Appendix 1

Bi-annual Staffing Review September/October 2024

1.0 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 tools:

- Provide organisational level metrics to monitor impact on the quality of patient care and outcomes.
- Give a defined measure of patient acuity and dependency.
- Supports benchmarking activity in organisations when used across Trusts.
- Embrace all the principles that should be considered when evaluating decision support tools set out in the relevant NHSE 'Safe, sustainable and productive staffing' resources.
- Include staffing multipliers to support professional judgement.
- Provide accurate data collection methodology.

The levels of acuity within the tool range from Level 0 to Level 3 (Table 2). Level 3 patient acuity is only delivered within ED and Critical Care for adult patients. Not all current versions of the tools (ED and CYP) include all acuity categories, however those that do not are under review by the national team. Table 2 shows SNCT levels of acuity for Adult inpatient and Acute Assessment areas

Level	Definition
Level 0	Hospital Inpatient. Needs met by provision of normal ward cares.
Level 1a	Acutely ill patients requiring intervention or those who are **UNSTABLE** with a **GREATER POTENTIAL** to deteriorate.
Level 1b	Patients who are in a **STABLE** condition but are dependent on nursing care to meet most or all of their care needs.
Level 1c	Patients who are in a **STABLE** condition but are requiring additional intervention to mitigate risk and maintain safety
Level 1d	Patients who are in a **STABLE** condition but are requiring additional intervention by 2 or more people to mitigate risk and maintain safety
Level 2	May be managed within clearly identified, designated beds, resources with the required expertise and staffing level **OR** may require transfer to a dedicated Level 2 facility / unit.
Level 3	Patients needing advanced respiratory support and / or therapeutic support of multiple organs.

The review was undertaken across the adult inpatient wards, Emergency Departments and Paediatrics and provided 3 datasets to review. Also included was the medical escalation area for the Summer and autumn audits. This area opened following the move of DSU to the elective hub and as beds are expected to stay open it was included in the census.

Data was collected for adult inpatient wards and paediatric wards 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.

The emergency departments data collection is completed over a 12-day period and records acuity twice a day providing data on the 24 hours period.

Table 3 - Summary of SNCT recommended WTE for September/October Census Period

Ward	Recommended WTE inc 1c/1d			Recommended WTE exc 1c/1d			
	Reg	Unreg	Total	Reg	Unreg	Total	1c/1d
TAMU	18.55	9.99	28.54	18.55	9.99	28.54	-
SAMU	24.66	13.28	37.93	24.42	13.15	37.57	0.36
SAMA	21.55	9.23	30.78	21.36	9.15	30.51	0.27
AOTU	25.16	16.77	41.93	24.47	16.31	40.78	1.15
Ward 4	25.69	21.02	46.71	24.64	20.16	44.8	1.91
Ward 6/CCU	21.27	9.12	30.39	20.98	8.99	29.97	0.42
Ward 7	27.44	22.45	49.89	27.44	22.45	49.89	-
Ward 8	15.85	6.97	20.81	14.96	6.41	20.81	-
Ward 9	17.79	14.56	32.35	17.79	14.56	32.35	-
Ward 10	22.07	14.71	35.73	22.07	14.71	35.55	0.18
Ward 11	27.42	18.28	45.70	27.04	18.03	45.07	0.63
Ward 14	7.42	4.94	12.36	7.42	4.94	12.36	-
Ward 15	24.54	20.08	44.61	24.54	20.08	44.61	-
Ward 16	17.38	11.59	28.97	17.32	11.5	28.87	0.1
Ward 17	27.53	11.78	39.33	27.53	11.78	39.33	-
Ward 22SS	20.05	13.36	33.41	19.74	13.16	32.9	0.51
Ward 23OH	29.43	15.84	45.27	29.43	15.84	45.27	-
Ward 24	30.8	16.58	47.38	30.8	16.58	47.38	-
Ward 25	25.16	16.77	56.88	25.16	16.77	56.88	-
Ward 26	30.17	24.68	54.85	29.17	23.86	53.03	1.82

Ward 27	34.21	27.99	62.19	31.62	25.87	57.5	4.69
Ward 28	29.95	24.51	54.46	29.07	23.79	52.86	1.6
SAU	40.28	21.69	61.97	40.23	21.66	61.89	0.08
Ward 35	12.36	8.24	20.6	12.36	8.24	20.6	-
Ward 37	30.22	20.15	50.37	27.73	18.49	46.22	4.15
Ward 19	n/a	n/a	n/a	44.4	22.6	67.0	n/a

SNCT guidance requires a review of data from a minimum of two census periods before making changes to establishments/budgets. Where data is significant different further census may be required. With multiple changes in ward function, and a number of wards moves the SNCT has limitations if subsequent census periods do not analyse the same ward functions/locations. When applying methodology for safer staffing reviews, the SNCT evidence-based tools should always be considered alongside outcomes and professional judgement.

For the purpose of the bi-annual staffing reviews, a benchmark of RN: HCA ratio of 65:35 has been utilised within the SNCT for adult inpatient wards. It should be noted that the gold standard would be a mix of 70% RN to 30% HCA. Evidence suggests that increasing RNs within a ward skill mix reduces mortality and increases patient safety and quality of care. (Aiken et al 2010, 2013, 2016, 2018, Ball et al 2018, Blegan et al 2011, Estabrook et al 2005, Griffiths et al 2016, RCN 2021). However, where a ward has a usual higher dependency rather than acuity need, it is accepted the ratio may need change. Current acuity/dependency scoring across medicine and surgery show a higher dependency (1b) of patients in September/October 2024 and across all census in 2024, and as such templates currently reflect a ratio with higher levels of HCA. As recommended by the Clinical Workforce lead in the Safer Staffing Faculty in NHSE, any recommended changes in establishments which results in a ratio of less than 65:35 ratio of RN:HCA will require a Quality Impact Assessment (QIA).

2.2.2 Adult Inpatient Wards SNCT %

The overall average percentage data for all adult wards for the SNCT in 2024 is shown below. The main acuity of patients is stable requiring ward care (Level 0) or stable and dependent (Level 1B), with 43.6% and 45.83% respectively in October 2024.

