4 Continuing to utilise band 5 money for qualifying Nurse Associates will further reduce the registered to unregistered nursing ratios which are already significantly below national standards in some areas. A Quality Impact Assessment will be required in order to offer some assurance with agreed actions and regular monitoring to ensure the use of Nursing Associates is achieving the required standard of care.
- 8.5 Flow and capacity pressures are adding to the staffing resource in clinical areas, this therefore will impact on the acuity and dependency scoring within clinical areas. Examples of this would be:
- Medical outliers being cared for as inpatients within a number of the Surgical clinical areas
  - Patients requiring enhanced supervision being sporadically placed in various ward areas thus adding to the increasing need of HCA resource over and above rostered shifts

- 8.6 During the data submissions in January 2020; peer reviews were conducted to assess the accuracy of patient dependency assessments. The results indicate that the majority of ward areas appear to be assessing patients correctly. Further training and assessment of staff assessments, should continue to ensure the patient data captured is as accurate as possible. Wards 24, 17 and 26 required the most changes on peer review assessment and thus these areas should be targeted in the first instance for additional training on acuity and dependency measuring.
- 8.7 To enable a wider understanding of staffing in the trust Appendix 2 provides an assessment of paediatric staffing levels.
- 8.8 Professional judgement and quality indicators have been utilised but remain difficult to fully assess when fill rates are good but mainly covered by temporary staffing.
- 8.9 Ward 14 and Ward 6 should be discounted in regards to their comparison between budgeted staffing and SNCT as their budgets include more than just ward staffing.
- 8.10 The data reviewed does not include bed occupancy data.

## **9.0 RECOMMENDED ACTIONS**

- 9.1 For Ward 22RE; consideration should be given to the business case already written by the Care Group for a Respiratory Support Unit which would support a clinical area specifically for the higher dependency patients so that nursing resource can be assigned appropriately.
- 9.2 Further work is required regarding Enhanced Supervision within the organisation, whilst SNCT would suggest there is enough HCAs, there continues to be additional HCAs added for Enhanced Supervision which is currently not budgeted for. There is a lack of robust data at this point in time to be able to make an informed decision for this financial year. A risk assessment highlighting this should be completed.
- 9.3 There should be organisational agreement in regards to acceptance criteria for ward areas which should include outlier criteria also. This should include wards that are equipped to adequately care for patients requiring enhanced care. This would ensure there was targeted/adequate resource for these specific areas and would improve both quality of care to these patients whilst ensuring adequate finances to cover.
- 9.2 The Trust needs to add Nursing Associates into future workforce plans with consideration given to a whole team in the relevant clinical areas to fully gain the benefit of this crucial role. The following wards were identified as priority areas to consider a team of Nursing Associates:
- Ward 32
  - Ward 28
  - Ward 4
  - Ward 27
  - Ward 22 T&O
  - Ward 10
  - Ward 17
  - Ward 22 RE

It would be beneficial to consider external recruitment of Nursing Associates into the organisation also now that these numbers are growing nationally. This would release some of the burden associated with training all staff within the organisation and reduce lead in times of this vital role into some of the identified clinical areas.

- 9.3 A gap analysis is required between the data from this baseline assessment and that of the Hospital Transformation Programme plan.



