

## Board of Directors' Meeting 11 July 2024

<b>Agenda item</b>	107/24		
<b>Report Title</b>	Bi-Annual Nurse Staffing Review		
<b>Executive Lead</b>	Hayley Flavell, Director of Nursing		
<b>Report Author</b>	Kara Blackwell, Deputy Chief Nurse, Steph Young Lead Nurse Workforce		
<b>CQC Domain:</b>	<b>Link to Strategic Goal:</b>		<b>Link to BAF / risk:</b>
Safe	✓	Our patients and community	✓
Effective	✓	Our people	✓
Caring	✓	Our service delivery	✓
Responsive	✓	Our governance	✓
Well Led	✓	Our partners	
			<b>Trust Risk Register id:</b> Risk 888
<b>Consultation Communication</b>	Quality and Safety Assurance Committee, 28 May 2024 Nursing, Midwifery, AHP and Facilities Group, 13 May 2024		
<b>Executive summary:</b>	<p>This report provides the Board with the outcome of the February 2024 biannual nurse staffing review. It provides an overview of nurse staffing capacity and compliance with the National Quality Board (NBQ, 2016) standards and Developing Workforce Safeguards (NHS Improvement 2018).</p> <p>The review was undertaken using the Safer Nursing Care Tool (SNCT) triangulated with professional judgement and nurse sensitive outcomes to make recommendations for the inpatient nursing establishments for 2024/2025.</p> <p>The report provides assurance in relation:</p> <ul style="list-style-type: none"> <li>• Approach undertaken for the SNCT establishment review</li> <li>• CHPPD reported via Model Hospital for the Trust are in Quartile 3</li> <li>• Fill rates overall remain consistently above 90%</li> <li>• Registered Nurse to Patient ratios well below recommended minimum of 1:8</li> </ul>		
<b>Recommendations for the Board:</b>	The Board is asked to take assurance from this report, with particular regards to our nursing safe staffing position based on the review completed in February 2024.		
<b>Appendices:</b>	Appendix 1: SNCT Data January/February 2024 Appendix 2: E-rostering Improvement Plan Appendix 3: Workforce Safeguards Gap Analysis action plan		

# Bi-annual Safer Staffing Report

## 1.0 Introduction

Having the right nurse staffing levels is fundamental to providing safe and high-quality patient care, as well as creating a positive work practice environment for staff. Demonstrating safe staffing is one of the essential standards that all health care providers and Executive Trust Boards must comply with to meet Care Quality Commission (CQC) regulation, Nursing and Midwifery Council (NMC) recommendations and national policy on safe staffing.

The National Quality Board (2016) guidance and Developing Workforce Safeguards (2018) in particular sets out expectations for Nursing and Midwifery staffing levels to assist local Trust Board decisions in ensuring the right staff, with the right skills are in place at the right time. It identifies that Trusts must ensure there is a systematic approach to determining staffing numbers and skills required to maintain safety of patients in their care, and that best practice principles and processes of safe staffing are used.

This report provides an overview of the evidence-based establishment review undertaken in February 2024, using the Safer Nursing Care Tool (SNCT), triangulated with professional judgement and nurse sensitive indicator outcomes to make recommendations for our nursing establishments on adult inpatient wards, acute assessment areas, Emergency Departments and Paediatric ward.

It provides an overview of staffing capacity and compliance with the National Quality Board (NBQ, 2016) standards and Developing Workforce Safeguards (2018).

Cumulative oversight of the care hours per patient day (CHPPD) over the last six months is provided and comparison to peer via the Model Hospital.

## 2.0 Safer Nursing Care Tool Census and Nurse Staffing Key Performance Indicators

### 2.1 Nurse to Patient Ratios

Nurse to patient ratios are a useful benchmark for assessing the average amount of patients each nurse is caring for, but do not accurately reflect the needs of the individual patients, as acuity and dependency needs may vary at different points and as such nurse-to-patient ratios must account for these factors. Nevertheless, the Royal College of Nursing (RCN) 'Mandatory Nurse Staffing Levels' (2012) and NICE 'Safe Staffing for nursing in adult inpatient wards in acute hospitals' (2014) suggest acute wards must have a planned Registered Nurse (RN) to patient ratio of **no more than 1: 8** during the day. There is no current guidance for nights.