Table 4 – average acuity by census 2024

	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
Sept/Oct 24	2.72	43.6	6.52	45.83	0.87	0.82	1.31	0
Jun/Jul 24	1.93	43.65	5.96	44.97	1.4	1.18	1.61	0
Jan/Feb 24	1.69	43.95	8.44	44.62	0.56	0.04	1.69	0.00

2.2.3 Surgery, Anaesthetics and Cancer Wards SNCT Establishment Review Sept/Oct 2024

Data collected for the surgical areas (Chart 2) shows the highest proportion of patients recorded was 1b category (stable dependent patients). Comparison to the June 2024 census shows that there had been a decrease in Level 1b patients and an increase in Level 0 and slight increase in 1a patients. The number of patients requiring 1:1 care (1c) has decreased slightly since June but is higher than January which we previously noted was an outlier month in relation to ECS requirements.
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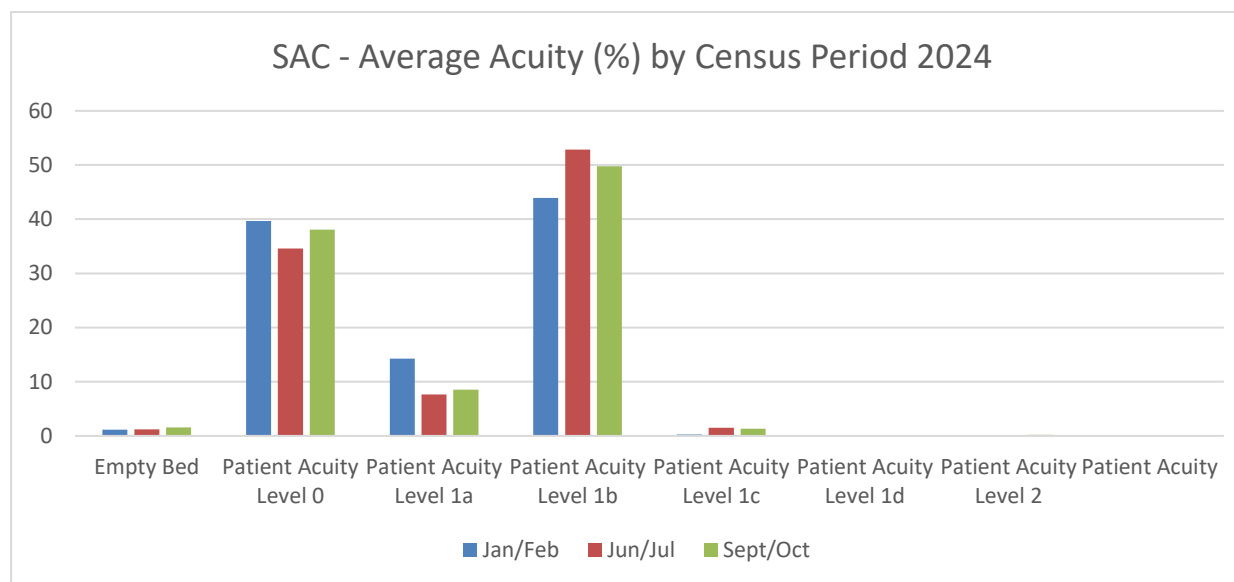Chart 2 -SAC Average acuity by census period.

Table 5 - SAC Average acuity by census period.

SAC 2024	Empty Bed	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
Jan/Feb	1.17	39.68	14.25	43.92	0.28	0.06	0.06	0
Jun/Jul	1.2	34.6	7.66	52.87	1.51	0.01	0.01	0
Sept/Oct	1.56	38.1	8.55	49.78	1.33	0	0.19	0

In 2024, bed-base changes include Ward 23 Oncology which has increased beds from 22 to 30. A further function change has seen the assessment area utilised for chemotherapy due to no capacity in the chemo day unit. 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.

Ward 5 was not operating as an inpatient ward and was excluded from the SNCT census in 2024. It has recently change ward function from day case to elective orthopaedic surgery and will be included in audits in 2025.

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 is covered by the ward and trauma nurse, so no additional staffing is required. Night cover requires an additional RN, which is not funded. The establishment review has 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 is 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. This RN will support ward inpatient care as well as manage the small assessment area which is 1 bed or 2 seats.

Ward 8 patient acuity has increased with a number of outliers (orthopaedic and medical) placed on the ward. Previously before the opening of the elective hub in July 2023 the ward utilised beds for day case activity. This change has reflected in the October audit. There has also been a reduction in complex head and neck cases admitted to the ward and discussions are ongoing regards further plans for this type of surgery. No final decisions have been made in relation to service changes. Some variation in SNCT recommended staffing levels is noted with this change in ward function, however no recommended changes are proposed at this time. The budgeted staffing is above recommended SNCT but is noted the ward is now admitting a number of patients daily for surgery via their treatment room and waiting area due to lack of surgical admission suite. The ward staff are being utilised to admit and prepare patients for surgery in addition to ward normal work. Also, regular ward attenders utilise the treatment room in an effort to decompress emergency departments. This has meant the ward are having to flexibly use staff to support these additional patients which workload is not included in the SNCT audit.

Triangulation as part of the establishment reviews for Ward 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.

Ward 37 is based in a new modular ward which has a big footfall. On opening the ward, the template was set that took into consideration the large space. The SNCT audits in 2024 have consistently shown the required staffing level is well below the budget and the team has proposed

changes to the way they work which reflects their gained understanding of working in the environment and applying professional judgment to take into consideration the need for additional staff to support patient care in side rooms where there is poor visibility, a reduction of one RN per shift is proposed with no changes to numbers of healthcare assistants. This ward has not been in line with others in relation to skill mix and has less budgeted WTE Band 6. It is also recommended due to challenges that ward has including IPC outbreaks the band 6 staffing should match other similar wards through skill mix change as it will support the oversight of IPC practices and maintaining clean environment.