## 10 CONCLUSION

- 10.1 This adult in-patient baseline staffing review required the collation of data for acuity and dependency to be validated by a Matron in a bid to improve interpreter-reliability as requested by NHSE/I.
- 10.2 Further training and scrutiny is required in regards to the SNCT work; the Deputy Director of Nursing is proposing that further training is given to selected senior staff on this and then a peer review of areas is conducted in July 2020 collection period.
- 10.3 The acuity data has been analysed against agreed staffing templates to calculate the required staffing levels as a baseline assessment for the Trust.
- 10.4 The results suggest room for a change to staffing templates; however further data analysis is required in July and again in January prior to check reliability of the findings.
- 10.5 Further triangulation of all data will be required moving forward to gain true assurance of the patient need to staff establishment comparators. It is worth noting that the data within this report does not capture the level of skill mix within the staffing numbers shown or the number of temporary workers that were captured as part of this data collection. All of which should be factored into future reviews to help give a balanced and risk based approach to staffing.
- 10.6 Nursing Associates numbers will grow within the organisation as this new role develops in order to add resilience to the future nursing workforce.
- 10.7 Further analysis of Enhanced Supervision across the organisation is required to inform future reviews and the numbers of HCA required.
- 10.8 The gap analysis and subsequent improvement plan can be found in appendices 3 and 4.
- 10.9 A gap analysis is required in regards to the data from this review and that of the workforce templates being utilised for the Hospital Transformation Programme.
- 10.10 There is a national piece of work under way in regards to changes to recommended workforce levels as a direct result of the Covid-19 pandemic this will potentially change staffing requirements for clinical areas.
- 10.11 As part of the pandemic restoration and recovery work, clinical areas are also likely to change (e.g.: potential for multi-specialty areas) which will also impact on staffing requirements.

## 11. RECOMMENDATIONS

The Committee is asked to **receive** this report and to **note**

- The work that has taken place to review ward nursing establishments against patient acuity and dependency
- To note that further data collection is occurring throughout July and will be reviewed against the baseline data in January

## 14. SUPPORTING LITERATURE

- Hurst, K (2003) Selecting and Applying Methods for Estimating the Size and Mix of Nursing Teams – A systematic Review commissioned by the Department of Health, Leeds: Nuffield Institute for Health
- National Institute for Health and Clinical Excellence (2014) Clinical guideline 1: Safe staffing for nursing in adult in patient wards in hospitals, London, Department of Health
- National Patient Safety Agency (2009) Quarterly data summary. Issue 13: Learning from reporting – staffing. How do staffing issues impact on patient safety? London, NPSA

- National Quality Board (2016) Supporting NHS Providers to deliver the right staff, with the right skills, in the right place at the right time, NQB, London
- NHS Commissioning Board (2012) Compassion in practice, Nursing, Midwifery and Care Staff. Our Vision and Strategy. Leeds NHSCB
- NICE Guidance on Safer Staffing for nursing in adult in-patient wards in acute hospitals (2012)
- Rafferty, AM, Clarke SP, Coles J, McKee M, Aiken LH (2007) Outcomes of variation in hospital nurse staffing in English Hospitals: a cross sectional analysis of survey data and discharge records. International Journal of Nursing Studies, 44 (2) pp 175-182
- RCN (2010) Guidance on safe nurse staffing levels in the UK, London: Royal College of Nursing
- Safe and Effective Staffing: The Real Picture. UK Policy Report
- Safe and Effective Staffing: Nursing Against the Odds. UK Policy Report
- Safer Nursing Care Tool (2014)
- Safer Staffing Guidance, Trust Development Authority (2015)

