



Trust Headquarters



Lancashire Teaching  
Hospitals  
NHS Foundation Trust

# Board of Directors

## Annual Safe Staffing Review – Nursing 2024/2025

<b>Report to:</b>	Safety and Quality Committee	<b>Date:</b>	3 April 2025
<b>Report of:</b>	Chief Nursing Officer	<b>Prepared by:</b>	S Morrison, C Gregory, N Ross

### Purpose of Report

<b>For approval</b>	<input checked="" type="checkbox"/>	<b>For ratification</b>	<input type="checkbox"/>	<b>For discussion</b>	<input type="checkbox"/>	<b>For information</b>	<input type="checkbox"/>
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## Executive Summary

The purpose of this report is to detail the findings of the Lancashire Teaching Hospitals NHS Foundation Trust 2024/25 annual nursing and midwifery safe staffing review.

The report has been scrutinised by the Safety and Quality committee and endorsed with the exception of the financial analysis associated with the report, this was not able to be finalised in time for the committee therefore is included in this report as appendix 11 and 12.

The safe staffing review included 54 clinical areas comprising of assessment, adult inpatient, maternity, neonatal and children and young people assessment and areas. In scope for this safe staffing review was also any non-recurrently funded wards and beds used as additional clinical areas.

The safe staffing reviews used a triangulated approach aligned to National Quality Board (NQB) recommendations which included a check on right staff, right skills, right place and time, with relevant workforce information and the patient safety, patient experience and clinical effectiveness indicators for each specific clinical area (NQB Safe sustainable and productive staffing, 2016).

A positive correlation can be made demonstrating improved patient safety and quality metrics in those clinical areas where recruitment and retention is successful, leadership is consistent, training and appraisals are compliant and where fill rates are above 85%, reinforcing the requirement to substantively fill Registered Nursing (RN) and Health Care Assistant (HCA) vacancies to improve the outcomes for patients and staff.

The reviews this year have considered more closely the effectiveness of the ward manager(s) and where necessary, wards have been identified as requiring additional oversight. This oversight will be provided through the deputy Chief Nurse 1:1 with the Divisional Nurse Directors and each ward identified in this category will have a specific improvement plan developed.

Areas that require focused improvement have been identified as part of the annual review process and include, HCA vacancy rates and career pathways, sickness levels, effective rostering and enhanced therapeutic observations of care. Workstreams to drive improvements in these areas have been identified and will be progressed.

There will be no increase in overall budget as a result of the annual review, however there will be changes between departments in response to the review to ensure the appropriate levels of skill and staffing are available. The staffing review 2024/25 have led to a saving of £599k. This is captured as schemes within the Waste Reduction Programme. Each scheme has undergone an Equality Quality Impact Assessment.

Overall, the revised establishments recommended in the 2024/25 annual safe staffing review recommended by the Chief Nursing Officer will deliver safe, effective and sustainable staffing levels for the organisation and meet the requirements of the NICE Safe Staffing Guidelines (2014) and the National Quality Board (NQB) Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time (2016). The appendices provide a summary of the safe staffing guidance used alongside a triangulated view of data relating to each of the wards reviewed and underpins the judgements made within the safe staffing assessments.

The safe staffing review has been endorsed by the Chief Nursing Officer and the Chief Medical Officer in line with the NQB recommendations.

It is recommended that the Board of Directors:

- I. Approve the annual staffing review 2024/2025, noting no overall increase in budget requirements as a result of the review and a financial saving contribution of £599k.
- II. Note the staffing levels aligned to increased occupancy in ED and endorse the secondary review of Emergency Department run rate spend associated with escalation to improve the management of the department.
- III. Note, in line with the recommendation from NHS Improvement Workforce Safeguards guidance, the Chief Nursing Officer confirms they are satisfied with the outcome of the annual safe staffing assessment and that whilst risks remain present staffing is safe, effective and sustainable.

Appendix 1- Triangulated data used to inform the safe staffing review

Appendix 2- Operational risks relating to staffing

Appendix 3- Children's and young People Dashboard

Appendix 4 - Structured Professional Judgment Template

Appendix 5- National Staffing Guideline summary

Appendix 6- NHS Improvement staffing improvement resources

Appendix 7- NQB Safe sustainable and productive staffing recommendations 2016

Appendix 8- Developing Workforce Safeguards (2018) Gap analysis - NHS England: An Introduction to Safer Staffing

Appendix 9 - Developing Workforce Safeguards – Safer Nurse Care Tool Assessment Criteria

Appendix 10 - ED RPH staffing levels in response to fluctuating capacity and operational scenarios

Appendix 11 – Financial analysis

Appendix 12 – Neurosurgical Rapid Improvement week outcome

## Trust Strategic Aims and Ambitions supported by this Paper:

Aims	Ambitions		
To offer excellent health care and treatment to our local communities	☑	Consistently Deliver Excellent Care	☑

To provide a range of the highest standard of specialised services to patients in Lancashire and South Cumbria	<input checked="" type="checkbox"/>	Great Place To Work	<input checked="" type="checkbox"/>
To drive innovation through world-class education, teaching and research	<input type="checkbox"/>	Deliver Value for Money	<input checked="" type="checkbox"/>
		Fit For The Future	<input checked="" type="checkbox"/>
Previous consideration			
None			

## 1. INTRODUCTION

- 1.1. The purpose of the nursing and midwifery safe staffing review is to set an appropriate staffing resource, to deliver safe care within the inpatient bed base, using a robust, systematic process. Whilst the review includes a review of the maternity areas, Birthrate plus is the guiding assessment for maternity, maternity services undertake a separate 6 month safe staffing review utilising the Birthrate plus assessment, however the areas are included in the safe staffing process for all areas.
- 1.2. This process has been led by the Chief Nursing Officer and Deputy Chief Nursing Officer.
- 1.3. 54 clinical establishments for inpatient and assessment areas across Lancashire Teaching Hospitals NHS Foundation Trust (LTHTR), have been reviewed as part of the 2024/25 annual nursing and midwifery safe staffing review. The appendices provide a summary of the safe staffing guidance used alongside a triangulated view of data relating to each of the wards reviewed and underpins the judgements made within the safe staffing assessments.
- 1.4. This report details the findings of triangulating workforce information with safety, patient experience and clinical effectiveness indicators in order to review the appropriate staffing requirements to provide safe and effective care for patients.
- 1.5. The report fulfils the requirement outlined in the National Quality Board (NQB 2016) staffing guidance, supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time and uses further sector specific evidence based improvement resources. These include:
  - Safe, sustainable and productive staffing: An improvement resource for neonatal care (2018)
  - Safe, sustainable and productive staffing: An improvement resource for children and young people's inpatient wards in acute hospitals (20218)
  - Safe, sustainable and productive staffing – An improved resource for adult inpatient wards in acute hospitals (2018)
  - Safe, sustainable and productive staffing - An improvement resource for urgent and emergency care (2018)
- 1.6. An overview of these guidelines are presented in Appendix 6 and 7.
- 1.7. The expectations of safe staffing are further strengthened by NHS Improvement, Developing Workforce Safeguards (2018). Organisations will be assessed annually for Trust's compliance with the guidance.
- 1.8. The contents of this annual workforce review addresses each area of the guidance. Provider performance will be monitored against five themes:
  - Service quality
  - Finance and resources

- Operational performance
- Strategic change
- Leadership and improvement capability

1.9. Appendix 8 and 9 contains a list of the guidance and recommendations and LTHTR response to each standard.

## 2. SCOPE

2.1. The review will triangulate evidence based tools and data, professional judgments and outcome data for 54 clinical areas which include assessment areas, adult inpatient areas, maternity services, neonates and children and young people areas.

Medicine Division	Surgical Division	Women's and Children	Diagnostic and Clinical Support (DCS)
ED (RPH)	Neuro High Care	Ward 8	Critical Care Unit (CrCU)
ED Children's	Ward 2a	Paediatric Assessment Unit (PAU)	Buttercup (CHH)
Acute Assessment Unit	Ward 2b	Paediatric Day case	Meadow (CHH)
Acute Frailty Assessment Unit	Ward 2c	Neonatal Unit (NNU)	Orchard Residential
Bleasdale Ward	Ward 3	Gynaecology Ward	
NRU (Barton)	Ward 4	Gynaecology Early Pregnancy Assessment Unit	
Acute Medical Unit (RPH)	Ward 10	Maternity A	
CCU RPH	Ward 11	Maternity B	
Ward 17	Ward 12	Delivery Suite	
Ward 18	Ward 14	Maternity Assessment Suite	
Ward 21	Ward 15		
Ward 23	Ward 16		
Ward 24	Major Trauma Ward		
Ward 25	Ribblesdale Unit		
Enhanced High Care Unit	Surgical Assessment Unit		
ED (CDH)	SECU		
MAU (CDH)	Surgical Unit (CDH)		
Brindle	Leyland Ward		
CCU CDH			
Rookwood A			
Rookwood B			
Hazelwood			
Cuerden			

## 3. CONTEXT

3.1. The safe staffing establishments are set at ward and departmental level with ward manager permission and expectations to:

- Manage health rosters, using workforce resources effectively and publishing at least 6 weeks in advance
- Recruit substantively to maternity leave for registered (RN) and Health Care Assistants (HCA).
- Manage safe staffing in an affordable way within the headroom allocation and flexing staffing to accommodate any fluctuations in service need.
- Request an establishment review at any time if the assessment and professional judgement of the ward manager (after discussion with their Matron and Divisional Nurse Director (DND)) is not considered to be meeting the needs of the patients.
- Out of hours the Tactical Operational Officers have delegated authority to enact actions to preserve safety within the remit of the safe staffing policy.

3.2. With Divisional Nurse approval there is the ability to:

- Request additional bank staff in response to changes in patient acuity or dependency

3.3. With Chief Nursing Officer approval there is the ability to:

- Request additional agency staff in response to changes in patient acuity or dependency where all other options have been explored and where safety would otherwise be compromised.

These controls have been strengthened in the last 12 months as a consequence of the financial position of the organisation. The controls take into consideration the important balance of being able to access staff in response to changes in acuity and the requirement to manage the budget.

### 3.4. Vacancies

Despite high volume recruitment the vacancies for Band 2 and 3 HCA remain high at c162 FTE. HCA recruitment continues to be an area of focus with continued investment in recruitment campaigns.

Actions taken to date to recruit and retain include:

- The Trust Welcome Event has been reviewed and refreshed to ensure it is up to date, relevant, and engaging information for our new starters.
- Focused work on known or anticipated challenges. In 2024 a number of interventions have been introduced to support HCA retention, including: launch of a Buddy Training Workshop, Healthcare Support Worker intranet pages, including career pathway information. A Healthcare Support Worker monthly bulletin is now sent out to communicate key messages, and a national recognition day now takes place annually and grew significantly this year.
- The method of collecting leaver feedback has been improved with a view to improving colleague experience and ultimately retention, with a new dual approach to ensure that

leavers have a rich 2 way leaver conversation with their line manager but can also submit an anonymous leaver survey as well.

- Improvements to the Trust reward and recognition programme, including enhancement of the annual 'Our People Awards', re-launch of the LTHTR Proud programme, development of a new long service scheme, and launch of an annual 'Thankyou week'.
- Continued partnership with the local area to raise awareness and generate audiences for our vacancies, including Local Authorities (LA), Colleges, Job centres and third sector providers.
- Leadership development opportunities through the Organisational Development team
- Developed new Theatre Support Worker video and campaign.
- Launched new digital flipbook which has a focus on Healthcare Support Worker roles.
- Continued investment in social media advertisement, branding, better together campaign, #WeAreHCSWs and #WeAreTheNHS national campaigns.
- Successful central interview days for HCAs – reducing our time to hire from 70+ days on average to 50 days on average.
- Developed an application form course which is delivered for us by Lancashire Adult Learning and is for people who need extra support.
- HCA recruitment and retention group to specifically focus discussions and actions.
- Pre-employment courses provided as part of widening participation work, with a guaranteed HCA role following the completion of the course.
- Introduction of the Healthcare Assistant Apprenticeship role – 19 commenced in post in September 2024.
- Probationary conversations have been updated to include the content previously covered in a stay conversation, to ensure new starters are supported in terms of them feeling welcomed and supported through their early months.

### **3.5. Themes identified through the staffing reviews that present an opportunity to improve**

#### Healthcare Support Workers (HCA)

The HCA vacancy rate continues to remain high at 162 FTE to date (19 February 2025). This has not improved significantly in the last year. This presents a risk to providing high quality care and a number of actions are being tested to explore how an improved career option and experience can be provided to HCA. This is critical to ensure high quality HCA are retained and are able to grow into the nurses of the future. A scoping exercise is being undertaken to understand current band 2 and band 3 roles and how these align to the NHSE role descriptors to ensure accurate banding in light of the national banding union action. There is a requirement to deliver an internal progression scheme that allows HCA band 2 to progress into a band 3 that is more appealing than the current option.

