

Title:	Annual Safer Staffing Skill mix review October 2024
Agenda item no:	
Meeting:	People Committee
Date:	6 th February 2025
Presented by:	Katie Prichard-Thomas
Prepared by:	Karolyn Baker, Associate Chief Nurse,

Purpose of the Report	The paper presents the outcome of the bi-annual mandatory nursing, midwifery & Allied Health Professionals (AHP) safer staffing skill mix review.
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Report History	New Report
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What action is required?	
Assurance	√
Information	√
Discussion/input	√
Decision/approval	

Resource Impact:	N/A
Relationship to Risk in BAF:	Strategic objective 1 - Provide the highest quality care
Corporate Risk Register (CRR) Reference /score	N/A
Title of CRR	N/A

Strategic objectives This report impacts on (tick all that apply)::			
Provide the highest quality care for all			√
Invest in our people and live out our values			
Deliver in partnership			
Cultivate innovation and improvement			
Achieve long-term sustainability			
Well Led Framework applicability:			Not applicable <input type="checkbox"/>
1. Leadership √	2. Vision & Strategy <input type="checkbox"/>	3. Culture <input type="checkbox"/>	4. Governance √
5. Risks, Issues & Performance √	6. Information Management <input type="checkbox"/>	7. Engagement <input type="checkbox"/>	8. Learning & Innovation √

Publication			
Published on website		Confidentiality (Fol)	Private √ Public

1 Background

This paper presents the findings from the latest Nursing, Midwifery & Allied Health Professionals (AHP) annual safer staffing skill mix review.

Nationally, NHS workforce remains high on the political agenda; the new government has commissioned a new 10 year health plan for the NHS (2024), which may impact the way we deliver services in the future and therefore staffing requirements. Previous evidence suggests that the healthcare workforce will need to grow significantly for the NHS to meet the increasing demand driven by rising demographic pressure and the changing burden of disease within the UK. At present the supply of Nurses and Midwives does not meet current or predicted demand. (NHS Long term workforce plan 2023) The “Francis Report” (2013), “Ockenden” (2022) and “Kirkup” reports (2022) highlight shortages in skilled nursing and midwifery staff as a contributory factor leading to poor patient outcomes. We await the findings of the Thirlwell inquiry following the Lucy Letby case, which may have further recommendations/implications regarding safer staffing.

The NHS is currently facing inter-related challenges relating to funding, workforce shortages, an ageing population, increasing complexities in managing long-term conditions and recovery from the Covid-19 pandemic. (NHS Long Term Plan 2019) The RBFT is currently operating with significant financial challenges. The increasing complexities of managing patients with long term conditions and those affected by the pandemic is also an issue for our Trust. The increasing need for enhanced observations of our patients and increased levels of violence and aggression directed towards staff within our emergency department and inpatient wards remains a quality and safety issue. The new Safer Nursing Care Tool (SNCT) has enabled us to some extent to capture more accurately the full amount of the enhanced observation need within the organisation.

The National Quality Board (2016) and Developing Workforce Safeguards (2018) advocate a triangulated approach to safer staffing and establishment setting (See diagram below).



The RBFT utilises the Safer Nursing Care tool (2023) for adults, the emergency department, acute medicine and children and young people (2007), and the Birthrate plus tool (2016) for midwifery services. These evidence-based tools are recommended by NICE (2014) in order to set appropriate establishments and ensure safer staffing within the acute trust.

Our current position in terms of recruitment and retention is improving. We continue to focus on recruitment and retention with bi-annual multi-professional recruitment events are hosted by the organisation to maintain recruitment levels. International recruitment for nurses has paused, although specific international recruitment is continuing for therapists.

Our staff are our greatest asset. Staff wellbeing, recognition and reward will continue to be a major focus in 2024/2025, working in close collaboration with the People Director. The RBFT's results in the national staff survey reflects the positive culture within the organisation. The RBFT have enhanced their staff support with the new wellbeing centre, demonstrating our commitment to the NHS long-term plan (2019).

We have aligned our band 2/3 job descriptions in accord to align with the national job profiles. EMC agreed to a rebanding process whereby all current band 2 health care assistants (HCA) were uplifted to a band 3 in line with recommendations from NHSE. New to care HCA's will be recruited on a band 2 development post until they have achieved the required competency level. This has not impacted the nursing establishments in terms of WTE required.

