

Report to the Trust Board				
Title:	Ward Staffing Nursing Establishment Review August 2022 – October 2022			
Agenda item:	xxx			
Sponsor:	Gail Byrne, Chief Nursing Officer			
Author:	Rosemary Chable - Head of Nursing for Education, Practice and Staffing			
Date:	29 <sup>th</sup> November 2022			
Purpose:	Assurance or reassurance R	Approval	Ratification	Information
Issue to be addressed:	<p>Requirement to undertake systematic ward staffing establishment reviews.</p> <p>The systematic review of ward staffing presented annually to TEC since 2009 and 6 monthly to Trust board since 2014.</p> <p>Now reported annually to TB with 6 monthly light-touch reviews presented at divisional boards.</p> <p>Findings validated at Nursing and Midwifery Staffing Review Group on 1st November 2022 and discussed at TEC on 16<sup>th</sup> November 2022.</p>			
Response to the issue:	<p>The paper is presented for DISCUSSION.</p> <p>The report details the methodology, findings, risk assessment and recommendations arising from the ward staffing review undertaken from August 2022 – October 2022.</p> <p>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)).</p> <p><b>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 on all aspects of the staffing reviews.</b></p>			
Implications: (Clinical, Organisational, Governance, Legal?)	<p>Recommendations in this report link to the statutory responsibilities arising from the National Quality Board (2016) expectations on ensuring safe, sustainable, and productive staffing, the NHS Improvement Developing Workforce Safeguards guidance (2018) and the Nursing Workforce Standards (RCN May 2021) assessed as part of CQC ‘safe’ and ‘well-led’ domain.</p>			
Risks: (Top 3) of carrying out the change / or not:	<ul style="list-style-type: none"> <li>· Inappropriate nurse staffing levels on the wards</li> <li>· Non-compliance with national and regulatory requirements</li> </ul>			

Summary: Conclusion and/or recommendation

- 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 a range of 1:1 to 1:10 registered nurse to patient ratio in most areas during the day with the majority (45) set between 1:4 to 1:8. Differences relate to specialty and overall staffing model. This is an increase in the number of wards with lower RN: patient ratios and this will require ongoing monitoring to ensure there is not further drift.
  - The majority of wards (33) are staffed at between 50:50 and 80:20 registered/unregistered ratio or above. Those wards with lower ratios (18 wards) are linked to the systematic and evaluated implementation of trained band 4 staff where appropriate and those with higher ratios (3) are all higher intensity care areas requiring a higher registered skill.
  - 34 wards (up from the 30 last year and up significantly from 25 in 2019) are below the 60:40 ratio.
  - Planned total Care Hours Per Patient Day (CHPPD) range from 5.5 – 17.3 and average at 8.3
- Impact of budget setting on staffing levels for 2022/23 and Divisional requirements for consideration as part of budget setting 2023/24.
- 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 and the ongoing COVID-19 situation.
- To support the continued Trust wide commitment and momentum on actions to fill vacancies and further reduce the reliance on high-cost agency against the backdrop of the continuing COVID-19 situation, rising acuity and elective recovery.
- To discuss the report at Trust Board as an ongoing requirement of the National Quality Board and 'Developing Workforce Safeguards' guidance around safe staffing assurance.

## 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 2022 – October 2022. 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. Areas such as critical care and theatres are reviewed separately.
- 1.3 Due to the ongoing impact of COVID-19, Division B were unable to complete the scheduled Divisional 'light touch' 6 monthly staffing review in March/April 2021. The other 3 divisions completed and reported to their relevant divisional boards. The impact of the ongoing COVID-19 situation, however, is that all ward establishments and nurse staffing levels have continuously been reviewed as ward function, specialty and acuity/dependency levels have continued to fluctuate throughout the pandemic.
- 1.4 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).
- 1.5 This report fulfils expectation 1 and 2 of the National Quality Board requirements for Trusts in relation to safe nurse staffing (see Appendix 2) 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. This review also meets standards outlined in the RCN Nursing Workforce Standards (May 2021) (Appendix 6). Organisations are expected to be compliant with the recommendations in these reports and are subject to review on this as part of the CQC inspection programme under both the 'safe' and 'well led' domains.

## 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. 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).
  - Care Hours Per Patient Day (CHPPD)
  - Professional Judgement
  - Peer group validation
  - Benchmarking and review of national guidance including Model Health System data
  - Review of eRostering data
  - Review of ward quality metrics

- For the 3<sup>rd</sup> consecutive year, the review included reflections on the COVID-19 effect on ward staffing and staff.

## 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 4 monthly review of the action plan (August 2022) shows maintenance of compliance levels despite the ongoing COVID-19 impact with UHS remaining compliant with 35 of the 37 recommendations. The following 2 outstanding areas are progressing but require 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 December 2022 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 and to introduce the revised national preceptorship framework (October 2022). Additionally, learner numbers (students, overseas and apprentices, preceptors) are increasing with limited additional supervisory support established.*

**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 roadmap<sup>42</sup> 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 (August 2022) shows UHS has maintained compliance in 37 of the 38 recommendations.

The 1 remaining recommendation is:

Escalation actions taken to address deficits on one ward should not compromise another - Management of trustwide staffing deficits and thrice daily reviews of staffing via the staffing hub have minimised the risk of this however the continued vacancy position and capacity situation does not enable assurance that wards are not compromised by staff movements. *COVID-19 particularly necessitates a higher level of staff movement*

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.
- 2.2.5 In May 2021 the Royal College of Nursing published their Nursing Workforce Standards (Appendix 6), developed as part of their safe staffing campaigns. The standards summarise the expectations in other national guidance and reiterates the importance of the Chief Nurse being responsible for setting nurse staffing levels based on service demand and user needs and the requirement to report directly to the Trustboard. Self-assessment undertaken by the Nursing and Midwifery Staffing Review Group show UHS is compliant with these standards.
- 2.2.6 In September 2022 a key research study was published (Zaranko B, Sanford NJ, Kelly E et al. BMJ Quality and Safety Epub) which highlights the link between higher registered nurse numbers and seniority and patient outcome.

### 2.3 6 monthly Ward Staffing review August 2022 – October 202 – Outcomes

- 2.3.1 The 6 monthly review was carried out from August 2022 – October 2022 with initial review meetings taking place with each Division (attended by DHN, Matrons, Ward Leaders, Finance representatives, workforce representatives and facilitated by the Head of Nursing for Education, Practice and Staffing). 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 as well as a focus on the continued COVID-19 impact and recovery plan for each ward area.
- 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 and acuity information from the Safer Nursing Care Tool (SNCT acuity tool) where appropriate.
- 2.3.3 It should be noted that a number of wards continue to be regularly reconfigured in response to the changing COVID-19 situation and a number of rostering template reviews were instigated as a result of the review discussions so some figures will have changed for individual wards since the review.

It should also be noted that the budget-setting to ward level was delayed this year as a result of the COVID-19 funding arrangements and therefore not all the budget uplifts have yet been included in the rostering templates. Impact of budget uplifts for each division have been detailed in the specific divisional issues summary in Appendix 5.

### 2.4 COVID-19 Pandemic Impact and Activity

- 2.4.1 A strong emphasis for the staffing reviews this year was again to allow the Ward Leaders to relate their ongoing COVID-19 experience alongside managing recovery of service for their area following further waves during the year.
- 2.4.2 There was for the third year, a strong theme around the agility and flexibility demonstrated by the nursing workforce as wards continued to rapidly re-purpose, flex up or down, teams disperse and be redeployed.
- 2.4.3 The **staffing hub** which was established in April 2020 to co-ordinate and oversee the real-time nurse staffing levels across the hospital in support of the clinical site function has continued to operate and adapt. It has now taken on a stronger role in the daily deployment of staff and the ongoing management of bank/agency bookings.



The value of this service came out strongly in the reviews and it has now been embedded and funded recurrently as part of budget setting.

The hub activity is led by a designated staffing matron of the day who takes responsibility for leading the continuous review and reassignment of the staffing resource throughout the day.

#### 2.4.4 ***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 1:1 (Piam Brown) to 1:9 (E7, Bassett) and 1:10 (F7) depending on specialty and overall staffing model. This is an increase in the number of wards with lower RN: patient ratios and this will require ongoing monitoring to ensure there is not further drift.
- The average level is set to achieve 1:4 to 1:8 registered nurse to patient ratio in most areas during the day (45 wards) with 42 wards 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 where ratios of registered to unregistered staff are also lower.
- The areas on or above 1:7 (15 wards) are the medicine wards, Medicine for Older People (all MOP wards including Bassett), F2 and the Acute Stroke Unit. 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 and these wards with lower RN to patient ratios are working on their minimum safe levels.
- Planned staffing ratios at **night** require constant oversight to ensure the model is sufficient to provide the required support for patients out of hours. In areas that are working on lower staffing ratios, managing the workload at night has again emerged as an area that still requires action in a number of ward areas. Rising acuity of patients, more therapeutic activity taking place overnight and the COVID-19 impact of more geographically spread clinical areas has increased the pressure on the staffing resource at night and red flag reports over the previous year have continued to highlight this.
- Following previous reviews there are now 2 in-patient ward areas with ratios higher than 1:11 (RN to patient) at night (a reduction on the 4 last year as a result of budget setting). These are E3(G) and E7 where the ratios rise to 1:13. In E3 (G) this is offset by a total nurse to patient ratio of 1:5 and utilisation of planned band 2 or band 4 models. In E7 the total nursing level is at 1:7 which remains a high ratio which requires further review.