Table 1 shows the average RN: Patient ratio at Shrewsbury and Telford Hospital (SaTH) during the month of January/February 2024, Nurse associates have been included in ratio calculations as a registrant, as the role will contribute to most aspects of care. Nurse associate roles have developed since NICE guidance was published and are part of the nursing team.

Comparison of January/February 2024 with June 2023 and January 2023 shows that overall ratio for daytime and overall (day and night) have improved across both

Medicine & Emergency Care and Surgery, Anaesthetics and Cancer. All Divisions are well above the NICE (2021) recommendations of no more than 1RN to 8 patients.

**Table 1: Average RN : Patient Ratio, Daytime Average**

Division	Jan/Feb 2024 RN:Patient Ratio (Daytime Average)	Jan/Feb 2024 RN:Patient Ratio (Overall Average)	June 2023 RN:Patient Ratio (Daytime Average)	June 2023 Inpatient Ratio (Overall Average)	Jan 2023 RN:Patient Ratio (Daytime Average)	Jan 2023 RN:Patient Ratio (Daytime Average)
Medicine & Emergency Care	1:5.1	1:5.7	1:5.21	1:6.2	1:6	1:6.7
Surgery, Anaesthetics & Cancer	1:4.8	1:5.6	1:5	1:6.4	1:6.6	1:7.2
W&C (ward 14 & 19*)	1:4.1	1:4.2				

## 2.2 Setting Evidence Based Establishments

The Executive Director of Nursing has agreed the process for setting nursing establishments.

The process includes several important components:

- Using the Safer Nursing Care Tools (SNCT) to assess acuity and dependency, daily for 30 days across all adult wards, acute assessment units, Children and Young Person's inpatient wards and the Emergency Departments. The assessment is undertaken by staff trained in the use of the tool. The SNCT is an evidence-based tool that is recommended by NICE to measure individual patient acuity and dependency; it offers greater understanding for whether actual hours match required hours.
- The SNCT is repeated twice per year to ensure validity. To note, for this year (January to December 2024) we intend to undertake the tool on 3 occasions, January/February, June and October, given the number of ward changes that have occurred over the last 12 months and the new SNCT which was launched in November 2023. This will provide a better baseline for decision making around establishments considering seasonal variation as well.
- External validation to ensure that the data collection is accurate and robust.
- A multi-professional meeting with the ward manager/unit manager, matron, Divisional Director of Nursing, Deputy Chief Nurse and Lead Nurse for Workforce as well as Finance and Workforce to triangulate the SNCT data with nursing quality indicator outcomes and professional judgement is applied to ensure we are not staffed beyond activity requirement.
- The ward manager role is supervisory, and they use their time to direct care, undertake front line clinical leadership, focus on discharges and support unfilled shifts.
- The headroom uplift is 24%, previously 10% was held centrally and not recruited to, this has now been re-allocated with 20.5% sitting in ward/department budgets and recruited against and 3.5% held centrally for maternity leave.

## 2.3 Nursing Establishment Review January/February 2024

### 2.3.1 Safer Nursing Care Tool Data Results

The Safer Nursing Care Tools (SNCT) calculates clinical staffing requirements based on patients' needs (acuity and dependency) which, together with professional judgement, guides chief nurses in their safe staffing decisions.

The levels of acuity within the tool range from Level 0 to Level 3. Level 3 patient acuity is only delivered within ED and Critical Care for adult patients.

The January/February SNCT review undertaken across SaTH used the new tool published in November 2023. The review was undertaken across the adult inpatient wards, Emergency Departments and Paediatrics in January/February 2024. Areas excluded in this review were escalation wards or wards with bed base function change in relation to escalation, inpatient and day case function. Due to the variability in function the evidenced based tools would not apply or provide reliable data.

Data was collected over a 30-day period. A Professional Judgement Framework within the SNCT was also used by the ward managers and matrons to inform their professional judgement used as part of the triangulation for the staffing reviews. Full details of the Nursing establishment review are outlined in Appendix 1.

For the purpose of the bi-annual staffing reviews, a benchmark of RN: HCA ratio of 65:35 has been utilised within the SNCT for adult inpatient wards. It should be noted that the gold standard would be a mix of 70% RN to 30% HCA. However, where a ward has a usual higher dependency rather than acuity need, it is accepted the ratio may need change. Current acuity/dependency scoring across medicine and surgery show a higher dependency of patients in January/February 2024 and as such templates currently reflect a ratio with higher levels of HCA.