The Trust is continuously developing the Safer Staffing processes in accordance with national guidance and this report supports the current care group position. The next section summarises the findings of the review, including actions and next steps.

2 Methodology

2.1 Nursing

A triangulated approach was followed (NQB 2016), comprising a full Safer Nursing Care Tool (SNCT) acuity and dependency peer review undertaken throughout September 2024, a review of data relating to nurse sensitive indicators, and professional judgement. In October 2024 the CNO led the skill mix review meetings covering 26 ward areas. These meetings encompassed professional discussions involving the Director of Nursing for the care groups, ward managers, Matrons and Associate Chief Nurse for safer staffing. The directors of finance provided budget information for each area. A patient leader was approached to participate in the reviews however was not able to attend the meetings. This will be addressed for the next review.

To comply with the National Safer Staffing guidance, an SNCT peer review was undertaken over 30 days in September 2024 to ensure an adequate data set was available to support calculation in of the establishments. Wards with less than 15 inpatient beds took part in the SNCT data collection as a baseline of acuity and dependency. Although evidence from the original validation of the tool is not supportive of setting the appropriate establishment with this reduced number of beds, it provides guidance and is used in conjunction with professional judgement and quality KPI's.

The new tool published by NHES 2023 was utilised as part of the peer review process. In preparation for the data collection a comprehensive education programme was delivered to ensure good reliability of the tool. The use of the challenging behaviour tool to assess the need for enhanced observation was also included in the education programme to ensure consistency in assessing the need for enhanced observations.

It should be noted that the Emergency Department (ED) tool and the Children and Young People tool (CYP) has not been updated with the enhanced observation levels or the new RfA time. We understand these 2 tools are currently being reviewed. A day case tool is also being considered to aid establishment setting in these areas.

The basis for all reviews is the SNCT tool. This is the only NICE approved evidence-based tool to support safe staffing decisions and nursing establishment calculations. Changes to establishments should only be made following 2 SNCT data sets, to ensure seasonal variations and any service changes are included. The review also included:

- Patient acuity and dependency scoring
- Accurate and consistent data collection
- Nursing multipliers to support professional judgement
- Consideration of nurse sensitive indicators (NSI)
- Benchmarking against peer organisations for CHPPD
- Average monthly temporary staffing utilisation
- Average monthly headroom calculation for each area
- Temporary staffing fill rate September 2024
- Alignment of staffing budgets
- Usage of the enhanced observation cade for temporary staffing

Data from the above elements can be found in supplementary combined data spread sheet.

Discussions also included any actions from the BOB benchmarking safer staffing exercise in 2023. Specific areas were also benchmarked with neighbouring organisations in relation to the use of enhanced observations deployment.

A summary of individual area discussions can be found in supplementary In-patient discussion paper.

A roster review process was undertaken in conjunction with the safer staffing reviews. The Associate Chief Nurse and rostering manager met with the care group DON, matron, and ward manager for each in-patient area. A suite of 6 months of roster KPI's in line with the roster policy and the golden rules of rostering were presented and discussed. Themes from the meetings will be captured in a separate report.

The following KPI's were discussed;

- Employees on roster - Headcount
- Weeks published before Roster Start
- Next 2 Roster Periods published
- Annual Leave
- Study Leave
- Sickness Absence
- Total Headroom
- Total variance (hours) - Positive
- Total variance (hours) - Negative
- Var Cf exceeding +11.5 (Total Employees)
- Var Cf exceeding -11.5 (Total Employees)
- Extra Cover Usage - Hours
- Extra Cover Usage - WTE
- Temporary Staffing %
- Registered %
- Un-registered %

Golden rules of effective rostering
1. leave limits
2. Electronic 'auto-rostering'
3. Fixed Patterns
4. Forecasted Roster
5. Auto-fill shift requests
6. Headroom Target
7. Confirmation of shift
8. Substantive v Agency
9. Agency Approval

2.2 Maternity

To be compliant with Maternity Incentive Scheme (MIS) we are required to undertake a systematic, evidence-based process to calculate midwifery staffing establishment and to submit a bi-annual report to the Board that includes evidence that this requirement is being met. A full birthrate+ review was commissioned by the maternity team. In October 2024 the CNO led the skill mix review meetings the Director of Midwifery (DOM), Head of Midwifery (HOM) and matron to review all of the maternity areas including the community services.