#### 2.4.5 ***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 ideally not fall below unless planned as the model of care.
- 13 wards are now rostered at between 60:40 and 70:30. This is a reduction on the 19 the previous year with most wards now having reduced registered nurse ratios.
- 34 wards (up from the 30 last year and up significantly from 25 in 2019) are below the 60:40 ratio. These wards are utilising band 4 staff as a key contribution to the model of care and are areas where there is a wider multidisciplinary team contributing to care (e.g., MOP, T & O, Medicine, Acute Stroke). It should be

noted however that this reducing trend needs to be kept under close review against other metrics to ensure safe, quality care can be provided within the establishments. As highlighted previously, recent research highlights the impact on patient outcomes in areas with reduced registered nurse cover.

- 6 wards (same level as 2020) 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 (Child Health, CVT, Neurosciences, 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 linked to the further development of apprenticeship opportunities. This has also provided a role in which to appoint the emerging cohorts of nursing associates who have qualified and registered with the NMC from January 2019 onwards. 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.

#### 2.4.6 **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 the areas. This is 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. A project is planned to manage the Trust-wide rollout of a new version of the software during the autumn/winter which will also see a total refresh of the use and application of the safer nursing care tool to ensure this is being used consistently across the organisation.

#### 2.4.7 **Care Hours Per Patient Day**

- Planned total Care Hours Per Patient Day (CHPPD) range from 5.5 (F7, G6, G9, D9) – 17.3 (TAU) and average at 8.3. This average is slightly higher than last year.
- Registered care hours per patient day range from 2.1 (Bassett) – 12.6 (Piam Brown) and average at 5.2. The same level as last year.
- Unregistered care hours per patient day range from 0.5 (C6 TYA) – 8.3 (TAU) and average at 3.6. This average is slightly higher than last year.

#### 2.4.8 **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.
- 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.
- COVID-19 continues to have a significant impact on the levels and management of headroom. Additional sickness levels attributable to COVID-19 have added to a

consistent rise in sickness overall across the period and ensuring the correct levels of leave has proved a challenge due to workload, sickness, and availability of skilled staff.

- 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. In August 2022 the average achievement of this was 49% with 10 wards not achieving it at all and 24 wards below the 49% achievement as we have continued to need to include ward leaders in the numbers throughout COVID-19 to offset the additional headroom and maintain safe staffing levels. This has been reflected in a reduction in support activities such as appraisals and supervision.

#### 2.4.9 ***Specific Divisional issues emerging***

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

### 2.5 Trust wide risks and issues considered in the review

#### 2.5.1 ***Increasing patient acuity/dependency***

The ongoing 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.

COVID-19 has had a significant impact on the acuity and dependency of our wards particularly as we develop separate safe pathways which require a mixed specialty of patients to be cared for in ward areas.

Information on the acuity and dependency of our patients, including any enhanced care needs is 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 used at the 6 monthly reviews as part of the professional judgment assessment.

The management of increasing acuity and dependency on the wards has also been impacted by the ongoing challenges with recruiting to our advanced practice teams. Outreach in particular have been unable to support the wards out of hours creating additional pressure to the ward staffing model.

#### 2.5.2 ***Increasing enhanced care needs***

'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 specialising) 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. In child health we have also seen a significant rise in the number of children requiring additional mental health support and this has been exacerbated with COVID-19.

We have also seen a significant rise in the episodes of violence and aggression experienced in our clinical areas which creates additional needs for staffing support.

This continues to have an impact on the ability to support the additional enhanced care needs that arise for these groups of patients particularly across key specialties (MOP, Medicine, Child Health, Neurosciences and T & O and latterly Surgery).



Division B retain the Trustwide overview for enhanced care, specifically mental health support, and provide an advice service, supporting clinical areas in their decision making around the need for additional support.

Divisions have then developed enhanced care bays on wards and/or a local pool of staff to deploy to support enhanced care needs. Ward leaders report 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.

### 2.5.3 ***Supervising and supporting the junior workforce***

The professional judgement discussions with all 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.

This situation has been exacerbated during COVID-19 with a high volume of staff needing continuous upskilling and supervision in unfamiliar clinical areas. It should also be noted that newly qualified staff are now emerging from programmes that were disrupted during COVID-19, leading to initial reduced competence and confidence on qualifying.

New national guidance has been issued in October 2022 with additional requirements in relation to the provision of preceptorship for newly qualified staff. Protected time for both preceptors and preceptees is now an expectation for organisations.

The robust retention and recruitment strategies across the Trust and the strong vision to 'grow our own' nurses for the future means that wards continue to support 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 have proved key to supporting the development and learning into the wards and particularly in continuing to train and support the overseas nurses to full registration.

External bid opportunities around overseas recruitment and healthcare support worker recruitment have been well utilised in 22/23 to strengthen the education teams and clinical supervision support to the clinical areas. The capacity and capability within these teams needs to be further reviewed for 23/24 to ensure they can continue to support the further increase in numbers required for UHS to meet the challenging workforce targets.

### 2.5.4 ***Vacancies***

Total reported nursing vacancies (registered and unregistered) across the inpatient areas at the time of the staffing review (September 2022) were running at 475 (12.9%) with registered nurse vacancies at 261 (11.6%) and unregistered at 190 (15.5%). Encouragingly registered nurse vacancies continue to gradually reduce with the continued range of recruitment and retention initiatives, but unregistered vacancies are proving harder to fill. Retention of this group of staff is key and focussed work, with a number of initiatives funded from successful bids, are being undertaken to target recruitment and retention for this group. The trust continues to be part of a national collaborative.

A continued key action nationally, corporately and for all Divisions in 2022/23 is to continue to concentrate efforts to fill these vacancies.

### 2.5.5 **Benchmarking using the Model Health System**

UHSFT provides data monthly to the national Model Health System (MHS) detailing the CHPPD for all clinical areas including critical care.

Direct comparison of ward areas or specialty is no longer available via the benchmarking system however an overall average of total CHPPD is available to review via peer group and this is used as part of the staffing review.

Table 1

Organisation/Group	Total CHPPD	Registered CHPPD	Unregistered CHPPD
UHS with Critical Care	9.8	6.2	3.7
UHS excl. Critical Care	8.3	5.2	3.6
Shelford Group	9.9	6.5	3.0
MHS Peer Group	8.1	5.1	3.1
Region	8.3	5.3	3.0

\*All data submissions (registered and unregistered) are averaged so will not necessarily equal the total CHPPD)

Hospitals with a high volume of critical care beds (providing 1:1 care) will have a higher CHPPD.

### 2.5.6 **Review of quality metrics and staffing incidents**

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.

In addition, there is ongoing review of red flags raised as part of the adverse event reporting system and on 'safecare'.

## 3.0 **Conclusion**

- 3.1 A robust ward staffing establishment review was undertaken using a mixed methodology of approaches and in line with recommendations from the National Quality Board, NICE guidance, and the RCN Nursing Workforce Standards
- 3.2 The review for the 3<sup>rd</sup> year also focused on the impact of COVID-19 on nurse staffing and explored the contribution provided by nursing to respond to the evolving pandemic. This again identified the level of agility and flexibility shown by all the teams during this time and the continued message of thanks was shared at all the reviews.
- 3.3 Overall the staffing establishments remain appropriate and within recommended guidelines. There are some key exceptions where acuity and dependency levels and growing demand continue to outstrip the nursing ratios – recommendations for uplifts in these areas will be put forward by the Divisions as part of the annual budget setting process.

## 4.0 **Recommendations**

- 4.1 To discuss the report at Trust Board as an ongoing requirement of the National Quality Board and developing workforce safeguards guidance around safe staffing assurance.
- 4.2 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 a range of 1:1 to 1:10 registered nurse to patient ratio in most areas during the day with the majority (45) set between 1:4 to 1:8. Differences relate to specialty and overall staffing model. This is an increase in the number of wards with lower RN: patient ratios and this will require ongoing monitoring to ensure there is not further drift.
- The majority of wards (33) are staffed at between 50:50 and 80:20 registered/unregistered ratio or above. Those wards with lower ratios (18 wards) are linked to the systematic and evaluated implementation of trained band 4 staff where appropriate and those with higher ratios (3) are all higher intensity care areas requiring a higher registered skill.
- 34 wards (up from the 30 last year and up significantly from 25 in 2019) are below the 60:40 ratio.
- Planned total Care Hours Per Patient Day (CHPPD) range from 5.5 – 17.3 and average at 8.3
- Impact of budget setting on staffing levels for 2022/23 and Divisional requirements for consideration as part of budget setting 2023/24.

- 4.3 To note the ongoing progress in UHS compliance with the guidance from the National Quality Board on safe, sustainable, and productive staffing.
- 4.4 To note the ongoing progress in UHS compliance with the NICE guideline on safe staffing for nursing in adult inpatient wards.
- 4.5 To note and acknowledge the ongoing risks and challenges of matching actual staffing to established staffing levels due to the current vacancy position and the ongoing COVID-19 situation.
- 4.7 To support the continued Trust wide commitment and momentum on actions to fill vacancies and further reduce the reliance on high-cost agency against the backdrop of the continuing COVID-19 situation, rising acuity and elective recovery.
- 4.9 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 2023.

