Cover sheet for a report to the Trust Board of Directors dated Thursday, 28 November 2019

**Title:** Ward Staffing nursing establishment review August 2019 – October 2019

**Category**  
Quality, Performance, and Finance

**Agenda item**  
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**Sponsor**  
Director of Nursing and Organisational Development

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**Provenance**  

The report was presented and recommendations agreed at TEC on November 13th 2019.

**Classification**  
This Report is unclassified.

**Purpose**  
The paper is presented for DISCUSSION.

The report details the methodology, findings, risk assessment and recommendations arising from the ward staffing review undertaken from August 2019 – October 2019.

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

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

- To note findings of this annual ward establishment review and the Trust position in relation to adherence to the monitored metrics on nurse staffing levels, specifically:
  - UHS nursing establishments are set to achieve an average 1:3 to 1:8 registered nurse to patient ratio in most areas during the day with the majority (39) set between 1:4 to 1:7. Exceptions are where there is a planned model of trained band 4 staff and is particularly evident in Medicine and Medicine for older people.
  - The majority of wards (28) are staffed at between 50:50 and 70:30 registered/unregistered AWL ratio or above. Those wards with lower ratios (16 wards) are linked to the systematic and evaluated implementation of trained band 4 staff where appropriate.
  - Planned total Care Hours Per Patient Day (CHPPD) range from 5.0 – 13.5 and average at 7.1.

- To note the ongoing progress in UHS compliance with the guidance from the National Quality Board on safe, sustainable and productive staffing.
- To note the ongoing progress in UHS compliance with the NICE guideline.
on safe staffing for nursing in adult inpatient wards.
- To note and acknowledge the ongoing risks and challenges of matching actual staffing to established staffing levels due to the current vacancy position.
- To continue the Trust wide commitment and momentum on actions to fill vacancies and further reduce the reliance on high cost agency against the backdrop of agency controls from NHS Improvement.
- To discuss the report at TEC and Trust Board as an ongoing requirement of the National Quality Board and developing workforce safeguards guidance around safe staffing assurance.

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<th>Assurance framework links</th>
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| Other standards affected | Recommendations in this report link to the statutory responsibilities arising from the National Quality Board (2016) expectations on ensuring safe, sustainable and productive staffing and the NHS Improvement Developing Workforce Safeguards guidance (2018) assessed as part of CQC well led domain. |
1.0 **Introduction or Background**

1.1 The purpose of this paper is to report on the outcomes of the review of ward staffing nursing establishments undertaken from August 2019 – October 2019. This 6 monthly review forms part of the Trust approach to the systematic review of staffing resources to ensure safe staffing levels effectively meet patient care needs.

1.2 This paper focuses specifically on a review of nursing levels for in-patient ward areas. Separate corporate reviews have been undertaken in intensive care, high care areas, emergency admission areas, outpatients and theatres. Some of these other areas are also subject to separate emergent guidance either from NICE or NHS Improvement in relation to safe staffing levels and any specific recommendations will be highlighted separately through Divisional budget setting.

1.3 The report also includes an update on the NICE clinical guideline 1 – Safe Staffing for nursing in adult inpatient wards in acute hospitals, issued in July 2014 and details progress with the action plan for adopting this guideline within UHS (see Appendix 3).

1.4 This report fulfils expectation 1 and 2 of the National Quality Board requirements for Trusts in relation to safe nurse staffing (see Appendix 1) and fulfils a number of the requirements outlined in the NHS Improvement ‘Developing Workforce Safeguards’ guidance (October 2018) which sets out to support providers to deliver high quality care through safe and effective staffing. Organisations should be compliant with the recommendations in this report from April 2019 and are subject to review of this as part of the CQC inspection programme.

2.0 **Analysis and Discussion**

2.1 **Ward staffing review methodology**

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

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

2.1.3 The approach utilises the following methodologies:

- Shelford Safer Nursing Care Tool Acuity/Dependency staffing multiplier (A nationally validated tool reviewed in 2013 - previously AUKUH acuity tool). Now incorporated into the ‘safecare’ module of healthroster, rolled out trustwide, assessed 3 times a day on each ward and used as part of the daily staffing assurance meetings
- Care Hours Per Patient Day
- Professional Judgement
- Peer group validation
- Benchmarking and review of national guidance including Model Hospital data
- Review of eRostering data
- Review of ward quality metrics
2.2 National guidance

2.2.1 In 2013 as part of the national response to the Francis enquiry, the National Quality Board published a guide to nursing, midwifery and care staffing capacity and capability (2013) ‘How to ensure the right people, with the right skills, are in the right place at the right time.’ This guidance was refreshed, broadened to all staff and re-issued in July 2016 to include the need to focus on safe, sustainable and productive staffing. The NQB further reviewed this document and issued an updated recommendations brief in July 2017. The expectations outlined in this guide are presented in Appendix 1. These expectations are fulfilled in part by this review and the detailed action plan (Appendix 2) has been updated with progress towards achieving compliance with the 37 recommendations that make up the 3 over-arching expectations.

2.2.2 The latest review of the action plan (October 2019) shows an improvement on the previous year with UHS compliant with 35 recommendations, with the following 2 outstanding areas progressing but requiring further action before being signed off:

Allocated time for the supervision of students and learners: Staffing establishments take account of the need to allow clinical staff the time to undertake mandatory training and continuous professional development, meet revalidation requirements, and fulfil teaching, mentorship and supervision roles, including the support of preregistration and undergraduate students. Timescale for completion extended to March 2020 as the Trust continues to implement the new supervision and assessment model of coaching (Collaborative Learning in Practice CLiP model) to address the changed guidance on student supervision. (See section 2.4.3)

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

2.2.3 In July 2014 NICE published clinical guideline 1: Safe Staffing for nursing in adult inpatient wards in acute hospitals. This guideline is made up of 38 recommendations. A detailed action plan was developed within UHS and is reviewed 4 monthly by the Nursing and Midwifery Staffing review group. The current assessment (October 2019) shows continued progress with full compliance in 36 recommendations, a further improvement on last year. The 2 remaining recommendations are:

- Capture of red flag staffing incidents – Further widespread Trust rollout and embedding of the red flag function on safecare with compliance expected at the January 2020 review.
- Escalation actions taken to address deficits on one ward should not compromise another - Monitored as part of the daily reviews of staffing - but unable to assure with current vacancy and staffing position.

These pose low risk to the Trust and will be achieved with the further embedding of the safecare module of eRostering and by the further focus on improving the baseline substantive staffing levels which will enable the required flexibility of staffing. The ongoing action plan is included at Appendix 3 detailing the recommendations and the UHS compliance position and actions in progress.

2.2.4 In October 2018 NHS Improvement published ‘Developing Workforce Safeguards’ guidance which sets out to support providers to deliver high quality care through safe and effective staffing. It includes many of the actions identified in both the NICE guidance and the National Quality Board recommendations broadened to all staff groups.
2.3 6 monthly Ward Staffing review August – October 2019 – Outcomes

2.3.1 The 6 monthly review was carried out from August 2019 – October 2019 with initial review meetings taking place with each Division (attended by DHN, Matrons, Ward Leaders, Finance representatives, workforce representatives and facilitated by the Deputy Director of Nursing & Education and Workforce). The same triangulated methodology was used as in previous reviews. An update on the latest guidance and reporting requirements in relation to staffing were also included in the divisional review meetings.

