

## Biannual Safer Staffing Report June 2023 (in Full)

### 1.0 Introduction

- 1.1 Demonstrating safe staffing is one of the essential standards that all health care providers must comply with to meet Care Quality Commission (CQC) regulation, Nursing and Midwifery Council (NMC) recommendations and national policy on safe staffing. The National Quality Board (2016) guidance and Developing Workforce Safeguards (2018) in particular sets out 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.
- 1.2 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 (Royal College of Nursing, 2021; Rafferty et al 2007).
- 1.3 In ensuring the safe, effective delivery of emergency care the Royal College of Nursing makes several recommendations on Emergency Department Nurse staffing levels. The key standards include an uplift of 27% to take account of education and training requirements, supernumerary time for foundation nurses, practice education team, a coordinator for each shift, nursing cover for breaks and the safe staffing of audio-visually separate areas, staffing to meet triage time of 15 minutes. Skills and training and experience of staff should be taken into consideration when reviewing skill mix alongside agency staffing levels as percentage of workforce. In addition, the recommended standards for children in emergency care settings advocate Emergency Departments must always have a minimum of two Registered Children's Nurses on duty, and assessment of paediatrics on arrival in the department must occur within 15 minutes. (Royal College of Nursing, 2022; The Royal College of Paediatrics and Child Health, 2018).
- 1.4 Definition of staffing levels for children and young person's services is clearly articulated in Royal College of Nursing Guidance and provides an indicative baseline day and night for nurse-to-patient ratios as follows:
- Level 3 critical care = 1:1
  - Level 2 critical care = 1:2
  - Level 1 critical care = 1:3
  - Ward care = 1:4 if the children are over 2 years old
  - Ward care = 1:3 if the child is under 2 years old.

In addition, RCN guidance recommends an uplift of 25%. National Quality Board Guidance (NQB) further recommends uplifts may require adjustment as paediatric wards tend to attract a younger workforce and have a higher level of parenting leave. The average percentage leave required should be reflected in uplift and workforce plans. Guidance also advocates for establishments setting to include time for interhospital transfers of paediatric patients, support outreach of registered children's nurses into areas, such as emergency.

departments, and consider the impact nursing children and adolescents in a ward area with mental health has on staffing. (Royal College Nursing, 2013; National Quality Board, 2018)

- 1.5 The 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 there is a systematic approach to determining staffing numbers and skills required to maintain safety of patients in their care. The best practice principles of safe staffing that are to be used in are listed below and must be used in the Trusts safe staffing processes:
- Evidence based tools and data.
  - Professional judgement
  - Outcomes
- 1.6 This report provides an overview of the evidence-based tool and data of the above bullet points for 27 adult inpatient wards or acute assessment units, paediatric wards and emergency departments in June 2023 (Appendix 1a). Analysis is limited at this time as the application of the SNCT requires a minimum of two data sets and where there is variation in data, further census before recommendation proposed utilising professional judgement and outcomes. Previous applications of tool have not been applied correctly so previous data has to be considered with caution.
- 1.7 Further areas included in the review included all departments (Appendix 1b) and specialist nurses in Surgery, Anaesthetics and Cancer Division, Medicine, and Emergency Division and Paediatric, Neonates Gynae and Fertility in Women and Children's Division. Due to increase in demand and needing to align with capacity several specialist areas had started work on business cases where staffing need will be identified.
- 1.8 Due to a number of ward moves and changes in function of wards the Director of Nursing requested three census collections using the Safer Nursing Care Tool in 2023. The third data collection has been commenced in the Emergency Departments and Paediatric ward however due to the launch of new Adult and Acute Assessment tool the third data cannot be completed as advice from Shelford Group who provide license of product for use is previous versions are no longer valid and new version of the tool is not yet available. Not completing 3<sup>rd</sup> census has impacted data collection as number of wards functions have changes, locations have changed, and services expanded. This has impacted the availability of consistent data sets that is required to support decision making.

## **2.0 Nurse to Patient ratios**

- 2.1 Nurse to patient ratios is a useful benchmark for assessing the average amount of patients each nurse is caring for, but do not accurately reflect the needs of the individual patients, as acuity and dependency needs may vary at different points and as such nurse- to-patient ratios must account for these factors. 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.

Registered Nurse (RN) to patient ratio of **no more than 1: 8** during the day. There is no current guidance for nights.

- 2.2 Table 1 shows the average RN: Patient ratio at Shrewsbury and Telford Hospital (SaTH) during the month of June 2023. Nurse associates have been included in ratio calculations as a registrant, as the role will contribute to most aspects of care. Nurse associate roles have developed since NICE guidance was published and are part of the nursing team.

**Table 1: Actual Average RN: Patient ratio during June 2023**

| Division                       | RN: Patient Ratio (daytime average) | RN: Patient Ratio (average) |
|--------------------------------|-------------------------------------|-----------------------------|
| Medicine & Emergency           | 1:5.1                               | 1:6.2                       |
| Surgery, Anaesthetics & Cancer | 1:5                                 | 1:6.4                       |

- 2.3 Table 1 shows that during June 2023 the 2 main adult divisions met the national requirement overall of a ratio of 1:8 maximum daytime. Both divisions are similar in average ratios.

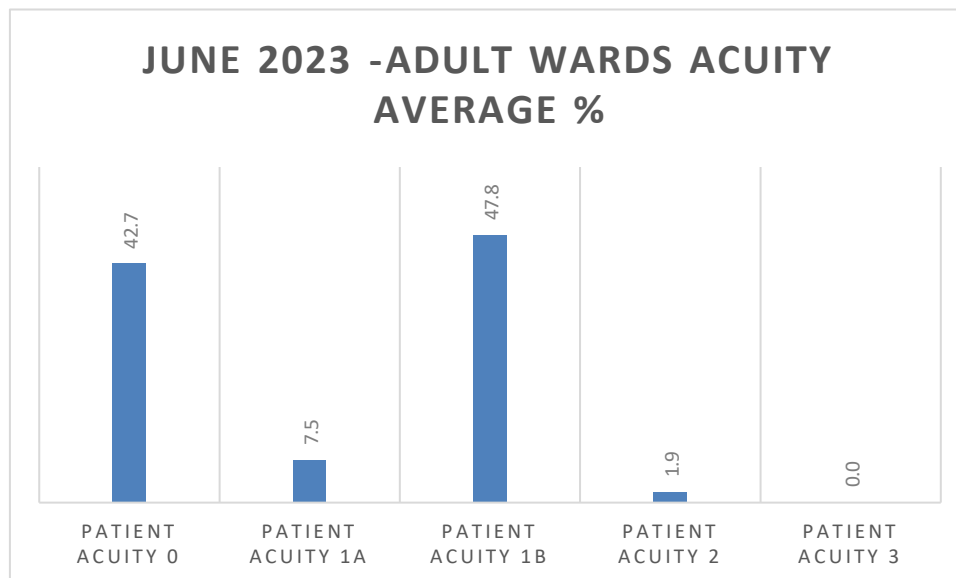
### **3.0 Safer Nursing Care Tool (SNCT)**

- 3.1 The SNCT is an evidence-based tool that is recommended by NICE to measure individual patient acuity and dependency. It is proposed that using SNCT offers greater understanding for whether actual hours match required hours.
- 3.2 The Adult Inpatient, Acute Assessment Units and Children and Young Persons tools are designed to be used daily. During data collections in January and June this year, 20 days of acuity data has been collated on however recent studies and guidance from the clinical workforce team in NHSE recommends increasing the timeframe of study. 40 days per census is indicated. Collecting individual patient acuity and for ED the period is 12 days with acuity data collected twice a day.
- 3.3 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 also not designed to indicate required skill mix. The tool must be used in conjunction with application of professional judgement and patient outcomes when determining staffing establishments and skill mix.
- 3.4 SNCT guidance requires a review of data from a minimum of two census periods before making changes to establishments/budgets. Where data is significantly different further census may be required. With multiple changes in ward function, and a number of wards moves the SNCT will have limitations if subsequent census periods do not analyse the same ward functions/locations.
- 3.5 When applying methodology for safer staffing reviews, the evidence-based tools, outcomes and professional judgement should be considered.
- 3.6 A change in data collection process was applied in January 2023 to ensure reliability of the tool. In previous census in 2022 it was also noted that whilst using a deployment tool no calculation for bed occupancy occurred, which could lead to an underestimate of acuity scoring, this issue was addressed with current census. The main wards affected in June census are ward 19 Children's and ward 36. Adjustments to establishments have taken into consideration when calculating Full Time Equivalent (FTE) for staffing levels to open all beds, however ward 36 functions changed from January to June so application of SNCT is limited as no consistent data sets.
- 3.7 All staff undertaking audit or validation have completed training programme and assessment of competence. Up to a level of 10% variation expected with the use of SNCT.

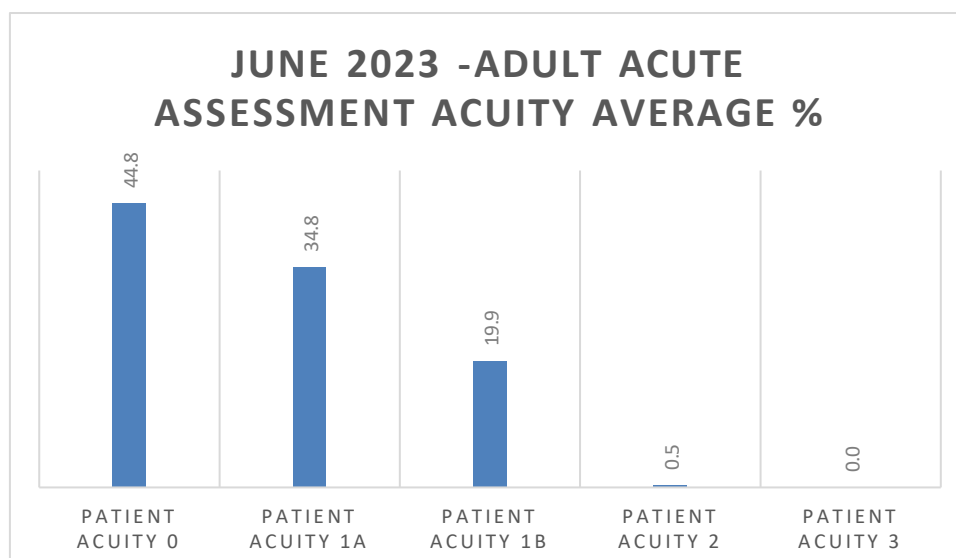
in scores ensuring training and competency is maintained over time will offer greater assurance regarding data reliability.

- 3.8 The overall average percentage data for all adult wards acuity for June 2023 is shown in Chart 1, where the main acuity of patients is Stable but dependent on nursing care - 47.8% (level 1b) or stable – 42.7% (level 0). The number of acutely ill patients (level 1a) remains low at 7.5% similar to previous census. Other comparisons of previous years census are limited as previous application of the tool had reliability issues and changes in category could be attributed to previous reliability issues. Reliability of the tool will have improved with training and assessment of all staff undertaking acuity scoring.

**Chart 1 – overall Trust acuity scores (adult wards)**



**Chart 2 – average acuity scores Adult assessment wards**

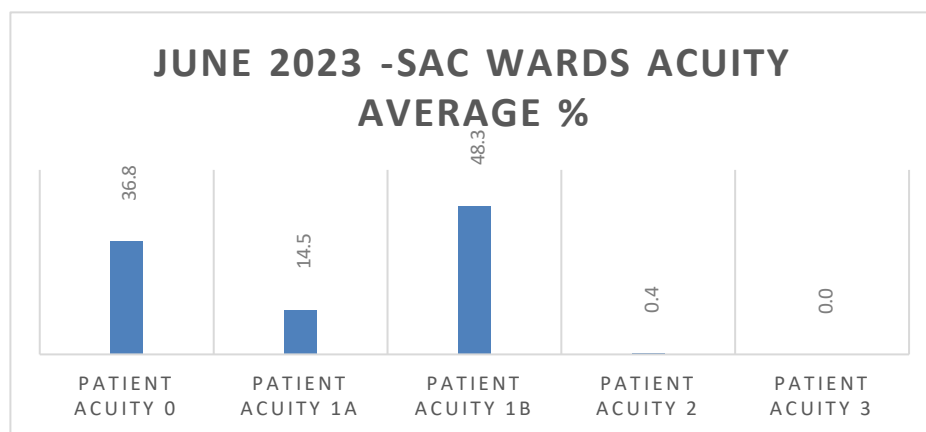


- 3.9 Average acuity scores for adult acute assessment areas (chart 2) shows a higher number of stable patients (level 0) and acutely ill patients (level 1a) and then stable but dependent patients (level 1b) and a small number of patients needing level 2 care, which is in line with national averages for assessment areas. Telford AMU census had a significantly higher number of stable patients and low numbers of acutely ill patients. Flow from ED to TAMU

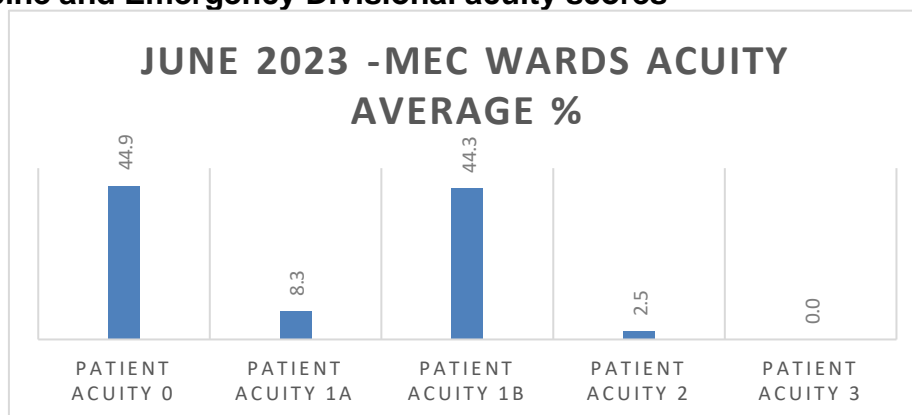
was likely led to delays in transfer which allowed for treatment and stabilisation of patient prior to transfer whereas patients would usually have been moved earlier.

- 3.10 Charts 3, 4 show the acuity for June 2023 broken down by Division and charts 5 & 6 by specific areas assessed in Women and Children's and Chart 7 by Emergency Departments.
- 3.11 Data collected for Surgical areas show the highest proportion of patients fall into the 1b category (stable dependent patients), whereas Medicine is even between Level 0 and 1b patients at 44.9% and 44.3% respectively. Acute Assessment areas (SAU, AMU's) the highest category is Level 0 (stable patients requiring hospital care) closely followed by 1a acutely unwell. For Gynaecology ward and Paediatrics, the majority were classed as a Level 0 - stable patients. However, paediatrics had a number of empty beds in June (expected seasonal variation) and overall acuity scores will be affected by empty beds as only level 0 can be applied to an empty bed. Further census periods are planned this year for Paediatric wards as autumn sees an increase in admissions for respiratory issues. It is important to capture seasonal variation, so it reflects work at the peak of activity.

