Appendix 1a – SCNT Data collected – January/February 2024

Surgery, Anaesthetics and Cancer Wards SNCT Establishment Review January/February 2024

Data collected for the surgical areas show the highest proportion of patients fall into the 1b category (stable dependent patients). Comparison to the June 2023 and January 2023 SNCT census shows that there had been a decrease in Level 1b patients and an increase Level 0 patients.

Currently Ward 5 is not operating as an inpatient ward and was excluded from the January/February SN
CT census.

Bed-base changes include Ward 23 Oncology which has increased beds from 22 to 30 and seen a function change with the assessment area which is utilised for chemotherapy. Currently staffing for the assessment area is being used to partly fund the additional beds that are open as escalation but require funding as part of the substantive bed base. This is reflected in the increased acuity reported via the SNCT census and recommended associated staffing levels.

The acute assessment areas on the Trauma and Orthopaedic ward at RSH (Ward 32 AOTU), funded through the SDEC business case is in operation. However, this is currently on Ward 32 rather than the original allocated space on Ward 31 and so not all the funded establishment is being used as this is a temporary plan. The QIA is to be updated to reflect this. The staffing skill mix for Ward 31, although funded will need to be signed off when it opens.

Ward 4 Trauma and Orthopaedics has also opened an assessment area; this is not funded through the SDEC business case. Daytime staffing has been funded through the nurse in charge and trauma providing cover. Night cover of an additional RN is not funded. The Division have proposed moving staffing and budget from the revised Ward 5 template which had been reduced due to a bed-base reduction follow relocation from Ward 36. Therefore, this additional nurse on nights for the Ward 4 assessment area was cost neutral. The Ward 4 SNCT acuity results for the last 3 census has shown that the workforce required for the acuity of patients is above funded establishment and the Divisions request based on triangulation of all data for the establishment review was for this additional RN on nights.

Ward 8 patient acuity has changed, no recommendations around any staffing change were made at this time as any changes would need to link in and consider operational changes around major head and neck work.

Triangulation as part of the establishment reviews for ward 37 and 25 concluded that the senior divisional staff were assured by the staffing in their areas and no recommendations for change made other than the ward manager on ward 25 requesting that the band 6 on nights at the weekend was redeployed to weekdays to support education and staff supervision.

The Surgical Assessment Unit recommendations in relation to the SNCT were similar to previous census, however, the current budget reflects the clinic area as well as the assessment ward and staff reported there has been a significant increase in activity particularly at night. Prior to future SNCT census the budget needs to be stratified so it is clear in relation to staffing allocation for both the clinic and ward area, and an exercise undertaken to map staffing against activity and peaks through the day to ensure staffing and skill mix is safely deployed.

Although the SNCT is not relevant to theatres, a triangulated establishment review meeting was still completed, theatre roster templates have never been aligned to budgets and work is being undertaken by the division to ensure these are aligned. The division senior nurses team concerns raised were that the current sickness levels were high and managing to budget would impact the availability of staff to run all theatres daily, this has been raised on their risk register.

Critical Care staffing is monitored against GPICS version 2.1, there were some pinch points when the units have gone over dependency but on these occasions, staffing has been uplifted to maintain the nurse in charge. Data on percentage of agency staff on duty is collected, with some instances where this percentage has been exceeded with no harm to patients, but the senior team felt this was necessary to maintain patient care. This is now captured as part of the ITU nursing metrics dashboards.

Additional rooms are being opened as part of operational plans for endoscopy and these revised templates will need to come back for approval outside of this current establishment review.

Medicine and Emergency Care Wards SNCT Establishment Review January/February 2024

Data collected for the medical ward areas show the highest proportion of patients fall into the 1b category (stable dependent patients). Comparison to the June 2023 and January 2023 SNCT census shows that there had been a significant increase in Level 1b patients and a decrease in Level 0 patients.

The triangulated approach for the establishment reviews on the medical wards at PRH showed that senior staff were assured by their staffing with the exception of ward 7 which had seen a significant change, and increase in high dependency patients due to a case mix change on the ward and the removal of cardiology and replacement with general medicine. Recommendations in relation to template changes would not be made based on the outcome of this one change in acuity, as the ward is currently embedding into this new change. However, consideration will need to be given if acuity remains higher in future census and close monitoring of nurse sensitive indicators needs to be undertaken in the interim period.

Ward 17 showed a consistent acuity below budget in this and the previous 2 census, however, there have been some clinical incidents, quality and safety concerns, so no changes in establishment are recommended at this time. Work has been undertaken in relation to the location of patients receiving NIV to enable closer monitoring and ensure patient safety.