2.3.2 The detailed spreadsheet with ward by ward findings is included at Appendix 4. This provides information on the current establishment data broken down by shift and assessing against registered/unregistered ratios; CHPPD; nurse to patient ratios by registered and total nurse staffing considering acuity information from the Safer Nursing Care Tool (SNCT acuity tool – where appropriate). It should be noted that a number of rostering template reviews were instigated as a result of the discussions so some figures will have changed for individual wards since the review.

2.3.3 Nurse to patient ratios by registered and total nursing

- The ward establishments across UHS allow for registered nurse to patient ratios during the day to range from 1:2 (Piam Brown) to 1:11 depending on specialty and overall staffing model. The average level set to achieve 1:3 to 1:8 registered nurse to patient ratio in most areas during the day with the majority (39) set between 1:4 to 1:7. Exceptions are where there is a planned model of trained band 4 staff and is particularly evident in Medicine and Medicine for older people.

- The areas on or above 1:7 are some medicine wards, Medicine for Older People (MOP) wards, F2, the Acute Stroke Unit and Bramshaw. These areas include a higher ratio of band 2 to 4 staff creating a total nurse to patient ratio of 1:3 – 1:4. It should be noted that the ratio of patients to registered nurse can regularly increase when wards are not fully established.

- Planned staffing ratios at night require constant oversight to ensure the model is sufficient to provide the required support for patients out of hours. Following previous reviews there are now fewer areas with ratios higher than 1:11 (RN to patient) at night. The exceptions are MOP, Bramshaw, E3, D6 and D8 where the ratios rise to 1:12 – 1:14. In these areas, however, this is offset by an average total nurse to patient ratio of 1:6 and utilisation of planned band 2 or band 4 models.

2.3.4 Registered to unregistered ratios

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

- 19 wards are now established at between 60:40 and 70:30.

- 25 wards (down from 30 last year) are below the 60:40 ratio where they are utilising band 4 staff as an appropriate contribution to the model of care and where there is a wider multidisciplinary team contributing to care (e.g. MOP, T & O, Acute Stroke). Further work is being undertaken (in line with NQB recommendations) to look at integrated staffing plans and rosters to more accurately capture the contribution and opportunities of developing wider multi-disciplinary teams.

- 8 wards are above the 70:30 ratio reflecting the increased specialism of our regional specialties where the intensity of the patient needs requires a higher ratio of registered staff (Paediatric, Neurosciences, Cardiac and Cancer Care areas).

- The support of band 4 roles continues to be designed in as part of a model of care in a number of areas and this has continued to accelerate in 2019 linked to the further development of apprenticeship opportunities. This has also provided a role in which
to appoint the first cohort of nursing associates who qualified and registered with the NMC from January 2019. In many areas where the acuity and intensity of patients has increased and treatment and medication regimes are complex, further reduction in the overall skill-mix of registered to unregistered staff is not appropriate to maintain safe staffing levels and ensure adequate supervision.

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

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

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

### 2.3.6 **Care Hours Per Patient Day**

- Planned total Care Hours Per Patient Day (CHPPD) range from 5.0 (ASU) – 13.5 (Piam Brown) and average at 7.1. This is the same figure as last year.

- Registered care hours per patient day range from 2.1 (G5, G8) - 13.1 (Piam Brown) and average at 4.4. This is a lower level than last year.

- Unregistered care hours per patient day range from 0 (G2 Neuro) – 5.8 (G7) and average at 2.8. This is slightly higher than last year and offsets the reductions in the registered nurse level.

### 2.3.7 **Allowance for additional headroom requirements and supervisory ward leader model**

- All areas have 23% funding allocated to allow for additional headroom requirements arising from non-direct care time.

- In many areas these levels are being exceeded and a detailed project has been implemented, led by the workforce systems rostering team, to work with the care groups to ensure they are managing their headroom appropriately and to make recommendations around better corporate management of some headroom areas (e.g. parenting).

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

- The headroom allowance within the ward budgets includes funding to enable the Ward Leaders to be supervisory and additional to required staffing numbers. This model was supported financially by Trust Board several years ago. It should be noted that the ongoing position with vacancies has resulted in those Ward Leaders with supervisory status regularly working as part of the baseline numbers. Full benefits of the supervisory model will not be realised until substantive staffing levels improve but the model has continued to support the achievement of patient experience and safety outcomes at ward level, the targeted reduction in temporary staffing usage as well as supporting the high volume of junior staff requiring supervision appointed via recruitment campaigns.
Specific Divisional issues emerging

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

Trust wide risks and issues considered in the review

2.4.1 Increasing patient acuity/dependency

The development of our defining services continues to result in an evidenced increase in the complexity, acuity and dependency of the patients cared for in our general ward beds. Information on the acuity and dependency of our patients, including any enhanced care needs is now available via the ‘Safe Care’ functionality in health roster and is used in real time as part of our daily staffing meetings. The information is also now used at the 6 monthly reviews as part of the professional judgment assessment.

2.4.2 Increasing enhanced care needs

The introduction of ‘safe care’ as part of the eRostering system has allowed a more accurate capture of the acuity and dependency of patients which now includes any additional enhanced care needs (previously known as specialling) in real-time. This enables the Trust to have a better overview of the enhanced care requirements and the Trust wide priorities.

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

This is having an impact on the ability to support the additional enhanced care needs that arise for this group of patients particularly across key specialties (MOP, Medicine, Child Health, Neurosciences and T & O).

The Trustwide service model for enhanced care has now been restructured. Division B have retained the overall review and advice service, supporting clinical areas in their decision making around the need for additional support. Each division has then developed a local pool of staff to deploy to support these needs. Ward leaders reported that this has made a major difference to the management of patients with these enhanced needs and has reduced the reliance on last minute agency to support.

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

2.4.3 Supervising and supporting the junior workforce

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

The robust retention and recruitment strategies across the Trust and the strong vision to ‘grow our own’ nurses for the future means that wards are supporting a range of learners including undergraduate students, trainee nursing associates, nurse degree apprentices Return to Practice students, newly qualified staff undergoing preceptorship and increasing numbers of overseas nurses awaiting registration.

Education teams across the trust are key to supporting the development and learning into the wards and particularly in training and supporting the overseas nurses to full registration.
2.4.4  **Vacancies**

Total reported nursing vacancies (registered and unregistered) across the inpatient areas at the time of the staffing review (August 2019) were running at 405 (12.5%) with registered nurse vacancies at 371 (18.1%) and unregistered at 18 (1.8%), this is a lower level than in the previous annual review. Information about vacancies and the ongoing actions being taken to reduce these is detailed in the monthly staffing reports to TEC and Trust Board. It should, however, be noted that the establishment review and outcomes around planned staffing levels are set against this backdrop of vacancies.