The Surgical Assessment Unit current budget reflects the clinic/assessment as well as the ward area. Stratification of the budget since the last census has allowed a comparison with the SNCT. Currently the SNCT recommended WTE is greater than budget for inpatient beds however it was felt by the Divisional Director of Nursing the greater risks is in the assessment area due to significant increase in activity in the day and particularly at night. An exercise to map staffing against activity, analyse acuity and case mix will be completed early 2025 to ensure the staffing provision meets the peaks in demand and area is safely staffed due to an increase in numbers of patients waiting for long periods in treatment rooms and seats and not just in bays alongside an increase in planned returns and night-time activity now similar to days.

2.2.4 Medicine and Emergency Care Wards SNCT Establishment Review September/October 2024

Data collected for the medical ward areas show the highest proportion of patients fall into the level 0 (stable - normal ward care) and 1b categories (stable dependent patients). Seasonally, there are higher numbers of dependent patients across the winter months.

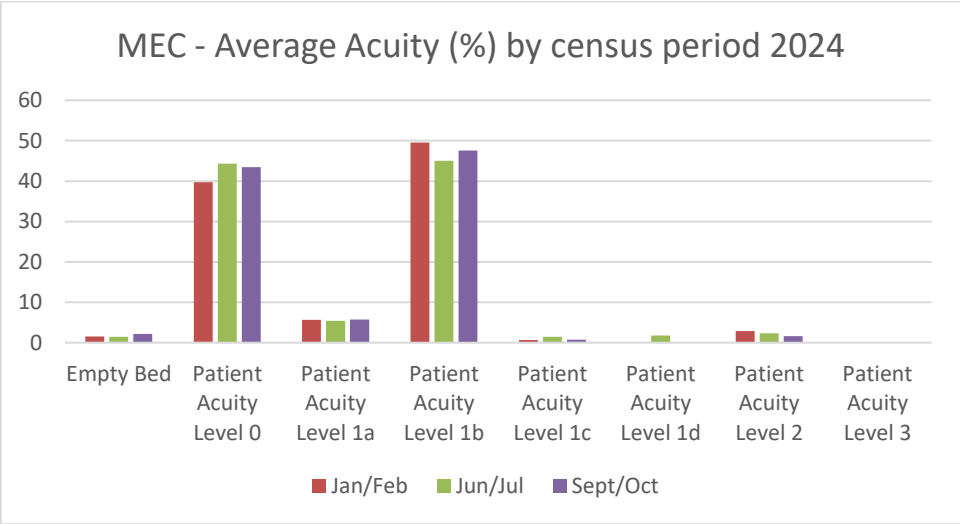Chart 3 -MEC Average acuity by census period.

Table 6 – MEC acuity by census period

MEC 2024	Empty Bed	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
Jan/Feb	1.57	39.73	5.69	49.54	0.66	0.04	2.84	0
Jun/Jul	1.47	44.3	5.44	45.04	1.48	1.76	2.36	0
Sept/Oct	2.13	43.41	5.76	47.56	0.76	0.03	1.64	0.01

In 2024, a function change to ward 7 has seen a significant change in patient needs. Ward 7 previously a cardiology/endocrine ward is now endocrine/general medicine. Approximately half the ward scored as stable with low acuity, this has now changed to 80% of the patients dependent on nursing care. This now reflects in recommendations for staffing. Ward 7 now has the highest recommended WTE for similar wards at PRH, with the other medical wards having a higher level of planned staffing. Staff feedback from staff is the nights are particularly challenging. Fill rates are good for this area but reflect decisions to ensure patient care is not impacted with change in acuity by agreeing agency cover where there are gaps. It is recommended the ward template is increased by 1 RN and 1 HCA on nights, with the minimum being increasing the RN on nights in line with other similar wards and due to impact of increase in dependent patients with ward function change.

Ward 17 showed a consistent acuity below budget across 2024. Work had been undertaken in relation to the location of patients receiving NIV following a patient safety incident. The patients requiring enhanced respiratory support are cohorted which has supported how the ward works with staff to patient ratio and delivery of level 2 care. The ward is budgeted for 4 level 2 beds. It was noted from an acuity perspective the ward is consistently working below budget with SNCT recommending less staffing. Following triangulation and consideration of professional judgement the recommendations are for reducing of 1 HCA day and night.

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. Recommendations from the meeting are for one of the Band 7 roles to be removed as it is not required. Ward 15 and 16 are separated across a corridor, with 16 operating as acute with some level 2 care and enhanced monitoring requirements. Ward 15 has a higher dependency of patients with rehabilitation needs. The SNCT audits were completed for each area separately and budget stratified by ward. Recommendations made as part of the establishment review were to reduce the daytime HCA shift by 1 on ward 16.

In 2024, Ward 10 Short Stay was relocated from ward 9. These wards mirror each other from an environmental perspective so no change in how ward works apart from location. This decision was made to support plans for expansion of AMU at a point in the future. Ward 10 Short Stay had been operating as a general medical ward, and changes have progressed to ensure it is operating as short stay medical model. The last 2 census periods reflect changes in acuity in line with the operational model. The recommendations are for a change in staffing in line

with the SNCT census which shows a higher number of patients requiring level 0 care and a reduction in patients requiring level 1b care. This recommended change is to reduce healthcare assistants by 1 during the day.

The SNCT was completed for the AMU inpatient beds and as per previously noted for SAU review, an exercise to map staffing against activity, analyse acuity and case mix will be completed early 2025 to ensure the staffing provision meets demand for the seated and trolley areas. The team work flexibly across the ward and the assessment areas, and the budget has been stratified so a comparison can be made of staffing requirements against function. The currently flow through emergency departments is impacting on assessment areas with increased waiting times in assessment portals. It was noted that this area is having to care for additional patients on the corridor on a regular occasion which is not included in the staffing template. No changes are proposed for this area following this review.