# Appendix 1

January 2020 ACUIY COLLECTION

## Dependency Level Summary

Specialty/ Ward	Beds	Dependency Level					Current budgeted substantive FTE		Proposed (SNCT)		correct or over/under established		Ratio	Current Number of patients per RN (day)	Current Number of patients per RN (night)	CHPPD		Jan Fill Rate (RN) - Day	Jan Fill Rate (RN) - Night	
		0 %	1a %	1b %	2 %	3 %	RN - B7, B6, B5	HCA - B2, B3	RN	HCA	RN	HCA				Required	Actual			
<b>Emergency Care</b>																				
AMU PRH		0	84	15	1	0	27.6	22	18.6	10	9.00	12.00		4.9	4.6	7.6	10.1	93.7	98.3	
AMU RSH		52	34	11	3	0	35.02	24.22	29.7	16	5.32	8.22		4.6	4.6	6.6	7.6	104.9	106.6	
SAU (W33/W34)		35	50	13	1	0	20.3	20.01	38.1	20.5	-17.80	-0.49		5	6	7	7.3	107.7	121.1	
(HASU)		20	2	73	4	0			6.1	3.3	added to ward 15 figures on line 18			3	1.7	7	11.2	84.3	148.8	
<b>Medical</b>																				
Ward 6 Endocrinology (PRH)	25	61	16	19	4	0	30.56	9.52	19.8	10.7	10.76	-1.18	76%	5	6	5.3	7.3	96.70%	100.50%	
Ward 7 Endocrinology and Nephrology (PRH)	28	50	1	49	0	0	20.36	15.01	16.7	9	3.66	6.01	58%	5.7	9.1	6	6.1	97.30%	95.80%	
Ward 9 Respiratory (PRH)	28	28	10	50	12	0	20.27	15.01	2.59	29.2	15.7	-8.93	-0.69	57%	6.4	9.8	6.6	5.7	94.30%	100.70%
Ward 11 Nephrology (PRH)	28	39	9	52	0	0	19.27	15.01		26.5	14.3	-7.23	0.71	56%	6.4	9.2	6.2	5.8	95.30%	99.00%
Ward 10 Frail and Complex Elderly (PRH) increasing by 1	28	19	1	80	0	0	19.81	20.01		28.5	15.3	-8.69	4.71	50%	6.5	9.3	6.9	6.9	94.00%	99.90%
Ward 15 Hyper Acute / Acute Stroke Unit (PRH)	24	16	2	82	0	0	24.61	15.01		24.2	13	0.41	2.01	62%	4.7	9.3	7	7.7	92.00%	94.60%
Ward 16 Rehabilitation (PRH)	18	17	2	81	0	0	16.94	13.3		18.5	9.9	-1.56	3.40	56%	6.9	9.1	7	7	98.00%	96.80%
Ward 17 Head and Neck (PRH)	28	47	20	29	4	0	12.66	8.42		9.4	5.1	3.26	3.32	60%	4.1	5.3	5.8	8.9	97.10%	97.20%
Ward 21S Frailty / Stroke (RSH)	16	2	19	79	0	0	11.77	12.5		17.4	9.4	-5.63	3.10	48%	7	8	7.2	7.6	93.60%	100.00%
Ward 24C+E Cardiology / Endocrinology (RSH)	32	43	39	16	1	0	29.71	16.64		26.5	14.2	3.21	2.44	64%	7	8	5.6	6.4	90.80%	97.00%
Ward 22RE Respiratory (RSH)	46	29	18	38	14	0	27.6	29.65		39.6	21.3	-12.00	8.35	48%	6.6	7.2	6.5	7.5	89.90%	92.50%
Ward 27 Escalation (RSH)	39	28	19	53	0	0	25.61	22.51		36.4	19.6	-10.79	2.91	53%	6.9	9.8	6.4	6.4	93.50%	97.80%
Ward 28N Nephrology / General Medicine (RSH)	34	32	24	43	1	0	24.27	20.01		30.6	16.5	-6.33	3.51	54%	5.8	7.7	6.2	6.9	89.80%	96.00%
Ward 32SS Medical Short Stay (RSH)	24 (+3)	36	33	32	0	0	17.86	12.5		22.1	11.9	-4.24	0.60	59%	7.6	8.5	5.9	6	92.30%	100.20%
<b>Surgery</b>																				
Ward 25G Colorectal & Gastroenterology (RSH)	38	36	18	46	0	0	23.77	20.76	1.92	33.9	18.3	-10.13	2.46	53%	7.1	11.5	6.2	5.5	93.60%	92.70%
Ward 26S General Surgery / ICA (RSH)	37	33	29	36	2	0	26.05	18.92		33.1	17.8	-7.05	1.12	58%	6.6	9.3	6.1	5.3	93.50%	98.40%
Ward 17 Supported Discharge/Head & Neck (PRH)	28	4	7	89	0	0	10.77	12.5		15.6	8.4	-4.83	4.10	46%	5.3	7.1	7.4	9.6	105.20%	101.80%
<b>Musculoskeletal</b>																				
Ward 4 Trauma and Orthopaedic	27	11	0	83	6	0	19.27	15		27.3	14.7	-8.03	0.30	56%	5.7	8.3	7.3	7.1	98.70%	100.00%
Ward 8 Elective Orthopaedics	14	1	45	54	0	0	11.01	8.21		9.9	5.3	1.11	2.91	57%	5	5	6.9	9	97.20%	98.50%
Ward 22 Orthopaedics - increasing to 32 beds	29	10	4	85	2	0	18.27	17.51		28.8	15.5	-10.53	2.01	51%	7.4	9.5	7.2	6.2	91.80%	95.30%
<b>Oncology</b>																				
Ward 23OC Oncology & Haematology	30	1	7	92	1	0	23.57	14.77		33	17.8	-9.43	-3.03	61%	6.7	7.4	7.4	5.7	87.00%	100.50%
<b>Womens &amp; Childrens</b>																				
Ward 14 Gynaecology	12	13	79	8	0	0	16.5	7.62		8	4.3	8.50	3.32	69%	9.7	8.2	6.2	10.77	92.50%	88.80%
<b>Total</b>		<b>663</b>	<b>572</b>	<b>1308</b>	<b>56</b>	<b>0</b>	<b>533.43</b>	<b>406.62</b>	<b>4.51</b>	<b>627.5</b>	<b>337.8</b>	<b>-87.97</b>	<b>72.12</b>		<b>199.5</b>	<b>171.5</b>	<b>191.57</b>	<b>411.341</b>	<b>496.24</b>	
Total without AMU and SAU numbers												<b>-84.49</b>	<b>52.39</b>							