The day to day management of staffing to match actual staff available to the established staffing levels continues to be a challenge for all of the clinical areas and was again highlighted by the ward leaders at the staffing review meetings. This was particularly evident for areas trying to manage additional capacity challenges (e.g. E7 for cardiovascular). A range of safeguarding and escalation actions are in place to continuously maintain and balance staffing to assure minimum safe staffing levels.

A key action corporately and for all Divisions in 2019/20 is to continue to concentrate efforts to fill these vacancies and these efforts are reaping benefits with a gradually reducing vacancy position.

Detailed work continues on the implementation of a range of retention and recruitment initiatives in partnership with the HR resourcing team to increase substantive staffing and reduce the baseline vacancies.

To offset some of the challenges of an elevated vacancy rate for RN, all areas have maintained the increased level of supervisory band 6 roles to ensure there is a more senior presence. This is also having a positive impact on the retention of skilled nurses within the clinical ward areas with increased opportunities for career progression available.

2.4.5  **Review of quality metrics**

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

3.0  **Conclusion**

3.1 Divisional requirements for staffing changes noted within the report to be presented through the budget setting process.

3.2 Continued implementation of the agreed actions to ensure compliance and adoption of the NQB, NICE and NHSi guidance on safe, sustainable and productive staffing.

3.3 Continued focus on monitoring the real-time staffing position (actual) against the planned (establishment), matched to acuity/dependency levels as part of the established processes utilising the functionality provided by ‘safecare’ and healthroster.

3.4 Systematic ward staffing reviews to be reported to board annually, with 6 monthly light touch reviews reported through Divisional Boards. Next full staffing review to be presented to Trust Board in November 2020.
4.0 **Recommendation**

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

- UHS nursing establishments are set to achieve an average 1:3 to 1:8 registered nurse to patient ratio in the majority of areas during the day with the majority (39) set between 1:4 to 1:7. Exceptions are where there is a planned model of trained band 4 staff and is particularly evident in Medicine and Medicine for older people.
- The majority of wards (28) are staffed at between 50:50 and 70:30 registered/unregistered AWL ratio or above. Those wards with lower ratios (16 wards) are linked to the systematic and evaluated implementation of trained band 4 staff where appropriate.
- Planned total Care Hours Per Patient Day (CHPPD) range from 5.0 – 13.5 and average at 7.1.

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

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

4.4 To note and acknowledge the ongoing risks and challenges of matching actual staffing to established staffing levels due to the current vacancy position.

4.5 To continue the Trust wide commitment and momentum on actions to fill vacancies and further reduce the reliance on high cost agency against the backdrop of agency controls from NHS Improvement.

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

5.0 **Appendices**

Appendix 1: National Quality Board (NQB) Expectations for safe staffing
- Safe, Sustainable and productive staffing

Appendix 2: NQB Safe Staffing Recommendations – UHS action plan

Appendix 3: NICE Guideline 1: Safe Staffing for nursing in adult inpatient wards in acute hospitals - UHS action plan

Appendix 4: Ward by Ward staffing review metrics spreadsheet

Appendix 5: Specific Divisional issues emerging
### National Quality Board Expectations for safe staffing

**Safe, Sustainable and productive staffing (July 2016)**

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

1.1 Evidence-based workforce planning

1.1.1 The organisation uses evidence-based guidance such as that produced by NICE, Royal Colleges and other national bodies to inform workforce planning, within the wider triangulated approach to the use of evidence-based guidance for nursing and midwifery care staffing.  
   Transcipated approach to staffing establishments well embedded. Staffing DNH used and embedded in 'safecare' as part of efficiencies. NICE guidance externally reviewed 3 x per year.  
   C | Continue with current approach and strengthen with the use of CHPPD and 'safecare' complete | C&F/D/MT

1.1.2 The organisation uses workforce tools in accordance with their guidance and does not permit local modifications, to maintain the reliability and validity of the tool and allow benchmarking with peers.  
   All tools used as recommended.  
   C | Need to ensure there is corporate rigour in adopting DNH while rolling out 'safecare'. Monitor the impact on the inclusion of enhanced care' scoring. Participate in the national NIRF research | complete | C&F/D/MT

1.1.3 Workforce plans contain sufficient provision for planned and unplanned leave, e.g. sickness, parental leave, annual leave, training and supervision requirements.  
   APTI checked in all direct care in patient areas. Compliance monitored as part of 'safecare' reporting suite.  
   C | Ongoing compliance monitored as part of 'safecare' reporting suite | complete | D/DoH

1.2 Professional judgement

1.2.1 Clinical and managerial professional judgement and security are crucial elements of workforce planning and are used to interpret the results from evidence-based tools, taking account of the local context and patient needs. This element of a triangulated approach is used alongside comparisons with peers in a meaningful way.  
   6 monthly staffing reviews include face to face meetings with Corporate Nursing Theatre (DHN/Maternity) ward leaders as well as workforce leaders and finance/strategic issues for each service. 'safecare' plays a significant part of the reviews.  
   C | Continue with current approach and strengthen with the use of CHPPD and 'safecare' complete | C&F/D/MT

1.2.2 Professional judgement and knowledge are used to inform the skill mix of staff. They are also used at all levels to inform real time decisions about staffing taken to reflect changes in case mix, acuity/dependency and activity.  
   All MDT. Professional judgement also used as part of the daily staffing review meetings through the control.  
   C | Professional judgement remains the ultimate measure of safe staffing complete | C&F/D/MT/in/hr

1.3 Compare staffing with peers

1.3.1 The organisation compares local staffing with staffing provided by peers, where appropriate peer groups exist, taking account of any underlying differences.  
   Previous ad hoc benchmarking included through AUKUH network and targeted at specific services under development. Need to strengthen and formalise.  
   C | Benchmarking capabilities included in the Model Hospital and N&M Dashboard. Continue to utilise the 'Civil eyes' data for drill down. Work with 'safecare' provider to introduce a standard reporting that includes benchmarking data complete | C&F/workforce systems

1.3.2 The organisation reviews comparative data on actual staffing alongside data that provides context for differences in staffing requirements, such as case mix (e.g. length of stay, occupancy rates, caseload), patient movement (admissions, discharges and transfers), ward design, and patient acuity anddependency.  
   All considered as part of the systematic staffing reviews complete | Model hospital benchmarking tool being used routinely. All services benchmark with other areas where appropriate | C&F/D/MT

1.3.3 The organisation has agreed local quality dashboard that triangulates comparative data on staffing and skill mix with other efficiency and quality metrics. e.g. for acute inpatients, the model hospital dashboard will include CHPPD.  
   C | Build the model hospital work into the CQID complete | Head of Quality and Clinical Assurance
2.1 Mandatory training, development and education

2.1.1 Knowledge and understanding of how to identify skills gaps and how to manage staff to meet the needs of the organisation.

- Lead the identification of skills gaps and workforce planning.
- Ensure that the workforce is equipped with the necessary skills and knowledge to deliver high-quality care.
- Implement a workforce planning framework to identify and address skills gaps.