### 2.3.2 Adult Inpatient Wards SNCT %

The overall average percentage data for all adult wards for the SNCT in January/February 2024 is shown. The main acuity of patients is stable requiring ward care (Level 0) or stable and dependent (Level 1B), with 43.95% and 44.62% respectively for both categories.

	Empty Beds	Patient Acuity Level 0	Patient Acuity Level 1a	Patient Acuity Level 1b	Patient Acuity Level 1c	Patient Acuity Level 1d	Patient Acuity Level 2	Patient Acuity Level 3
<b>January 2023</b>	N/A	43	13	43	N/A	N/A	1	0
<b>June 2024</b>	N/A	42.7	7.5	47.8	N/A	N/A	1.9	0
<b>February 2024</b>	1.69	43.95	8.44	44.62	0.56	0.04	1.69	0.00

### 2.3.3 Emergency Department Establishment Review January/February 2024

The current SNCT tool for ED expects that patients will have been admitted or discharged within 12 hours so there is no current provision in the tool for patients in the department for greater than 12 hours. The SNCT ED tool is currently under review by the national

team given the need to consider patients who are in the ED department in excess of 12 hours as this is occurring nationally.

	Patient Acuity Level 0	Patient Acuity Level 1a	Patient Acuity Level 1b	Patient Acuity Level 1c	Patient Acuity Level 2	Patient Acuity Level 3
<b>Overall ED Average</b>	53.45	20.15	16.70	9.00	1.65	0.25

The outputs of the SNCT tool show that without taking professional judgement into consideration the current budgets are well in excess of the SNCT recommendations.

Additional monitoring of the 12 hours plus patients was undertaken as part of the establishment review by the Lead Nurse for Workforce and ED nursing team, this showed that at RSH there was an average of an additional 30 patients during the day and 23 at night waiting over 12 hours. At PRH, 38 patients during the day and 31 at night were in the Department in excess of 12 hours. This impacts on the overall staffing requirements currently not captured by the SNCT acuity tool.

Staffing needs to also be reviewed in line with activity through the 24-hour period to identify and map staffing against peaks, so there could be some adjustments for both departments. However, at present the ED workload is being masked by the need to care for these additional patients who are over 12 hours in the department.

ED is currently not meeting key performance metrics such as time to triage for paediatrics and adults, also professional judgement considerations in relation to the environment particularly at RSH, which includes small, isolated areas and the corridor care at both sites need to be included, which impact on the quality challenges.

### 2.3.4 Nurse Sensitive Indicators

Overall for the SNCT census period there was a decrease in falls in month to 109. Three of these were reported with harm (SAU, Ward 11, Ward 23OH). Non of the areas identified staffing issues/datix linked to falls.

There were clinical areas which reported Category 3 pressure ulcers (Ward 7 (2 cases), Ward 29, ED RSH and Ward 10), Ward 7 had 1 nightshift with <75% staffing fill, Ward 29 had 2 days and 1 night and Ward 10 had 1 night. However, there were no datix in relation to staffing levels which correlated to the pressure ulcers identified. There were 15 Category 2 pressure ulcers recorded across wards and departments, none of the areas had identified any link with staffing levels.

Pateint safety investigations will review staffing to understand whether this may have been a route cause.

### 2.3.5 Nursing Red Flags and Incidents

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

- **Patient vital signs not assessed or recorded as outlined in care plan.**

Compliance in February ranges between 88-99%. There was no correlation with staffing levels when areas of lower compliance were cross referenced against staffing levels. Both

ITU/HDU's are excluded as vital pac is not utilised for critical care patients as alternative monitoring plans are in place.

- **Unplanned omission in providing patient medications.**

Audit data was taken from the nursing quality metrics audit which reviews 10 patient notes monthly. Compliance rates were lower for ITU PRH (50%), Ward 23OH (88%), Ward 29 - (69%), Ward 24 (78%), AMU PRH(85%), Ward 10 (82%), Wards 14 (77%) Ward 15/16 (85%) and Ward 17 (75%)w. No correlation with staffing was identified.

- **Delay of more than 30 minutes in providing pain relief.**

Audit data is taken from the nursing quality metrics audit which reviews 10 patient notes monthly which relates to the question “do you think the hospital did everything they could to help control your pain?”. Compliance rate was at 100% with exception of 3 areas: Ward 32 AOTU (75%), AMU PRH (83.3%) and Ward 4(87.5%). No correlation to staffing level was noted.