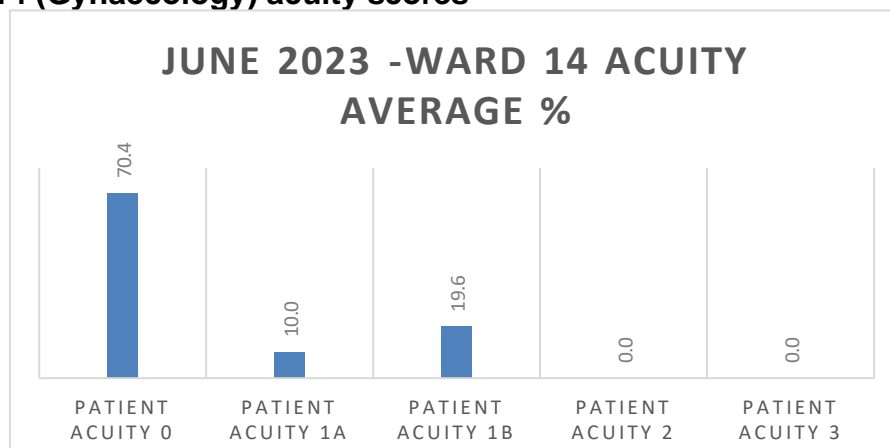
**Chart 3 – Surgery, Anaesthetics and Cancer Divisional acuity scores**



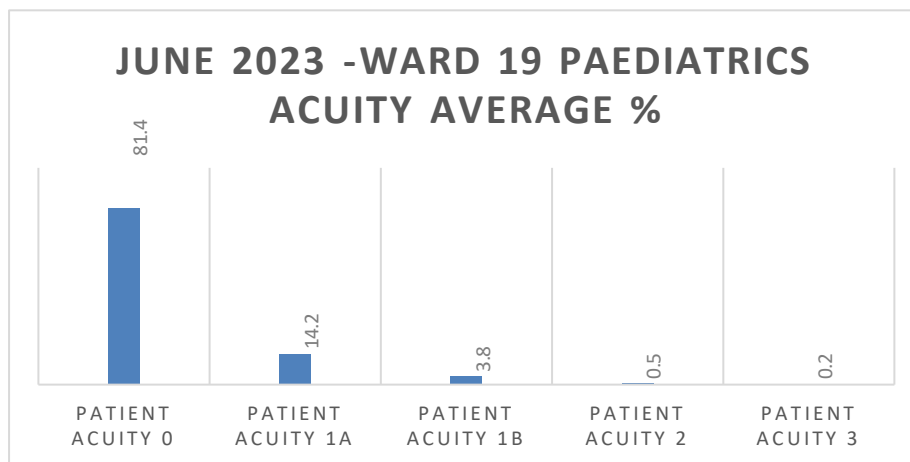
**Chart 4 – Medicine and Emergency Divisional acuity scores**



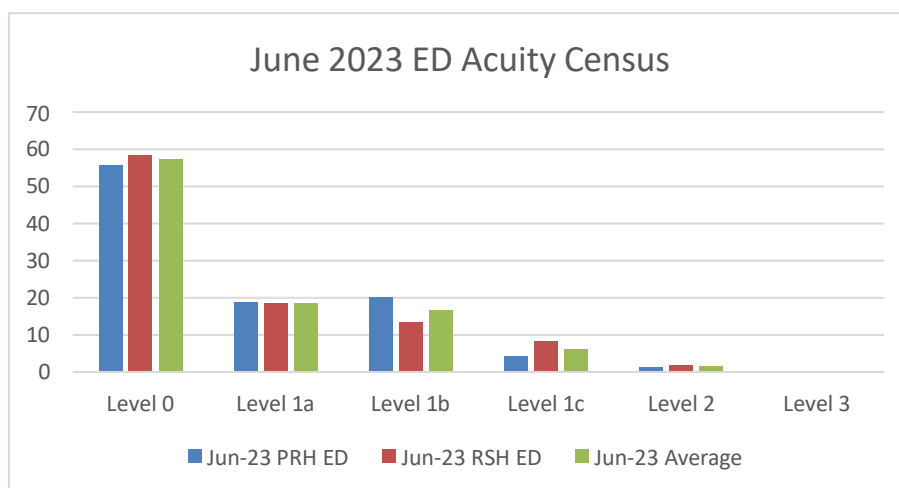
**Chart 5 – Ward 14 (Gynaecology) acuity scores**



**Chart 6 – Ward 19 Paediatrics acuity scores**



**Chart 7 – Emergency Departments acuity scores**

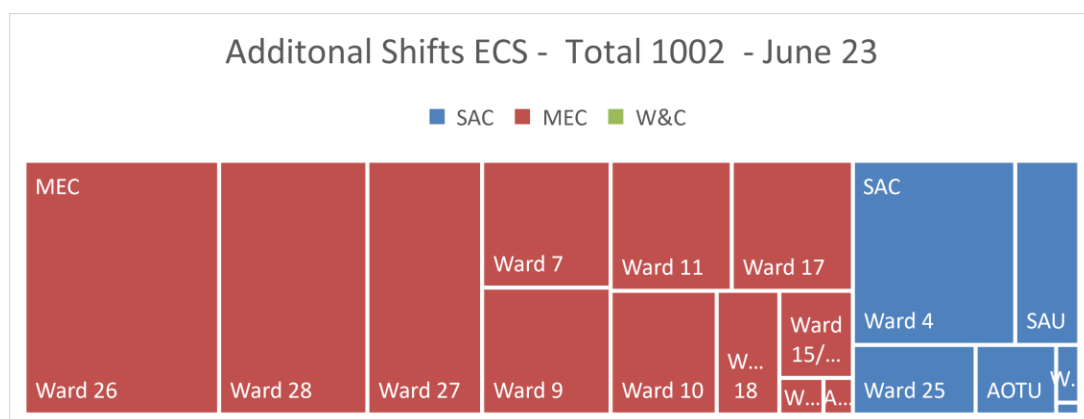


- 3.12 The Emergency Department SNCT census was collected for the first time in January 2023 and subsequently in June 2023. Data is similar across both departments with majority of patients in the Level 0. During the census period scores are only given to patients who have been in the Emergency Departments <12 hours. Calculations for SNCT utilise the annual attendance rate in working out daily and department averages. However, it is known during both the census periods department flow is an issue and on a daily basis there are a number of patients waiting for admission to inpatient beds that would normally not be cared for in the ED once ready for a ward bed. Although annual attendances are used to calculate the Full Time Equivalent recommended staffing level this figure is based on the expectation patients don't stay in ED >12 hours. Both Emergency Departments regularly have patients with significant care needs staying for prolonged periods and are being managed on corridors and escalation areas. These patients will require staff to provide care and maintain safety, and this must be considered as part of the professional judgement conversations.
- 3.13 Both Emergency Departments have an ambulance receiving area that is separate to the main department. From a staffing perspective having a physically and audibly isolated area needs to be considered when reviewing staffing levels required to safely to operate.
- 3.14 Ensuring the appropriate level of staffing for caring for children and young persons in the emergency departments should be considered when applying professional judgement. Attendances for paediatric patients attending PRH and RSH respectively are 25% and 17% of all admissions (rolling 12 months aligned with census) with a daily average attendance of 50 patients at PRH and 29 patients at RSH. Guidance for ED SNCT acknowledges the need to have dedicated roles i.e., paediatric nurses, and dedicated role can help or hinder flexibility in the department. Further analysis with census periods of staffing to meet CYP needs in ED would be helpful to ensure standards for paediatric care are met.

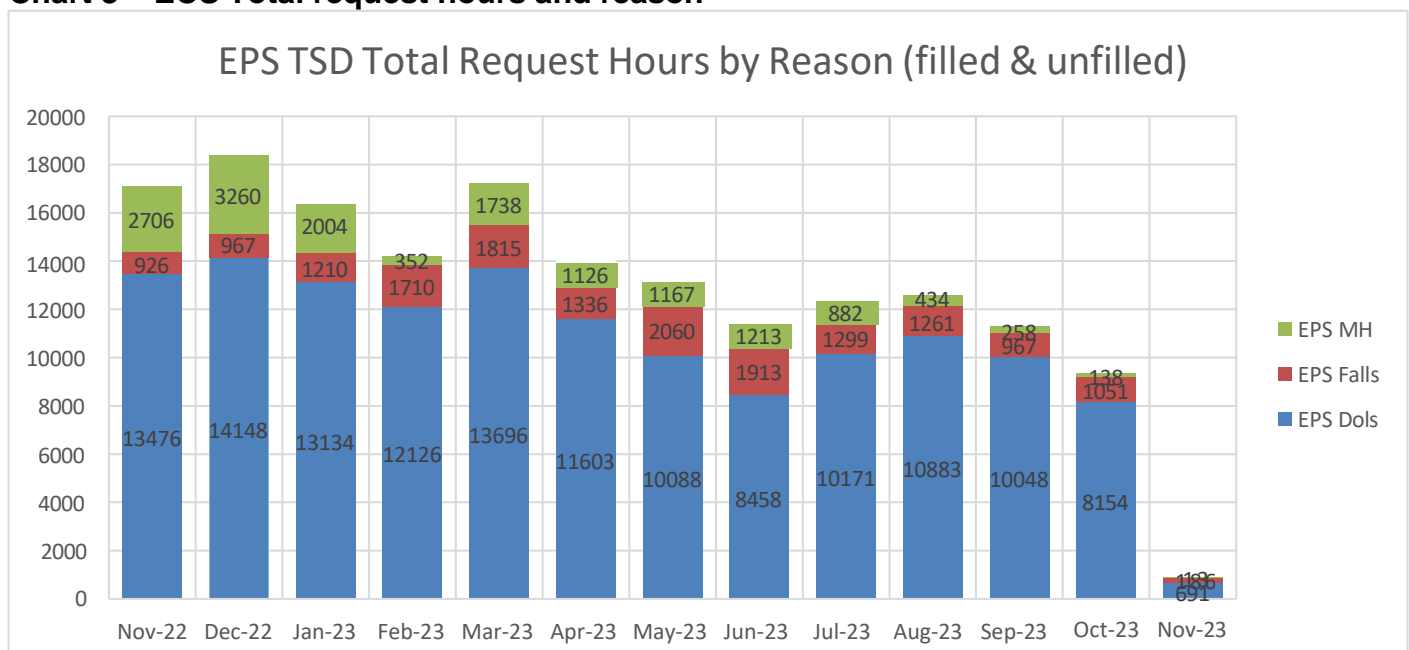
- 3.13 For the purpose of the bi-annual staffing reviews, a benchmark of RN: HCA ratio of 65:35 has been utilised within the SNCT for adult inpatient wards. It should be noted that the gold standard would be a mix of 70% RN to 30% HCA. Evidence suggests that increasing RNs within a ward skill mix reduces mortality and increases patient safety and quality of care. (Aiken et al 2010, 2013, 2016, 2018, Ball et al 2018, Blegan et al 2011, Estabrook et al 2005, Griffiths et al 2016, RCN 2021). However, where a ward has a usual higher dependency rather than acuity need, the ratio may need change. Current acuity/dependency scoring across medicine and surgery show a higher dependency of patients in June 2023 and templates currently reflect a ratio with higher levels of HCA. Medicine having average ratio of RN at 52%, Surgery 54%, AMU's 56%, SAU 55%, Gynae 60% and Paediatrics 71%. Wards 6, 23OH, RSH AMU, SAU and Ward 8 have the highest number of acutely ill patients. RN ratio for wards is higher ranging from 63-72% whereas assessment areas are both 55%. HCA requirements are higher in assessment areas as there are regular patient inter department moves which the HCA workforce will support with. There is a possible opportunity to review how they work and consider if other teams to take on the burden of this type of work such as transfer teams.
- 3.14 The full analysis of the data collection in June 2023 is shown in **Appendix 1a and 1b**. To aid triangulation the data supplied includes, by ward; the acuity of patients; current budgeted establishments and expected establishments based on acuity (SNCT), CHPPD, RN: HCA ratios and fill rates. As previously mentioned, adjustments to data collection to improve reliability on acuity scoring means reasonable comparison of data sets can only occur following future census undertaken 2023. The aim was to complete 3 census periods in 2023 however as previously discussed a change in the adult inpatient tool and acute assessment areas tool has meant that previous versions of the tool are no longer valid, and all Trusts nationally are awaiting guidance on using the new tool. Future census will utilise the new versions of these tools. A third census in ED and Paediatrics is underway as these tools have not changed.
- 3.15 Inpatient ward areas in the main are aligned with the outputs of the SNCT regarding Full Time Equivalent (FTE). However, areas where level 2 care is undertaken, and small wards are currently showing a variance from recommended FTE. Assessment areas are in a similar position as the SNCT has been applied to bed base only and other activity is not captured with the SNCT tool i.e., trolleys and seated patients. A better understanding of total activity is required to determine staffing needs for these areas. There is potential opportunity to use the ED tool or consider other metrics in the assessment areas. Further work is required to review options. Furthermore, a discussion with finance leads and divisional directors of nursing at establishment review meetings identified the disaggregation of ward budgets is still required where staffing covers additional areas including assessment areas, NIV service, HASU, CCU, GATU, CAU and Outpatients. Budgets need to be clearly delineated so a reflective comparison can occur of nurses aligned to bed base and those aligned to other areas. Wards 8 and 35 are regularly seeing patients attending for review, treatments, or interventions (ward attenders). During census period the ward was requested to provide a narrative as part of the data submission on additional work done and time taken. For ward 8 this averaged at 45 minutes a day and work was done by the ward coordinator, on ward 35, six days out of the 20, the ward had to support additional patient for line insertion or renal biopsy. Ward 35 also has approximately 1 hour 20 minutes per day of staff off ward doing transfers. This time off ward support patient interdepartmental moves is normally built into the tool, however as ward 35 is isolated for main ward block two staff members must support patients on transfer as they move through tunnel to get to main hospital building. Ward establishments do not normally have time for external transfers included, however external transfers were minimum with ward 19 completing 2 and ward 9 and ward 14 completing 1 respectively. Current numbers of transfers do not necessarily reflect a need to adjust establishments as transfers in these numbers can likely be supported by the ward.
- 3.16 Additional Staff i.e., Enhanced Patient Support (EPS) or Mental Health Nurses, are not normally planned in establishments and data has been reviewed for June 2023 of additional.

shifts required (**Chart 7**). The highest use of EPS for Surgery was the Trauma ward at PRH Medicine Ward 26/27/28 at RSH. The case mix of all of these wards has a higher number of dependent patients. The need for Mental Health trained nurse was limited to a couple of wards. However, with a recently appointed Mental Health Matron in post, potential opportunities for recruitment of Mental Health Nurses should be considered as part of establishments in areas with need for this experience and skill. Opportunities to improve quality of EPS care and appropriate allocation of staff has commenced following the introduction of the Enhance Care Team and lead Nurse. This work will continue as team is recruited to. The teams' skills include de-escalation management and intervention, and re-conditioning activities. Overall, since the team was launched there is a reduction in total requests in hours via bank and agency. Processes are in place and continually under review to ensure patients receive the least restrictive intervention. Cohorting and continual observation is not normally collected as part of the SNCT however, the new updates to the adult inpatient ward and acute assessment area will include this measure and provide guidance on staffing need. TSD total ECS use (**Chart 8**) has reduced through the year as team recruited into, and it is felt that the impact of having a lead for the service, supporting training and development of knowledge has help to address staffs understanding and assessment of when 1:1 supervision is required and using the least restrictive intervention. Work continues by the Lead Nurse for ECS Team as an update the risk assessment has been implemented and will be evaluated over the coming months.

**Chart 7 – Data collected on days EPS or RMN total numbers required June 2023.**



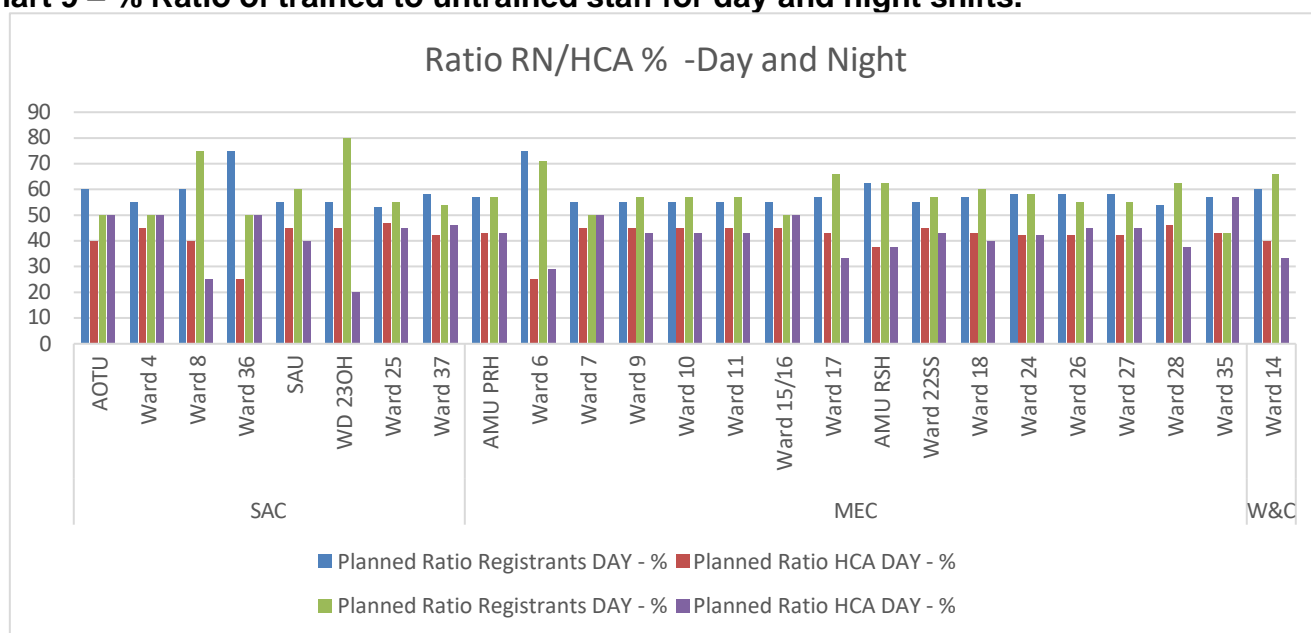
**Chart 8 – ECS Total request hours and reason**



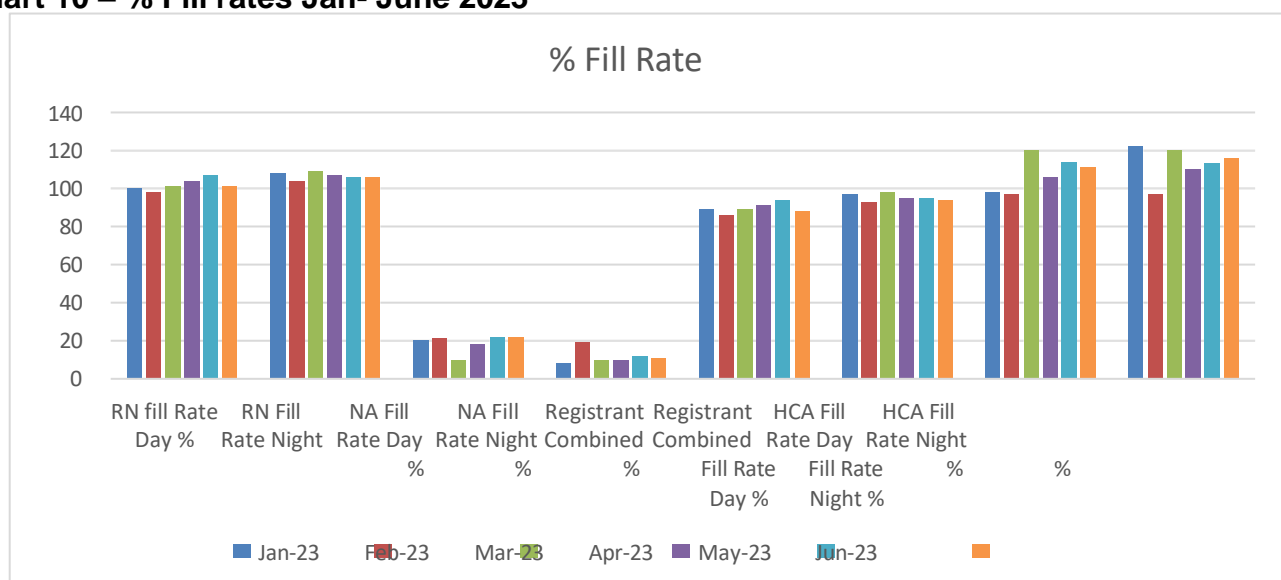


3.16 The inpatient ward with the lowest planned registered to nonregistered patient ratio is Ward 25 with day at 53% and Ward 35 having 43% for Night (**Chart 9**). Due to its location, ward 35 has fire evacuation plan in place and a minimum staffing level needs to be in the area on nights. Although from acuity perspective there isn't a need the fire officer maintains there is a requirement. Ward 35 quality standards are maintained over 6-month period of review (Jan - Jun 23). Ward 25 quality measures identify 2 category 3 pressure ulcers. Monthly metrics meetings review quality/staffing data and Matrons triangulate nurse sensitive indicators. No harm is identifiable to registered/unregistered ratio however it is important to recognise when reviewing establishments nurse-patient ratios as evidence suggests there is an impact on care. No changes are required at this time and situation continues to be monitored across all areas with a lower than recommended ratio. Overall fill rates have been good for registrants and HCA for the first 6 months of the year (**Chart 10**).

