

Agenda Item 2.iii

Report to:	Trust Board of Directors
Date:	05 September 2024
Report from:	Maura Screatton Chief Nurse Jennifer Whisken Deputy Chief Nurse Sam Reynolds Lead Nurse Safer Staffing
Principal Objective/ Strategy and Title:	Annual Nursing Inpatient Establishment Review
Regulatory Requirement and Board Assurance Framework Entries:	CQC NICE 742 – Failure to meet safer staffing guidance and NQB
Equality Considerations:	Equality has been considered but none believed to apply
For:	Discussion / Information To recommend to Board of Directors

1. Executive Summary

1.1. This report presents the annual nursing inpatient establishment review for 2024/2025 in line with national policy and regulation, with due process followed as detailed in DN 860 Nursing Establishment Setting Policy (2023). There will be reference in this document to other areas of nursing including Day Ward, Critical Care and Theatres.

1.2. Key messages to note are:

- Check, challenge, and support meetings were held to review inpatient nursing establishments with Heads of Nursing, matrons, sisters, Chief Nurse, Deputy Chief Nurse, and Safer Staffing Lead.
- Triangulation of data was undertaken with acuity and dependency scoring using the Safer Nursing Care Tool (SNCT), professional judgement, and patient outcomes.
- There are no proposed changes to WTEs in nursing establishments, however there are some changes to skill mix and revised bandings between registered nurses and Health Care Support Workers.
- Community visits proposed by the Thoracic division for the next financial year are supported and will be funded by the Integrated Care Board.
- The reconfiguration of Critical Care to incorporate a new nurse led Enhanced Recovery Unit launched in May 2024 has two rosters planned to take effect from September 2024 with no planned changes to Critical Care establishment.
- These recommendations will be taken to the Clinical Practice Advisory Committee (CPAC) and the Workforce Committee.

- There have been improvements noted in safer staffing fill rates for registered nurses (RN). RN fill rates reported in April 2023 were 78% for the day shift and 82% for the night shift compared to 87% and 91% respectively in March 2024 above target set at 85%.
- The health care support worker (HCSW) fill rates in April 2023 were 68% for the day shift and 74% for the night shift compared to 84% and 89% respectively in March 2024.
- A reduction in vacancy rates has had a positive impact on fill rates. The RN vacancy rate has decreased from 12.52% to less than 5% in 2024.
- The HCSW vacancy rate has decreased from 21.77% to 16.69% throughout 2023/24.
- Weekly roster 'look ahead meetings' monthly roster review and biannual roster review meetings are held with the Chief Nurse and Director of Workforce.
- SNCT data captured in November 2023 confirmed that the registered nurse to patient ratios across all RPH wards was in line with the SNCT recommendations.
- RPH have received a license for the new SNCT (which considers levels of 1:1 nursing and single room layout) prior to the SNCT data collection in May 2024, plus training and assessment for deployment of the tool.
- There is overall downward redeployment trend across all areas since September 2023 due to ongoing recruitment and improved pipelines in all areas.
- The actual nursing care hours spent with each patient per day for RPH wards is above what is required throughout 2023 to March 2024.
- Wards have a planned registered nurse to patient ratio of no more than eight patients to one registered nurse on day shifts as per workforce standards/ policy.
- Agency usage for 2023/24 remains static despite an improved vacancy rate within the registered nursing workforce. This in part is due to higher levels of headroom than anticipated such as supernumerary status and sickness.
- Critical care, cardiology and surgical wards have had the highest bank, agency, and overtime on account of their higher vacancies and headroom, and skill mix factors.
- The supervisory ward sister/ charge nurse role target of 90% supervisory time is now being tracked on the monthly PIPR commencing Quarter 1, 2024.
- RPH was awarded SILVER for the participation of the HCSW Pastoral Support Quality Award Pilot in 2023.
- RPH has met its overseas recruitment target of 63 for 2023/24. RPH currently has a 100% OSCE pass rate.
- Royal Papworth Hospital continues to develop healthcare support workers (HCSWs) through apprenticeship pathways. 19 staff have completed the care certificate with a further 23 enrolled on the programme so far for 2024 compared to 46 staff who completed the Care Certificate Programme in 2023/24.
- Overall, the quality of patient care, patient safety and experience have remained at a high standard in the annual period reviewed. There have been no concerns linked to nursing inpatient establishments and safe staffing from April 2023 to March 2024.

2. Background

1.1. Each division has undertaken an annual safe staffing review in December 2023 in accordance with:

- Royal Papworth Hospital's (RPH) DN860 Nursing Establishment Setting Policy and the establishment review cycle.
- The National Quality Board (NQB 2016) Safer Staffing guidance and NHSI (2019) Workforce Safeguards.

- Meetings were held to allow for professional scrutiny and to provide ward to board assurance via check, challenge, and support to each division with the Chief Nurse Deputy Chief Nurse and the Lead Nurse for Safer Staffing.
- The Clinical Practice Advisory Committee (CPAC) has effective oversight of the Nurse Safe Staffing Report which is published monthly.

3. Scope

3.1. The annual report covers inpatient wards, Day Ward, Theatres, Critical Care and Catheter Laboratories. The timing of the report coincides with the Trust's annual planning and budget setting cycle. There is also reference to the role of advanced nursing practitioner. **Figure 1** demonstrates how safe staffing uses a triangulation approach to determine nursing establishments.

Figure 1 Safe staffing triangulation approach for nursing establishments



4. Introduction

4.1. Trust Boards have a duty to ensure safe staffing levels are in place and patients have a right to be cared for by appropriately qualified and experienced staff in a safe environment. These rights are set out within the National Health Service (NHS) Constitution, and the Health and Social Care Act (2012) which make explicit the Trust Board corporate accountability for quality and safety.

4.2. Developing workforce safeguards (NHS England, 2018) state that effective workforce planning is vital to ensure appropriate levels and skills of staff are available to deliver safe, high-quality care to patients and service users.

4.3. At RPH the setting of nursing establishments is by using a triangulation approach; evidence-based tool (SNCT) professional judgement and patient outcomes. Nursing establishments are reviewed annually in line with annual planning, with a mid-year review.

- Patient acuity and dependency scoring evidence-based tool such as Safer Nursing Care tool (SNCT, 2023) as used at RPH.
- Professional judgement.
- Activity levels including seasonal variation in service demand.
- Service developments and any changes to delivery.
- Contract commissioning.
- Staff supply and experience issues.

- Where Temporary Staff has been required above the set planned establishment.
- Patient and staff outcome measures.
- Benchmarking with other 'like' organisations.

4.4. The Nursing and Midwifery Council (NMC) sets out the responsibilities for nursing in relation to safe staffing levels. Demonstrating safe staffing is one of the six essential standards that all healthcare providers must meet to comply with the Care Quality Commission (CQC) regulation. This is also incorporated within the RCN (2021) Nursing Workforce Standards and the NICE guidelines 'Safe Staffing for Nursing in Adult Inpatient Wards in Acute Hospitals' (2014).

4.5. The Carter Report (2016) recommends the implementation of Care Hours Per Patient Day (CHPPD). This preferred metric provides NHS Trusts with a single consistent way of recording and reporting deployment of staff working on inpatient wards.

4.6. The budgeted establishment and required ward/department roster template must be aligned. They must be determined by factoring in headroom and outputs from the recommended six-monthly safe staffing establishment reviews. These reviews should use the National Quality Board's (2018) evidence-based guidance.

4.7. The Nursing Workforce at RPH have taken the following into account:

- Apprenticeships and 'grow your own initiatives' require backfilling when on placement.
- Our Bank Staff are mainly Trust staff, putting more pressure on our nursing teams to pick up bank shifts; this pool of staff to support mitigation for staffing gaps is small compared to larger hospitals who have a larger pool of staff to pull from in support of their mitigation for staffing gaps.
- The increased emergency demand on services, and recovery plans for patient waiting times requires a constant focus to both retain staff and resource services.
- The Retention and Resourcing Steering Group is 'up and running'. The key ambition is to recruit to vacant nursing posts, speed up onboarding and retain staff for longer through our recruitment and retention schemes. The Trust has achieved its target of less than 5% registered nurse vacancy factor.
- Safely staffing 24-hour period/ 7 days a week in a fair and consistent way for all, whilst also attempting to meet the flexibility that staff require to achieve a work-life balance are important goals to attain for RPH staff.
- Implementation of the NHS People Plan priorities (2022/23), looking after our people in a compassionate and inclusive culture with quality health and well-being for everyone, is especially important to maintain and to meet the fill rate targets for RNs and HCSWs
- Following a review in Quarter 4 2024 of the Papworth Integrated Performance Report, the supervisory ward sister/ charge nurse role target of 90% supervisory time is now being tracked on the monthly PIPR commencing Quarter 1, 2024.