#### **3.5.1 Sickness**

Sickness rates in all inpatient units exceed the 4% target. This is multifactorial and has been above the target for the last two years. Influencing factors in the clinical environment include enhanced levels of care, violence and aggression, stress, increased occupancy levels, complex health and home circumstances. Ensuring staffing establishments are fit for purpose is an essential contribution to managing sickness levels. Staff frequently report the adverse

experiences that lead to prolonged periods of sickness, this should be considered a fundamental link to safe staffing. The lack of consistency when delivering care to complex people in teams impacts on the quality of patient care and on the experience of those delivering it, often having further compounding impacts on the sickness rates. Reducing rates of sickness and absence reduces costs and has a positive impact on patient care, a renewed focus in this area is planned for the coming year. The Professional Nurse Advocate and Professional Midwifery Advocate programme is a critical component of managing restorative clinical supervision, which is essential for supporting nurses' mental health and well-being. The organisation has 39 PNA and is currently achieving 31% of an aspiration of a 1:20 ratio. To achieve this LTHTR requires 139 PNA. Training programmes continue to run within the organisation.

### **3.5.2 Roster Key Performance Indicators**

The management of rosters is key to delivering safe care. The ability to monitor and track this for assurance is critical and a number of roster metrics have been agreed to allow greater oversight and scrutiny on roster management to ensure the best care possible is delivered within the allocated resource. The introduction of roster efficiency meetings within each division in January 2024 has occurred to ensure a standardised approach to effectively managing rosters and resource. The development of the Daily Management System (DMS) is designed to support workforce decision making for a safe and affordable model of care and where there are opportunities to reduce variable spend and the reliance on temporary workforce.

### **3.5.3 Enhanced Therapeutic Observations (ETO) (Previously known as 1:1 or specialing)**

Effective ETO management contributes to the safety and experiences of people who may be more vulnerable in the hospital setting and improves the efficient use of nurse staffing resources to support the care of patients. The Trust's Single Improvement Plan (SIP) has an identified Safeguarding workstream.

The objective of this workstream is to:

- Improve experiences of people with mental health conditions, learning disability and autism
- Improve the experience of staff for patients by building an accessible set of evidence-based interventions that equip staff with the confidence to care for patients and understanding of when and how to access specialist advice.
- Provide appropriate training to minimise the requirement for security interventions
- Improve the environment where care is delivered for people with mental health, learning disability or autism diagnosis.
- Establish mechanisms to capture the experiences of patients and carers in this group.

The Safer Nursing Care Tool includes the assessment of the average number of patients requiring ETO. There will always remain times when extenuating patient circumstances require individualised plans of care. The approach to the staffing reviews and the ETO programme is to reduce the likelihood of requiring ETO outside of the set establishments by including the need within the base establishment.

### **3.5.4 Increased Activity**

Across both medicine and surgical division, the theme of increase activity in the evening has been identified as a theme relating to two distinct factors, one - patient discharge and transfers late and two specifically to neurosurgical theatre session timing related to late transfers from recovery. Action to address these themes have already commenced with the introduction of the Continuous Flow model being scaled throughout the Trust. Further exploration is needed moving forward to review shift times to understand the best way to support service needs once continuous flow has been implemented.

## **4 EFFECTIVE WORKFORCE PLANNING**

4.1 The NHS Improvement, Developing Workforce Safeguards (2018) recommend the annual workforce reviews consider the following:

- Patient acuity and dependency using an evidence-based tool (where available)
- Activity levels
- Seasonal demand
- Service developments
- Contract commissioning
- Service changes
- Staff supply
- Temporary staffing above the set planned establishment
- Patient and staff outcome measures

Each of the 9 areas described were considered within each individual review.

## **5. MONTHLY REPORTING**

A comprehensive monthly safe staffing report is presented to the Safety and Quality Committee providing assurance in relation to the planned versus actual nurse staffing, triangulated with the ED dashboard, adjacent to the safety and quality dashboard. This report has evolved in the past 12 months and is now present as an assurance report providing summary of the data, actions taken and assurance against any risks. In recognition of the risks associated with Maternity and Children these staffing reports are disaggregated to ensure clear line of sight in these services.

Staffing levels are represented as percentage fill rates for each ward area and submitted to NHS Choices each month. The fill rate is calculated from the number of actual hours worked by staff as a percentage of the number of hours required. The required hours are as agreed through the regular staffing and skill mix reviews. This analysis is then converted to Care Hours per patient day (CHPPD) as a principle measure to support staff deployment but is not a view of quality.

## 6. ANNUAL REVIEW

The annual review will be presented to Trust Board in April 2025 which is in line with the NQB guidance requiring approval at Trust Board following scrutiny at Safety and Quality committee.

The Maternity biannual and annual staffing reviews have been completed in 2024 and presented to Board. The next Birst Rate Plus audit is due to commence in early 2025.

## 7. METHODOLOGY

A triangulated multidisciplinary approach by the Chief Nursing Officer has been used to undertake the safe staffing reviews. The reviews include evidence-based tools, such as the Shelford Safer Nursing Care Tool (SNCT) acuity model, National Institute for Clinical Excellence (NICE 2014) guidance and RCN guidance alongside a structured professional judgement (Appendix 5) completed by those leading the services and a review of the key performance outcome measure for each area.

The review provided leaders with the opportunity to scrutinise quality, safety, rostering and workforce metrics alongside staff and patient feedback and any additional concerns or good practice associated with staffing and the wider provision of delivering excellent care with compassion.

Findings within the review have been confirmed as being appropriate using a structured professional judgement by the Matrons and DND's and benchmarking data where available.

The methodology of the reviews includes feedback from each ward/department manager and matron with overall sign off by the Divisional Nursing Director (DND) and cross checking against wards and establishments of similar size and acuity to ensure consistency of approach. The annual reviews this year have been undertaken with a structured approach with presentation of data and measure followed by an open multidisciplinary discussion.

The reviews include a triangulated review of the following information:

- Evidence based acuity and dependency data (Safer nursing care tool) where available
- Registered Nurse and Health Care Support Worker fill rates
- Safety and quality outcome – incidents of harm, patient experience, staff experience.
- Sickness / Turnover
- Vacancy
- Training compliance
- Ward size
- STAR outcomes
- Leadership capability
- Roster efficiencies
- Budgetary spend

A professional discussion based on the presented information and the structured professional judgment was undertaken, a check and challenge cross portfolios reviewed to ensure a consistent standardised

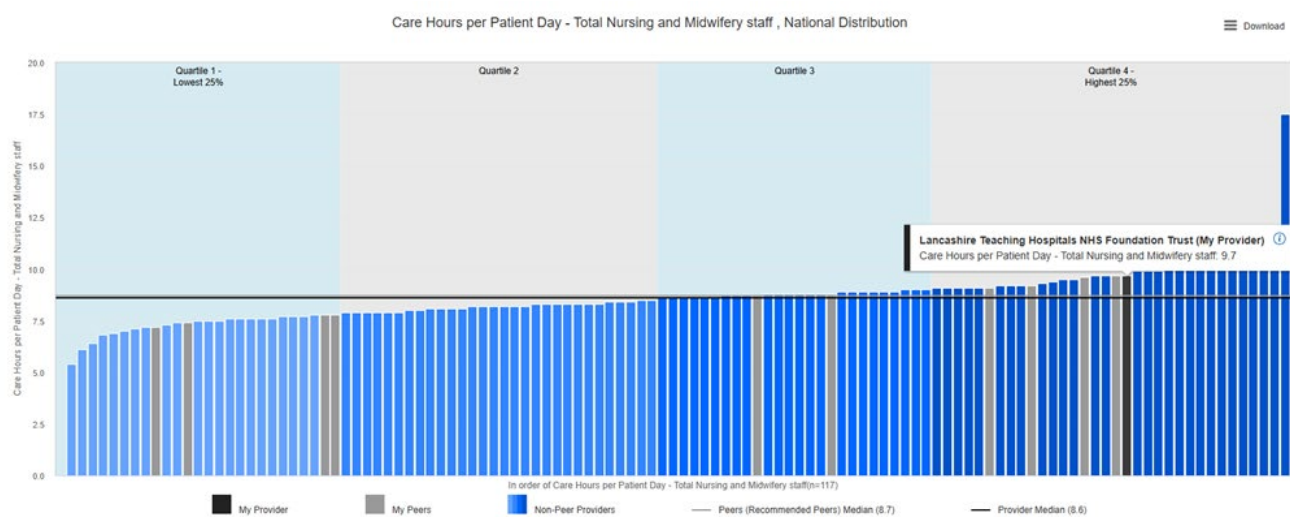
approach, the final professional judgements were agreed incorporating key nursing standards for ward manager time to lead and headroom requirements.

It is important to note, there will always be patients that require a significant level of care and this is not built into the establishment routinely given the cost associated with doing this. It was agreed that the autonomy to make additional requests in response to individual needs of patients would remain part of the ward managers role on the grounds of patient safety with authorisation through the divisional nurse director for bank and Chief Nurse for agency.

8. PROFESSIONAL JUDGEMENT AND PEER COMPARISON

The NICE and NHS Improvement staffing guidelines recommend the use of informed professional judgement to make the final assessment of the nursing needs of each clinical area. This review enacts the judgement of a number of senior nurses, considering professional guidance and safety and quality indicators to reach an agreement.

Graph 3 – Model Hospital Lancashire Teaching peer comparison using CHPPD – November 2024



Establishment Care Hours Per Patient Day (CHPPD) are the number of hours of care combining nurses and HCA divided by the number of beds in the hospital.

It is a high level, national proxy for staffing to bed ratios, some assurance can be gained from the positioning of the organisation against peer, however, contextual information such the number of enhanced care areas (7 at LTHTR) relating to providing tertiary services and the significant fluctuation of escalation beds which are not reflected in the model hospital return. The data in graph 3 reflects Model hospital data from (September 2024) and places Lancashire Teaching Hospitals in the 4<sup>th</sup> quartile for CHPPD.

**Table 1 – CHPPD compared to recommended peer organisations. (November 2024)**

Peers	CHPPD Feb 24
Mid Yorkshire Teaching NHS Trust	7.2
University Hospitals Plymouth NHS Trust	7.4
Royal Cornwall Hospitals NHS Trust	7.8
University Hospitals Coventry and Warwickshire NHS Trust	7.8
South Tees Hospitals NHS Foundation Trust	8.7
North Bristol NHS Trust	8.8
University Hospitals of North Midlands NHS Trust	9.1
Stockport NHS Foundation Trust	9.2
Northampton General Hospital NHS Trust	9.6
Lancashire Teaching Hospitals NHS FT	9.7
University Hospitals of Morecambe Bay NHS Foundation Trust	9.7

## 9. LEADERSHIP

The role of the ward manager is pivotal to the delivery of safety and quality outcomes for patients. The roles impact and influence on the effectiveness of the day to day running of a ward cannot be underestimated. The ward manager role in ensuring quality, safety and the patients experience is critical. The roles have protected 80% time to lead and 20% working clinically as part of the team (60% time to lead for smaller units with equal to or less than 11 beds or where there are 2 ward managers, this applies to the wards with equal to or more than 28 beds).

Time to lead can be defined as any duty that contributes to the delivery of safety, effectiveness and experience. This may include but not be exclusive to mentoring, clinical supervision, roster management, responding to clinical incidents, implementing improvements and supporting staff. However, it should be noted that although time to lead is allocated, on wards where vacancies are high, the ward manager will often need to work clinically to bridge gaps in safe staffing. This can compromise their ability to deliver the leadership requirements and is closely monitored. The reviews this year have considered more closely the effectiveness of the ward manager(s) and where necessary, wards have been identified as requiring additional oversight. This oversight will be provided through the deputy Chief Nurse 1:1 with the Divisional Nurse Directors and each ward identified in this category will have a specific improvement plan developed.

## 10. EMERGENCY DEPARTMENT (ED)

In response to continued escalation of the ED exit block risk (ID25), the ED dashboard receives additional scrutiny and is disaggregated to enable a view of adults and children and is monitored at divisional improvement forums, Safety and Quality Committee and operational performance monitored at Finance and Performance committee monthly. The indicators are demonstrating a service under sustained pressure with specific area of improvement required in average time to see a clinician, total length of time in the department, Friends and Family Feedback FFT) and the STAR quality assurance outcomes.

The annual review identifies that the current staffing levels are only suitable for the department when it is not escalated. There is an escalation staffing plan that was approved as part of the August 2024 safe staffing review on the understanding there would be an aim to reduce the occupancy in the department and therefore permanent recruitment to the escalated levels of staffing would not be pursued at that time. The staffing escalation plans for RPH ED reflect a staged approach based on occupancy and escalation levels within the department with titrated staff increases aligned to patient demand. This is outlined in appendix 11. Whilst this maintains safety due to requirement to increase staffing to respond to peaks in activity it leads to continual overspend on high-cost agency.

The same continues to occur at CDH and appendix 11 outlines the staffing escalation procedures associated with CDH ED. The review identified the staffing model and skill mix requires further work to convert run rate into substantive staff if the current occupancy levels continue and a recommendation of this review is that this is considered as a separate case to address the longstanding variable pay activity within the ED associated with increased occupancy. The department has been open overnight as a medical escalation area 83% of the time for the past year.