**Chart 9 – % Ratio of trained to untrained staff for day and night shifts.**



**Chart 10 – % Fill rates Jan- June 2023**



## 4.0 Vacancies

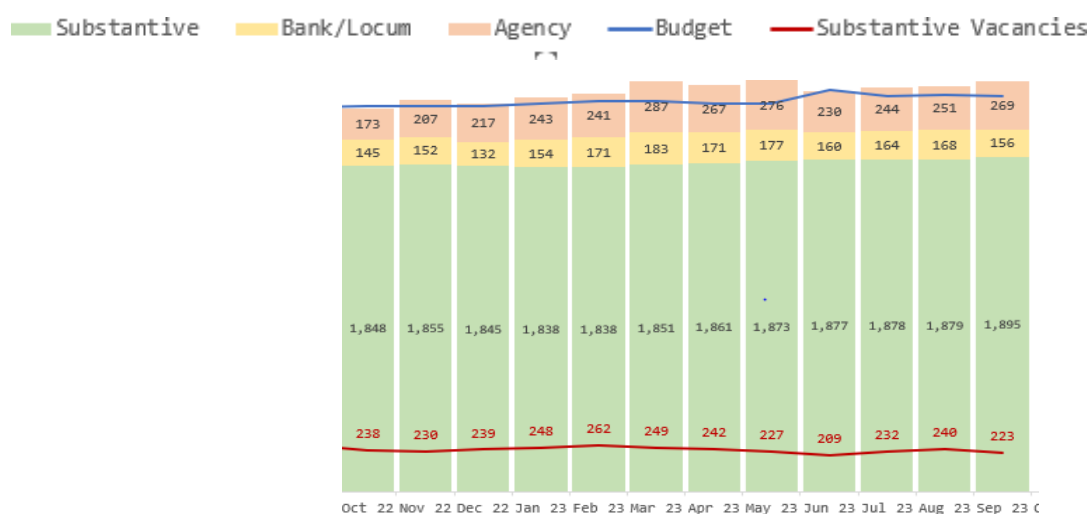
Table 2 – Vacancy position September 2023

| Division                                 | Nursing<br>(Inc NA) | Band 5<br>Nursing &<br>Midwifery | NA  | HCA |
|--|---------------------|----------------------------------|-----|-----|
| Trust Total                              | 223                 | 95                               | 101 | 45  |
| Surgery Anaesthetics and Cancer Division | 85                  | 60                               | 20  | 45  |
| Medicine and Emergency Care Division     | 120                 | 28                               | 74  | 19  |
| Clinical Support Services Division       | 3                   | 3                                | -   | 1   |
| Finance                                  | 1                   | -                                | -   | 0   |
| Women's & Childrens Division             | 23                  | 17                               | 9   | 5   |
| Corporate Services                       | -11                 | 2                                | -2  | -25 |
| Estates                                  | -1                  | -                                | -   | -   |
| Other                                    | 2                   | 1                                | -   | -   |

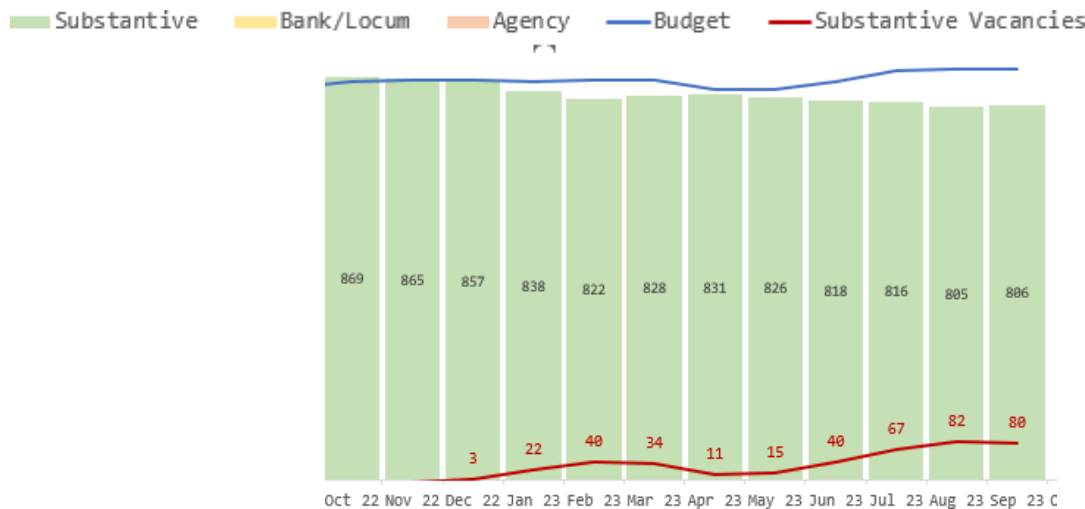
[source: workforce reporting hub October 2023]

- 4.1 The current vacancy position is noted in Table 2. A plan to reduce all nursing vacancies and reduced agency spend was a main objective for this year. The recruitment of Internationally Educated Nurses (IEN) has been key in reducing agency and improving numbers of substantive staff. The last couple of years has seen similar numbers of recruits to leavers so position was unlikely to change without the impact of recruiting 175 nurses internationally. The final cohort will be arriving in country in January 2023. Further recruitment will come through from Nurse Associate (NA) qualifiers, NA to RN conversions plus university qualifiers of RN/RCN and RM's alongside general recruitment plans. Although workforce data does not yet demonstrate a significant reduction in vacancies currently (Chart 11 & 12), divisions confirm they are on target to significantly reduce vacancies and agency spend for Nursing and Health Care Assistants. Until registration with the Nursing and Midwifery Council, following completion of the Objective Structure Clinical Examination (OSCE), international recruits are recorded on the electronic staff record as pre-registration nurse Band 3 and therefore are not currently showing in nurse substantive posts. The programme for OSCE preparation is 12 weeks and it is important to note there have been delays in staff obtaining PIN numbers from NMC which has extended period in Band 3 post longer than plan. However, a successful in country recruitment programme has brought nurses into the organisation, which will have a positive impact the quality of care and finances as agency usage and spend is reduced.

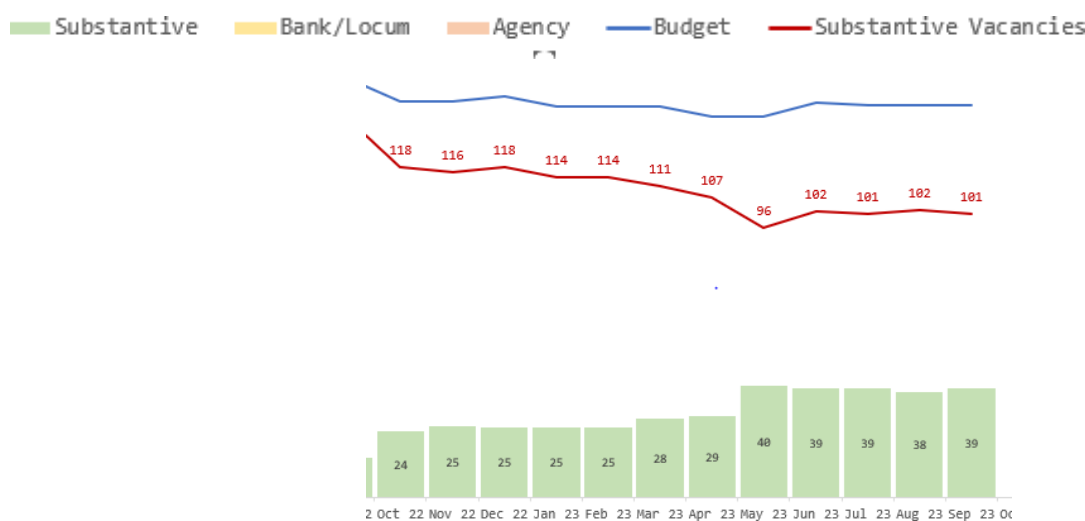
Chart 11 – Nursing & Midwifery Vacancies including Nurse Associates



### Chart 12 – Nursing & Midwifery Vacancies - Band 5



### Chart 13 – Nurse Associate Vacancies – Band 4



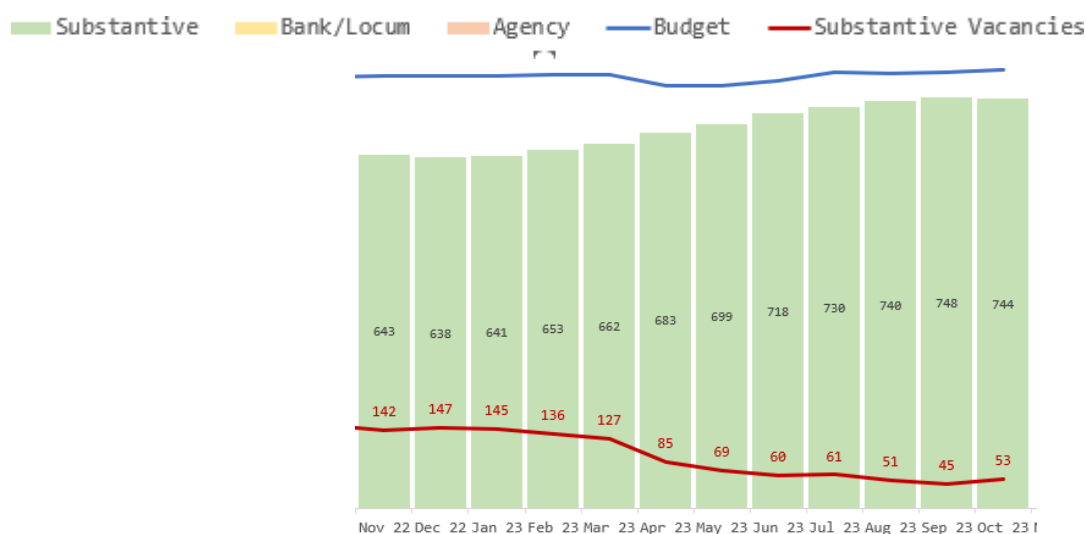
[source: workforce reporting hub October 2023]

- 4.2 There is a high turnover of nursing staff at 11.1% FTE in the past 12 months however there has been an increase in new starters (318 FTE) compared to leavers (187 FTE). The highest number of leavers (length of service < 1 year) continues to occur in Medicine and Emergency Centre. The highest leavers across all areas by length of service is in the 2 to 5-year bracket. Priorities for the coming 6-12 months will focus on understanding the impacts of retention strategies and reviewing other opportunities to retain staff.
- 4.3 Nurse Associate roles will take time to recruit to, as a 'grow your own approach is required to close the gap on vacancies. As current levels of vacancies will impact staffing fill rates and quality of care agreement is now in place to over recruit to Band 5 posts to offset Band 4 NA vacancies (**Chart 13**). As Nurse Associates qualify, RN numbers will be reduced as NA's take up posts. Work has been done by the Workforce Team in conjunction with Corporate Nursing Team to understand levels required and agreement will be required to increase the numbers of trainees to ensure the NA vacancy gap closes. The numbers planned will also consider the number of NA's that will want to do the top up to become a Registered Nurse. Agreement will also be required to increase the number of top ups. Nationally the number of people entering nurse training through university was down 13% this year and without alternative plans and routes for staff to take, nursing is at risk of not growing the workforce. International recruitment will be required in the next financial year to maintain staffing levels, numbers have not yet been finalised, but it's expected to be approximately 60 staff. Further local opportunities to encourage staff into posts in the NHS has seen the first cohort of T level students on

placement with the Trust. T level courses undertaken by 16–18-year-olds, require students to gain work experience in industry. Healthcare students will be allocated to clinical settings a day a week to experience in healthcare setting. It is hoped and expected students will progress into roles including health care assistant, nurse associate and nursing. Further opportunities for staff also come through the apprenticeship opportunities in nursing and allied health professional roles as the organisation supports staff through these routes.

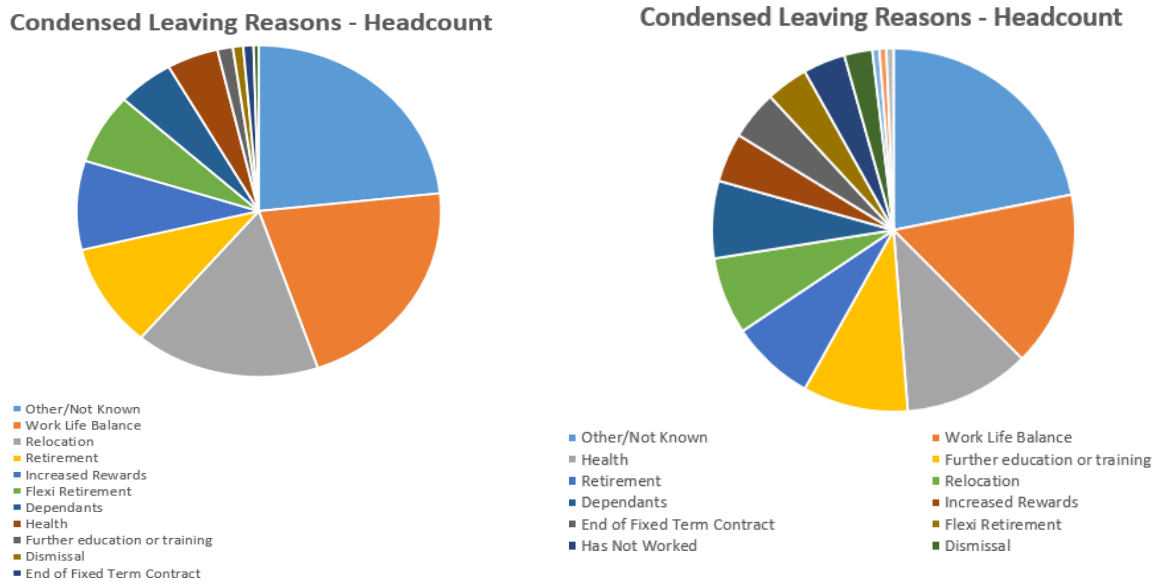
- 4.3 Health Care Assistant vacancies are in a positive position (**Chart 14**), and the last 12 months has seen 220 new starters against 121 leavers. A system wide approach to recruitment for staff that are new to care, has seen the development of a training academy to ensure essential training is completed. Staff are also expected to complete the care certificate once starting in post. Reducing and maintaining minimal HCSW vacancy rates is essential to supporting the NHS' recovery from COVID-19 and the delivery of the NHS long Term Plan. The Academy aim is to ensure staff are fully prepared for ward work, supporting staff without previous care experience to complete the care certificate, enhancing opportunities for career pathways in the NHS and Nursing and Midwifery in particular. Local recruitment campaigns have seen a positive impact on recruitment, and vacancies significantly reduce. A further positive impact will see agency turn off for Health Care support workers as substantive staffing levels are in a good position and a healthy bank will support short term gaps. It is recognised there is still escalation areas open, and the enhanced care team are continuing to recruit, and agency will still be available for escalation and ECS if required.

**Chart 14 – Health Care Assistant Vacancies**



- 4.4 The level of leavers remains high in the organisation and further work is required to understand more detailed reasons for leaving (**Chart 15**) the organisation and how retention actions will support staff to stay at SaTH or in the NHS. The main reasons for leaving are work life balance and other/unknown. Information is pulled from ESR but does not provide the detail on what each category means. A newly developed suite of operational meetings for Nursing, Midwifery and AHP's will focus on Recruitment and Retention, Education and developing new roles, agency reduction and effective rostering. The meetings will support delivery of workforce strategy and focus on improvements and efficiencies.

