[5.15]	**Report to the Trust Board of Directors, 7th January 2025**
Title:	*Ward Staffing Nursing Establishment Review July 2024 – October 2024*
Sponsor:	*Gail Byrne, Chief Nursing Officer*
Author:	*Rosemary Chable, Head of Nursing for Education, Practice and Staffing*

Purpose *(type an 'x' in the appropriate box(es))*

(Re)Assurance	Approval	Ratification	Information
X			

Strategic Theme *(type an 'x' in the appropriate box(es))*

Outstanding patient outcomes, safety and experience	Pioneering research and innovation	World class people	Integrated networks and collaboration	Foundations for the future
X		X		

Executive Summary:

a) The report details the methodology, findings, risk assessment and recommendations arising from the ward staffing review undertaken from July 2024 – October 2024.

Recommendations in this report link to the statutory responsibilities arising from the National Quality Board (2016) expectations on ensuring safe, sustainable, and productive staffing, the NHS Improvement Developing Workforce Safeguards guidance (2018) and the Nursing Workforce Standards (RCN May 2021) assessed as part of CQC 'safe' and 'well-led' domain.

The report outlines UHS progress in meeting the 38 recommendations included in the NICE guideline (2014) on safe staffing for in-patient wards and provides an update on the action – plan to achieve the recommendations in the national staffing levels guidance published by the National Quality Board in July 2016 (a key requirement of the NHSI 'Developing workforce safeguards' guidance (October 2018).

b) To note findings of this annual ward establishment review and the Trust position in relation to adherence to the monitored metrics on nurse staffing levels, specifically:

Overall, the staffing establishments remain appropriate and within recommended guidelines. There are some key exceptions where acuity and dependency levels and growing demand continue to outstrip the nursing ratios, coupled with the impact of ward reconfigurations – recommendations for uplifts in these areas will be put forward by the Divisions as part of the annual budget setting process.

- UHS nursing establishments are set to achieve a range of 1:1 to 1:9 registered nurse to patient ratio in most areas during the day with the majority (43) set between 1:4 to 1:8. Differences relate to specialty and overall staffing model.

- The majority of wards (32) are staffed at between 50:50 and 80:20 registered/unregistered ratio or above. Those wards with lower ratios (21 wards) are linked to the systematic and evaluated implementation of trained band 4 staff where appropriate and those with higher ratios (2) are both higher intensity care areas requiring a higher registered skill. 33 wards (down from 35 last year but remaining up significantly from 25 in 2019) are below the 60:40 ratio.

- Planned total Care Hours Per Patient Day (CHPPD) range from 4.2 – 19.2 and average at 7.7

- High levels of enhanced care demand, a reduced skill-mix and impact of financial controls have been highlighted as ongoing challenges for mitigation to ensure safe staffing.

The paper is presented for DISCUSSION.

c) ***The report is presented in full to Trust Board as an expectation of the National Quality Board guidance on staffing which requires presentation and discussion at open board on all aspects of the staffing reviews.***

Contents:
Paper; Appendix 1: National Quality Board (NQB Expectations for safe staffing Safe, Sustainable, and productive staffing; Appendix 2: NQB Safe Staffing Recommendations – UHS action plan; Appendix 3: NICE Guideline 1: Safe Staffing for nursing in adult inpatient wards in acute hospital - UHS action plan; Appendix 4: Ward by Ward staffing review metrics spreadsheet; Appendix 5: Specific Divisional issues emerging; Appendix 6: RCN Workforce Standards

Risk(s):
1b – Due to the current challenges we fail to provide patients and families/carers with a high-quality experience of care and positive patient outcomes. *3a – We are unable to meet current and planned service requirements due to the unavailability of staff to fulfil key roles.*

Equality Impact Consideration:	NO

1.0   Introduction or Background

1.1   The purpose of this paper is to report on the outcomes of the review of ward staffing nursing establishments undertaken from July 2024 – October 2024. This 6-monthly review forms part of the Trust approach to the systematic review of staffing resources to ensure safe staffing levels effectively meet patient care needs.

1.2   This paper focuses specifically on a review of nursing levels for in-patient ward areas. Areas such as maternity, critical care, theatres and the emergency department are reviewed separately.

1.3   Divisional 'light touch' 6 monthly staffing reviews took place in March/April 2024 for all 4 clinical divisions and were reported to their relevant divisional boards and Nursing and Midwifery Staffing Review Group. Emergent themes have been incorporated into this review.

1.4   The ward staffing review this year has taken place against the backdrop of financial recovery measures, some of which came into effect in Q4 of 2023/24 after the last annual staffing review with increasing measures being introduced in 2024/25. Discussions at the staffing review meetings focussed on any impact arising from the close monitoring and management of establishment levels and any mitigations/adjustments needed to continue to assure the delivery of safe care.

1.5   It should also be noted that there were some key ward reconfigurations and refurbishments, some ward moves and a new ward opening since the last annual review and these areas have now been fully included in the annual cycle.

1.6   The report also includes an update on the NICE clinical guideline 1 – Safe Staffing for nursing in adult inpatient wards in acute hospitals, issued in July 2014 and details progress with the action plan for adopting this guideline within UHS.

1.7   This report fulfils expectation 1 and 2 of the National Quality Board requirements for Trusts in relation to safe nurse staffing and fulfils a number of the requirements outlined in the NHS Improvement 'Developing Workforce Safeguards' guidance (October 2018) which sets out to support providers to deliver high quality care through safe and effective staffing. This review also meets standards outlined in the RCN Nursing Workforce Standards (May 2021). Organisations are expected to be compliant with the recommendations in these reports and are subject to review on this as part of the CQC inspection programme under both the 'safe' and 'well led' domains.

2.0   Analysis and Discussion

2.1   Ward staffing review methodology

2.1.1   In 2006 UHS established a systematic, evidence based and triangulated methodological approach to reviewing ward staffing levels on an annual basis linked to budget setting and to staffing requirements arising from any developments planned in-year. This was aimed to provide safe, competent and fit for purpose staffing to deliver efficient, effective and high-quality care and has resulted in consistent year-on-year review of the nursing workforce matched by increased investment where required.

2.1.2   Following the National Quality Board expectations in 2014 and the refresh in 2016, a full review is now undertaken annually (with a light touch review at 6 months reporting to Divisional boards to ensure ongoing quality) with annual reporting to Trust Board in October/November.

2.1.3   The approach utilises the following methodologies:

- Shelford Safer Nursing Care Tool Acuity/Dependency staffing multiplier (A nationally validated tool reviewed in 2013 - previously AUKUH acuity tool). Now incorporated into the Healthroster Safecare system
- Care Hours Per Patient Day (CHPPD)
- Professional Judgement
- Peer group validation
- Benchmarking and review of national guidance including Model Health System data
- Review of eRostering data
- Review of ward quality metrics

2.2   National guidance

2.2.1   In 2013 as part of the national response to the Francis enquiry, the National Quality Board published a guide to nursing, midwifery and care staffing capacity and capability (2013) *'How to ensure the right people, with the right skills, are in the right place at the right time.'* This guidance was refreshed, broadened to all staff, and re-issued in July 2016 to include the need to focus on safe, *sustainable and productive* staffing. The NQB further reviewed this document and issued an updated recommendations brief in July 2017. The expectations outlined in this guide are presented in Appendix 1.

These expectations are fulfilled in part by this review and the detailed action plan (Appendix 2) has been updated with progress towards achieving compliance with the 37 recommendations that make up the 3 over-arching expectations.

2.2.2   The latest 4 monthly review of the action plan (November 2024) shows maintenance of compliance levels despite the ongoing activity and financial challenges.   UHS remaining compliant with 35 of the 37 recommendations.   The following 2 outstanding areas are progressing but require further action before being signed off:

Allocated time for the supervision of students and learners: *Staffing establishments take account of the need to allow clinical staff the time to undertake mandatory training and continuous professional development, meet revalidation requirements, and fulfil teaching, mentorship and supervision roles, including the support of preregistration and undergraduate students.*   Whilst there is some allowance within the 23% headroom, requirements for supervision are growing with revised initiatives around preceptorship, staff wellbeing and student supervision. Learner numbers (students, international and apprentices, preceptees) are increasing with limited additional supervisory support available. It is also important to note that the Ward Leader Supervisory allowance was put on hold in Q4 2023/24 and reinstated slowly from Q1 2024/25 as part of the trust recovery plan. This impacted short term on some of the supervision and support available to students and learners.

Equality and diversity: *The organisation has clear plans to promote equality and diversity and has leadership that closely resembles the communities it serves. The research outlined in the NHS provider roadmap42 demonstrates the scale and persistence of discrimination at a time when the evidence demonstrates the links between staff satisfaction and patient outcomes.* Ongoing action through Equality & Diversity Group which is reported to Board separately.

2.2.3   In July 2014 NICE published *Clinical Guideline 1: Safe Staffing for nursing in adult inpatient wards in acute hospitals.* This guideline is made up of 38 recommendations. A detailed action plan was developed within UHS and is reviewed 4 monthly by the Nursing and Midwifery Staffing review group. The current assessment (November 2024) shows UHS has maintained compliance in 37 of the 38 recommendations.

The 1 remaining recommendation is:

Escalation actions taken to address deficits on one ward should not compromise another. Management of trustwide staffing deficits and thrice daily reviews of staffing via the staffing hub, as well as an improved recruitment situation, have minimised the risk of this. The close management and maintenance of minimal staffing levels, however, does not enable assurance that wards are not compromised by staff movements in extremis.

The ongoing action plan is included at Appendix 3 detailing the recommendations and the UHS compliance position and actions in progress.

2.2.4   In October 2018 NHS Improvement published 'Developing Workforce Safeguards' guidance which sets out to support providers to deliver high quality care through safe and effective staffing. It includes many of the actions identified in both the NICE guidance and the National Quality Board recommendations broadened to all staff groups.

2.2.5   In May 2021 the Royal College of Nursing published their Nursing Workforce Standards (Appendix 6), developed as part of their safe staffing campaigns. The standards summarise the expectations in other national guidance and reiterates the importance of the Chief Nurse being responsible for setting nurse staffing levels based on service demand and user needs and the requirement to report directly to the Trustboard. Self-assessment undertaken by the Nursing and Midwifery Staffing Review Group (NMSRG) show UHS remains compliant with these standards. In October 2024 the RCN launched a review of these standards which are expected to be published at the end of the year. In light of this imminent review NMSRG have refreshed the self-assessment and confirmed that UHS remains compliant with the standards.

2.2.6   In September 2022 a key research study was published (Zaranko B, Sanford NJ, Kelly E et al. BMJ Quality and Safety Epub) which highlights the link between higher registered nurse numbers and seniority and improved patient outcomes. Additionally in August 2024 an additional follow-up article (Griffiths, P; Saville C; Ball, J JAMA Network open) identified that substitution of registered gaps with temporary staff does not necessarily significantly lower the risks for patients.

2.2.7   In late 2023 NIHR published an evidence based Professional Judgement Framework to support the application of professional judgement in nurse staffing reviews. Rosemary Chable and Natasha Watts from UHSFT were contributors to this guidance and are acknowledged in the authorship. This framework has been used as the basis for professional judgement throughout the staffing reviews.

2.3   6 monthly Ward Staffing review July 2024 – October 2024 – Outcomes

2.3.1   The 6 monthly review was carried out from August 2024 – October 2024 with initial review meetings taking place with each Division (attended by DHN, Matrons, Ward Leaders, Finance representatives, workforce representatives and facilitated by the Head of Nursing for Education, Practice and Staffing). The same triangulated methodology was used as in previous reviews. An update on the latest guidance and reporting requirements in relation to staffing were also included in the divisional review meetings.

2.3.2   The detailed spreadsheet with ward-by-ward findings is included at Appendix 4. This provides information on the current establishment data broken down by shift and assessing against registered/unregistered ratios; CHPPD; nurse to patient ratios by registered and total nurse staffing and acuity information from Safecare where appropriate.

2.3.3   It should be noted that a number of wards continue to be regularly reconfigured in response to the changing capacity and service situation, including new ward build and ward moves. A number of rostering template reviews were therefore instigated as a result of the review discussions so some figures may have changed for individual wards since the review.

2.3.4   The ***staffing hub*** which was established in April 2020 to co-ordinate and oversee the real-time nurse staffing levels across the hospital in support of the clinical site function has continued to operate and adapt. It now maintains a stronger role in the daily deployment of staff and the ongoing management of bank/agency bookings and is having a measurable impact on the reduction in high-cost agency bookings. This is particularly evident in reviewing the deployment of bank and agency support for enhanced care.

