

Board of Directors' Meeting 16 January 2025

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|--|---|----------------------------|--------------------------------|
| Agenda item | 018/25 | | |
| Report Title | Bi-annual Nurse Staffing Review | | |
| Executive Lead | Paula Gardner, Interim Chief Nursing Officer | | |
| Report Author | Kara Blackwell, Deputy Chief Nurse Steph Young, Lead Nurse Workforce | | |
| CQC Domain: | Link to Strategic Goal: | | Link to BAF / risk: |
| Safe | √ | Our patients and community | √ |
| Effective | √ | Our people | √ |
| Caring | √ | Our service delivery | √ |
| Responsive | √ | Our governance | √ |
| Well Led | √ | Our partners | |
| | | | BAF 1 |
| | | | Trust Risk Register id: |
| | | | Risk 888 |
| Consultation Communication | Nursing, Midwifery and AHP Workforce Group Quality and Safety Assurance Committee | | |
| Executive summary: | <p>All NHS Trusts are required to undertake a formal nursing and midwifery inpatient establishment review, bi-annually, using evidence-based tools, professional judgement, and clinical outcomes. To be compliant with the 2018 developing workforce safeguards, there is a requirement for the reviews to be undertaken in collaboration with finance and HR workforce representatives and signed off by the Chief Nurse. This report provides the Board with the outcome of the review and a summary of the nurse staffing position from an assurance and risk perspective.</p> <p>Key points include:</p> <ul style="list-style-type: none"> • CHPPD reported via Model Hospital for the Trust are in Quartile 2 and in line with peer and provider median • Fill rates overall remain consistently above 90% • Registered Nurse to Patient ratios are well below recommended minimum of 1:8 • Recommendations for establishment changes are outlined | | |
| Recommendations for the Board: | <p>The Board is asked to:</p> <p>Approve the recommendations outlined in the establishment review and note the actions being taken at individual ward and service level.</p> | | |
| Appendices (in Supplementary Information Pack): | <p>Appendix 1: Bi-annual Staffing Review September/October 2024 Appendix 2: Workforce Safeguards Gap Analysis action plan</p> | | |

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 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) 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 September/October 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.

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.

Comparison of January/February 2024 with September/October 2024 shows that average ratio for daytime have slightly increased across all three divisions with all inpatient wards working below the NICE (2021) recommendations of no more than 1RN to 8 patients.

Table 1: Average RN: Patient Ratio

| Division | Jan/Feb 2024 Registrant: Patient Ratio (Daytime Average) | Jan/Feb 2024 Registrant: Patient Ratio (Overall Average) | Sept/Oct 2024 Registrant: Patient Ratio (Daytime Average) | Sept/Oct 2024 Registrant: Patient Ratio (Overall Average) |
|--------------------------------|--|--|---|---|
| Medicine & Emergency Care | 1:5.1 | 1:5.7 | 1:5.5 | 1:5.8 |
| Surgery, Anaesthetics & Cancer | 1:4.8 | 1:5.6 | 1:5.1 | 1:5.7 |
| W&C (ward 14) | 1:4 | 1:4.2 | 1:4.5 | 1:5.2 |

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, undertaken by staff trained in the use of the tool.
- The SNCT is repeated twice per year to ensure validity. To note, for this year (January to December 2024) we undertook the tool on 3 occasions, January/February, June and September/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 undertaking 3 censuses provided a better baseline for decision making around establishments considering seasonal variation as well.
- A multi-professional meeting with the ward manager/unit manager, matron, Divisional Director of Nursing, Corporate Lead Nurse for Workforce and Deputy Chief Nurse 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.

At SaTH, all wards have a supervisory ward manager (implemented as part of the last full establishment review in 2022). The headroom uplift is 24%; 20.5% is allocated in ward/department budgets and recruited against and 3.5% held centrally for maternity leave.

External validation and assurances of our Trust process and methodology for undertaking the SNCT establishment review was provided by the Clinical Workforce Lead in the Safer Staffing Faculty within the Nursing Directorate at NHS England as part of the February 2024 review.

2.3 Nursing Establishment Review September/October 2024

2.3.1 Safer Nursing Care Tool Data Results

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.

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. For 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. 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 September/October 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 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 September/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 2024 | 2.72 | 43.6 | 6.52 | 45.83 | 0.87 | 0.82 | 1.31 | 0 |
| Jun/Jul 2024 | 1.93 | 43.65 | 5.96 | 44.97 | 1.4 | 1.18 | 1.61 | 0 |
| Jan/Feb 2024 | 1.69 | 43.95 | 8.44 | 44.62 | 0.56 | 0.04 | 1.69 | 0.00 |

2.3.3 Paediatrics

Ward 19 acuity by census period is shown below:

| 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 2024 | 3.98 | 84.3 | 3.6 | 7.7 | 0.2 | 0.1 |
| Jun/Jul 2024 | 13.93 | 72.12 | 5.45 | 8.18 | 0.3 | 0 |
| Sept/Oct 2024 | 17.27 | 62.12 | 6.97 | 13.33 | 0.3 | 0 |

The ward 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 registered children nurses and further opportunities to align staffing to variations in activity across the season periods. Analysis of demand across the last 4 years has led to the development of a seasonal template which would also support the increase of staff in winter in the children's assessment area without increasing staffing costs and offering some savings. Recommendations of the establishment review are to support the proposal of seasonal template which reduces staffing by 6.8 WTE.