2.3 Allied Health Professionals

In September 2024 the CNO led the skill mix review meetings involving leads for the Occupational Therapy (OT), Physiotherapy (PT) and speech therapy departments, the Head of Therapies, Trust safer staffing and workforce lead, Associate Chief AHP and Director of Nursing for Networked Care.

A review of the following data was undertaken by the Head of Therapies.

- Demand and capacity modelling using Electronic Patient Record (EPR) data (in progress)
- Locally collected data
- Opel reporting
- Prioritisation guidelines
- Time in motion studies
- Referral rates
- Job planning

This review has been modelled on the trust safer staffing processes, utilising a triangulated approach as advocated by NQB (2016).

3 Findings

3.1 Maternity

The current total budgeted establishment for midwifery staffing is 198.39 WTE Midwives (all clinical midwives, specialist midwives and midwifery leaders) and 25.7 WTE support staff (MSW) who provide postnatal care.

Despite a reduced birth rate of 201 since the Trust last completed the full Birthrate + assessment in 2021, there has been a complete change in case mix. More women are now in the higher acuity categories and thus require additional midwifery care due to complexities.

In order to meet the requirements for safe staffing the Birthrate + assessment has indicated that there is a deficit of:

- 7.36 WTE clinical midwives
- 0.74 WTE Band 3 MSW
- 5.05 WTE non clinical midwives

The full maternity birthrate+ report can be found on the supplementary shelf.

3.2 Allied Health Professionals

The review by the AHP team has identified areas within the 3 services which require an uplift in establishments. This uplift will support flow, a historical budget realignment and increased coverage of the service. The OT service will concentrate on recruitment and retention. Full details for individual wards can be found on supplementary shelf.

The AHP team in general reported a high % of opel status at level 3 or 4. However, this has not resulted in the number of red flag staffing datix's expected for this level of difficulties with staffing. The challenge the team have identified relates to a gap in the AMU, SSU and SDEC physiotherapy provision. The team have recognised an uplift of 1 WTE physiotherapist would improve patient flow within these areas and avoid where possible un-necessary admissions to the hospital.

The speech therapy team presented a narrative in relation to the stroke guidelines and staffing requirements. A deep dive into the SSNAP data would provide a more detailed analysis of the gap within the stroke service.

The actions for the AHP team following the review are:

- Completion of red flags staffing datix to enable numbers and themes of issues relating to staffing to be captured and monitored when staffing is not optimum.
- Review the historical budgets in relation to service growth
- The impact of safety and flow where staffing is thought not to be at optimum levels.
- Continued focus on recruitment and retention.

3.3 Nursing

High usage of temporary staffing is known to have an impact on safety and quality of care. Thirteen areas have used over 20% temporary staffing in September 2024. The reasons for this ranged from additional elective activity, pilot projects which are utilising just temporary staffing during the project phase and escalation due to enhanced observations. Each area using above 20% had triangulated this with their nursing KPI's to provide assurance regarding the quality and of patient care delivered to the patients. The average staffing fill rate for September 2024 indicates we are utilising 100% of registered nurse and unregistered planned shifts. The review of the SNCT data and discussion during the meeting indicate that this is being driven by the increasing complexity of patients and the need for enhanced observation.

The accuracy of assessing acuity and dependency has improved since the last review, however Respiratory and some of the planned care wards have experienced a reliability issue with the data collected. After reaching out to the national team, it was concluded that this is partly due to not recognising the complexities of the patients within the clinical areas, and not adhering to the recommendation that only 3 staff within the

unit should undertake the scoring during the data collection period. Subsequently, Respiratory and General Surgery Unit have undertaken a further data collection period. The results for Respiratory have reflected a more accurate establishment requirement.