The hub activity is led by a daily designated staffing matron who takes responsibility for leading the continuous review and reassignment of the nurse staffing resource throughout the day.

2.3.5   ***Nurse to patient ratios by registered and total nursing***

2.3.5.1   The ward establishments across UHS allow for registered nurse to patient ratios **during the day** to range from 1:1 (Piam Brown – Children) to 1:9 (Bassett, D6, D7 G6, G8, G9, E7 and E12) depending on specialty and overall staffing model. This is a further slight increase in the number of wards with lower RN: patient ratios (up from 4 wards to 8 wards with all areas in medicine) and this will require ongoing monitoring to ensure there is not further drift.

2.3.5.2   The average level is set to achieve 1:4 to 1:8 registered nurse to patient ratio in most areas during the day (43 wards, previously 47) with 42 wards set between 1:4 to 1:7 (up from 38). Exceptions are where there has previously been a planned model of trained band 4 staff to mitigate recruitment challenges and is particularly evident in Medicine and Medicine for older people.

2.3.5.3   The areas on or above 1:7 (22 wards) include the medicine wards, Medicine for Older People wards, some Trauma and Orthopaedic wards, including Brooke and the Acute Stroke Unit. These areas include a higher ratio of band 2 to 4 staff creating a total nurse to patient ratio of 1:3 – 1:4. It should be noted that the ratio of patients to registered nurse can regularly increase when wards are not fully established and these wards with lower RN to patient ratios are working on their minimum safe levels.

2.3.5.4   Planned staffing ratios at **night** require constant oversight to ensure the model is sufficient to provide the required support for patients out of hours.

- In areas that are working on lower staffing ratios, managing the workload at night has again emerged as an area that still requires action in a number of ward areas.

- Wards are piloting different twilight shift patterns (within existing budget) to continue to support the demands at night.

- Rising acuity of patients, more therapeutic activity taking place overnight and the impact of more geographically spread clinical areas has increased the pressure on the staffing resource at night. This also highlights the importance of supernumerary bleep-holders in supporting the ward areas

2.3.5.5   There are now 3 in-patient ward areas with ratios of 1:11 (RN to patient) at night (the same level as the previous year). These are E3(G), Acute Surgical Assessment and F7 this is offset by a total nurse to patient ratio of 1:5 and 1:6 with the utilisation of support staff.

2.3.6   ***Registered to unregistered ratios***

2.3.6.1   UHS ward areas were reviewed against the benchmark of 60:40 registered to unregistered ratios as the level to which ward establishments should ideally not fall below unless planned as the model of care.

2.3.6.2   15 wards are now rostered at between 60:40 and 70:30.   This is an increase of 1 ward on last year when there had been a reduction of 5 wards.

2.3.6.3   32 wards (an improvement on the 35 in the previous year but still remaining up significantly from 25 in 2019) are below the 60:40 ratio. These wards are utilising band 4 staff as a key contribution to the model of care and are areas where there is a wider multidisciplinary team contributing to care (e.g., MOP, T & O, Medicine, Acute Stroke). It should be noted however that this reducing trend needs to be kept under close review against other metrics to ensure safe, quality care can be provided within the establishments. As highlighted previously, recent research highlights the impact on patient outcomes in areas with reduced registered nurse cover.

2.3.6.4   8 wards (1 more than 2023) are above the 70:30 ratio reflecting the increased specialism of our regional specialties where the intensity of the patient needs requires a higher ratio of registered staff (Child Health, CV&T, Neurosciences, and Cancer Care areas).

2.3.6.5   The support of band 4 roles continues to be designed in as part of a model of care in a number of areas linked to the further development of apprenticeship opportunities. This has also provided a role in which to appoint the emerging cohorts of nursing associates who have qualified and registered with the NMC from January 2019 onwards. In many areas where the acuity and intensity of patients has increased, and treatment and medication regimes are complex, further reduction in the overall skill-mix of registered to unregistered staff is not appropriate to maintain safe staffing levels and ensure adequate supervision. Additionally, in some cases a band 4 model was used to mitigate ongoing gaps in registered roles – this was particularly notable in Medicine for Older People. As recruitment for registered nurses improves these areas will be reviewing the overall required skill mix model.

2.3.6.6   Focus will continue on reviewing the overall registered to unregistered ratios to ensure reductions are linked to planned model of care changes and are accompanied by appropriate quality impact assessment and evaluation.

2.3.6.7   The current review of band 2/3 banding linked to national job assimilation will not have an impact on the overall registered to unregistered ratios but will have a financial impact on the establishments where uplift results. It is important to note that this will need to be managed without reducing the overall availability of unregistered nursing hours in order to maintain staffing levels.

2.3.7   ***Assessment against the Safer Nursing Care Tool (acuity/dependency model)***

- The Safer Nursing Care Tool (acuity/dependency model) has been used to model required staffing based on the national recommended nurse to patient ratios for each category of patient in all the areas. This is integrated into the health roster system as part of the safe-care tool and provides information on acuity/dependency levels and corresponding staffing levels on a real-time basis converted into recommended care hours per patient day. Where the predicted levels differ from established numbers, professional judgement has been used to

assure that the levels set are appropriate for the speciality and number of beds. During the review period, a Trust-wide rollout of a new version of the software took place which has seen a total refresh of the use and application of the safer nursing care tool to ensure this is being used consistently across the organisation. There is also ongoing education and support work taking place to ensure all areas are using the tool in line with the recommendations to ensure consistency.

2.3.8 *Care Hours Per Patient Day*

2.3.8.1 Planned total Care Hours Per Patient Day (CHPPD) range from 4.2 (G5) rising to 19.2 (Piam Brown) and average at 7.7. The average is slightly lower than the previous year and there are a higher number of wards in the lower range. This will be linked to small bed increases in ward areas that have not been accompanied by staffing increases.

2.3.8.2 Planned Registered care hours per patient day range from 1.9 (G5) rising to 14.5 (Piam Brown) and average at 4.5. This average is slightly lower this year.

2.3.8.3 Planned Unregistered care hours per patient day range from 1.3 (C6 TYA) – 8.7 (G2 Neuro) and average at 3.2. This average is slightly lower than last year.

2.3.8.4 Actual CHPPD fluctuate significantly across the year and are strongly linked to patient numbers and changes in patient acuity. For example, increased staffing for patients who require enhanced care will increase the overall CHPPD numbers attributed to a ward. An aggregated Trust-wide average, whilst useful to review month by month and annually for a trend, are less meaningful than the granular review of each ward CHPPD.

2.3.9 *Allowance for additional headroom requirements and supervisory ward leader model*

2.3.9.1 All areas have 23% funding allocated to allow for additional headroom requirements arising from non-direct care time. It is recognised that in a number of areas this percentage is too low to cover all of the indirect requirements in an area, particularly related to speciality and supervisory and training needs. There remains significant pressure on maintaining staffing within the allowed headroom. This is due to high training levels (resulting from the more junior workforce) and maternity/paternity levels that consistently exceed the allowance.

2.3.9.2 New national initiatives and requirements of the NHS contract such as the implementation of Professional Nurse Advocacy for all staff and Preceptorship support for all new registrants has further increased the pressure on this set level of headroom.

2.3.9.3 A discussion around management of headroom was included in each of the ward staffing reviews which took place with clear actions for the ward leaders to implement.

2.3.9.4 UHS has an established Ward Leader Supervisory model which means the Ward Leader is not included in the established numbers required to deliver safe care per shift. This enables them to focus more time on supervising and leading the ward team whilst supporting clinical care. This proved particularly important during recent years with developing the junior workforce.

2.3.9.5 In Q4 2023/24 and Q1 24/25 this model was paused as part of the financial recovery plan and Ward Leaders were rostered directly to support shifts. This impacted a range of indicators including appraisal completion, sickness reviews, roster management and learner development. In Q2 this was reinstated as part of the workforce plan for nursing and key metrics have again improved. The model is used flexibly whilst the priority is always to ensure safe staffing levels on the wards. Ward

Leaders clearly articulated the personal and professional impact of this pause during the discussions at the review meetings.

2.3.10 *Specific Divisional issues emerging*

Specific Divisional issues highlighted in the review are contained in Appendix 5.

2.4 <u>Trust wide risks and issues considered in the review</u>

2.4.1 *Establishment monitoring and controls in line with financial recovery*

The staffing reviews took place against the backdrop of ongoing financial recovery. During the review period inpatient areas have been working to 97% of establishments (with identified exceptions) as a control measure and this is being monitored weekly to ensure any impact on quality indicators and staff wellbeing are flagged and responded to in a timely way to ensure safe staffing in line with NQB standards. Issues arising from these measures were openly discussed at the staffing reviews.

2.4.2 *Increasing patient acuity/dependency*

The ongoing development of our defining services continues to result in an evidenced increase in the complexity, acuity and dependency of the patients cared for in our general ward beds, also linked to reducing length of stay.

COVID-19 has had a significant impact as our patients are definitely presenting with a higher level of both acuity and dependency.

Information on the acuity and dependency of our patients is available via the 'Safe Care' functionality in health roster and is used in real time as part of our daily staffing meetings. The information is also used at the 6 monthly reviews as part of the professional judgment assessment.

2.4.3 *Increasing enhanced care needs*

Trust wide we have continued to see an increase in the complexity of patients particularly in relation to mental health needs including dementia and patients remaining in the acute settings for prolonged lengths of time whilst awaiting appropriate placements.

We have also seen a significant rise in the episodes of violence and aggression experienced in our clinical areas which creates additional needs for staffing support.

This continues to have an impact on the ability to support the additional enhanced care needs that arise for these groups of patients particularly across key specialties (MOP, Medicine, Child Health, Neurosciences, T & O and latterly Surgery).

Division B retain the Trustwide overview for enhanced care, specifically mental health support, and provide an advice service, supporting clinical areas in their decision making around the need for additional support.

Divisions have then developed enhanced care bays on wards and/or a local pool of staff to deploy to support enhanced care needs. Ward leaders report that this has made a major difference to the management of patients with these enhanced needs and has reduced the reliance on last minute agency to support.

The numbers however remain unpredictable and are therefore managed in real-time as part of overall considerations around safe staffing.

The management of additional enhanced care needs extends beyond the definition of patients requiring formal mental health support. Increased numbers of patients with

challenging behaviour or needing 1:1 presence brings additional pressures to ward establishments but are necessary to keep the environment safe for all patients.

Through the work completed in agreeing and setting an affordable workforce level for 24/25 there was recognition and agreement to fund enhanced care based on 2023/24 M10 position, as an addition to establishments. This has had a positive impact and has resulted in a reduction in usage due to the controls in place and leadership/oversight from the matrons.

During 24/25 the staffing hub has been co-ordinating the requests for additional staff with additional mental health needs specifically linked to the mental health support team. This has shown key reductions in the use of registered mental health staff and tangible financial savings but despite these efforts, demand has continued to outstrip supply.

2.4.3 *Supervising and supporting the junior workforce*

The professional judgement discussions with all the Ward Leaders again highlighted the additional challenges posed to the staffing models of appropriately supervising and supporting the increasing range of learners having placements on the ward areas. This includes the ability to meet the supervisory standards with an increasingly junior workforce.

New national guidance was issued in October 2022 and implemented within UHS during 2023 with additional requirements in relation to the provision of preceptorship for all staff new to registration. Protected time for both preceptors and preceptees is now an expectation for organisations.

The robust retention and recruitment strategies across the Trust and the strong vision to 'grow our own' nurses for the future means that wards continue to support a range of learners including undergraduate students, trainee nursing associates, nurse degree apprentices, Return to Practice students, newly registered staff undergoing preceptorship and internationally educated nurses awaiting registration.

Education teams across the trust have proved key to supporting the development and learning into the wards and particularly in continuing to train and support learners to full registration and into preceptorship.

The capacity and capability within the education and support teams needs to be further reviewed for 25/26 and beyond to ensure they can continue to support the further increase in numbers which will be required for UHS to meet the challenging workforce targets set in the national plan - with nursing student placements alone set to increase by up to 230% in the southeast over the coming years.

2.4.4 *Benchmarking using the Model Health System*

UHSFT provides data monthly to the national Model Hospital System (MHS) detailing the actual CHPPD provided (based on patient numbers) for all clinical areas including critical care. During 2024 the uploads to this system from UHS have been resubmitted following some data anomalies over the summer. It is unclear whether all of the corresponding graphs and information have been amended following this change.