2.3.4 Emergency Department Establishment Review September/October 2024

The current SNCT tool for the emergency departments 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 |
|---------------------|------------------------|-------------------------|-------------------------|-------------------------|------------------------|------------------------|
| RSH Feb 2024 | 51.9 | 19.7 | 22.2 | 6.6 | 1.6 | 0 |
| RSH Jul 2024 | 50.3 | 19.3 | 20.3 | 8.3 | 1.5 | 0.4 |
| RSH Oct 2024 | 53.9 | 20.6 | 20.1 | 4.6 | 0.6 | 0.1 |
| PRH Feb 2024 | 55 | 20.6 | 11.2 | 11.4 | 1.7 | 0 |
| PRH Jul 2024 | 60 | 13.1 | 13.6 | 10.9 | 2.1 | 0.2 |
| PRH Oct 2024 | 59.3 | 22.9 | 13.5 | 3.7 | 0.7 | 0 |

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. 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.

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 sit at 200% occupancy which disables the ED from working effectively.

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

2.3.5 Nurse Sensitive Indicators

Quality data and nurse sensitive indicators are reviewed and triangulated at the establishment review meetings. 12 months of data was considered looking for trend and also triangulation of data during census completion to review impacts/harm due to reduced staffing levels .

Of the wards which reported falls with harm, ward 4 identified reduced staffing levels on shift. Ward 37 reported falls were occurring with patients in bathrooms in siderooms so visibility had played an impact but had not highlighted this was due to reduced staffing levels. None of the wards or Matrons highlighted that pressure ulcers that developed during the census period was impacted by staffing levels. Any patient safety incident investigations will review staffing to understand whether this may have been a route cause. No patient safety investigations were initiated during October. All staffing data were reported as no or low harm.

2.3.6 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 October 2024 ranged between 88-98%. There was no correlation with staffing levels when areas of lower compliance were cross referenced against staffing levels

- **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 Ward 19 – 43%, Ward 15/16 – 80.5%, Ward 37, Ward 24, Ward 27 – 83%, Ward 32AOTU - 86% and Ward 10 – 89%. 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. No correlation with staffing was identified.

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 and presently are captured through Datix. The relaunch of safecare will support the escalation of redflags and mitigation and actions taken to resolve staffing issues.

2.3.7 Datix reported for staffing issues/missed breaks/leaving late.

In October 2024, there were 48 Datix submitted for staffing for areas under review. Of these, 42 reported a lack of suitable staff (nursing & midwifery), 2 related to a missed breaks/leaving late, and 4 related to temporary staffing availability.

Incidents were reported as no or low harm events only. Themes includes delays in care, cancelled procedure, staff moved to support emergency departments, gaps in staffing in emergency departments and in particular missing skills, availability of porter lead to increase workload for renal ward due to undertaking a number of patient internal department transfers.

Triangulation of staffing and incidents is undertaken by Matrons and monthly metrics reports will feed into the metrics meetings where any issues should be noted.