However, a repeat audit for GSU has not provided the same assurance. There are several reasons for this: The elective pathway has experienced a reduction in the number of patients due to surgeons' availability, and the specific complexity within the surgical cohort of patients is not picked up with the generic tool. The triangulation with the SNCT and professional judgement within the RBFT appears to be more aligned with the medical bed base. It should also be noted the data collected from the SNCT is an average over 30 days, the implications of this are some peak periods will not be captured as part of the data collection. (Griffiths et al 2020)

The use of the new 1c and 1d levels for patients requiring enhanced observation has resulted in accurate levels of the requirement for enhanced observations. These levels have been mostly used within the medical wards. Utilising this data will enable the ward teams to triangulate the level of enhanced observation requirement and their nurse staffing spend. We have also triangulated this data with the code used for enhanced observations when requesting temporary staffing over a 12-month period. This has enabled us to look at areas which may benefit from the 1c and 1d element of the data being included in their regular establishment. The requirement for temporary staffing to mitigate the safety risk related to caring for patients with challenging behaviour is heavily scrutinised with controls in place to ensure the avenues are explored prior to the request for temporary staff. However, it is important we can deploy temporary staff where necessary to ensure patient and staff safety. The Care Crew provide some of the enhanced observation requirement as part of their role within networked care. Other aspects which the ward areas utilise to maintain the safety of the patients requiring enhanced observations include patient placement within the ward, distraction therapy, Older Persons Mental Health (OPMH) in reach, visiting, and volunteers.

There is a national concern relating to the escalating need for enhanced observations due to the complexities within the acute hospital patient case load alongside balancing the complex financial situation the NHS is facing. NHSE have shared some projects from other organisations relating to managing enhanced care needs within acute hospitals to ensure consistency of assessment and deployment within clinical areas. There is an opportunity for the RBFT to use the improving together methodology to ensure we have the same consistent approach throughout the organisation.

Care Hours Per Patient Day (CHPPD) for all relevant areas has been benchmarked with peer organisations and reviewed in terms of average and planned usage. The CHPPD does not take into consideration the patient's individual acuity and dependency and therefore should be used in conjunction with the other elements of the triangulated process. Some Challenges with reviewing the CHPPD remain and the ward narrative reflect the challenges when assessing this data. The data from the model hospital has not been updated from the changes requested at the last skill mix review. The safer staffing lead will work with the workforce team to address these issues.

3.3.1 Planned Care

No changes to the nursing establishments within Planned Care have been recommended during the annual review. During the safer staffing meetings, we identified some areas for improvement within the safer staffing processes including more regular data collection in order to capture seasonal variations, changing the time of day for the data collection, and adhering to the SNCT recommendations relating to responsibilities for completing who completes the audit. Some areas have repeated the audit, the results will feed into the next data collection period in March 2025. The Safer Staffing lead will continue to support the education programme relating to acuity and dependency scoring and will work with the Director of Nursing to improve the quality of the data for the next data collection period. Full details for individual wards can be found on the supplementary shelf.

3.3.2 Urgent Care

Proposed changes from within Urgent Care establishments identified during the May 2024 safer staffing review have been reassessed. The Emergency Department (ED) completed a full assessment of acuity and dependency in the September data collection period to enable a comprehensive review of required staffing levels. The data did not identify the same gap in the establishment as the previous data collection. However,

it is important to acknowledge the supervisory shifts are not included in the establishment calculation using the SNCT and seasonal variations may not be accounted for in this data collection period. The full impact of the Urgent Care Centre (UCC) will not have been identified in this audit, a further audit in January 2025 is required to assess this impact and to what extent this affects the ED establishment.

The Paediatric SNCT data collection demonstrated a higher establishment for the 2nd year, although this was lower than the previous audit. Seasonal variations within paediatrics complicates the establishment calculations, a further SNCT data collection period will be undertaken to understand the seasonal variation and the differences in establishment required for the number of commissioned beds.

Sonning and Sidmouth are in the process of completing pilots or pending business case approvals which will affect the establishments for 2025/26. No recommendations have been made for these 2 areas during this review.

