

Title:	Bi - Annual Safer Staffing Skill Mix Review Report – May 2025
Agenda item no:	
Meeting:	People Committee
Date:	7 th July 2025
Presented by:	Katie Prichard-Thomas, Chief Nursing Officer
Prepared by:	Karolyn Baker, Associate Chief Nurse

Purpose of the Report	The report presents the outcome of the bi-annual mandatory NHSE Nursing, Midwifery & Allied Health Professionals (AHP) safer staffing skill mix review and the roster review that were both completed in May 2025.
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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

3 Background

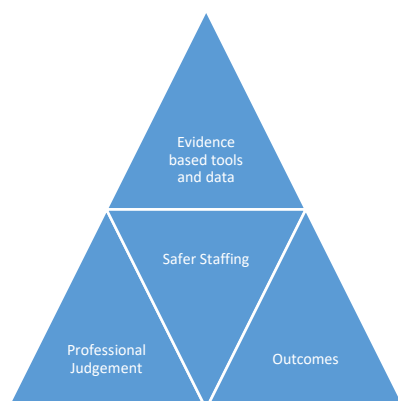
This report presents the findings from the latest Nursing, Midwifery & Allied Health Professionals (AHP) bi-annual safer staffing skill mix review.

Nationally, NHS workforce remains high on the political agenda; the new government has commissioned a 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. A key aim of the NHS long-term plan (2019) and the NHS long-term workforce plan (2023) is also to improve productivity within the NHS. This is balanced against national challenging financial times currently affecting healthcare delivery and provision. 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.

Maintaining effective and transparent governance processes relating to Nursing, Midwifery and AHP staffing levels is essential in providing organisations with adequate oversight in these challenging financial times (Developing Workforce Safeguards 2018). The increasing complexities of managing patients with long term conditions and those affected by the pandemic is a continuing issue for our Trust. The increasing need for Enhanced Therapeutic Observations and Care (ETOC) of patients is recognised nationally and locally as a factor impacting to safer staffing levels and the quality of care delivered to patients. 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. NHSE are rolling out a national programme reviewing ways of capturing data and the delivery of ETOC in acute hospitals. The RBFT are looking to be included in the 3rd phase of this project.

The increased levels of violence and aggression directed towards staff within our emergency department and inpatient wards also remains a quality and safety issue.

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) 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 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 2025/2026, 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 accordance with the national job profiles. EMC agreed to a re-banding process whereby all current band 2 health care assistants (HCA) were uplifted to a band 3 in line with recommendations from NHSE. A further process has been agreed regarding the recruitment of new to care HCA's. They will be recruited on a band 3 and will undertake the care certificate and required competencies within their clinical area. This was reviewed due to the difficulties with recruiting band 3 HCA's and the restrictions on practice within the clinical areas.

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.

4 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 March 2025, including a review of data relating to nurse sensitive indicators, and professional judgement. In May 2025 the CNO led the bi-annual skill mix review meetings covering 26 ward areas, revisiting the recommendations from the previous review, and alignment of the new budgets for 2025/26. These meetings encompassed professional discussions involving the Director of Nursing for the care groups, Matrons and Associate Chief Nurse (ACN) for safer staffing. The Directors of Finance provided budget information for each area.

To comply with the National Safer Staffing guidance, an SNCT peer review was undertaken over 30 days in March 2025 to ensure an adequate data set was available to support calculation 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 NHSE 2023 was utilised as part of the peer review process. In preparation for the data collection, an education session was delivered to ensure good reliability of the tool. The use of the challenging behaviour tool to assess the need for Enhanced Therapeutic Observation and Care (ETOC) was also included in the education session to ensure consistency in assessing the need for ETOC.

It should be noted that the Emergency Department (ED) tool and the Children and Young People tool (CYP) has not been updated with the ETOC 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:

- 1 Patient acuity and dependency scoring
- 2 Accurate and consistent data collection
- 3 Nursing multipliers to support professional judgement
- 4 Consideration of nurse sensitive indicators (NSI)
- 5 Benchmarking against peer organisations for CHPPD
- 6 Average monthly temporary staffing utilisation
- 7 Average monthly headroom calculation for each area
- 8 Temporary staffing fill rate March 2025
- 9 Alignment of staffing budgets
- 10 Usage of the ETOC code for temporary staffing

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

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

A roster review process was undertaken in conjunction with the safer staffing reviews. The ACN 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;

- 1 Employees on roster - Headcount
- 2 Weeks published before Roster Start
- 3 Next 2 Roster Periods published
- 4 Annual Leave
- 5 Study Leave
- 6 Sickness Absence
- 7 Total Headroom
- 8 Total variance (hours) - Positive
- 9 Total variance (hours) - Negative
- 10 Var Cf exceeding +11.5 (Total Employees)
- 11 Var Cf exceeding -11.5 (Total Employees)
- 12 Extra Cover Usage - Hours
- 13 Extra Cover Usage - WTE
- 14 Temporary Staffing %
- 15 Registered %
- 16 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 comply with the Maternity Incentive Scheme (MIS) we are required to undertake a systematic, evidence-based approach to determine midwifery staffing levels. Additionally, we are required to submit a bi-annual report to the Board, providing evidence that this requirement is being fulfilled. In May 2025 the CNO led the skill mix review meetings with the Director of Midwifery (DOM), Head of Midwifery (HOM) and ACN to review all the maternity areas including the community services. An update on the previous recommendations was included in this discussion.