**Chart 15 – Reasons for leaving Nursing and Healthcare Support Workers**

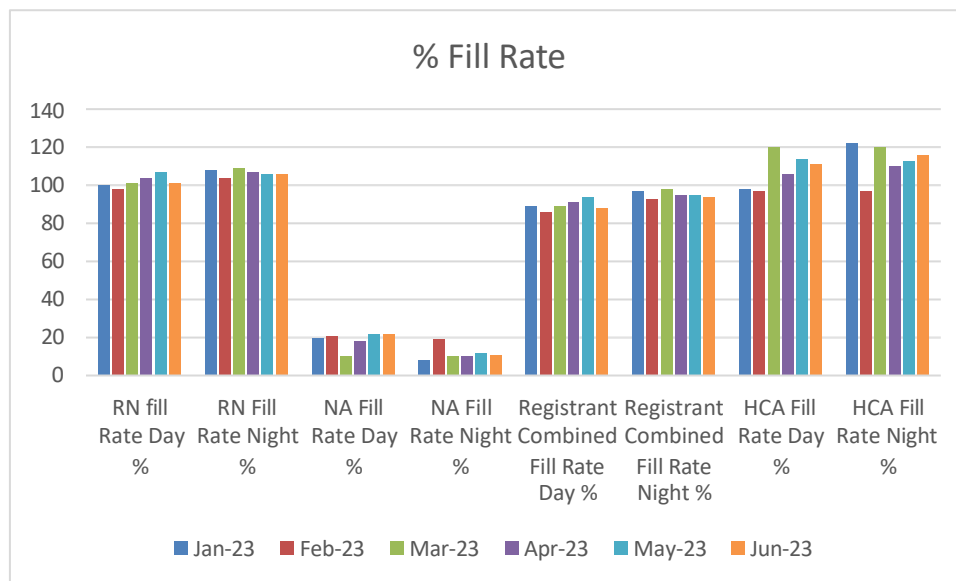


## 5.0 Fill rates

- 5.1 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 (rostered) hours against actual hours worked for RN, NA and HCA.
- 5.2 The summary position for January 2023 to June 2023 is shown in **Chart 16**. Nursing fill rates have seen an overall improvement for days and nights, however it is important to offset these with Nurse Associate vacancies, so an overall registrant fill rate is provided. Combined registrant fill rates over this period have been between 86% to 94% for daytimes and 93% to 98% for nights. Fill rates for registrants are slightly below planned, however it is important to note that daytime fill rates do not always reflect the presence of Ward Managers and Practice educators who are in supervisory and supernumerary roles. Where there are gaps these staff will support and mitigate gaps as needed in nursing team. Agency reduction plans see wards able to escalate shifts to TSD for bank and capped agency with divisional approval. Unfilled nursing shifts Monday to Friday can be escalated to higher tier agency (up to critical tier) however, Monday to Friday where mitigation is in place divisions are not escalating for higher tier agencies unless significant risks that cannot be managed. Most wards have a co-ordinator who is also able to support delivery of care.
- 5.3 Paediatric staffing has been challenged due to the number of vacancies in paediatric wards and sickness levels in neonates which has affected Qualified in Speciality availability. Paediatric and Neonatal wards still have the option of Critical up to 7 days in advance of shift and Thornbury for last minute requests. There is a plan to remove Thornbury completely and this will rely on divisional plans for W & C staffing being in place. Ward 19 fill rates don't reflect bed closures and work is being done by the division to adjust templates to reflect closed beds on a temporary basis whilst recruitment continues. A system approach is in place to support paediatric newly qualified nurses with rotation. This has seen new starters from September 2023 on this programme. The division is also working on workforce plans to review opportunities for international recruits with paediatric experience working in this area.
- 5.4 HCA fill rates have improved since January to June as active recruitment has reduced vacancies. The use of ECS and areas of escalation on wards that has required extra staff affect fill rates which see them regular above 100% in some areas. Analysis of EPS usage notes a reduction in agency staff and increase in bank and substantive. Further work is also required by the Mental Health Matron to implement standardisation of DMI training following.

the publication of a CQC policy position statement on restrictive practice. This will impact bank and agency staff as well as substantive staff who are implementing DMI techniques.

**Chart 16 - % Fill rate by Month**



- 5.5 Nurse Associate fill rates remain low as 'grown your own approach will take time to close vacancy gap.
- 5.6 Collation of fill rates for registrants in June 2023 provides some assurance that there has been an overall improvement from previous year as data from July 2022 suggests that fill rates overall on both hospital sites for Registrants has improved for days and remained consistently well filled for nights.
- 5.7 Fill rates do not consider the skill mix within an area and only identify number of staff on shift. With reduction in vacancies agency should see an overall reduction. From a quality perspective some departments should not have 20% of total registrants on duty from a safety perspective. Both ITU's have a process in place to monitor and Datix events where agency staffing levels are above national recommendations. The same process will need to be reflected in the emergency department going forward. Areas with standards for training or specialist staffing levels are expected to identify and report on gaps. The emergency Vacancies in Band 6 posts in the emergency departments will take time to recruit as there is a high number of staff still in foundation period and minimal staff ready for a band 6 post. The division is working on timeframes and will feed into the retention and recruitment operational meeting with their trajectories to recruit and support overall staff development from foundation level. As there is an overall challenge to recruit nurses with paediatric skills in the emergency departments and paediatric ward areas, which is a problem nationally, international recruitment of staff with paediatric experience were allocated to this area and are being supported to complete paediatric competencies in the first instance and then potentially, if staff wish, progress to a conversation course. Paediatric IR was not in plans for 23-24 however options to recruit nurses with paediatric experience and support them through the paediatric OSCE will be considered. There is no course offered in house for paediatric OCSE training, so it's not been an option.

## 6.0 Care Hours per Patient Day (CHPPD) – Model Hospital Comparison

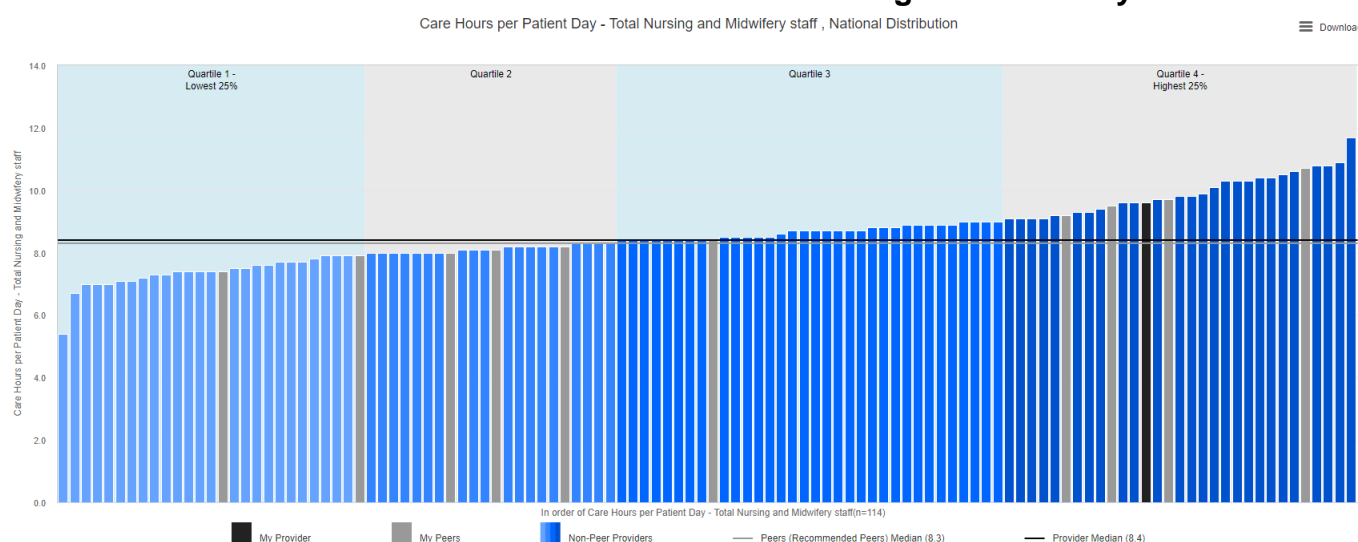
- 6.1 Care Hours per Patient Day (CHPPD) is a useful means of benchmarking against other NHS Trusts via the Model Hospital website. CHPPD is calculated by dividing the total numbers of nursing hours on a ward or unit by the number of patients in beds at the

midnight census. This calculation provides the average number of care hours available for each patient on the ward or unit.

6.2 The CHPPD number has been impacted by incorrect roster set up in that shifts have been included that should have been excluded. The roster team has worked with assessment areas and maternity to ensure the correct safe staffing data is captured. The issue was picked up with change in template for AMU at RSH and extension of acute floor. Any template changes must go through an approval process and the Lead Nurse for Workforce is working with roster team, finance, and divisions to ensure all are aware of process and requirements to ensure templates are correctly aligned to budget and shifts that should be included in safe staffing reporting.

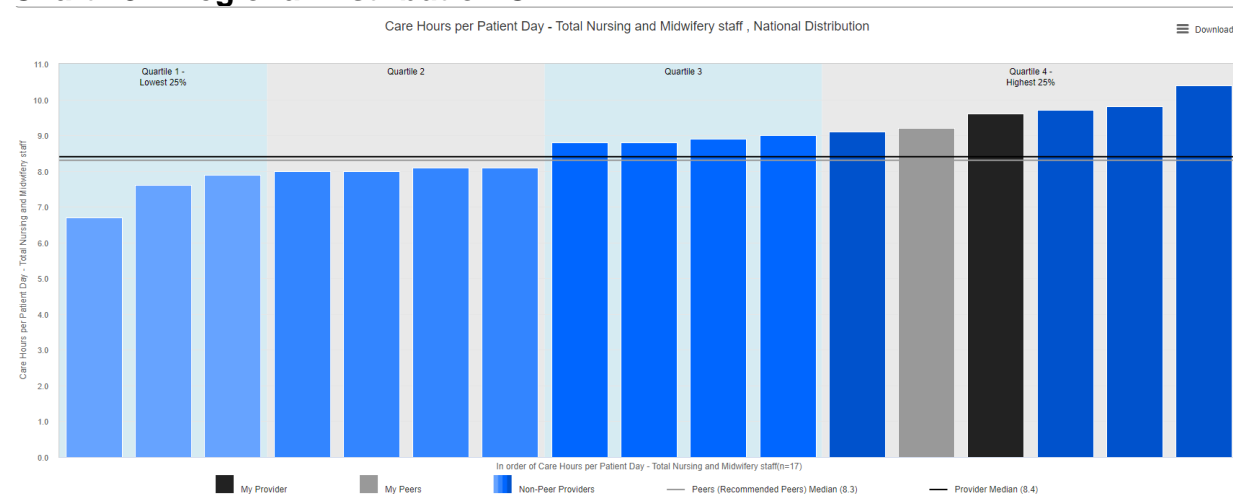
6.3 Chart 17 and 18 shows the most up to date position for SaTH on Model Hospital (November 2023) and indicates that for CHPPD nationally, SaTH are in quartile 4 with only two peers reporting a higher figure and provider value being reported above provider median and peer average.

**Chart 17 – National Distribution CHPPD Total Nursing and Midwifery Staff**



[Source: Model Hospital November 2023 Data, accessed 09 November 23]

**Chart 18 – Regional Distribution CHPPD**



[Source: Model Hospital, November 2023 data, accessed 09 Nov 2023]

6.4 When comparing CHPPD to Trusts within the Midlands (**Chart 16**), it highlights that SaTH are in the quartile 4 and only Worcester Acute Hospitals reported as a peer and reporting a CHPPD value slightly lower than SaTH.



## 7.0 Substantive Unavailability

- 7.1 Substantive unavailability remains high for October Roster period at 32% [source Roster Dashboards SAC/MEC/W&C;1-28 Oct 2023] a slight increase from at 30% in February 2023. Unavailability remains above planned levels for sickness (8%), parenting (4%), Study Leave (4%), other leave (1%) and Working Day (1%). Training time likely reflects staff competing OSCE and TNA training.
- 7.2 There has been an increase in unavailability since pre-Covid. For January 2020 as an example prior to Covid, unavailability was at 25%. The main reason for the increase since this time appears to be higher sickness levels and parenting and study leave.
- 7.3 Average roster approval times have improved and is reported at 5.9 weeks. SAC and W&C Divisions have average approval is above minimum 6 weeks at 6.3 and 6.2 week respectively. MEC average is just below target at 5.9 weeks and Clinical Support Services is 5.4 weeks.
- 7.4 A quarterly meeting with wards and departments is now in place for nursing and midwifery to review rosters and identify areas for improvement. The initial meeting identified ward managers, matrons and divisional leads did not have all the relevant skills and knowledge in relation to managing their roster and a clear plan of training and monitoring of training completion is required. The rostering team will review all levels of user to provide a plan going forward.

## 8.0 Incidents

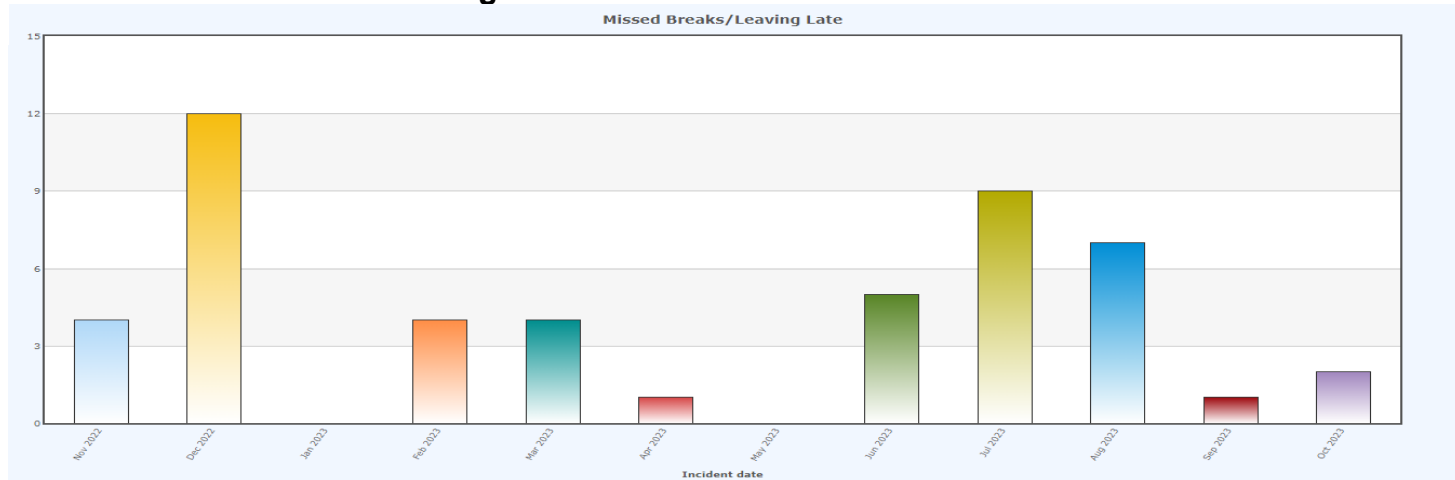
- 8.1 During June 2023 there were 46 staffing related incidents submitted to the datix system - **Chart 19** (January total 43). Due to category on datix not providing specificity it can be noted not all Datix are ward/department related and include issues with some workforce groups that are not nursing & midwifery. 5 datix reported were submitted for missed breaks/late leaving in June 2023 (**Chart 20**). All the incidents reported were of low or no harm. Of the incidents reported for missed breaks leaving late, three of the incidents reported delays in care.
- 8.2 Five of the incidents could be identified as potential red flags, as defined by NICE (2021), positively all were recorded as low or no harm. Datix are triangulated with staffing data at Monthly Metrics meetings which are chaired by the Deputy Director of Nursing. Whilst incidents were categorised as no or low harm it should be noted that there still could be some negative impact on patient and staff experience. Delays in care is most prominent issue.
- 8.3 In the last 24 months, 1820 staffing related incidents have been reported with only 2 recorded as moderate harm, the rest are recorded as low harm or no harm incidents.
- 8.4 Further work is planned to ensure there is daily oversight and validation of red flag incidences by Matrons/Divisions to ensure any concerning incidents are escalated at the time of the event to ensure appropriate mitigations can be put in place.
- 8.5 Missed breaks/late off shift category was include as a separate category from July 2022. Over the last 6 months there have been 50 incidents reported all with low harm, no harm impact (Chart 18). Ward 27 & 35 had the highest number of incidences with 7 and ward 19 with 6; however, it is anticipated there is under reporting on Datix.