2.2 Working as a multiprofessional team

2.2.1 The organisation demonstrates a commitment to investing in new roles and skills mix that will enable nursing and midwifery staff to spend more time using their specialist training to focus on clinical care and decision-making about patient care.

- Complement the workforce with members of different professions.
- Facilitate multi-disciplinary teams.

2.2.2 The organisation recognises that effective teams depend upon strong and clear clinical leadership and well-led and motivated staff. The organisation allocates a significant proportion of the workforce to provide multi-disciplinary support.

- Ensure that clinical leaders and managers are appropriately supported to deliver high-quality, efficient services.
- Promote multidisciplinary working.

2.2.3 The organisation receives high-quality care.

- Provide high-quality care.
- Ensure that clinical leaders and managers are appropriately supported to deliver high-quality, efficient services.
- Promote multidisciplinary working.
2.3 Recruitment and retention

2.3.1 The organisation has a clear plan to provide equality and diversity and has leadership that closely resembles the communities it serves. The research outlined in the NHS provider roadmap2 demonstrates the scale and persistence of discrimination at a time when the evidence demonstrates the links between staff satisfaction and patient outcomes.

Full action plan in place to address equality and diversity within trust linked to WRES data

A

Detailed in separate EDA/ action plan

ongoing

Director of Nursing/Director of HR

2.3.2 The organisation has effective strategies to recruit, retain and develop their staff, as well as managing and planning for predicted loss of staff to avoid over-reliance on temporary staff.

Full retention and recruitment programme of work ongoing and a workforce project management office established to maintain the focus

C

Communicate that there are effective strategies in place and remains an area for ongoing action. Continued focus and evaluation of the wide ranging streams of work in place to support retention and recruitment

ongoing

HR & Development

Director of HR/DMT

In planning the future workforce, the organisation is mindful of the differing generational needs of the workforce. Clinical leaders ensure workforce plans address how to support staff from a range of generations, through developing flexible approaches to recruitment, retention and career development.

Generational working starting to be incorporated into projects for retention and recruitment specifically around mentorship.

C

Research partnership with Burnt and Birmingham to review self-managing: Flexibility sub group established as part of R & R actions to review different approaches to flexibility for generational needs. Joined BAP/HR work on flexibility and NMD retention collaboratively

ongoing

HR/HR Director of HR/DMT

 Boards should ensure staff are deployed in ways that ensure patients receive the right care, first time, in the right setting. This will include effective management and rostering of staff with clear escalation policies, from local service delivery to reporting at board, if concerns arise. Directors of nursing, medical directors, directors of finance and directors of workforce should take a collective leadership role in ensuring clinical workforce planning forecasts reflect the organisation’s service vision and plan, while supporting the development of a flexible workforce able to respond effectively to future patient care needs and expectations.

2.4 Productive working and eliminating waste

2.4.1 The organisation uses ‘lean’ working principles, such as the productive ward, as a way of eliminating waste.

Transformation work incorporates lean techniques and productive ward techniques applied as appropriate including reviews of care hours, safely closing knowing how we’re doing boards and patient status at a glance

C

Lean techniques used systematically as part of transformation

complete

Head of Transformation/DMT

2.4.2 The organisation designs pathways to optimise patient flow and improve outcomes and efficiency e.g. by reducing waiting.

Integrated into all service redesign

C

Complete

Head of Transformation/DMT

2.4.3 Systems are in place for managing and deploying staff across a range of care settings, ensuring flexible working to meet patient need and making best use of available resources.

Staff are employed to be fully flexible (skills and competence allowing).

C

Continued review as part of daily staffing meetings to maximise flexibility of staff

complete

HR/DMT

2.4.4 The organisation focuses on improving productivity, providing the appropriate care to patients, safely, effectively and with compassion, using the most appropriate staff.

Staff are employed to be fully flexible (skills and competence allowing).

C

Continued review as part of daily staffing meetings to maximise flexibility of staff

complete

HR/DMT

2.4.5 The organisation supports staff to use their time to care in a meaningful way, providing direct or relevant care or care support. Reducing time wastage is a key priority.

Incorporated into all service redesign

C

Continue with current approach

complete

HR/DMT

2.4.6 Systems for managing staff resource risk management processes, from frontline services through to board level, which clearly demonstrate how staffing risks are identified and managed.

Continuation of the process and risk register and HR system used to record, review and learn from any staffing issues

C

Continue with current approach and monitor ongoing trends with staffing data

complete

HR/DMT
1.2 Efficient deployment and flexibility

1.2.1 Organisational processes ensure that local clinical leaders have a clear role in determining feasible approaches to staffing with a line of professional oversight, that staffing decisions are supported and understood by the wider organisation, and that they are implemented with fairness and equity for staff.

**Involvement of clinical leaders at all levels in setting establishment levels and rostering workforces. This is systematically reviewed through 6 monthly staffing reviews reported to board.**

*Complete - Without feedback.*

| C | Continue with current approach | Complete (Q4) | DVA/DMT |

1.2.2 Clinical capacity and skill mix are aligned to the needs of patients as they progress on individual pathways and to patterns of demand, thus making the best use of staffing resource and facilitating effective patient flow.

**Regular review of staffing needs planned and actual undertaken at care group division and trust wide level through daily staffing meetings linked to site.**

*Complete - Without feedback.*

| C | Continue to strengthen the daily staffing meetings and provide safety critical information | Complete (Q4) | DVA/DMT |

1.2.3 Throughout the day, clinical and managerial leaders compare the actual staff available with planned and required staffing levels, and take appropriate action to ensure staff are available to meet patients’ needs.

**Escalation policies and contingency plans are in place for when staffing capacity and capability fall short of what is needed for safe, effective and compassionate care, and staff are aware of the steps to take where capacity problems cannot be resolved.**

*Complete - Without feedback.*

| C | Continue to strengthen the information into site around staffing resource | Complete (Q4) | DVA/DHNN/Matrons/Site |

1.2.4 Meaningful application of effective e-rostering policies is evident, and the organisation uses available best practice from NHS Employers and the Carter Review Rostering Good Practice Guidance (2016).

**Best practice guidance included in UHS policies around application of e-rostering. Systematic review and management are undertaken through the management team structure.**

*Complete - Without feedback.*

| C | Continue to strengthen the use of e-roster by utilising report function for compliance levels and specifically for Approvals, accrued hours, safe hour | Complete (Q4) | DVA/DHNN/Matrons/Site |

1.3 Efficient employment, minimising agency use

1.3.1 The annual strategic staffing assessment gives boards a clear medium-term view of the likely temporary staffing requirements. It also ensures discussions take place with service leaders and temporary workforce suppliers to gain best value for money in deploying this option. This includes an assessment to maximise flexibility of the existing workforce and use of bank staff (rather than agency), as reflected by NHS improvement guidance.