2.4 Comparison with Peers

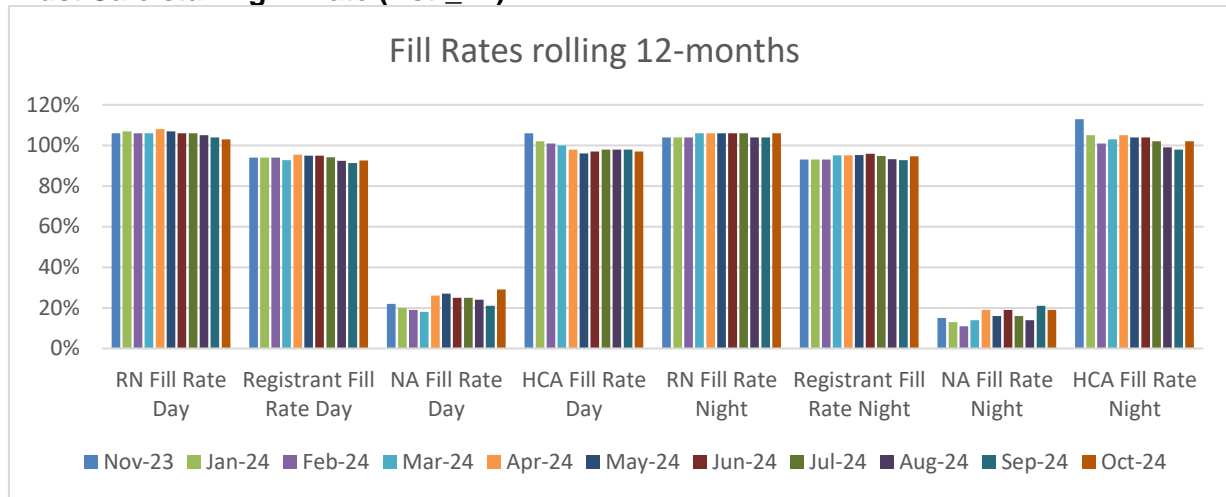
2.4.1 Fill rates

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 12 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 scoring above 90%, with an average of 94% for days and nights. These fill rates have been maintained despite the switch off of “higher tier” agencies and bank enhancements. RN fill rates are > 100% due to band 5 RNs having been recruited to cover maternity leave and vacant NA posts whilst we continue our “grow our own” SNA programme over the next 2 years.

HCA fill rates have dropped since agency was switched off in April 2024. However, these fill rates also include the 1:1 Enhanced Care (ECS) shifts, so further work is required to separate out ECS cover from ward templates to provide clarity on fill rates excluding ECS request which are added into templates as additional staffing.

Trust Safe staffing fill rate (Nstf_Fil)

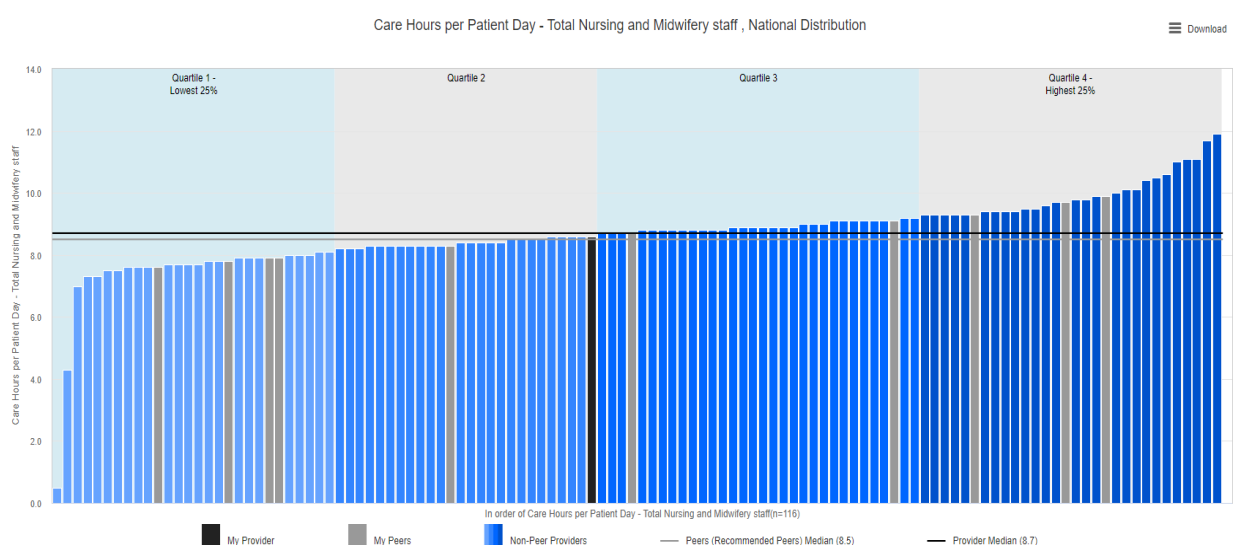


Despite day and night fill rates RAG rated as green overall for registrants, it is important to note there are individual wards where fill rates on daytime and night-time fall below the 75% of planned. Where this occurs, there is a review of staffing and mitigations put in place by the matron or escalation where no mitigations can be found and monitoring of quality metrics to ensure there is no harm occurring from significantly reduced staffing levels. 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. The Quality matron on duty at the weekends has the overview of staffing and takes responsibility for safe staffing and mitigating actions.

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

Care Hours Per Patient Day for Total Nursing, Midwifery and AHP staff (CHPPD) reported for August 2024 is reported as 8.6 in Quartile 2. When benchmarked against other peer Trusts and nationally, Shrewsbury and Telford Hospital NHS Trust (SaTH) is in line with the peer median of 8.5 and provider median of 8.7.

Over the last six months there has been amendments to roster templates as it was noted the assessment areas staffing had not been stratified for the bed-based and had includes staff providing care for patients in trolley and ambulatory areas. This has impacted in higher CHPPD data being reported for assessment areas which had affected the overall reported score.