Direct comparison of ward areas or specialty is no longer available via the benchmarking system however an overall average of total CHPPD is available to review via peer group and this is used as part of the staffing review.

Hospitals with a high volume of critical care beds (providing 1:1 care) will have a

higher CHPPD.

Table 1

Organisation/Group	Total CHPPD	Registered CHPPD	Unregistered CHPPD
UHS excl. Critical Care	8.7	4.8	3.9
UHS with Critical Care	10.5	6.7	3.8
Shelford Group	9.8	6.7	3.2
MHS Peer Group	9.56	5.7	3.4
Region	8.9	5.6	3.3
National	8.7	5.1	3.5

All data submissions (registered and unregistered) are averaged so will not necessarily equal the total CHPPD)

Data is from the MHS August 2024 (latest figure) and includes nursing and midwifery and ward AHP staffing. and the UHS excluding critical care is UHS reporting Sept 2024 figure from People Report just for nursing.

2.4.5 *Review of quality metrics and staffing incidents*

The NICE guidance outlines some key quality metrics that should be considered as part of the staffing reviews. The safety metrics defined are patient falls, pressure ulcers and medicine administration errors. These metrics, along with a range of other UHS defined quality indicators are already monitored through our internal clinical quality dashboard and are discussed ward by ward as part of the professional judgement methodology in the reviews.

In addition, there is ongoing review of red flags raised as part of the adverse event reporting system and on 'safecare'.

3.0   Conclusion

3.1   A robust ward staffing establishment review was undertaken using a mixed methodology of approaches and in line with recommendations from the National Quality Board, NICE guidance, and the RCN Nursing Workforce Standards

3.2   Overall the staffing establishments remain appropriate and within recommended guidelines. There are some key exceptions where acuity and dependency levels and growing demand continue to outstrip the nursing ratios, coupled with the impact of ward reconfigurations – recommendations for uplifts in these areas will be put forward by the Divisions as part of the annual budget setting process.

4.0   Recommendations

4.1   To discuss the report at Trust Executive Committee and Trust Board as an ongoing requirement of the National Quality Board and developing workforce safeguards guidance around safe staffing assurance.

4.2   To note findings of this annual ward establishment review and the Trust position in relation to adherence to the monitored metrics on nurse staffing levels.

4.3   To note the ongoing progress in UHS compliance with the guidance from the National Quality Board on safe, sustainable, and productive staffing.

4.4   To note the ongoing progress in UHS compliance with the NICE guideline on safe staffing for nursing in adult inpatient wards.

4.5   To note and acknowledge the ongoing risks and challenges of matching actual staffing to established staffing levels and to agree the continuous monitoring of this with the introduction of any additional financial recovery measures.

4.6   To support the continued Trust wide commitment and momentum on actions to fill clinical nursing vacancies and further reduce the reliance on high-cost agency against the backdrop of rising acuity and emergency and elective recovery.

4.7   Systematic ward staffing reviews to be reported to board annually, with 6 monthly light touch reviews reported through Divisional Boards. Next full staffing review to be presented to Trust Board in November 2025.

5.0   Appendices

Appendix 1: National Quality Board (NQB Expectations for safe staffing
         Safe, Sustainable, and productive staffing
Appendix 2: NQB Safe Staffing Recommendations – UHS action plan
Appendix 3: NICE Guideline 1: Safe Staffing for nursing in adult inpatient wards in
         acute hospital - UHS action plan
Appendix 4: Ward by Ward staffing review metrics spreadsheet
Appendix 5: Specific Divisional issues emerging
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Appendix 1

National Quality Board Expectations for safe staffing - Safe, Sustainable, and productive staffing (July 2016)

Expectation 1: Right staff	• Boards should ensure there is sufficient and sustainable staffing capacity and capability to provide safe and effective care to patients at all times, across all care settings in NHS provider organisations. • Boards should ensure there is an annual strategic staffing review, with evidence that this is developed using a triangulated approach (i.e., the use of evidence-based tools, professional judgement, and comparison with peers), which takes account of all healthcare professional groups and is in line with financial plans. • This should be followed with a comprehensive staffing report to the board after six months to ensure workforce plans are still appropriate. • There should also be a review following any service change or where quality or workforce concerns are identified. • Safe staffing is a fundamental part of good quality care, and CQC will therefore always include a focus on staffing in the inspection frameworks for NHS provider organisations. • Commissioners should actively seek to assure themselves that providers have sufficient care staffing capacity and capability, and to monitor outcomes and quality standards, using information that providers supply under the NHS Standard Contract.
Expectation 2: Right skills	• Boards should ensure clinical leaders and managers are appropriately developed and supported to deliver high quality, efficient services, and there is a staffing resource that reflects a multi professional team approach. • Decisions about staffing should be based on delivering safe, sustainable, and productive services. • Clinical leaders should use the competencies of the existing workforce to the full, further developing and introducing new roles as appropriate to their skills and expertise, where there is an identified need or skills gap.
Expectation 3: Right place and time	• Boards should ensure staff are deployed in ways that ensure patients receive the right care, first time, in the right setting. This will include effective management and rostering of staff with clear escalation policies, from local service delivery to reporting at board, if concerns arise. • Directors of nursing, medical directors, directors of finance and directors of workforce should take a collective leadership role in ensuring clinical workforce planning forecasts reflect the organisation's service vision and plan, while supporting the development of a flexible workforce able to respond effectively to future patient care needs and expectations.

NATIONAL QUALITY BOARD - JULY 2016

Supporting NHS Providers to deliver the right staff with the right skills, in the right place at the right time - safe sustainable and productive staffing - NURSING & MIDWIFERY

	Descriptor	No.	Recommendation	Current measures in place	Assessed UHS rating (November 2024) C = compliant A = Actions required	Identified actions required and notes on compliance	Timescale	Lead
Expectation 1: Right staff	Boards should ensure there is sufficient and sustainable staffing capacity and capability to provide safe and effective care to patients at all times, across all care settings in NHS provider organisations. Boards should ensure there is an annual strategic staffing review, with evidence that this is developed using a triangulated approach (i.e. the use of evidence-based tools, professional judgement and comparison with peers), which takes account of all healthcare professional groups and is in line with financial plans. This should be followed with a comprehensive staffing report to the board after six months to ensure workforce plans are still appropriate. There should also be a review following any service change or where quality or workforce concerns are identified. Safe staffing is a fundamental part of good quality care, and CQC will therefore always include a focus on staffing in the inspection frameworks for NHS provider organisations. Commissioners should actively seek to assure themselves that providers have sufficient care staffing capacity and capability, and to monitor outcomes and quality standards, using information that providers supply under the NHS Standard Contract.		**1.1 Evidence-based workforce planning**					
		1.1.1	The organisation uses evidence-based guidance such as that produced by NICE, Royal Colleges and other national bodies to inform workforce planning, within the wider triangulated approach in this NQB resource (see Appendix 4 for list of evidence-based guidance for nursing and midwifery care staffing).	Triangulated approach to staffing establishments well embedded. Shelford SNCT used and embedded in 'safecare' as part of eRostering. NICE guidance systematically reviewed 3 x per year.	C	Continue with current approach and strengthen with the use of CHPPD and safecare	complete	Head of Nursing - staffing/DMT
		1.1.2	The organisation uses workforce tools in accordance with their guidance and does not permit local modifications, to maintain the reliability and validity of the tool and allow benchmarking with peers.	All tools used as recommended.	C	Need to ensure there is corporate rigour on adapting SNCT while rolling out 'safecare'. Monitor the impact on the inclusion of 'enhanced care' scoring. Participate in the national NIHR research	complete	Head of Nursing - staffing/DMT
		1.1.3	Workforce plans contain sufficient provision for planned and unplanned leave, e.g. sickness, parental leave, annual leave, training and supervision requirements.	23% included in all direct care in-patient areas. Compliance monitored as part of healthroster reporting suite	C	Ongoing compliance monitored as part of healthroster reporting suite. Increased headroom requirement due to COVID-19	complete	DoF/Chief Nurse
			1.2 Professional judgement					
		1.2.1	Clinical and managerial professional judgement and scrutiny are a crucial element of workforce planning and are used to interpret the results from evidence-based tools, taking account of the local context and patient needs. This element of a triangulated approach is key to bringing together the outcomes from evidence-based tools alongside comparisons with peers in a meaningful way.	6 monthly staffing reviews include face to face meetings with Corporate Nursing Team/DHN/Matron/ward leaders as well as workforce systems and finance. Professional judgement key part of the reviews.	C	Continue with current approach and strengthen with the use of CHPPD and safecare	complete	Head of Nursing - staffing/DMT
		1.2.2	Professional judgement and knowledge are used to inform the skill mix of staff. They are also used at all levels to inform real-time decisions about staffing taken to reflect changes in case mix, acuity/dependency and activity.	As above. Professional judgement also used as part of the daily staffing review meetings through site control.	C	Continue with current approach. Professional judgement remains the ultimate measure of safe staffing. Key part of the staffing hub set-up during COVID-19	complete	Head of Nursing - staffing/DMT/site team
			1.3 Compare staffing with peers					
		1.3.1	The organisation compares local staffing with staffing provided by peers, where appropriate peer groups exist, taking account of any underlying differences.	Previous ad hoc benchmarking included through AUKUH network and targeted at specific services under development. Need to strengthen and formalise	C	Build on the current benchmarking capabilities included in the Model Hospital and N&M Dashboard. Continue to utlise the 'civil eyes' data for child health. Work with eRoster provider to introduce reporting that includes benchmarking data	complete	Head of Nursing - staffing/workforce systems team
		1.3.2	The organisation reviews comparative data on actual staffing alongside data that provides context for differences in staffing requirements, such as case mix (e.g. length of stay, occupancy rates, caseload), patient movement (admissions, discharges and transfers), ward design, and patient acuity and dependency.	All considered as part of the systematic staffing reviews	C	Model hospital benchmarking now being used routinely. All services benchmark with other areas where appropriate	complete	Head of Nursing - staffing/DMT
		1.3.3	The organisation has an agreed local quality dashboard that triangulates comparative data on staffing and skill mix with other efficiency and quality metrics: e.g. for acute inpatients, the model hospital dashboard will include CHPPD.	Clinical Quality Dashboard (CQD) includes all staffing and quality metrics. Used as part of the systematic clinical accreditation scheme reviews	C	Build the model hospital work into the CQD	complete	Head of Quality and Clinical Assurance