## Appendix 2

### Gap Analysis – Safe Staffing at Shrewsbury & Telford Hospitals (SaTH) – April 2020

This is a gap analysis for SaTH in relation to the following national guidance on Safe Staffing:

- Safe staffing for Nursing in Adult Inpatient Wards in Acute Hospitals (NICE, 2014)
- Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: Safe sustainable and productive staffing, (National Quality Board, 2016)
- Developing workforce safeguards supporting providers to deliver high quality care through safe and effective staffing (NHS Improvement, 2018)

This Safe Staffing Improvement Plan incorporates all of the recommendations from the above guidance, to enable the Trust to monitor the organisation's progress. Updates will be provided to the Workforce Committee on a monthly basis and to Trust board bi-annually as a minimum.

As of April 2020, the Trust is partially compliant against all of the national recommendations apart from 2 where SaTH is currently non-compliant.

Recommendation		SaTH current position	Action required
1	Trust must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance.	<b>Partially compliant.</b> Gap analysis undertaken in March 2020 demonstrating partial compliance	Safe Staffing Improvement plan incorporates NQB 2016 recommendations
2	Trusts must ensure the three components are used in their safe staffing processes: <ul style="list-style-type: none"> <li>• evidence-based tools (where they exist)</li> <li>• professional judgement</li> <li>• outcomes</li> </ul>	<b>Partially compliant.</b> As part of the Nurse Establishment Review process which commenced in January 2020; all 3 components can be demonstrated	Develop a SaTH SOP for setting and reviewing Nurse staffing and establishments to include explicitly use of SNCT, professional judgement discussions and triangulation of quality and safety data.
3	Trusts will be required to confirm their staffing governance processes are safe and sustainable, based on national assessment on the annual governance statement	<b>Partially compliant.</b> SaTH can confirm that they are in the early stages of developing governance processes for Safe Staffing however, partial compliance of NQB guidance remains outstanding	Governance process for Safe Staffing to be finalised via SOP. On-going improvements in line with NQB recommendations via Safer Staffing Improvement Plan.
4	The Trust annual governance statement will be reviewed through usual national regulatory arrangements and performance management processes, which complement quality outcomes, operational and finance performance measures.	<b>Partially compliant.</b> SaTH will continue to improve upon the governance and compliance of the NQB recommendations	Safe Staffing SOP Compliance with NICE 2014 Compliance with NQB 2016 Compliance with NHSI 2018