Following the last establishment review for ward 35, conversations with the fire officer have progressed with agreement to changes in staffing to maintain standards for fire safety. Ward 35 is located in the Copthorne building and without other areas open at night higher staffing levels were higher to meet standards in case of evacuation. With the opening of the community ward in the same building the staffing levels can be revised as additional support can be provided from Ward 18 is case of incident, however this still requires sign off by the fire officer. Considering this change, the ward SNCT recommendations are below budget for this area. Importantly, professional judgement identifies challenges for the area which include travel through a tunnel with patients into the main hospital, fire regulations, ward attenders for renal line insertions/biopsies, nurse support across the site for patients in other areas requiring peritoneal dialysis. These additional elements will require staffing above the SNCT recommendations, and these elements have been considered with recommendations for this area which include a reduction in staffing for days and nights with 1NA on days and 1 HCA on nights, pending fire officer approval.

Ward 28, bed based has formally changed to include was previously escalation beds to ward beds. has changed over the year to include annex which was escalation capacity as part of ward bed base. A criterion for admission to these beds remains as the area is physically separated by door and is isolated from the main ward. Staffing for this area is now included in ward budget rather than funded as escalation capacity. Changes implements in June 2024 saw a pilot of a frailty assessment unit (FAU) on ward 28. The opening of the area has changed the ward bed base as one 6-bedded bay now houses trolleys and seats as an assessment area to allow the multidisciplinary team to perform a comprehensive geriatric for patients who had presented to the emergency departments. The SNCT completed in June/July and September/October 2024 was based on the new ward function. No recommendations were made for ward changes apart from staff previously allocated to inpatient beds now supporting the assessment area. It is recommended 1 RN and 1 HCA on days and 1 RN on nights is moved from the ward template to the assessment area. It is also recommended the skills of the registered nurse in the assessment area are enhanced as they are co-ordinating care of patients in the frailty assessment area this this change would also require uplift of the registered nurse from Band 5 to a Band 6.

Ward 27 SNCT recommendations consistently support that the requirements are higher than the funded establishment. The application of clinical judgement by the ward manager and matron outline that the ward is a heavy ward, with a high proportion of dependent patients with DoLs and the requirements for cohorting and ECS. The Division feel that this requires an additional HCSW 24/7. Having reviewed SNCT data and triangulated this the recommendation is for an additional HCSW on night duties to support with care and the visibility of the high number of vulnerable patients cared for on this ward.

Ward 9 (previously ward 10 in January census) recommendations are similar to Ward 28 as this area opened a Frailty Assessment Unit in July with conversion of a bedded bay into an assessment area with trollies and seats. The staffing model for the FAU is the same as ward 28 with a RN required day and night and a HCA in the day. Changes to the ward template are required to reflect the staff now working in the assessment area rather than ward and a recommendation for the uplift from Band 5 to band 6 to reflect the responsibility in co-ordinating the care in the FAU.

Ward 6/CCU is staffed for 23 beds, 10 of which are level 2 care. It was noted in the professional judgement conversations that capacity is not utilised fully which does allow some flex in staffing to support the emergency department. No recommendations have been made for changes in the staffing template at this time, however it is requested an operational review of level 2 beds requirements is undertaken for 2025/26.

Ward 11 SNCT audit recommendation was above the budget for this area. Professional judgment discussion recognised the challenges with recruitment and vacancies, and it was felt once recruited this will should improve how the ward feels. Recruitment of registered nurses has improved, but HCA vacancies and the number of unfilled temporary staffing requests is creating some challenge for the ward. It was noted that falls had been impacted by staffing gaps as the HCA's are splitting themselves across bays. No recommendations have been made to change the template at this time, however the senior divisional nurse noted the priority is to support recruitment to HCA and vacant band 6 post as this will make a difference to how the ward feels.

Ward 24 shows a consistent acuity below budget across 2024. The ward is budgeted for 6 level 2 beds and support patients requiring enhanced respiratory support. It is felt from a nursing perspective no changes to registered nurse staffing levels are required as the ward should operate with a higher level of registered staff. Professional judgement discussions would support changes to template in the reduction of health care assistants, so it is recommended a reduction is made of 1 HCA day and night.

No changes were recommended for ward 26 at this establishment review. The skill mix for the ward was below national recommendations, and QIA is required as the registered to non-registered staff fell below 65/35. The ward has seen a change in specialities with 6 beds now general medicine, 16 beds renal and 15 beds endocrine. Due to the number of medical teams and rotation of consultants the priority is to ensure Band 6 shifts are covered to provide senior presence.

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, attempts have been made to the budget to be stratified by area to allow for comparison with SNCT. It was noted the budgeted templates have not been reflected correctly on the roster. AMU was noted to be budgeted for 4 HCA but only 3 were on the roster template. The budget for AMU is above the SNCT recommendations for 3 census periods. Professional judgment conversations noted the Band 6 co-ordinator based in AMU oversaw flow in beds across the acute floor as a whole, taking this into consideration and AMU has been able to move a HCA support AMA the recommendation is to redeploy 1 HCA day and night to AMA. As the Band 6 is responsible for flow across the acute floor taking calls from the site manager it was felt this impacts senior oversight of patients on AMU. A skill mix change of an RN to B6 during the day would provide support for the nursing team when the co-ordinator is elsewhere supporting flow.

A recent test of change process has seen changes in AMA in that one bay has converted to trolleys. The SNCT was completed on AMA on the enhanced care bays and 2 further bedded bays. The department also has further seated area and alongside the trolley bays were not included in the SNCT audit. As previously noted in SAU and AMU PRH, AMA RSH will undergo the same process for the assessment of activity across the day and will be considered against the staffing model. The activity through the assessment areas has increased and with delays to patient admissions noted with patient being held in the assessment areas for significant amounts of time. Staff have reported a high acuity are directly admitted to the area. Some further work to understand the acuity is required, although this cannot be completed using the SNCT some analysis of care required will be undertaken. Professional judgement conversations highlighted the challenges of the current staffing model for the bedded area. A HCA has been moved regularly from AMU to AMA due to flow through this area. It is recommended that a proposed reduction in HCA on the AMU template is reflected as an increase on AMA. This would formalise what is happening informally in practice aligning budgets and roster templates.

Ward 22 short stay has consistently had an SNCT recorded below the budget. Professional judgement conversations highlighted that despite staff support operating a discharge area for the acute floor in the day there was still capacity to make an amendment to budgets. The discharge area was not included in the SNCT recommended staffing FTE. The recommendation for ward 22 was to reduce the HCA staffing by 1 during the day.