Red flags also include a shortfall of more than 8 hours or 25% of registered nurse time available compared with the actual requirement for the shift and fewer than 2 registered nurses present on a ward during any shift.

This data captured from E-Roster (February 2024) is illustrated in the chart below:

	Days		Fill Rate <75%
	Fill Rate <75%	Less than 2 Reg (23 Hrs)	
MEC - Acute Medical Unit (AMU) (RSH)	1	0	0
MEC - Ward 10 - Frail and Complex	0	0	1
MEC - Ward 11 Nephrology (PRH)	1	0	0
MEC - Ward 15/16 Stroke Unit (PRH)	1	0	0
MEC - Ward 17 - Respiratory (PRH)	1	0	0
MEC - Ward 22 - Short Stay (RSH)	3	0	0
MEC - Ward 24 - Respiratory (RSH)	3	0	0
MEC - Ward 27 (RSH)	1	0	0
MEC - Ward 29 - Escalation (RSH)	2	0	1
MEC - Ward 35 Nephrology (RSH)	2	0	0
MEC - Ward 6 - CCU/Cardio (PRH)	2	0	0
MEC - Ward 7 - Endo/Cardio (PRH)	0	0	1
SAC - Acute Orthopaedic Trauma Unit (AOTU) (RSH)	1	0	0
SAC - Ward 37 - Surgical (RSH)	0	0	2
SAC - Ward 8 - Head & Neck (PRH)	3	0	1
WAC - Ward 14 - Gynaecology	1	0	1
WAC - Ward 19	15	0	20
WAC - Ward 21/22 - Postnatal/Antenatal (PRH)	4	0	4
WAC - Ward 23 - Neonatal	5	0	0
WAC - Ward 24 - Delivery Suite (PRH)	7	0	24
WAC - Wrekin Midwife Led Unit	18	0	25

Matrons having trianglated fill rates below >75% fill rate did not report concerns in relation to quality outcomes on nursing red flag report.

Currently ‘red flag’ reporting relies on Datix submission, however, future plans will include the use of Safecare to monitor red flag events, record mitigations and ensure there is oversight and validation by senior nurses in the divisions. This will enhance reporting of safe staffing and assurances in relation to staffing levels and will provide narrative on the impact staffing levels have on care where it has fallen below planned.

### 2.3.6 Datix reported for staffing issues/missed breaks/leaving late.

In February there were 62 Datix submitted for staffing. Of these, 33 related to staffing issues relating to inpatient care with 28 of these reporting a lack of suitable staff (nursing & midwifery), 3 related to missed breaks/leaving late, and 2 related to temporary staffing availability.

Incidents were reported as no or low harm events only. Themes included neonatal staffing issues, so unit closed to admissions or nurse-in-charge status not maintained as the nurse provided direct care due to acuity, Enhanced care supervision availability, Children's Assessment Unit (CAU) increased patient numbers affecting acuity and skill mix issues, and the acuity on Ward 19. , Maternity staffing incidents are reported separately in the maternity safe staffing paper.

### 2.3.7 External Validation of Nurse Staffing Establishment Review Process

To provide assurance around the Trust processes for undertaking the evidence-based nurse staffing review we were fortunate to gain the support from the Clinical Workforce Lead in the Safer Staffing Faculty within the Nursing Directorate at NHS England.

The Clinical Workforce Lead:

- Was provided with a copy of our process for undertaking the review which included use of the SNCT tool, professional judgement guided by the Professional Judgement Framework included in the SNCT
- Provided with a copy of the SNCT census data.
- Attended a full day of the multi-professional meeting with the Deputy Chief Nurse, Lead Nurse Workforce, the ward manager/unit manager, matron, Divisional Director of Nursing, Finance and Workforce where the triangulation of the SNCT data with nursing quality indicator outcomes and professional judgement was applied to ensure we were not staffing beyond activity requirement
- An onsite visit to review the wards/departments and speak to senior nursing leadership teams and staff on the wards in ED, the acute floor and wards

Assurance around systems and processes for carrying out establishment Review	Additional Considerations
Detailed individual inpatient clinical area data packs were available and reviewed for each area.	Ensure quality impact assessment (QIA) completed in all cases where skill mix has altered and where there has been introduction of new roles such as Nursing associate roles.
Triangulated approach was applied, using acuity and dependency data from evidence based safer staffing tools where they exist, incorporating professional judgement and reviewing quality and safety metrics, including staff and patient feedback.	Although we used the SNCT for acuity within the trolleyed areas in our assessment/ambulatory areas i.e. AMA, SDEC, SAU clinic and CAU, we were advised by the Clinical Workforce lead is that their recommendation is not to apply this.
Professional judgment was considered and discussions about how it felt for staff working on the specific clinical areas.	All daily staffing decisions need to be documented and recorded including local resolution. This will be addressed once electronic system safecare is implemented which has the ability to raise staffing red flags and record staffing and redeployment decisions made.