Recommendation		SaTH current position	Action required
5	As part of the yearly assessment NHSE/I will also seek assurance through the Single Oversight Framework, in which a provider's performance is monitored against five themes.	<b>Partially compliant.</b> SaTH has further improvements to be made against the five themes (quality of care, finance and use of resources, operational performance, strategic change and leadership & improvement capability). Dashboard of quality metrics available and presented in monthly staffing paper to Workforce Committee.	Budgetary expenditure, Bank & Agency usage, E roster compliance, HR metrics are all under development and are aiming to be presented at monthly Nursing, Midwifery and AHP Vacancy Control Panel and Quality Impact Assessments – added to Safer Staffing Improvement Plan.
6	As part of the safe staffing review, the Chief Nurse and Medical Director <b>must</b> confirm in a statement that to their Board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.	<b>Partially compliant.</b> Director of Nursing will be cited and confirm. Currently Nurse staffing review does not get signed off by Medical Director.	Final statement for support of any business case and/or Quality Impact Assessment will be through Trust Board – added to Safer Staffing Improvement Plan.
7	Trust must have an effective workforce plan that is updated annually and signed off by the Chief Executive and executive leaders. The Board should discuss the workforce plan in a public meeting.	<b>Not compliant.</b>	Workforce Plan will be developed following the bi-annual staffing paper. Future nursing workforce requirements in development.
8	The Trust must ensure their organisation has an agreed local quality dashboard that cross-checks comparative data on staffing and skill mix with other efficiency and quality metrics such as the Model Hospital dashboard. Trusts should report on this to their board every month.	<b>Partially compliant.</b> Currently there are a number of different data sets/dashboards available however these need to be pulled together for easier scrutiny. Quality metrics and Model Hospital is discussed within the monthly staffing paper.	A review of the draft workforce dashboard and quality dashboards needs to be undertaken alongside further staff training on Model Hospital for ward level and Care Group level staff.
9	An assessment of re-setting of the nursing establishment and skill mix (based on acuity and dependency data and using evidence-based toolkit where available) must be reported to the board by ward or service area twice a year, in accordance with NQB guidance and NHS improvement resources. This must also be linked to professional judgement and outcome.	<b>Partially compliant.</b> First report completed for January 2020. Plans in place to complete bi-annual reviews in January and July from now on.	Completion of SOP as stipulated in recommendation 2.
10	There must be no local manipulation of the identified nursing resource from the evidence-based figures embedded in the evidence-based tool used, except in the context of a rigorous independent research	<b>Partially compliant.</b> Uplift has been changed to 22% in line with SaTH.	Await review of bi-annual staffing paper from Interim Chief Nurse.