**Currently undertake 6 monthly staffing reviews that take account of all of the recommendations. Staffing reviews are closely aligned to the Foundation & Recruitment and temporary staffing strategies and real actions in place to maximise bank use (NHSP) and reduce agency.**

*Complete - Without feedback.*

| C | Continue with all of the actions to reduce temporary staffing use and increase use of bank staff | Complete (Q4) | DVA/DHNN/WSMT |

1.3.2 The organisation is actively working to reduce dependency and, if necessary, to identify the use of agency staff in line with NHS Improvement’s nursing agency rules, supplementary guidance and templates.

**Plan in place to reduce agency usage in line with NHSP guidance.**

*Complete - Without feedback.*

| C | Continue with all of the actions to reduce temporary staffing use and increase use of bank staff | Complete (Q4) | DVA/DHNN/WSMT |

1.3.3 The organisation’s workforce plan is based on the local Sustainability and Transformation Plan (STP), the place-based, multi-year plan built around the needs of the local population.

**SW fully engaged in development of STP workforce aspects and workforce plan based on actions.**

*Complete - Without feedback.*

| C | Continue with engagement in STP development | Complete (Q4) | CEO/DoHR/DcE |

1.3.4 The organisation works closely with commissioners and with Health Education England, and submits the workforce plans they develop as part of the STP, using the defined process, to inform supply and demand modelling.

**SW fully engaged in development of STP workforce aspects and workforce plan based on actions.**

*Complete - Without feedback.*

| C | Continue with engagement in STP development | Complete (Q4) | CEO/DoHR/DcE |

1.3.5 The organisation supports Health Education England by ensuring that high quality clinical placements are available within the organisation and across patient pathways, and actively seeks and acts on feedback from trainees/students, involving them wherever possible in developing safe, sustainable and productive placements.

**Strong systems in place to identify, select, allocate and quality across all staff groups.**

*Complete - Without feedback.*

| C | Continue with current model. Work with universities to constantly review the placement models for students in line of developing undergraduate programmes and apprenticeships | Complete (Q4) | DoE/Education leads |

37 recommendations: 35 compliant 2 require further action.
<table>
<thead>
<tr>
<th>No.</th>
<th>Recommendation</th>
<th>NICE category</th>
<th>Current measures in place</th>
<th>Initial Assessed UHS rating (July 2014)</th>
<th>Identified actions required (34 compliant, 14 action)</th>
<th>Timescale</th>
<th>Lead</th>
<th>October 2019 compliance</th>
<th>October 2019 update - comments (36 compliant, 2 requiring action)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Ensure patients receive nursing care they need regardless of ward, time, day.</td>
<td>M</td>
<td>Specialty and sub-speciality ward system in place Outlying/inlying patients monitored through site</td>
<td>C</td>
<td>Continued monitoring of compliance</td>
<td>Maintain</td>
<td>Clinical teams/DMT</td>
<td>C</td>
<td>Continued monitoring of compliance. Reconfiguration of ward specialties and skills where appropriate.</td>
</tr>
<tr>
<td>1.2</td>
<td>Develop procedures to ensure ward staff establishments are sufficient to provide safe nursing care for each patient</td>
<td>M</td>
<td>6 monthly establishments reviews in place led by DoN team with DHN/Matron/ward leaders as appropriate.</td>
<td>C</td>
<td>Continued development of staffing review methodology linked to NICE guidance</td>
<td>DoN/DDoN/ DHN</td>
<td>C</td>
<td>Ongoing strengthening of 6 monthly reviews</td>
<td></td>
</tr>
<tr>
<td>1.3</td>
<td>Ensure final ward establishments developed with registered nurses responsible and approved through chief nurse and trust board</td>
<td>M</td>
<td>6 monthly establishments reviews in place led by DoN team with DHN/Matron/ward leaders as appropriate.</td>
<td>C</td>
<td>Strengthen involvement of ward sisters through supervisory competencies</td>
<td>Maintain</td>
<td>DoN/DDoN/ DHN</td>
<td>C</td>
<td>6 monthly reviews now involving ward leaders</td>
</tr>
<tr>
<td>1.4</td>
<td>Ensure senior nursing managers are accountable for nursing rosters produced</td>
<td>M</td>
<td>Reflected in job descriptions for DHN/Matron/Ward Leader and included in ward leader competencies</td>
<td>C</td>
<td>Strength the monitoring and follow up of roster KPIs</td>
<td>Maintain</td>
<td>DoN/DDoN/CHN/ HR</td>
<td>C</td>
<td>Roster audits now reinstated and accountability for rosters clearly within ward leader and matron job roles.</td>
</tr>
<tr>
<td>1.5</td>
<td>Ensure inclusion of adequate 'uplift' to support staffing establishment</td>
<td>M</td>
<td>23% uplift included in all inpatient nursing establishments</td>
<td>C</td>
<td>Continued monitoring of achievement of allocated uplift through eRostering KPIs</td>
<td>DHN/Matron/Ward Leaders</td>
<td>C</td>
<td>Continued monitoring of achievement of allocated uplift through eRostering KPIs</td>
<td></td>
</tr>
<tr>
<td>1.6</td>
<td>Include seasonal variation/fluctuating patient need when setting establishments</td>
<td>M</td>
<td>Included as a consideration when setting establishments</td>
<td>C</td>
<td>Continued consideration at establishment reviews</td>
<td>Maintain</td>
<td>DoN/DDoN/CHN</td>
<td>C</td>
<td>Continued consideration at establishment reviews</td>
</tr>
<tr>
<td>1.7</td>
<td>Establishments should be set appropriate to patient need taking account of registered/unregistered mix and knowledge and skills required</td>
<td>S</td>
<td>Included as a consideration when setting establishments</td>
<td>C</td>
<td>Continued consideration at establishment reviews</td>
<td>DoN/DDoN/CHN</td>
<td>C</td>
<td>Continued consideration at establishment reviews</td>
<td></td>
</tr>
<tr>
<td>1.8</td>
<td>Ensure procedures in place to identify differences between on the day requirements and staff available</td>
<td>M</td>
<td>Escalation processes in place through bleep-holders through to site. Matrons responsible for reviewing staffing daily</td>
<td>C</td>
<td>Further strengthen the daily review processes through site. Strengthen the matron out of hours model to provide further oversight for staffing through to site</td>
<td>Maintain</td>
<td>DoN/DDoN/Matrons/Site</td>
<td>C</td>
<td>Safe staffing meetings extended to cover 7 days per week. Winter on-call matron arrangements now discontinued but staffing review meetings maintained. SafeCare used actively at meetings</td>
</tr>
<tr>
<td>1.9</td>
<td>Hospital to have a system in place for nursing red flag events to be reported by nursing teams, patients, relatives to registered nurse in charge (see separate lab)</td>
<td>M</td>
<td>Reporting of incidents becoming embedded. Staff informally include red flag information</td>
<td>A</td>
<td>Omit make red flag incidents on an incident reporting. Educate staff on 'red flag' events through safe staffing master classes and local care group/divisional updates. Review 'red flags' on all quality review visits to ward areas.</td>
<td>Jan-20</td>
<td>DoN/DDoN/safety team</td>
<td>A</td>
<td>Red flag usage on SafeCare still to be fully embedded. Review now included at daily staffing. Review and alignment of red flag categories to be included in the rostering review (headroom) project led by Linda Monk</td>
</tr>
</tbody>
</table>
Organisational Strategy - Recommendations for hospital boards, senior leaders and nursing staff