**Chart 19 – Staffing incidents as reported on Datix (lack of suitably skilled staff)**

| Monthly - Staffing Incidents @last 12m subcat /month |          |          |          |          |          |          |          |          |          |          |          |          |       |
|--|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-------|
|  | Nov 2022 | Dec 2022 | Jan 2023 | Feb 2023 | Mar 2023 | Apr 2023 | May 2023 | Jun 2023 | Jul 2023 | Aug 2023 | Sep 2023 | Oct 2023 | Total |
| Lack of suitably skilled staff (nursing)             | 59       | 85       | 39       | 62       | 63       | 28       | 39       | 37       | 37       | 44       | 46       | 62       | 601   |
| Total  | 59       | 85       | 39       | 62       | 63       | 28       | 39       | 37       | 37       | 44       | 46       | 62       | 601   |



**Chart 20 -Missed Breaks/leaving late Datix incidents– last 12 months**



## 9.0 NICE Red Flags

Nursing Red Flags as specified in Safe Staffing for nursing in adult inpatient wards in acute hospitals overview (NICE 2021).

### 9.1 Patient vital signs not assessed or recorded as outlined in care plan (Chart 21 & 22).

At RSH compliancy ranges between 91.8% (AMU) and 98.4% (Ward 18). PRH ranges between 89.1% (AMU) and 98.4% (Ward 36). No correlation with staffing levels when areas of lower compliance cross referenced against staffing levels. Adult in patient ward with levels below >85% fill rate did not report lower compliance. ITU % obs on time is low due to alternative monitoring in place. Staff do update vitalpac to reflect change, but this is not always timely due to priorities in care and treatment for patients on admission to ITU.

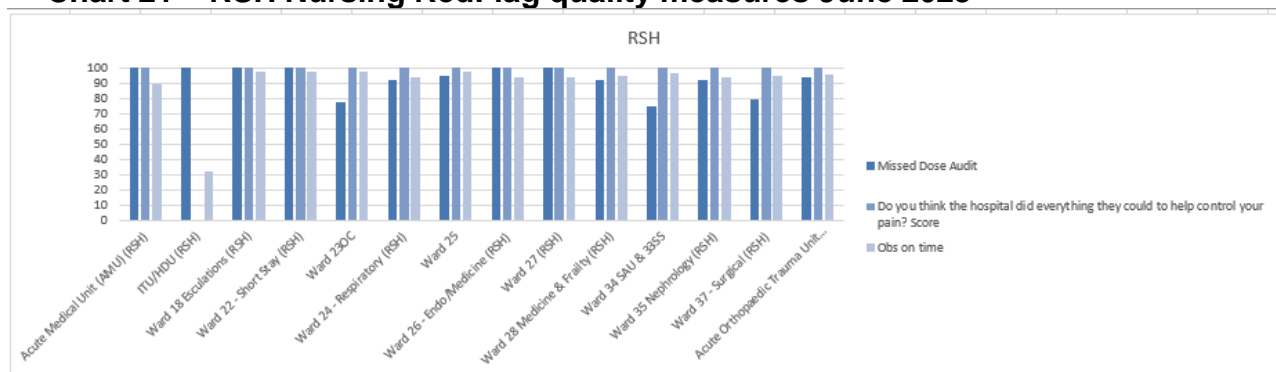
### 9.2 Unplanned omission in providing patient medications (Chart 21 & 22).

Audit data is taken from the nursing quality metrics audit which reviews 10 patient notes monthly. RSH compliancy ranges from 87% (ITU/HDU) to 100% (Ward AMU, AOTU, Ward 27 and Ward 35). PRH compliancy rate ranged from 83% (Ward 14) to 100% (ITU/HDU, AMU, Ward 10, 11, 36, 19). Matrons and Ward Managers are working to improve this compliance.

### 9.3 Delay of more than 30 minutes in providing pain relief (Chart 21 & 22).

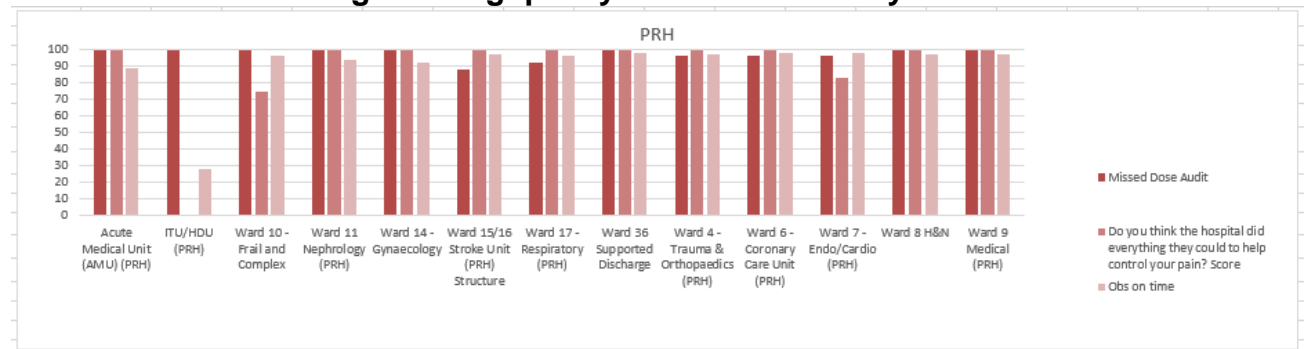
Audit data is taken from the nursing quality metrics audit which reviews 10 patient notes monthly. RSH compliancy rate was 80% (Ward 28), 85.7% (Ward 23 OC) to 100% for all other wards, and PRH ranging from 66.7 (AMU PRH ) to 87.5% ( Ward 6 and 7) to 100% for the other wards. Matrons and Ward Managers are working to improve this compliance.

**Chart 21 – RSH Nursing RedFlag quality measures June 2023**



Source: Nursing Dashboard June 2023 (Full calendar month)

**Chart 22 – PRH Nursing RedFlag quality measures January 2023**



Source: Nursing Dashboard June 2023 (Full calendar month)

**9.4** Red flags also include a shortfall of more than 8 hours or 25% of registered nurse time available, when compared with the actual requirement for the shift. Also, fewer than 2 registered nurses present on a ward during any shift. The data captured from E-Roster for June 2023, Full calendar month. Having triangulated the evidence with Matrons on the above ward areas of less than 2 RN on a shift, Ward Managers are not updating e-roster to capture movement of staff from other wards to provide cover. Email correspondence has been disseminated from workforce to highlight the importance of this to ensure that fill rates are correct. Matrons are liaising with Ward Managers to make sure that this is correct moving forward. Nineteen wards had days with fill rates < 75%. The highest number of days was for Ward 19 and Ward 23NNU however these areas are working on acuity and have closed or do close beds depending on staffing.

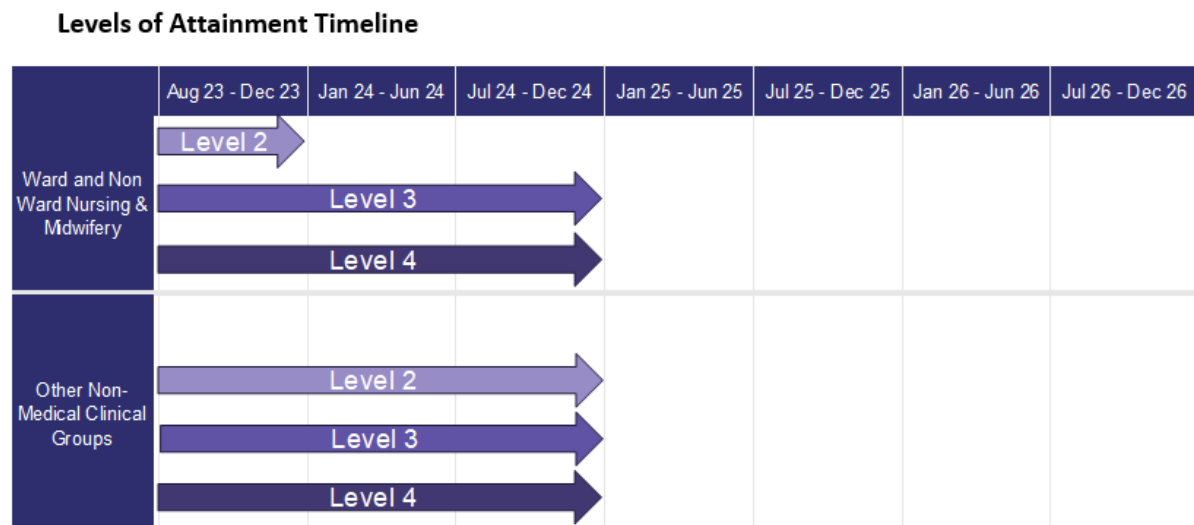
## 10.0 Professional Nurse Advocates

- 10.1** The implementation of the Professional Nurse Advocate (PNA) into practice has been in progress within SaTH since October 2022. PNA role should have an impact on reducing staff sickness, increase retention and improve working relationships. Professional Nurse Advocates will support staff with restorative supervision, quality improvements, reflection, debrief, wellbeing support and signposting.
- 10.2** Following success recruitment for Lead PNA actions in progress to grow and develop the number of professional nurse advocates in the Trust. Currently there are 16 sessional PNA's alongside the lead. Sessional PNA should have a minimum of 7.5 hours per month to practice. Not all PNA's are currently active in their role, and some are not being given the time to practice or are supporting staff in their own time. Discussions are required with finance to agree how the role out of PNA will be supported and how sessional PNA time will be built into nursing budgets. This will be a priority over the coming months because as PNA numbers increase so will the time required to practice, and staff require time to attend supervision. Professional Nurse advocate actions can support staff during periods of stress, have an impact on sickness levels and support the retention of staff.

## 11.0 Levels of Attainment E Rostering

- 11.1** A recent review of levels of attainment for Eroster has recently been completed by Workforce Team. Nursing and Midwifery are currently assessed as being at level 2 and further work is required to increase level of attainment (**Chart 23**).

**Chart 23 – Levels of attainment and projections for Nursing & Midwifery and other non-medical workforce.**



- 11.2 Work is required to ensure nursing staff can auto roster or self-roster. A recent trial of Team based rostering has been undertaken in ward 23 neonates on request of staff. Evaluation of the roll out and impact on staff is required. Currently only 2 rosters have been published so further roster publication will help staff consider impacts on wellbeing and work life balance.

## 12.0 Considerations

- 12.1 As acknowledged in previous report, several ward changes have occurred between January to June 2023 and essential estates work was also being completed during census period requiring the relocation of RSH AMU and Ward 22SS into an alternative ward space. Data for these areas cannot be relied in for the census.
- 12.2 Ward function changes have also occurred with ward 36 reverting back to elective orthopaedic and running day case activity. In January the ward was medical escalation. The Acute orthopaedic Trauma Unit was on Ward 29 in January 2023 and was relocated to ward 32 and remained in this location for June census. Ward 26S relocated into the new modular build on ward 37 and ward 26 function changed to medical ward and ward 21M and 18 escalation was closed (ward 18E has now reopened due to site pressures). The acute floor opened all beds due to site pressures with 8 beds opening in AMA. This area will become the Enhanced Care Area but due to site pressures the beds open as escalation. Budgets for the acute floor are now fully in place.
- 12.3 A plan to complete a third census was planned for October 2023, however following the update to adult inpatient SNCT and acute assessment areas SNCT that was released without prior know of launch date and as such the census was not able to be completed as the Shelford Group who license the tool advised previous version were no longer valid and Trusts need to reapply for new license. Due to a back log of applications the licenses have not yet been received in Trust but are expected shortly. Not completing the third census will affect the availability of data to support establishment reviews and decision making, plus it is unclear until receiving the new version of SNCT tools what impact will be had on outputs of the tool as a new category will be added.
- 12.4 Establishments will be reviewed after every census period however it is recognised a minimum of two data sets is required before changes to establishments can be made and where variation occurs further data sets are required. Recommendations on the timeframe of census period has also been revised and evidence demonstrates there is a better reliability of data when increasing from 20 to 40 days. Future census periods for adult wards and children's wards will see increased period of data collection. For noting, the two census periods paediatrics that have been completed this year there is significant variation and consideration of future census times is required as it seems Autumn seasonal changes are

at a variance to winter and summer census and the ward is full and acuity high. The current census should reflect this workload spike however further planning should consider most appropriate times for census.

- 12.5 Following previous changes to ward establishment reviews that were supported by the Trust Board, it was agreed Band 7 ward managers would be supervisory in their role. This will continue. This recommendation falls in line with The Royal College of Nursing that the lead role should be supervisory and thus not counted in the roster numbers (RCN, 2021).
- 12.6 On analysis of budgeted ward splits for RNs and HCAs; the average RN percentage has reduced slightly from 56 to 54%. This continues to be below national guidance (RCN being 65% registered to 35% unregistered) and is therefore a risk in terms of patient safety, mortality, and staff well-being, alongside the potential impact financially on addressing this shortfall. It is important to note that overall actual daily ratio of RN to patients was impacted by additional staff for ECS which would only be in place if needed. These staff will impact the ratio of trained to untrained however the ECS responsibility is for one patient and not truly affected the direct care givers ratio. Guidance identifies a planned Registered Nurse (RN) to patient ratio of **no more than 1: 8** during the day which was achieved across all areas. There is no current guidance for nights. Ward 4, 36, 25 and 7 are the only areas with planned staffing levels > 8 on nights with highest ratio for nights being ward 7 at 9.3 nurses to patient.
- 12.7 The numbers of non-registered staff have increased from previous census period which has affected the Registered/non-registered ratio. The overall SNCT data would suggest that HCA numbers may in some areas could be reviewed, however most of these areas show a deficit in nursing so a rebalance of staff more in line with 65/35 ratio would appear sensible. Wards in the main are aligned to SNCT tool outputs. However, assessment areas, paediatrics, wards with level 2 beds are showing a variance from the tool. Budgets are not delineated by functions and specialty elements meaning the tool can be applied to ward beds but is not always clear what staffing is aligned to ward bed and specialty need i.e., NIV, HASU, CCU, CAU, GATU (See comments appendix 1b). Assessment areas and SDECs are included in staffing budget yet physically remote from ward bed base. Divisional finance representation alongside divisional leads were present at establishment review meetings and are aware future reviews will require divisions to have comparator data available. It was also agreed that capacity and demand data should be available for meetings and divisions should be providing data where relevant to support professional judgment discussions or support decision making when agreeing changes to budgets. Divisions were also asked to consider and provide demand data based on time of day so staff can be aligned to activity as patient numbers increase usually as day progresses and is impacted by GP services. SAU have noted that there are a number of admissions waiting for ward beds for hours/days in the clinic area and data was showing activity has doubled.
- 12.8 The acute units and assessment areas have a higher level of HCA. Ward Managers described previously having to support transfers and flow of patients from their own team and it was felt this was why higher levels of HCA were required. AMU at PRH notes WTE HCA was removed from to support transfer team in working hours, however they noted the number of transfers were happening later in day and were reliant on their own staff as team was not available after 5pm. Other areas that describe using HCA workforce to facilitate moves also includes discharge lounge. Opportunities to explore additional roles outside of the “nursing workforce” such as Ward Clerks, Bed Cleaning Teams, and Transfer Teams would likely be required if reductions in HCA were to be realised. A review of housekeepers has been completed and business case developed since last bi-annual staffing review which was presented to business case group. No decisions currently made.
- 12.9 The emergency department staffing is showing a variance from tool output however the tool is designed with expectations that patients in department >12 hours have been moved out the department. Current site pressures see flow from ED significantly impacted with patients waiting for days for beds and being cohorted on corridors internally in the department and regularly spilling out on to the main hospital corridor. Care is being delivered in less than appropriate settings whilst patients wait for ward beds. An escalation template in addition to

main ED template was set up to ensure escalation staffing is clearly identified from department staffing. However, since the opening of the ambulance receiving area at PRH the escalation staffing has moved from day surgery corridor to staff ARA. ARA staffing will need to be included in ED staffing as substantive not escalation. RSH ARA area staffing has been supported by WMAS for last 12 months however this support will no longer be available shortly as there was only a temporary agreement in place. It is clear at times the workload in the departments is challenging and output of the tool does not reflect the current need for staffing. There remain some quality challenges with the departments, and triage times are also being reported above national guidance. There should be a standard of quality assurance before adjustment to templates and at this point it is clear improvements are still required. It is noted that workload does increase later in the day, especially with paediatric attendees and there is an opportunity to align staffing with workload peaks. Accident and Emergency Quality Indications for SATH for June show median department time in department as just under 12 hours and patients were waiting in the department 40 hours+ on occasion. There have been a number of critical incidents called for the Trust as flow affected and regular significant ambulance off load delays with lack of capacity in the department to offload. Further work to understand the breakdown of patients and acuity score patients waiting over 12 hours will be helpful to understand total requirements of staffing.