5. Recruitment and retention

5.1. Clinical Education (CE) have adapted the HCSW development timeline, to better support new starters in the first 3 months to complete their care certificate and HCSW programme. Furthermore, CE have appointed HCSW and Care Certificate champions across the organisation and hold bi-monthly meetings.

5.2. RPH was awarded SILVER for the participation of the HCSW Pastoral Support Quality Award Pilot in 2023, a collaboration between recruitment and education teams.

The pastoral support and development of HCSWs has significantly contributed to vacancy rates which have decreased from 21.77% to 16.69% throughout 2023/24.

5.3. International recruitment across 2023/24 resulted in 67 appointments across Critical Care, Theatres, Surgery, Respiratory and Cardiology. All these candidates were in post by March 2024. For 2024/25, we are recruiting up to 50 international nurses across the Trust. This campaign is underway, and appointments have been made. There has not been any funding released to date by NHSE to support international recruitment for 2024/25.

5.4. RPH currently has a 100% OSCE pass rate. The Trust was awarded the International Recruitment Pastoral Care Award from NHS England. RPH has met its overseas recruitment target of 63 for 2023/24.

5.5. A change to internal recruitment in 2023/24 saw a significant improvement in time to hire for internal promotions and transfers. This has speeded up movement around the organisation which is helping departments plan their recruitment needs more effectively. Following the introduction of the new student nurse recruitment process, we recruited a total of 24 student nurses over the course of 2023/24 compared to 13 in 2022/23.

5.6. Clinical Education lead on supporting overseas employees who are registered nurses in doing their OSCE training programme due to changes from the NMC in relation to English language testing requirements. RPH has met its overseas recruitment target of 63 for 2023/24.

5.7. During 2023/24 the Recruitment Team worked with departments and Communications to improve information on the Trust external website. The aim of the project was to ensure fair and accurate representation of roles available at RPH. This work is continuing into 2024/25. Communications are also supporting a widescale review of promotional materials used by recruitment externally to ensure they continue to be attractive and relevant.

5.8. The Trust had implemented the Oleeo recruitment system during 2023/24. The system has given us functionality and overview of our recruitment system that will drive down time to hire whilst enhancing candidate and recruiting experiences. With the introduction of the Oleeo platform we have been able to utilise features such as Talent Banks and gained richer reporting tools allowing us to scrutinise data and take a proactive progressive approach in relation to recruitment. This has given a greater understanding of our pipeline along with the system collaborating with candidates throughout the recruitment process to ensure candidates are engaged.

6. Growing our own apprenticeship roles

6.1. Royal Papworth Hospital continues to develop healthcare support workers (HCSWs) through apprenticeship pathways building the HCSW workforce through the Bands to registered professional at Nursing Associate (NA) level and registered nurse (RN).

Programmes are aimed at HCSWs in a substantive post who have obtained level 2 functional skills or equivalent and have completed the Care Certificate Programme to show evidence of continuous professional development (CPD). 19 staff have completed the care certificate with a further 23 on the programme, a total of 42 to date for 2024; it is anticipated that more staff will participate in the programme throughout 2024, alongside additional staff

who will have gained the qualification through other employers. This compares to 46 staff who completed the Care Certificate Programme in 2023/24.

6.2. Traditionally there were two clinical apprenticeships available to HCSWs making them eligible for appropriate Band 4 posts – Assistant Practitioner (AP) and Trainee Nursing Associate (TNA). To aid standardising practice and competence at Band 4 level, RPH focuses recruitment through the TNA route.

6.3. The NA role has enabled a greater application of learnt skills, broadened scope of practice (including administration of medicines), brings professional registration to the band and supports the edict of Chief Nurse of England developing the NA cohort across the wider NHS.

6.4. The NA course is a foundation degree and is completed over 2 years and made up of theory and practice placement; once complete, qualified NAs register on the NMC and are eligible for the associated NA B4 post. From the NA position, staff also can 'top up' their foundation degree with a further 2-year BSc apprenticeship programme, on completion they become registered nurses (RNs). We recommend consolidation of knowledge and skill between the NA and BSc programmes; this enables greater programme success whilst also stabilising rosters.

6.5. Working with approved training providers and higher education institutions (HEIs), there are broadly two intakes in operation per year for both the TNA and top up programs enabling support for up to 20 staff per cohort whilst maximising the overall student learner practice placement capacity. Since 2020, RPH has benefited from 14 staff qualifying as NAs and a further 22 staff qualifying as RNs through these grow your own apprenticeship programs.

6.6. As with all such apprenticeships, our organisation's Levy contribution funds the course cost; whilst national considerations remain, the Levy cannot be used for backfilling or student expenses; alternative measures for supporting staff and departments are sought for this. HCSW development apprenticeships provide the highest volume of learners through RPH's Levy, contributing to the Trusts average 78% utilisation over the last 3 years.

6.7. RPH does not currently have a fixed model of NAs per shift or per directorate; work remains underway to establish best deployment of these valuable staff and thus best utilisation of skill set within any given department; this in turn will better inform staffing templates. Moving forwards there is constant review of practice placement capacity, alongside establishment and ways of working reviews to consider workforce percentages in terms of NAs, as well as maximising cohort allocations and minimising attrition.

7. Safer Nursing Care Tool (SNCT) and professional judgement

7.1. All Ward Managers, Matrons, Heads of Nursing (HON), Finance and the E-roster manager met with the Chief Nurse, Deputy Chief Nurse, and Safer Staffing Lead to review data and triangulate associated quality indicators, Datix incidents, themes, and red flag events. There were no recommended adjustments to shift plans based on one Safer Nursing Care Tool (SNCT) data review when also considered alongside professional judgement and quality indicators.

7.2. The November 2023 SNCT data collection/ scoring demonstrated an improvement in the accuracy and understanding of the scoring following targeted teaching and training for wards sisters and matrons.

7.3. RPH have received a new license for the new SNCT prior to the biannual SNCT data collection in May 2024. Plans for further SNCT teaching and training are in place following the updating of the descriptors by the Shelford Group for the new SNCT.

7.4. The SNCT process adds specific clinical context to discussions and provides an evidence-based approach ensuring Ward Sisters/Charge Nurses, Matrons and Heads of Nursing are engaged and take ownership of their respective clinical areas. There are 3 to 4 staff including the ward sister who are now trained per area with the new SNCT as per guidance. The side room factor is now included within the updated tool and will provide context to support our ward staff working in a predominantly single side room hospital.

8. Data validation

- The following actions were taken to validate the data collection from the SNCT specifically for the establishment review:
- SNCT training was updated in November 2023 to ensure that the SNCT data was validated, and consistent, inter-rater reliability exercises were undertaken with the nursing teams to ensure consistent application of the acuity multipliers.
- Weekly audits throughout the data collection period by the Safer Staffing Lead and peer reviewed by CUH's Safer Staffing Lead to validate data inputs.
- Any discrepancies in the acuity data scoring were corrected and senior nurses worked closely with wards to ensure consistent application of the tool.
- There has been no manipulation of the data to maintain the reliability and validity of the tool, and this allows for benchmarking.

9. Recommendations from divisional biannual safe staffing reviews

Ward/ unit funded establishments are shown in **Table 1**.

9.1. Thoracic and Ambulatory Care Division

- No changes proposed to nursing establishment numbers and/ or skill mix for Respiratory Support Sleep Centre (RSSC) Ward 3 North.
- Funding for an additional band 8a Lead Respiratory Advanced Nurse Practitioner (ANP) position is requested, the staff member in post has been through job matching but the ACP post is not yet funded.
- Community visits proposed for the next financial year, supported, and will be funded by the Integrated Care Board. For a 5-day service the posts requested are- 1 band 7 ANP, 1 band 6 and 1 band 3 administrative support.
- 4 South - no change to ward funded establishment.
- Day ward - no change to ward funded establishment.
- Outpatient Department have revised banding to increase the number of band 3 and 4 staff, this is within the current budget.