Maintain DHN/Matron

1.1.10 Ensure procedures in place for effective response to unplanned variations in patient need - including ability to increase/decrease staffing
M Clear escalation processes and review of staffing actioned through bleep holding arrangements in Divisions
A Continued monitoring of effectiveness of escalation and staffing status
Maintain DDoN/DHN
C Escalation clear and embedded throughout all of the staffing review meeting. Enhanced care requirements specifically flagged and linked to the revised policy re-issued May 2019. Agreed as low compliant

Actions to respond to nursing staff deficits on a ward should not compromise staff nursing on other wards

1.1.11 Escalation processes include the need to review other wards/Departments. All ward normal staffing included on trust wide spreadsheet daily
A Continued monitoring of effectiveness of escalation and staffing status
Jan-20 DDoN/DHN
A Monitored as part of the daily reviews of staffing - but unable to assure with current vacancy and staffing position.

Ensure there is a separate contingency and response for patients requiring continuous presence (specialling)

1.1.12 Consider implementing approaches to support flexibility such as adapting nursing shifts, skill mix, location and employment contracts
M Specialising processes in place and agreed escalation process within divisions.
C Review the process for requesting specialising support.
Maintain DDoN/DHN
C Escalation processes clear but further work still required with the changes to the enhanced care team and the appointment of the new safeguarding lead. Policy requires updating

Ensure procedures in place for systematic ongoing monitoring of safe staffing levels in nursing policy and formal review of nursing establishments twice a year

1.1.13 Nursing indicators monitored through incident reporting, ongoing monitoring and through CQD. Twice yearly formal staffing reviews embedded and managed through DON team
C Continue to review as part of professional judgement element of staffing reviews
Maintain DDoN/DHN
C Continue to review as part of professional judgement element of staffing reviews

Make appropriate changes to ward establishments as a response to reviews

1.1.14 Establishments amended as result of staffing reviews. Staffing review linked to budget setting process. Enhanced increases noted through trust board reporting
M Continue to strengthen the process
Maintain DDoN/DHN
C Continue to strengthen the process

Enable nursing staff to have appropriate training for the care they are required to provide

1.1.15 Strong track record of training within Trust. Individual care group education teams support ongoing development needs
M Continue to strengthen and evidence the process
Maintain DDoN/DHN
C Continue to strengthen and evidence the process

Ensure there are sufficient registered nurses who are experienced and trained to determine day-to-day staffing needs in 24 hour period

1.1.16 Bleep-holder role includes requirement to assess and review staffing and risk assessment
M Continue to strengthen and evidence the process
Maintain DDoN/DHN
C Additional education put into bleep holding as part of winter pressure oversight arrangements. Now in place with bleep holding and band 7 weekend review

Organisation should encourage staff to take part in programmes to assure quality of nursing care and care standards

1.1.17 Nursing staff involved in range of quality improvement programmes e.g. essence of care, nursing practice, turnaround, clinical accreditation scheme
A Review to ensure all bleep-holders are competent and capable in staffing assessment and risk management
Maintain DHN/Matron
C Continued monitoring of staff at all levels in nursing quality standard development

1.1.18 Organising staff in developing policies which govern nursing staff requirements such as escalation processes
S Nursing staff involved in developing policy through groups and consultation
C Continue to involve staff at all levels in nursing policy development
Maintain DHN/Head of Quality and Clinical Assurance
C Continue to involve staff at all levels in nursing policy development

1.1.19 Maintaining/Nursing staff who govern nursing staff requirements such as escalation processes
S Nursing staff involved in developing policy through groups and consultation
C Continue to involve staff at all levels in nursing policy development
Maintain DHN/Head of Quality and Clinical Assurance
C Continue to involve staff at all levels in nursing policy development

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

1.2.1 Use systematic approach to determining staffing requirements when setting nursing establishments and on day to day
M Professional judgement and SNCT embedded for use within the Trust. Clear established levels’ identified on eRoster
A Continue to support staffing at local ward level to understand establishments and staffing models
Maintain DHN/Matron/Ward Leaders
C Continue to support staff at local ward level to understand establishments and staffing models
<table>
<thead>
<tr>
<th>1.2.2</th>
<th>Use a decision support toolkit endorsed by NICE to determine nursing staff requirements</th>
<th>Part per available through NICE but UHS already uses nationally validated Safer Nursing Care Tool (SNCT) as part of methodology for reviewing staffing levels</th>
<th>C</th>
<th>Review NICE endorsed tools as they emerge</th>
<th>Awaiting national development</th>
<th>DoN/DHN</th>
<th>C</th>
<th>Review NICE endorsed tools as they emerge. Continue to use endorsed SNCT and incorporate into plan for v10 eRostering safe care module rollout</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2.3</td>
<td>Use informed professional judgement to make a final assessment of nursing staff requirements</td>
<td>Professional judgement used as a mainstay of methodology for reviewing establishments and day to day staffing</td>
<td>C</td>
<td>Continue to support staff at local ward level to understand establishments and staffing models</td>
<td>Maintain</td>
<td>DHN/Matrons/Ward Leaders</td>
<td>C</td>
<td>Continue to support staff at local ward level to understand establishments and staffing models</td>
</tr>
<tr>
<td>1.2.4</td>
<td>Consider using nursing care activities included in guidance as a prompt to help inform professional judgement (see separate tab)</td>
<td>Already considered routinely as part of professional judgement and methodology</td>
<td>C</td>
<td>Continue to support staff at local ward level to understand establishments and staffing models</td>
<td>Maintain</td>
<td>DHN/Matrons/Ward Leaders</td>
<td>C</td>
<td>Continue to support staff at local ward level to understand establishments and staffing models</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>4.3.1</th>
<th>Setting ward establishments should involve designated senior registered nurses at ward level experienced and trained in determining nursing staff requirements using recommended tools</th>
<th>Ward sisters already involved in ward establishment reviews but approach needs strengthening. Competency for establishment review included in ward leader competencies</th>
<th>A</th>
<th>Strengthen involvement and training of ward leaders and other nurses through staffing master classes</th>
<th>Maintain</th>
<th>DoN/DHN/Workforce Systems</th>
<th>C</th>
<th>Current staffing review has full representation from ward leaders</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.2</td>
<td>Routinely measure the average amount of nursing time required throughout a 24 hour period for each patient expressed as nursing hours per patient.</td>
<td>Methodologies not previously based on nursing hours per patient but safe nursing care tool and professional judgement</td>
<td>A</td>
<td>Include nursing hours per patient as a methodology in the staffing reviews from November 2014</td>
<td>Maintain</td>
<td>DoN/DHN/Workforce Systems</td>
<td>C</td>
<td>Care hours per patient day now embedded as part of monthly reporting and included in safe care module of eRoster. Used as part of 6 monthly review from July 2016</td>
</tr>
<tr>
<td>4.3.3</td>
<td>Formally analyse the average nursing hours required per patient at least twice a year when reviewing the ward nursing staff establishments</td>
<td>Methodologies not previously based on nursing hours per patient but safe nursing care tool and professional judgement</td>
<td>A</td>
<td>Include nursing hours per patient as a methodology in the staffing reviews from November 2014</td>
<td>Maintain</td>
<td>DoN/DHN/Workforce Systems</td>
<td>C</td>
<td>Safe care rollout plan will be complete by September 2016</td>
</tr>
<tr>
<td>4.3.4</td>
<td>Multiply the average number of nursing hours per patient by the average daily bed utilisation</td>
<td>Methodologies currently based on using 100% bed occupancy - bed utilisation considered as part of the professional judgement</td>
<td>A</td>
<td>Introduce bed utilisation into the staffing review methodology for November 2014</td>
<td>Maintain</td>
<td>DoN/DHN/Workforce Systems</td>
<td>C</td>
<td>Bed utilisation discussed as part of the staffing review since July - Sept 2015 particularly in admission areas. Continue to calculate on 100% bed occupancy</td>
</tr>
<tr>
<td>4.3.5</td>
<td>Add an allowance for additional nursing workload based on the relevant ward factors such as turnover, layout and size and staff factors</td>
<td>Already included in professional judgement considerations</td>
<td>A</td>
<td>Continued consideration at establishment reviews</td>
<td>Maintain</td>
<td>DoN/DHN</td>
<td>C</td>
<td>Continued consideration at establishment reviews</td>
</tr>
<tr>
<td>4.3.6</td>
<td>Identify appropriate knowledge and nursing skill mix required - registered or unregistered - reviewing appropriate delegation</td>
<td>Trust baseline registered unregistered 60:40 - no explicit ward establishment dop below this. Assessed as part of professional judgement</td>
<td>C</td>
<td>Continued consideration at establishment reviews</td>
<td>Maintain</td>
<td>DoN/DHN</td>
<td>C</td>
<td>Continued consideration at establishment reviews</td>
</tr>
<tr>
<td>4.3.7 and 4.3.8</td>
<td>Ensure planned uplift included in the calculation on average patients nursing needs</td>
<td>Trust baseline to include 23% on all ward establishments to cover uplift. Additional 0.8 are uplift being rolled out for supervisory ward leader model</td>
<td>C</td>
<td>Continued consideration at establishment reviews. Continued monitoring of 23% headroom through eRostering</td>
<td>Maintain</td>
<td>DoN/DHN</td>
<td>C</td>
<td>Continued consideration at establishment reviews. Continued monitoring of 23% headroom through eRostering</td>
</tr>
</tbody>
</table>