With regards to Ward 15/16, Stroke unit there are currently 2 ward managers in the budgeted establishment however, one ward manager leads both wards. It has been identified that consideration needs to be given to whether this additional post is needed by the Division.

Ward 9 had been operating as a general medical ward, changes are progressing to move this to a more short stay medical model which may result in changes to acuity and establishment moving forward.

The new AMU/SDEC opened with funding initially being identified non-recurrently and permanent funding being pursued through the operational planning process for 2024/25. The GIRFT review showed the AMU bed-base to be too small for purpose and a larger bed-base was required which could create some nursing workforce challenges if these changes progress.

Ward 35, identified the impact that additional day-case work such as the administration of Rituximab infusions was having and were exploring the model for this moving forward. The budget is higher than the SNCT recommendation due to the staffing requirements to mitigate the fire risk at night as recommended by the Fire Officer.

The establishment review and SNCT was completed for ward 29, as although an escalation ward it had been open for some time, there are plans to close this ward as part of the HTP work which needs to be undertaken.

Ward 28, has had additional escalation beds open in the ward annex for over 12 months, this is reflected in the SNCT acuity and recommend staffing. This is impacted not just by the increased number of patients in the bed-base but also the environment and more isolated aspect of this additional clinical area.

Ward 24 SNCT showed that the establishment was over for HCA, however, the ward has increased its isolation facilities for patients requiring respiratory support and had an increased ratio of level 2 patients compared to previous census. The establishment triangulation does not make any recommendations based on this current census. However, the professional judgement discussions would support the need to define the number of designated NIV beds on the ward to ensure appropriate staffing ratios and suitably skilled/trained staff are in duty at all times.

The Acute Floor at RSH opened in December 2022 and more recently the enhanced care area with monitored bed capacity in AMA has opened. SDEC has also recently relocated to Ward 21 due to HTP planned estates work. The current budgets incorporate AMA, AMU, and SDEC, these budgets need to be stratified to clearly identify staffing and align the budgets to these individual areas. For SDEC, it is suggested that staffing needs to be reviewed against activity throughout the day and mapped against peaks to ensure safe staffing. The Division also need to have site of the case mix through SDEC, and we are awaiting feedback on GIRFT recommendations.

The senior nursing team raised concerns about the inclusion of a nursing associate (NA) on each shift in the current establishment due to the level of initial assessments which need to be completed by an RN in the first instance. A blended nursing workforce remains an eliminate of our nursing workforce strategy and there is currently an update day in relation to this and models of working moving forward which supports the NA in the various assessment areas/ward being undertaken by the education team with the ward managers.

Ward 22 short stay requested an additional nurse on nights due to the patients being monitored on telemetry which is impacted by the ability to transfer patients over to cardiology at PRH. There is a band 6 nurse co-ordinator for the enhanced bays on AMA and it was therefore recommended as part of the establishment review meeting that ways of working need to be reviewed within the current model.

Women and Childrens (Ward 14 Gynae and Ward19 Paediatrics Establishment Review January/February 2024

No changes were recommended for ward 14, the GATU had an NA who works alongside the RN, and they find this invaluable. There is some work being undertaken in relation to the possible provision and model for GATU on Sundays as currently it doesn't open. Breast reconstruction is currently still included in the ward budget with additional staff on theatre days, there has not been any activity for a significant period so the Division was asked to clarify operational plans as this may mean a small reduction in staffing and associated saving, which could be used to fund/staff additional GATU hours.

The current staffing budget is for Ward 19 and CAU. Senior nursing staff felt the increase in CAU activity warranted an additional nurse. Staffing for CAU needs to be mapped against activity and peaks throughout the day.

The proposed staffing model based on seasonal activity was discussed, with reductions in summer months and increase in winter which would be funded through current establishment and also potentially appeal in relation to recruitment of staff. The senior team are going to work this through this as the provisional review of activity since 2019 (excluding Covid years) would support this as a model moving forward to provide safe and efficient staffing.