9.2. Cardiology Division

- No changes in overall RN numbers, one HCSW post has been converted to a Patient Environmental Assistant (PEA) to support three quadrants.
- Catheter labs have revised bandings to include an additional band 7 Sedation Lead Nurse post.
- Catheter labs are compliant with the British Cardiovascular Intervention Society guidelines

9.3. Surgery, Transplant and Anaesthetics Division

- No changes to Critical Care establishment; approximately one-third of Critical Care staff number will transition to the Nurse-led Enhanced Recovery Unit (ERU) to

establish the planned 10 beds. The ERU opened to 5 beds on Monday 13th May 2024.

- The reconfiguration of Critical Care to incorporate a separate new nurse led Enhanced Recovery Unit has two rosters planned to take effect from September 2024 with no planned changes to unit establishment.
- No changes proposed to nursing establishment numbers and/ or skill mix for surgical wards - 5 North and 5 South.
- Theatre revised shift times to include fast track recovery for thoracic patients until 21:30 hours.

Table 1 - Ward/ unit funded establishments 2024

Ward/ Unit	WTE RN Band 5 and above	WTE Care staff Band 2-4	Total est. funded	No. of beds	RN to patient ratio- Current and SNCT recommended (May & Nov. 2023 data collection)
4 South (Thoracic)	35	14	49	29 Inpatients 6-day cases (Mon.-Fri.)	Current- 1:5 May SNCT- 1:5 Nov. SNCT- 1:5
RSSC 3 North (Thoracic)	33.45 (incl. 4 ANPs)	22.73	56.18	15 inpatients 8-day cases (Mon.-Fri.)	Current- 1:3 May SNCT- 1:5 Nov. SNCT- 1:3
Day Ward (Thoracic)	17.09	15.64	32.73		1:4 (bays)
3 South & 4 North West (Cardiology)	72.32	42.39	115.04	53 ward & 6 CCU	Current- Ward 1:6.6 CCU 1:2 May SNCT- 1:6 Nov. SNCT- 1:6
Cath LABS (Cardiology)	33.92	20.39	54.31	6 Cath Labs, 2 Bronchoscopy suites/ 10 holding bays	2:1 (Labs) 1:2 (holding bay)
5 North (Surgery)	48.45	35.53	83.98	40	Current- 1:5 May SNCT- 1:6 Nov. SNCT- 1:5
5 South (Surgery)	42.99	30.06	73.05	35	Current- 1:5 May SNCT- 1:7 Nov. SNCT- 1:5
Critical Care	211.87	53.64	312.64	35	1:1
Theatres	7.6 8a SCP 34.33 ODP 54.57 Nurse	44.22	140.72	6 Theatres 1 recovery bay (4 beds) 2 procedure rooms	N/A

10. Temporary staffing

10.1. The Trust relies on temporary workers (Bank, Agency, and Overtime), to cover shortfalls in core staffing and to maintain service provision with this resource. A temporary worker is an individual who is engaged by the Trust to meet a short-term demand by the service which cannot be covered by core staff and is likely to be unforeseen e.g., sickness absence, and therefore, could not be met by effective workforce planning. Temporary staffing usage should be no more than 20% of any rota.

10.2. Temporary workers may also be required at times to meet a need to cover additional work for a short period of time or to provide cover for longer term absences, such as covering vacancies whilst undergoing a recruitment process. The Trust has minimum bank only staff and relies mainly on its existing workforce to pick up bank or overtime to support the shortfalls. It is important to highlight that the temporary staffing pool of staff to support mitigation for staffing gaps is small at RPH compared to larger hospitals who have a larger pool of staff to pull from in support of mitigation for staffing gaps.

10.3. **Chart 1** shows the breakdown of hours for registered ward staff and **Chart 2** for registered Critical Care staff of bank agency and overtime usage for the past 12 months.

10.4. Critical care, cardiology and surgical wards have had the highest bank, agency, and overtime on account of their high vacancy factor, high headroom, and skill mix factors.

10.5. Demands on temporary staffing for registered nurses remained high between January to March 2024 despite a reduced vacancy factor. There were multiple factors including Cardiology expanding on their bed base. Skill mix in particular was a significant factor as we know it takes on average, 4 months for an overseas nurse to pass their OSCE whilst remaining in a band 5 role.

10.6. We have seen our agency usage for 2023/24 remain static despite an improved vacancy rate within the registered nursing workforce. This in part is due to higher levels of headroom than anticipated such as supernumerary status and sickness. We continue to only utilise agencies on the Workforce Alliance Framework and having no off-framework agency spend.

10.7. Overtime is the predominant temporary staffing mitigation on CCA for registered CCA staff as illustrated in **Chart 2**

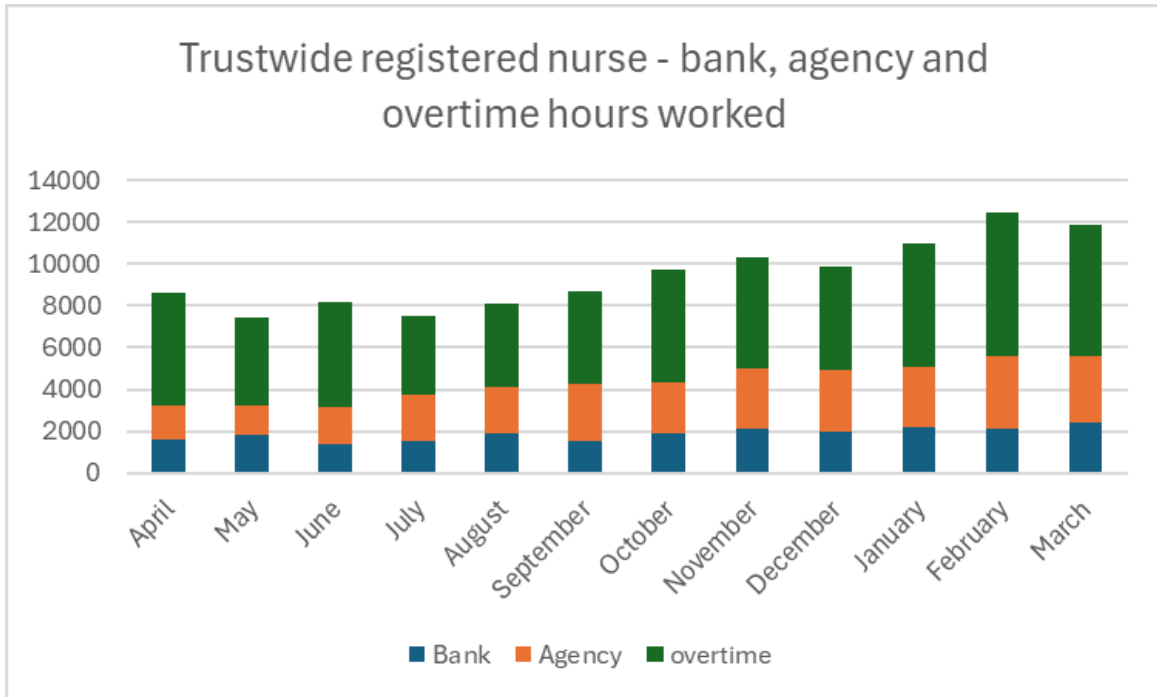
10.8. **Table 2** illustrates incremental improvement over 12 months in safer staffing for fill rates both registered and unregistered nursing staff due to a reduction in vacancies across the Trust. This is now monitored on the Papworth Integrated Performance Report (PIPR) under Safe and fill rate metrics will continue to be monitored and reported in 2024/25.