2.2.5 Women and Children (Ward 14 Gynae and Ward19 Paediatrics Establishment Review September/October 2024

Chart 4 – Ward 14 Average acuity by census period.
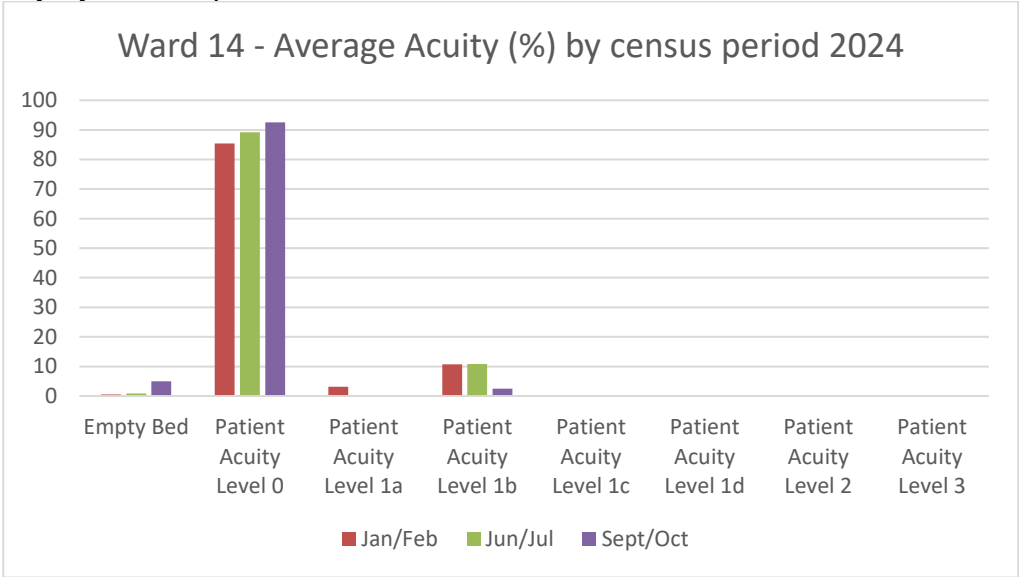
Table 6 – ward 14 acuity by census period

Ward 14	Empty Bed	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
Jan/Feb	0.51	85.42	3.13	10.68	0.26	0	0	0
Jun/Jul	0.83	89.17	0	10.83	0	0	0	0
Sept/Oct	5	92.5	0	2.5	0	0	0	0

Ward 14 has a small bed base, and it is recognised by the Shelford group who developed the audit tool smaller wards do may not be able to match the SNCT recommendations. Indeed, the audits undertaken all recommended a registered nurse level below the national requirements of minimum of two register nurses per shift and thus templates need to reflect these standards and will be above recommendations. The budgeted WTE has been reviewed and it is recommended ward 14 reduced the daytime healthcare assistant cover from two long days to one long day and an early shift. The ward does have some orthopaedic outliers and does take patients regularly into the treatment room, however changes in case mix and additional patients can be absorbed with the current template. It is noted that although the co-ordinator is in ward 14 budget the senior nurse is also responsible for GATU and will flexibly work across the departments. The recommendation from the SNCT is to remove 1 band 6.

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.

Paediatrics

Chart 5 – Ward 19 -   Average acuity by census period.

Ward 19 - average acuity %) by census period 2024
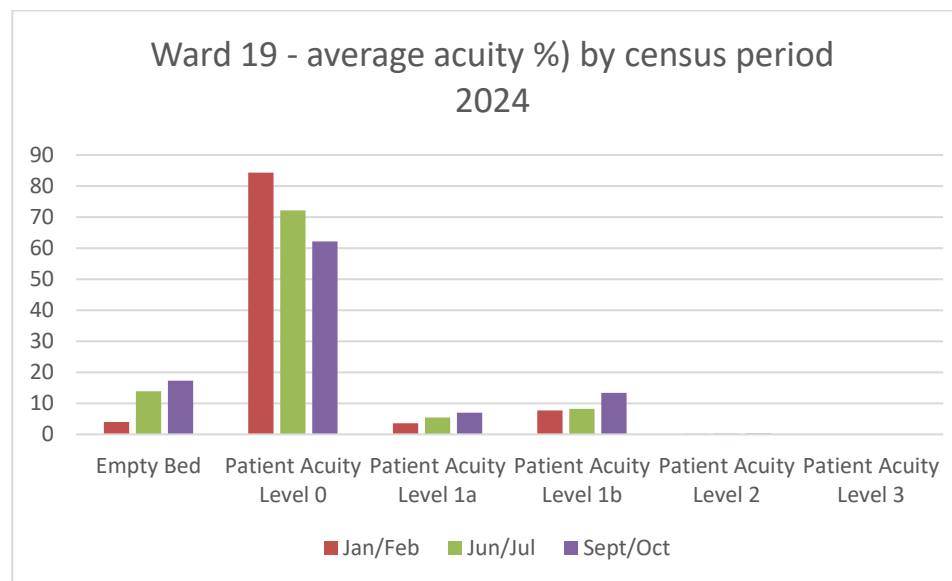
Table 7 – Ward 19 acuity by census period

Ward 19	Empty Bed (%)	Patient Acuity Level 0 (%)	Patient Acuity Level 1a (%)	Patient Acuity Level 1b (%)	Patient Acuity Level 2 (%)	Patient Acuity Level 3 (%)
Jan/Feb	3.98	84.3	3.6	7.7	0.2	0.1
Jun/Jul	13.93	72.12	5.45	8.18	0.3	0
Sept/Oct	17.27	62.12	6.97	13.33	0.3	0

The department has been working on a reduced bed base with closed beds throughout 2024 due to vacancies and recruitment challenges significantly below template. A robust workforce plan has seen significant improvement in substantive employment of children registered nurses and further opportunities to align staffing to variations in activity across the season periods have been considered in the development of a summer and winder template. In winter months the department see an increase in admissions and is required to open beds that have been closed across the summer months. Analysis of demand across the last 4 years has seen the development of seasonal template which would also support the increase of staff in winter in the children's assessment area without increasing staffing costs and potentially offering some savings.