- 12.10 Plans need to be agreed to ensure staffing levels are maintained going forward. essential if the staffing gap is to reduce. IEN recruitment sits alongside other recruitment activities expected to increase substantive staffing levels. Retention activities are also key if current attrition is to be addressed. Continuing recruitment without addressing retention would more likely see no impact of recruitment efforts and continued agency use. The emergency departments also have a high number of staff in foundation training and the practice educators are regularly having to support the department clinically. This may impact the progress of staff with training and competence sign off. The divisions have been asked to provide information to monthly metrics meets on numbers of staff in foundation training and trajectories. It is acknowledged training time is higher in the foundation year study leave is higher for emergency departments. The SNCT tool recommends minimum 27% uplift to reflect training time required and also recommends where more than 10% of staff in foundation year further uplift may need to be considered. Average attrition should be part of plans for this area. There are some gaps in band 6 posts and experience gaps to fill these posts. It is expected it may take time to fill these gaps. Paediatric staffing in ED also has vacancies and mitigation is in place with RN with paediatric competencies supporting paediatric staffing as required. Shifts for RCN are being approved for high tier agencies where the minimum requirement of two RCN's is not met. The ED department has worked with W&C division and will be allocated staff on paediatric rotation.
- 12.13 Several departments and Specialist Nurses are reporting an increase in activity and need to adjust/increase plans for clinics. All divisions wards, departments and specialist nurse templates have been included in the review and some areas are in process of developing business cases as changes to templates required. Further meetings need to be arranged with divisions to review templates and ensure approval follows Trust processes. The elective hub is opening early 2024, and Telford renal unit relocating offsite. The template for renal relocation was reviewed outside of this meeting and still required Director of Nursing signoff. Fertility services and Theatres have identified issues over the coming years with aging workforce and divisions are planning for retirements.
- 12.14 Currently Ward and department areas included in the review are utilising 12-hour shifts. It should be noted that there is growing evidence that 12-hour shifts are unsafe and are no longer recommended (RCN, 2021). The factoring in of a percentage of shorter shifts to each area should be considered in future workforce reviews. This has not been reviewed this year and wards are able to use there staffing flexibly as long as no impact to service. Ward Managers are being encouraged to consider flexible requests for staff, one of which is shorter shifts. Future work will consider options to increase the number of short shifts, so staff have a better choice. Recruitment for a Lead Nurse for Safecare is in progress and the

use of Safecare is impacted by long shifts as census periods are limited. The plan will be to split LD on the roster so 3 shifts available. This will enable a census period ahead of the afternoon staffing meeting which will support decision making and deployment of staff.

- 12.15 Overall fill rates have improved however it is recognised that some wards do regularly have a lower fill rate. Paediatrics, Neonates, Wrekin MLU and other Maternity areas have had regular occasions of lower fill rates. All these areas work on dependency and take mitigating actions where required. Nurse Sensitive indicators of quality and red flags are monitored. A small number of adult inpatient wards on occasion have daytime fill rates just below 85% however will have a ward manager in a supervisory role available providing mitigation against gaps. Generally, across all areas the incidents of harm are very low, however there is still likely under reporting of Datix. Monthly review of Ward Metrics by Divisions and Senior Nurses has identified some delays in care but only low harm no harm events. With plans to support the utilisation of Safecare in the organisation there is an opportunity to record and capture red flags through this system which will support timely action, oversight, and escalation where necessary.
- 12.16 The workforce safeguards action plan has been updated to include further actions required to support improvement and assurances. The Action plan is attached in **Appendix 2**. A gap analysis was completed following NHSE review in Autumn. Several actions have been progressed however there is still areas that require development. Finances to support the recruitment of the Chief AHP role has not been fully reconciled and it is recognised that without the role the pace of change is impacted. The lead AHP has been supporting division and although priorities for nursing have seen focus on some nurse specific elements there is an inclusive approach to ensuring processes for different workforce groups are aligned.
- 12.17 Agency reduction has been a priority for the Trusts and good progress has been made to reduce costs and manage efficiencies. From April 2023 a new bank incentivisation scheme was in place across all non-medical staff groups. As recruitment has reduced vacancies in nursing and health care this will be reviewed in 2024.
- 12.18 Further work is required to ensure costs of PNA role are offset which will further support the role out and support the growth of PNA's in the workforce. Recommendations suggest there should be a 1:20 ratio of PNA to nursing staff. Based on current nursing budgets WTE this would equate to 100+ PNA practicing. A plan for growth needs to be developed for alongside identifying funds to support. Course availability and allocation regionally does not meet the needs. Funding for training has been provided by HEE previously however source of funding for next year will come from Education budgets. A plan has already been agreed with Lead Nurse for Education that training courses can be supported.
- 12.19 Collaborative work is required with nursing & midwifery teams with workforce teams to ensure actions are in place and progressed to support Eroster levels of attainment. Priority work on ensuring efficient use of resources in relation to rostering is key for the next 6 months and plans are now in place to support scoping of work to be done.
- 12.20 With roll out of new versions of SNCT a refresh of training and competence may be required ahead of January census. With updates on its use by NHSE not being delivered until November 20<sup>th</sup>, there is a very short window of opportunity to refresh/retrain staff. Training time will need to be prioritised in early December to ensure staff meet standards expended to complete census. An extension to monitoring period is required with recommendation a 40-day period is required. Agreement is required whether this will revert to two census periods per year or remain at 3 in 2024. NHSE has discussed utilising ED Tool in SDEC areas and some assessment areas. Further understanding of the use of tool in these areas is required.

## 11.0 Future plans

- 11.1 The secondment of AHP workforce lead following successful bid monies from HEE has been further extended while business case for Chief AHP and Lead AHP go through governance processes. There is support for the roles in principal and potential funding

streams have been identified. Divisionally these roles will sit with the Clinical Support Services as the majority of AHP's work in this division. The post holders will also support work across all divisions where AHP's are an essential part of staffing groups.

- 11.2 Consideration of safe staffing across corporate nursing and radiology is required as only divisional areas included in recent review.

## **12.0 Conclusion**

- 12.1 The issues in relation to the application of the SNCT have been address since the last bi-annual staffing review and data now collected is more reliable in relation to the acuity and dependency of patients. Completion of planned three census periods has been impacted by release of new versions of SNCT therefore there are areas with only one set of data to review. Further work is required to split budgets and templates for areas with specialism or separate function as SNCT only provides a measure for inpatient beds.
- 12.2 Work continues in relation to providing assurances in relation to Developing Workforce Safeguards. With action plan in place to address the remaining gaps (Appendix 2 – board paper)

## Appendix 1 a

| Specialty/ Ward  | Site Occupancy Rate % | 0 %                                     | 1a % | 1b %  | 1c % | 2 %  | 3 % | Current budgeted substantive FTE | Proposed SNCT | correct or over/under established | Actual Ratio (percentage of RN to non RN day and night) - SNCT | CHPPD | Fill Rate (RN) - Day | Fill Rate (RN) - Night |     |          |        |      |      |
|--|-----------------------|---|------|-------|------|------|-----|----------------------------------|---------------|-----------------------------------|--|-------|----------------------|------------------------|-----|----------|--------|------|------|
|  |                       | Dependency Level Summary / SNCT element |      |       |      |      |     |                                  |               |                                   |  |       |                      |                        |     |          |        |      |      |
|  | %                     |   |      |       |      |      |     | RN - B7, B6, B5                  | HCA - B2, B3  | NA - B4                           | RN   | HCA   | RN                   | HCA                    | RN  | Required | Actual |      |      |
| Emergency Care   |                       |   |      |       |      |      |     |                                  |               |                                   |  |       |                      |                        |     |          |        |      |      |
| AMU PRH  | 82.81                 | 78.8                                    | 9.1  | 11.4  |      | 0.6  | 0   | 25.69                            | 22.38         | 7.76                              | 15.8   | 8.5   | 17.65                | 13.88                  | 57% | 6.31     | 12.39  | 124% | 137% |
| AMU RSH (relocated on ward 29 during census)                           | 96.49                 | 27.5                                    | 48.5 | 23.75 |      | 0.25 | 0   | 61.19                            | 30.15         | 18.11                             | 21.8   | 11.8  | 51.30                | 14.95                  | 53% | 7.32     | 27.39  | 115% | 166% |
| AMA 8 beds   |                       | 60.6                                    | 21.9 | 17.5  |      | 0    | 0   |                                  |               |                                   | 6.4  | 3.4   |                      |                        |     |          |        |      |      |
| SAU (W33/W34)  | 93.14                 | 38.5                                    | 44.7 | 16.7  |      | 0    | 0   | 47.6                             | 31.04         | 2.59                              | 39.7   | 21.4  | 10.49                | 9.64                   | 53% | 7.18     | 6.87   | 114% | 90%  |
| A&E RSH  |                       | 55.4                                    | 18.4 | 13.3  | 8.2  | 1.6  | 0.1 | 92.93                            | 41.38         | 6.38                              | 56.3   | 9     | 43.03                | 32.38                  |     |          |        |      |      |
| A&E PRH  |                       | 55.8                                    | 18.6 | 20    | 4.2  | 1.2  | 0.1 | 104.03                           | 36.21         | 10.34                             | 67.7   | 30.9  | 46.67                | 25.31                  |     |          |        |      |      |
| Medical  |                       |   |      |       |      |      |     |                                  |               |                                   |  |       |                      |                        |     |          |        |      |      |
| Ward 6   | 94.48                 | 32.9                                    | 54   | 10.9  |      | 2.2  | 0   | 35.47                            | 12.38         | 2.59                              | 19.8   | 10.6  | 18.26                | 1.78                   | 72% | 5.77     | 7.6    | 97%  | 98%  |
| Ward 7 - Endo/Cardio (PRH)   | 98.08                 | 44.5                                    | 0.5  | 55    |      | 0    | 0   | 17.47                            | 18.11         | 4.43                              | 25.8   | 13.9  | 3.90                 | 4.21                   | 43% | 6.07     | 7.34   | 117% | 133% |
| Ward 9 Supported Discharge (cost ctr JF002)                            | 98.21                 | 60.2                                    | 0.4  | 39.4  |      | 0    | 0   | 29.31                            | 18.11         | 5.17                              | 23.7   | 12.7  | 0.78                 | 5.41                   | 49% | 5.64     | 7.15   | 115% | 127% |
| Ward 11 Nephrology (PRH)   | 99.73                 | 29.7                                    | 2.1  | 68.2  |      | 0    | 0   | 29.31                            | 18.11         | 5.17                              | 28.7   | 15.4  | 4.22                 | 2.71                   | 40% | 6.63     | 6.7    | 110% | 129% |
| Ward 10 Fall and Complex Elderly (PRH) increasing by 1                 | 98.76                 | 51.1                                    | 0    | 48.9  |      | 0    | 0   | 29.31                            | 18.11         | 5.17                              | 24.9   | 13.4  | 0.42                 | 4.71                   | 51% | 5.98     | 6.91   | 112% | 130% |
| Ward 15/16 (Ward 15 and 16 scored separately)                          | 88.33                 | 38                                      | 0.4  | 61.6  |      | 0    | 0   | 42.07                            | 34.68         | 2.59                              | 23.8   | 12.8  | 5.06                 | 13.38                  | 50% | 6.4      | 9.89   | 89%  | 95%  |
|  |                       | 55                                      | 1.7  | 38.6  |      | 4.7  | 0   |                                  |               |                                   | 15.8   | 8.5   |                      |                        |     |          |        |      |      |
| Ward 17 Respiratory  | 96.85                 | 68.8                                    | 4.5  | 23.9  |      | 2.9  | 0   | 24.49                            | 20.69         | 5.17                              | 22.4   | 12    | 7.26                 | 8.69                   | 53% | 5.36     | 9.14   | 103% | 121% |
| Ward 22SB (relocated on ward 21 for census with reduction in bed base) | 88.46                 | 60.4                                    | 21.4 | 18.2  |      | 0    | 0   | 29.31                            | 18.11         | 5.17                              | 13.8   | 7.4   | 10.68                | 10.71                  | 47% |          |        | 88%  | 101% |
| Ward 24 Respiratory  | 98.02                 | 44                                      | 4.5  | 23.5  |      | 27.9 | 0   | 32.25                            | 25.87         | 5.17                              | 29.8   | 16    | 7.62                 | 9.87                   | 54% | 7.13     | 8.94   | 90%  | 95%  |
| Ward 27  | 98.52                 | 37.4                                    | 2.1  | 60.5  |      | 0    | 0   | 22.64                            | 23.28         | 9.61                              | 37.1   | 20    | 4.85                 | 3.28                   | 56% | 6.4      | 7.27   | 106% | 109% |
| Ward 28 Medicine & Frailty (RSH)                                       | 98.42                 | 37.4                                    | 1.4  | 61.1  |      | 0    | 0   | 29.31                            | 20.69         | 10.35                             | 36.2   | 19.5  | 6.54                 | 1.19                   | 44% | 6.75     | 8.49   | 118% | 142% |
| Ward 26 Endo / Medicine  | 98.34                 | 36.5                                    | 3.2  | 60.3  |      | 0    | 0   | 24.49                            | 23.28         | 6.86                              | 35.3   | 19    | 3.95                 | 4.28                   | 48% | 6.55     | 8.54   | 142% | 150% |
| Ward 35  | 94.95                 | 35.9                                    | 11.2 | 52.8  |      | 0    | 0   | 16.73                            | 18.11         | 2.58                              | 15   | 8.1   | 4.31                 | 10.03                  | 48% | 6.44     | 9.66   | 111% | 99%  |
| Ward 18 E (Budget includes no up lift as filled with agency)           | 98.46                 | 40                                      | 0.25 | 59.75 |      | 0    | 0   | 13.44                            | 11.64         | 0                                 | 18.9   | 10.2  | 5.46                 | 1.44                   | 53% | 6.59     | 6.63   | 105% | 96%  |
| Anaesthetics   |                       |   |      |       |      |      |     |                                  |               |                                   |  |       |                      |                        |     |          |        |      |      |
| ITU/HDU PRH  |                       |   |      |       |      |      |     | 45.61                            | 10.8          | 0                                 |  |       |                      |                        |     |          |        |      |      |
| ITU/HDU RSH  |                       |   |      |       |      |      |     | 36.19                            | 16.2          | 0                                 |  |       |                      |                        |     |          |        |      |      |
| Theatres PRH   |                       |   |      |       |      |      |     | 64.85                            | 20.43         | 0                                 |  |       |                      |                        |     |          |        |      |      |
| Recovery PRH   |                       |   |      |       |      |      |     | 22.48                            | 0             | 0                                 |  |       |                      |                        |     |          |        |      |      |
| Theatres RSH   |                       |   |      |       |      |      |     | 39.67                            | 17.52         | 0                                 |  |       |                      |                        |     |          |        |      |      |
| Recovery RSH   |                       |   |      |       |      |      |     | 17.37                            | 0             | 0                                 |  |       |                      |                        |     |          |        |      |      |
| Surgery  |                       |   |      |       |      |      |     |                                  |               |                                   |  |       |                      |                        |     |          |        |      |      |
| Ward 25G Colorectal & Gastroenterology (RSH)                           | 97.695                | 59.5                                    | 0.5  | 40    |      | 0    | 0   | 22.64                            | 25.86         | 9.61                              | 32.2   | 14.4  | 0.05                 | 11.46                  | 49% | 5.7      | 6.87   | 114% | 148% |
| Ward 37  | 97.21                 | 39.1                                    | 2.3  | 58.6  |      | 0    | 0   | 29.66                            | 25.87         | 5.17                              | 30.2   | 16.2  | 4.63                 | 9.67                   | 56% | 6.77     | 8      | 106% | 109% |
| Ward 8 H&N   | 87.28                 | 36.1                                    | 42.9 | 21.1  |      | 0    | 0   | 17.93                            | 7.76          | 0                                 | 12.1   | 6.6   | 5.83                 | 1.16                   | 67% | 5.74     | 8.01   | 94%  | 99%  |
| DSU Show & Stay RSH (trolley in escalation)                            |                       |   |      |       |      |      |     | 25.61                            | 19.47         | 0                                 |  |       |                      |                        |     |          |        |      |      |
| Day Case Ward PRH  |                       |   |      |       |      |      |     | 10.36                            | 7.66          | 0                                 |  |       |                      |                        |     |          |        |      |      |
|  |                       |   |      |       |      |      |     |                                  |               |                                   |  |       |                      |                        |     |          |        |      |      |
| Musculoskeletal  |                       |   |      |       |      |      |     |                                  |               |                                   |  |       |                      |                        |     |          |        |      |      |
| Ward 4 Trauma and Orthopaedic  | 95.88                 | 23.1                                    | 1.3  | 75.6  |      | 0    | 0   | 16.72                            | 18.11         | 5.17                              | 26.6   | 14.3  | 4.71                 | 3.81                   | 39% | 6.77     | 8.9    | 120% | 149% |
| Ward 32 Acute Orthopaedic Trauma Unit                                  | 93.76                 | 9.8                                     | 4.8  | 84.2  |      | 1.25 | 0   | 24.48                            | 23.28         | 5.17                              | 25.9   | 14    | 3.75                 | 9.28                   | 50% | 7.18     | 7.97   | 106% | 150% |
| Ward 36 Elective Ortho   | 22.88                 | 80.5                                    | 0    | 19.5  |      | 0    | 0   | 14.14                            | 10.35         | 2.59                              | 14.9   | 8.1   | 1.83                 | 2.25                   | 53% | 5.89     | 19.89  | 110% | 98%  |
| Oncology   |                       |   |      |       |      |      |     |                                  |               |                                   |  |       |                      |                        |     |          |        |      |      |
| Ward 23OC Oncology & Haematology                                       | 80.77                 | 0.9                                     | 48.6 | 48.6  |      | 1.8  | 0   | 24.49                            | 15.52         | 2.59                              | 22.6   | 12.2  | 4.48                 | 3.32                   | 63% | 6.94     | 10.5   | 124% | 101% |
|  |                       |   |      |       |      |      |     |                                  |               |                                   |  |       |                      |                        |     |          |        |      |      |
| Womens & Childrens   |                       |   |      |       |      |      |     |                                  |               |                                   |  |       |                      |                        |     |          |        |      |      |
| Ward 14 Gynaecology/GATU   | 90.13                 | 70.4                                    | 10   | 19.6  |      | 0    | 0   | 15.79                            | 8.47          | 3.8                               | 9.3  | 4     | 10.29                | 4.47                   | 60% | 5.22     | 11.07  | 158% | 100% |
| Ward 19  | 57.44                 | 81.4                                    | 14.2 | 3.8   |      | 0    | 0   | 61.92                            | 33.24         | 11                                | 44.2   | 22.4  | 28.72                | 10.84                  | 71% | 9.43     | 17.34  | 65%  | 98%  |
| Ward 23WNU   |                       |   |      |       |      |      |     | 44.32                            | 5.17          | 1                                 |  |       |                      |                        |     |          |        |      |      |
| Total  |                       |   |      |       |      |      |     | 1231.27                          | 718.04        | 116.13                            |  |       | 248.42               | 234.09                 |     | 162.16   | 249.26 |      |      |
| Average (excluding ED)   |                       | 45.6                                    | 12.7 | 40.1  |      | 1.5  | 0   |                                  |               |                                   |  |       |                      |                        |     |          |        |      |      |
| Average ED   |                       | 55.6                                    | 18.5 | 16.65 | 6.2  | 1.4  | 0.1 |                                  |               |                                   |  |       |                      |                        |     |          |        |      |      |