10.9. Fill rates are based on funded staffing establishments with 22% headroom.

10.9.1. A reduction in vacancy rates has had a positive impact on fill rates.

10.9.2. Exception reports are in line with DN869 Safer Staffing and Escalation Policy.

**Chart 1 Registered ward staff – Bank, Agency, and Overtime Hours
April 2023 – March 2024**



**Chart 2 Registered CCA staff – Bank, Agency, and Overtime Hours
April 2023 – March 2024**

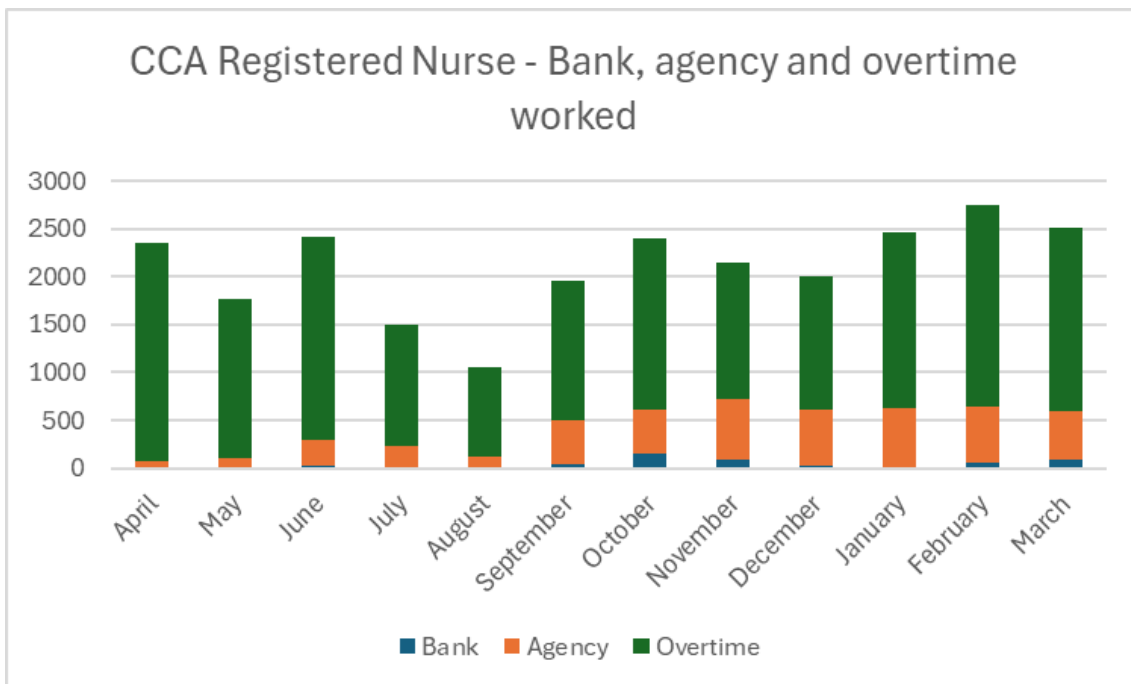


Table 2 Safer staffing registered and unregistered nursing (Health Care Support Workers, HCSWs) fill rates April 2023 – March 2024

Actual V Planned	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Safer staffing: fill rate – Registered Nurses day	78%	79%	82%	79%	77%	77%	81%	82%	81%	84%	85%	87%
Safer staffing: fill rate – Registered Nurses night	82%	84%	85%	80%	79%	83%	86%	89%	86%	89%	92%	91%
Safer staffing: fill rate – HCSWs day	68%	68%	69%	66%	62%	68%	70%	73%	79%	71%	80%	84%
Safer staffing: fill rate – HCSWs night	74%	73%	77%	77%	74%	78%	77%	80%	85%	78%	88%	89%

11. Staff redeployment

11.1. Redeployment 'TO' and redeployment 'FROM' illustrated in **Chart 3 and 4** respectively, and **Tables 3 and 4** respectively. Redeployment was highest 'TO' surgical ward 5 South and the Cardiology wards. Redeployment was highest 'FROM' Critical Care and surgical ward 5 North.

11.2. The data is for complete months from April 2023 to March 2024. This is the data where the redeployment functionality has been used on SafeCare.

11.3. There is overall downward redeployment trend across all areas since September 2023 due to ongoing recruitment and improved pipelines in all areas.

11.4. Planned recruitment and new starters across all areas continues; recent successful RPH recruitment events were held on 13th April and 10th February 2024.

11.6. Weekly Forward View meetings are held with the eRostering Systems Manager and senior nurses to monitor, share data/ trends with senior nursing teams.

Chart 3 - Redeployment TO (hours)

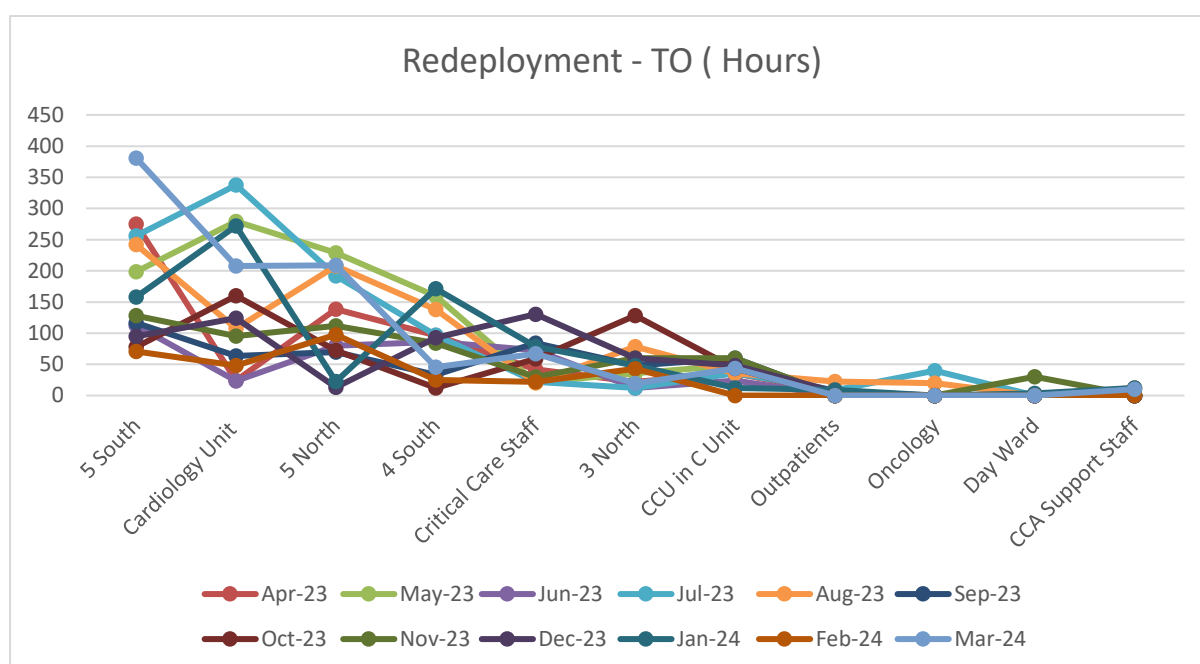


Table 3 Redeployment TO (hours)

Redeployment - TO												
Month	5 South	Cardiology Unit	5 North	4 South	Critical Care Staff	3 North	CCU in C Unit	Outpatients	Oncology	Day Ward	CCA Support Staff	total
Apr-23	275	24	139	96	42	22	36	4	0	0	0	638
May-23	199	279	229	160	21	36	49	0	0	0	0	972
Jun-23	113	24	80	86	73	12	24	0	0	0	0	411
Jul-23	256	338	192	97	22	12	36	9	40	0	0	1001
Aug-23	242	108	208	138	21	79	36	23	20	0	12	885
Sep-23	117	64	70	33	84	48	60	0	0	0	0	475
Oct-23	78	160	72	12	59	128	44	0	0	0	0	553
Nov-23	128	96	112	84	30	60	60	0	0	30	0	599
Dec-23	95	124	13	93	131	60	48	7	0	0	0	570
Jan-24	158	272	23	172	79	48	12	9	0	4	12	787
Feb-24	71	48	98	25	22	43	0	0	0	0	0	306
Mar-24	381	208	209	46	67	20	44	0	0	0	10	983
Total	2111	1743	1443	1041	649	567	448	51	60	34	34	6067

Chart 4 - Redeployment FROM (hours)