It is noted SNCT audits completed in 2024 identify higher levels of empty beds outside winter period. With closure of beds outside the peak periods the SNCT recommendations would likely vary in future audits and with closure of beds the recommended staffing will be considered intime with proposed template variations. Stratification of the paediatric budget prior to this establishment review has allowed for a direct comparison of recommended WTE with current staffing template.

Definition of staffing levels for children and young person's services is clearly articulated in Royal College of Nursing Guidance and provides an indicative baseline day and night for nurse-to-patient ratios as follows:

- Level 3 critical care = 1:1
- Level 2 critical care = 1:2
- Level 1 critical care = 1:3
- Ward care = 1:4 if the children are over 2 years old
- Ward care = 1:3 if the child is under 2 years old.

In addition, RCN guidance recommends an uplift of 25%. National Quality Board Guidance (NQB) further recommends uplifts may require adjustment as paediatric wards tend to attract a younger workforce and have a higher level of parenting leave. The average percentage leave required should be reflected in uplift and workforce plans. Guidance also advocates for establishments setting to include time for interhospital transfers of paediatric patients, support outreach of registered children's nurses into areas, such as emergency departments, and consider the impact nursing children and adolescents in a ward area with mental health has on staffing. (Royal College Nursing, 2013; National Quality Board, 2018)

Recommendations of the establishment review are to support the proposal of seasonal template which reduces WTE by 6.8, .

2.2.6 Emergency Department Establishment Review September/October 2024

 Chart 6 -   ED Average acuity by census period.

SNCT acuity (%) Emergency Departments 2024
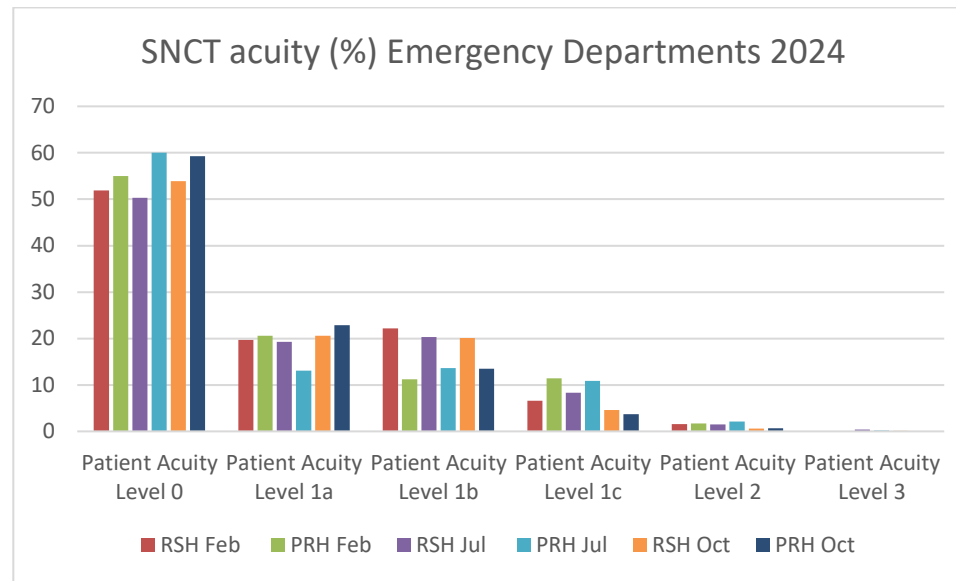
Table 8 – ED acuity by census period

	Patient Acuity Level 0	Patient Acuity Level 1a	Patient Acuity Level 1b	Patient Acuity Level 1c	Patient Acuity Level 2	Patient Acuity Level 3
RSH Feb	51.9	19.7	22.2	6.6	1.6	0
RSH Jul	50.3	19.3	20.3	8.3	1.5	0.4
RSH Oct	53.9	20.6	20.1	4.6	0.6	0.1
PRH Feb	55	20.6	11.2	11.4	1.7	0
PRH Jul	60	13.1	13.6	10.9	2.1	0.2
PRH Oct	59.3	22.9	13.5	3.7	0.7	0

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. Conversation with regional Safer Staffing Fellows highlights the same issues with capturing the workload associated with 12 hours plus patients and no current national guidance is currently given as to how this workload is captured/equated.

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 but do not reflect the workload in the department and challenges with delivering care.

Layering on the additional work of patients waiting in the emergency department for admission it is recognised that 30-40 patients waiting for admission are held in the emergency departments. The departments can often site at 200% occupancy which disables the ED from working effectively.

During a previous census period the acuity of the additional patients was analysed, and it was noted the patients required a higher level of nursing support than the patients having ED care where the majority are stable. The environment is challenging to care for the additional patients and still operate normally. Cohorting of confused and risk of falls patients has been difficult with an increased requirements and request for staff to support patients requiring 1:1. This was not undertaken in the current census on the advice of the National Clinical Lead for Workforce.

Waiting rooms can have high number of patients that need observations. At PRH, a nursing during peak times in the department will work differently and will deploy a nurse from fit to sit to the waiting room to ensure patients have timely observations and care. Additional patients can be managed on corridors and support is sought regularly from wards to provide nurse and HCA to when corridor care is being delivered. The navigator will review patients on ambulances and treatments may be initiated for patients waiting outside the emergency departments with staff from the ambulance receiving areas supporting the care of patients in the ambulances waiting to be admitted. This is an additional pull on the staff member duties taking them outside the ED department for significant periods of time.

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.

No changes to the templates are recommended at this time however it is recognised that the department will need to adapt and work differently.