January/February 2024 acuity collection

Specialty/ Ward	SitRep Beds average daily occupied between 15th Jan	SitRep occupancy Rate %	Empty Bed %	Dependency Level Summary / SNCT element							Current budgeted substantive FTE			Proposed SNCT (excluding 1c/1d)		Budgeted (inc Band 7, RN, NA and HCA)	correct or over/under established		Ratio (percentage of RN to non RN day and night) - Budget	CHPPD		Fill Rate Registrant (RN/NA) - Day Feb 24	Fill Rate Registrant (RN/NA) - Night Feb 24
	Based on 40 DAYS	orded AT 12mn		0 %	1a %	1b %	1c %	1d %	2 %	3 %	RN - B7, B6, B5	HCA - B2, B3	NA - B4	Registrants (RN & NA)	HCA		Registrants (RN & NA)	HCA		SNCT Required	Budget		
Emergency Care																							
AMU PRH	17	99.13%	0.59	71.96	4.71	20.98	1.76	0	0	0	25.69	22.38	7.76	19.78	8.84	55.83	13.67	13.54	61%	6.81	n/a	144%	111%
AMU RSH	20	99.63%	3.23	27.42	22.9	46.45	0	0	0	0	88.76	35.32	21.81	26.54	11.38	126.08	84.03	23.94	89%	6.99	n/a	92%	103%
SAU (W33/W34)	38	98.66	1.81	51.91	33.85	11.89	0.09	0.45	0	0	47.6	31.04	2.59	43.71	18.78	81.23	6.48	12.26	63%	6.83	n/a	97%	100%
A&E RSH				51.9	19.7	22.2	6.6	n/a	1.6	0.3	98.1	47.43	6.38	60	9.6	151.91	44.48	37.83	69%				
A&E PRH				55	20.6	11.2	11.4	n/a	1.7	0.2	104.03	36.21	10.34	68.2	10.9	150.58	46.17	25.31	76%				
Medical																							
Ward 6 CCU	22	97.39%	1.55	28.73	44.1	22.05	0.47	0	3.1056	0	35.47	12.2	2.59	30.32	11.79	50.44	7.74	0.41	67%	7.57	n/a	93%	97%
Ward 7 - Endo/Gen Med (PRH)	28	99.20%	4.17	10.36	2.26	81.07	2.14	0	0	0	17.47	18.11	4.43	31.99	17.22	40.01	-10.09	0.89	56%	7.47	6.07	94%	99%
Ward 9 Short Stay	28	99.11%	0.71	51.67	0.36	47.26	0	0	0	0	19.31	18.11	5.17	26.22	14.12	42.59	-1.74	3.99	57%	5.91	6.24	92%	98%
Ward 11 Nephrology (PRH)	29	99.91%	0.34	37.47	1.15	60.57	0.34	0.12	0	0	19.31	18.11	5.17	28.56	15.38	42.59	-4.08	2.73	57%	6.4	6.2	93%	98%
Ward 10 Frail and Complex Elderly (PRH)	28	99.65%	0.36	40.36	0	56.9	2.38	0	0	0	19.31	18.11	5.17	27.82	14.98	42.59	-3.34	3.13	57%	6.25	6.22	85%	85%
Ward 15	41	96.22%	0	14.97	0	85.21	0	0	0	0	42.07	34.68	2.59	29.08	15.66	79.34	-1.51	9.82	58%	7.28	n/a	93%	97%
Ward 16			6.23	37.72	0.96	50.69	0	0	4.67	0				17.09	9.2					6.71	n/a		
Ward 17 Respiratory	29	100%	1.23	59.33	6.11	27.3	0	0	5.99	0	24.49	20.69	5.17	24.88	13.4	50.35	4.78	7.29	59%	5.64	7.41	95%	96%
Ward 22 Short Stay	26	99.81%	1.48	63.52	10.79	23.7	0.5	0	0	0	19.31	18.11	5.17	21.17	11.4	42.59	3.31	6.71	57%	5.18	n/a	94%	100%
Ward 24 Respiratory	31	98.71%	1.81	36.29	5.04	27.82	0.2	0.1	28.73	0	32.25	25.87	5.17	37.44	16.04	63.29	-0.02	9.83	60%	7.15	8.47	95%	100%
Ward 27 Gen Med	39	99.42%	0.45	43.44	2.94	50.53	2.64	0	0	0	22.64	23.28	9.61	37.48	20.18	55.53	-5.23	3.10	59%	6.05	5.82	94%	101%
Ward 28 Medicine & Frailty (RSH)	37	98.99%	0.32	30.14	3.67	65.79	0	0	0.07	0	19.31	20.96	10.35	40.04	21.56	50.35	-10.38	-0.60	60%	6.64	5.43	94%	101%
Ward 26 Endo / Medicine	37	99.66%	0	53.42	0.95	44.99	0.32	0.318	0	0	24.49	23.28	6.86	34.19	18.41	54.63	-2.84	4.87	58%	5.79	6.01	96%	102%
Ward 35 Renal	16	96.57%	4.84	44.35	6.05	44.35	0.4	0	0	0	16.73	2.58	18.11	14.87	8.01	37.42	19.97	-5.43	51%	6.12	10	94%	101%
Ward 29 Escalation	16	100%	0	44.14	0.93	54.88	0.59	0	0	0	0	0	0	15.71	8.46	0	-15.71	-8.46	n/a	6.16	n/a	96%	99%
Surgery																							
Ward 25G Colorectal & Gastroenterology (RSH)	38	99.34%	0	49.5	2.11	48.25	0.35	0	0	0	22.64	25.86	9.61	35.93	19.35	58.11	-3.68	6.51	56%	5.92	6.23	96%	97%
Ward 37 Surgery	32	99.53%	0.7	41.17	3.53	53.68	0.91	0	0	0	29.66	25.87	5.17	31.37	16.89	60.7	3.46	8.98	58%	6.19	7.79	94%	96%
Ward 8 H&N	13	95.29%	0	77.42	8.99	13.86	0	0	0	0	19.73	7.76	0	11.13	4.85	25.69	8.60	2.91	80%	4.47	7.47	94%	100%
Musculoskeletal																							
Ward 4 Trauma and Orthopaedic	25	94.73%	0.55	31.57	1.32	66.45	0.11	0	0	0	16.72	18.11	5.17	27.37	14.74	40	-5.48	3.37	54%	6.64	6.3	97%	131%
Ward 32 Acute Orthopaedic Trauma Unit	23	98.92%	0.13	3.65	25	70.96	0.26	0	0	0	24.48	23.28	5.17	26.94	14.51	52.93	2.71	8.77	57%	7.04	8.99	95%	120%
Ward 5 Elective Ortho											14.14	10.35	2.59			27.08	n/a	n/a	n/a				
Oncology																							
Ward 23OC Oncology & Haematology	27	91%	8.67	22.56	25	42.44	0.22	0	1.11	0	24.49	15.52	2.59	31.11	13.33	42.6	-4.03	2.19	67%	6.6	6.33	133%	126%
Womens & Childrens																							
Ward 14 Gynaecology	12	96.90%	0.52	85.42	3.13	10.68	0.26	0	0	0	15.79	8.47	3.8	8.67	4.67	28.06	10.92	3.80	72%	4.55	n/a	97%	102%
Ward 19	28	90%	3.98	84.3	3.6	7.7	n/a	n/a	0.2	0.1	61.92	26.43	17.81	43.1	18.5	106.16	36.63	7.93	76%	n/a	n/a	65%	71%