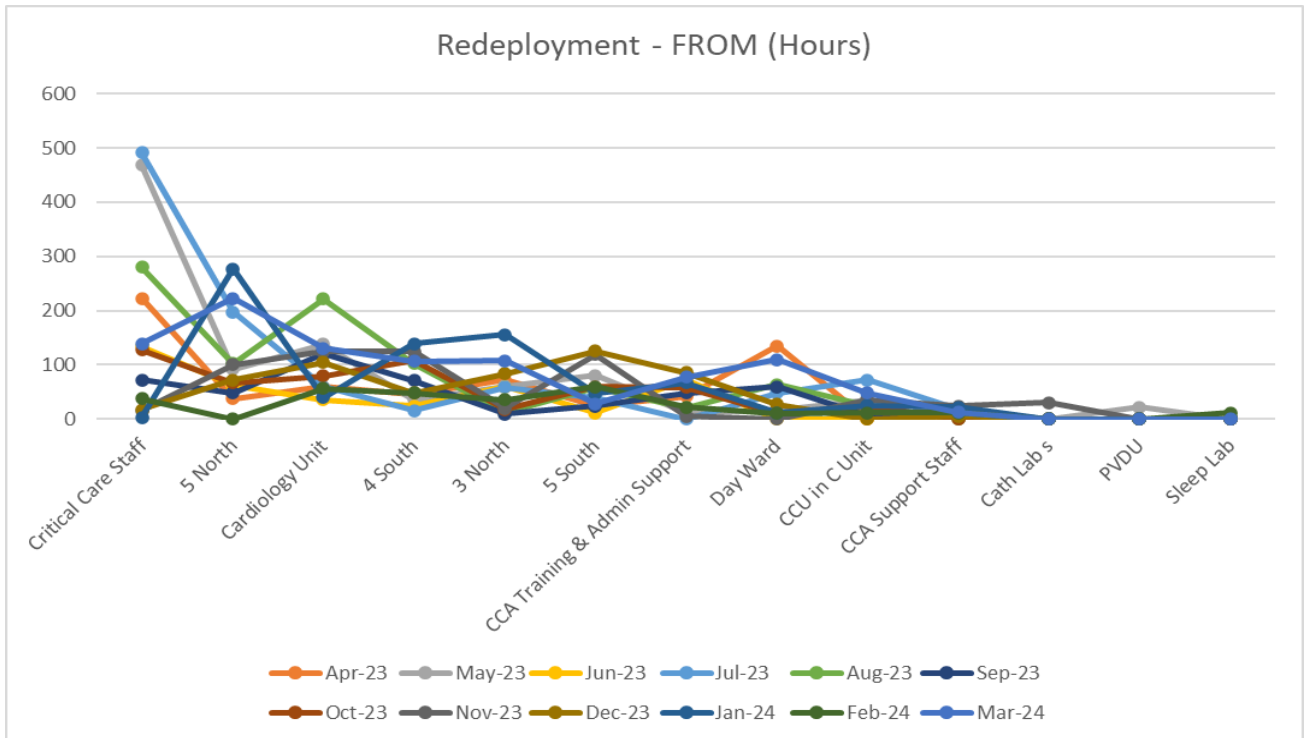


Table 4 – Redeployment FROM (hours)

Redeployment - FROM														
Month	Critical Care Staff	5 North	Cardiology Unit	4 South	3 North	5 South	CCA Training & Admin Support	Day Ward	CCU in C Unit	CCA Support Staff	Cath Labs	PVDU	Sleep Lab	total
Apr-23	223	38	60	45	72	24	42	135	0	0	0	0	0	638
May-23	468	93	138	36	61	80	12	16	36	12	0	22	0	972
Jun-23	134	62	36	24	60	12	73	0	0	10	0	0	0	411
Jul-23	491	197	60	16	59	40	0	49	72	18	0	0	0	1001
Aug-23	280	103	222	103	12	58	21	64	25	0	0	0	0	885
Sep-23	73	48	120	72	10	24	48	60	5	16	0	0	0	475
Oct-23	127	67	80	109	18	60	59	10	24	0	0	0	0	553
Nov-23	16	101	124	125	20	120	6	0	36	24	30	0	0	599
Dec-23	18	72	105	48	84	125	86	27	0	5	0	0	0	570
Jan-24	4	277	40	140	156	48	67	12	25	22	0	0	0	787
Feb-24	38	0	57	48	36	60	22	10	12	12	0	0	12	306
Mar-24	139	223	131	107	108	29	77	110	48	13	0	0	0	983
Grand Tot	2009	1279	1170	870	693	678	512	491	283	132	30	22	12	8179

12. Care Hours Per Patient Day (CHPPD)

12.1. At Royal Papworth Hospital Care Hours Per Patient Day (CHPPD) is a productivity model that has been used, in triangulation with other methods, to set the nursing establishments. The review of NHS productivity, chaired by Lord Carter, highlighted CHPPD as the preferred metric to provide NHS Trusts with a single consistent way of recording and reporting deployment of staff working on inpatient wards.

12.2. CHPPD is used prospectively to identify the likely care time required for expected patient type for a service. This is then compared to the required CHPPD for actual patients using the service, and then comparing the actual CHPPD provided by staff on the ward to assess if wards were appropriately staffed for actual patients.

12.3. **Table 5** shows the actual and required CHPPD results for the last 12 months, and **Table 6** for the actual staff to patient ratio (registered and HCSWs) from April 2023 to March 2024.

12.4. The required RN/ HCSW CHPPD has been provided to RPH patients across all wards as illustrated in **Table 5**. The actual RN/ HCSW CHPPD is reported to be above the required RN/ HCSW CHPPD for the wards.

12.5. This CHPPD metric cannot be used in isolation and further work needs to be done on SafeCare with correct acuity levels to ensure we are capturing the correct actual care hours delivered.

Table 5 CHPPD results April 2023 to March 2024 (combined RN/ HCSWs)

	Apr-23	Apr-23	May-23	May-23	Jun-23	Jun-23	Jul-23	Jul-23	Aug-23	Aug-23	Sep-23	Sep-23	Oct-23	Oct-23	Nov-23	Nov-23	Dec-23	Dec-23	Jan-24	Jan-24	Feb-24	Feb-24	Mar-24	Mar-24
	Actual CHPPD	Required CHPPD	Actual CHPPD	Required CHPPD	Actual CHPPD	Required CHPPD	Actual CHPPD	Required CHPPD	Actual CHPPD	Required CHPPD	Actual CHPPD	Required CHPPD	Actual CHPPD	Required CHPPD	Actual CHPPD	Required CHPPD	Actual CHPPD	Required CHPPD	Actual CHPPD	Required CHPPD	Actual CHPPD	Required CHPPD	Actual CHPPD	Required CHPPD
3 North	14.2	9.9	14.0	9.6	12.1	9.2	9.3	9.3	9.1	9.1	9.3	9.3	12.8	10.0	13.1	9.5	15.1	8.8	14.3	9.4	12.1	9.7	13.4	10.4
4 South	8.3	7.3	8.5	8.2	8.3	8.0	7.7	7.7	7.7	7.7	7.8	7.8	8.1	7.5	8.3	7.5	8.7	7.5	8.9	7.5	9.0	7.5	8.8	7.6
Cardiology Unit (3 South, ANW & CCU)	6.7	7.0	6.9	6.8	6.4	6.7	6.9	6.9	7.1	7.1	7.2	7.2	6.7	5.9	7.6	5.6	7.6	5.5	7.8	5.6	8.1	5.6	7.7	5.5
CCU in C Unit	15.5	11.5	16.4	12.0	14.4	11.3	11.5	11.5	11.1	11.1	12.4	12.4	16.4	9.0	17.4	8.7	15.8	8.2	15.8	8.6	18.3	8.3	18	8.2
5 North	9.2	7.8	8.9	7.6	9.4	8.0	8.2	8.2	7.9	7.9	8.2	8.2	9.0	7.3	9.1	6.4	9.5	6.2	9.0	6.4	8.7	6.9	8.9	6.6
5 South	8.9	7.9	9.1	7.5	9.7	8.1	7.6	7.6	7.5	7.5	8.1	8.1	9.7	7.2	9.6	7.0	10.6	7.1	10.0	7.2	8.7	6.9	9.7	7.1
Critical Care Staff	23.2	27.3	23.1	27.8	23.7	27.8	27.1	27.1	27.4	27.4	28.5	28.5	23.2	25.3	23.1	26.9	22.9	29.0	23.9	29.7	24.2	26.9	24.6	29.2