## 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

Appendix 6: RCN Workforce Standards

## Appendix 1

### National Quality Board Expectations for safe staffing - Safe, Sustainable, and productive staffing (July 2016)

<p><b>Expectation 1: Right staff</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• This should be followed with a comprehensive staffing report to the board after six months to ensure workforce plans are still appropriate.</li> <li>• There should also be a review following any service change or where quality or workforce concerns are identified.</li> <li>• 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.</li> <li>• 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.</li> </ul>
<p><b>Expectation 2: Right skills</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Decisions about staffing should be based on delivering safe, sustainable, and productive services.</li> <li>• 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.</li> </ul>
<p><b>Expectation 3: Right place and time</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>

## Appendix 2

## Supporting NHS Providers to deliver the right staff with the right skills, in the right place at the right time - safe sustainable and productive staffing - NURSING &amp; MIDWIFERY

	Descriptor	No.	Recommendation	Current measures in place	Assessed UHS rating (August 2022) C = compliant A = Actions required	Identified actions required	Timescale	Lead	
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.	<b>1.1 Evidence-based workforce planning</b>							
		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 in this NQB resource (see Appendix 4 for list of evidence-based guidance for nursing and midwifery care staffing).	Triangulated approach to staffing establishments well embedded. Shelford SNCT used and embedded in 'safecare' as part of eRostering. NICE guidance systematically reviewed 3 x per year.	C	Continue with current approach and strengthen with the use of CHPPD and safecare	complete	DDoN/DMT	
		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 on adapting SNCT while rolling out 'safecare'. Monitor the impact on the inclusion of 'enhanced care' scoring. Participate in the national NIHR research	complete	DDoN/DMT	
		1.1.3	Workforce plans contain sufficient provision for planned and unplanned leave, e.g. sickness, parental leave, annual leave, training and supervision requirements.	23% included in all direct care in-patient areas. Compliance monitored as part of healthroster reporting suite	C	Ongoing compliance monitored as part of healthroster reporting suite. Increased headroom requirement due to COVID-19	complete	DoF/Chief Nurse	
		<b>1.2 Professional judgement</b>							
		1.2.1	Clinical and managerial professional judgement and scrutiny are a crucial element 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 key to bringing together the outcomes from evidence-based tools alongside comparisons with peers in a meaningful way.	6 monthly staffing reviews include face to face meetings with Corporate Nursing Team/DHN/Matron/ward leaders as well as workforce systems and finance. Professional judgement key part of the reviews.	C	Continue with current approach and strengthen with the use of CHPPD and safecare	complete	DDoN/DMT	
		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.	As above. Professional judgement also used as part of the daily staffing review meetings through site control.	C	Continue with current approach. Professional judgement remains the ultimate measure of safe staffing. Key part of the staffing hub set-up during COVID-19	complete	DDoN/DMT/site team	
		<b>1.3 Compare staffing with peers</b>							
		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	Build on the current benchmarking capabilities included in the Model Hospital and N&M Dashboard. Continue to utilise the 'civil eyes' data for child health. Work with eRoster provider to introduce reporting that includes benchmarking data	complete	DDoN/workforce systems team	
		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 and dependency.	All considered as part of the systematic staffing reviews	C	Model hospital benchmarking now being used routinely. All services benchmark with other areas where appropriate	complete	DDoN/DMT	
		1.3.3	The organisation has an 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.	Clinical Quality Dashboard (CQD) includes all staffing and quality metrics. Used as part of the systematic clinical accreditation scheme reviews	C	Build the model hospital work into the CQD	complete	Head of Quality and Clinical Assurance	



<b>Expectation 2: Right skills</b>	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 multiprofessional 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.						
	<b>2.1 Mandatory training, development and education</b>						
	2.1.1	Frontline clinical leaders and managers are empowered and have the necessary skills to make judgements about staffing and assess their impact, using the triangulated approach outlined in this document.	All frontline leaders skilled to manage staffing agenda. Included in competencies for ward leaders	C	Continue to maintain competence, skills and knowledge through master classes and staffing review meetings	complete	DDoN/DMT
	2.1.2	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.	23% headroom allowance and provision of supervisory ward leader role covers most aspects of time identified but not fully assured around adequate time for supervision of all learners. Backfill provided for some roles in development - degree apprenticeships but does not cover release for all staff	A	Further scope the learners in all areas and across all programmes, and the time required to supervise. Link to the work on placement tariff. Link to the wider agenda of changed approach to undergraduate funding. Project in progress to change the approach to supervision in practice from 1:1 to coaching approach - will improve capacity to supervise and assess against the backdrop of increased placements - maximising funding to increase support roles to wards to help with this area of work. New preceptorship framework from September 2022 with have additional requirements for protected time for preceptors and preceptees. Recent staffing reviews have highlighted that non-ward based areas do not have adequate headroom included in budget - to identify through budget setting. Acknowledged higher headroom requirement arising from COVID-19 due to raised sickness levels. Discussions ongoing to reflect accurate headroom levels as part of budget setting	Dec-22	DDoN/DHN's/Divisional Education Leads/Education Quality Lead
	2.1.3	Those with line management responsibilities ensure that staff are managed effectively, with clear objectives, constructive appraisals, and support to revalidate and maintain professional registration.	All expectations clearly included in JD and annual objectives for line managers	C	Monitored as part of ongoing HR key performance metrics	complete	Associate Director of People/DMT
	2.1.4	The organisation analyses training needs and uses this analysis to help identify, build and maximise the skills of staff. This forms part of the organisation's training and development strategy, which also aligns with Health Education England's quality framework.	Annual training needs analysis process well embedded within the annual cycle for the trust	C	Continue with current approach with review in 2020 to further streamline priorities to staffing needs and match to changed CPD arrangements .	complete	Divisional Education Leads/Education Quality Lead/DMT
	2.1.5	The organisation develops its staff's skills, underpinned by knowledge and understanding of public health and prevention, and supports behavioural change work with patients, including self-care, wellbeing and an ethos of patients as partners in their care.	Comprehensive training programmes in place to equip staff with required skills	C	Monitored through ongoing evaluation	complete	Director of TD&W/Divisional Education Leads//DMT
	2.1.6	The workforce has the right competencies to support new models of care. Staff receive appropriate education and training to enable them to work more effectively in different care settings and in different ways. The organisation makes realistic assessments of the time commitment required to undertake the necessary education and training to support changes in models of care.	Comprehensive training programmes in place to equip staff with required skills	C	Monitored through ongoing evaluation	complete	Director of TD&W/Divisional Education Leads//DMT
	2.1.7	The organisation recognises that delivery of high quality care depends upon strong and clear clinical leadership and well-led and motivated staff. The organisation allocates significant time for team leaders, professional leads and lead sisters/charge nurses/ward managers to discharge their supervisory responsibilities and have sufficient time to coordinate activity in the care environment, manage and support staff, and ensure standards are maintained.	100% Supervisory ward leader time provided in all inpatient direct care areas. Clinical leaders programme in place	C	Continue to review % of time achieved as supervisory linked to ongoing vacancy position	complete	DDoN/DMT/workforce systems
	<b>2.2 Working as a multiprofessional team</b>						
2.2.1	The organisation demonstrates a commitment to investing in new roles and skill mix that will enable nursing and midwifery staff to spend more time using their specialist training to focus on clinical duties and decisions about patient care.	Range of new roles developed and evaluated within the organisation. Extended scope policies in place to support.	C	Further strengthen the trustwide approach to service by service workforce development	complete	Director of TD&W/Divisional Education Leads//DMT	

		2.2.2	The organisation recognises the unique contribution of nurses, midwives and all care professionals in the wider workforce. Professional judgement is used to ensure that the team has the skills and knowledge required to provide high-quality care to patients. This stronger multiprofessional approach avoids placing demands solely on any one profession and supports improvements in quality and productivity, as shown in the literature.	Multiprofessional approach to all aspects of workforce development and training delivered within an integrated Training, Development and Workforce department	C	Continue with current approach and strengthen integration	complete	Director of TD&W/Divisional Education Leads//DMT	
		2.2.3	The organisation works collaboratively with others in the local health and care system. It supports the development of future care models by developing an adaptable and flexible workforce (including AHPs and others), which is responsive to changing demand and able to work across care settings, care teams and care boundaries.	Strong record of working with other providers both in provider and HEI/FE sector.	C	Continue with current approach and strengthen partnership working through STP projects	complete	Director of TD&W/Divisional Education Leads//DMT	
		<b>2.3 Recruitment and retention</b>							
		2.3.1	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 roadmap <sup>42</sup> 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 ED&I action plan	ongoing through E & D	Chief Nurse/People Director	
		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	Confident 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 through R & R steering group	People Director /DMT	
2.3.3	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 work starting to be incorporated into projects for retention and recruitment and specifically around preceptorship.	C	Research partnership with Burdett and Birmingham to review self rostering. Flexibility sub group established as part of R & R actions to review different approaches to flexibility for generational needs. Joined RePAIR work on flexibility and NHSI retention collaborative	ongoing through R & R steering group	Associate Director of People/Director of TD&W/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.	<b>3.1 Productive working and eliminating waste</b>							
		3.1.1	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, safety crosses, 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	
		3.1.2	The organisation designs pathways to optimise patient flow and improve outcomes and efficiency e.g. by reducing queuing.	Incorporated into all service redesign	C	Clear focus on flow and avoiding bottle-necks in service design.	complete	Head of transformation/DMT	
		3.1.3	Systems are in place for managing and deploying staff across a range of care settings, ensuring flexible working to meet patient needs 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	Chief Nurse/DMT	
		3.1.4	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	Chief Nurse/DMT	
		3.1.5	The organisation supports staff to use their time to care in a meaningful way, providing direct or relevant care or care support. Reducing time wasted is a key priority.	Included as part of methodology of reviews of staffing. Direct care time monitored. Other roles utilised to maximise direct care	C	Continue with current approach	complete	Chief Nurse/DMT	
		3.1.6	Systems for managing staff use responsive risk management processes, from frontline services through to board level, which clearly demonstrate how staffing risks are identified and managed.	Clear escalation processes in place and risk register and AER system used to record, review and learn from any staffing issues	C	Continue with current approach and monitor ongoing trends with staffing risks	complete	Chief Nurse/DMT	
		<b>3.2 Efficient deployment and flexibility</b>							