Given the sustained periods of escalation the review recommends undertaking a further review of occupancy and escalation levels in ED with a view to reducing reliance on agency and bank. This is included in the recommendations of the report.

## **11. CHILDREN AND YOUNG PEOPLE**

Paediatric nurses are in place at RPH in line with RCN and NHS Improvement guidance and monitored along with child specific outcome measures as part of the Children and Young People Safety and Quality monthly papers.

The paediatric ED staffing requirements reflect the need to respond to a child brought in for resuscitation as well as managing the triage, assessment and treatment of children in the ED and reflect the RCN and NHS Improvement guidance. Appendix 4 provides the associated outcome measures relating to children and young people. The professional judgement for children is that the staffing levels set are sufficient to meet the needs of the service for the ED.

Ward 8 staffing skill mix was reviewed as part of the annual review process. Using the SNCT data to provide assurance alongside the professional judgment to understand service needs and demand.

## **12. CRITICAL CARE**

Critical care levels have been reviewed within the year and the proportions of levels of care defined and agreed to be eighteen level 3 beds, twelve level 2 beds, and four level 1 beds. Based on the agreed levels of care the staffing numbers and skill mix have been adjusted to align to this. The service metrics are indicating a stable service, and the nurse staffing meets the Guidance for the Provision of Intensive Care Society (GPICS) standards.

### **13. ENHANCED CARE AREAS**

Neuro High Care (NHC), Enhanced Respiratory High Care (ERHC), and Hyper Acute Stroke Unit (HASU) were reviewed within the annual safe staffing process using SNCT data, a structured professional judgment and GPICS to undertake a check and challenge. All proposed staffing modes are in line with enhanced care standards.

### **14. WARD 17 (Elderly Care)**

Through the review process the methodology has identified that the staffing model on ward 17 was not optimum for maintaining safety. Using a peer review approach, alongside the professional judgment and safety metrics a revised staffing model has been recommended from the annual review reflecting the increased levels of enhanced therapeutic observations and the benefit of having less bank workers in any area with risk factors relating to restrictive practices.

### **15. NEURORHABILITATION UNIT (NRU)**

Current staffing model aligns to 13 speciality beds, there are 16 speciality beds within neurorehabilitation. A proposed staffing model for 16 beds was presented in the annual review 2022 which was not enacted at that time. Mitigation on the grounds of safety have been in place through the use of additional shifts and utilising RN over establishment in this unit. This will now be addressed as part of the staffing review.

### **16. TRIANULATION OF METRICS**

Using the workforce information, patient safety, patient experience and clinical effectiveness indicators provides insight into the clinical areas / services indicating stability, improvement and services that require additional support.

#### **a. Surgery**

- i. Within the division the clinical areas that have maintained or demonstrated improvement against safety metrics are ward 10, ward 12, Major Trauma Wards, Ribblesdale, SECU, and Leyland ward, with these areas also maintaining a GOLD STAR accreditation.
- ii. Elevated sickness levels have been identified as a theme throughout the Trust, within the surgical division there are a number of areas that are noted to have a rolling sickness close to the Trust target of 4%, these are Ward 2b, ward 10, ward 12, and Ward 14.
- iii. Through review of the data and professional discussion the areas indicating needing additional support and focus due to safety metrics and workforce metrics have been highlighted as Surgical Assessment Unit.

## **b. Diagnostics and Clinical Support (DCS)**

- i. Analysis of the outcome metrics for patients and staff and professional judgment for the critical care unit identified evidence of safe staffing establishments. The safety and quality metrics for Critical Care indicate a safe, stable service.
- ii. The Community Health Care Hub has shown variable safety and quality metrics. Improvements have been noted after feedback, but continued focus is needed.

## **c. Women's and Children's**

- i. Safety metrics have remained static, sickness remains a focus across all woman and children's areas.
- ii. A first divisional rapid improvement was hosted in January focused on flow and safety.
- iii. Through review of the data and professional discussion ward 8 has been highlighted as requiring continued focus as they continue their improvement trajectory. Patient experience metrics have shown a positive improvement since the last review.
- iv. The midwifery service undertakes an independent safe staffing review with Birth Rate Plus which is the nationally recommended provider for maternity staffing reviews. The next review is due in 2025. Phase 2 of birthrate plus funding will be considered as part of 2025/25 budget pressures.

## **d. Medicine**

- i. Within the division the clinical areas that have maintained or demonstrated improvement against safety metrics are, Acute Frailty Unit, MAU / AMU (RPH), Coronary care Unit (RPH), ward 18, Brindle ward, and Hazelwood. Showing improvements through either STAR accreditation rating, or with a combination of reductions in specific safety metrics.
- ii. Elevated sickness levels have been identified as a theme throughout the Trust, within the medicine division there are a number of areas that are noted to have a rolling sickness close to the Trust target of 4%, these are ED (RPH), NRU, Coronary care Unit (RPH), and Enhanced Respiratory High Care.
- iii. Through review of the data and professional discussion the areas indicating enhanced oversight is required due to safety and workforce metrics have been highlighted as Rookwood B, Ward 17, Bleasdale, Neurorehabilitation Unit (NRU), Cardiac Unit (CDH), Coronary care Unit (RPH), and ED Children's.

## **17. FINANCIAL IMPLICATIONS**

There will be no increase in overall budget as a result of the annual review, however there will be changes between departments in response to the review to ensure the appropriate levels of skill and staffing are available. The staffing reviews have led to a saving of £535k, of this £282k is already identified as a scheme in the waste reduction programme, the remaining £253k will contribute towards a new waste reduction scheme. The detail of this is contained within appendix 11.

Appendix 12 outlines the changes made to the neurosurgery footprint following rapid improvement event that led to the reconfiguration and savings contribution of £64k as well as a reduction of £308k in variable pay associated with this area.

The annual review plus the neurosurgical reconfiguration have resulted in an overall savings contribution of £599k This is captured within the Waste Reduction Programme. It should be noted changes associated with the WRP schemes have all been subject to an EQIA.

## **18. SAFE STAFFING GOVERNANCE**

Safety and Quality Committee continue to receive monthly safe staffing papers for adults, children and maternity. The papers are separated to ensure sufficient detailed oversight of the specialties is achieved and the introduction of medical staffing fill rates is evolving first through the maternity staffing paper.

Safe staffing policies are in place for each area and the DND's retain accountability for ensuring the deployment of staff in response to patient demand. The matrons operationalise these moves with site management arrangements in place 24/7 to ensure clear lines of escalation and support are available as situations change.

Equality, quality impact assessments (EQIAs) are completed before any amendments can be made to establishments outside these annual processes and will require approval by the Chief Nursing Officer. EQIAs are also completed on any establishment with greater than a 60:40 split of RNs to HCAs.

The operational risks relating to staffing are detailed within appendix 3, not all are directly related in clinical areas within the annual review but all have the potential to impact safety within the clinical areas, and are reflected within the strategic risk Consistently Deliver Excellent Care.

## **19. CHANGES TO ESTABLISHMENT**

- a. Appendix 1 outlines the data used to assess each department and the changes agreed as a result of the annual review.

## 20. CONCLUSION

The staffing reviews for 2024 / 2025 have complied with the requirements of the NQB guidance detailed within the appendix.

As part of this review the Chief Nursing Officer confirms they are satisfied with the outcome of the annual safe staffing assessment and that whilst risks remain present as detailed within the strategic and operational risk register, staffing is safe, effective and sustainable. (Workforce Safeguards 2018).

The HCA vacancy levels continue to be an area of focus at this time. The competition in the job market is making it difficult to attract and retain HCA, therefore further strategies will be explored to address the persistent gap in the workforce and create a career pathway for band 2 to band 3 within the organisation.

The Single Improvement Plan will continue to provide the milestone tracking for the enhanced therapeutic observation work aimed at reducing the level of restricted practice.

The staffing review is now complete and has identified the staffing establishment required to meet the needs of patients within the identified 54 areas. The reviews have resulted in an overall savings contribution of £599k. This is captured within the Waste Reduction Programme.

The safe staffing review has been endorsed by the Chief Nursing Officer and the Chief Medical Officer in line with the NQB recommendations.

## 21. RECOMMENDATION

It is recommended that the Board of Directors:

- i. Approve the annual staffing review 2024/2025, noting no overall increase in budget requirements as a result of the review and a financial saving contribution of £599k.
- ii. Note the staffing levels aligned to increased occupancy in ED and endorse the secondary review of Emergency Department run rate spend associated with escalation to improve the management of the department.
- iii. Note, in line with the recommendation from NHS Improvement Workforce Safeguards guidance, the Chief Nursing Officer confirms they are satisfied with the outcome of the annual safe staffing assessment and that whilst risks remain present staffing is safe, effective and sustainable.

Appendix 1- Triangulated data used to inform the safe staffing review

Appendix 2- Operational risks relating to staffing

Appendix 3- Children's and young People Dashboard

Appendix 4 - Structured Professional Judgment Template

Appendix 5- National Staffing Guideline summary

Appendix 6- NHS Improvement staffing improvement resources

Appendix 7- NQB Safe sustainable and productive staffing recommendations 2016

Appendix 8- Developing Workforce Safeguards (2018) GAP analysis - NHS England: An Introduction to Safer Staffing

Appendix 9 - Developing Workforce Safeguards – Safer Nurse Care Tool Assessment Criteria

Appendix 10 - ED RPH staffing levels in response to fluctuating capacity and operational scenarios