## Appendix 1b

|  | Jan 23 Census<br>Recommended<br>FTE | June 23<br>Census<br>Recommended<br>FTE | Current<br>Budget<br>FTE | Variance | Comments  |
|--|-------------------------------------|---|--------------------------|----------|---|
| Emergency Care   |                                     |   |                          |          |   |
| AMU PRH  | 25.3                                | 24.3                                    | 55.83                    | -31.53   | Budget also covers SDEC, further work required to monitor and measure ambulatory and planned activity. Acuity is not in line with acute assessment area nationally, patient from ED significant delayed and patients likely stabilised. Acuity may change with opening of SDEC as flow more likely to improve as patients diverted form ED.   |
| AMU RSH inc. AMA (relocated on ward 29 during June census) | 35.3                                | 33.6                                    | 109.45                   | -66.05   | AMU 20 beds but relocated to ward 29 during census. AMA remained. Beds on AMA currently operating as adult in patients however function will change as staff training progresses and area opens as Level 1 enhanced care area beds. Template and budget in place now as business case support release of funds in phased approach, budget covers nurses but no HCA, area included in budget total are AMU, AMA and SDEC. SDEC will be moving to ward 21 form current location. Variance in SNCT but only AMU beds and AMA escalation beds in census. Budget covers all areas. Splitting out of budget required to ensure SCNT output is aligned correctly to function and location. Limitations in data as AMU relocated. |
| AMA 8 beds   |                                     | 9.8                                     |                          |          |   |
| SAU (W33/W34)  | 61.2                                | 61.1                                    | 81.23                    | -20.3    | SNCT census covers inpatient beds only and not assessment area. Assessment area activity appears to be increasing, division need to review what measures are available to show increase in referrals, returns of surgery and also understand workload peaks across 24-hour period. Staff report nights more challenging as has number of patients admitted without bed to allocated to plus admissions, activity doubled in assessment area and outgrowing space.   |
| A&E RSH  | 73.6                                | 65.3                                    | 140.69                   | -75.39   | Acuity not reflective of all patients in the department as significant delays with patients waiting for beds for hours/days. This activity is not included as tool expects patients don't remain in ED longer than 12 hours. Areas of escalation open and regularly utilising main hospital corridor to house patients. ARA is a separate area from the ED department and currently has staff support from WMAS, this model will change as cover was only provided for 12 months. Division needs to review templates to identify what is section as templates not reflection what is on roster.   |

|  |      |      |        |        |  |
|--|------|------|--------|--------|--|
| A&E PRH  | 86.6 | 78.6 | 150.58 | -71.98 | Acuity not reflective of all patients in the department as significant delays with patients waiting for beds for hours/days. This activity is not included as tool expects patients don't remain in ED longer than 12 hours. Areas of escalation open and regularly utilising main hospital corridor to house patients. ARA is a separate area from the ED department and currently has staff allocated from ED escalation roster. Division needs to review templates to identify what is section as templates not reflection what is on roster. |
| Medical  |      |      |        |        |  |
| Ward 6   | 29.7 | 30.4 | 50.44  | -20.04 | Ward 6 staff covers cardiac day unit and area included in budget. Work needs to be done to separate out budget to ward and Cardiac day unit to ensure ward SNCT is completed with ward SNCT not total budget. CCU beds also need to be clearly defined as standards for staffing beds L2. Ward census should identify cardiology beds and CCU so acuity can be monitored in both areas.  |
| Ward 7 - Endo/Cardio (PRH)   | 37.2 | 39.7 | 40.01  | -0.31  | Ward now has 3 specialities Cardio/Endo/gen med as there has been a reduction in cardiology patients.  |
| Ward 9 Supported Discharge (cost ctr JF002)                                    | 35.5 | 36.4 | 42.59  | -6.09  | Ward does some AMU with staffing gaps when required and able. Retention and recruitment good, staff wanting to work on ward 9.   |
| Ward 11 Nephrology (PRH)   | 42.7 | 44.1 | 42.59  | 1.51   | Additional bed, used for escalation, not on PSAG board. Ward currently operating a renal and general medicine. Feedback was the workforce is junior and needing support. Ward reporting high number of patients requiring security, ward will review what evidence available of this acuity.   |
| Ward 10 Frail and Complex Elderly (PRH) increasing by 1                        | 38.4 | 38.3 | 42.59  | -4.29  | High ECS use with majority of shifts being covered.  |
| Ward 15  | 66.3 | 36.6 | 79.34  | -18.44 | Ward census completed for 15 and 16 as separate wards. Budget covers both areas. No clear what staffing is covering HASU beds as there is no defined spaced on ward 16 for patients however level 2 care being delivered.? Correct capture of data as only showing average 1 p   |
| Ward 16  |      | 24.3 |        |        |  |
| Ward 17 Respiratory  | 36   | 34.4 | 50.34  | -15.95 | 5 occasions treatment room in use for additional patients. Ward has 4 funded level 2 beds however these are not in an identifiable bay and can be spread out by gender or side room needs. Level 2 beds staffing not clearing delineated from ward, so work required to understand level 2 bed cover.  |
| Ward 22SS (relocated on ward 21 for June 23 census with reduction in bed base) | 33.4 | 21.1 | 42.59  | -21.39 | Ward relocated on ward 21 for census and a reduction in bed base thus affecting data collection, census data cannot be used to support decision making. Only 1 valid census completed in 2023 that reflects ward function and acuity. Ward also has AMDA when located on ward 22SS, a discharge area to support patient flow on the ward. AMDA would not have been included in census, so work needs to be done with divisions to separate staffing for AMDA to understand budget for each area.   |

|   |      |      |       |        |   |
|---|------|------|-------|--------|---|
| Ward 24 Respiratory   | 44.5 | 45.8 | 63.29 | -17.49 | Template for respiratory ward to be reviewed by Division against budget. Ward has 7 level 2 beds (RSU), PODS to isolate patients with IPC risks when on NIV. Level 2 beds staffing not clearing delineated from ward, so work required to understand level 2 bed cover. Consultants are wanting to increase capacity of L2 at times.  |
| Ward 27   | 58.3 | 57.1 | 55.53 | 1.57   | Ward has a high number of internationally recruited nurses. Ward had some recent challenges and action plan being developed to support ward and support being identified with the education team.   |
| Ward 28 Medicine & Frailty (RSH)                            | 46.4 | 55.7 | 50.35 | 5.35   | Ward has additional 4 beds open as escalation in the annex in June 23 so higher number of beds requiring acuity scoring. Ward beds consistently in use. Finance is capturing beds as escalation however operational plan for the beds needs to be discussed to understand if permanent change or remain as temporary template change. Budget is showing under, but ward is using agency/bank to cover additional RN and HCA per shift. Ward also planned to over recruit to reduced agency spend.   |
| Ward 26 Endo / Medicine                                     |      | 54.3 | 54.63 | -0.33  | ECS shifts in month high, 3 patients with MH needs.   |
| Ward 35   | 20.6 | 23.1 | 37.42 | -14.32 | 3 acute inpatient beds staffed by renal unit for dialysis. Ward has a B6 on nights who will review PD patients in ED so is ward based but may have to leave. HCA levels high on night shift due to adhering to fire regulations. A minimum staffing level is required to ensure safe evacuation of patients.  |
| Ward 18 E (Budget includes no uplift as filled with agency) |      | 29.1 | 25.08 | 4.02   | Ward 18 has opened as an escalation area Mid May time funded till the end of November. Area has been recruited into despite temporary nature of ward.   |
| Anaesthetics  |      |      |       |        |   |
| ITU/HDU PRH   |      |      | 56.41 |        | CCOT in budgets but will be separated out under new Band 7 in post. CCOT service under review and plans for business case to support Band 7. Templates need to be agreed for changes. Business case will be worked on to develop service as specified under ACC network. No issues with ITU templates. Meeting GPICS standards. Plan to over recruit over winter period to support service and reduce reliance on agency.   |
| ITU/HDU RSH   |      |      | 72.39 |        |   |
| Theatres PRH  |      |      | 85.28 |        | Anaesthetic Trained biggest problem regards recruitment. Theatres has had influx of new staff but now starting to feel better as with training time skills developed. Division was advised they could recruit against business case however budget doesn't reflect increase in staffing and will eventually get to a point where over established. BC includes elective hub and robot. Practice educators in post non recurrently as high amounts of training required to get Theatre staff up and fully skilled following impacts of covid. Great grow your own opportunities in Theatres and Theatre academy started. Focused on workforce planning as high numbers of older workforce will be due to retire in next 5 years. |
| Recovery PRH  |      |      | 22.48 |        |   |
| Theatres RSH  |      |      | 77.19 |        |   |
| Recovery RSH  |      |      | 17.37 |        |   |
| Surgery   |      |      |       |        |   |
| Ward 25G Colorectal & Gastroenterology (RSH)                | 52   | 46.6 | 58.11 | -11.5  | High levels of patients detoxing can be challenging on staffing time as need a lot of input. Fill rates improved on ward since last year, co-ordinator post has been good for the ward. Ward function is half Colorectal and half gastro.   |

|  |      |      |       |       |  |
|--|------|------|-------|-------|--|
| Ward 37  |      | 46.4 | 60.7  | -14.3 | Ward opened in Spring 23. Having coordinator on night has a massive impact on quality and helped with early flow from wards.   |
| Ward 8 H&N   | 18.1 | 18.7 | 25.69 | -6.99 | Treatment room regularly in use either for ward attenders, TCI or discharges. Average time co-ordinator support admissions when area operates as surgical admissions are 1.5 hours. Regularly caring for neck breathers and tracheostomies so ward requires staff with appropriate skill and experience. Ward is small which will impact SCNT tool as staffing needs can have a variance from the larger wards as minimum staffing levels required to maintain safety.   |
| DSU Short Stay RSH (trolleys Inc. escalation)  |      |      | 45.08 |       | Short stay and DSU combined budget. No changes at present but waiting to understand impact of opening of elective hub on RSH DSU going forward.  |
| Day Case Ward PRH  |      |      | 18.02 |       | Ward running day care services across a number of areas due to escalation inpatient beds still in DSU. Elective Hub due to open in the new year. Awaiting plans on paediatric lists before template set up and agreed for staffing. SAL staffing still in DSU budget.  |
| Ward 26 S General Surgery  | 51.7 |      |       |       | Ward relocated to ward 37  |
| Musculoskeletal  |      |      |       |       |  |
| Ward 4 Trauma and Orthopaedic  | 43.9 | 40.9 | 40    | 0.9   | Orthopaedic ward with 6 medical beds. Plans to open 2 bedded assessment area on ward to direct patients from ED. At times ward can be all orthopaedic with the more dependent patients on ward 4 as not suitable to outlie. High level of ECS shifts in June (112). Staff feel night is more of a challenge workwise than day. If assessment area opens, then change to template required? RN. Plans currently being worked through.   |
| Ward 32 Acute Orthopaedic Trauma Unit  |      | 39.9 | 52.93 | -13.3 | 1 data capture for the ward. Band 4 nonclinical co-ordinator budget needs to realign to area of current work and removed from ward 32 budget. Plans to open Trauma assessment area to divert activity for ED. Annex always in use on ward 32.  |
| Ward 29 Acute Orthopaedic Trauma Unit  | 33   |      |       |       | Ward relocated to 32   |
| Ward 36 Elective Ortho (ward function changed to elective orthopaedic with day surgery in June census) | 32   | 23   | 27.8  | -4.08 | Ward function changed from January to June census. Ward not up to normal operation for elective orthopaedics and bed base more than need so day surgery cases are going through unit. SNCT should be viewed with limitations. Plans for elective orthopaedic ward to be relocated once renal moves off site at PRH.  |
| Oncology   |      |      |       |       |  |
| Ward 23OC Oncology & Haematology   | 32.3 | 34.8 | 42.6  | -7.08 | Assessment bay built and opened but has converted into Chemo Bay. These patients are not captured in the census. Ward has also increased since June census from 22 to 30 due to high number of patients being outlined. Additional 6 beds not in budget. When assessment bay set up cover was planned 24/7 however staffing for night is currently covering increase in beds on ward. No plans to continue with assessment bay as beds increased so ward budget needs to reflect additional beds open and chemo bay Monday to Friday. Roster template needs to reflect budget but no official sign off for recent changes. |
| Women's & Childrens  |      |      |       |       |  |

|                          |      |      |        |        |  |
|--------------------------|------|------|--------|--------|--|
| Ward 14 Gynaecology/GATU | 15.6 | 13.3 | 28.06  | -14.76 | Ward assessed using SNCT, but GATU not included. Budget covers both areas. Coordinator covers ward, GATU and OPD. Ward bed base is small so minimum staffing levels required. Ward is regularly having medical and orthopaedic outliers. These patients are more dependent than normal acuity and additional HCA sometimes required on nights to support patient care as side rooms are physically and audibly away from ward bays and nurses' station. Ward templates need to clearly identify staffing required for each area so a comparison of ward bed base with recommended FTE can be made. Staffing for specialising of breaster surgery patients in includes in budget however this activity has not been done for a significant time. Division needs to understand plans and whether this is to stay or whether monies can be taken out of budget. |
| Ward 19                  | 68.2 | 66.6 | 106.16 | -39.56 | Budget covers CAU plus ward 19, oncology, paed's OPD and day case activity. SNCT figure only reflects ward. Identified ward had not included oncology patients so will need to ensure included going forward. Need to review how workload can be assessed in CAU plus where beds not available up to 4 patients can be bedded in CAU overnight. 5 beds have been closed due to staffing and template reduced by 1 RN Day and Night.  |
| Ward 23NNU               |      |      | 50.49  |        | Training of staff to meet QIS standards a priority, back fill in place to release staff to attend training. Bed occupancy is reduced as mitigating risk against staffing. Not capturing the diversion of activity to other units so more work required in terms of informatics in neonates. Area recently piloted Team based Rostering. Sickness a big problem for neonates. Transitional care budget sits with maternity. No issues identified with template.   |