<b>Expectation 3: Right place and time</b>	3.2.1	Organisational processes ensure that local clinical leaders have a clear role in determining flexible 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 workforce. This is systematically reviewed through 6 monthly staffing reviews reported to board	C	Continue with current approach	complete	Chief Nurse/DMT	
	3.2.2	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.	Clinical speciality, acuity, dependency and pathways included as part of the systematic review of staffing levels	C	Continue with current approach	complete	Chief Nurse/DMT	
	3.2.3	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.	Regular reviews of staffing levels planned and actual undertaken at care group, Division and trust wide level through daily staffing meetings linked to site.	C	Continue to strengthen the daily staffing meetings and utilise safecare information	complete	DDoN/DHN/Matrons/Site	
	3.2.4	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.	Escalation policies in place into site for unresolved staffing issues. Temporary staffing escalation in place and resource shared trustwide when required	C	Continue to strengthen the information into site around staffing resource	complete	DDoN/DHN/Matrons/workforce systems team	
	3.2.5	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 eRostering. Use of eRoster systematically reviewed and managed through the management team structure	C	Continue to strengthen the use of eRoster by utilising report function and reviewing compliance levels - specifically for: Approvals, unused hours, safecare	complete	DDoN/DHN/Matrons	
	<b>3.3 Efficient employment, minimising agency use</b>							
	3.3.1	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 give 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 closely aligned to the Retention & Recruitment and temporary staffing strategies and clear actions in place to maximise bank use (NHSP) and reduce agency	C	Continue with all of the actions to reduce temporary staffing use and increase use of bank staff.	complete	Chief Nurse/Associate Director of People/DMT	
	3.3.2	The organisation is actively working to reduce significantly and, in time, eradicate the use of agency staff in line with NHS Improvement's nursing agency rules, supplementary guidance and timescales.	Plan in place to reduce agency usage in line with NHSI guidance	C	Continue with all of the actions to reduce temporary staffing use and increase use of bank staff.	complete	Chief Nurse/Associate Director of People/DMT	
	3.3.3	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.	UHS fully engaged in development of STP workforce aspects and workforce plan based on actions	C	Continue with engagement in STP development	complete	CEO/Chief Nurse/DoE	
	3.3.4	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.	UHS fully engaged in development of STP workforce aspects and workforce plan based on actions	C	Continue with engagement in STP development	complete	CEO/Chief Nurse/DoE	
	3.3.5	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 services.	Strong systems in place to identifying placement capacity and monitor student allocation and quality across all staff groups	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	DoE/Education leads	

37 recommendations: 35 compliant 2 require further action

## UHS FT self-assessment and action plan

No.	Recommendation	NICE category Must (M) Should (S) Consider (C)	Current measures in place	Initial Assessed UHS rating (July 2014) C = compliant = Actions required	Identified actions required (24 compliant, 14 action)	Timescale	Lead	August 2022 compliance	August 2022 (37 compliant, 1 requiring action)
<b>Organisational strategy</b> - Recommendations for hospital boards, senior management and commissioners in line with NQB expectations									
1.1.1	Ensure patients receive nursing care they need regardless of ward, time, day.	M	Specialty and sub-specialty ward system in place Outlying/inlying patients monitored through site	C	Continued monitoring of compliance	Maintain	Clinical teams/DMT	C	Continued monitoring of compliance. Reconfiguration of ward specialties and skills occurring due to COVID-19 and ongoing review of skills taking place as part of staffing allocations.
1.1.2	Develop procedures to ensure ward staff establishments are sufficient to provide safe nursing care for each patient	M	6 monthly establishments reviews in place led by DoN team with DHN/Matron/ward leaders as appropriate.	C	Continued development of staffing review methodology linked to NICE guidance		Chief Nurse/DDoN/ DHN	C	6 monthly light touch review not completed in all divisions in March due to COVID-19 but all establishments reviewed regularly during crisis and as part of restart. Full reviews scheduled for July/Aug 2020
1.1.3	Ensure final ward establishments developed with registered nurses responsible and approved through chief nurse and trust board	M	6 monthly establishments reviews in place led by DoN team with DHN/Matron/ward leaders as appropriate. Reported and discussed through board	C	Strengthen involvement of ward sisters through supervisory competencies	Maintain	Chief Nurse/DDoN/ DHN	C	6 monthly reviews now involving ward leaders
1.1.4	Ensure senior nursing managers are accountable for nursing rosters produced	M	Reflected in job descriptions for DHN/Matrons/Ward Leader and included in ward leader competencies  Hierarchy in eRoster reinforces requirements	C	Strengthen the monitoring and follow up of roster KPI's	Maintain	Chief Nurse/DDoN/DHN/HR	C	Roster audits now reinstated and accountability for rosters clearly within ward leader and matron job roles. Workforce systems centrally supporting some roster approvals during the COVID-19 period
1.1.5	Ensure inclusion of adequate 'uplift' to support staffing establishment	M	23% uplift included in all inpatient nursing establishments	C	Continued monitoring of achievement of allocated 'uplift' through eRostering KPI's		DHN/Matron/Ward Leaders	C	Continued monitoring of achievement of allocated 'uplift' through eRostering KPI's. Focussed project taking place on headroom and headroom increases formally acknowledged due to COVID-19
1.1.6	Include seasonal variation/fluctuating patient need when setting establishments	M	Included as a consideration when setting establishments	C	Continued consideration at establishment reviews	Maintain	DDoN/DHN	C	Continued consideration at establishment reviews
1.1.7	Establishments should be set appropriate to patient need taking account of registered/unregistered mix and knowledge and skills required	S	Included as a consideration when setting establishments	C	Continued consideration at establishment reviews		DDoN/DHN	C	Continued consideration at establishment reviews
1.1.8	Ensure procedures in place to identify differences between on the day requirements and staff available	M	Escalation processes in place through bleep-holders through to site. Matrons responsible for reviewing staffing daily	C	Further strengthen the daily review processes through site. Strengthen the matron out of hours model to provide further oversight for staffing through to site	Maintain	DDoN/DHN/Matrons/Site	C	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
1.1.9	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 tab)	M	eReporting of incidents becoming embedded. Staff informally include red flag information	A	Formalise 'red flag' inclusions on e 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.	Maintain	DDoN/DHN/safety team	C	Red flag information now routinely captured through safecare (real-time) and reviewed through staffing hub. AER's also capture red flag information and this is reviewed systematically monthly and reported to board for trends. Included in staffing establishment reviews.
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 revisited policy re-issued May 2019. Agreed now compliant. Staffing hub set up during COVID-19 to take real-time view and manage staffing requirements across the trust
1.1.11	Actions to respond to nursing staff deficits on a ward should not compromise staff nursing on other wards	S	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	Mar-23	DDoN/DHN	A	Management of trustwide staffing deficits via the staffing hub have minimised the risk of this however continued vacancy position and capacity situation does not enable assurance that wards are not compromised by staff movements.