Recommendation	SaTH current position	Action required
	study, as this may adversely affect the recommended establishment figures derived from the use of the tool.	Trained: untrained ratio currently on a 65:35 split. No other alteration of the Safe Nursing Care Tool data has occurred.
11	As stated in CQC's well-led framework guidance (2018) and NQB's guidance any service changes, including skill mix changes, must have a full quality impact assessment (QIA) review.	<b>Partially compliant.</b> QIAs will be undertaken for any proposed changes to establishments.
12	Any redesign or introduction of new roles (including but not limited to Physician Associate, Nursing Associates and Advanced Clinical Practitioners – ACPs) would be considered a service change and must have a full QIA.	<b>Partially compliant.</b> QIAs will be undertaken for any proposed changes to establishments
13	Given day-to-day operational challenges, we expect trusts to carry out business-as-usual dynamic staffing risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described in these risk assessments.	<b>Partially compliant.</b> The Trust holds three times a day site safety meetings which include discussions relating to staffing across the trust based. Any formal escalation for gaps is via the Deputy Director of Nursing or an Executive who has access to the local risk assessment, A&D and mitigations already in place prior to making a decision on approving temporary staffing at tier 4 and above agency.
14	Should risks associated with staffing continue or increase and mitigations prove insufficient, trusts must escalate the issue (and where appropriate, implement business continuity plans) to the board to maintain safety and care quality. Actions may include part or full closure of a service or reduced provision: for example, wards, beds and teams, realignment, or a return to the original skill mix.	<b>Not compliant.</b> No set governance process in place.
		Added to Safer Staffing Improvement Plan.  Phased staffing plan and associated risk assessment in place for inpatient wards in relation to Covid-19.  Need set escalation plan for raising staffing concerns.

## Appendix 3

### Shrewsbury & Telford Hospitals (SaTH) Safer Staffing Improvement Plan April 2020

This improvement plan has taken the relevant actions from the following:

1. Recommendations from the review by the National Clinical Workforce Lead, NHS England/Improvement
2. Recommendations from January 2020 Bi-annual staffing paper
3. Recommendations from gap analysis of Safe staffing for nursing in adult inpatient wards in acute hospitals NICE, 2014
4. Recommendations from gap analysis of Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: Safe sustainable and productive staffing, NQB 2016
5. Recommendations from gap analysis of NHS Improvement 2018 'Developing workforce safeguards- supporting providers to deliver high quality care through safe and effective staffing'

Action required	Responsible Officer / s	Expected completion date	Status & comments- OPEN/COMPLETE	Evidence
Apply for a license from Imperial Innovations for a validated version of SNCT (1)	M. Bayley	August 2019	<b>COMPLETE</b>	License in place and SNCT toolkit utilised for bi-annual staffing review
Continue to train senior ward staff (band 7 and maximum of 2 additional seniors) to accurately assess levels of care using SNCT (1)	C. Hobbs, DDoN	July 2020	<i>Further training required across SaTH to comply with the action.</i>	Training log to be corporately held.
Identify 2 separate months (1 peak and 1 trough) for Acuity and dependency (A&D) assessments (1)	C. Hobbs, DDoN	December 2019	<b>COMPLETE</b> Data capture and peer review in place for January and July – commenced January 2020	Data utilised for bi-annual staffing papers
During the identified months, ward staff capture Acuity & Dependency (A&D) every afternoon as only required once a day (1)	C. Hobbs, DDoN	January 2020	<b>COMPLETE</b> Captured once a day during period in January 2020. Currently capturing twice a day which needs to stop (further action added to this action plan).	Data utilised for bi-annual staffing papers
Once a week a Matron/Corporate Nurse not part of the ward management undertakes the A&D assessment alongside ward staff (1)	C. Hobbs, DDoN Heads of Nursing, Matrons	July 2020	<i>Performed during January 2020 data capture. No assurance currently on quality of this due to having small numbers of staff having inter-reliability assessments performed.</i>	Return forwarded to DDoN