Expectation 2: Right skills	Boards should ensure clinical leaders and managers are appropriately developed and supported to deliver high quality, efficient services, and there is a staffing resource that reflects a multiprofessional team approach. Decisions about staffing should be based on delivering safe, sustainable and productive services. Clinical leaders should use the competencies of the existing workforce to the full, further developing and introducing new roles as appropriate to their skills and expertise, where there is an identified need or skills gap.	**2.1 Mandatory training, development and education**						
		2.1.1	Frontline clinical leaders and managers are empowered and have the necessary skills to make judgements about staffing and assess their impact, using the triangulated approach outlined in this document.	All frontline leaders skilled to manage staffing agenda. Included in competencies for ward leaders	C	Continue to maintain competence, skills and knowledge through master classes and staffing review meetings	complete	Head of Nursing - staffing/DMT
		2.1.2	Staffing establishments take account of the need to allow clinical staff the time to undertake mandatory training and continuous professional development, meet revalidation requirements, and fulfil teaching, mentorship and supervision roles, including the support of preregistration and undergraduate students.	23% headroom allowance and provision of supervisory ward leader role covers most aspects of time identified but not fully assured around adequate time for supervision of all learners. Backfill provided for some roles in development - degree apprenticeships but does not cover release for all staff	A	23% headroom is included in all nursing establishments as well as an allowance in all areas for the Ward Leader to be supervisory. A number of additional requirements e.g. increased student numbers and supervision, increased numbers of junior staff needing more supernumerary training time and professional nurse advocacy have led to the 23% allocation falling short of the needs in a number of areas. This is particarly notable in critical care and ED where the training needs outstrip the provision in the 23% headroom. Important to note that the Ward Leader Supervisory allowance was put on hold in Q4 2023/24 and reinstated slowly from Q1 2024/25 as part of the trust recovery plan. This impacted short term on some of the non-direct activities and KPI's eg appraisal rates/progression/HR actions	Unable to identify an expected date for compliance. Mitigations in place	Head of Nursing - staffing/DHN's/Divisional Education Leads/Education Quality Lead
		2.1.3	Those with line management responsibilities ensure that staff are managed effectively, with clear objectives, constructive appraisals, and support to revalidate and maintain professional registration.	All expectations clearly included in JD and annual objectives for line managers	C	Monitored as part of ongoing HR key performance metrics	complete	Associate Director of People/DMT
		2.1.4	The organisation analyses training needs and uses this analysis to help identify, build and maximise the skills of staff. This forms part of the organisation's training and development strategy, which also aligns with Health Education England's quality framework.	Annual training needs analysis process well embedded within the annual cycle for the trust	C	Continue with current approach with review in 2020 to further streamline priorities to staffing needs and match to changed CPD arrangements .	complete	Divisional Education Leads/Education Quality Lead/DMT
		2.1.5	The organisation develops its staff's skills, underpinned by knowledge and understanding of public health and prevention, and supports behavioural change work with patients, including self-care, wellbeing and an ethos of patients as partners in their care.	Comprehensive training programmes in place to equip staff with required skills	C	Monitored through ongoing evaluation	complete	Director of TD&W/Divisional Education Leads//DMT
		2.1.6	The workforce has the right competencies to support new models of care. Staff receive appropriate education and training to enable them to work more effectively in different care settings and in different ways. The organisation makes realistic assessments of the time commitment required to undertake the necessary education and training to support changes in models of care.	Comprehensive training programmes in place to equip staff with required skills	C	Monitored through ongoing evaluation	complete	Director of TD&W/Divisional Education Leads//DMT
		2.1.7	The organisation recognises that delivery of high quality care depends upon strong and clear clinical leadership and well-led and motivated staff. The organisation allocates significant time for team leaders, professional leads and lead sisters/charge nurses/ward managers to discharge their supervisory responsibilities and have sufficient time to coordinate activity in the care environment, manage and support staff, and ensure standards are maintained.	100% Supervisory ward leader time provided in all inpatient direct care areas. Clinical leaders programme in place	C	Continue to review % of time achieved as supervisory linked to ongoing vacancy position	complete	Head of Nursing - staffing/DMT/workforce systems
		2.2 Working as a multiprofessional team						
		2.2.1	The organisation demonstrates a commitment to investing in new roles and skill mix that will enable nursing and midwifery staff to spend more time using their specialist training to focus on clinical duties and decisions about patient care.	Range of new roles developed and evaluated within the organisation. Extended scope policies in place to support.	C	Further strengthen the trustwide approach to service by service workforce development	complete	Director of TD&W/Divisional Education Leads//DMT
		2.2.2	The organisation recognises the unique contribution of nurses, midwives and all care professionals in the wider workforce. Professional judgement is used to ensure that the team has the skills and knowledge required to provide high-quality care to patients. This stronger multiprofessional approach avoids placing demands solely on any one profession and supports improvements in quality and productivity, as shown in the literature.	Multiprofessional approach to all aspects of workforce development and training delivered within an integrated Training, Development and Workforce department	C	Continue with current approach and strengthen integration	complete	Director of TD&W/Divisional Education Leads//DMT
		2.2.3	The organisation works collaboratively with others in the local health and care system. It supports the development of future care models by developing an adaptable and flexible workforce (including AHPs and others), which is responsive to changing demand and able to work across care settings, care teams and care boundaries.	Strong record of working with other providers both in provider and HEI/FE sector.	C	Continue with current approach and strengthen partnership working through STP projects	complete	Director of TD&W/Divisional Education Leads//DMT

		2.3 Recruitment and retention					
		2.3.1	The organisation has clear plans to promote equality and diversity and has leadership that closely resembles the communities it serves. The research outlined in the NHS provider roadmap42 demonstrates the scale and persistence of discrimination at a time when the evidence demonstrates the links between staff satisfaction and patient outcomes.	Full action plan in place to address equality and diversity within trust linked to WRES data	A	Detailed in separate ED&I action plan. Ensuring any N&M specific actions are also incorporated into the retention toolkit and action plan	ongoing through E & D	Chief Nurse/People Director
		2.3.2	The organisation has effective strategies to recruit, retain and develop their staff, as well as managing and planning for predicted loss of staff to avoid over-reliance on temporary staff.	Full retention and recruitment programme of work ongoing and a workforce project management office established to maintain the focus	C	Confident that there are effective strategies in place and remains an area for ongoing action. Continued focus and evaluation of the wide ranging streams of work in place to support retention and recruitment	ongoing through R & R steering group	People Director /DMT
		2.3.3	In planning the future workforce, the organisation is mindful of the differing generational needs of the workforce. Clinical leaders ensure workforce plans address how to support staff from a range of generations, through developing flexible approaches to recruitment, retention and career development	Generational work starting to be incorporated into projects for retention and recruitment and specifically around preceptorship.	C	Research partnership with Burdett and Birmingham to review self rostering. Flexibility sub group established as part of R & R actions to review different approaches to flexibility for generational needs. Joined RePAIR work on flexibility and NHSI retention collaborative	ongoing through R & R steering group	Associate Director of People/Director of TD&W/DMT
Boards should ensure staff are deployed in ways that ensure patients receive the right care, first time, in the right setting. This will include effective management and rostering of staff with clear escalation policies, from local service delivery to reporting at board, if concerns arise. Directors of nursing, medical directors, directors of finance and directors of workforce should take a collective leadership role in ensuring clinical workforce planning forecasts reflect the organisation's service vision and plan, while supporting the development of a flexible workforce able to respond effectively to future patient care needs and expectations.		**3.1 Productive working and eliminating waste**					
		3.1.1	The organisation uses 'lean' working principles, such as the productive ward, as a way of eliminating waste.	Transformation work incorporates lean techniques and productive ward techniques applied as appropriate including reviews of care hours, safety crosses, knowing how we're doing boards and patient status at a glance	C	Lean techniques used systematically as part of transformation	complete	Head of transformation/DMT
		3.1.2	The organisation designs pathways to optimise patient flow and improve outcomes and efficiency e.g. by reducing queuing.	Incorporated into all service redesign	C	Clear focus on flow and avoiding bottle-necks in service design.	complete	Head of transformation/DMT
		3.1.3	Systems are in place for managing and deploying staff across a range of care settings, ensuring flexible working to meet patient needs and making best use of available resources.	Staff are employed to be fully flexible (skills and competence allowing).	C	Continued review as part of daily staffing meetings to maximise flexibility of staff	complete	Chief Nurse/DMT
		3.1.4	The organisation focuses on improving productivity, providing the appropriate care to patients, safely, effectively and with compassion, using the most appropriate staff.	Staff are employed to be fully flexible (skills and competence allowing).	C	Continued review as part of daily staffing meetings to maximise flexibility of staff	complete	Chief Nurse/DMT
		3.1.5	The organisation supports staff to use their time to care in a meaningful way, providing direct or relevant care or care support. Reducing time wasted is a key priority.	Included as part of methodology of reviews of staffing. Direct care time monitored. Other roles utilised to maximise direct care	C	Continue with current approach	complete	Chief Nurse/DMT
		3.1.6	Systems for managing staff use responsive risk management processes, from frontline services through to board level, which clearly demonstrate how staffing risks are identified and managed.	Clear escalation processes in place and risk register and AER system used to record, review and learn from any staffing issues	C	Continue with current approach and monitor ongoing trends with staffing risks	complete	Chief Nurse/DMT

Expectation 3: Right place and time			**3.2 Efficient deployment and flexibility**					
		3.2.1	Organisational processes ensure that local clinical leaders have a clear role in determining flexible approaches to staffing with a line of professional oversight, that staffing decisions are supported and understood by the wider organisation, and that they are implemented with fairness and equity for staff.	Involvement of clinical leaders at all levels in setting establishment levels and rostering workforce. This is systemetically reviewed through 6 monthly staffing reviews reported to board	C	Continue with current approach	complete	Chief Nurse/DMT
		3.2.2	Clinical capacity and skill mix are aligned to the needs of patients as they progress on individual pathways and to patterns of demand, thus making the best use of staffing resource and facilitating effective patient flow.	Clinical speciality, acuity, dependency and pathways inlcuded as part of the systematic review of staffing levels	C	Continue with current approach	complete	Chief Nurse/DMT
		3.2.3	Throughout the day, clinical and managerial leaders compare the actual staff available with planned and required staffing levels, and take appropriate action to ensure staff are available to meet patients' needs.	Regular reviews of staffing levels planned and actual undertaken at care group, Division and trust wide level through daily stafifng meetings linked to site.	C	Continue to strenghten the daily staffing meetings and utilise safecare information	complete	Head of Nursing - staffing/DHN/Matrons/Site
		3.2.4	Escalation policies and contingency plans are in place for when staffing capacity and capability fall short of what is needed for safe, effective and compassionate care, and staff are aware of the steps to take where capacity problems cannot be resolved.	Escalation policies in place into site for unresolved staffing issues. Temporary staffing escalation in place and resource shared trustwide when required	C	Continue ot strengthen the information into site around staffing resource	complete	Head of Nursing - staffing/DHN/Matrons/workforce systems team
		3.2.5	Meaningful application of effective e-rostering policies is evident, and the organisation uses available best practice from NHS Employers and the Carter Review Rostering Good Practice Guidance (2016).	Best practice guidance included in UHS poilicies around application of eRostering. Use of eRoster systematically reviewed and managed through the management team structure	C	Continue to strenthen the use of eRoster by utilising report function and reviewing compliance levels - specifically for: Approvals, unused hours, safecare	complete	Head of Nursing - staffing/DHN/Matrons
			3.3 Efficient employment, minimising agency use					
		3.3.1	The annual strategic staffing assessment gives boards a clear medium-term view of the likely temporary staffing requirements. It also ensures discussions take place with service leaders and temporary workforce suppliers to give best value for money in deploying this option. This includes an assessment to maximise flexibility of the existing workforce and use of bank staff (rather than agency), as reflected by NHS Improvement guidance.	Currently undertake 6 monthly staffing reviews that take account of all of the recommendations. Staffing reviews closely aligned to the Retention & Recruitment and temporary staffing strategies and clear actions in place to maximise bank use (NHSP) and reduce agency	C	Continue with all of the actions to reduce temporary staffing use and increase use of bank staff.	complete	Chief Nurse/Associate Director of People/DMT
		3.3.2	The organisation is actively working to reduce significantly and, in time, eradicate the use of agency staff in line with NHS Improvement's nursing agency rules, supplementary guidance and timescales.	Plan in place to reduce agency usage in line with NHSI guidance	C	Continue with all of the actions to reduce temporary staffing use and increase use of bank staff.	complete	Chief Nurse/Associate Director of People/DMT
		3.3.3	The organisation's workforce plan is based on the local Sustainability and Transformation Plan (STP), the place-based, multi-year plan built around the needs of the local population.	UHS fully engaged in development of STP workfroce aspects and workforce plan based on actions	C	Continue with engagement in STP development	complete	CEO/Chief Nurse/DoE
		3.3.4	The organisation works closely with commissioners and with Health Education England, and submits the workforce plans they develop as part of the STP, using the defined process, to inform supply and demand modelling.	UHS fully engaged in development of STP workfroce aspects and workforce plan based on actions	C	Continue with engagement in STP development	complete	CEO/Chief Nurse/DoE
		3.3.5	The organisation supports Health Education England by ensuring that high quality clinical placements are available within the organisation and across patient pathways, and actively seeks and acts on feedback from trainees/students, involving them wherever possible in developing safe, sustainable and productive services.	Strong systems in place to idetnfiying palcement capacity and monitor student allocation and quality across all staff groups	C	Continue with current model. Work with universities to constantly review the placement models for students in line of developing undergraduate programmes and apprenticeships	complete	DoE/Education leads

37 recommendations: 35 compliant 2 require further action

Guideline 1: Safe Staffing for nursing in adult inpatient wards in acute hospitals : 38 recommendations