Appendix 11 – Financial analysis

Appendix 12 – Neurosurgical changes following Rapid Improvement Week

Appendix 1- Triangulated data used to inform the safe staffing review

Ward/Dept	No of Beds 2024	No of Beds 2023	Funded WTE Excluding ward manager, HK & WC	Professional Judgement WTE excluding ward manager, HK & WC	Professional Judgement staffing numbers per Day	Professional Judgement staffing numbers per Night	RN Vacancy (B7, 6, 5) November 2024 (over)	HCA Vacancy (B4, 3, 2) November 2024 (over)	Safer Nursing care Tool Recommended WTE excluding ward manager	Acuity with Enhanced Therapeutic Observation of Care	Planned CHPPD	Actual CHPPD November 2024	Difference	Skill Mix % RN/HCA	Ward Manager Time to lead split 00/20 - 60/40	House keeper	Ward Clerk	Nurse to Patient Ratio Days	Nurse to Patient Ratio Nights	Falls Oct 23 - Sept 24	Pressure Ulcers Oct 23 - Sept 24	Clostridium difficile Oct 23 - Sept 24	Medication Errors with Ham Oct 23 - Sept 24	Violence and aggression incidents Oct 23 - Sept 24	Rolling Sickness % FTE	Rolling Turnover % FTE	STAR rating (accreditation audit October 2024)	Friends and Family October 2024 Good %	Friends and Family October 2024 Poor %	Friends and Family October 2024 Responses	Complaints Oct 23 - Sept 24
ED (RPH) (adult)	62	62	151.67	150.04	19+10	19+10	7.04	20.99	63	N/A	4.2	N/A	-	6733	60/40	Yes	No	N/A	N/A	103	89	2	15	173	4.25%	20.21%	81%	62%	26%	219	121
ED (RPH) (children)	31	3	27.08	27.08	3+2	3+2	0.81	5.74	12.1	N/A	3.93	N/A	-	5941	60/40	No	No	N/A	N/A	0	0	0	3	12.34%	10.52%	93%	70%	22%	23	0	
AAU	18	18	43.84	43.84	4+4	4+4	0.56	9.36	28.25	29.52	9.72	9.27	0.45	5050	80/20	Yes	Yes	1.4.5	1.4.5	21	10	0	2	10	8.93%	3.41%	88%	100%	0%	4	8
Acute Frailty	10	10	22.22	21.32	2+1+1	2+2	(0.86)	1.87	16.49	21.07	9.97	9.98	-0.01	5050	60/40	Yes	Yes	1.5	1.5	13	3	1	0	1	5.49%	-	99%	100%	0%	4	0
Bleasdale Ward	22	22	38.35	38.44	3+1+4	2+4	(1.42)	8.65	30.97	40.52	6.62	7.82	-1.20	3763	80/20	Yes	Yes	1.7.3	1.11	78	19	1	1	24	5.01%	18.84%	91% gold	100%	0%	2	2
NRU (Barbon)	16	16	27.78	29.61	2+4	2+3	(5.73)	0.56	26.63	43.71	6.01	8.53	-2.52	3763	80/20	Yes	Yes	1.5.3	1.8	13	7	1	1	25	4.24%	7.54%	96% gold	75%	0%	8	0
MAU (RPH) / AMU	42	29	55.62	112.49	11+1+9	10+1+9	(6.87)	3.51	55.32	66.58	7.31	11.73	-4.42	5149	80/20	Yes	Yes	1.3.8	1.4.2	58	28	6	7	28	7.18%	15.93%	88%	0%	50%	2	25
CCU RPH	6	6	15.11	14.04	3+1short4 days	2	(0.89)	(0.60)	10.7	10.7	10.44	10.71	-0.27	95/5	60/40	No	Yes	1.2	1.3	4	1	0	0	1	4.41%	-	93%	100%	0%	15	0
Ward 17	32	32	48.65	54.16	4+7	3+6	(2.06)	3.47	53.35	69.63	6.21	7.89	-1.68	34/66	60/40	Yes	Yes	1.8	1.10.7	80	50	7	1	47	8.17%	17.27%	91%	100%	0%	1	27
Ward 18	28	28	48.65	48.65	4+1+5	3+5	(6.94)	8.89	36.13	44.09	7.02	7.42	-0.40	38/62	60/40	Yes	Yes	1.7	1.9.3	34	11	3	2	18	8.32%	9.71%	95%	81%	19%	16	7
Ward 21	24	24	57.64	56.59	3+1+4 Stroke High Care 2+1	2+4 Stroke High Care 2+1	(5.31)	1.29	36.93	43.8	10.03	11.04	-1.01	43/57	80/20	Yes	Yes	1.6.3 & 1.2.5	1.9.5 & 1.2.5	48	10	1	0	10	9.74%	11.26%	96%	100%	0%	8	6
Ward 23	34	34	54.48	54.47	5+1+5	4+5	(7.46)	7.32	48.5	55.22	6.59	7.54	-0.95	44/56	60/40	Yes	Yes	1.6.8	1.8.5	57	26	6	3	25	5.95%	11.62%	91%	79%	21%	14	20
Ward 24	32	32	59.4	56.91	5+1+6	3+6	(2.64)	9.14	41.03	52.41	7.58	7.9	-0.32	37/63	60/40	Yes	Yes	1.6.4	1.10.7	77	40	4	0	28	7.43%	11.89%	91% gold	40%	20%	5	24
Ward 25	24	24	37.45	38.34	4+1+3	3+3	(3.34)	1.15	36.13	40.71	6.78	6.3	0.48	50/50	80/20	Yes	Yes	1.4.8	1.8	43	12	12	1	6	10.85%	5.95%	91%	88%	13%	8	21
Enhanced Respiratory High Care	11	11	55.31	43.61	4+3	4+3	(2.77)	1.85	16.08	29.03	17.45	13.57	3.88	57/43	60/40	Yes	Yes	1.2.8	1.2.8	10	48	3	5	23	4.98%	14.64%	88%	100%	0%	4	12
ED (CDH)	14	18	24.34	29.84	8+3	-	1.98	4.36	47.9	N/A	1.15	N/A	-	71/29	60/40	Yes	No	N/A	N/A	13	9	0	3	17	9.47%	5.26%	90%	89%	7%	264	23
MAU (CDH)	32	29	63.37	63.37	6+1+4	6+1+4	1.94	7.42	53.51	56.53	8.35	10.32	-1.97	57/43	60/40	Yes	Yes	1.5.3	1.5.3	58	22	5	17	29	10.24%	9.28%	99% gold	90%	10%	21	42
Brindle	30	30	45.9	45.9	4+1+5	3+4	(0.66)	4.91	38.36	48.58	6.11	6.51	-0.40	40/60	60/40	Yes	Yes	1.7.5	1.10	45	23	4	3	3	8.76%	16.75%	91%	56%	19%	16	18
Cardiac Unit CDH	10	10	18.82	18.81	3+1	2+1	(1.41)	0.31	18.49	18.49	6.94	6.95	-0.01	71/29	60/40	No	Yes	1.3.3	1.5	20	11	0	0	6	6.66%	-	98% gold	100%	0%	51	2
Rookwood A	24	24	47.61	46.6	4+1+5	2+5	(1.46)	7.88	38.41	48.11	7.82	7.3	0.52	35/65	80/20	Yes	Yes	1.6	1.12	57	13	2	4	42	7.03%	11.43%	92%	No data	No data	No data	12
Rookwood B	24	24	46.61	46.61	4+1+5	2+1+4	(1.14)	8.80	43	49.12	7.15	7.65	-0.50	35/65	80/20	Yes	Yes	1.6	1.12	46	30	2	2	22	8.49%	2.24%	92% gold	No data	No data	No data	16
Hazelwood	19	19	32.84	32.84	3+1+3	2+3	(0.94)	5.55	26.55	27.48	6.79	6.77	0.02	41/59	80/20	Yes	Yes	1.6.3	1.9.5	34	17	3	2	1	10.57%	6.80%	92% gold	100%	0%	8	21
Quenden	24	24	47.75	46.6	4+1+5	2+5	(4.06)	8.60	34.6	51.53	7.71	7.6	0.11	35/65	80/20	Yes	Yes	1.6	1.12	44	12	2	3	20	12.12%	18.37%	92%	96%	4%	26	4
Neuro High Care	10	10	29.84	35.35	4+2	4+3	(5.32)	0.82	19.58	23.56	12.9	16.49	-3.59	61/39	60/40	No	No	1.2.5	1.2.5	5	7	1	3	14	10.03%	5.37%	94% gold	83%	17%	6	2
Ward 2a	17	17	32.83	32.83	4+3	2+3	(2.90)	(1.23)	22.45	32.28	8	11.4	-3.40	50/50	80/20	Yes	Yes	1.4.25	1.8.5	28	16	2	0	5	7.69%	13.34%	97% gold	100%	0%	8	2
Ward 2b	17	17	32.83	32.83	4+3	2+3	(0.94)	0.33	28.98	31	7.98	10.47	-2.49	50/50	80/20	Yes	Yes	1.4.25	1.8.5	30	14	3	1	25	4.67%	9.47%	94%	100%	0%	4	5
Ward 2c	17	17	32.83	32.83	4+3	2+3	(1.62)	1.49	22.84	28.06	8.17	9.85	-1.68	50/50	80/20	Yes	Yes	1.4.25	1.8.5	20	13	2	1	3	6.04%	24.23%	92% gold	100%	0%	6	5
Ward 3	14	14	27.32	27.32	3+3	2+2	(0.78)	3.78	15.43	21.71	9.41	10.01	-0.60	50/50	80/20	Yes	Yes	1.4.67	1.7	4	11	5	0	8	5.90%	5.34%	97% gold	77%	23%	13	8
Ward 4	26	26	38.34	38.34	4+2+3	2+1+2	(1.66)	5.36	29.65	32.3	7.9	8.72	-0.82	43/57	80/20	Yes	Yes	1.6.5	1.11	23	15	2	0	8	5.28%	1.48%	97% gold	100%	0%	7	11
Ward 10	29	29	43.15	43.15	5+1+3	3+4	(2.74)	1.57	37.24	38.84	6.22	7.07	-0.85	49/51	60/40	Yes	Yes	1.5.8	1.9.7	35	10	9	0	5	3.90%	10.91%	96% gold	80%	10%	20	17
Ward 11	22	22	35.6	35.6	4+4	2+3	(0.38)	2.10	25.61	25.83	8.54	8.37	0.17	46/54	80/20	Yes	Yes	1.5.5	1.11	9	9	1	1	1	7.86%	12.66%	96% gold	96%	0%	27	2
Ward 12	33	33	45.9	48.65	5+1+4	3+1+4	(1.46)	6.73	36.56	42.27	6.09	6.45	-0.36	43/57	60/40	Yes	Yes	1.6.6	1.11	25	19	9	5	5	4.56%	14.71%	95% gold	76%	18%	17	13
Ward 14	25	24	42.83	42.83	4+1+4	2+4+1RN twilight	(1.22)	(0.40)	34.54	47.9	7.29	8.2	-0.91	42/58	80/20	Yes	Yes	1.4.55	1.10	23	44	1	0	5	4.59%	2.14%	96% gold	83%	17%	6	7
Ward 15 unit 1	33	33	54.16	54.16	3+1+2	2+2	1.33	8.04	21.86	26.41	5.33	6.73	-1.40	50/50	60/40	Yes	Yes	1.6	1.9	13 (+53 as a whole prior to change)	41	12	1 (+7 for w15 as a whole prior to change)	1	6.87%	2.88%	89% gold	No data	No data	No data	5
Ward 15 unit 2					3+1+2	2+2			19.15	22.54	7.86	9.37	-1.51	50/50	60/40			1.5	1.7.5	4 (+53 as a whole prior to change)			1 (+7 for w15 as a whole prior to change)	1	6.87%	2.88%	89% gold	No data	No data	No data	
Ward 16	25	24	42.83	42.83	4+1+4	2+4+1RN twilight	0.62	2.84	34.91	48.91	7.46	8.63	-1.17	42/58	80/20	Yes	Yes	1.6.35	1.10	27	29	4	0	8	6.42%	4.39%	94% gold	100%	0%	8	5
Major Trauma Ward	10	10	27.08	27.08	3+1+2	2+2	(0.42)	3.30	15.07	16.9	12.13	16.03	-3.90	49/51	60/40	Yes	Yes	1.3.33	1.5	4	7	4	0	7	9.29%	12.47%	93% gold	100%	0%	6	1
Ribblesdale Unit	24	24	40.72	41.09	5+1+3	2+1+3	(4.21)	6.12	31.33	34.76	7.16	7.86	-0.70	46/54	80/20	Yes	Yes	1.4.8	1.12	59	44	6	6	2	8.42%	6.65%	96% gold	75%	25%	4	13
Surgical Assessment Unit RPH	17	17	47.84	47.84	6+1+4	3+1+2	(0.60)	3.28	18.4	18.51	22	16.22	5.78	52/48	80/20	Yes	Yes	1.2.83	1.5.7	6	5	0	4	4	11.18%	8.59%	93% gold	67%	18%	55	22
SECU	4	4	10.55	10.55	2+0	2+0	0.54	-	5.9	6.2	36.27	24.9	11.37	100/0	60/40	No	No	1.2	1.2	1	1	0	1	0	7.31%	8.27%	96% gold	100%	0%	18	6
Surgical Unit (CDH)	16	16	25.73	25.73	3+1+1 Longdon	2+1	(0.39)	2.76	14.76	14.76	11.32	25.25	-13.93	54/46	80/20	Yes	Yes	1.5.33	1.8	5	0	0	0	1	9.78%	17.04%	96% gold	99%	0%	154	2
Leyland Ward	15	15	21.81	21.81	3+1+1	2+1	(0.66)	1.93	18.47	18.7	7.17	10.76	-3.59	62/38	80/20	Yes	Yes	1.5	1.7.5	12	2	0	0	1	7.86%	4.07%	96% gold	100%	0%	50	3
Ward 8	30	30	67.74	70.69	10+3	10+3	11.19	4.86	32.3	N/A	13.7	10.84	2.86	77/23	60/40	Yes	Yes	1.3	1.3	5	0	2	0	18	11.32%	22.84%	89%	95%	5%	74	11
PAU	12	12	19.05	19.05	2+1+1RN twilight	2+1	2.63	0.07	N/A	N/A	7	10.2	-3.20	71/29	80/20	No	Yes	1.4.8	1.4.8	0	0	0	0	0	6.53%	3.23%	90% gold	86%	14%	7	6
Peed Day case	7	7	7.72	7.72	3+1	-	0.27	0.09	N/A	N/A	N/A	N/A	-	69/31	-	No	Yes	1.2.33	N/A	0	0	0	0	0	3.90%	28.71					

**Appendix 2 Table 2 – Operational risk relating to staffing**

ID	Opened	Title	Division	Rating (Current)	Risk Level (Current)
65	19/12/2017	Lack of Diabetic Specialist Nurse Coverage affecting diabetic services	Division of Medicine - Trustwide	20	High =>15
178	17/03/2016	Increased level of activity, acuity, suboptimal skill and establishment of nursing staff impacting on patient care	Division of Women's and Children's Services - RPH	16	High =>15
942	07/12/2020	Lack of staffing resources available within our Children's Community and Specialist Nursing Teams impacting patient safety.	Division of Women's and Children's Services - RPH	16	High =>15
581	16/09/2016	Maternity Staffing Deficit	Division of Women's and Children's Services - RPH	15	High =>15
1535	27/02/2023	Delay in full implementation of the Maternal Medicine Centre for L&SC	Division of Women's and Children's Services – RPH	15	High =>15
2021	27/11/2024	Inability to provide 6-7 day in-patient pain service over two sites with the current nursing WTE establishment	Division of Diagnostics & Clinical Support Services – RPH	15	High =>15
1399	17/03/2023	Lack of Chemotherapy trained staff impacting on capacity for service delivery	Division of Surgery - RPH	15	High =>15
1708	25/04/2023	Deferring and rearranging planned consultations in midwifery led services (community midwifery).	Division of Women's and Children's Services – RPH	12	Significant 8-12
729	11/06/2020	Lack of sexual offence examiner (SOE) rota cover for SAFE Centre	Division of Women's and Children's Services – RPH	12	Significant 8-12
558	19/06/2023	Paediatric ED staffing	Division of Medicine – RPH	12	Significant 8-12
2030	14/11/2024	Reduced Staffing Lancashire and South Cumbria Regional Ventilation Service	Division of Medicine – RPH	12	Significant 8-12
1680	08/03/2023	Risk to patient safety and staff well being due to working outside of GPICS staffing standards	Division of Diagnostics & Clinical Support Services – RPH	12	Significant 8-12
1004	14/12/2020	Neurology specialist nurse teams are currently under established.	Division of Medicine - RPH	12	Significant 8-12
988	04/04/2022	Current staffing template does not reflect establishment required to achieve standards for level 1 ED & MT Centre	Division of Medicine - RPH	12	Significant 8-12
1325	30/08/2022	Lack of Endocrine Specialist Nurse to support the service	Division of Medicine - Trustwide	12	Significant 8-12