Appendix 2- E-roster Improvement Plan

Category	Category Code	Deliverable	No	Recommendation	Implementation: Priority (asap) Short (<3 mths) Medium (3-6 mths) Long (6+ mths)
Roster management and controls	RMC1	Review of policy and processes	25	Utilise the roster policy review document to implement any changes as required.	Short
			26	If the decision is made to adopt an 8-week roster publication process, ensure that the move from 6 to 8 weeks roster publication is done so with a mini task and finish group to ensure risk is minimised and there is no negative impact to safety and roster visibility.	Priority
			27	Communicate and use the dates of the revised 8-week timetable to articulate the requirement for bank shifts to be published at the same time as the roster being second level approved and made visible to staff.	Short
	RMC2	Understand support structure to underpin rostering delivery of requirements	28	Publish available roster support on the intranet so roster leaders are aware of the training that they can enrol onto as and when needed.	Short
			29	Implement a Matron forum where these staff members can review the rosters prior to second level and share best practice and good standards.	Medium
			30	Implement a pathway for roster areas that need additional support and define key learning and achievements expected of each area.	Priority
	RMC3	Deep dive into areas to determine consistency of rostering management	31	Create a deep dive framework with which future reviews are based on.	Short
			32	Communicate the process for deep dives and communicate the importance of rosters being updated regularly to ensure review meetings are based on accurate data.	Short
			33	Ensure that the headroom and targets agreed as part of nursing reviews are incorporated into the deep dives to provide a measure/metric set that is clear.	Medium
			34	Create a method of monitoring the progress and narrative provided as part of deep dive meetings. This would form summaries that are presented to nursing workforce groups as updates on areas of concern.	Short
	RMC4	Develop an understanding of how roster reporting is used in management teams and the impact on variable pay	35	Ensure that there is a process in place for the management of workers who arrive to complete a duty but have no shift present on the system. This process should be socialised with all in the organisation and form part of the out of hours process.	Short
			36	Run a regular report to assess the use of the employee online platform and its success in allowing bank staff to book their own duties.	Medium
			37	Ensure that the training syllabus covers the application and changes required on the system for unavailability to promote the immediate recording of these and reduce the last-minute booking of temporary staffing.	Medium