UHS FT self-assessment and action plan

No.	Recommendation	NICE category Must (M) Should (S) Consider (C)	Current measures in place	Initial Assessed UHS rating (July 2014) C = compliant A = Actions required	Identified actions required (24 compliant, 14 action)	Timescale	Lead	October 2024 compliance	October 2024 (37 compliant, 1 requiring action)
	Organisational strategy - Recommendations for hospital boards, senior management and commissioners in line with NQB expectations								
1.1.1	Ensure patients receive nursing care they need regardless of ward, time, day.	M	Specialty and sub-specialty ward system in place Outlying/inlying patients monitored through site	C	Continued monitoring of compliance	Maintain	Clinical teams/DMT	C	Continued monitoring of compliance. Reconfiguration of ward specialties and skills occurring due to COVID-19 and ongoing review of skills taking place as part of staffing allocations.
1.1.2	Develop procedures to ensure ward staff establishments are sufficient to provide safe nursing care for each patient	M	6 monthly establishments reviews in place led by DoN team with DHN/Matron/ward leaders as appropriate.	C	Continued development of staffing review methodology linked to NICE guidance	Maintain	Chief Nurse/Head of Nursing - staffing/ DHN	C	6 monthly light touch review not completed in all divisions in March due to COVID-19 but all establishments reviewed regularly during crisis and as part of restart. Full reviews scheduled for July/Aug 2020
1.1.3	Ensure final ward establishments developed with registered nurses responsible and approved through chief nurse and trust board	M	6 monthly establishments reviews in place led by DoN team with DHN/Matron/ward leaders as appropriate. Reported and discussed through board	C	Strengthen involvement of ward sisters through supervisory competencies	Maintain	Chief Nurse/Head of Nursing - staffing/ DHN	C	6 monthly reviews now involving ward leaders
1.1.4	Ensure senior nursing managers are accountable for nursing rosters produced	M	Reflected in job descriptions for DHN/Matrons/Ward Leader and included in ward leader competencies Hierarchy in eRoster reinforces requirements	C	Strengthen the monitoring and follow up of roster KPI's	Maintain	Chief Nurse/Head of Nursing - staffing/DHN/ HR	C	Roster audits now reinstated and accountability for rosters clearly within ward leader and matron job roles. Workforce systems centrally supporting some roster approvals during the COVID-19 period
1.1.5	Ensure inclusion of adequate 'uplift' to support staffing establishment	M	23% uplift included in all inpatient nursing establishments	C	Continued monitoring of achievement of allocated 'uplift' through eRostering KPI's		DHN/Matron/Ward Leaders	C	Continued monitoring of achievement of allocated 'uplift' through eRostering KPI's. Focussed project taking place on headroom and headroom increases formally acknowledged due to COVID-19
1.1.6	Include seasonal variation/fluctuating patient need when setting establishments	M	Included as a consideration when setting establishments	C	Continued consideration at establishment reviews	Maintain	Head of Nursing - staffing/DHN	C	Continued consideration at establishment reviews
1.1.7	Establishments should be set appropriate to patient need taking account of registered/unregistered mix and knowledge and skills required	S	Included as a consideration when setting establishments	C	Continued consideration at establishment reviews		Head of Nursing - staffing/DHN	C	Continued consideration at establishment reviews
1.1.8	Ensure procedures in place to identify differences between on the day requirements and staff available	M	Escalation processes in place through bleep-holders through to site. Matrons responsible for reviewing staffing daily	C	Further strengthen the daily review processes through site. Strengthen the matron out of hours model to provide further oversight for staffing through to site	Maintain	Head of Nursing - staffing/DHN/Matrons/Site	C	Safe staffing meetings extended to cover 7 days per week. Winter on-call matron arrangements now discontinued but staffing review meetings maintained. Safecare used actively at meetings
1.1.9	Hospital to have a system in place for nursing red flag events to be reported by nursing teams, patients, relatives to registered nurse in charge (see separate tab)	M	eReporting of incidents becoming embedded. Staff informally include red flag information	A	Formalise 'red flag' inclusions on e incident reporting. Educate staff on 'red flag' events through safe staffing master classes and local care group/divisional updates. Review 'red flags' on all quality review visits to ward areas.	Maintain	Head of Nursing - staffing/DHN/safety team	C	Red flag information now routinely captured through safecare (real-time) and reviewed through staffing hub. AER's also capture red flag information and this is reviewed systematically monthly and reported to board for trends. Included in staffing establishment reviews.
1.1.10	Ensure procedures in place for effective response to unplanned variations in patient need - including ability to increase/decrease staffing	M	Clear escalation processes and review of staffing actioned through bleep holding arrangements in Divisions	A	Continued monitoring of effectiveness of escalation and staffing status	Maintain	Head of Nursing - staffing/DHN	C	Escalation clear and embedded throughout all of the staffing review meeting. Enhanced care requirements specifically flagged and linked to the revisited policy re-issued May 2019. Agreed now compliant. Staffing hub set up during COVID-19 to take real-time view and manage staffing requirements across the trust
1.1.11	Actions to respond to nursing staff deficits on a ward should not compromise staff nursing on other wards	S	Escalation processes include the need to review other wards/departments. All ward normal staffing included on trust wide spreadsheet daily	A	Continued monitoring of effectiveness of escalation and staffing status	Unable to identify a time when the organisation will be able to assure this. Mitigations in place.	Head of Nursing - staffing/DHN	A	Management of trustwide staffing deficits via the staffing hub have minimised the risk of this however the recruitment position, the dilute skillmix, the additional workforce controls in place and the capacity situation does not enable assurance that wards are not compromised by staff movements. Important to note that due to improved staffing levels, episodes of staffing in extremis to balance deficits have reduced however still unable to assure fully.
1.1.12	Ensure there is a separate contingency and response for patients requiring continuous presence 'specialling'	M	Specialling processes in place and agreed escalation process within divisions.	C	Review the process for requesting specialling support.	Maintain	Head of Nursing - staffing/DHN	C	Escalation processes clear. Policy updated in 2020
1.1.13	Consider implementing approaches to support flexibility such as adapting nursing shifts, skill mix, location and employment contracts	C	Variety of shift patterns worked within the trust and flexibility within rostering policy allows for variation	C	Continue to review as part of professional judgement element of staffing reviews	Maintain	Head of Nursing - staffing/DHN	C	Continue to review as part of professional judgement element of staffing reviews
1.1.14	Ensure procedures in place for systematic ongoing monitoring of safe nursing indicators and formal review of nursing establishments twice a year	M	Nursing indicators monitored through incident reporting, ongoing monitoring and through CQD. Twice yearly formal staffing reviews embedded and managed through DON team	C	Continue to strengthen the process	Maintain	Head of Nursing - staffing/DHN	C	Included at establishment reviews

Organisational strategy - Recommendations for hospital boards, senior management and commissioners in line with NQB expectations

	Ref	Recommendation		Current status		Action		Responsible		Update
	1.1.15	Make appropriate changes to ward establishments as a response to reviews	M	Establishments amended as result of staffing reviews. Staffing review linked to budget setting process. Evidenced increases noted through trust board reporting	C	Continue to strengthen and evidence the process	Maintain	Head of Nursing - staffing/DHN	C	Continue to strengthen and evidence the process
	1.1.16	Enable nursing staff to have appropriate training for the care they are required to provide	M	Strong track record of training within Trust. Individual care group education teams support ongoing development needs	C	Continue to strengthen and evidence the process	Maintain	Head of Nursing - staffing/DHN/ Education leads	C	Continue to strengthen and evidence the process
	1.1.17	Ensure there are sufficient registered nurses who are experienced and trained to determine day-to-day staffing needs in 24 hour period	M	Bleep-holder role includes requirement to assess and review staffing and risk assess	A	Review to ensure all bleep-holders are competent and capable in staffing assessment and risk management	Maintain	DHN/Matron	C	Additional education put into bleep holding as part of winter pressure oversight arrangements. Now in place with bleep holding and band 7 weekend review
	1.1.18	Organisation should encourage staff to take part in programmes to assure quality of nursing care and care standards	S	Nursing staff involved in range of quality improvement programmes e.g. essence of care, nursing practice, turnaround, clinical accreditation scheme	C	Continue to involve staff at all levels in nursing quality standard development	Maintain	DHN/Head of Quality and Clinical Assurance	C	Continue to involve staff at all levels in nursing quality standard development
	1.1.19	Involve nursing staff in developing nursing policies which govern nursing staff requirements such as escalation policies	S	Nursing staff involved in developing policy through groups and consultation	C	Continue to involve staff at all levels in nursing policy development	Maintain	DHN/Head of Quality and Clinical Assurance	C	Continue to involve staff at all levels in nursing policy development

Principles for determining nursing staffing requirements - Recommendations for registered nurses in charge of individual wards or shifts who should be responsible for assessing the various factors used to determine nursing staff requirements

	Ref	Recommendation		Current status		Action		Responsible		Update
	1.2.1	Use systematic approach to determining nursing staff requirements when setting nursing establishments and on day to day	M	Professional judgement and SNCT embedded for use within the Trust. Clear 'established levels' identified on eRoster	C	Continue to support staff at local ward level to understand establishments and staffing models	Maintain	DHN/Matrons/Ward Leaders	C	Continue to support staff at local ward level to understand establishments and staffing models. Staffing hub has strengthened the understanding of staff at different levels
	1.2.2	Use a decision support toolkit endorsed by NICE to determine nursing staff requirements		Not yet available through NICE but UHS already uses nationally validated Safer Nursing Care Tool (SNCT) as part of methodology for reviewing staffing levels	C	Review NICE endorsed tools as they emerge	Continuous review of emerging national guidance	Head of Nursing - staffing	C	Review NICE endorsed tools as they emerge. Continue to use endorsed SNCT and incorporate into safe care module.
	1.2.3	Use informed professional judgement to make a final assessment of nursing staff requirements	M	Professional judgement used as mainstay of methodology for reviewing establishments and day to day staffing	C	Continue to support staff at local ward level to understand establishments and staffing models	Maintain	DHN/Matrons/Ward Leaders	C	Continue to support staff at local ward level to understand establishments and staffing models. Stregnthened through the staffing hub
	1.2.4	Consider using nursing care activities included in guidance as a prompt to help inform professional judgement (see separate tab)	C	Already considered routinely as part of professional judgement and methodology	C	Continue to support staff at local ward level to understand establishments and staffing models	Maintain	DHN/Matrons/Ward Leaders	C	Continue to support staff at local ward level to understand establishments and staffing models

Setting the ward nursing staff establishment - Recommendations for senior registered nurses responsible for determining nursing staff requirements or those involved in setting the nursing staff establishment of a particular ward

	Ref	Recommendation		Current status		Action		Responsible		Update
	1.3.1	Setting ward establishments should involve designated senior registered nurses at ward level experienced and trained in determining nursing staff requirements using recommended tools	S	Ward sisters already involved in ward establishment reviews but approach needs strengthening. Competency for establishment review included in ward leader competencies	A	Strengthen involvement and training of ward leaders and other nurses through staffing master classes	Maintain	Head of Nursing - staffing/DHN/Workforce Systems	C	Current staffing review has full representation from ward leaders
	1.3.2	Routinely measure the average amount of nursing time required throughout a 24 hour period for each patient expressed as nursing hours per patient.	S	Methodologies not previously based on nursing hours per patient but safe nursing care tool and professional judgement	A	Include nursing hours per patient as a methodology in the staffing reviews from November 2014	Maintain	Head of Nursing - staffing/Workforce Systems	C	Care hours per patient day now embedded as part of monthly reporting and included in safecare module of eRoster. Used as part of 6 monthly review from July 2016. reviewed as a metric in the staffing hub
						Introduce next version of eRostering which has functionality to convert data into hours per patient	Maintain	Head of Nursing - staffing/Workforce Systems	C	Safe care rollout complete
	1.3.3	Formally analyse the average nursing hours required per patient at least twice a year when reviewing the ward nursing staff establishments	S	Methodologies not previously based on nursing hours per patient but safe nursing care tool and professional judgement	A	Include nursing hours per patient as a methodology in the staffing reviews from November 2014	Maintain	Head of Nursing - staffing/Workforce Systems	C	Care hours per patient day now embedded as part of monthly reporting and included in safecare module of eRoster. Used as part of 6 monthly review from July 2016
	1.3.4	Multiply the average number of nursing hours per patient by the average daily bed utilisation	S	Methodologies currently based on using 100% bed occupancy - bed utilisation considered as part of the professional judgement	A	Introduce bed utilisation into the staffing review methodology for November 2014	Maintain	Head of Nursing - staffing/Workforce Systems	C	Bed utilisation discussed as part of the staffing review sonce July - Sept 2015 particularly in admission areas. Continue to calculate on 100% bed occupancy
	1.3.5	Add an allowance for additional nursing workload based on the relevant ward factors such as turnover, layout and size and staff factors	S	Already included in professional judgment considerations	C	Continued consideration at establishment reviews	Maintain	Head of Nursing - staffing/DHN	C	Continued consideration at establishment reviews
	1.3.6	Identify appropriate knowledge and nursing skill mix required - registered to unregistered - reviewing appropriate delegation	S	Trust baseline registered: unregistered 60:40 - no inpatient ward establishment drop below this. Assessed as part of professional judgement	C	Continued consideration at establishment reviews	Maintain	Head of Nursing - staffing/DHN	C	Continued consideration at establishment reviews
	1.3.7 and 1.3.8	Ensure planned uplift included in the calculation on average patients nursing needs	S	Trust baseline to include 23% on all ward establishments to cover uplift. Additional 0.8 wte uplift being rolled out for supervisory ward leader model	C	Continued consideration at establishment reviews. Continued monitoring of 23% headroom through eRostering	Maintain	Head of Nursing - staffing/DHN	C	Continued consideration at establishment reviews. Continued monitoring of 23% headroom through eRostering