Organisational strategy - Recommendations	1.1.12	Ensure there is a separate contingency and response for patients requiring continuous presence 'specialling'	M	Specialling processes in place and agreed escalation process within divisions.	C	Review the process for requesting specialling support.	Maintain	DDoN/DHN	C	Escalation processes clear. Policy updated in 2020
	1.1.13	Consider implementing approaches to support flexibility such as adapting nursing shifts, skill mix, location and employment contracts	C	Variety of shift patterns worked within the trust and flexibility within rostering policy allows for variation	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
	1.1.14	Ensure procedures in place for systematic ongoing monitoring of safe nursing indicators and formal review of nursing establishments twice a year	M	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 strengthen the process	Maintain	DDoN/DHN	C	Included at establishment reviews
	1.1.15	Make appropriate changes to ward establishments as a response to reviews	M	Establishments amended as result of staffing reviews. Staffing review linked to budget setting process. Evidenced increases noted through trust board reporting	C	Continue to strengthen and evidence the process	Maintain	DDoN/DHN	C	Continue to strengthen and evidence the process
	1.1.16	Enable nursing staff to have appropriate training for the care they are required to provide	M	Strong track record of training within Trust. Individual care group education teams support ongoing development needs	C	Continue to strengthen and evidence the process	Maintain	DDoN/DHN/ Education leads	C	Continue to strengthen and evidence the process
	1.1.17	Ensure there are sufficient registered nurses who are experienced and trained to determine day-to-day staffing needs in 24 hour period	M	Bleep-holder role includes requirement to assess and review staffing and risk assess	A	Review to ensure all bleep-holders are competent and capable in staffing assessment and risk management	Maintain	DHN/Matron	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
	1.1.18	Organisation should encourage staff to take part in programmes to assure quality of nursing care and care standards	S	Nursing staff involved in range of quality improvement programmes e.g. essence of care, nursing practice, turnaround, clinical accreditation scheme	C	Continue to involve staff at all levels in nursing quality standard development	Maintain	DHN/Head of Quality and Clinical Assurance	C	Continue to involve staff at all levels in nursing quality standard development
	1.1.19	Involve nursing staff in developing nursing policies which govern nursing staff requirements such as escalation policies	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	<b>Principles for determining nursing staffing requirements</b> - Recommendations for registered nurses in charge of individual wards or shifts who should be responsible for assessing the various factors used to determine nursing staff requirements								
1.2.1		Use systematic approach to determining nursing staff 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	C	Continue to support staff at local ward level to understand establishments and staffing models	Maintain	DHN/Matrons/Ward Leaders	C	Continue to support staff at local ward level to understand establishments and staffing models. Staffing hub has strengthened the understanding of staff at different levels
1.2.2		Use a decision support toolkit endorsed by NICE to determine nursing staff requirements		Not yet available through NICE but UHS already uses nationally validated Safer Nursing Care Tool (SNCT) as part of methodology for reviewing staffing levels	C	Review NICE endorsed tools as they emerge	Continuous review of emerging national guidance	DDoN	C	Review NICE endorsed tools as they emerge. Continue to use endorsed SNCT and incorporate into safe care module.
1.2.3		Use informed professional judgement to make a final assessment of nursing staff requirements	M	Professional judgement used as mainstay of methodology for reviewing establishments and day to day staffing	C	Continue to support staff at local ward level to understand establishments and staffing models	Maintain	DHN/Matrons/Ward Leaders	C	Continue to support staff at local ward level to understand establishments and staffing models. Strengthened through the staffing hub
1.2.4		Consider using nursing care activities included in guidance as a prompt to help inform professional judgement (see separate tab)	C	Already considered routinely as part of professional judgement and methodology	C	Continue to support staff at local ward level to understand establishments and staffing models	Maintain	DHN/Matrons/Ward Leaders	C	Continue to support staff at local ward level to understand establishments and staffing models
For registered nurses responsible for the nursing staff establishment	<b>Setting the ward nursing staff establishment</b> - Recommendations for senior registered nurses responsible for determining nursing staff requirements or those involved in setting the nursing staff establishment of a particular ward									
	1.3.1	Setting ward establishments should involve designated senior registered nurses at ward level experienced and trained in determining nursing staff requirements using recommended tools	S	Ward sisters already involved in ward establishment reviews but approach needs strengthening.  Competency for establishment review included in ward leader competencies	A	Strengthen involvement and training of ward leaders and other nurses through staffing master classes	Maintain	DDoN/DHN/Workforce Systems	C	Current staffing review has full representation from ward leaders
				Methodologies not previously		Include nursing hours per patient as a methodology in the staffing reviews from November 2014	Maintain	DDoN/Workforce Systems	C	Care hours per patient day now embedded as part of monthly reporting and included in safecare module of eRoster. Used as part of 6 monthly review from July 2016. reviewed as a metric in the staffing hub



Setting the ward nursing staff establishment - Recommendations for senior management and matrons to support safe staffing for nursing at ward level	1.3.2	Routinely measure the average amount of nursing time required throughout a 24 hour period for each patient expressed as nursing hours per patient.	S	based on nursing hours per patient but safe nursing care tool and professional judgement	A	Introduce next version of eRostering which has functionality to convert data into hours per patient	Maintain	DDoN/Workforce Systems	C	Safe care rollout complete	
	1.3.3	Formally analyse the average nursing hours required per patient at least twice a year when reviewing the ward nursing staff establishments	S	Methodologies not previously based on nursing hours per patient but safe nursing care tool and professional judgement	A	Include nursing hours per patient as a methodology in the staffing reviews from November 2014	Maintain	DDoN/Workforce Systems	C	Care hours per patient day now embedded as part of monthly reporting and included in safecare module of eRoster. Used as part of 6 monthly review from July 2016	
	1.3.4	Multiply the average number of nursing hours per patient by the average daily bed utilisation	S	Methodologies currently based on using 100% bed occupancy - bed utilisation considered as part of the professional judgement	A	Introduce bed utilisation into the staffing review methodology for November 2014	Maintain	DDoN/Workforce Systems	C	Bed utilisation discussed as part of the staffing review since July - Sept 2015 particularly in admission areas. Continue to calculate on 100% bed occupancy	
	1.3.5	Add an allowance for additional nursing workload based on the relevant ward factors such as turnover, layout and size and staff factors	S	Already included in professional judgment considerations	C	Continued consideration at establishment reviews	Maintain	DDoN/DHN	C	Continued consideration at establishment reviews	
	1.3.6	Identify appropriate knowledge and nursing skill mix required - registered to unregistered - reviewing appropriate delegation	S	Trust baseline registered: unregistered 60:40 - no inpatient ward establishment drop below this. Assessed as part of professional judgement	C	Continued consideration at establishment reviews	Maintain	DDoN/DHN	C	Continued consideration at establishment reviews	
	1.3.7 and 1.3.8	Ensure planned uplift included in the calculation on average patients nursing needs	S	Trust baseline to include 23% on all ward establishments to cover uplift. Additional 0.8 wte uplift being rolled out for supervisory ward leader model	C	Continued consideration at establishment reviews. Continued monitoring of 23% headroom through eRostering	Maintain	DDoN/DHN	C	Continued consideration at establishment reviews. Continued monitoring of 23% headroom through eRostering	
	Assessing if nursing staff available on the day meet patients' nursing needs - Recommendations for registered nurses on wards	<b>Assessing if nursing staff available on the day meet patients' nursing needs - Recommendations for registered nurses on wards</b>									
1.4.1		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	S	Daily spreadsheet used in site to review safe staffing - Matrons expected to link with all wards to determine staffing levels	C	Continued review of staffing levels included as a key responsibility in the ward leader and matron role	Maintain	Ward Leaders/ Matrons/ DHN	C	Continued review of staffing levels included as a key responsibility in the ward leader and matron role. Oversight from the staffing hub now enhancing the 24 hr view	
1.4.2		Monitor the occurrence of the nursing red flag events throughout a 24hour period	M	Escalation processes in place through bleep-holders through to site. Matrons responsible for reviewing staffing daily and this should include red flags	A	Care groups/Divisions to develop processes for review, reporting and capture of red flags through escalation processes	Maintain	Ward Leaders/ Matrons/ DHN	C	Monitoring of red flags on ongoing basis and key metric considered at staffing hub huddles. Reflected in AER reporting	
1.4.3		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	M	Escalation processes in place through bleep-holders through to site. Matrons responsible for reviewing staffing daily and this should include red flags	A	Care groups/Divisions to develop processes for review, reporting and capture of red flags through escalation processes	Maintain	Ward Leaders/ Matrons/ DHN	C	Monitoring of red flags on ongoing basis. Reflected in AER reporting and noted in bleep-holder logs	
1.4.4		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	M	Escalation processes in place through bleep-holders through to site. Matrons responsible for reviewing staffing daily and this should include red flags	A	Care groups/Divisions to develop processes for review, reporting and capture of red flags through escalation processes	Maintain	Ward Leaders/ Matrons/ DHN	C	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.	
Monitor & evaluate ward nursing establishments - Recommendations for senior management and matrons to support safe staffing for nursing at ward level	<b>Monitor and evaluate ward nursing establishments - Recommendations for senior management and nursing managers or matrons to support safe staffing for nursing at ward level</b>										
	1.5.1	Monitor whether the ward nursing staff establishment adequately meets patients nursing needs using safe nursing indicators. Consider continuous data collection of these nursing indicators	S	Majority of safe nursing indicators already included as part of the clinical quality dashboard	A	Expand the clinical quality dashboard to include the identified safe nursing indicators	Maintain	DHN/DDoN/Head of Quality and Clinical Assurance	C	Clinical Quality Dashboard reviewed and relaunched September 2015. Review of indicators included as part of clinical accreditation scheme completed	
	1.5.2	Compare results of safe nursing indicators with previous results over 6 month period	S	Review as part of monitoring of clinical quality dashboard	A	Include review of safe nursing indicators as part of staffing reviews from 2015 onwards	Maintain	Matrons	C	Review of indicators included as part of clinical accreditation scheme and annual matron reviews completed	
1.5.3	Monitor all of the nursing red flags and safe nursing indicators linked to wards exceeding 1 RN to 8 patients during the day	S	1:8 indicator included in daily staffing spreadsheet as a trigger to review staffing	A	Matrons to review all safe nursing indicators routinely for all ward areas	Maintain	Matrons	C	Matrons review all safe nursing indicators routinely for all ward areas. Retrospective review of red flag/AER incidents included as part of staffing discussions.		