Category	Category Code	Deliverable	No	Recommendation	Implementation: Priority (asap) Short (<3 mths) Medium (3-6 mths) Long (6+ mths)
Learning and Development	LD1	Ascertain the current levels of awareness for rostering metrics at all levels of management	38	Create a roster highlight report that takes a feed directly from the PowerBI dashboard and can be used as a template for updates to management teams and groups.	Medium
	LD2	Undertake an assessment of Ward Manager and Matron roster training	39	If possible, move the training of e-rostering to an eLearning online digital platform.	Long
			40	Ensure the rostering team hold up-to-date information on the training for each roster user and the expiry of these. Consider the use of skills within the roster system to track the requirements and expiry of training in the interim whilst the project to move to eLearning is rolled out.	Short
			41	Consider the use of skills within the roster system to track the requirements and expiry of training in the interim whilst the project to move to eLearning is rolled out.	Long

tion Key

Implementation	Estimated Duration	Count of
Priority	Varies	8
Short	<3 mths	15
Medium	3-6 mths	13
Long	6+ mths	5

Appendix 3: Developing Workforce Safeguards Gap Analysis and Action Plan

ID	Recommendation	Site	Compliance	Actions required	Deadline	Status	Lead	09.05.2024
	Recommendations 1 & 2 1. Trusts must formally ensure NQB's 2016 guidance is embedded in their safer staffing governance. 2. Trusts must ensure the 3 components are used in their safer staffing processes (evidence based tools, professional judgement and patient outcomes).	Trust	**Partially compliant**	Review SOP to confirm process and annual calendar for training, data collection and inter-rater reliability checks being organised for completeness in regards to the bi-annual staffing process.	31.07.2022	Delivered	Tracie Black, Lead Nurse for Workforce	
				Training on acuity and dependency for all band 7 Ward Managers and 2 other seniors for each ward area.	30.06.2022	Delivered and ongoing monitoring	Tracie Black, Lead Nurse for Workforce	
				Ensure yearly renewal of safer Nursing Care Tool licence	31/10/2021	Delivered	Tracie Black, Lead Nurse for Workforce	
				Training programme for SCNT and inter-rater reliability competency assessments. Champions to be identified from each division to support roll out of training. Training records to be added to LMS	31/12/2022	Delivered	Stephanie Young, Lead Nurse for Workforce	Action split, training and competency assessmnts completed to ensure staff able to complete SCNT audits. This action can be closed. Action to be added to action plan as separate item which will explore possibility of Training and Competence assessmnet being added to LMS.
				Explore options to add SNCT record of competency and training to LMS	31.12.2023	Delivered	Stephanie Young, Lead Nurse for Workforce	D/W SI'A , needs to education group approva to go onto LMS. SY to send proposal to SI'A to progress o next meeting.
				Develop guidance on best practice for deployment of staff	31/10/2024	In progress	Stephanie Young, Lead Nurse for Workforce	In draft, will be reviewed at new Safecare Steering Group meeting
				Safer staffing policy to be updated with plans for non ward areas establishment reviews	31/03/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	Updated
				Development of SOP for escalation processes for safe staffing including response for red flag events	31/07/2024	In progress	Stephanie Young, Lead Nurse for Workforce	In draft, will be reviewed at new Safecare Steering Group meeting as should consider relaunch
				Review of SOP for SCNT process and ratification at Workforce Steering Group	31/12/2022	Delivered	Stephanie Young, Lead Nurse for Workforce	review completed, feedback to workforce meeting following NHS review of actions required.
				Updates to SOP for SCNT process	31/03/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	Present to Worforce Steering Group 6 April 2023
				Explore possibility of Training and competence assessment records being added to LMS	31/03/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	Meeting with Sam Anson, LMS can support training record maintainance. Proposal required for presentation to Education Committee on why centrally maintain medical records required and
				New Action- LMS proposal required at next Education Meeting	31/05/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	Proposal submitted
				Review governance process regards monthly reporting of safe staffing.	31/01/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	
				Arrange suite of operational meetings to review agency, vacancies, recruitment and retention, education, rosters and KPI's.	30.09.2023	Delivered	Kara Blackwell	Meetings arranged from October 2023 onwards
				AHP teams to attend monthly operational meetings to discuss vacancies, recruitment, retention, education, rosters and KPI's	31.03.2024	Delivered	Kara Blackwell	Invites will be sent to staff by JD
				Arrange for roster review deep dives to be organised quarterly and outputs/learning to be presented at workforce steering group and feed in to bi-annual staffing review	30.09.2023	Delivered ongoing monitoring	Kara Blackwell	Meetings held with SAC, MEC, W&C and Maternity
				Develop safe staffing paper to include non ward areas in monthly safe staffing paper and ensure relevant data available in relation to area of review.	30/06/2023	Delivered ongoing monitoring	Stephanie Young, Lead Nurse for Workforce	Paper continues to be developed, for areas that are not included in Unify
	Recommendations 3, 4 & 5 Trusts will be required to confirm their staffing governance processes are safe and sustainable, based on national assessment on the annual governance statement.	Trust	**Fully Compliant**	Director of Governance and Communications to add statement to future annual governance statement	31/01/2022	Delivered	Anna Mianec, Director of Governance and Communications	
				Biannual staffing reviews will have a statement from the Medical Director and Director of Nursing regarding assurances in relation to safer staffing.	31/07/2021	Delivered and ongoing monitoring	Tracie Black, Lead Nurse for Workforce	
				Review governance process regards monthly reporting of safe staffing.	31/01/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	
				Develop safe staffing paper to include non ward areas in monthly safe staffing paper and ensure relevant data available in relation to area of review.	30/06/2023	Delivered ongoing monitoring	Stephanie Young, Lead Nurse for Workforce	Paper continues to be developed, need to add areas not included in Unify reporting