126	20/07/2020	Unable to provide sufficient nursing establishment at BAPM standard to manage peak neonatal activity/acuity	Division of Women's and Children's Services - RPH	12	Significant 8-12
1189	01/09/2021	HFN support for follow up of patients with heart failure across Acute and Community	Division of Medicine – RPH	10	Significant 8-12
647	31/10/2020	Risk to patient care due to nurse staffing gaps (HCAs and RNs)	Division of Medicine - Trustwide	9	Significant 8-12
452	11/03/2019	Risk of unfilled shifts on the gynae ward, GEAU & DOSSA resulting in poor patient & staff experience & potential lapses in care.	Division of Women's and Children's Services – RPH	9	Significant 8-12

## Appendix 3 Children's and young People Dashboard

Indicator	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Senior review within 4 hours weekday %	88%	81%	93%	94%	98%	91%	93%	85%	96%	93%	98%	95%	98%
Senior review within 4 hours weekend %	88%	92%	93%	97%	100%	93%	95%	96%	98%	96%	98%	100%	97%
Consultant review within 14 hours weekday %	72%	64%	91%	75%	68%	83%	70%	62%	85%	82%	87%	83%	86%
Consultant review within 14 hours weekend %	65%	75%	68%	74%	71%	66%	48%	83%	81%	80%	80%	74%	76%
Discharges against medical advice	8	5	0	3	9	5	1	5	0	5	1	2	1
Medicines safety audit	83%	81%	68%	81%	69%	75%	81%	70%	71%	73%	72%	71%	82%
Monthly inpatient STAR	73%	62%	66%	78%	73%	55%	78%	79%	85%	91%	93%	84%	83%
mattress audit	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
hand hygiene	100%	100%	100%	100%	100%	90%	100%	100%	100%	100%	100%	80%	90%
Intra vascular devices	100%	93%	100%	95%	100%	90%	94%	100%	96%	100%	100%	92%	100%
Management of suspected infection	100%	98%	100%	100%	100%	96%	98%	100%	100%	98%	100%	100%	100%
Monthly commode audit	100%	100%	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Deteriorating patient matrons audit							82%	94%	61%	91%	93%	90%	91%
CD audit 3 monthly	90%	#	#	90%	#	#	100%	#	#	64%	#	#	73%
Number of incidents	97	114	75	69	127	62	121	60	60	40	47	61	51
No harm	82	101	61	50	90	54	88	46	45	29	36	51	40
Near miss	7	4	10	3	8	9	12	7	1	6	4	6	5
Harm (low)	14	9	11	9	14	8	28	13	13	10	9	9	11
Harm (moderate and above)	1	4	3	2	1	0	5	1	2	1	2	1	0
Number of child deaths	0	0	0	0	0	0	0	1	0	0	0	0	0
Number of complaints	2	2	2	1	1	0	2	3	4	1	0	1	1
Number of PALS	13	7	4	6	8	6	10	12	5	1	10	10	12
Friends and family Inpatient	90	89	76	87	87	87	92	86	88	91	98	96	94
Friends and family day case	87	92	85	88	98	96	100	90	91	95	100	100	100
Friends and family Outpatients	90	85	90	88	90	91	100	89	91	90	94	92	94
Appraisal rate	91%	80%	77%	81%	80%	80%	82%	86%	87%	85%	83%	81%	91%
Safeguarding children level 3	96%	97%	95%	96%	95%	95%	95%	95%	94%	98%	98%	100%	96%
Prevent	97%	95%	95%	97%	89%	89%	91%	95%	96%	96%	98%	100%	98%
PBLS	83%	77%	95%	84%	75%	75%	78%	86%	95%	98%	100%	100%	95%
APLS	50%	50%	38%	28%	33%	33%	33%	38%	56%	57%	63%	63%	82%
Moving and handling	74%	65%	63%	63%	69%	69%	69%	68%	79%	81%	85%	83%	88%
ANTT	97%	98%	98%	97%	98%	96%	98%	98%	100%	100%	100%	98%	92%
Ward 8 Registered Nurse Day	93%	93%	90%	90%	84%	78%	94%	87%	88%	91%	81%	84%	81%
Ward 8 Un registered Nurse Day	89%	88%	86%	82%	85%	90%	88%	96%	85%	80%	77%	85%	78%
Ward 8 Registered Nurse Nights	93%	92%	89%	92%	88%	93%	92%	91%	91%	91%	83%	81%	86%
Ward 8 Unregistered Nurse Nights	84%	87%	94%	91%	98%	92%	92%	94%	97%	90%	94%	97%	100%
Roster publishing 100%	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	no
RCN Compliance ward 8	82%	unav	94%	93%	84%	75%	99%	100%	92%	94%	95%	82%	86%
ward 8 Vacancies WTE band 5	4	6	5	5	10	10	5	5	10	3	5	5	5
ED Registered Nurse Day	85%	89%	89%	88%	88%	102%	94%	98%	100%	93%	95%	95%	98%
ED Un Registered Nurse Day	90%	94%	94%	93%	101%	93%	94%	90%	94%	83%	90%	96%	82%
ED Registered Nurse Night	95%	97%	89%	89%	94%	96%	98%	97%	95%	92%	95%	89%	89%
ED Un Registered Nurse Night	99%	92%	94%	99%	91%	97%	97%	97%	90%	90%	90%	92%	90%
PAU Registered Nurse Day	99%	94%	89%	87%	95%	91%	95%	92%	91%	91%	85%	91%	87%
PAU Un Registered Nurse Day	99%	97%	92%	100%	96%	97%	100%	94%	95%	97%	98%	100%	94%
PAU Registered Nurse Night	103%	100%	97%	100%	101%	102%	94%	89%	97%	97%	100%	96%	99%

## Appendix 4 - Structured Professional Judgment Template

Professional Judgement Framework			Key	
Ward/Dept Name			Areas of Concern	Red
Name of reviewer (must be minimum 8a or above)			Requires improvement	Amber
Date of Review			Compliant	Green
Evidence Required	RAG (choose from drop down)	Supporting Narrative / Comments e.g. change in position, supporting data	Prompts/considerations for answering	
<b>Expectation 1: Right Staff</b>				
Continuity of team leadership over the last year			any changes in leadership or any gaps	
Sufficient allocated time for managerial activities			is management time being allocated, how much, is it consistent (70/30, 60/40)	
Multiprofessional team support is available			are there gaps in MDT support, who/what is needed	
Administration/supportive roles available			any changes, right skills, gaps in support, ward clerk, house keeper	
Positive staff experience measures			regular 1:1's, staff meetings, feedback mechanisms, reward and recognition	
Budget meets requirements, including a review of headroom			under/overspent? Is headroom sufficient for requirements	
SNCT Data (or equivalent e.g. BAPAN, Birth rate plus) collected by trained staff			3 senior trained staff members and validated, next due to be collected	
<b>Expectation 2: Right Skill</b>				
Sufficient technology to support team function. All staff trained to a sufficient level			Is IT accessible and all staff trained? Any gaps, any mitigations being used?	
Effective appraisals are conducted (note compliance %)			Any gaps, plans in place to complete	
Mandatory training standard met (note compliance %)			Any gaps, plans in place to complete to Trust targets	
CPD/PDP plan for all staff in place			Do all staff have a development plan documented and reviewed regularly?	
Staff supervision/reflective practice processes in place			regular clinical supervision, mentors, buddies, PNAs	
All staff have had an appropriate induction (including temporary staff), including evidence of implementation			Checklists, induction plans, competency docs used	
Skill mix data reflects needs of the patients			Lots of new starters/junior staff, adequate NIC cover, right skills for clinical area, any gaps?	
<b>Expectation 3: Right place and time</b>				
The ward has a standard level of patient turnover/throughput for clinical speciality.			is patient turnover higher than expected for clinical speciality, are there increased moves, outliers, long stay patients, include LOS data if appropriate	
The layout of the ward/unit is optimal, not adding excessive workload such as long distances or difficulty observing patients.			layout compact, spread out, lots of side rooms, difficulty in observing patients	
The amount of work is consistent across different times of the day and days of the week. (Details to be provided if there is variation)			Is there predictable variation by time of day and day of week, do rosters match known variation? Is demand unpredictable?	
Enhanced/1:1 care requirements are minimal			if high use, how much, what type of patients, how are breaks covered if enhanced care used, are ELO assessments completed and support this?	
Staff sickness within trust threshold (note % from roster analyser)			sickness management in place?	
Roster published a minimum of at least 6 weeks in advance.			as per Roster Management Policy and NMC requirements	
Shift patterns match patient/staff need			Sufficient staff to cover patients needs across day/night/week day variations, length of shift and adequate break times	
Flexible working agreements have been reviewed within the last 12 months.			% of staff that have a flexible working agreement, is there any impact on the ability to maintain safe staffing levels?	
Patient experience measures in place			FFT feedback, complaints/concerns, learning from complaints/concerns demonstrated, patient advocates used	
Student feedback considered			Student feedback surveys, 1:1s, listening to concerns raised, students who joined the ward when qualifying	
Escalation plans in place and reviewed			is staffing adjusted to allow for escalation and is this included in budget? Is safe care completed 3 times a day?	

## Appendix 5 National Staffing Guideline summary

This seeks to provide a broad overview of the guidance consulted and considered when applying the speciality guidance available.

Speciality	Guideline's	High level Overview of Recommendations
<b>Adult inpatient areas</b>	NICE safe staffing for nursing in adult Inpatient wards in Acute trusts (2014)	There is no single nursing staff-to-patient ratio that can be applied across the whole range of wards to safely meet patients' nursing needs. Each ward should determine its nursing staff requirements to ensure safe patient care. It then recommends on-the-day assessments of nursing staff requirements to ensure that the nursing needs of individual patients are met throughout a 24-hour period. Recommends the use of Shelford Safer Care Tool and endorses the use of Health Roster and SafeCare.
<b>Adult Inpatient</b>	NHS Improvement Care hours per patient Day (CHPPD): Guidance for all Inpatient trusts (2023)	Ward establishments are set using NICE endorsed evidence based tools such as the Safer Nursing Care Toll or Birthrate plus in maternity. These are in line with the NQB and underpinned by clinical judgement. The set establishment as signed off at budget setting by finance, workforce, operational and clinical leads are being expressed in terms of care hours (and could be therefore convertible to CHPPD) To enable comparison and triangulation with national reported CHPPD
<b>Children's and Young Peoples Service</b>	RCN standards Defining staffing levels for children and young people's services (2013)	Children < 2 years of age 1:3 registered nurse: child, day and night Children > 2 years of age 1:4 registered nurse: child, day and night The ward staffing complement must also have a supervisory ward Sister / charge nurse and unregistered staff, who are not included in the above baseline bedside establishment. The following standards Should be applied for all general inpatient wards as a minimum: <ul style="list-style-type: none"> <li>• one Band 7 ward sister/charge nurse</li> <li>• one ward receptionist +/- admin support for sister</li> <li>• minimum of one health play specialist</li> <li>• one housekeeper</li> <li>• +/- one hostess.</li> </ul> Skill mix should be balanced to meet the needs of the service and dependency/acuity of the children and young people requiring nursing care. In addition to the Band 7 ward sister/charge nurse, a competent, experienced Band 6 is required throughout the 24-hour period to provide the necessary support to the nursing team. This will provide an experienced nurse to advise on clinical nursing issues relating to children across the organisation 24-hours a day.  <b>High dependency care</b> The nursing requirements for infants and children in NICU and PICU requiring high dependency care have been defined above. However, high dependency care is often provided outside of the intensive care unit in both specialist wards in tertiary hospitals and general wards in district general hospitals. The expertise and support for staff in these settings varies considerably, necessitating staffing for high