The SNCT data collection in CCU has demonstrated an increase in acuity in 2 consecutive reviews, although the September data collection did not demonstrate the same level of acuity as the previous review. The safer staffing lead has identified an issue with the reliability of the acuity scoring; ~~however~~, a further full data collection period needs to be undertaken to fully understand the acuity of the patients. However, the ward team have identified a risk during the afternoon shifts when patients are being discharged and going to the cath lab for procedures and have requested an uplift in staffing to maintain patient safety. The review supports an uplift of a HCA extended to LD 7 days per week. Total uplift required 1.47.

Full details for individual wards can be found on the supplementary shelf.

3.3.3 Networked Care

Proposed changes from within Networked Care establishments identified during the May 2024 safer staffing review have been reassessed. Internal budget reconfiguration has been identified as required for Caversham ward, as historically the ward does not have sufficient WTE to manage the agreed establishment. Due to the decrease in bed numbers following the move to WBCH, the budget from NRU will be utilised to uplift the establishment for Emmer Green ward. The uplift is supported by the professional judgement and the Nurse Sensitive Indicators (NSI) which reflect an increase in hospital acquired pressure ulcers and falls with harm. The use of the 1c and 1d levels has enabled the care group to review the enhanced observation requirement within specialist medicine. The care crew have been utilised where possible to mitigate the need for extra staff to care for patients requiring enhanced observations during core hours. The SNCT data collection has identified in 2 consecutive review a higher establishment requirement for Mortimer and Burghfield wards. This has also been triangulated with the use of the enhanced observation code for temporary staffing. Both areas have demonstrated a consistent requirement for utilising temporary staffing to cover enhanced observations during October 2023 - September 2024, although the requirement for staff is less than the average demand calculated in the SNCT data demonstrating the areas are mitigating from within their establishments and using the care crew where possible. The NSI for Mortimer ward also demonstrate a need for an uplift in the establishment to maintain quality care for patients. The ward team have requested an uplift of 1 HCA on night for both wards.

Annual Uplift Costs

Band 3 2.6 WTE Mortimer	£99,801
Band 3 2.6 WTE Burghfield	£99,801
Total	£199,602

The Predicted Annual temporary staffing costs of B3 2.6 WTE increase are below. These costs are based on booking an NHSP band 3 HCA every night for each ward. It is important to note the uplift of 2.6 WTE will not cover all of the requests made for enhanced observations based month 6 and month 7 predictions.

Annual NHSP costs

Band 3 HCA 2.6 WTE Mortimer	£119,195.70
Band 3 HCA 2.6 WTE Burghfield	£119,195.70
Total	£238,391.40

An uplift for Woodley has also been requested, however, the SNCT data does not support this uplift, therefore this was not agreed.

The Renal service is proposing a reconfiguration of their service and propose to increase their bed base within Victoria ward to 24 beds. The new establishment was discussed and will be included as part of the business case submitted by the care group and will be discussed-as part of the next safer staffing skill mix review.

Full details for individual wards can be found on the supplementary shelf.

4 Recommendations

- Supported uplifts following the safer staffing reviews.

Clinical area	Uplift required
Physiotherapy	1 WTE Band 6
CCU	1.47 WTE HCA band 3
Mortimer	2.6 WTE band 3
Burghfield	2.6 WTE band 3
Maternity	7.36 WTE clinical midwives 0.74 WTE Band 3 MSW 5.05 WTE non clinical midwives
Total WTE	20.82 WTE

- Enhanced observation project linked to improving together to specifically review how we manage the enhanced observation requirement trust wide.
- More frequent SNCT data collection to capture seasonal variation.
- Review internal care group establishment realignments at the next bi-annual skill mix review

5 Conclusions

This annual Safer Staffing Skill Mix review demonstrates the robustness and leadership of processes within the Trust in relation to safer staffing levels within Nursing, Midwifery and the AHP workforce. The processes utilised within this review are compliant with the evidenced based recommendations from the National Quality Board Guidance (2016) and the Developing Workforce Safeguards (2018) and have focused on effective workforce planning whilst observing the need for financial stability and control. (NHS Long Term Plan 2019).

Further work is required ensure the assessment and utilisation of staffing to cover enhanced observations is standardised throughout the organisation. A project group will be set up to review and make recommendations for the next safer staffing skill mix review. A review of the AHP staffing requirements in relation to KPI's and risks is also an area for further review within the next review.

References

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