Assessing if nursing staff available on the day meet patients' nursing needs - Recommendations for registered nurses on wards who are in charge of shifts

	Ref	Recommendation		Current status		Action		Responsible		Update
	1.4.1	Systematically assess that the available nursing staff for each shift or at least each 24 hour period is adequate to meet the actual nursing needs of patients on the ward	S	Daily spreadsheet used in site to review safe staffing - Matrons expected to link with all wards to determine staffing levels	C	Continued review of staffing levels included as a key responsibility in the ward leader and matron role	Maintain	Ward Leaders/ Matrons/ DHN	C	Continued review of staffing levels included as a key responsibility in the ward leader and matron role. Oversight from the staffing hub now enhancing the 24 hr view

Assessing if nursing staff available or patients' nursing needs - Recommendations nurses on wards	1.4.2	Monitor the occurrence of the nursing red flag events throughout a 24hour period	M	Escalation processes in place through bleep-holders through to site. Matrons responsible for reviewing staffing daily and this should include red flags	A	Care groups/Divisions to develop processes for review, reporting and capture of red flags through escalation processes	Maintain	Ward Leaders/ Matrons/ DHN	C	Monitoring of red flags on ongoing basis and key metric considered at staffing hub huddles. Reflected in AER reporting
	1.4.3	If a nursing red flag occurs it should prompt an immediate escalation response by the registered nurse in charge - with potential to allocate additional nursing staff	M	Escalation processes in place through bleep-holders through to site. Matrons responsible for reviewing staffing daily and this should include red flags	A	Care groups/Divisions to develop processes for review, reporting and capture of red flags through escalation processes	Maintain	Ward Leaders/ Matrons/ DHN	C	Monitoring of red flags on ongoing basis. Reflected in AER reporting and noted in bleep-holder logs
	1.4.4	Keep records of the on-the-day assessments of actual nursing staff requirements and reported red flag events so that they can be used to inform future planning or establishments	M	Escalation processes in place through bleep-holders through to site. Matrons responsible for reviewing staffing daily and this should include red flags	A	Care groups/Divisions to develop processes for review, reporting and capture of red flags through escalation processes	Maintain	Ward Leaders/ Matrons/ DHN	C	On the day records maintained and all red flag events captured through AER. Information used as part of the annual staffing reviews for each area to inform establishment changes. Examples at budget setting of changes as a result.
Monitor & evaluate ward nursing establishments - Recommendations for senior management and matrons	**Monitor and evaluate ward nursing staff establishments -** Recommendations for senior management and nursing managers or matrons to support safe staffing for nursing at ward level									
	1.5.1	Monitor whether the ward nursing staff establishment adequately meets patients nursing needs using safe nursing indicators. Consider continuous data collection of these nursing indicators	S	Majority of safe nursing indicators already included as part of the clinical quality dashboard	A	Expand the clinical quality dashboard to include the identified safe nursing indicators	Maintain	DHN/Head of Nursing - staffing/Head of Quality and Clinical Assurance	C	Clinical Quality Dashboard reviewed and relaunched September 2015. Review of indicators included as part of clinical accreditation scheme completed
	1.5.2	Compare results of safe nursing indicators with previous results over 6 month period	S	Review as part of monitoring of clinical quality dashboard	A	Include review of safe nursing indicators as part of staffing reviews from 2015 onwards	Maintain	Matrons	C	Review of indicators included as part of clinical accreditation scheme and annual matron reviews completed
	1.5.3	Monitor all of the nursing red flags and safe nursing indicators linked to wards exceeding 1 RN to 8 patients during the day	S	1:8 indicator included in daily staffing spreadsheet as a trigger to review staffing	A	Matrons to review all safe nursing indicators routinely for all ward areas	Maintain	Matrons	C	Matrons review all safe nursing indicators routinely for all ward areas. Retrospective review of red flag/AER incidents included as part of staffing discussions.

Appendix 4

Division	Care Group	Unit Name	Shift	Total Beds	Budgeted Total Nursing Establishment (WTE)	Budgeted Registered Staff (WTE)	Budgeted Unregistered Staff (WTE)	Demand Registered (Count)	Demand Unregistered (Count)	Total nurse per shift	Skill Mix (RN:URN)	Patients RN Ratio (RN: Patient)	Patients Nursing Ratio (Total Nurse: Patient)	Planned Registered (CHPPD)	Planned Unregistered (CHPPD)	Total Planned CHPPD	Total Actual Demand CHPPD	Total Actual CHPPD
Division A	Surgery	SUR E5 Lower GI	Early	18				4	3	7	58 : 42	1 : 5	1 : 3					
		SUR E5 Lower GI	Late	18	30.3	18.7	11.7	3	1	4	76 : 24	1 : 6	1 : 5	4.1	3.3	7.5	8.1	7.1
		SUR E5 Lower GI	Night	18				2	2	4	52 : 48	1 : 9	1 : 5					
		SUR E5 Upper GI	Early	18				4	3	7	55 : 45	1 : 5	1 : 3					
		SUR E5 Upper GI	Late	18	31.1	17.4	13.7	4	3	7	59 : 41	1 : 5	1 : 3	3.8	3.1	6.9	8.5	7.5
		SUR E5 Upper GI	Night	18				2	2	4	52 : 48	1 : 9	1 : 5					
		SUR E8 Ward	Early	26				7	4	11	64 : 36	1 : 4	1 : 3					
		SUR E8 Ward	Late	26	53.0	33.9	19.1	7	4	11	64 : 36	1 : 4	1 : 3	4.8	2.7	7.6	7.8	8.5
		SUR E8 Ward	Night	26				5	3	8	63 : 37	1 : 6	1 : 4					
		SUR F11 IF	Early	17				4	2	6	67 : 33	1 : 5	1 : 3					
		SUR F11 IF	Late	17	30.7	20.7	10.0	4	2	6	67 : 33	1 : 5	1 : 3	5.0	2.7	7.7	10.8	7.5
		SUR F11 IF	Night	17				3	2	5	61 : 39	1 : 6	1 : 4					
		SUR Acute Surgical Unit	Early	12				3	2	5	60 : 40	1 : 5	1 : 3					
		SUR Acute Surgical Unit	Late	12	24.9	16.3	8.6	3	2	5	60 : 40	1 : 5	1 : 3	4.7	4.1	8.8	8.3	10.6
		SUR Acute Surgical Unit	Night	12				2	2	4	50 : 50	1 : 7	1 : 4					
		SUR Acute Surgical Admissions	Early	30				6	3	9	67 : 33	1 : 6	1 : 4					
		SUR Acute Surgical Admissions	Late	30	40.0	23.8	16.2	6	3	9	67 : 33	1 : 6	1 : 4	3.1	2.0	5.1	7.6	13.3
		SUR Acute Surgical Admissions	Night	30				3	3	6	50 : 50	1 : 11	1 : 6					
		SUR F5 Ward	Early	28				5	3	8	64 : 36	1 : 6	1 : 4					
		SUR F5 Ward	Late	28	36.7	22.7	14.0	5	2	7	71 : 29	1 : 6	1 : 5	3.6	2.0	5.5	7.3	6.3
		SUR F5 Ward	Night	28				3	2	5	60 : 40	1 : 10	1 : 6					
	Cancer Care	CAN Acute Onc Services	Early	12				4	3	6	60 : 40	1 : 4	1 : 2					
		CAN Acute Onc Services	Late	12	36.2	22.0	14.2	4	0	4	100 : 0	1 : 3	1 : 3	6.3	3.2	9.5	1.9	14.9
		CAN Acute Onc Services	Night	12				2	2	4	50 : 50	1 : 7	1 : 4					
		CAN C4 Solent Ward Clinical Oncology	Early	23				5	3	8	63 : 38	1 : 5	1 : 3					
		CAN C4 Solent Ward Clinical Oncology	Late	23	40.1	23.6	16.4	5	3	8	63 : 38	1 : 5	1 : 3	4.0	2.5	6.4	7.8	8.1
		CAN C4 Solent Ward Clinical Oncology	Night	23				3	2	5	60 : 40	1 : 8	1 : 5					
		CAN C6 Leukaemia/BMT Unit	Early	21				8	2	10	80 : 20	1 : 3	1 : 3					
		CAN C6 Leukaemia/BMT Unit	Late	21	47.6	38.5	9.1	8	2	10	80 : 20	1 : 3	1 : 3	7.6	1.6	9.2	7.2	9.7
		CAN C6 Leukaemia/BMT Unit	Night	21				6	1	7	86 : 14	1 : 4	1 : 4					
		CAN C6 TYA Unit	Early	10				3	1	4	76 : 24	1 : 4	1 : 3					
		CAN C6 TYA Unit	Late	10	16.2	14.7	1.5	3	1	4	73 : 27	1 : 4	1 : 3	5.7	1.3	7.0	6.4	10.8
		CAN C6 TYA Unit	Night	10				2	0	2	100 : 0	1 : 6	1 : 6					
		CAN C2 Haematology	Early	27				8	3	11	73 : 27	1 : 4	1 : 3					
		CAN C2 Haematology	Late	27	54.7	39.3	15.4	8	3	11	73 : 27	1 : 4	1 : 3	5.8	2.6	8.4	9.6	9.4
		CAN C2 Haematology	Night	27				6	3	9	67 : 33	1 : 5	1 : 4					
		CAN D12	Early	24				5	3	8	63 : 38	1 : 5	1 : 4					
		CAN D12	Late	24	39.0	24.2	14.8	5	3	8	63 : 38	1 : 5	1 : 4	4.3	2.3	6.6	7.2	7.7
		CAN D12	Night	24				4	2	6	67 : 33	1 : 7	1 : 5					
Division B	Medicine	MED D5 Ward	Early	28				4	5	9	44 : 56	1 : 7	1 : 4					
		MED D5 Ward	Late	28	41.6	19.9	21.7	4	4	8	50 : 50	1 : 7	1 : 4	2.8	2.6	5.4	8.1	7.1
		MED D5 Ward	Night	28				3	3	6	50 : 50	1 : 10	1 : 5					
		MED D6 Ward	Early	24				3	5	8	38 : 62	1 : 9	1 : 4					
		MED D6 Ward	Late	24	38.3	17.3	21.1	3	5	8	38 : 62	1 : 9	1 : 4	2.9	3.4	6.3	7.5	7.5
		MED D6 Ward	Night	24				3	2	5	60 : 40	1 : 9	1 : 6					
		MED D7 Ward	Early	16				2	3	5	42 : 58	1 : 9	1 : 4					
		MED D7 Ward	Late	16	26.4	12.0	14.4	2	3	5	42 : 58	1 : 9	1 : 4	2.9	3.4	6.3	7.7	9.3
		MED D7 Ward	Night	16				2	2	4	50 : 50	1 : 9	1 : 5					
		MED D8 Ward	Early	24				3	5	8	38 : 63	1 : 8	1 : 3					
		MED D8 Ward	Late	24	37.7	17.3	20.5	3	4	7	43 : 57	1 : 8	1 : 4	2.8	2.9	5.7	7.4	7.7
		MED D8 Ward	Night	24				3	3	6	50 : 50	1 : 8	1 : 4					
		MED D9 Ward	Early	28				4	5	9	45 : 55	1 : 8	1 : 4					
		MED D9 Ward	Late	28	40.4	19.9	20.5	4	4	8	51 : 49	1 : 8	1 : 4	2.9	2.6	5.5	7.9	6.8
		MED D9 Ward	Night	28				3	3	6	50 : 50	1 : 10	1 : 5					
		MED E7 Ward	Early	26				3	5	8	38 : 63	1 : 9	1 : 4					
		MED E7 Ward	Late	26	37.7	17.3	20.5	3	5	8	38 : 63	1 : 9	1 : 4	2.2	2.0	4.2	9.5	5.5
		MED E7 Ward	Night	26				3	2	5	60 : 40	1 : 9	1 : 6					
		MED F7 Ward	Early	20				3	3	6	52 : 48	1 : 7	1 : 4					
		MED F7 Ward	Late	20	32.3	14.6	17.6	3	3	6	52 : 48	1 : 7	1 : 4	3.2	3.0	6.3	7.1	8.1
		MED F7 Ward	Night	20				2	2	4	50 : 50	1 : 11	1 : 6					
		MED C5 Isolation Ward	Early	14				2	4	6	34 : 66	1 : 8	1 : 3					
		MED C5 Isolation Ward	Late	14	29.6	12.0	17.6	2	4	6	34 : 66	1 : 8	1 : 3	3.4	4.9	8.3	6.7	10.9
		MED C5 Isolation Ward	Night	14				2	2	4	50 : 50	1 : 8	1 : 4					
		MED D10 Isolation Unit	Early	18				3	4	7	43 : 57	1 : 7	1 : 3					
		MED D10 Isolation Unit	Late	18	33.7	14.6	19.0	3	4	7	43 : 57	1 : 7	1 : 3	3.2	3.9	7.1	5.3	7.6
		MED D10 Isolation Unit	Night	18				2	2	4	50 : 50	1 : 10	1 : 5					
		MED G5 Ward	Early	28				4	5	9	44 : 56	1 : 7	1 : 4					
		MED G5 Ward	Late	28	40.2	19.9	20.2	4	5	9	44 : 56	1 : 7	1 : 4	1.9	2.3	4.2	7.7	5.4
		MED G5 Ward	Night	28				3	2	5	60 : 40	1 : 10	1 : 6					
		MED G6 Ward	Early	26				3	5	8	38 : 62	1 : 9	1 : 4					
		MED G6 Ward	Late	26	39.9	17.3	22.6	3	5	8	38 : 62	1 : 9	1 : 4	2.7	3.1	5.8	7.9	6.5
		MED G6 Ward	Night	26				3	2	5	60 : 40	1 : 9	1 : 6					
		MED G7 Ward	Early	14				2	3	5	40 : 60	1 : 7	1 : 3					
		MED G7 Ward	Late	14	26.4	12.0	14.4	2	3	5	40 : 60	1 : 7	1 : 3	3.3	3.1	6.4	8.7	7.7
		MED G7 Ward	Night	14				2	2	4	50 : 50	1 : 7	1 : 4					
		MED G8 Ward	Early	26				3	5	8	38 : 63	1 : 9	1 : 4					
		MED G8 Ward	Late	26	38.1	17.3	20.8	3	5	8	38 : 62	1 : 9	1 : 4	2.4	2.8	5.3	#N/A	5.8
		MED G8 Ward	Night	26				3	2	5	59 : 41	1 : 10	1 : 6					
		MED G9 Ward	Early	26				3	5	8	38 : 63	1 : 9	1 : 4					
		MED G9 Ward	Late	26	36.9	17.3	19.6	3	5	8	38 : 63	1 : 9	1 : 4	2.6	3.1	5.7	7.6	6.0
		MED G9 Ward	Night	26				3	2	5	60 : 40	1 : 9	1 : 6					
		MED Bassett Ward	Early	26				3	6	9	33 : 67	1 : 9	1 : 3					
		MED Bassett Ward	Late	26	44.2	17.3	26.9	3	5	8	38 : 63	1 : 9	1 : 4	2.9	4.4	7.4	12.0	6.7
		MED Bassett Ward	Night	26				3	4	7	43 : 57	1 : 9	1 : 4					
		MED E12	Early	24				3	5	8	38 : 62	1 : 9	1 : 4					
		MED E12	Late	24	37.7	17.3	20.5	3	5	8	38 : 62	1 : 9	1 : 4	2.8	3.3	6.1	7.3	3.3
		MED E12	Night	24				3	2	5	60 : 40	1 : 9	1 : 5					