Assessing if nursing staff available on the day meet patients’ nursing needs - Recommendations for registered nurses on wards who are in charge of shift leader.
<table>
<thead>
<tr>
<th>Section</th>
<th>Action</th>
<th>Frequency</th>
<th>Responsibility</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.4.1</td>
<td>Systematically assess that the available nursing staff for each shift or at least each 24 hour period is adequate to meet the actual nursing needs of patients on the ward</td>
<td>Daily spreadsheet used in site to review safe staffing - Matrons expected to link with all wards to determine staffing levels</td>
<td>Continued review of staffing levels included as a key responsibility in the ward leader and matron role</td>
<td>Monitor and evaluate ward nursing staff establishments - Recommendations for senior management and nursing managers or matrons to support safe staffing for nursing at ward level</td>
</tr>
<tr>
<td>1.4.2</td>
<td>Monitor the occurrence of the nursing red flag events throughout a 24 hour period</td>
<td>Escalation processes in place through bleep-holders through to site. Matrons responsible for reviewing staffing daily and this should include red flags</td>
<td>Care groups/Divisions to develop processes for review, reporting and capture of red flags through escalation processes</td>
<td>Monitoring of red flags on ongoing basis. Reflected in AER reporting</td>
</tr>
<tr>
<td>1.4.3</td>
<td>If a nursing red flag occurs it should prompt an immediate escalation response by the registered nurse in charge - with potential to allocate additional nursing staff</td>
<td>Escalation processes in place through bleep-holders through to site. Matrons responsible for reviewing staffing daily and this should include red flags</td>
<td>Care groups/Divisions to develop processes for review, reporting and capture of red flags through escalation processes</td>
<td>On the day records maintained and all red flag events captured through AER. Information used as part of the annual staffing reviews for each area to inform establishment changes. Examples at budget setting of changes as a result.</td>
</tr>
<tr>
<td>1.4.4</td>
<td>Keep records of the on-the-day assessments of actual nursing staff requirements and reported red flag events so that they can be used to inform future planning or establishments</td>
<td>Escalation processes in place through bleep-holders through to site. Matrons responsible for reviewing staffing daily and this should include red flags</td>
<td>Care groups/Divisions to develop processes for review, reporting and capture of red flags through escalation processes</td>
<td>Monitor and evaluate ward nursing staff establishments - Recommendations for senior management and nursing managers or matrons to support safe staffing for nursing at ward level</td>
</tr>
<tr>
<td>1.5.1</td>
<td>Monitor whether the ward nursing staff establishment adequately meets patients nursing needs using safe nursing indicators. Consider continuous data collection of these nursing indicators</td>
<td>Majority of safe nursing indicators already included as part of the clinical quality dashboard</td>
<td>Expand the clinical quality dashboard to include the identified safe nursing indicators</td>
<td>Review of indicators included as part of clinical accreditation scheme completed</td>
</tr>
<tr>
<td>1.5.2</td>
<td>Compare results of safe nursing indicators with previous results over 6 month period</td>
<td>Review as part of monitoring of clinical quality dashboard</td>
<td>Include review of safe nursing indicators as part of staffing reviews from 2015 onwards</td>
<td>Review of indicators included as part of clinical accreditation scheme and annual matron reviews completed</td>
</tr>
<tr>
<td>1.5.3</td>
<td>Monitor all of the nursing red flags and safe nursing indicators linked to wards exceeding 1 RN to 8 patients during the day</td>
<td>1:8 indicator included in daily staffing spreadsheet as a trigger to review staffing</td>
<td>Matrons to review all safe nursing indicators routinely for all ward areas</td>
<td>Matrons review all safe nursing indicators routinely for all ward areas. Retrospective review of red flag/AER incidents included as part of staff discussions.</td>
</tr>
<tr>
<td>Division</td>
<td>Care Group</td>
<td>Unit Name</td>
<td>SNR</td>
<td>Total Beds or &quot;Shift N/A&quot;</td>
</tr>
<tr>
<td>----------</td>
<td>------------</td>
<td>-----------</td>
<td>-----</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Division A</td>
<td>Cancer Care</td>
<td>CAN C6 TYA Unit Night 6</td>
<td>10.7</td>
<td>1.0</td>
</tr>
<tr>
<td>Surgery</td>
<td>SUR Acute Medical Unit Night 54</td>
<td>136.3</td>
<td>75.6</td>
<td>52.3</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>EMERG W4 23/24</td>
<td>19.7</td>
<td>19.0</td>
<td>19.7</td>
</tr>
<tr>
<td>Division B</td>
<td>Medicine</td>
<td>MED G9 Ward Late 26</td>
<td>55.0</td>
<td>55.0</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>OPHTH E8 HPB/Urology Late 24</td>
<td>30.5</td>
<td>11.5</td>
<td>8.5</td>
</tr>
<tr>
<td>Specialist Medicine</td>
<td>MSC K9 Ward in Ward</td>
<td>28.6</td>
<td>15.2</td>
<td>11.2</td>
</tr>
</tbody>
</table>
### Finance budgeted