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## Appendix 2

|  |  |  |  |  |
|--|--|--|--|--|
| Developing Workforce Safeguards Gap analysis action plan |  |  |  |  |
| <b>Executive Sponsors</b>                                | Hayley Flavell - Director of Nursing       |  |  |  |
| <b>Responsible Officers</b>                              | Stephanie Young - Lead Nurse for workforce |  |  |  |
| <b>Corporate Nursing Review</b>                          | 30.06.2022                                 |  |  |  |
| <b>Report signed by (Executive Lead)</b>                 | Hayley Flavell - Director of Nursing       |  |  |  |

| Developing Workforce Safeguards Action Plan |  |       |                     |   |            |                                  |                          |            |
|---|--|-------|---------------------|---|------------|----------------------------------|--------------------------|------------|
| ID  | Recommendation   | Site  | Compliance          | Actions required  | Deadline   | Status                           | Lead                     | 11/11/2023 |
|   | <b>Recommendations 1 &amp; 2</b><br>1. Trusts must formally ensure NQB's 2016 guidance is embedded in their safer staffing governance.<br>2. Trusts must ensure the 3 components are used in their safer staffing processes (evidence based tools, professional judgement and patient outcomes). | Trust | Partially compliant | Review SOP to confirm process and annual calendar for training, data collection and inter-rater reliability checks being organised for completeness in regards to the bi-annual staffing process. | 31.07.2022 | Delivered                        | Lead Nurse for Workforce |            |
|   |  |       |                     | Training on acuity and dependency for all band 7 Ward Managers and 2 other seniors for each ward area.  | 30.06.2022 | Delivered and ongoing monitoring | Lead Nurse for Workforce |            |
|   |  |       |                     | Ensure yearly renewal of safer Nursing Care Tool licence  | 31/10/2021 | Delivered                        | Lead Nurse for Workforce |            |



|  |  |  |  |  |            |             |                          |  |
|--|--|--|--|--|------------|-------------|--------------------------|--|
|  |  |  |  | Training programme for SCNT and inter-rater reliability competency assessments. Champions to be identified from each division to support roll out of training. Training records to be added to LMS | 31/12/2022 | Delivered   | Lead Nurse for Workforce | Action split, training and competency assessments completed to ensure staff able to complete SCNT audits. This action can be closed. Action to be added to action plan as separate item which will explore possibility of Training and Competence assessment being added to LMS. |
|  |  |  |  | Explore options to add SNCT record of competency and training to LMS   | 31.12.2023 | In progress | Lead Nurse for Workforce | D/W SI'A , needs to education group approval to go onto LMS. SY to send proposal to SI'A to progress o next meeting.   |
|  |  |  |  | Develop guidance on best practice for deployment of staff  | 31/07/2023 | In progress | Lead Nurse for Workforce | Present to N, M, AHP, Facilities December  |
|  |  |  |  | Safer staffing policy to be updated with plans for non-ward areas establishment reviews  | 31/03/2023 | Delivered   | Lead Nurse for Workforce | Updated  |
|  |  |  |  | Development of SOP for escalation processes for safe staffing including response for red flag events   | 31/07/2023 | In progress | Lead Nurse for Workforce | Present to N, M, AHP, Facilities October - delayed till October as working with AHP lead on amendments   |
|  |  |  |  | Review of SOP for SCNT process and ratification at Workforce Steering Group  | 31/12/2022 | Delivered   | Lead Nurse for Workforce | review completed, feedback to workforce meeting following NHS review of actions required.  |
|  |  |  |  | Updates to SOP for SCNT process  | 31/03/2023 | Delivered   | Lead Nurse for Workforce | Present to Workforce Steering Group 6 April 2023   |
|  |  |  |  | Explore possibility of Training and competence assessment records being added to LMS   | 31/03/2023 | Delivered   | Lead Nurse for Workforce | Meeting with Sam I' Anson, LMS can support training record maintenance.  |

|  |       |                     |  |            |                              |   |  |
|--|-------|---------------------|--|------------|------------------------------|---|--|
|  |       |                     |  |            |                              |   | Proposal required for presentation to Education Committee on why centrally maintain medical records required and identification of responsible person for admin. |
|  |       |                     | New Action- LMS proposal required at next Education Meeting  | 31/05/2023 | Delivered                    | Lead Nurse for Workforce                  | Proposal submitted   |
|  |       |                     | Review governance process regards monthly reporting of safe staffing.  | 31/01/2023 | Delivered                    | Lead Nurse for Workforce                  |  |
|  |       |                     | Arrange suite of operational meetings to review agency, vacancies, recruitment and retention, education, rosters and KPI's.  | 30.09.2023 | Delivered                    | Deputy Chief Nurse-People                 | Meetings arranged from October 2023 onwards  |
|  |       |                     | AHP teams to attend monthly operational meetings to discuss vacancies, recruitment, retention, education, rosters and KPI's  | 31.03.2024 | In progress                  | Deputy Chief Nurse-People                 | TOR written to be shared and agreement on invitations  |
|  |       |                     | Arrange for roster review deep dives to be organised quarterly and outputs/learning to be presented at workforce steering group and feed in to bi-annual staffing review | 30.09.2023 | Delivered ongoing monitoring | Deputy Chief Nurse -People                | Meetings held with SAC, MEC, W&C and Maternity   |
|  |       |                     | Develop safe staffing paper to include non-ward areas in monthly safe staffing paper and ensure relevant data available in relation to area of review.                   | 30/06/2023 | Delivered ongoing monitoring | Lead Nurse for Workforce                  | Paper continues to be developed, for areas that are not included in Unify  |
|  |       |                     |  |            |                              |   |  |
| <b>Recommendations 3, 4 &amp; 5</b><br>Trusts will be required to confirm their staffing | Trust | Partially Complaint | Director of Governance and Communications to add statement to future annual governance statement   | 31/01/2022 | Delivered                    | Director of Governance and Communications |  |

|  |   |       |                     |  |            |                                  |                                  |  |
|--|---|-------|---------------------|--|------------|----------------------------------|----------------------------------|--|
|  | governance processes are safe and sustainable, based on national assessment on the annual governance statement.   |       |                     | Biannual staffing reviews will have a statement from the Medical Director and Director of Nursing regarding assurances in relation to safer staffing.  | 31/07/2021 | Delivered and ongoing monitoring | Lead Nurse for Workforce         |  |
|  |   |       |                     | Review governance process regards monthly reporting of safe staffing.  | 31/01/2023 | Delivered                        | Lead Nurse for Workforce         |  |
|  |   |       |                     | Develop safe staffing paper to include non ward areas in monthly safe staffing paper and ensure relevant data available in relation to area of review. | 30/06/2023 | Delivered ongoing monitoring     | Lead Nurse for Workforce         | Paper continues to be developed, need to add areas not included in Unify reporting |
|  |   |       |                     |  |            |                                  |                                  |  |
|  | <b>Recommendation 6</b><br>As part of the safe staffing review, the Director of Nursing and Medical Director must 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. | Trust | Partially complaint | Additional training with senior staff on acuity and dependency.  | 31/03/2022 | Delivered and ongoing monitoring | Lead Nurse for Workforce         |  |
|  |   |       |                     | A further full biannual staffing review to take place in June and July 2021.   | 31/07/2021 | Delivered                        | Director of Nursing              |  |
|  |   |       |                     | A nursing 5 year workforce plan to be fully completed and agreed.  | 31.07.2022 | Delivered ongoing monitoring     | Head of Workforce Transformation |  |

|  |  |  |  |            |                                  |                                  |   |
|--|--|--|--|------------|----------------------------------|----------------------------------|---|
|  |  |  | A full organisational wide process for vacancy oversight from Ward level upwards   | 31.07.2022 | Delivered and ongoing monitoring | Head of Workforce Transformation |   |
|  |  |  | Development of a local Safer Staffing Policy which includes establishment setting and will note the requirement to have QIAs for all changes to staffing establishments – signed off by the Director of Nursing. | 01.07.2022 | Delivered                        | Lead Nurse for Workforce         |   |
|  |  |  | Matrons to receive an inter-rater reliability assessment as part of their induction  | 30/03/2022 | Delivered and ongoing monitoring | Lead Nurse for Workforce         | Training commenced - List of matrons qualified on the SNCT Training X drive. Training to continue for matrons that have not received training |
|  |  |  | Review monthly staffing paper once dashboard on Gather system to ensure greater triangulation and explicit reference to Care Hours Per Patient Day (CHPPD)   | 30/11/2021 | Delivered                        | Lead Nurse for Workforce         | Details now on Gather.  |
|  |  |  | Commence an inaugural Safer Nursing Care Tool assessment on the Emergency Departments once the new tool is released and licence obtained.  | 31/03/2022 | Delivered and ongoing monitoring | Lead Nurse for Workforce         |   |
|  |  |  | SOP development to ensure correct application of SCNT and training in place.   | 31/03/2023 | Delivered                        | Lead Nurse for Workforce         | Present   |

|  |  |  |  |            |                 |                          |   |
|--|--|--|--|------------|-----------------|--------------------------|---|
|  |  |  | SOP development to ensure correct application of SCNT and training in place and expectations of establishment review meetings (including attendance)                   | 31/03/2023 | Delivered       | Lead Nurse for Workforce | Present to Workforce Steering Group 6 April 2023  |
|  |  |  | Develop safe staffing policy to ensure there is clear governance procedures in place for new templates or template reviews outside of bi-annual establishment reviews. | 31/03/2023 | Delivered       | Lead Nurse for Workforce | Present to Workforce Steering Group 6 April 2023  |
|  |  |  | Develop roster policy including key KPI's  | 31/12/2022 | Delivered       | People Systems Manager   | Policy in draft - meeting planned with workforce 6.1.23 to review. Policy developed and approved.                   |
|  |  |  | Review process for submission of model hospital data   | 31/05/2023 | Delivered       | Lead Nurse for Workforce | Process reviewed, need to develop SOP.  |
|  |  |  | Develop SOP for process of checking and submitting monthly data for safe staffing.   | 30/08/2023 | In progress     | Lead Nurse for Workforce | Draft SOP - Shared with Workforce Assurance Manager and Performance Manager for review on their elements of process |
|  |  |  | Develop programme plan for review of maternity ward establishments, non ward establishments, and nursing groups.   | 31/05/2023 | Delivered       | Lead Nurse for Workforce | Meetings in diaries for July/Aug for areas not included in SCNT. Maternity process already embedded and developed.  |
|  |  |  | Corporate review of CNS job plans  | 31/10/2023 | Not yet started | Lead Nurse for Workforce | Initial discussions with HR by DDON for Workforce on JD review.   |

|  |  |       |                       |  |            |                                  |   |  |
|--|--|-------|-----------------------|--|------------|----------------------------------|---|--|
|  |  |       |                       | Implementation of SCNT in ED and Paediatrics   | 31/01/2023 | Delivered                        | Lead Nurse for Workforce                    | Paediatric Team training done 5.1.23 and champion identified. Ed Training completed. SCNT census completed in both departments Jan 2023. |
|  |  |       |                       | Non-medical workforce plan development and linked to strategy  | 31/12/2023 | in progress                      | Transformational Lead for Workforce         | Steering Group agreed extension to deadline in view of timeframe for Chief AHP recruitment and funding not yet agreed for post.          |
|  |  |       |                       |  |            |                                  |   |  |
|  | Recommendation 7<br>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. | Trust | Partially Compliant ↔ | Require a full Workforce Plan for the next 5 years to be agreed by the Executive Team which is able to identify the future domestic and international pipelines annually over the 5 years. | 31/07/2022 | Delivered and ongoing monitoring | Head of Workforce Transformation & HTP Team |  |
|  |  |       |                       | Workforce plan will be presented at a Public Board.  | 31/07/2022 | Delivered and ongoing monitoring | Head of Workforce Transformation & HTP Team |  |
|  |  |       |                       | Full plan to be agreed and signed by Chief Executive once ready.   | 31/06/2022 | Delivered and ongoing monitoring | Head of Workforce Transformation & HTP Team |  |
|  |  |       |                       | Non-medical workforce plan development and linked to strategy  | 31/12/2023 | in progress                      | Transformational Lead for Workforce         | Steering Group agreed extension to deadline in view of timeframe for Chief AHP recruitment and funding not yet agreed for post.          |

| <b>Recommendation 8</b><br>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. | Trust | Partially compliant | Triangulation and CHPPD in monthly staffing report that goes to the monthly Nursing and AHP meeting, where a AAA report feeds into the Quality Safety Assurance Committee that then feeds to the board. | 30/11/2021 | Delivered       | Lead Nurse for Workforce  | Quality dashboard and monthly meetings in place. Further metrics being added to include Workforce. Quality metrics and Model Hospital is discussed within the monthly staffing paper. Report seen at the monthly Nursing and AHP meeting and is AAA reported which feeds to QSAC then Board. |
|---|-------|---------------------|---|------------|-----------------|---------------------------|--|
|   |       |                     | Review process for submission of model hospital data  | 31/05/2023 | Delivered       | Lead Nurse for Workforce  | Process reviewed need to develop SOP   |
|   |       |                     | Develop SOP that identifies process for checking and reporting monthly data on safe staffing  | 30/08/2023 | In progress     | Lead Nurse for Workforce  | Draft SOP - Shared with Workforce Assurance Manager and Performance Manager for review on their elements of process  |
|   |       |                     | Review current data available to develop dashboard to be presented at workforce steering group.   | 31.03.2024 | Not yet started | Deputy Chief Nurse-People |  |
|   |       |                     | Review governance process regards monthly reporting of safe staffing.   | 31/03/2023 | Delivered       | Lead Nurse for Workforce  | Action split as review of governance completed. Options of inclusion in monthly paper (non-ward areas) added as new action in section relating to recommendations 1&2. Unify data now published on Trust Website. Staffing paper presented to  |

|   |       |                     |   |            |                                  |                            |   |
|---|-------|---------------------|---|------------|----------------------------------|----------------------------|---|
|   |       |                     |   |            |                                  |                            | QOC on a monthly basis.   |
|   |       |                     |   |            |                                  |                            |   |
| <b>Recommendation 9</b><br>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. | Trust | Partially compliant | Completion of SOP as stipulated in actions from recommendations 1 & 2.  | 01.07.2022 | Delivered                        | Lead Nurse for Workforce   | Reports completed however unable to change budgeted establishments as last 2 data sets collected during the Coronavirus pandemic. August 2022 - Approved at Exceptional Workforce meeting           |
|   |       |                     | Biannual staffing to continue.  | 31/01/2022 | Delivered and ongoing monitoring | Deputy Chief Nurse -People | Completed since January 2020. Due to many ward changes a template review was undertaken on 32 inpatient areas. An investment of over 5 million pounds has been recommended and agreed by the board. |
|   |       |                     | Safer staffing policy to be updated with all actions required in relation to responsibilities for safe staffing | 31/03/2023 | Delivered                        | Lead Nurse for Workforce   | Present to Nursing Workforce Steering Group 6 April 2022  |
|   |       |                     |   |            |                                  |                            |   |



|  |   |       |                   |   |            |                                  |                           |  |
|--|---|-------|-------------------|---|------------|----------------------------------|---------------------------|--|
|  | <b>Recommendation 10</b><br>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 study, as this may adversely affect the recommended establishment figures derived from the use of the tool. | Trust | Fully Compliant ↔ | Deputy Chief Nurse for People and Professional Standards is the Safer staffing lead for the Trust and oversees the full use of the Safer Nursing Care Tool ensuring no manipulation of the multipliers. | 31/07/2021 | Delivered and ongoing monitoring | Deputy Chief Nurse-People |  |
|  |   |       |                   |   |            |                                  |                           |  |
|  | <b>Recommendation 11 &amp; 12</b><br>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.  | Trust | Partially         | Development of a safer staffing policy which will include the agreed QIA process as previously mentioned in actions form recommendation number 6.   | 01.07.2022 | Delivered and ongoing monitoring | Lead Nurse for Workforce  |  |
|  |   |       |                   | Embed process for QIA oversight and review  | 31.03.2023 | In progress                      | Deputy Chief Nurse People |  |
|  |   |       |                   |   |            |                                  |                           |  |

**Recommendation 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.

Trust

Partially compliant

Monthly report to Deputy Chief Nurse for oversight of any red flag events linked to staffing which needs to be added to the monthly staffing report.

31/07/2021

Delivered and ongoing monitoring

Lead Nurse for Workforce

Review of Agency approval process.

31/10/2021

Delivered

Lead Nurse for Workforce

Further training and utilisation of the Safecare module for all inpatient ward areas to support professional judgement, risk assessments and escalation.

31/12/2021

Delivered and ongoing monitoring

Lead Nurse for Workforce

Review option for turn on of 'Red Flag with safecare

31/12/2022

Delivered

Lead Nurse for Workforce

Discussed with Workforce team. Safecare can be utilised to capture red flag. Plan required to make live on system and clear escalation process required for recording and evaluation red flags.

Safecare Turn on (including use of red flags) and SOP to support completion

31/07/2023

In progress

Lead Nurse for Workforce

Recruitment for Lead in progress

Embed use of Safecare in Daily Staffing Meeting to support decision making

31/07/2023

In progress

Lead Nurse for Workforce

Meeting with allocate Monday 13/11/23 for initial scoping of areas for consideration. Once lead in post action plan development required.

Review Datix reporting in relation to Staffing issues and enhance categorisation of events to clearly identify red flags

31/05/2023

Delivered

Lead Nurse for Workforce

Discussions with Neonates/Paediatrics and Critical to include staffing dependency and agency use. Further discussed with ED required to agree plans for report for ED standards for nursing workforce regards agency use.

|  |       |                     |   |            |                                  |                            |   |
|--|-------|---------------------|---|------------|----------------------------------|----------------------------|---|
|  |       |                     | Agree new categories for reporting of red flags with specialist areas   | 30/08/2023 | In progress                      | Lead Nurse for Workforce   |   |
|  |       |                     | Develop online training programme and competency assessment for acuity scoring and use of deployment tool   | 30/09/2023 | not yet started                  | Lead Nurse for Workforce   |   |
|  |       |                     |   |            |                                  |                            |   |
| <b>Recommendation 14</b><br>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. | Trust | Partially compliant | Phased staffing plan and associated risk assessment in place for inpatient wards in relation to Covid-19 but due a review in preparation for Winter 2021. | 30/12/2021 | Delivered                        | Lead Nurse for Workforce   |   |
|  |       |                     | Need set escalation plan for raising staffing concerns which should be added to the safer Staffing policy.  | 31.05.2022 | Delivered and ongoing monitoring | Deputy Chief Nurse -People |   |
|  |       |                     | Review Datix reporting in relation to Staffing issues and enhance categorisation of events to clearly identify red flags                                  | 30/06/2023 | Delivered                        | Lead Nurse for Workforce   | Discussions held with Neonates/Paediatrics and Critical Care to include staffing v dependency and agency use. Further discussions with ED required to agree plans for report for ED standards for nursing workforce regards agency use. |
|  |       |                     | Agree new categories for reporting of red flags with specialist areas   | 30/08/2023 | In progress                      | Lead Nurse for Workforce   | Still requires divisional input.  |
|  |       |                     | Development of SOP for escalation processes for safe staffing including response for red flag events  | 31/07/2023 | In progress                      | Lead Nurse for Workforce   | In draft - present to Nursing, Midwifery, AHP and Facilities October 2023   |

1