2022 Appendix 4

					Finance budgeted			Staffing Numbers						Planned on Template (long day factor applied)		Actual demand average in Sep 2022 (In Safe Care)	Actual CHPPD is calculated based on the nursing hours ward staff worked and the number of the patients at midnight	
Division	Care Group	Unit Name	Shift	Total Beds	Budgeted Nursing (WTE)	Budgeted Registered Staff (WTE)	Budgeted Unregistered Staff (WTE)	Demand Registered (Count)	Demand Unregistered (Count)	Total nurse per shift	Skill Mix (RN:URN)	Patients RN Ratio (RN: Patient)	Patients Nursing Ratio (Total Nurse: Patient)	Total Planned CHPPD	Safe care	Total Actual Demand CHPPD	Total Actual CHPPD	
Division A	Surgery	SUR Acute Surgical Admissions	Early	30	39.1	19.7	19.4	6	3	9	67:33	1:5	1:4	6.7	5.38	7.7	6.7	
		SUR Acute Surgical Admissions	Late	30				6	2	8	75:25	1:5	1:4					
		SUR Acute Surgical Admissions	Night	30				3	3	6	50:50	1:10	1:5					
		SUR Acute Surgical Unit	Early	12	24.6	13.8	10.8	3	2	5	59:41	1:5	1:3	12.4	9.96	6.4	12.4	
		SUR Acute Surgical Unit	Late	12				4	1	5	80:20	1:3	1:3					
		SUR Acute Surgical Unit	Night	12				2	3	5	40:60	1:6	1:3					
		SUR E8 Ward	Early	26	54.5	30.9	23.7	7	4	11	64:36	1:4	1:3	7.7	8.60	7.2	7.7	
		SUR E8 Ward	Late	26				7	4	11	64:36	1:4	1:3					
		SUR E8 Ward	Night	26				5	4	9	57:43	1:6	1:3					
		SUR E5 Lower GI	Early	18	28.2	18.7	9.5	4	2	6	66:34	1:5	1:4	7.2	6.08	61.0	7.2	
		SUR E5 Lower GI	Late	18				4	2	6	67:33	1:5	1:3					
		SUR E5 Lower GI	Night	18				2	2	4	50:50	1:9	1:5					
		SUR E5 Upper GI	Early	18	28.6	16.1	12.5	4	3	7	58:42	1:5	1:3	8.2	6.32	8.5	8.2	
		SUR E5 Upper GI	Late	18				3	2	5	60:40	1:6	1:4					
		SUR E5 Upper GI	Night	18				2	2	4	52:48	1:9	1:5					
		SUR F11 IF	Early	17	30.3	21.3	9.0	4	2	6	67:33	1:5	1:3	7.6	7.08	10.1	7.6	
		SUR F11 IF	Late	17				4	2	6	67:33	1:5	1:3					
		SUR F11 IF	Night	17				3	2	5	60:40	1:6	1:4					
		SUR F5 Ward	Early	28	37.0	20.4	16.6	5	3	8	63:38	1:6	1:4	6.1	5.29	6.7	6.1	
		SUR F5 Ward	Late	28				5	2	7	71:29	1:6	1:4					
SUR F5 Ward	Night	28	3	2				5	63:37	1:9	1:6							
Division B	Emergency Care	ECM Acute Medical Unit	Early	60	144.5	81.7	62.9	10	10	20	50:50	1:6	1:4	11.9	14.28	9.6	11.9	
		ECM Acute Medical Unit	Late	60				11	11	22	50:50	1:6	1:3					
		ECM Acute Medical Unit	Night	60				12	10	22	54:46	1:6	1:3					
	Cancer Care	CAN C4 Solent Ward Clinical Oncology	Early	23	39.3	23.6	15.7	5	3	8	63:37	1:5	1:3	8.6	6.36	7.9	8.6	
		CAN C4 Solent Ward Clinical Oncology	Late	23				5	3	8	62:38	1:5	1:3					
		CAN C4 Solent Ward Clinical Oncology	Night	23				3	2	5	60:40	1:8	1:5					
		CAN C6 Leukaemia/BMT Unit	Early	21	47.0	38.6	8.4	8	0	8	95:5	1:3	1:3	8.8	7.50	6.6	8.8	
		CAN C6 Leukaemia/BMT Unit	Late	21				8	0	8	95:5	1:3	1:3					
		CAN C6 Leukaemia/BMT Unit	Night	21				6	0	6	100:0	1:4	1:4					
		CAN C6 TYA Unit	Early	6	17.0	15.5	1.5	3	1	4	78:22	1:2	1:2	9.6	12.18	6.7	9.6	
		CAN C6 TYA Unit	Late	6				3	1	4	73:27	1:3	1:2					
		CAN C6 TYA Unit	Night	6				2	0	2	100:0	1:4	1:4					
		CAN C2 Haematology	Early	27	56.1	39.4	16.7	7	3	10	70:30	1:4	1:3	8.1	7.70	8.2	8.1	
		CAN C2 Haematology	Late	27				7	3	10	70:30	1:4	1:3					
		CAN C2 Haematology	Night	27				5	3	8	63:38	1:6	1:4					
		CAN D3 Ward	Early	22	34.6	21.6	13.0	5	3	8	63:38	1:5	1:3	8.0	6.57	8.1	8.0	
		CAN D3 Ward	Late	22				5	2	7	71:29	1:5	1:4					
		CAN D3 Ward	Night	22				3	2	5	60:40	1:8	1:5					
		Medicine	MED D5 Ward	Early	28	38.7	19.0	19.7	4	5	9	44:56	1:7	1:4	6.2	5.72	7.5	6.2
			MED D5 Ward	Late	28				3	4	7	43:57	1:10	1:4				
	MED D5 Ward		Night	28	3				3	6	50:50	1:10	1:5					
	MED D6 Ward		Early	24	39.3	14.6	24.7	3	5	8	38:63	1:8	1:3	6.5	6.18	6.2	6.5	
	MED D6 Ward		Late	24				3	3	6	50:50	1:8	1:4					
	MED D6 Ward		Night	24				3	3	6	49:51	1:9	1:5					
	MED D7 Ward		Early	16	23.7	12.0	11.7	2	3	5	41:59	1:8	1:4	6.9	7.45	6.5	6.9	
	MED D7 Ward		Late	16				2	3	5	40:60	1:8	1:4					
	MED D7 Ward		Night	16				2	3	5	40:60	1:8	1:4					
	MED D8 Ward		Early	24	34.0	14.7	19.3	3	5	8	39:61	1:8	1:4	5.9	6.13	6.9	5.9	
	MED D8 Ward		Late	24				3	3	6	51:49	1:8	1:5					
	MED D8 Ward		Night	24				3	3	6	50:50	1:8	1:4					
	MED D9 Ward		Early	28	40.3	19.0	21.3	4	5	9	44:56	1:7	1:4	5.5	5.67	6.4	5.5	
	MED D9 Ward		Late	28				3	4	7	43:57	1:10	1:4					
	MED D9 Ward		Night	28				3	3	6	50:50	1:10	1:5					
	MED D10 Isolation Unit		Early	18	31.0	13.7	17.3	3	4	7	44:56	1:6	1:3	7.1	6.98	6.4	7.1	
	MED D10 Isolation Unit		Late	18				3	3	6	52:48	1:6	1:3					
	MED D10 Isolation Unit		Night	18				2	2	4	50:50	1:9	1:5					
	MED E7 Ward		Early	26	33.4	14.7	18.7	3	4	7	43:57	1:9	1:4	6.3	6.25	9.5	6.3	
	MED E7 Ward		Late	26				3	3	6	49:51	1:9	1:5					
	MED E7 Ward		Night	26				2	2	4	48:52	1:13	1:7					
	MED F7 Ward		Early	20	31.3	15.0	16.3	2	4	6	33:67	1:10	1:4	5.5	5.92	8.4	5.5	
MED F7 Ward	Late		20	2				3	5	39:61	1:10	1:4						
MED F7 Ward	Night		20	2				2	4	50:50	1:10	1:5						
MED G5 Ward	Early		28	37.5	14.6	22.9	4	4	8	50:50	1:7	1:4	5.6	5.32	12.4	5.6		
MED G5 Ward	Late		28				4	4	8	50:50	1:7	1:4						
MED G5 Ward	Night		28				3	2	5	60:40	1:10	1:6						
MED G6 Ward	Early		26	36.9	14.6	22.3	4	4	8	50:50	1:7	1:4	5.5	5.75	9.3	5.5		
MED G6 Ward	Late		26				4	4	8	50:50	1:7	1:4						
MED G6 Ward	Night		26				3	2	5	60:40	1:9	1:6						
MED G7 Ward	Early		14	32.3	12.4	19.9	2	3	5	40:60	1:7	1:3	8.3	6.94	7.5	8.3		
MED G7 Ward	Late		14				2	2	4	50:50	1:7	1:4						
MED G7 Ward	Night		14				2	2	4	50:50	1:7	1:4						
MED G8 Ward	Early	26	37.5	14.6	22.9	4	4	8	50:50	1:7	1:4	5.6	5.38	8.2	5.6			
MED G8 Ward	Late	26				4	4	8	50:50	1:7	1:4							
MED G8 Ward	Night	26				3	2	5	60:40	1:9	1:6							
MED G9 Ward	Early	26	32.7	15.5	17.3	4	4	8	50:50	1:7	1:4	5.5	5.72	7.9	5.5			
MED G9 Ward	Late	26				4	4	8	50:50	1:7	1:4							
MED G9 Ward	Night	26				3	2	5	61:39	1:9	1:6							
MED Bassett Ward	Early	26	43.0	17.6	25.4	3	6	9	33:67	1:9	1:3	6.3	6.81	11.5	6.3			
MED Bassett Ward	Late	26				3	5	8	38:63	1:9	1:4							
MED Bassett Ward	Night	26				3	4	7	43:57	1:9	1:4							
MED C5 Isolation Ward	Early	14	27.6	12.9	14.7	3	3	6	50:50	1:5	1:3	9.3	8.58	6.9	9.3			
MED C5 Isolation Ward	Late	14				3	3	6	50:50	1:5	1:3							
MED C5 Isolation Ward	Night	14				3	1	4	75:25	1:5	1:4							