		dependency care to be based on local requirements as well as national guidance. While use of a children's high dependency care assessment tool can assist the assessment of staffing requirements for high dependency care, the following registered nurse-to-patient ratios should be applied regardless of the setting:
		<ul style="list-style-type: none"> <li>• 0.5:1 registered nurse: patient for children requiring close supervision and monitoring following surgery, those requiring close observation for mental health problems or with single system problems.</li> <li>• 1:1 registered nurse: patient, where the child is nursed in a cubicle, has mental health problems requiring close supervision, or where the condition of the child deteriorates and requires intensive care. This higher ratio will also be required during the admission process until the child is fully admitted and stable.</li> </ul>
<b>Critical Care Units</b>	<p>British Association of Critical Care Nurses</p> <p>Standards for nurse staffing in critical care. (BACCN) (2009)</p>	<p>Critical Care units also require a number of staff to support the delivery of care to patients through:</p> <ul style="list-style-type: none"> <li>• Management of the unit by a designated lead matron,</li> <li>• Coordination of each shift by a supervisory/supernumerary senior critical care qualified nurse.</li> <li>• Additional supervisory/supernumerary support for every 10 beds (BACCN / ICS recommendation: 21 – 30 beds = 2 additional Supernumerary registered nurses). This is the minimum recommended.</li> </ul> <p>The support includes assistance with admissions, transfers ensuring patient care is driven forward to reduce length of stay or time spent at level 3 e.g. that there are no delays in weaning plans</p> <ul style="list-style-type: none"> <li>• Education and Training for staff - the recommended service specification is that 50% of staff on critical care units should be in possession of a post registration award in Critical Care Nursing. The BACCN / ICS recommendation is 1 for every 75 staff. Each Critical Care unit should have a dedicated clinical educator.</li> <li>• Technical support – The vast amount of medical devices within the unit requires a level of technical expertise to maintain the day to day integrity of the machines in the clinical environment.</li> <li>• Care support workers are required to support the provision of care in each area of the unit.</li> </ul>
<b>Critical Care Units</b>	<p>Guidelines for the Provision of Intensive care services</p> <p>Core Standards for Intensive care units (2013)</p>	<p>Level 3 patients (level guided by ICS levels of care) require a registered nurse/patient ratio of a minimum 1:1 to deliver direct care</p> <p>Level 2 patients (level guided by ICS levels of care) require a registered nurse/ patient ratio of a minimum 1:2 to deliver direct care</p> <p>Supports BACCN standards</p>
<b>Emergency Departments</b>	<p>RCN Baseline Emergency Staffing Tool (2013)</p>	<p>BEST recommends minimum nurse to patient ratios when planning nursing establishments or for use on a shift-by-shift basis. The BEST tool reflects the following ratios.</p> <p>One registered nurse to four cubicles in either “majors” or “minors”</p>

		<p>One registered nurse to one cubicle in triage</p> <p>One nurse to two cubicles in the resuscitation area.</p> <p>1 band 7 (or equivalent) registered nurse on every shift at all times</p> <p>Major trauma (2 registered nurses to 1 patient)</p> <p>Cardiac arrest (2 registered nurses to 1 patient)</p> <p>Priority ambulance calls (1 registered nurse to 1 patient)</p> <p>Family liaison (1 registered nurse to 1 patient's family/carers)</p> <p>1 Registered Children's nurse per shift</p>
<b>Major trauma Network</b>	Regional Networks for Major Trauma (2010)	<p>Major Trauma Peer review recommends one Band 7 RN per shift in the ED 24/7 to maintain Major Trauma status.</p> <p>Geography is also an important factor that affects the number of nurses required to provide visual observation of acutely unwell patients.</p> <p>A children's nurse should be present in the departments during opening hours.</p> <p>In the Major Trauma Centre, patients with multiple injuries should be located within dedicated trauma wards. Some patients with single system injuries may have their care needs best met by the appropriate speciality ward.</p> <p>Crucial to the delivery of safe, high quality care for trauma patients is the establishment of a critical mass of experienced staff. This requires a highly trained and experienced nursing workforce with the appropriate staffing levels, skills mix, ongoing education and leadership.</p>
<b>Neonatal Services</b>	British Association of Perinatal Medicine (2011) Department of Health (2009)	<p>The recommended staffing levels for neonatal services, minimum nurse to child ratio</p> <p>Intensive Care 1:1</p> <p>High Dependency 1:2</p> <p>Special Care 1:4</p> <p>The DOH also produced best practice guidance for neonatal staffing which recommend a nurse co-ordinator on every shift (additional to those providing direct clinical care) and that units have a minimum of two registered staff on duty at all times (one which holds a qualification in the speciality)</p>
<b>Neuro Rehabilitation</b>	NICE 2015 Specialised Neurorehabilitation Service Standards Updated 30.4.2015	<p>Specialised rehabilitation services for Neurorehabilitation services per 20 beds require</p> <p>Hyper acute phase - 65-75% RN</p> <p>Level 1a -50-60% RN</p> <p>Level 1b – 35-40% RN</p> <p>At least 40% of nurse should have specific rehab training</p>
<b>Older People</b>	RCN Safe Staffing for Older People's Wards (2012)	<p>Recommends 1:5 – 1:7 nurse to patient ratio to deliver ideal, good quality care.</p> <p>65:35% registered to un- registered skill mix.</p>
<b>Stroke</b>	British Association of Stroke Physicians BASP (2014)	<p>The Acute Stroke Unit provides sufficient trained nursing staff to provide high quality nursing care. In the first 72 hours of an acute stroke patient's admission, they will require more intensive monitoring and nursing input, requiring a minimum Level 2 nursing staff numbers to manage the acute stroke patient (2.9 WTE nurses per bed; 80:20% (trained to untrained staffing ratio) is recommended. Thereafter a level of 1.2 WTE nurses per bed is appropriate.</p>

## Appendix 6 - NHS Improvement staffing improvement resources

Hight level Overview of Recommendations	
National Quality Board (2018) Safe, Sustainable and productive staffing: An improvement resource for Children's and Young People's inpatient wards in acute hospitals.	
Supporting NHS providers to deliver the right staff with the skills at the right time.	<ul style="list-style-type: none"> <li>• Adopt a systematic approach using an evidence-based decision support tool, triangulated with professional judgement and comparison with peers.</li> <li>• Undertake a strategic staffing review annually or more often if changes to services are planned.</li> <li>• Staffing decisions should consider the impact of the role of parents and carers.</li> <li>• Factor into the establishment the requirement that all children and young people should have access to a registered children's nurse 24 hours a day – particularly important in NHS acute trusts and district general hospitals where the children's services are often a small department.</li> <li>• Take staffing decisions in the context of the wider registered multiprofessional team.</li> <li>• Safe staffing requirements and workforce productivity should be integral to operational planning.</li> <li>• Organisations should have plans to address local recruitment and retention priorities and review them regularly.</li> <li>• Hospitals should offer flexible employment and deploy staff efficiently to limit use of temporary staff, paying particular attention to the younger age profile of registered children's nurses.</li> <li>• Organisations should have a local dashboard to assure stakeholders about safe and sustainable staffing. It should include quality indicators to support decision making.</li> <li>• Organisations should have an appropriate escalation process in case staffing is not achieving desired outcomes.</li> <li>• All organisations should have a process to determine additional staffing uplift requirements based on the needs of patients and staff.</li> <li>• All organisations should investigate staffing-related incidents and their effect on staff and patients, taking action and giving feedback.</li> <li>• Feedback from children, young people, families and carers, including complaints, should be an early warning to identify service quality concerns and variation.</li> </ul>
National Quality Board (2018) Safe, Sustainable and productive staffing: An improvement resource for neonatal care.	
Supporting NHS providers to deliver the right staff with the skills at the right time.	<ul style="list-style-type: none"> <li>• Boards must ensure there is a strategic multiprofessional staffing review at least annually (or more frequently if service changes are planned or quality or workforce concerns are identified), which is aligned to the operational planning process. In addition a mid-year review should provide assurance that neonatal 8 services are safe and sustainable. This should assess whether current staffing levels meet the recommended levels and are likely to do so in future.</li> <li>• All neonatal units should work collaboratively within an operational delivery network (ODN), sharing their workforce plans and strategies for recruitment and retention across the ODN.</li> </ul>

	<ul style="list-style-type: none"> <li>• Skill mix should be regularly reviewed to ensure that the most suitable staff are in undertaking the correct roles and are available in sufficient numbers.</li> <li>• Professional judgement should be used together with appropriate workforce and acuity tools.</li> <li>• Data collected using BadgerNet and the neonatal nurse staffing tool (Dinning) should be used to calculate the required establishment according to the level of activity. This should be shared with the neonatal ODN.</li> <li>• Training and development must be linked to annual individual appraisals and development plans, and must be provided within the resources available to the team.</li> <li>• Organisations should recognise the increasing need for flexible working patterns to meet the fluctuating needs in neonatal services.</li> <li>• All neonatal units should adhere to the pathways agreed with the ODN and specialised commissioning teams to ensure efficient working across the network.</li> <li>• All neonatal units should input data into BadgerNet to enable national benchmarking.</li> <li>• Areas of concern highlighted by parents/families or staff using workforce planning and analysis methods must be carefully scrutinised and appropriate actions taken to address them.</li> </ul>
National Quality Board (2018) Safe, sustainable and productive staffing: An improvement resource for adult inpatient wards in acute hospitals	
Supporting NHS providers to deliver the right staff with the skills at the right time.	<ul style="list-style-type: none"> <li>• A systematic approach should be adopted using an evidence-informed decision support tool triangulated with professional judgement and comparison with relevant peers.</li> <li>• A systematic approach should be adopted using an evidence-informed decision support tool triangulated with professional judgement and comparison with relevant peers.</li> <li>• Staffing decisions should be taken in the context of the wider registered multi-professional team.</li> <li>• Consideration of safer staffing requirements and workforce productivity should form an integral part of the operational planning process.</li> <li>• Action plans to address local recruitment and retention priorities should be in place and subject to regular review.</li> <li>• Flexible employment options and efficient deployment of staff should be maximised across the hospital to limit the use of temporary staff.</li> <li>• A local dashboard should be in place to assure stakeholders regarding safe and sustainable staffing. The dashboard should include quality indicators to support decision-making.</li> <li>• Organisations should ensure they have an appropriate escalation process in cases where staffing is not delivering the outcomes identified.</li> <li>• All organisations should include a process to determine additional uplift requirements based on the needs of patients and staff.</li> <li>• All organisations should investigate staffing-related incidents and their outcomes on patients and staff and ensure action and feedback.</li> </ul>
National Quality Board (2018) Safe, sustainable and productive staffing: An improvement resource for urgent and emergency care	
Supporting NHS providers to	<ul style="list-style-type: none"> <li>• A strategic staffing review must be undertaken annually or more often if changes to services are planned.</li> </ul>

<p>deliver the right staff with the skills at the right time.</p>	<ul style="list-style-type: none"> <li>• Adopt a systematic approach using an evidence-based decision support tool triangulated with professional judgement and comparison with peers.</li> <li>• Safe staffing requirements and workforce productivity should be integral to the operational planning process.</li> <li>• Acuity and dependency may vary considerably within UEC settings. Staffing reviews should use decision support tools for the assessment and measurement of acuity, dependency and workload</li> <li>• Demand in UEC settings fluctuates through 24 hours, the week and with the season. Workforce planning should allow for this and reflect trends in activity. Contingency plans should give the necessary staffing flexibility to meet unexpected demand.</li> <li>• Workforce planning should allow for role development/expansion and new ways of working while ensuring that fundamental care remains a priority.</li> <li>• Staffing decisions should be taken in the context of the wider multiprofessional team.</li> <li>• Organisations should have a local dashboard to assure stakeholders that staffing is safe and sustainable. The dashboard should include department-level quality indicators to support decision-making.</li> <li>• Organisations should ensure they have an appropriate escalation process in case staffing is not achieving desired outcomes.</li> <li>• Action plans to address local recruitment and retention priorities within UEC settings should be in place and subject to regular review.</li> <li>• Flexible employment options and efficient deployment of staff should be maximised to limit the use of temporary staff.</li> <li>• All organisations should have a process to determine additional uplift requirements based on the needs of patients and staff.</li> <li>• All organisations should investigate staffing-related incidents and their effect on staff and patients, taking action and giving feedback.</li> </ul>
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## Appendix 7 - NQB Safe sustainable and productive staffing recommendations 2016

Supporting NHS providers to deliver the right staff, with the right skills in the right place at the right time

	Recommendation	LTHTR Response
<b>Right staff</b>		
<b>1</b>	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.	Daily meetings for staffing, operationally managed by divisional matrons and escalated through chain of command.
	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.	Annual staffing reviews undertaken using professional judgement, model hospital comparisons, CHPPD and predicted CHDDP, workforce data, nurse sensitive indicators and financial impact. Monthly staffing reports provided to Safety and Quality committee.
	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.	Monthly in-depth staffing papers to Safety and Quality committee for adult inpatient, maternity / neonates and paediatrics
<b>1.1</b>	Evidence based workforce planning	Workforce reviews include benchmarking against professional and national Standards. Safer Nursing care Tool (SNCT) to calculate acuity scores CHPPD / predicted CHPPD/ peer and national CHPPD
<b>1.2</b>	Professional judgement	Annual workforce review – Structured Professional judgement. Professional Discussion as part of the review
<b>1.3</b>	Compare with peers	Clinical quality dashboard Service level peer reviews Model hospital comparisons
<b>Right Skills</b>		
<b>2</b>	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.	Training compliance is a mandated essential component in the Trust accreditation which is monitored as part of the monthly assurance report to Safety and Quality Committee ICB Executive in attendance at Safety and Quality Committee
	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.	Core people management skills. Leadership and development programmes. Leadership and OD strategy. Leadership focus as part of the annual

	Decisions about staffing should be based on delivering safe, sustainable and productive services.	review. Flow Coaching Academy. Micro Coaching Academy. Productive workstreams on Leadership in the ICB.
	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.	Skill mix, extended roles, introduction of AP/ NA role, Discharge facilitators/ Non - medical prescribing, Advanced nurse practitioners, Non-medical consultants, Clinical specialists.
2.1	Mandatory training, development and education	Study leave included in headroom calculations. Mandatory training and appraisal targets. Time to lead incorporated into ward managers role
2.2	Working as a multi -professional team	Integrated allied health professionals within traditional workforce. Multiprofessional continuous improvement workstream focusing on improving patient outcomes and experiences.
2.3	Recruitment and retention	Quarterly recruitment and retention committee reports directly to Chief Peoples Officer. Retire and return scheme Attendance at regional university recruitment fairs. International recruitment. Local divisional retention plans. On boarding as part of local induction. Centralised recruitment, retention and buddy systems. Learning from leaver interviews.
<b>Right place and times</b>		
3	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.	Roster publishing compliance. Escalation through chain of command. Monthly safety and quality committee. Daily staffing Huddles using SafeCare to Support acuity and dependency needs.
	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	Annual workforce planning. Clinical capacity and skill mix are aligned too the needs of the patient.
3.1	Productive working and eliminating waste	Risk register. DATIX. Productive ward principles. Daily staffing meeting, escalation through chain of command. Opening of CHH to increase patient flow.
3.2	Effective deployment and flexibility	Effective use of e-rostering and SafeCare for re-deployment .Flexible working polices

		Increased staffing for predicted demand i.e. seasonal changes.
3.3	Effective employment, minimising agency use	Capped agency rates and master vend agreement. Large internal bank. Agency override approvals in place.