Table 6 Actual staff to patient ratio April 2023 to March 2024 (combined RN/ HCSWs)

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
3 North	1:1.6	1:1.6	1:1.8	1:1.7	1:1.9	1:1.8	1:1.8	1:1.7	1:1.5	1:1.6	1:1.9	1:1.7
4 South	1:2.8	1:2.7	1:2.8	1:2.9	1:2.7	1:2.7	1:2.9	1:2.8	1:2.7	1:2.6	1:2.6	1:2.7
Cardiology Unit	1:3.4	1:3.3	1:3.6	1:3.4	1:3.0	1:3.0	1:3.5	1:3.0	1:3.1	1:3.0	1:2.9	1:3.0
CCU in C Unit	1:1.6	1:1.5	1:1.6	1:1.4	1:1.1	1:1.3	1:1.5	1:1.4	1:1.5	1:1.5	1:1.3	1:1.3
5 North	1:2.6	1:2.7	1:2.5	1:2.6	1:2.6	1:2.6	1:2.6	1:2.6	1:2.5	1:2.6	1:2.7	1:2.7
5 South	1:2.7	1:2.6	1:2.4	1:2.6	1:2.5	1:2.5	1:2.4	1:2.5	1:2.2	1:2.4	1:2.7	1:2.4
Critical Care Staff	1:1.0	1:1.0	1:1.0	1:1.0	1:0.9	1:1.0	1:1.0	1:1.0	1:1.0	1:1.0	1:1.0	1:1.0

13. National benchmarking

13.1. The latest available charts from the Model Hospital System can be viewed **below Chart 5 and 6**, as at February 2024 data is taken as a benchmark which compares peers with the NHSI Model health system. As you can see, RPH in the black column is rated in the third quartile for CHPPD. Our nearest peer comparator is Liverpool Heart and Chest Hospital (LHCH), which is shown in the grey column.

The following two charts show the comparators from Model Hospital, data as of February 2024.

The column chart in **Chart 5** shows the average number of actual nursing care hours spent with each patient per day (all nursing and midwifery staff, including support staff) for RPH (black column) against national median (black line) and peer median (grey line) for February 2024 only.

Chart 5 - The average number of actual nursing care hours spent with each patient per day at RPH

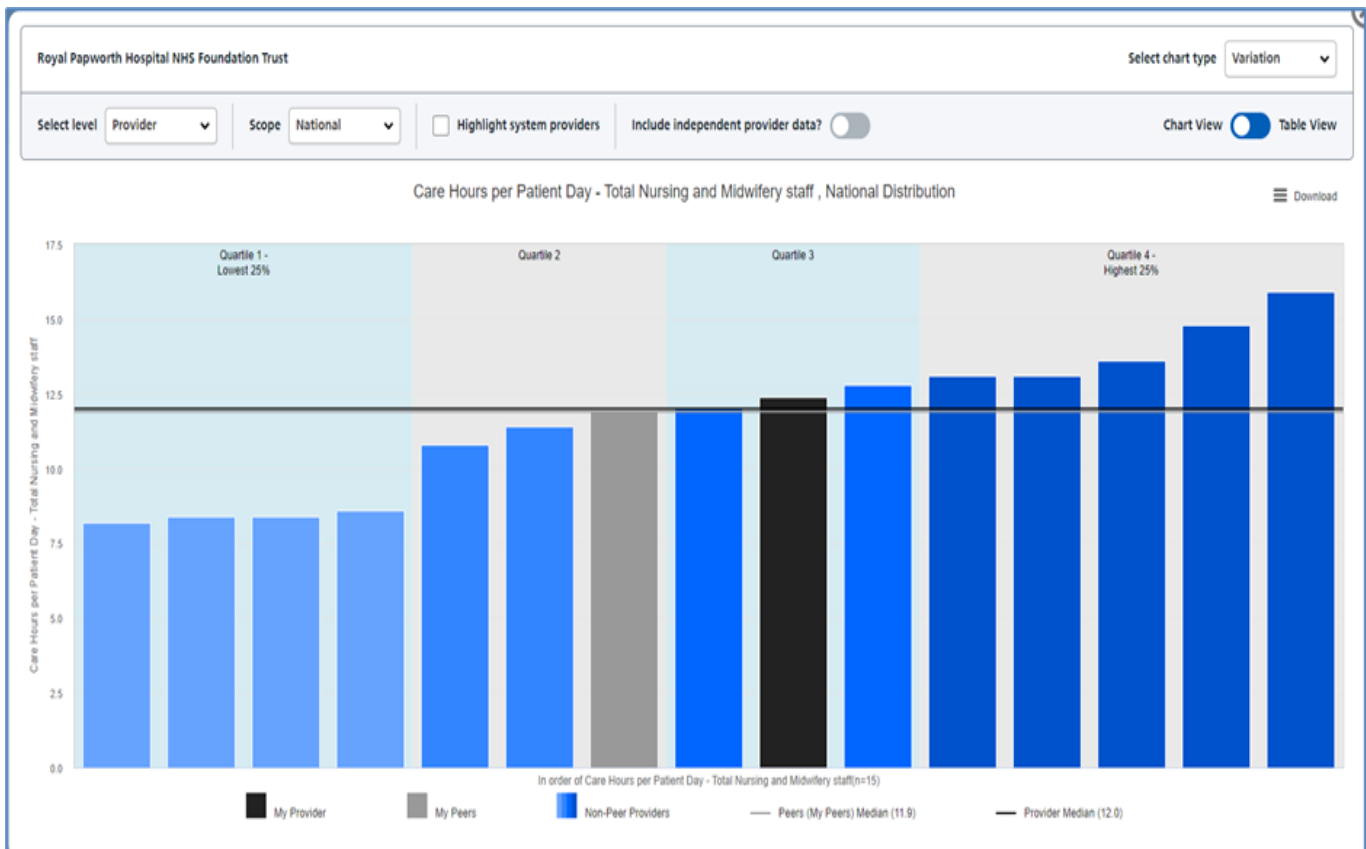
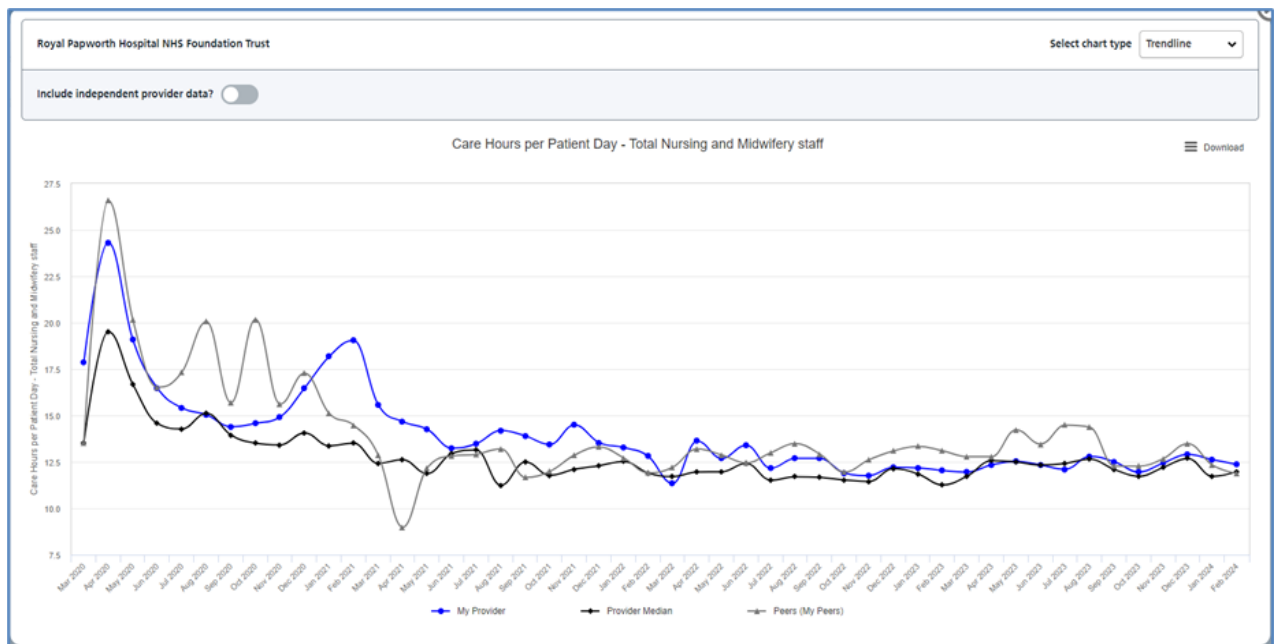


Chart 6 - This trendline chart shows RPH (bright blue) against national median (black) and peer median (grey)



14. Current assumptions for skill mix and registered nurse to patient ratio

14.1. The nurse-to-patient ratio describes the number of patients allocated to each registered nurse. Nurse patient allocations are based on the acuity or needs of the patients on the ward.