Specialty/ Ward	Beds as per SNCT audit	SitRep occupancy Rate %	Empty Bed %	0 %	1a %	1b %	1c %	1d %	2 %	3 %	Proposed SNCT FTE (excluding 1c/1d)	Budget (inc Band 7, RN, NA and HCA)	correct or over/under established based on stratified budgets	Ratio (percentage of RN to non RN day and night) - Budget	Recommendations or comments
Emergency Care															
AMU PRH	17	96.96%	0.0%	72..0%	4.9%	23.1%	0.0%	0.0%	0.0%	0.0%	28.54	37.42	7.88	59%	No change
AMU RSH	20	97.26%	6.9%	40.0%	3.7%	48.7%	0.3%	0.2%	0.2%	0.0%	37.57	50.08	11.51	73%	Reduce by 1 HCA Days and Nights, skill mix change 1B5 days change to Band 6.
SAU (W33/W34)	38	96.43%	0.1%	73.2%	11.7%	15.0%	0.1%	0.0%	0.0%	0.0%	61.89	56.73	-7.16	65%	Assessment area priority for divsions. No change for ward
AMA (18 beds only)	18	NA	6.1%	61.0%	10.6%	21.6%	0.4%	0.0%	0.3%	0.0%	38.73	45.18	5.45	NA	1 HCA increase for AMA, funded through move of 1 HCA 24/7 from AMU RSH
A&E RSH				53.9%	20.6%	4.6%	0.6%		0.6%	0.1%	67.2	150.73	82.53	70%	No change
A&E PRH				59.3%	22.9%	13.5%	3.7%		0.7%	0.0%	77.4	145.42	67.02	84%	No chang. Undertake acuity exercise looking at patients >12 hours in Dept January 2025
Medical															
Ward 6 CCU	23	97.90%	0.0%	31.2%	54.6%	10.0%	0.6%	0.0%	3.6%	0.0%	29.97	40.01	9.04	73%	No change now. Under review of required CCU capacity
Ward 7 - Endo/Gen Med (PRH)	28	99.88%	0.3%	15.1%	0.2%	84.3%	0.0%	0.0%	0.0%	0.0%	49.89	40.01	-10.88	54%	Increase by 1 RN & 1 HCA on nights. Minimum increase by 1RN on nights to bring in line with other war
Ward 9 Frail and Complexe	22	98.83%	0.0%	49.0%	0.4%	50.5%	0.1%	0.0%	0.0%	0.0%	32.35	35.57	2.22	56%	Ward template minus 1 B5 RN days and Nights and 1 HCA days, utilise staff to cover FAU
Ward 11 Nephrology (PRH)	29	99.22%	0.1%	38.7%	1.1%	59.3%	0.7%	0.0%	0.0%	0.0%	45.07	42.59	-3.48	56%	No change, recruitment campaign targeted to fill vacancies
Ward 10 Short Stay	28	98.62%	0.0%	66.4%	0.0%	33.6%	0.0%	0.0%	0.0%	0.0%	35.55	42.59	6.04	60%	Reduce by 1 HCA days
Ward 15	25	94.55%	0.0%	15.2%	0.3%	84.4%	0.0%	0.0%	0.1%	0.0%	44.61	47.77	2.16	50%	Reduce 1 Daytime HCA shift and 1 Band 7 (currently budgeted for 2 WM)
Ward 16	17		10.4%	23.1%	0.2%	52.9%	0.2%	0.0%	13.1%	0.0%	28.87	31.57	1.70	60%	
Ward 17 Respiratory	28	94.82%	3.6%	50.0%	6.4%	37.9%	0.0%	0.0%	2.1%	0.0%	39.33	50.35	10.02	58%	Reduce by 1 HCA days and Nights
Medical Escaltion	17	Not available	0.3%	48.6%	2.7%	46.6%	1.8%	0.0%	0.0%	0.0%	24.49	42.96	17.47	62%	Escaltion are, budget initially set for 25 beds, currently 17 beds. SNCT calculations based on 17
Ward 22 Short Stay	26	99.63%	2.1%	64.0%	7.1%	26.2%	0.6%	0.0%	0.0%	0.0%	32.9	40	6.10	57%	Reduced by 1 HCA days
Ward 24 Respiratory	31	95.73%	4.2%	42.6%	7.0%	33.9%	0.0%	0.0%	12.3%	0.0%	47.38	63.29	14.91	58%	Template change by 1 HCA days and nights
Ward 27 Gen Med	39	98.68%	0.2%	43.9%	1.6%	50.5%	3.8%	0.0%	0.0%	0.0%	57.5	55.53	-2.97	57%	No change , Division feel 1 HCA 24/7 increase required, not supported by SNCT, however gaps in shifts for HCA due to recruitment issues, action as per ward 11 targeted campaign to recruit to ward
Ward 28 Medicine & Frailty (RSH)	32	98.29%	1.4%	26.2%	0.9%	69.9%	1.7%	0.0%	0.1%	0.0%	52.86	53.68	-0.18	58%	Ward template minus 1 B5 RN days and Nights and 1 HCA days used to staff FAU
Ward 26 Endo / Medicine	37	98.78%	0.0%	50.7%	1.7%	46.0%	1.5%	0.0%	0.0%	0.0%	53.03	54.63	0.60	57%	No change
Ward 35 Renal	16	91.73%	10.5%	52.7%	8.6%	27.9%	0.0%	0.0%	0.2%	0.0%	20.6	37.42	15.82	50%	Reduce by 1 NA day and 1 HCA nights
Surgery															
Ward 25G Colorectal & Gastroenterology (RSH)	38	97.96%	0.1%	38.4%	11.5%	50.0%	0.0%	0.0%	0.0%	0.0%	56.88	58.11	0.23	55%	No change
Ward 37 Surgery	32	98.19%	0.5%	44.3%	5.0%	46.2%	4.0%	0.0%	0.0%	0.0%	46.22	60.7	13.48	57%	Reduce by 1 RN days and Night
Ward 8 H&N	14	91.07%	4.8%	30.2%	8.3%	53.0%	3.0%	0.0%	0.7%	0.0%	20.81	24.3	2.49	68%	No change
Muscoloskeletal															
Ward 4 Trauma and Orthopaedic	26	91.94%	0.4%	11.9%	0.1%	84.8%	2.3%	0.0%	0.5%	0.0%	44.8	40.01	-5.79	54%	RN increase on nights (budget covered by ward 5 relocation from ward 36 and reduce staffing requirement)
Ward 32 Acute Orthopaedic Trauma Unit	24	95.37%	1.5%	6.9%	21.2%	68.4%	1.5%	0.0%	0.4%	0.0%	40.78	42.6	0.82	56%	No change
Oncology															
Ward 23OC Oncology & Haematology	30	89.03%	5.8%	38.4%	1.9%	53.4%	0.0%	0.0%	0.4%	0.0%	45.27	45.19	-1.08	63%	No budget changes, template for 30 beds
Womens & Childrens															
Ward 14 Gynaecology	12	85.36%	5.0%	92.2%	0.0%	2.8%	0.0%	0.0%	0.0%	0.0%	12.36	20.52	7.16	64%	reduce 1.0 band 6
Ward 19	33	68.37%	17.4%	62.1%	6.9%	13.3%	NA	NA	0.3%	0.0%	67	70.25	1.25	74%	Seasonal template (adjustments in bank and substantive) reduces establishment by 6.8WTE
Total													254.36		