Appendix 4

Division	Care Group	Unit Name	Shift	Total Beds	Budgeted Total Nursing Establishment (WTE)	Budgeted Registered Staff (WTE)	Budgeted Unregistered Staff (WTE)	Demand Registered (Count)	Demand Unregistered (Count)	Total nurse per shift	Skill Mix (RN:URN)	Patients RN Ratio (RN: Patient)	Patients Nursing Ratio (Total Nurse: Patient)	Planned Registered (CHPPD)	Planned Unregistered (CHPPD)	Total Planned CHPPD	Total Actual Demand CHPPD	Total Actual CHPPD
Division C	Child Health	CHI Paed Medical Unit	Early	18				6	2	8	75 : 25	1 : 4	1 : 3					
		CHI Paed Medical Unit	Late	18	50.6	34.5	16.2	6	2	8	75 : 25	1 : 4	1 : 3	7.9	2.5	10.4	8.2	11.9
		CHI Paed Medical Unit	Night	18				6	2	8	75 : 25	1 : 4	1 : 3					
		CHI Piam Brown Unit	Early	12				13	3	15	83 : 17	1 : 1	1 : 1					
		CHI Piam Brown Unit	Late	12	49.4	40.2	9.2	5	2	7	71 : 29	1 : 3	1 : 2	14.5	4.7	19.2	10.3	17.9
		CHI Piam Brown Unit	Night	12				4	2	6	67 : 33	1 : 5	1 : 3					
		CHI Ward E1 Paed Cardiac	Early	16				6	2	8	77 : 23	1 : 3	1 : 2					
		CHI Ward E1 Paed Cardiac	Late	16	43.1	33.6	9.5	6	2	8	75 : 25	1 : 3	1 : 3	8.8	2.2	11.0	9.0	10.8
		CHI Ward E1 Paed Cardiac	Night	16				5	1	6	83 : 17	1 : 4	1 : 3					
		CHI Ward G2 Neuro	Early	6				2	2	4	50 : 50	1 : 4	1 : 2					
		CHI Ward G2 Neuro	Late	6	14.9	13.2	1.7	2	2	4	50 : 50	1 : 4	1 : 2	8.1	8.7	16.7	8.3	9.7
		CHI Ward G2 Neuro	Night	6				2	2	4	50 : 50	1 : 4	1 : 2					
		CHI Ward G3	Early	20				6	4	10	60 : 40	1 : 4	1 : 3					
		CHI Ward G3	Late	20	47.4	32.2	15.2	6	4	10	60 : 40	1 : 4	1 : 3	6.7	4.4	11.2	8.2	11.9
		CHI Ward G3	Night	20				5	3	8	63 : 38	1 : 5	1 : 3					
		CHI Ward G4 Surgery	Early	18				6	3	9	68 : 32	1 : 3	1 : 2					
		CHI Ward G4 Surgery	Late	18	53.1	38.6	14.5	6	3	9	68 : 32	1 : 3	1 : 2	7.5	3.4	10.9	8.2	11.3
		CHI Ward G4 Surgery	Night	18				5	2	7	71 : 29	1 : 4	1 : 3					
	Women & Newborn	W&N Bramshaw Womens Unit	Early	18				3	2	5	62 : 38	1 : 7	1 : 4					
		W&N Bramshaw Womens Unit	Late	18	27.1	17.5	9.6	3	2	5	62 : 38	1 : 7	1 : 4	3.5	2.2	5.7	#N/A	9.4
		W&N Bramshaw Womens Unit	Night	18				2	2	4	57 : 43	1 : 8	1 : 5					
Division D	Cardiovascular & Thoracic	CAR Ward D3 Cardiac	Early	22				7	2	9	75 : 25	1 : 4	1 : 3					
		CAR Ward D3 Cardiac	Late	22	48.8	28.6	20.2	6	2	8	73 : 27	1 : 4	1 : 3	5.7	2.3	8.0	8.3	8.6
		CAR Ward D3 Cardiac	Night	22				4	2	6	67 : 33	1 : 6	1 : 4					
		CAR Ward D4 Vascular	Early	22				6	3	9	66 : 34	1 : 4	1 : 3					
		CAR Ward D4 Vascular	Late	22	43.7	23.4	20.4	5	3	8	61 : 39	1 : 5	1 : 3	4.6	3.1	7.8	7.0	12.4
		CAR Ward D4 Vascular	Night	22				3	3	6	51 : 49	1 : 8	1 : 4					
		CAR Ward E2 YACU	Early	17				5	3	7	64 : 36	1 : 4	1 : 3					
		CAR Ward E2 YACU	Late	17	34.6	20.6	14.0	4	2	6	67 : 33	1 : 5	1 : 3	4.7	3.0	7.6	9.0	8.3
		CAR Ward E2 YACU	Night	17				2	2	4	52 : 48	1 : 9	1 : 5					
		CAR Ward E3 Green	Early	24				4	4	8	51 : 49	1 : 6	1 : 4					
		CAR Ward E3 Green	Late	24	43.0	26.0	17.0	4	3	7	62 : 38	1 : 6	1 : 4	3.2	3.0	6.2	6.8	6.5
		CAR Ward E3 Green	Night	24				2	3	5	46 : 54	1 : 11	1 : 5					
		CAR Ward E3 Blue	Early	18				4	2	7	68 : 32	1 : 5	1 : 3					
		CAR Ward E3 Blue	Late	18	35.2	20.2	15.0	4	2	6	67 : 33	1 : 5	1 : 4	4.3	2.5	6.8	7.2	6.9
		CAR Ward E3 Blue	Night	18				2	2	4	51 : 49	1 : 9	1 : 5					
		CAR Ward E4 Thoracics	Early	20				3	2	5	60 : 40	1 : 7	1 : 5					
		CAR Ward E4 Thoracics	Late	20	44.9	24.7	20.2	3	2	5	60 : 40	1 : 7	1 : 5	4.4	3.5	7.8	9.5	10.3
		CAR Ward E4 Thoracics	Night	20				3	2	5	60 : 40	1 : 7	1 : 5					
		CAR Ward D2 Cardiology	Early	15				4	2	6	66 : 34	1 : 5	1 : 3					
		CAR Ward D2 Cardiology	Late	15	30.4	16.9	13.5	3	2	5	60 : 40	1 : 6	1 : 4	4.5	2.9	7.3	9.7	8.4
		CAR Ward D2 Cardiology	Night	15				2	2	4	51 : 49	1 : 8	1 : 4					
	Neurosciences	NEU Acute Stroke Unit	Early	28				4	7	10	37 : 63	1 : 8	1 : 3					
		NEU Acute Stroke Unit	Late	28	55.3	22.7	32.7	4	7	10	37 : 63	1 : 8	1 : 3	3.1	4.5	7.6	11.3	7.3
		NEU Acute Stroke Unit	Night	28				4	4	7	48 : 52	1 : 8	1 : 4					
		NEU Regional Transfer Unit	Early	10				3	1	4	74 : 26	1 : 4	1 : 3					
		NEU Regional Transfer Unit	Late	10	26.6	17.9	8.7	3	1	4	74 : 26	1 : 4	1 : 3	6.0	3.4	9.4	9.0	11.8
		NEU Regional Transfer Unit	Night	10				2	2	4	50 : 50	1 : 6	1 : 3					
		NEU ward E Neuro	Early	26				5	4	8	57 : 43	1 : 6	1 : 4					
		NEU ward E Neuro	Late	26	52.4	26.5	25.9	5	4	8	58 : 42	1 : 6	1 : 4	4.1	3.2	7.3	8.8	7.9
		NEU ward E Neuro	Night	26				4	4	8	52 : 48	1 : 7	1 : 4					
		NEU HASU	Early	13				4	1	5	80 : 20	1 : 4	1 : 3					
		NEU HASU	Late	13	35.0	25.3	9.7	4	1	5	80 : 20	1 : 4	1 : 3	7.1	1.7	8.8	16.4	11.8
		NEU HASU	Night	13				4	1	5	80 : 20	1 : 4	1 : 3					
		NEU Ward D Neuro	Early	27				5	5	10	50 : 50	1 : 6	1 : 3					
		NEU Ward D Neuro	Late	27	60.4	28.8	31.6	5	5	10	50 : 50	1 : 6	1 : 3	3.9	4.2	8.1	9.4	8.6
		NEU Ward D Neuro	Night	27				4	5	9	44 : 56	1 : 7	1 : 4					
	Spinal Service	SPI Ward F4 Spinal	Early	22				4	3	7	57 : 43	1 : 6	1 : 4					
		SPI Ward F4 Spinal	Late	22	42.8	22.7	20.1	4	3	7	57 : 43	1 : 6	1 : 4	3.8	3.0	6.8	#N/A	9.4
		SPI Ward F4 Spinal	Night	22				3	3	6	50 : 50	1 : 8	1 : 4					
	Trauma & Orthopaedics	T&O Ward Brooke	Early	18				3	3	6	50 : 50	1 : 7	1 : 4					
		T&O Ward Brooke	Late	18	33.9	16.6	17.3	3	3	6	50 : 50	1 : 7	1 : 4	3.2	3.7	6.9	12.2	6.8
		T&O Ward Brooke	Night	18				2	3	5	40 : 60	1 : 10	1 : 4					
		T&O Trauma Admissions Unit	Early	8				3	2	5	57 : 43	1 : 4	1 : 2					
		T&O Trauma Admissions Unit	Late	8	26.1	13.2	13.0	2	2	4	50 : 50	1 : 5	1 : 3	6.5	5.6	12.1	11.7	15.6
		T&O Trauma Admissions Unit	Night	8				2	2	4	50 : 50	1 : 5	1 : 3					
		T&O Ward F1 Major Trauma Unit	Early	32				6	5	11	55 : 45	1 : 6	1 : 4					
		T&O Ward F1 Major Trauma Unit	Late	32	66.1	34.9	31.2	6	5	11	55 : 45	1 : 6	1 : 4	4.1	3.6	7.7	11.5	9.1
		T&O Ward F1 Major Trauma Unit	Night	32				5	5	10	50 : 50	1 : 7	1 : 4					
		T&O Ward F2 Trauma	Early	26				4	5	9	44 : 56	1 : 7	1 : 3					
		T&O Ward F2 Trauma	Late	26	51.7	22.7	29.0	4	5	9	44 : 56	1 : 7	1 : 3	3.3	3.9	7.1	10.7	8.7
		T&O Ward F2 Trauma	Night	26				3	4	7	43 : 57	1 : 9	1 : 4					
		T&O Ward F3 Trauma	Early	24				4	6	10	40 : 60	1 : 7	1 : 3					
		T&O Ward F3 Trauma	Late	24	52.2	22.7	29.6	4	5	9	45 : 55	1 : 7	1 : 3	3.4	5.1	8.6	10.5	10.3
		T&O Ward F3 Trauma	Night	24				3	5	8	38 : 63	1 : 9	1 : 4					
		T&O Ward F4 Elective	Early	18				4	2	6	66 : 34	1 : 5	1 : 4					
		T&O Ward F4 Elective	Late	18	35.4	17.8	17.5	3	3	6	50 : 50	1 : 7	1 : 4	3.5	3.6	7.1	7.5	7.1
		T&O Ward F4 Elective	Night	18				2	3	5	40 : 60	1 : 10	1 : 4					