14.2. Critical Care may be staffed at 1 RN to 1 patient for the sickest patients which is Level 3 care, 1 RN to 2 patients which is Level 2 care or 1 RN to 3 patients for patients who are acutely ill but stable at Level 1 or 0 care.

Critical Care staffing is based on the most recent Intensive Care Society (ICS 2022) guidance on Levels of Care (LOC) and the General Provision of Intensive Care Standards (GPICS). RPH Critical Care establishment had been set on 1:1 for 35 beds.

14.3. On general wards the nurse-to-patient ratio is higher, for example 1:4 - 1:6 depending on the type of service delivered and the needs of the patients. This type of nurse: patient ratio is based on guidelines from professional organisations and accreditation bodies, but also reflects the needs of the individual patients at a given point in time which RPH cardiothoracic patient care needs information using SNCT have a higher acuity which explains the higher RN to patient ratios.

14.4. SNCT data captured in May 2023 recommended a slightly higher nurse to patient ratio on the surgical wards, 5 North and 5 South, and the RSSC; the audits during the data collection did highlight the need for more training to support staff understanding and skill with application of the tool. Further training was provided following the data collection to provide assurance which was demonstrated in the November 2023 output shown in **Table 1**.

14.5. SNCT data captured in November 2023 confirmed that the registered nurse to patient ratios across all RPH wards was in line with the SNCT recommendations.

14.6. Wards have a planned registered nurse to patient ratio of no more than eight patients to one registered nurse on day shifts as per workforce standards/ policy.

A full ward and critical care breakdown of the actual worked registered nurse to patient ratio from April 2023 to March 2024 and can be found in **Table 7**.

14.7. This metric should not be used in isolation, as factors such as the large footprint, wards split over different areas and the side room factor make it more difficult to staff and professional judgement is required to ensure staffing remains safe.

Table 7 Actual registered nurse to patient ratio – April 2023 to March 2024

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
3 North	1:2.5	1:2.5	1:2.7	1:2.5	1:2.8	1:2.8	1:2.8	1:3.0	1:2.5	1:2.4	1:2.9	1:2.7
4 South	1:4.4	1:4.3	1:4.2	1:4.4	1:4.1	1:4.3	1:4.2	1:4.2	1:4.4	1:4.1	1:4.2	1:4.1
Cardiology Unit	1:5.9	1:5.8	1:6.1	1:5.7	1:5.1	1:5.4	1:6.0	1:5.4	1:5.4	1:5.2	1:4.7	1:4.8
CCU in C Unit	1:1.6	1:1.5	1:1.6	1:1.4	1:1.1	1:1.3	1:1.5	1:1.4	1:1.5	1:1.5	1:1.3	1:1.4
5 North	1:5.1	1:5.3	1:4.6	1:4.7	1:4.5	1:4.6	1:4.6	1:4.6	1:4.4	1:4.26	1:4.7	1:4.5
5 South	1:4.9	1:4.7	1:4.7	1:4.5	1:4.3	1:4.6	1:4.6	1:4.6	1:4.4	1:4.5	1:5.1	1:4.6
Critical Care Staff	1:1.1	1:1.1	1:1.0	1:1.0	1:0.9	1:1.0	1:1.0	1:1.0	1:1.1	1:1.0	1:1.0	1:1.0

15. Red flags and staffing escalation process

15.1. A red flag event is a warning sign that something may be wrong with the staffing on the ward/unit, this poses risk to patient safety, missed or delayed care. If a red flag event occurs, the nurse in charge of the service should raise a red flag on the SafeCare staffing system and escalate to the senior nurse on the ward/unit Sister/Charge Nurse and Matron.

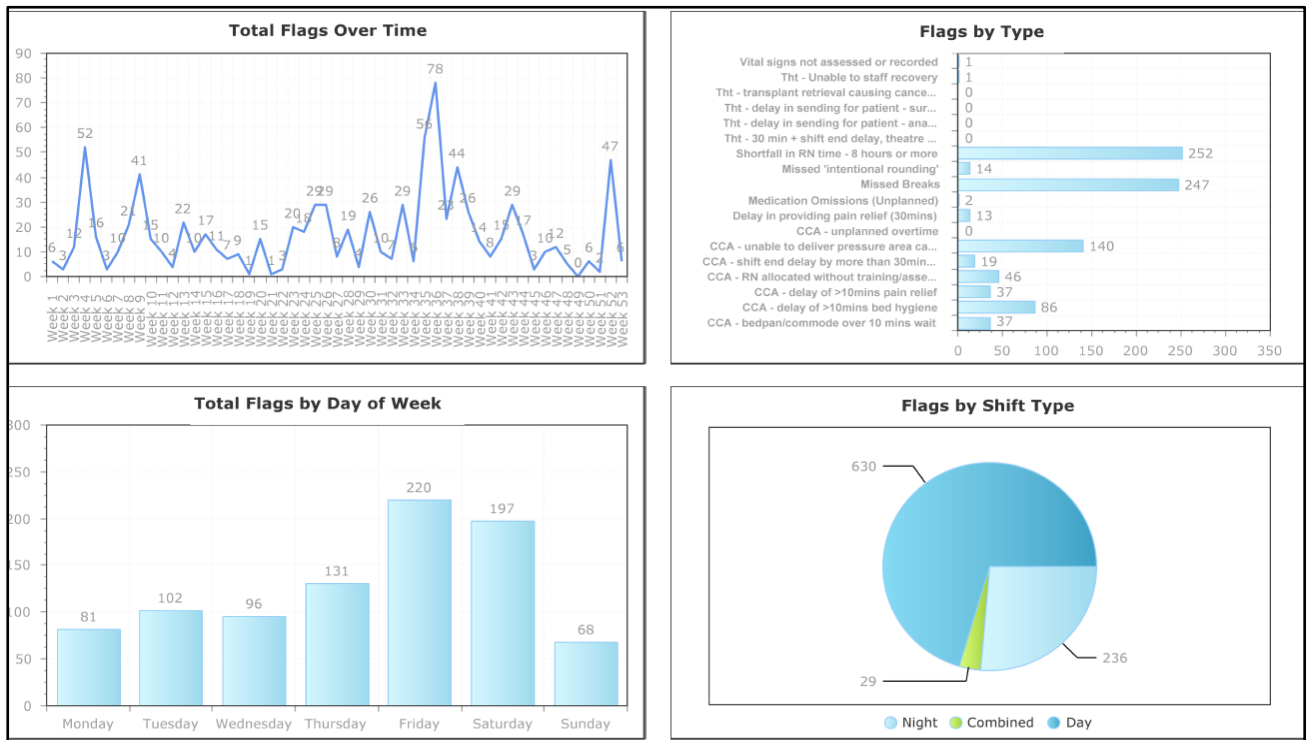
15.2. All red flags raised should be validated by the Matron and resolved or raised in error by the end of each shift.

15.3. **Chart 7** shows the red flags raised and the trends from April 2023 to March 2024. Further work has been undertaken with the training of the escalation and mitigation of red flag events utilising the SafeCare System. Red flag events are monitored at the Weekly Look Ahead meetings held with the senior nursing team and eRostering Manager.

15.4. Noted decrease from December 2023 in the number of red flags for January across RPH wards due to a decline in vacancies and improved fill rates.