	Recommendation 6 As part of the safe staffing review, the Director of Nursing and Medical Director must confirm in a statement that to their Board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.	Trust	**Partially complaint**	Additional training with senior staff on acuity and dependency.	31/03/2022	Delivered and ongoing monitoring	Tracie Black, Lead Nurse for Workforce	
				A further full biannual staffing review to take place in June and July 2021.	31/07/2021	Delivered	Hayley Flavell, Director of Nursing	
				A nursing 5 year workforce plan to be fully completed and agreed.	31.07.2022	Delivered ongoing monitoring	Caroline McIntyre, Head of Workforce Transformation	
				A full organisational wide process for vacancy oversight from Ward level upwards	31.07.2022	Delivered and ongoing monitoring	Caroline McIntyre, Head of Workforce Transformation	
				Development of a local Safer Staffing Policy which includes establishment setting and will note the requirement to have QIAs for all changes to staffing establishments – signed off by the Director of Nursing.	01.07.2022	Delivered	Tracie Black, Lead Nurse for Workforce	
				Matrons to receive an inter-rater reliability assessment as part of their induction	30/03/2022	Delivered and ongoing monitoring	Tracie Black, Lead Nurse for Workforce	Training commenced – List of matrons qualified on the SNCT Training X drive. Training to continue for matrons that have not received training
				Review monthly staffing paper once dashboard on Gather system to ensure greater triangulation and explicit reference to Care Hours Per Patient Day (CHPPD)	30/11/2021	Delivered	Tracie Black, Lead Nurse for Workforce	Details now on Gather.
				Commence an inaugural Safer Nursing Care Tool assessment on the Emergency Departments once the new tool is released and licence obtained.	31/03/2022	Delivered and ongoing monitoring	Tracie Black, Lead Nurse for Workforce	
				SOP development to ensure correct application of SCNT and training in place.	31/03/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	Present
				SOP development to ensure correct application of SCNT and training in place and expectations of establishment review meetings (including attendance)	31/03/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	Present to Workforce Steering Group 6 April 2023
				Develop safe staffing policy to ensure there is clear governance procedures in place for new templates or template reviews outside of bi-annual establishment reviews.	31/03/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	Present to Workforce Steering Group 6 April 2023