Planned CHPPD is calculated based on the type and number of the shifts set up in the Template and number of the beds in the ward

Actual demand CHPPD is calculated based on the Type and number of the patients in the ward

Actual CHPPD is calculated based on the nursing hours ward staff worked and the number of the patients at midnight

2022 Appendix 4

					Finance budgeted			Staffing Numbers						Planned on Template (long day factor applied)		Actual demand average in Sep 2022 (In Safe Care)	Actual average in Sep 2022 (Calculated on actual hours provided and
Division	Care Group	Unit Name	Shift	Total Beds	Budgeted Nursing (WTE)	Budgeted Registered Staff (WTE)	Budgeted Unregistered Staff (WTE)	Demand Registered (Count)	Demand Unregistered (Count)	Total nurse per shift	Skill Mix (RN:URN)	Patients RN Ratio (RN: Patient)	Patients Nursing Ratio (Total Nurse: Patient)	Total Planned CHPPD	Safe care	Total Actual Demand CHPPD	Total Actual CHPPD
Division C	Child Health	CHI Paed Medical Unit	Early	22	56.2	39.1	17.1	5	2	7	71:29	1:5	1:4	14.7	10.09	10.7	14.7
		CHI Paed Medical Unit	Late	22				5	2	7	71:29	1:5	1:4				
		CHI Paed Medical Unit	Night	22	41.0	40.0	1.0	5	2	7	72:28	1:5	1:4	14.9	14.92	11.5	14.9
		CHI Piam Brown Unit	Early	12				13	3	16	82:18	1:1	1:1				
		CHI Piam Brown Unit	Late	12				5	2	7	71:29	1:3	1:2				
		CHI Piam Brown Unit	Night	12	37.7	27.6	10.1	4	2	6	67:33	1:3	1:2	8.7	7.34	9.5	8.7
		CHI Ward E1 Paed Cardiac	Early	16				6	2	7	77:23	1:3	1:3				
		CHI Ward E1 Paed Cardiac	Late	16				5	2	7	75:25	1:4	1:3				
		CHI Ward E1 Paed Cardiac	Night	16	12.6	12.6	0.0	4	1	5	80:20	1:5	1:4	8.4	17.97	9.7	8.4
		CHI Ward G2 Neuro	Early	6				2	2	4	50:50	1:3	1:2				
		CHI Ward G2 Neuro	Late	6				2	2	4	49:51	1:4	1:2				
		CHI Ward G2 Neuro	Night	6	46.2	31.6	14.6	2	2	4	50:50	1:3	1:2	9.8	11.02	9.0	9.8
		CHI Ward G3	Early	20				6	4	10	60:40	1:4	1:3				
		CHI Ward G3	Late	20				6	4	10	60:40	1:4	1:3				
		CHI Ward G3	Night	20	53.7	38.6	15.1	5	3	8	63:38	1:4	1:3	9.7	13.77	12.4	9.7
	CHI Ward G4 Surgery	Early	18	6				3	9	68:32	1:3	1:2					
	CHI Ward G4 Surgery	Late	18	6				3	9	68:32	1:3	1:2					
	CHI Ward G4 Surgery	Night	18	28.8	17.6	11.2	5	2	7	72:28	1:4	1:3	8.3	6.05	4.7	8.3	
	W&N Bramshaw Womens Unit	Early	18				3	2	5	62:38	1:6	1:4					
	W&N Bramshaw Womens Unit	Late	18				3	2	5	62:38	1:6	1:4					
	W&N Bramshaw Womens Unit	Night	18	62.5	42.8	19.7	2	2	4	54:46	1:9	1:5	14.0	9.87	7.6	14.0	
	CAR Coronary Care Unit	Early	22				7	2	10	74:26	1:4	1:3					
	CAR Coronary Care Unit	Late	22				7	2	9	74:26	1:4	1:3					
	CAR Coronary Care Unit	Night	22	43.3	22.4	21.0	7	3	10	74:26	1:4	1:3	7.5	7.52	8.0	7.5	
CAR Ward D4 Vascular	Early	22	5				3	8	62:38	1:5	1:3						
CAR Ward D4 Vascular	Late	22	5				3	8	62:38	1:5	1:3						
CAR Ward D4 Vascular	Night	22	31.5	19.9	11.5	3	3	6	51:49	1:8	1:4	7.7	7.21	7.1	7.7		
CAR Ward E2 YACU	Early	17				4	2	6	67:33	1:5	1:3						
CAR Ward E2 YACU	Late	17				4	2	6	68:32	1:5	1:3						
CAR Ward E2 YACU	Night	17	39.6	25.8	13.8	2	2	4	51:49	1:9	1:5	6.4	6.05	8.2	6.4		
CAR Ward E3 Green	Early	24				4	4	8	49:51	1:6	1:3						
CAR Ward E3 Green	Late	24				4	3	7	60:40	1:6	1:4						
CAR Ward E3 Green	Night	24	32.5	15.9	16.6	2	3	5	41:59	1:12	1:5	7.6	6.62	8.5	7.6		
CAR Ward E3 Blue	Early	18				4	3	7	58:42	1:5	1:3						
CAR Ward E3 Blue	Late	18				4	2	6	68:32	1:5	1:3						
CAR Ward E3 Blue	Night	18	37.6	22.4	15.2	2	2	4	52:48	1:9	1:5	7.5	7.67	7.0	7.5		
CAR Ward E4 Thoracics	Early	20				4	3	7	55:45	1:5	1:3						
CAR Ward E4 Thoracics	Late	20				4	3	8	55:45	1:5	1:3						
CAR Ward E4 Thoracics	Night	20	29.5	12.9	16.6	4	2	6	69:31	1:6	1:4	8.0	7.00	12.9	8.0		
CAR Ward D2 Cardiology	Early	15				3	2	5	61:39	1:5	1:3						
CAR Ward D2 Cardiology	Late	15				3	2	5	61:39	1:5	1:3						
CAR Ward D2 Cardiology	Night	15	61.8	22.7	39.1	2	2	4	51:49	1:8	1:4	7.8	7.85	8.6	7.8		
NEU Acute Stroke Unit	Early	28				4	7	11	36:64	1:7	1:3						
NEU Acute Stroke Unit	Late	28				4	7	11	36:64	1:7	1:3						
NEU Acute Stroke Unit	Night	28	32.6	25.3	7.3	3	5	8	38:63	1:10	1:4	10.6	11.50	10.0	10.6		
NEU HASU	Early	13				4	1	5	81:19	1:4	1:3						
NEU HASU	Late	13				4	1	5	81:19	1:4	1:3						
NEU HASU	Night	13	25.9	16.3	9.7	4	1	5	80:20	1:4	1:3	16.7	9.08	7.6	16.7		
NEU Regional Transfer Unit	Early	10				3	1	4	77:23	1:4	1:3						
NEU Regional Transfer Unit	Late	10				3	1	4	76:24	1:4	1:3						
NEU Regional Transfer Unit	Night	10	61.0	28.8	32.2	2	2	4	50:50	1:5	1:3	8.0	7.96	7.8	8.0		
NEU Ward D Neuro	Early	27				5	5	10	50:50	1:6	1:3						
NEU Ward D Neuro	Late	27				5	5	10	50:50	1:6	1:3						
NEU Ward D Neuro	Night	27	47.6	28.8	18.9	4	5	9	45:55	1:7	1:4	8.5	7.30	8.5	8.5		
NEU Ward E Neuro	Early	26				5	3	8	63:38	1:6	1:4						
NEU Ward E Neuro	Late	26				5	3	8	63:38	1:6	1:4						
NEU Ward E Neuro	Night	26	41.6	22.7	18.9	4	3	7	57:43	1:7	1:4	7.9	6.89	8.4	7.9		
SPI Ward F4 Spinal	Early	22				4	3	7	57:43	1:6	1:4						
SPI Ward F4 Spinal	Late	22				4	3	7	57:43	1:6	1:4						
SPI Ward F4 Spinal	Night	22	36.1	16.6	19.5	3	3	6	50:50	1:8	1:4	6.9	5.55	13.7	6.9		
T&O Ward Brooke	Early	18				3	3	6	50:50	1:6	1:3						
T&O Ward Brooke	Late	18				3	3	6	50:50	1:6	1:3						
T&O Ward Brooke	Night	18	26.5	13.2	13.4	2	3	5	41:59	1:9	1:4	17.3	11.55	7.5	17.3		
T&O Trauma Admissions Unit	Early	8				2	2	4	50:50	1:4	1:2						
T&O Trauma Admissions Unit	Late	8				2	2	4	50:50	1:4	1:2						
T&O Trauma Admissions Unit	Night	8	65.5	34.9	30.6	2	2	4	50:50	1:4	1:2	8.6	7.78	9.6	8.6		
T&O Ward F1 Major Trauma Unit	Early	32				6	5	11	55:45	1:6	1:3						
T&O Ward F1 Major Trauma Unit	Late	32				6	5	11	55:45	1:6	1:3						
T&O Ward F1 Major Trauma Unit	Night	32	52.9	22.7	30.2	5	5	10	50:50	1:7	1:4	7.9	7.29	10.0	7.9		
T&O Ward F2 Trauma	Early	26				4	5	9	44:56	1:7	1:3						
T&O Ward F2 Trauma	Late	26				4	5	9	44:56	1:7	1:3						
T&O Ward F2 Trauma	Night	26	52.9	22.7	30.2	3	4	7	43:57	1:9	1:4	8.9	8.37	11.2	8.9		
T&O Ward F3 Trauma	Early	24				4	6	10	40:60	1:6	1:3						
T&O Ward F3 Trauma	Late	24				4	6	10	40:60	1:6	1:3						
T&O Ward F3 Trauma	Night	24	32.9	18.3	14.6	4	5	9	44:56	1:6	1:3	6.7	6.96	7.5	6.7		
T&O Ward F4 Elective	Early	18				3	5	8	38:63	1:8	1:3						
T&O Ward F4 Elective	Late	18				3	5	8	38:63	1:8	1:3						
T&O Ward F4 Elective	Night	18	2	3	5	4	2	6	66:34	1:5	1:4	2	3	5	40:60	1:9	1:4
T&O Ward F4 Elective	Late	18				3	2	5	60:40	1:6	1:4						
T&O Ward F4 Elective	Night	18				2	3	5	40:60	1:9	1:4						