## Appendix 8 - Developing Workforce Safeguards (2018) GAP analysis - NHS England: An Introduction to Safer Staffing

	Developing workforce safeguards recommendations	Further detail	Position	Current Evidence to Support Compliance	Gap Analysis	Actions Required to Meet Compliance	Lead and Date for Completion
1	<b>Trust formally using NQB guidance 2016</b>	Trusts must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance.	Completed	Daily safe staffing huddles and Bi-annual reviews provide evidence of Right staff, Right skills and Right Place and Time.			
2	<b>Applies principles of safe staffing</b>	1)Evidence based tools (where they exist) 2) Professional Judgement 3)Outcomes	In progress	SNCT introduced into Trust across Adults, Children and ED in January 2024. Birth Rate Plus used in Maternity - last undertaken 2022. SNCT commence for CHH in August 2024. Outcome data collated and reviewed monthly alongside fill rate data. Introduction of the use of Professional Judgement Framework (2023) commenced September 2024.	Expansion into non inpatient areas in the Trust needs to be developed.	Develop and agree standardised process for non-inpatient areas to meet the bi-annual workforce review requirements.	Safe Staffing Lead Jun-25
3	<b>Staffing governance process in place - monthly review of all workforce groups, ward to board</b>	The trust is required to submit an annual governance statement to which the trust is required to confirm staffing governance processes are safe and sustainable	Completed	Monthly Safety and Quality dashboard allows analysis of safety and quality metrics alongside fill rate data (Unify data). Presented to S&Q committee monthly.			
4	<b>Annual Governance statement</b>	NHSi will review the annual governance statement through the usual regulatory arrangements and performance management processes, which complement quality outcomes, operational and finance performance measures.	Completed	The Trust's annual report is submitted for approval by the Board of Directors and is on the Trust website at <a href="https://www.lancsteachinghospitals.nhs.uk/media/resources/66a39d32710a03.72987955.pdf">https://www.lancsteachinghospitals.nhs.uk/media/resources/66a39d32710a03.72987955.pdf</a> . This has also been laid before parliament.			

5	<b>Single Oversight Framework (SOF) submission</b>	Annual Single Oversight Framework (SOF) submission to include more detailed metrics (staff turnover, sickness, temporary staff, annual staff survey alongside other workforce, quality, productivity and outcome indicators)	Completed	<p>The annual workforce review process and report uses data and professional judgment to address the recommended 5 themes,</p> <ul style="list-style-type: none"> <li>• Service quality</li> <li>• Finance and resources</li> <li>• Operational performance</li> <li>• Strategic change</li> <li>• Leadership and improvement capability</li> </ul>			
6	<b>Director of Nursing &amp; Medical Director must confirm safe staffing review in a statement to the board</b>	As part of the safe staffing review, the Director of Nursing and Medical Director must confirm in a statement to their board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.	Completed	Chief Nursing Officer is present in the bi-annual workforce reviews and this statement is included as part of the reporting process when the CNO signs off the report. This will continue as the workforce reviews are progressed to include non-inpatient areas.			
7	<b>Workforce plan should be in place and agreed / signed off by CEO &amp; executive leaders and discussed at public board meeting</b>	Trusts must have an effective workforce plan that is updated annually and signed off by the chief executive and executive leaders. The board should discuss the workforce plan in a public meeting.	Completed	Workforce planning is submitted annually and monitored through workforce committee.			
8	<b>Agreed local quality dashboards on staffing &amp; skill mix that is cross checked with comparative data from Model Hospital each</b>	Trusts must ensure their organisation has an agreed local quality dashboard that cross-checks comparative data on staffing and skill mix with other efficiency and quality metrics such as the Model Hospital dashboard. Trusts should report on this to their board every month.	In progress	Monthly Safety and Quality dashboard allows analysis of safety and quality metrics alongside fill rate data (Unify data). Presented to S&Q committee monthly.	Model hospital data is not used monthly to compare - mainly as the data in the dashboard is months behind.	Consideration on how as a Trust we can build in cross-checks comparative data on staffing and skill mix with other	Safe Staffing Lead Jun-25

	month and reported to the board.				efficiency and quality metrics monthly.	
9	<b>Nursing establishments &amp; skill mix of all areas to be reviewed twice a year and reported to the board (using NQB guidance &amp; NHSi resources)</b>	An assessment or re-setting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to the board by ward or service area twice a year, in accordance with NQB guidance and NHS Improvement resources. This must also be linked to professional judgement and outcomes.	In progress	Bi-annual workforce review meetings are undertaken in November and June which include representation from the clinical divisions, ward areas, finance, workforce and health rostering team alongside the safe staffing lead, deputy and/or chief nurse.	Expansion into non inpatient areas in the Trust needs to be developed.	Develop and agree standardised process for non-inpatient areas to meet the bi-annual workforce review requirements.  Safe Staffing Lead  Jun-25
10	<b>No Local manipulation of identified nursing resource from approved evidence based tools</b>	There must be no local manipulation of the identified nursing resource from the evidence-based figures embedded in the evidence-based tool used, except in the context of a rigorous independent research study, as this may adversely affect the recommended establishment figures derived from the use of the tool.	Completed	SNCT introduced into Trust across Adults, Children and ED in January 2024. Birth Rate Plus used in Maternity - last undertaken 2022. SNCT commence for CHH in August 2024. Training programme introduced in December 2023 which records staff trained and undertaken inter-rater reliability assessment and recorded centrally, all audits are peer validated by a Matron or DDND who does not have budgetary responsibility for the area.		

1 1	<b>Quality Impact Assessment (QIA) review for service changes including skill mix changes</b>	As stated in CQC's well-led framework guidance (2018) and NQB's guidance any service changes, including skill-mix changes, must have a full quality impact assessment (QIA) review.	Completed	QIA created and included in the Trust QIA process.			
1 2	<b>Quality Impact Assessment (QIA) review for redesign or introduction of new roles (including but not limited to physician associate, nursing associates and advanced clinical practitioners – ACPs)</b>	Any redesign or introduction of new roles (including but not limited to physician associate, nursing associates and advanced clinical practitioners – ACPs) would be considered a service change and must have a full QIA.	Completed	QIA created and included in the Trust QIA process.			
1 3	<b>Formal risk assessments and escalation processes in place for all staff groups</b>	Given day-to-day operational challenges, NHSi expect trusts to carry out business-as- usual dynamic staffing risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described in these risk assessments.	Completed	Daily business-as usual dynamic staffing risk assessments including formal escalation processes are in place and supported by Policy and Standard Operating Procedure for adults, children and maternity.			
1 4	<b>Boards to be made aware of continuing or increasing staffing risks</b>	Should risks associated with staffing continue or increase and mitigations prove insufficient, trusts must escalate the issue (and where appropriate, implement business continuity plans) to the board to	Completed	Monthly Safety and Quality dashboard allows analysis of safety and quality metrics alongside fill rate data (Unify data). Presented to S&Q committee monthly. Divisions maintain the right to flex staffing dependant on safety and			

	maintain safety and care quality. Actions may include part or full closure of a service or reduced provision: for example, wards, beds and teams, realignment, or a return to the original skill mix.		can request a formal review at any point throughout the year. Escalation policies and Standard Operating Procedure are in place.			
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## Appendix 9 - Developing Workforce Safeguards – Safer Nurse Care Tool Assessment Criteria

SNCT Assessment Criteria	Y/N	Evidence required	Comments
Have you got a licence to use the SNCT from Imperial Innovations?	Y	Licence agreement must be signed by board and available for viewing.	Licence obtained and in date (C&YP and ED expire March 2025, Adult expire August 2026)
Do you collect a minimum of 30 days' data twice a year for this?	Y	A minimum of two datasets of 30 days at distinct points of the year, eg January and June, must be available for review.	Commenced 1st audit January 2024 (annual cycle January and June).
Are a <b>maximum</b> of three senior staff trained and the levels of care recorded?	Y	Need to see details of training and inter-rater reliability assessment of senior sister/charge nurse and two additional senior nursing staff members for each ward.	Training and assessment record recorded and held centrally withing blended learning.
Is an established external validation of assessments in place?	Y	Must be evidence of a rota of senior staff with no direct management duties to the allocated ward for each data collection episode/written evidence that this was completed.	Peer validation (across division) schedule in place.
Has inter-rater reliability assessment been completed with these staff?	Y	All ward sisters/matrons should be trained as part of induction/management development and inter-rater reliability assessment is inbuilt.	Training is available twice a year, inter-rater reliability is undertaken following the training and recorded through Blended Learning.
Is A&D data collected daily, reflecting the total care provided for the previous 24 hours as part of a bed-to-bed ward round review?	Y	Must be data available showing the <b>daily</b> acuity/dependency levels for previous 24 hours for the full 20 days (minimum) at two distinct points of the year.	Dates captures as part of the audit process.

Are enhanced observation (specialised) patients reported separately?	Y	Enhanced care is factored into SNCT (2023) for AIPW and AAU but not C&YP or ED; therefore this is an additional requirement as no evidence base is included for this. How this has been assessed and included must be an additional requirement.	AIPW and AAU captures as per SNCT levels (1c and 1d). Discussed for C&YP and ED as part of professional judgment with the support of ELoC assessments.
Has the executive board agreed the process for reviewing and responding to safe staffing recommendations?	Y	There must be a local policy setting out how (process) staffing establishments are reviewed bi-annually and reset annually and agreed by the trust board.	SOP in place for annual workforce review process.

## Appendix 10

### **ED RPH staffing levels in response to fluctuating capacity and operational scenarios**

The ED has a full capacity protocol that is enacted when occupancy levels reach certain limits, this results in actions that are taken in ED and across the organisation leading to the temporary placement of placements against planned discharges into non designated bed spaces. These patients become boarded patients in ward areas and allow the ED to share the risk of the over occupied department across the organisation.

The Board has accepted the operational risk - ID 25 Exit Block as escalated to Board since Dec 2020.

The Royal College of Physicians (RCEM) and Royal College of Nursing (RCN) Nursing workforce standards for type 1 EDs provides clear guidance on the required staffing for ED's. Coordinators, Streaming triage nurses and resus coordinators must be band 6 or above.

The guidance provided states that patients requiring resuscitation or attending with major trauma require 2 nurses to 1 patient for the initial phase. The guidance advises a band 7 educator and for areas above 75 staff a further band 6/7 educator is required.

The ED size fluctuates significantly in response to increase in demand. This presents risks often referred to as exit block risks, there is an accepted evidence base that high occupancy ED's adversely impacts mortality rates, therefore the approach to mitigating risk should be taken seriously.

The purpose of this set of standards is to provide a clear outline of the steps taken in response to increase occupancy to mitigate risks and to ensure leaders and staff are clear on the steps that should be taken in response to fluctuations in occupancy levels.