2.3 Allied Health Professionals

In May 2025 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, the ACN, Associate Chief AHP and Director of Nursing for Networked Care.

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

A triangulated approach was applied, involving:

- a. Demand & Capacity Analysis via EPR and referral data
- b. Professional Judgement from senior therapy leads across all services
- c. Quality Metrics: Delayed discharges, SSNAP (stroke) performance, including the newly developed Physiotherapy and Occupational Therapy Dashboard on TIPS (see appendix 1), and referral response times for SALT (appendix 2).
- d. Operational Data: Opel reports, staffing red flags (Datix), prioritisation logs
- e. Time in Motion Studies and Job Planning Outputs

5 Findings

3.1 Maternity

Proposed changes from within Maternity establishments identified during the October 2024 safer staffing review are detailed below following a full birth rate plus assessment.

It was recommended that an uplift was applied to the antenatal/postnatal ward area 5.24WTE and intrapartum care 1.9WTE.

- The antenatal and postnatal wards required one additional midwife each shift. The 5.24 WTE have been recruited and are currently in the process of induction. It is anticipated that the additional midwife per shift will be within clinical numbers from 11th August 2025
- The additional input for the intrapartum area will be met by introducing another continuity of care team who will provide intrapartum care to all women in their team. The 1.9WTE will top up an existing community team in order that it can implement a continuity of care model. This will be in an area of deprivation to improve equity and outcomes. Recruitment for these roles is planned to allow a start date of the 1st of September 2025.
- The additional Maternity Support Worker role has been recruited into and will be within the infant feeding team by July 2025, to support the work towards Baby Friendly Accreditation.
- Additional funding from submission of the December 2024 Birthrate plus paper included a proposal for a phased implementation over the financial year 2025-2026. Details of the phasing can be found in the Maternity paper on the supplementary shelf. The cost of the recruitment and retention role and premature birth and multiple birth role will be offset by funding from ICB, which has been confirmed in May 2025 as recurrent funding to cover full cost of posts. Cost saving of £125,147.

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

3.2 Allied Health Professionals

The previous Safer Staffing review recommended an increase of 1 WTE in physiotherapy to enhance the flow work in AMU. However, this recommendation was not adopted by the care group. Budgeting and establishment setting are challenging for the therapy teams, as services are Trust-wide, but the budget is managed within the Networked Care group. We note the post was not prioritised, during the review in October we will review with UCG and the therapy team impact on patient care without the role in place.

The therapy lead has collaborated with the care group director of finance to ensure that therapy budgets are aligned with the agreed establishments where possible. However, an issue persists within the Trauma and Orthopaedic service, which is over-established by 1 WTE. This is balanced by vacancies in other areas.

The Speech and Language team (SaLT) and physiotherapy team continue to report a high number of opel status above level 2, indicating the service is functioning with reduced capacity. A gap remains regarding the impact of the reduced capacity for patients and their families.

The actions for the AHP team following the review are:

- KPI/impact data to be presented in the next Safer Staffing review
- Benchmarking with local like for like services in relation to workforce
- 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. There has been a slight increase in the number of areas which have used over 20% temporary staffing in March 2025. 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 ETOC. Each area using above 20% had triangulated this with their nursing KPI's to provide assurance regarding the quality of patient care delivered to the patients. Scrutiny regarding the level of temporary staffing utilised for each ward area continues, a year-on-year reduction in the WTE and spend relating to temporary staffing continues.

The average staffing fill rate for March 2025 indicates we are utilising 98.98% of registered nurse and unregistered planned shifts. The review identified an issue regarding some of the fill rate data. The Associate Chief Nurse (ACN) and Rostering Manager have undertaken a deep dive into the reasons for this and are working with the ward managers to rectify this issue. The SNCT data and discussion during the meeting indicate where the fill rate is above the agreed staffing levels this is being driven by the increasing complexity of patients and the need for enhanced observation.

The accuracy of assessing acuity and dependency continues to improve, however respiratory and some of the planned care wards continue to have challenges in aligning the scores with their patient group. During this data collection period we adopted all the recommendations suggested by the national team after the previous safer staffing review in relation to improving reliability of the SNCT tool. For each of these areas the professional judgement element of the triangulated approach was scrutinised in detail to ensure robust decision making in these areas. It has also been suggested we need to undertake more frequent SNCT data collections to ensure we capture seasonal demand. The literature relating to establishment setting references the need to address seasonal or peak demand periods (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 during the SNCT data collection period. 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. The recommendations from the previous safer staffing review included an uplift of a HCA on nights in 2 of the specialist medical wards to accommodate the increase in ETOC and the temporary staffing spend. 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 staffing solutions 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 are now providing an increased service and can cover some of the ETOC requirement as part of their role within networked care. Other measures utilised by the ward areas to maintain the safety of the patients requiring ETOC include patient placement within the ward, distraction therapy, Older Persons Mental Health (OPMH) in reach, visiting, and volunteers.