<table>
<thead>
<tr>
<th>Division</th>
<th>Care Group</th>
<th>Unit Name</th>
<th>Total Beds or &quot;Shift N/A&quot;</th>
<th>Shift</th>
<th>Total Registered Establishment (WTE)</th>
<th>Budgeted Registered Staff (WTE)</th>
<th>Budgeted Unregistered Staff (WTE)</th>
<th>Budgeted Other Staff (WTE)</th>
<th>Demand Registered (Count)</th>
<th>Demand Unregistered (Count)</th>
<th>Total nurse per shift</th>
<th>Skill Mix (RN/URN) by shift</th>
<th>Skill Mix (RN) average</th>
<th>Patients RN Ratio (RN: Patient)</th>
<th>Patients Nursing Ratio (Total Nurse: Patient)</th>
<th>Planned Registered (CHPPD)</th>
<th>Planned Unregistered (CHPPD)</th>
<th>Total Planned CHPPD</th>
</tr>
</thead>
</table>

### Housing

<table>
<thead>
<tr>
<th>Division</th>
<th>Care Group</th>
<th>Unit Name</th>
<th>Total Beds or &quot;Shift N/A&quot;</th>
<th>Shift</th>
<th>Total Registered Establishment (WTE)</th>
<th>Budgeted Registered Staff (WTE)</th>
<th>Budgeted Unregistered Staff (WTE)</th>
<th>Budgeted Other Staff (WTE)</th>
<th>Demand Registered (Count)</th>
<th>Demand Unregistered (Count)</th>
<th>Total nurse per shift</th>
<th>Skill Mix (RN/URN) by shift</th>
<th>Skill Mix (RN) average</th>
<th>Patients RN Ratio (RN: Patient)</th>
<th>Patients Nursing Ratio (Total Nurse: Patient)</th>
<th>Planned Registered (CHPPD)</th>
<th>Planned Unregistered (CHPPD)</th>
<th>Total Planned CHPPD</th>
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### Division C

#### Child Health

<table>
<thead>
<tr>
<th>Division</th>
<th>Care Group</th>
<th>Unit Name</th>
<th>Total Beds or &quot;Shift N/A&quot;</th>
<th>Shift</th>
<th>Total Registered Establishment (WTE)</th>
<th>Budgeted Registered Staff (WTE)</th>
<th>Budgeted Unregistered Staff (WTE)</th>
<th>Budgeted Other Staff (WTE)</th>
<th>Demand Registered (Count)</th>
<th>Demand Unregistered (Count)</th>
<th>Total nurse per shift</th>
<th>Skill Mix (RN/URN) by shift</th>
<th>Skill Mix (RN) average</th>
<th>Patients RN Ratio (RN: Patient)</th>
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#### Woman & Newborn

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<th>Unit Name</th>
<th>Total Beds or &quot;Shift N/A&quot;</th>
<th>Shift</th>
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### Division D

#### Cardiovascular and Thoracic

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<th>Shift</th>
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#### Neurosciences

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#### Trauma & Orthopaedics

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Division A

Overall established staffing levels are appropriate in the majority of wards for the level and acuity of patients.

Cancer Care has undergone major change over the last few years as the care delivery models have moved to more day case and assessment and a higher intensity of care in the remaining inpatient areas. Staffing levels have been gradually adjusted to match these changes. The daycase and outpatient areas are under significant pressure and a review is underway of pathways and models of care.

Further review is taking place to ensure the staffing model for F11 (intestinal failure unit) meets the required national recommendations for this specialty. Acuity and Dependency levels are being closely monitored as part of this review.

Areas being prioritised at budget setting:
No specific ward staffing areas are being prioritised for budget setting.

Division B

Overall established staffing levels are appropriate for the level and acuity of patients with previous investments.

The Division has continued to expand the band 4 model within the MOP wards and this has now rolled out and been well evaluated in the medical wards and AMU.

A range of innovative shift patterns including twilights is being utilised to ensure care hours are focussed at the times of greatest patient need.

It should be noted that Medicine and MOP are now at the lower end of the recommended staffing levels and any further change to the skill-mix should be carefully considered and accompanied by a full quality impact assessment.

Areas being prioritised at budget setting:
No specific ward staffing areas are being prioritised for budget setting.

Division C (excluding Midwifery)

Overall established staffing levels are appropriate in the majority of wards for the level and acuity of patients.

Safe, sustainable and productive staffing - An Improvement Resource for Children and Young People’s Inpatient Wards in Acute Hospitals was published in June 2018 and is used to monitor staffing establishments for children.
The Children’s Hospital currently does not have a model for a supernumerary bed manager/professional bleep holder out of hours. Both roles (predominantly covering flow and staffing) are managed by a band 6 sister who has a clinical patient allocation as part of the establishment numbers. The out of hours bleep role oversees 100 paediatric beds and supports flow from the Children’s ED, Paediatric short stay (based within ED), Paediatric Intensive Care Unit (PICU) and other hospitals. They also support and oversee staffing for 8 inpatient wards as well as John Atwell Day Ward and PICU.

The increasing acuity following a change in the emergency patient pathway, arising from transfer of the Paediatric Assessment Unit to ED have presented capacity challenges and the reducing skill mix are putting additional requirements on the bleep holder/bed manager who can often not be released from practice to support.

**Areas being prioritised at budget setting:**

No specific ward staffing areas are being prioritised for budget setting.

The division will be presenting a case to support supernumerary bleep holders at night.

**Division D**

Overall established staffing levels are appropriate for the level and acuity of patients with previous investments and ongoing reconfigurations in T & O, Neurosciences and CVT.

Additional pressures on staffing models, however, have arisen in areas where the pathways of care and theatre activity has increased and this was particularly noted in CVT where additional beds were being supported during the review requiring a dispersal of staff. CVT will be monitored closely and the next review of establishment will be carried out sooner if these pressures continue to rise.

Division D do not have a model which allows the bleep holder to be supernumerary at night. The increasing acuity of the patients, increasing capacity challenges and reducing skill mix are putting additional requirements on the bleep holder who can often not be released from practice to support.

**Areas being prioritised at budget setting:**

No specific ward staffing areas are being prioritised for budget setting.

The division will be presenting a case to support supernumerary bleep holders at night.

It should be noted that whilst the establishment levels across the Trust overall achieve the recommended nursing metrics – ongoing challenges with recruitment impact on the ability to achieve these ratios fully on a shift by shift basis.