				Develop roster policy including key KPI's	31/12/2022	Delivered	Steve Minyeko, People Systems Manager	Policy in draft - meeting planned with workforce 6.1.23 to review. Policy developed and approved.
				Review process for submission of model hospital data	31/05/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	Process reviewed, need to develop SOP.
				Develop SOP for process of checking and submitting monthly data for safe staffing.	30/08/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	Ratified at February Meeting - action delivered
				Develop programme plan for review of maternity ward establishments, non ward establishments, and nursing groups.	31/05/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	Meetings in diaries for July/Aug for areas not inclued in SCNT. Maternity process already embeddded and developed.
				Corporate review of CNS job plans	31/03/2025	Not yet started	Stephanie Young, Lead Nurse for Workforce	Plan for April start with expected completion March 2025
				Implementation of SCNT in ED and Paediatrics	31/01/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	Paediatric Team training done 5.1.23 and champion identifed. Ed Trainingn completed. SCNT census completed in both departments Jan 2023.
				Non-medical workforce plan development and linked to strategy	30/09/2024	in progress	Simon Balderstone, Transformational Lead for Workforce	Steering Group agreed extension to deadline in view of timeframe for Chief AHP recruitment and funding not not yet agreed for post.
Recommendation 7 Trust must have an effective workforce plan that is updated annually and signed off by the Chief Executive and executive leaders. The Board should discuss the workforce plan in a public meeting.	Trust	**Partially Compliant ↔**		Require a full Workforce Plan for the next 5 years to be agreed by the Executive Team which is able to identify the future domestic and international pipelines annually over the 5 years.	31/07/2022	Delivered and ongoing monitoring	Caroline McIntyre, Head of Workforce Transformation & HTP Team	
				Workforce plan will be presented at a Public Board.	31/07/2022	Delivered and ongoing monitoring	Caroline McIntyre, Head of Workforce Transformation & HTP Team	
				Full plan to be agreed and signed by Chief Executive once ready.	31/06/2022	Delivered and ongoing monitoring	Caroline McIntyre, Head of Workforce Transformation & HTP Team	
				Non-medical workforce plan development and linked to strategy	30/09/2024	in progress	Simon Balderstone, Transformational Lead for Workforce	Steering Group agreed extension to deadline in view of timeframe for Chief AHP recruitment and funding not not yet agreed for post.
				Triangulation and CHPPD in monthly staffing report that goes to the monthly Nursing and AHP meeting, where a AAA report feeds into the Quality Safety Assurance Committee that then	30/11/2021	Delivered	Tracie Black, Lead Nurse for Workforce	Quality dashboard and monthly meetings in place. Further metrics being added to include Workforce. Quality metrics and Model Hospital is discussed within the monthly staffing paper. Report seen at the monthly Nursing and AHP meeting and is AAA

Recommendation 8 The Trust must ensure their organisation has an agreed local quality dashboard that cross-checks comparative data on staffing and skill mix with other efficiency and quality metrics such as the Model Hospital dashboard. Trusts should report on this to their board every month.	Trust	**Partially compliant**	Review process for submission of model hospital data	31/05/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	Process reviewed need to develop SOP
			Develop SOP that identifies process for checking and reporting monthly data on safe staffing	30/08/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	Ratified at February Meeting - action delivered
			Review current data available to develop dashbaord to be presented at workforce steering group.	31/10/2024	Not yet started	TBC	
			Review governance process regards monthly reporting of safe staffing.	31/03/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	Action split as review of governance completed. Uptions of inclusion in monthly paper (non ward areas) added as new action in section relationg to recomendations 1&2. Unify data now published on Trust Webside. Staffing paper presented to QOC on a monthly basis.
Recommendation 9 An assessment of re-setting of the nursing establishment and skill mix (based on acuity and dependency data and using evidence-based toolkit where available) must be reported to the board by ward or service area twice a year, in accordance with NQB guidance and NHS improvement resources. This must also be linked to professional judgement and outcome.	Trust	**Fully compliant**	Completion of SOP as stipulated in actions from recommendations 1& 2.	01.07.2022	Delivered	Tracie Black, Lead Nurse for Workforce	Reports completed however unable to change budgeted establishments as last 2 data sets collected during the Coronavirus pandemic. August 2022 -Approved at Exceptional Workforce meeting
			Biannual staffing to continue.	31/01/2022	Delivered and ongoing monitoring	Hayley Flavell, Director of Nursing	Completed since January 2020. Due to many ward changes a template review was undertaken on 32 inpatient areas. An investment of over 5 million pounds has been recommended and agreed by the board.
			Safer staffing policy to be updated with all actions required in relation to responsibilities for safe staffing	31/03/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	Present to Nursing Workforce Steering Group 6 April 2022
Recommendation 10 There must be no local manipulation of the identified nursing resource from the evidence-based figures embedded in the evidence-based tool used, except in the context of a rigorous independent research study, as this may adversely affect the recommended establishment figures derived from the use of the tool.	Trust	**Fully Compliant ↔**	Deputy Chief Nurse for People and Professional Standards is the Safer staffing lead for the Trust and oversees the full use of the Safer Nursing Care Tool ensuring no manipulation of the multipliers.	31/07/2021	Delivered and ongoing monitoring	Hayley Flavell, Director of Nursing	
Recommendation 11 & 12 As stated in CQC's well-led framework guidance (2018) and NQB's guidance any service changes, including skill mix changes, must have a full quality impact assessment (QIA) review.	Trust	**Partially complaint**	Development of a safer staffing policy which will include the agreed QIA process as previously mention in actions form recommendation number 6.	01.07.2022	Delivered and ongoing monitoring	Tracie Black, Lead Nurse for Workforce	
			Embed process for QIA oversight and review	30/09/2024	In progress	Kara Blackwell	QIA policy under review