[Source Model Hospital August 2024, accessed 26th Nov 24]

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.

2.5 Levels of Attainment- E-Rostering

Staffing e-roster improvement work commenced last financial year and there is a planned quarterly “Confirm, Challenge and Coach” e-roster meeting led by the Lead Nurse for Workforce and attended by the ward managers and matrons, divisional leads nurses, finance, HR business partners and the e-roster teams.

These 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. These have included:

- Ensuring that ward manager oversees annual leave planning for area of responsibility
- Monitoring of roster approval timeframes.
- Identifying training needs for managers, matrons and senior divisional nurses - this role out of training is being supported by the e-roster team.
- Management of rosters according to KPI’s
- Improvements in roster management including rule breakages and ‘good housekeeping’.

A suite of revised e-roster KPIs and roster scorecard has been developed to capture and monitor all aspects of staffing productivity and improved roster management as per the Carter Report recommendations (2014). This scorecard went live in July 2024.

3.0 Recommendations and Key Actions from the September/October 2024 Staffing Establishment Review

- The recommended changes in relation to ward establishments are summarised as:

| Division | Ward | SNCT Meeting Recommendation | Change to Budget |
|-----------------|------------|---|------------------------------|
| Medicine | | | |
| | Ward 22SS | Reduce 1 HCSW on Long Day | -2.66 Band 2 |
| | Ward 10 | Reduce 1 HCSW on Long Day | -2.66 Band 2 |
| | Ward 35 | Reduce 1 HCSW Nights and Band 4 NA Days | -2.66 Band 4 -2.66 Band 2 |
| | Ward 24 | Reduce 1 HCSW 24/7 | -5.32 Band 2 |
| | Ward 17 | Reduce 1 HCSW 24/7 | -5.32 Band 2 |
| | Ward 15/16 | Remove vacant 2 nd Band 7 post Reduce 1 HCSW Long Days on ward 16 | -1.0 Band 7 -2.66 Band 2 |
| | Ward 7 | Increase 1 RN on Nights | +2.66 Band 5 |
| | AMU RSH | Reduce 1 HCSW 24/7 | -5.32 Band 2 |
| | AMA RSH | Increase 1 HCSW 24/7 (move HCSW from AMU) | +5.32 Band 2 |
| | Ward 27 | Increase 1 HCSW on Nights | +2.66 Band 2 |

| | | | |
|----------------------------|---------|--|--|
| | Ward 28 | Skill mix change band 5 to band 6 to co-ordinate Frailty Unit Long Day | 2.66 uplift of band 5 to band 6 |
| | Ward 9 | Skill mix change band 5 to band 6 to co-ordinate Frailty Unit Long Day | 2.66 uplift of band 5 to band 6 |
| | AMU RSH | Skill mix change band 5 to band 6 as coordinator for ward undertakes co-ordination beds across acute floor leaving band 5's co-ordinating Long Day | 2.66 uplift of band 5 to band 6 |
| | | | Total Variance -19.62 |
| Surgery | | | |
| | Ward 37 | Remove RN 24/7 | -5.32 Band 5 |
| | Ward 5 | Implement new Elective Orthopaedic Template | -2.6 Band 4 -2.6 Band 2 -0.90 Band 5 |
| | Ward 4 | Increase RNs to co-ordinate Acute Trauma Assessment | +1.86 Band 6 +0.75 Band 5 |
| | | | Total Variance -8.81 |
| W & C | | | |
| | Ward 14 | Remove additional band 6 in budget | -1.1 Band 6 |
| | Ward 19 | Implement Summer/Winter Establishment Plan | -6.8 Band 5 |
| | | | Total Variance -8.12 |
| Total Head Count Reduction | | | Total = 36.55 |
| Financial Impact | | | £1, 340,040 |

- The outputs of this establishment review should be included in the operational planning cycle for 2025/26.
- Consolidate the roll out and embed the use of Safecare across the Trust
- Continue the recruitment and retention work to sustain reduced vacancies across the Trust.
- Eliminate agency nurse usage across all clinical areas in Trust
- Deliver the e-roster improvement plan.
- Approve and implement the Paediatric establishment based on seasonal variation.
- Undertake an exercise in EDs, Assessment areas (SAU, SDEC, CAU) to map staffing against daily activity, acuity and peaks in service demand.
- Undertake QIA for all ward/clinical areas which do not have a 65:35 RN:HCA
- Continue work to providing assurances in relation to Developing Workforce Safeguards through delivery of the action plan to address the remaining gaps (Appendix 2)

The Board are asked to approve the recommendations outlined in the establishment review and note the actions being taken at individual ward and service level.

4.0 Conclusion

The interim Chief Nurse continues 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 and reduce costs.

This establishment review has provided assurance in relation to the system and process in place for the establishment review, as well as our establishments, fill rates and CHPPD. Key actions have been identified.