Finance budgeted columns: Budgeted Total Nursing Establishment (WTE), Budgeted Registered Staff (WTE), Budgeted Unregistered Staff (WTE)

Staffing Numbers columns: Demand Registered (Count), Demand Unregistered (Count), Total nurse per shift, Skill Mix (RN:URN), Patients RN Ratio (RN: Patient), Patients Nursing Ratio (Total Nurse: Patient)

Planned on Template (long day factor applied) columns: Planned Registered (CHPPD), Planned Unregistered (CHPPD), Total Planned CHPPD

Actual demand average (In Safe Care): Total Actual Demand CHPPD

Actual average (Calculated on actual hours provided and average patient numbers at midnight): Total Actual CHPPD

Specific Divisional issues emerging - Ward Staffing Review 2024

<u>**Division A**</u>

The established staffing levels are appropriate in most wards and vacancy levels are low. There has been an increase in the amount and complexity of patients requiring enhanced care, quite often due to patients presenting with mental health conditions. However, the numbers remain much lower than other divisions.

The ask for inpatient areas to work to 97% of establishments as a control measure in response to the current financial position is being monitored weekly to ensure any impact on quality indicators and staff wellbeing are flagged and responded to in a timely way to ensure safe staffing in line with NQB standards.

Although SDU is not part of this review process, it still receives funding for six inpatient beds. Despite this funding allocation, the unit has consistently been over capacity, handling significantly more patients – up to 24 at times – throughout the year. This has been staffed by bank staff with a temporary uplift to accommodate 12 beds. It has been suggested that a review of service requirement would be useful. Currently in progress.

Uplifts have been agreed, and budgets have been adjusted for F5 and F11, recruitment is under way.

A trial for the Same Day Emergency Care unit (SDEC) on ASU. To enable this, four beds were reallocated from F6. This reflects efforts to optimize patient flow and provide more immediate emergency care services.
There is currently adequate allocated budget within the surgery care group due to the Enhanced recovery programme not running and the movement of four beds from F6. The exact source needs to be identified, and further discussions are necessary to decide if additional funding needs to be secured.

Areas to be put forward at budget setting post 2024 review – Division A:

- SDEC funding post discussion.

- Supernumerary bleep-holders budget was not allocated to all care groups. To support flow, and staffing this is essential to support.

<u>**Division B**</u>

The established staffing levels are appropriate in most wards and registered nurse vacancy levels are low, however healthcare assistant vacancies remain challenging.

The ask for inpatient areas to work to 97% of establishments as a control measure in response to the current financial position is being monitored weekly to ensure any impact on quality indicators and staff wellbeing are flagged and responded to in a timely way to ensure safe staffing in line with NQB standards.

Ward leader supervisory time was paused for a period, and we saw an impact on workload and wellbeing amongst this group. Particularly in their ability to effectively manage a team, such as absence and appraisals. Whilst the pause is now lifted, supervisory time is inconsistent and often cancelled to support achieving safe staffing levels across the division, which is something we are monitoring to ensure balance.

Through the work completed in agreeing and setting an affordable workforce level for the division for 2024/25 G5, G7 and C6 wards were aligned with other inpatient wards improving their CHPPD position slightly and reduced reliance on bank to mitigate the risks posed by the original deficit.

Enhanced care including mental health remains a significant challenge for medicine inpatient wards and AMU. Cancer care, similar but less impacted by mental health. Recognition of this and agreement to fund this in addition to our establishments as part of the affordable workforce limit has been a positive step forward, and whilst based on 2023/24 M10 position and the unpredictability of demand, thus far the division has seen a reduction in usage due to the controls in place and leadership/oversight from the matrons.

Violence and aggression incidences remain a concern across the division and particularly within AMU and medicine inpatient ward areas. Many nursing hours are lost in managing and de-escalating these incidences and time needed for debriefing and sign posting staff to support wellbeing. We are engaged in the work the wider trust is doing around violence and aggression and monitoring closely.

Medicine/MOP

Medicine opened E12, a 24 bedded ward on 11th December 2023.

Through budget setting the discharge lounge staffing request was approved and now funded, no longer requiring pull from ward establishments.

Specialist medicine day unit (4 beds) run as part of D7 Ward has been successful and looking to pilot expanding. Currently being staffed from ward establishment so impacting on the CHPPD data being collated. This is being monitored and will be reviewed going into 2025/26.

Cancer Care

Cancer care have seen a rise in the number of patients outside the cancer care footprint who require administration of chemotherapy, and this is currently being supported by releasing registered nurses from ward-based establishments impacting at times on achieving safe staffing levels.
This is currently under review and may lead to an ask through budget setting 2025/26.

Areas to be put forward at budget setting post 2024 review – Division B:

- D12 ward has seen a significant rise in their acuity on the ward and this has been further impacted by changes to pathways and the geography of the ward resulting in a requirement for an additional registered nurse on the early and late shift to ensure safe staffing levels. This is currently being achieved through use of bank when required. This will be highlighted through budget setting.

- Enhanced care, including mental health, remains challenging, likely ask through budget setting to maintain funding for this separate to establishments.

- Medicine care group still have a proportion of Band 4 nurses as part of a mitigation when band 5 vacancies were high, likely ask through budget setting to convert back to band 5 model.

Division C (excluding Midwifery)

The established staffing levels across most areas within the Southampton Children's Hospital (SCH) and Bramshaw at Princess Anne Hospital (PAH) are deemed appropriate to support the acuity of patients. Certain areas have specific challenges that require attention.

SCH – Vacancy levels

Vacancy rates within Children's Hospital have been a concern. Active measures have been taken to recruit newly qualified nurses and they started in October and November 2024. This intake is expected

to address existing gaps significantly. However, it is recognised there will continue to be a skill mix gap.

Enhanced Care for CAMHS patients and children with behavioural needs

Staffing for patients requiring enhanced care due to mental health or behavioural challenges remains a consistent pressure. However, the demand for additional staffing has seen an overall reduction due to improved management strategies and skill adjustments.

Critical Care included in SCH ward areas

There is a year-on-year increase in demand for paediatric critical care capacity nationwide. The wards within SCH include paediatric high dependency beds, it is recognised that these beds support capacity and flow (for patients post operatively, from the emergency department and down streaming from PICU). If this demand continues it may have an impact on staffing requirements in the future. Appropriate staffing will enable the wards to be able to flexibly offer a high dependency level of care for complex patients.

NHS England are reviewing the need for more paediatric critical care capacity, currently they are supporting PICU/PHDU with some additional funding for nursing for additional beds in winter. Paediatric oncology services are also being reviewed and may result in an increase in patient numbers and have a direct impact on staffing requirements for nurses and other multi professional staffing groups.

Skill mix adjustments

The need for skill mix changes has been recognised to address the growing acuity of patients (an example is within Piam Brown). These adjustments have been effectively managed within the allocated financial footprint.

Areas to be put forward at budget setting post 2023 review – Division C:

- No areas identified as part of this review; however, it has been recognised there is a national shortage of paediatric critical care capacity and therefore if we are requested to expand our current services an investment in additional staff would be required.

Division D

Overall established staffing levels are appropriate in most ward areas, for the level and acuity of patients with no ward areas emerged as requiring any changes.

There has been an increase of violence, aggressive and mental health/enhanced care patients. The pressure on staffing continues for enhanced care and mental health provision for this patient group,

F4 spinal continues to go over staffing establishment when they have increased amount of tetraplegic patient's requiring increased dependency. NHSE had previously funded a support worker role to aid with nursing care for the increased dependency, but funding has been withdrawn.

Funding has been identified for supernumerary bleep holders in CVT to enable support to flow within the trust. Whilst this is a good move forward this needs to be equitable in all care groups.

Whilst staffing at a trained nurse level on most wards, and some wards being fully recruited, skill mix at times is poor. With high numbers of junior nurses in places, presenting a challenge to support these nurses and maintain a safe productive environment.

Cath lab and neurology day case are opened as surge capacity at night but staffed by ward areas, there is no sustainable budget for this activity.

Recruitment and retention of health care assistance remains a challenge with some ward areas at 40% vacancy. This remains a focus of recruitment. Welcome ward funding ceased in April 2024, which has reduced the support to new health care support workers in a clinical area.

Transformation project works continue with opening a stroke SDEC for two months in the emergency department. HASU will be staffing this with using Bank to back fill the shifts.

Areas to be put forward at budget setting post 2024 review – Division D:

- No budget was allocated this year for enhanced care funding, this continues to be a challenge even with new staffing hub controls.

- Supernumerary bleep-holders budget was not allocated to all care groups. To support flow, and staffing this is essential to support

- Discharge lounge in CVT and Neuro is not funded but is currently open for a twelve-hour day, staffed from existing establishments – this is essential for supporting flow throughout the division.

Appendix 6

RCN Nursing Workforce Standards – May 2021

Overview

	Standard	Standard	Standard	Standard	Standard	Standard
Responsibility and Accountability	Executive nurses set nurse staffing and report to Executive Boards	Nurse establishments based on service demand and user need	Business continuity plans enable staffing for safe effective care	Nursing workforce is recognised and valued		
Clinical Leadership and Safety	Each nursing service has a Registered Nurse Lead	Nurse leaders receive dedicated workforce planning time	Practice development time considered when defining workforce	Apply sufficient uplift when calculating nursing workforce	Substantive nursing workforce below 80% is exceptional	Nursing workforce is prepared and works within scope of practice
Health, Safety and Wellbeing	Nursing workforce rostering accounts for safe shift working	Nursing workforce is treated with dignity and respect	Nursing workforce is supported in healthy safe environments	Nursing workforce is supported to practice self care		