Appropriate personal were at the meetings where discussion and professional challenge was witnessed and as expected.	Consider the need for more detailed nursing and midwifery dashboards to be included within board papers or integrated performance reports related to quality, safety and staffing levels by ward.
Professional challenge was observed as appropriate from rostering team, corporate nursing, finance business and HR, and divisional lead nurses.	Consider the need for more detailed nursing and midwifery dashboards to be included within board papers or integrated performance reports related to quality, safety and staffing levels by ward.
Several quality and safety metrics were included such as care hours per patient day (CHPPD), nurse sensitives indicators, friends and family test, bank and agency usage, occupancy and staffing red flags.	Ensure compliance to Developing Workforce Safeguards is included annually to public board signed by the Chief Nurse and Medical Director.
Workforce metrics such as vacancies, actual staffing, skill mix, and sickness were reviewed.	Consider reviewing headroom provision allocated to temporary staffing, as currently only recruiting to 20.5% of the 24% headroom for inpatient ward areas.
Review of enhanced care (121) requirements and need for additional temporary staffing to support this requirement.	
Acknowledgement in relation to some of the environmental challenges and impact of capacity and flow particularly in relation to the effects on staffing in the EDs.	

### 2.3.8 Fill rates

Acute Trusts are required to collate and report staffing fill rates for external data submission to NHSE every month. Fill rates are calculated by comparing planned (rostered) hours against actual hours worked for Registered nurses (RN), Nurse Associates (NA) and healthcare care assistant (HCA).

The summary position for the last 6 months is shown below. Registrant (RN and NA) nursing fill rates have seen an overall improvement for days and remained steady at night and consistently above 90%. RAG rated green. These fill rates have been maintained despite the switch off of “off framework” and higher tier agencies. RN fill rates are > 100% due to band 5 RNs having been recruited into vacant NA posts whilst we continue our “grow our own” TNA programme for Nas over the next 2 years.

HCA fill rates remain above 100%, however, these fill rates also include the 1:1 ECS shifts, there has been a reduction in the fill rate following the switch off of agency HCA shifts for clinical areas (with the exception of ECS an escalation shifts).

	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
RN Fill Rate Day	105%	105%	106%	107%	107%	106%
Registrant Fill Rate Day	91%	92%	94%	94%	94%	94%
NA Fill Rate Day	16%	22%	22%	23%	20%	19%
HCA Fill Rate Day	111%	110%	106%	103%	102%	101%
RN Fill Rate Night	106%	105%	104%	104%	104%	104%