Recommendation 13 Given day-to-day operational challenges, we expect trusts to carry out business-as-usual dynamic staffing risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described in these risk assessments.	Trust	**Partially compliant**	Monthly report to Deputy Chief Nurse for oversight of any red flag events linked to staffing which needs to be added to the monthly staffing report.	31/07/2021	Delivered and ongoing monitoring	Tracie Black, Lead Nurse for Workforce	
			Review of Agency approval process.	31/10/2021	Delivered	Tracie Black, Lead Nurse for Workforce	
			Further training and utilisation of the Safecare module for all inpatient ward areas to support professional judgement, risk assessments and escalation.	31/12/2021	Delivered and ongoing monitoring	Tracie Black, Lead Nurse for Workforce	
			Review option for turn on of 'Red Flag with safecare	31/12/2022	Delivered	Stephanie Young, Lead Nurse for Workforce	Discussed with Workforce team. Safecare can be utilised to capture red flag. Plan required to make live on system and clear esclation process required for recording and evaluation red flags.
			Safecare Turn on (including use fo red flags) and SOP to support completion	31/07/2024	In progress	Stephanie Young, Lead Nurse for Workforce	Lead started in post, meet with improvement team, training on safecare, action plan in development and steering group to be set up.
			Embed use of Safecare in Daily Staffing Meeting to support decision making	31/12/2024	In progress	Stephanie Young, Lead Nurse for Workforce	Lead started in post, meet with improvement team, training on safecare, action plan in development and steering group to be set
			Review Datix reporting in relation to Staffing issues and enhance categorisation of events to clearly identify red flags	31/05/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	Discussions with Neonates/Paeditrics and Critical to include staffing v dependnecy and agency use. Further discussed with ED required to agree plans for report for ED standards for nursing workforce regards agency use.
			Agree new catergories for reportingof red flagswith specialist areas	30/08/2024	In progress	Stephanie Young, Lead Nurse for Workforce	Lead for Safecare started in post, meet with improvement team, training on safecare, action plan in development and steering group to be set. Red flag reporting will be picked up as part of safecare roll out.
			Develop on line training programme and competency assessment for acuity scoring and use of deployment tool	31/03/2025	not yet started	Stephanie Young, Lead Nurse for Workforce	Lead for Safecare started in post, meet with improvement team, training on safecare, action plan in development and steering group to be set. Traning will be looked out by Lead Nurse for Safecare.
Recommendation 14 Should risks associated with staffing continue or increase and mitigations prove insufficient, trusts must escalate the issue (and where appropriate, implement business continuity plans) to the board to maintain safety and care quality. Actions may include part or full closure of a service or reduced provision: for example, wards, beds and teams, realignment, or a return to the original skill mix.	Trust	**Partillay compliant**	Phased staffing plan and associated risk assessment in place for inpatient wards in relation to Covid-19 but due a review in preparation for Winter 2021.	30/12/2021	Delivered	Tracie Black, Lead Nurse for Workforce	
			Need set escalation plan for raising staffing concerns which should be added to the safer Staffing policy.	31.05.2022	Delivered and ongoing monitoring	Simon Balderstone	
			Review Datix reporting in relation to Staffing issues and enhance categorisation of events to clearly identify red flags	30/06/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	Discussions held with Neonates/Paeditrics and Critical Care to include staffing v dependnecy and agency use. Further discussions with ED required to agree plans for report for ED standards for nursing workforce regards agency use.
			Agree new catergories for reportingof red flagswith specialist areas	30/08/2024	In progress	Stephanie Young, Lead Nurse for Workforce	Lead for Safecare started in post, meet with improvement team, training on safecare, action plan in development and steering group to be set. Red flag reporting will be picked up as part of safecare roll out.
			Development of SOP for escalation processes for safe staffing including response for red flag events	31/07/2024	In progress	Stephanie Young, Lead Nurse for Workforce	Lead Nurse for Safecare in post, SOP in draft and sent out for comment following Safecare Steering Group