Starting from April 2025, we will be required to submit data on ETOC hours as part of the PWR report. To address the quality, safety, and financial aspects of caring for patients with ETOC needs, a working party has been formed. This group is chaired by the ACN and includes key stakeholders from the care groups, safeguarding team, and finance.

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 narratives reflect the challenges when assessing this data.

3.3.1 Planned Care

No changes to the nursing establishments within Planned Care have been recommended during the annual review. The recommendations from the previous safer staffing review in relation to reliability have been addressed. More frequent data collection to capture seasonal variations will be undertaken by the General Surgical Unit (GSU) to ensure we capture escalations in acuity and dependency. The Trauma team identified a potential risk with the agreed establishment on nights. Further details are required as the audit did not identify any risks. The ACN Safer Staffing lead and the Director of Nursing will work with the senior team within the Trauma unit to collect the required data for the next Safer Staffing skill mix review. 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 October 2024 Safer Staffing Review have been added to the draft budget. The additional HCA in CCU was being filled with temporary staffing. Recruitment will commence when the budgets have been finalised.

Following up on the pilot within Sonning ward, efforts are being made to enhance the early pregnancy unit. Funding has been secured to provide training for registered nurses to perform radiological tests. By reducing the working hours of the nursing team, the budget will be freed up, allowing the service to expand to a 7-day operation. No changes have been requested through the skill mix review.

Sidmouth ward is not progressing the pilot project identified in the October 2024 review, the establishment will return to the previous agreed numbers. This decision was made by Urgent Care Group.

The Paediatric establishment setting is complex due to seasonal variations. To ensure we capture escalations in acuity and dependency, further data collection periods will be undertaken. The agreed staffing numbers change depending on summer and winter numbers, therefore the establishment needs to be flexible and agile to provide safe and quality care to patients and their families when demand is high, and to reduce staffing numbers when demand is reduced. The senior team within paediatrics will work with the DON and Safer Staffing lead to ensure the correct clinical staff are included in the establishment, as some non-clinical staff are being included in the agreed clinical workforce.

The British Association of Perinatal Medicine (BAPM) guidelines for the number of staff Qualified in Speciality (QIS), required to meet the standards is 2/5 this is achieved 70-80% of the time. The recommended supervisory band 6 for every shift within Buscot needs further evaluation and data collection, which will be included in the upcoming full Safer Staffing Review.

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

3.3.3 Networked Care

The recommended changes from within Networked Care establishments identified in the October 2025 Safer Staffing Review have all been added to the draft budgets and the internal reconfigurations are being discussed currently by the care group.

The Neuro-Rehab Unit has relocated back to the RBH site, increasing the bed base to 12. While staffing levels remain unchanged, the acuity and dependency of patients may vary due to the unit's new location on the main RBH site, which offers more out-of-hours support. Although the SNCT audit is not recommended for wards with a small bed base, we will continue to use the data as a benchmark for the next Safer Staffing Review. Additionally, professional judgement and an audit of patients with complex needs should be incorporated into the next review.

The Renal Service is proposing a reconfiguration of their service and propose to increase their bed base within Victoria ward to 24 beds. The data relating to this escalation in the bed base will be discussed in the next Safer Staffing Review.

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

6 Recommendations

- Review uplifts following last Octobers full Safer Staffing Reviews:

Clinical area	Uplift required
Physiotherapy (SDEC)	1 WTE Band 6
Total WTE	1 WTE

- Continued focus on the ETOC requirements through the ETOC Working Group.

- Continue to refine data required for the national data submission for ETOC which will provide us with the data to drive improvement and benchmarking opportunities.
- Complete more frequent SNCT data collection in identified areas to capture seasonal variation.
- Continued scrutiny of temporary staffing in relation to safety and finance.

7 Conclusions

- This bi-annual Safer Staffing Skill Mix Review highlights the robustness and leadership of the Trust's processes concerning safer staffing levels within Nursing, Midwifery, and the AHP workforce. The review's processes adhere to the evidence-based recommendations from the National Quality Board Guidance (2016) and the Developing Workforce Safeguards (2018). The focus has been on effective workforce planning while ensuring financial stability and control, in line with the NHS Long Term Plan (2019).
- The ETOC Working Group will present additional information on the quality, safety, and financial aspects of ETOC requirements in the upcoming review.
- EMC is requested to take assurance from the review and approve the Nursing, Midwifery, and AHP establishments outlined in this Safer Staffing Skill Mix Review.

References

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