#### **RPH ED Baseline**

Baseline operating conditions are defined as:

- Normal levels of ED patient attendances (circa 151 patients per 24 hours)
- 1-2 patients with a LoS of 12 hours or more (Mental health or unwell in resus)
- 12-15 patients with a decision to admit waiting for admission (all under 12 hours)

<b>Baseline Nurse Staffing</b>		
Band 7 co-ordinator	1 band 7	
Majors coordinator	1 band 6	
Triage	1 RN band 6 (or senior band 5)	1HCA
Majors 1 (8 cubicles including 1 designated mental health cubicle)	2 RN band 5	2 HCA (1 HCA mental health 1:1)
Majors 2 (8 cubicles + 4 Chairs)	2 RN band 5	2 HCA
Majors 3 (5 cubicles)	1 RN band 5	1 HCA

Majors 4 (9 isolation cubicles + 5 trolleys)	4 RN band 5	2 HCA
Resus (6 Cubicles)	1 RN band 7 2 RN band 5	1 HCA
RATS (7 Cubicles)	1 RN band 6 ambulance triage 2 RN	1 HCA
<b>Total</b> <b>43 cubicle spaces</b> <b>5 trolleys</b> <b>4 chairs</b>	<b>Total 18 RNs</b>	<b>Total 10 HCAs</b>

### RPH ED – Waiting room escalation (Current funded template August 2024)

Waiting Room escalation is defined as:

- Normal levels of ED patient attendances (circa 151 patients per 24 hours)
- >5 ED patients with a LoS of 12 hours or more (delayed assessments, mental health or unwell in resus)
- =/>20 patients with a decision to admit waiting for admission some over 12 hours
- Patient care being provided in the waiting room due to increased cubicle occupancy
  - Ambulance arrival patients assessed as “fit to sit” as no space in RATS
  - Patient delayed waiting ED medical assessment having vital signs monitoring and pain relief
  - Patients with decisions to admit receiving treatments (eg IV antibiotics)

Waiting Room Escalation		
Waiting Room Nurse	1 RN	
<b>Total</b> <b>43 cubicle spaces</b> <b>5 trolleys</b> <b>4 chairs</b> <b>5 patients in waiting room receiving assessments and treatment</b>	<b>Total 19 RNs</b>	<b>Total 10 HCAs</b>

### RPH ED – Waiting room escalation plus Internal Surge activated

Internal Surge is defined as waiting room escalation plus the following:

- Increased ambulance/helicopter arrivals > 8 per hour
- > 15 ED patients with a LoS of 12 hours or more (delayed assessments, mental health or unwell in resus)
- 30 patients with a decision to admit waiting for admission most over 12 hours
- > 70 patients in the department

<b>Internal Surge Step 1</b>		
Majors 4 – convert 1 cubicle into fit to sit for 8 patients	1 RN	1 HCA
Majors 2 – 4 extra patients on the corridor on trolleys	1 RN	
<b>Total</b> <b>43 Cubicles</b> <b>5 trolleys</b> <b>12 chairs</b> <b>Patients in waiting room being treated</b> <b>4 patients on the corridor</b>	<b>21 RNs</b>	<b>11 HCA</b>
<b>Internal Surge Step 2</b>		
Majors 1- 2 extra patients on trolleys on corridor		
Majors 4- 4 extra patients on trolleys on corridor	1 RN	1 HCA
<b>Total</b> <b>43 Cubicles</b> <b>5 trolleys</b> <b>12 chairs</b> <b>Patients in waiting room being treated</b> <b>10 patients on the corridor</b>	<b>22 RN</b>	<b>12 HCA</b>
<b>Internal Surge Step 3</b>		
RATS- extra 3 patients on corridor on trolleys	1 RN	
Waiting room escalation and Majors sub wait escalation chairs > 5 patients with DTA waiting room > 10 patients with DTA Majors sub wait	1 RN	2 HCA
<b>Total</b> <b>43 Cubicles</b> <b>5 trolleys</b> <b>12 chairs</b> <b>15 Patients in waiting rooms being treated</b> <b>13 patients on the corridor</b>	<b>24 RN</b>	<b>14 HCA</b>

### **RPH ED – Extreme Escalation**

Extreme Escalation is defined as internal surge plus the following:

- Increased ambulance/helicopter arrivals > 8 per hour
- > 20 ED patients with a LoS of 12 hours or more (delayed assessments, mental health or unwell in resus)
- > 40 patients with a decision to admit waiting for admission most over 12 hours
- > 100 patients in the department
- NWSA cohorting 4 or more patients on the corridor or NWSA enact escalation procedure and so ED reverse que 4 or more patients on the main ED corridor

<b>Extreme Escalation</b>		
2 <sup>nd</sup> Majors Co-ordinator - allocated to oversee safety of patients on corridors and waiting rooms NWS support for ambulance cohorting/ED additional corridor care ** plus additional support requested Critical Care Outreach Tissue Viability Nurse Additional House Keeper	1 band 6 RN  1 band 5 RN (if ED providing care on main corridor)	1 HCA
<b>Total</b> <b>43 Cubicles</b> <b>5 trolleys</b> <b>12 chairs</b> <b>&gt;15 Patients in waiting rooms being treated</b> <b>&gt;17 patients on the corridor</b>	<b>Total 26 RNs</b>	<b>Total 15 HCAs</b>

**CDH ED internal surge and additional nurse staffing Requirements**

<b>CDH Internal Surge Step 1</b>		
Majors 1 – convert cubicle 11 into fit to sit for 8 patients	1 RN	1 HCA
Majors 1- 3 extra patients on trolleys on the corridor	1 RN	
<b>Total</b>	<b>10 RNs</b>	<b>5 HCA</b>
<b>CDH Internal Surge Step 2</b>		
Ambulance corridor – 3 extra patients on trolleys on the corridor	0 RN	
Resus to be used as overflow if required- up to 2 cubicles	1 RN	
Isolation resus 2 - convert into fit to sit for 5 patients	1 RN	1 HCA
<b>Total</b>	<b>12</b>	<b>6 HCA</b>

## **Appendix 11 – Financial analysis**

### **Financial analysis**

The acuity review will not result in any overall budget increases. There will be movement between the existing budgets to meet the needs of the clinical areas within the existing resource. The overall changes to the establishment will result in a Net reduction of £535k, however the critical care Net reduction is already a scheme on the waste reduction programme (WRP). Excluding the critical care WRP this will lead to a reduction of 5.51wte overall with a Net reduction of £253k.

A summary of the changes associated with the 2024/25 staffing reviews compared to the in-year budget and recurrently funded budgets is detailed below.

#### **Surgery**

Net impact of all ward reviews in Surgery is an increase of 0.43wte with budgetary reduction of £12k on recurrent budgets.

Key changes:

- Ribblesdale Unit, which is linked to skill mix and headroom adjustments at Band 5 and 6 levels, and removal of a B3 short day shift that is no longer required.

#### **DCS**

Net impact of all ward reviews in DCS is a reduction of 5.51wte with a budgetary reduction of £281k on recurrent budgets. Key changes:

- Decrease for Critical Care, linked to staffing model aligned to the change in configuration of the level of critical care beds, converting 4 level 2 to 4 level 1 beds resulting in a realignment of 5.51wte from B2 to B3, and a reduction in 5.51wte B5 (1 RN per shift) (WRP Scheme already capture savings).

#### **Womens and Children's**

Net impact of all ward reviews in Woman's and Children's is an increase of 2.2wte with a budgetary increase £61k on recurrent budgets. Key changes:

- Gynae - £20k increase - 0.83wte of a ward clerk investment to support GAU. This was removed in error during last year's review and will achieve 7 day coverage ward clerk on GAU/Early pregnancy and 5 day cover on the ward.
- Neonatal - £45k increase - Historical miss alignment for band 6 by 0.41 wte and band 5 by 0.37wte staffing to maintain safe staffing Monday – Sunday.
- Paediatric Ward 8 - £5k reduction - Skill mix review between band 2 and band 3 with a 0.6wte increase overall.

## **Medicine**

Net impact of all ward reviews in Medicine is a reduction of 7.21wte with a budgetary reduction of £301k on recurrent budgets. Key changes are;

- Respiratory Enhanced High Care - £707k reduction - Staffing model adjusted to reflect the needs of 11 Respiratory High Care beds. Reduction of 10.60wte B5's and 4.87wt B3's
- Gen/Med Elderly Ward 17 - £319k increase - Based on peer review with similar sized wards, increased by 1 Band 2 HCA day and night (5.51wte), 1 band 4 increase during the day, addressing inequity and continued variable pay (2.26wte).
- Neurorehabilitation - £190k increase based on peer review with similar sized wards and the current variable spend run rate, increase nights by 1 band 2 HCA (5.51wte).
- Rookwood A – £42k reduction - Skill mix review, band 4 on nights changed to band 3, enacted in budget in M8.
- Acute Frailty Unit - £24k - Skill mix review, band 2 HCA days removed and created band 4 on days to support with admission process and compliance with risk assessment targets, enacted in budget in M8.

## Appendix 12 - Neurosurgery Rapid Improvement Workstream outcome

The Surgical divisions rapid improvement work has provided the opportunity to review the layout and safe staffing model for the neurosurgical inpatient services. Using the structured professional judgements submitted as part of the annual safe staffing reviews as insight into concerns and opportunities this has supported the restructure of the four neurosurgical wards. The current modelling consists of four neurosurgical wards, three seventeen bedded wards and one ten bedded high care ward. Through the annual review process, it was acknowledged that the layout of the current high care area was suboptimal, with visibility challenges.

The rapid improvement work brought together key stakeholders to discuss and agree a different layout and utilisation of the current space. The work has concluded that moving forward the layout and staffing model will be three surgical wards, ward 2a will house 10 enhanced high care beds with 7 neurosurgical inpatient beds, ward 2b will keep 17 inpatient beds with the addition of 10 ringfenced short stay beds which will be available Monday to Saturday (closed by 14:30), with ward 2c remaining unchanged.

This change will address the concerns raised as part of the annual review professional judgment for visibility of enhanced high care patients. This modelling facilitates improved efficiencies relating to neurosurgical pathways and the availability of post-op short stay beds to enable shorter lengths of stay. With the changes the staffing model has been updated to reflect this, the staffing is based on SNCT data captured over the past year, run rate data and professional judgment. It is important to note that the staffing model proposed will need monitoring over the next 6months through safety and quality metrics as part of the divisional governance processes and by undertaking an acuity and dependency assessment using SNCT to provide assurance that the model is appropriate for the patients care needs. An EQIA has been completed in advance of these changes to understanding any potential risk associated with the changes.

Staffing model changes				
Ward	Current Staffing model	Bed Base	New Staffing Model	Bed Base
Neuro High Care	1 Ward Manager 4 RN + 2 HCA – Day 4 RN + 1 HCA - Night	10	Unit configuration changed	-
Ward 2a	1 Ward Manager 4 RN + 3 HCA – Day 2 RN + 3 HCA - Night	17	1 Ward Manager 5 RN + 4 HCA – Day 5 RN + 4 HCA - Night	17
Ward 2b	1 Ward Manager 4 RN + 3 HCA – Day 2 RN + 3 HCA - Night	17	2 Ward Managers 6 RN + 5 HCA – Day Monday – Saturday AM 4 RN + 4 HCA – Day Saturday PM – Sunday 3 RN + 5 HCA – Night Monday – Friday 2 RN + 4 HCA – Night Saturday - Sunday	27
Ward 2c	1 Ward Manager 4 RN + 3 HCA – Day 2 RN + 3 HCA - Night	17	No change	17
<b>Total</b>		<b>61</b>	<b>Total</b>	<b>61</b>

The movement as part of the Trust wide 22.2% headroom reduction will release £30.5k of recurrent budget and 0.83wte. The proposed staffing model will then generate a further £64k of savings, with a slight establishment increase of 0.97wte due to skill mixes – an overall saving of £95k, when compared to the current staffing model at 23% headroom.

Moving towards the proposed model also aims to release £308k of variable bank costs associated with staffing to meet enhanced therapeutic observations of care, whilst also retaining an element of bank spend expected in the baseline to mitigate sickness and some enhanced levels of care.

Current	Mid-point	Current (23%)		Current (22.2%)		Proposed (22.2%)	
		Wte	Cost	Wte	Cost	Wte	Cost
7	£ 62,229	4.00	£ 248,916	4.00	£ 248,916	3.00	£ 186,687
6	£ 52,143	11.51	£ 600,166	11.44	£ 596,262	11.07	£ 577,127
5	£ 41,609	58.96	£ 2,453,267	58.58	£ 2,437,310	54.80	£ 2,280,278
2	£ 28,534	57.86	£ 1,650,977	57.48	£ 1,640,239	63.59	£ 1,814,559
2 HK and WC	£ 28,534	6.00	£ 171,204	6.00	£ 171,204	6.00	£ 171,204
<b>Total</b>		<b>138.33</b>	<b>£ 5,124,530</b>	<b>137.50</b>	<b>£ 5,093,932</b>	<b>138.46</b>	<b>£ 5,029,856</b>
<b>Impact from current model (23%)</b>				<b>-0.83</b>	<b>-£ 30,598</b>	<b>0.13</b>	<b>-£ 94,674</b>
<b>Impact from current model (22.2%)</b>						<b>0.97</b>	<b>-£ 64,076</b>