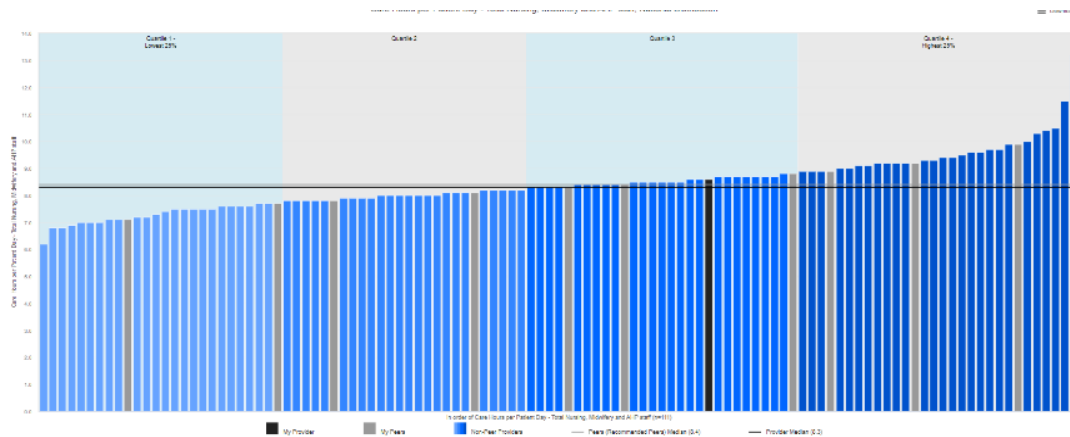


Registrant Fill Rate Night	<b>95%</b>	<b>94%</b>	<b>93%</b>	<b>93%</b>	<b>93%</b>	<b>93%</b>
NA Fill Rate Night	<b>11%</b>	<b>15%</b>	<b>15%</b>	<b>14%</b>	<b>13%</b>	<b>11%</b>
HCA Fill Rate Night	<b>119%</b>	<b>116%</b>	<b>113%</b>	<b>106%</b>	<b>105%</b>	<b>101%</b>

Fill rates do not take into account the skill mix within an area and only identify percentage of staff on shift, so skill mix deficits are also reviewed, and mitigations put in place by the matrons. Quality matron on duty at the weekends has the overview of staffing and takes responsibility for safe staffing and mitigating actions.

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

Care Hours Per Patient Day for Total Nursing, Midwifery and AHP staff (CHPPD) reported for February 2024 (latest available data on 07 May 2024) is reported as 8.4 in quartile 3. When benchmarked against other peer Trusts and nationally, Shrewsbury and Telford Hospital NHS Trust (SaTH) is in line peer median of 8.3 and provider median of 8.3. The six-monthly staffing reviews will also benchmark data, however monthly staffing oversight by Matrons should consider peers by ward speciality.



[Source Model Hospital February 2024, accessed 07 May 2024]

By itself, CHPPD does not reflect the total amount of care provided on a ward nor does it directly show whether care is safe, effective or responsive. It should therefore be considered alongside measures of quality and safety and was considered as a metric in the establishment review meetings.

### 3.0 Levels of Attainment- E-Rostering

Staffing e-roster improvement work commenced in Q3 of 2023/24. Quarterly “Confirm, Challenge and Coach” e-roster meetings have been established. These meetings are led by the Lead Nurse for Workforce and are attended by the e-roster team, ward managers and matrons. These Carter efficiency meetings review and provide assurance that rosters and workforce plans are appropriately managed in line with roster KPIs. Remedial actions are monitored and addressed.

A 12-week diagnostic of nurse rosters to assess the current level of rostering competency and compliance within the organisation commenced in February 2024. The original proposal set out to focus on five identified areas of rostering governance, staffing establishment, reporting frameworks, roster management and controls and learning and development. Following conclusion of the diagnostic phase, recommendations across

each of the five assessment areas from this diagnostic exercise will now inform the development a high-level plan for 2024/25 (Appendix 2).

#### **4.0 Recommendations and Key Actions 2024/25**

- Undertaken 2<sup>nd</sup> SNCT census and nurse staffing establishment review in October/ November 2024, the outputs of this can then be included in the operational planning cycle for 2025/26
- Roll out and embed the use of Safecare across the Trust
- Deliver the e-roster improvement plan.
- Finalise the Paediatric establishment based on seasonal variation.
- Undertake an exercise in EDs, Assessment areas (SAU, SDEC, CAU) to map staffing against daily activity and peaks in service demand.
- Undertake QIA for all ward/clinical areas which do not have a 65:35 RN:HCA
- Registered Nurses levels are showing in excess of SCNT recommendations in a number of areas. Additional work is required to ensure templates for inpatient beds are extracted from templates of wards with assessment areas (AMU, AMA, SDEC, Ward 32 AOTU, SAU, CAU). Work with Divisional teams to disaggregate staffing allocation/budget for these areas and undertaken an exercise to map staffing against activity and peaks through the day to ensure staffing and skill mix is safely deployed.
- Medical Division to define number of beds for NIV provision on Ward 24 to ensure right establishment and skill mix and meets national standards in relation to NIV and Level 2 care.
- Continue work to providing assurances in relation to Developing Workforce Safeguards through delivery of the action plan to address the remaining gaps (Appendix 3)
- Include the recommendations/considerations from the Clinical Workforce Lead in the Safer Staffing NHSE (who validated the establishment review), in our overarching nursing workforce improvement plan.

#### **5.0 Conclusion**

The senior nursing leadership team continue to work with our Medical Director and Divisional Operational management teams to ensure our wards and departments are safely staffed and to help identify further opportunities to increase efficiency. The establishment review has provided assurance in relation to the systems and processes in place for the establishments review, the current establishments, fill rates and CHPPD.