Appendix 2: Developing Workforce Safeguards Gap Analysis and Action Plan

The Shrewsbury and Telford Hospital NHS Trust

Developing Workforce Safeguards Gap analysis action plan	
Executive Sponsors	Paula Gardiner - Director of Nursing
Responsible Officers	Stephanie Young - Lead Nurse for workforce
Corporate Nursing Review	30.06.2022
Report signed by (Executive Lead)	Paula Gardiner - Director of Nursing

Developing Workforce Safeguards Action Plan

ID	Recommendation	Site	Compliance	Actions required	Deadline	Status	Lead	20.12.2024
	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	
				Explore options to add SNCT record of competency and training to LMS	31.12.2023	Delivered	Stephanie Young, Lead Nurse for Workforce	
				Develop guidance on best practice for deployment of staff	31/10/2024	In progress	Stephanie Young, Lead Nurse for Workforce	Escalation process presented to Nursing, Midwifery, AHP and Facilities Steering Group in Dec 2024. To be added to Safe Staffing Policy for pulication on intranet.
				Safer staffing policy to be updated with plans for non ward areas establishment reviews	31/03/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	
				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	Escalation process presented to Nursing, Midwifery, AHP and Facilities Steering Group in Dec 2024. To be added to Safe Staffing Policy for pulication on intranet.
				Review of SOP for SCNT process and ratification at Workforce Steering Group	31/12/2022	Delivered	Stephanie Young, Lead Nurse for Workforce	
				Updates to SOP for SCNT process	31/03/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	
				Explore possibility of Training and competence assessment records being added to LMS	31/03/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	
				New Action- LMS proposal required at next Education Meeting	31/05/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	
				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, vacacnies, recruitment and retention, education, rosters and KPI's.	30.09.2023	Delivered	Kara Blackwell	
				AHP teams to attend monthly operational meetings to discuss vacacnies, recruitment, retention, education, rosters and KPI's	31.03.2024	Delivered	Kara Blackwell	
				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	
				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	
	Recommendations 3, 4 & 5			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	

ID	Recommendation	Site	Compliance	Actions required	Deadline	Status	Lead	20.12.2024
	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**	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	
	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	
				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	
				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	
				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	
				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	
				Develop roster policy including key KPI's	31/12/2022	Delivered	Steve Minyeko, People Systems Manager	
				Review process for submission of model hospital data	31/05/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	
				Develop SOP for process of checking and submitting monthly data for safe staffing.	30/08/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	

ID	Recommendation	Site	Compliance	Actions required	Deadline	Status	Lead	20.12.2024
				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	
				Corporate review of CNS job plans	31/03/2025	Not yet started	Stephanie Young, Lead Nurse for Workforce	
				Implementation of SCNT in ED and Paediatrics	31/01/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	
				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.
	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	Triangulation and CHPPD in monthly staffing report that goes to the monthly Nursing and AHP meeting, where a AAA report feeds into the Quality Safety Assurance Committee that then feeds to the board.	30/11/2021	Delivered	Tracie Black, Lead Nurse for Workforce	
				Review process for submission of model hospital data	31/05/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	
				Develop SOP that identifies process for checking and reporting monthly data on safe staffing	30/08/2023	Delivered	Stephanie Young, Lead Nurse for Workforce	
				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	
	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	
				Biannual staffing to continue.	31/01/2022	Delivered and ongoing monitoring	Hayley Flavell, Director of Nursing	
				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	

ID	Recommendation	Site	Compliance	Actions required	Deadline	Status	Lead	20.12.2024
	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	Process in place for QIA for new roles and establishment changes. Corporate Nursing Admin Team manager holds record of QIA submitted. QIA will be reviewed alson establishmnet reviews. Policy requires updating and is 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	
				Safecare Turn on (including use fo red flags) and SOP to support completion	31/07/2024	In progress	Stephanie Young, Lead Nurse for Workforce	Safecare use improved, redflag still not utilising fully. Further training support in place for WM/Matrons. Unable to meet deadline due to LT absence of staff, now back on plan.
				Embed use of Safecare in Daily Staffing Meeting to support decision making	31/12/2024	In progress	Stephanie Young, Lead Nurse for Workforce	Plans discussed at Safecare steering group. Training arranged in Dec and Jan with Deputies and Div DONs
				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	
				Agree new catergories for reportingof red flagswith specialist areas	30/08/2024	In progress	Stephanie Young, Lead Nurse for Workforce	Safecare use improved, redflag still not utilising fully. Further training support in place for WM/Matrons. Unable to meet deadline due to LT absece of staff, now back on plan.
				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	
				Agree new catergories for reportingof red flagswith specialist areas	30/08/2024	In progress	Stephanie Young, Lead Nurse for Workforce	Safecare use improved, redflag still not utilising fully. Further training support in place for WM/Matrons. Unable to meet deadline due to LT absece of staff, now back on plan.
				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	Escaltion process presented to Nursing, Midwifery, AHP and Facilities Steering Group in Dec 2024. To be added to Safe Staffing Policy for pulication on intranet.