Action required	Responsible Officer / s	Expected completion date	Status & comments- OPEN/COMPLETE	Evidence
Develop a report for each ward showing the recommendation establishments alongside the patient and staff outcomes (1, 3, 4 5)	C. Hobbs, DDoN	May 2020	<b>PARTIAL COMPLETION</b> Triangulation of outcomes and staffing is completed via the monthly staffing report. Bi-annual staffing paper will highlight recommended establishment alongside professional judgement and outcomes.	Monthly staffing paper and bi-annual staffing paper
Undertake a MDT confirm and challenge session with individual wards/care groups to take account of professional judgement (1)	C. Hobbs, DDoN /M. Bayley, Chief Nurse	May 2020	<b>PARTIAL COMPLETION</b> Performed by Deputy Director of Nursing (DDoN) via establishment review meetings with Ward Managers and Matrons. Further discussions then to be held with Heads of Nursing.	Monthly staffing paper and bi-annual staffing paper
Chief Nurse to review all recommended establishments and undertake confirm and challenge exercise of sample wards (1, 3)	M. Bayley, Chief Nurse	May2020	<i>Chief Nurse to review bi-annual staffing paper and perform further confirm and challenge.</i>	Via Workforce Committee and Board minutes.
Calculate the next annual establishment for the next financial year and report to board (1)	C. Hobbs, DDoN M. Bayley, Chief Nurse Finance Team	May 2020	<i>Via bi-annual staffing paper and meeting with Finance colleagues</i>	Via bi-annual staffing paper and Workforce Committee and Board minutes
Following adjustments/approval from board – update all roster templates to reflect the agreed establishments for the next financial year. (1, 3)	C. Hobbs, DDoN M. Bayley, Chief Nurse Workforce Assurance Team	May 2020	<i>Inaugural bi-annual staffing paper. Currently following national guidance to collect 3 data sets before making significant changes to workforce. Main consideration for the January 2020 review will be to complete professional judgement assessments and Quality Impact Assessments in relation to Nursing Associates (separate action).</i>	Via bi-annual staffing paper and Workforce Committee and Board minutes



Action required	Responsible Officer / s	Expected completion date	Status & comments- OPEN/COMPLETE	Evidence
Add narrative regarding management of enhanced care and the lack of robust data to guide the decision for the next financial year (1)	C. Hobbs, DDoN/ Finance	April 2020	<b>COMPLETE</b> <i>To be added to bi-annual staffing paper.</i>	Bi-annual staffing paper
Review the Insights report for further information and guidance on required actions (1)	C. Hobbs, DDoN	April 2020	<i>To be added to bi-annual staffing paper.</i>	Bi-annual staffing paper
Essential to have peer challenge of rotas/daily staffing (1)	C. Hobbs, DDoN Heads of Nursing	May 2020	<i>For discussion and implementation via Care Groups. Workforce Dashboard to be agreed and then utilised via monthly Nursing, Midwifery and AHP Vacancy Control Panel for scrutiny of roster management.</i>	Improvements in Workforce Dashboard KPIs
Quality Impact Assessments for any new roles (1, 4)	C. Hobbs, DDoN	May 2020	<i>To be completed by DDoN and forwarded to Chief Nurse for agreement.</i>	Completed QIAs
A&D to be captured once a day in line with national expectations (2)	C. Hobbs, DDoN	May 2020	<i>To be discussed with Workforce Assurance Team, Heads of Nurses, Matrons and Ward Managers and then implemented.</i>	Data collected once a day
Develop and offer a training package to Ward Managers and Matrons regarding workforce management, roster management and budget management (2, 3)	C. Hobbs, DDoN Workforce Team Finance Team	October 2020	<i>To be developed and commenced.</i>	Training dates available and attendee register
To ensure a consistent approach to band 7/Ward Manager clinical hours across the organisation (2)	C. Hobbs, DDoN Heads of Nursing Finance Workforce Team	May 2020	<i>To be added to bi-annual staffing paper and an executive led decision agreed.</i>	Standardised clinical hours of Ward managers across all Care Groups.
Confirm decision on the deployment of Trainee and qualified Nursing Associates into clinical areas (2)	C. Hobbs, DDoN/M. Bayley, Chief Nurse	May 2020	<i>To be added to bi-annual staffing paper and QIA completed.</i>	Completed QIA and changes to establishments
All clinical areas should have an establishment review including Theatres and Outpatient areas, ED and Renal (2, 4)	C. Hobbs, DDoN	August 2020	<i>To be completed as part of next bi-annual staffing paper.</i>	Documented in next bi-annual staffing paper.