Planned CHPPD is calculated based on the type and number of the shifts set up in the Template and number of the beds in the ward

Actual demand CHPPD is calculated based on the Type and number of the patients in the ward

Actual CHPPD is calculated based on the nursing hours ward staff worked and the number of the patients at midnight

## Specific Divisional issues emerging - Ward Staffing Review 2022

### Division A

With recent uplifts the established staffing levels are now appropriate in the majority of wards (excepting F5) for the level and acuity of patients in Division A.

Skill mix remains an issue and therefore investment and support into the education teams currently is key.

It has been noted that all areas have seen an increase in both acuity & dependency and additionally an increase in patients presenting with Mental Health conditions requiring 1:1 nursing.

#### ***Areas to be put forward at budget setting post 2022 review – Division A:***

F5 have a slightly lower nurse/patient ratio than other surgical wards and this will need a review based on the acuity of patients (major ENT ops).

It was decided that the request for a transfer team for ASU should be removed as this was felt not to be the best solution, future considerations will include an increase in footprint to accommodate new direct pathways which would require an increase in WTE.

It is worth noting that the SDU (Surgical Day Unit) is currently funded for 6 overnight inpatient beds. This unit has been running with 18+ overnight patients consistently for the past 6 months (and at times 24pts). This is currently staffed by bank/agency. The unit is undergoing a review and the future use may change. If it is decided to accommodate an increased number of inpatients on a permanent basis this will require extra funding for a substantive workforce.

### Division B

Medicine care group have adjusted staffing numbers to reflect the changes associated with decentralisation of covid out of the MOP footprint. This has been managed at a local level and not reflected in budget requests.

The original band 5/band 4 ratio across Medicine and MOP was based on historic difficulty in recruiting RN staff. With the decrease in vacancy and increase in acuity the care group have had an uplift of band 4 posts to band 5 across all areas.

Alongside this, establishments have been realigned to reflect a standard approach to allocation of B4 nursing associates across the care group as an approach to support our ongoing pipeline for registered nurses. The care group is also seeing the benefit from the uplift in 2021/22 budget:

- D6 and D9 extra RN at night to support increased acuity by increasing RN to patient ratio
- D9 and D8 extra RN on late to support opening of GLIBU
- E7 additional bay

Going forward Medicine are going to see an increase of 24 beds linked to the new ward build due to be completed in summer 2023.

Cancer care continues to see a sustained increase in acuity across their wards and continue to recruit to the below posts funded through budget setting 2022/23:

- Band 7 post on TYA and 1 x B5, 1 B6 and 0.5 HCA

- C4 - 2 x B5, 2 x B2
- D3 - 4.21 B2
- C6 - 0.6 x B2
- C7 1.4 B6 uplifted to band 7 and 2 x B5

Likely to see a further increase in acuity as CAR-T goes live, the nursing uplift for this has been approved through the CAR-T business case and recruitment due to start imminently. Going forward cancer care is going to see an increase of 2 beds linked to the new ward build due to be completed in summer 2023.

It should be noted that Division B have specifically seen a rise in episodes of violence and aggression within the clinical areas. Management of these incidents requires a responsive increased staffing level to protect both the staff and patients.

### ***Areas to be put forward at budget setting post 2022 review – Division B:***

#### ***Medicine/MOP***

C5 staffing budget based on level 1 patient care but again due to covid, C5 has become a mixed L1/L2 facility to care for covid patients. .

If ongoing plan is to continue to use C5 in this capacity, staffing budget will need to reflect the uplift in RN ratio to maintain this.

Bassett opened originally as a 20 bedded MOP ward and staffing budget transferred from F7. Bassett has consistently used all 26 beds available since opening, and staffing increased to support this.

This uplift will need to be reflected permanently in the staffing budget, as currently only recognised non-recurrently.

Medicine have been allocated 24 additional beds in the new ward build, due to open summer 2023. Request that staffing budget reflects the appropriate ratios for the size of the ward and the expected acuity of the patients.

#### ***Cancer Care***

No current asks as a reflection of the approved CAR-T business case and substantial uplift from budget setting 2021/22.

### **Division C (excluding Midwifery)**

Overall established staffing levels are appropriate in the majority of wards for the level and acuity of patients in Southampton Children's Hospital and Women's Health.

Piam Brown is an exception to this and is currently undergoing a further staffing review due to increased demand and acuity and will need an uplift of registered nurses. This will enable the ward to be able to flexibly offer a high dependency level of care for complex patients and for the environment to be recognised as delivering care at this level. This would support recruitment and retention across the unit and form part of the workforce strategy being developed for the Paediatric Oncology service. To fill the gap of current registered vacancies we are trialling Health Care Support Workers (6.0 wte - one per shift) in this clinical environment.

Budget has been provided to open a paediatric admission ward (as an extension on Paediatric medical ward) to support emergency flow and weekend working on G3



(which historically had a different number of commissioned beds at the weekend compared to weekdays). In addition, SCH has had an uplift in E1 staffing to support 2 more HDU beds within the ward environment.

***Areas to be put forward at budget setting post 2022 review – Division C:***

G3 and Bramshaw (and PB) are undertaking a further detailed review of acuity and will be putting forward proposals to uplift registered nurses to increase the acuity of beds.

**Division D**

All of division D budget establishments have required further in-depth review following the staffing establishment review meeting in August.

Previously the majority of established staffing levels have been appropriate for the level of acuity in all care groups. Despite some wards receiving budget uplifts this year, some budgets have become misaligned to required establishments, the reasons for this are multifaceted.

The divisional finance manager who was newly appointed this year, working with the DHN and the matrons, are realigning budgets with establishments, which will have some implications at budget setting for next year, particularly for CV&T.

Division D have continued to see additional pressures on staffing models in areas where the acuity and dependency continues to increase. The number of patients requiring enhanced care and specialist mental health nursing continues to increase and creates additional staffing pressures across all care groups.

F4 spines underwent a full establishment review. They are under pressure when they have more than one tetraplegic patient, as some require 1:1 care, at times over the past year they have had up to 6 at any one time. They have received additional therapy support and the team are supported to ensure staffing is safe at these times, but this breaches their normal staffing establishment.

Division D still do not have a model which allows the bleep holder to be supernumerary at night in CVT and Neuro. The increasing acuity of the patients, reduction in the advanced practice cover and expertise, increasing capacity challenges and reducing skill mix are putting additional requirements on the bleep holder who cannot be released from practice to support.

This was not previously supported at budget setting and remains of real concern.

***Areas to be put forward at budget setting post 2022 review – Division D:***

The division will again be presenting a case to support supernumerary bleep holders at night in Neuro and CVT as these remain the only care groups within the trust that do not have funding to support this, due to the increase in pressures within ED and on patient flow out of hours this is now considered an essential requirement going forward.

CCU, CHDU (Cardiac High Dependency Unit) and D2 will require uplifts to their current budgets to maintain safe staffing levels following the realignment of budgets to required establishments. This is due to the increase in acuity and changes to pathways.

# RCN Nursing Workforce Standards – May 2021

## Overview

	Standard	Standard	Standard	Standard	Standard	Standard
Responsibility and Accountability	Executive nurses set nurse staffing and report to Executive Boards	Nurse establishments based on service demand and user need	Business continuity plans enable staffing for safe effective care	Nursing workforce is recognised and valued		
Clinical Leadership and Safety	Each nursing service has a Registered Nurse Lead	Nurse leaders receive dedicated workforce planning time	Practice development time considered when defining workforce	Apply sufficient uplift when calculating nursing workforce	Substantive nursing workforce below 80% is exceptional	Nursing workforce is prepared and works within scope of practice
Health, Safety and Wellbeing	Nursing workforce rostering accounts for safe shift working	Nursing workforce is treated with dignity and respect	Nursing workforce is supported in healthy safe environments	Nursing workforce is supported to practice self care		