Action required	Responsible Officer / s	Expected completion date	Status & comments- OPEN/COMPLETE	Evidence
Establishment review required for essential ward support roles such as Hostess, cleaning, transfer teams in order to consider reduction in HCA hours. (2)	Jo Yale, Facilities Manager Lead Nurse for Site Safety	July 2020	<i>To be completed as part of bi-annual staffing review</i>	Documented in next bi-annual staffing paper.
All areas to be flexible to the needs of their staff to improve recruitment and retention levels (E.G.: mandated 12 hour shifts). Process for escalation of refusals to be escalated corporately. (2)	C. Hobbs, DDoN Workforce Team Heads of Nursing Matrons Band 7s	June 2020	<i>To be developed alongside Workforce Team and Exit Interview processes.</i>	More evidence on rosters of flexible working. Increased appeals in regards to flexible working requests.
Development of future trajectory of vacancies for qualified nurses in order to plan proactively for future recruitment/international recruitment to ensure SaTH gains a resilient workforce fit for future needs (2)	C. Hobbs, DDoN Workforce Team	July 2020	<i>Required and awaited from Workforce Planner</i>	Trajectory to be monitored via Workforce Committee and business cases to be completed as a result of planned requirements.
Trust must have an effective workforce plan that is updated annually and signed off by the Chief Executive and executive leaders. The Board should discuss the workforce plan in a public meeting. (4)	As above			
Develop a SaTH SOP for setting and reviewing Nurse staffing and establishments to include explicitly use of SNCT, professional judgement discussions and triangulation of quality and safety data. (3, 4)	C. Hobbs, DDoN	June 2020	<i>To be commenced.</i>	Completed SOP available on Intranet
Final statement from Chief Nurse and Medical Director for support of any business case and/or Quality Impact Assessment for staffing changes will be through Trust Board (4, 5)	M. Bayley, Chief Nurse A. Rose, Medical Director	May 2020		Minuted in Board minutes and in Quality account report
A review of the draft Workforce Dashboard and quality dashboards needs to be	C. Hobbs & K. Blackwell, DDoN Workforce Team	July 2020		Greater use of dashboard and model hospital

Action required	Responsible Officer / s	Expected completion date	Status & comments- OPEN/COMPLETE	Evidence
undertaken alongside further staff training on Model Hospital (4)				data by managers and Matrons
Review of bi-annual staffing paper and findings to be undertaken by National Clinical Workforce Lead for further advice and objective scrutiny.	C. Hobbs, DDoN M. Bayley, Chief Nurse	May 2020		Feedback received and any additional actions added to Improvement Plan
Draft escalation SOP for high tier temporary staffing to be reviewed	C. Hobbs, DDoN	June 2020		Changes to SOP. Bank and agency expenditure.
Enhanced Bank rates to be reviewed every quarter and a which includes effectiveness/value for money and ongoing agreement to extend or terminate	C. Hobbs, DDoN M. Bayley, Chief Nurse Finance Team	June 2020		Changes to Bank rates. Paper to Executive team.
Escalation plan for staffing shortages to be written, agreed and shared.	C. Hobbs, DDoN	June 2020		Escalation plan in place
Criteria for ward areas (admissions and outlying) to be devised by Care Groups and agreed by executive team	Heads of Nursing Deputy COO COO Deputy Director of Nursing Chief Nurse	September 2020		Criteria for all wards available to site team
Risk assessment for Enhanced Care	C. Hobbs, DDoN	May 2020		Approved and agreed
Risk assessment for outlying of patients into Gynaecology Ward	L. Atkin, HoN C. Hobbs, DDoN	May 2020		Approved and agreed
Paediatrics to utilise the Shelford SNCT model for next round of reviews (July 2020)	L. Atkin, HoN C. Hobbs, DDoN	July 2020		Data gained and shared at next staffing review