15.5. The highest number of red flags is for shortfall in RN time, 8 hours or more and missed breaks. Mitigations to support include sisters on supervisory shifts supporting staff break cover and taking own cohort of patients in response to staffing shortfalls.

Chart 7 Red flags raised and trends - 1st April 2023 – 31st March 2024



16. Quality indicators, patient safety, experience and clinical outcomes

16.1. The Trust uses information and statistical tools to examine nursing sensitive indicators of care (NSI). These indicators include patient falls, pressure ulcer prevalence, medication incidents, complaints and Friends and Family Test (FFT) survey results. These are reviewed on a quarterly basis through the quality and governance processes in the Trust and are included in this annual nursing establishment review to aid triangulation of staffing indicators alongside patient safety and experience indicators.

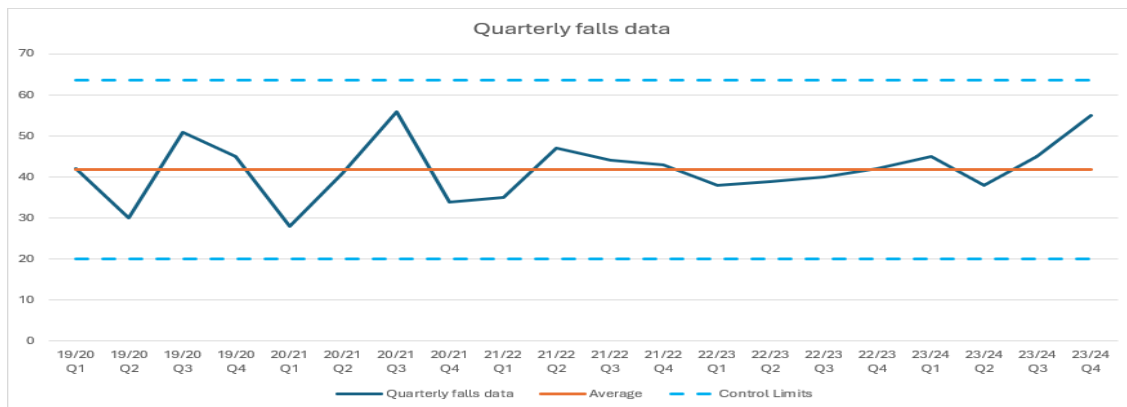
16.2. Any indicator triggering above an established threshold is subject to detailed root cause analysis and an action plan developed where appropriate to improve patient safety and experience.

16.3. **Falls.** In 2023-2024 a total of 151 falls were reported. This is compared to 146 the previous year. It is notable that patients being admitted to our services are overall increasing in age and becoming frailer. There have been challenges with longer patient waiting times, backlogs arising from the COVID pandemic and frequent episodes of staff industrial action.

16.4. There were no serious incidents from falls in the financial year 2023-2024. There was 1 moderate harm incident, while in the previous year 2022-2023 there were 5 moderate harm falls. Themes arising from falls overall, were patient frailty, trailing ECG cables and association with mobilising to bathrooms. Delirium/ confusion was noted in 11 falls. 115 of the 162 falls were unwitnessed.

16.5. The total number of falls for the year are included below in **Chart 8** and is still within the control limits. Although the figures have been rising recently, statistically, 6 or more points increasing in a row are normally required before this is considered a 'trend' rather than just random variation.

Chart 8 – Patient falls data by quarters from 2019/20-2024/25.

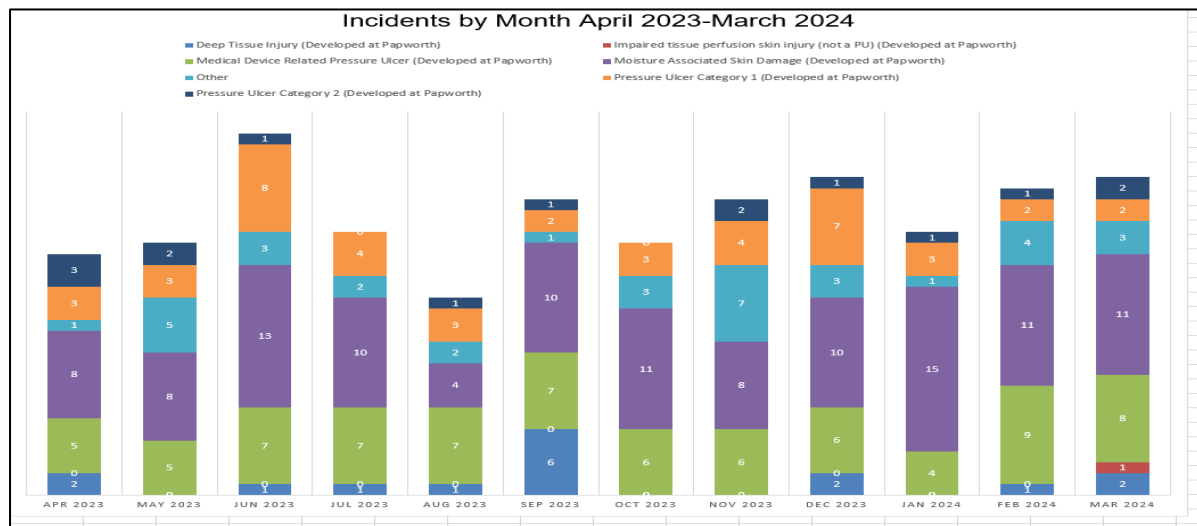


16.6. **Pressure ulcer prevalence.** In total, there were 307 pressure ulcers, medical device related pressure ulcers (MDRPU), or moisture associated skin damages (MASD) reported during 2023/24 that developed at Royal Papworth Hospital (see **Chart 9**). This represents a slight increase from 2022/23 when 288 were reported. Of those reported in 2023/24:

- 111 were pressure damage over bony prominences (Pressure ulcers).
- 119 were skin injuries caused by moisture exposure (MASD).
- 77 were related to the placement of medical devices (MDRPU).

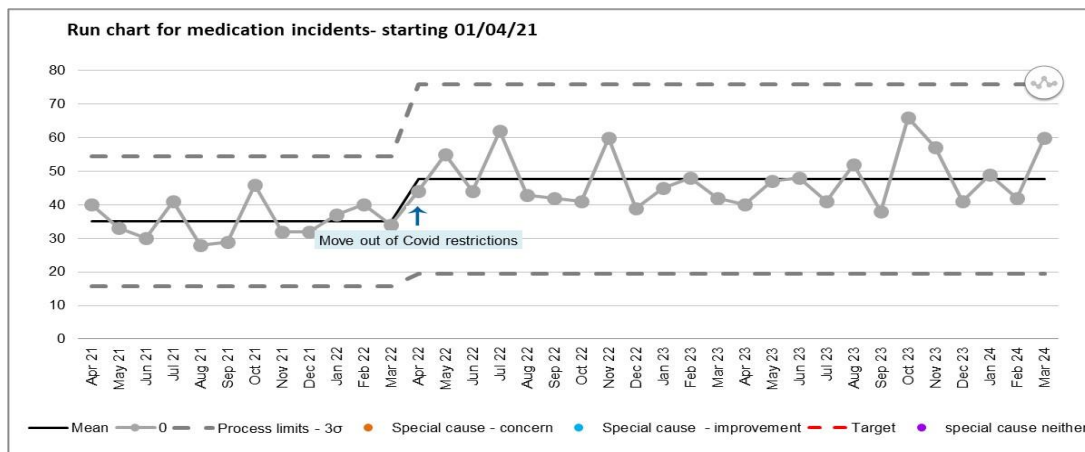
16.7. Of the 307 reported, 15 were category 2 superficial depth pressure ulcers and 16 were deep tissue injuries. There were no deep category 3 or 4 pressure ulcers reported. Whilst there has been a small increase in overall numbers reported this year, 307 vs 288 for 2022/23, there has been a significant reduction in deep tissue injuries (no break in skin but suspicion of deeper than superficial damage) from 24 in 2022/23 to 16 in this reporting year.

Chart 9 – Pressure ulcers, MDRPU and MASD from April 2023-March 2024.



16.8. **Medication incidents.** The number of medication incidents reported by month is showing normal variation around the mean with no special cause variation in the last 12 months, see **Chart 10** below.

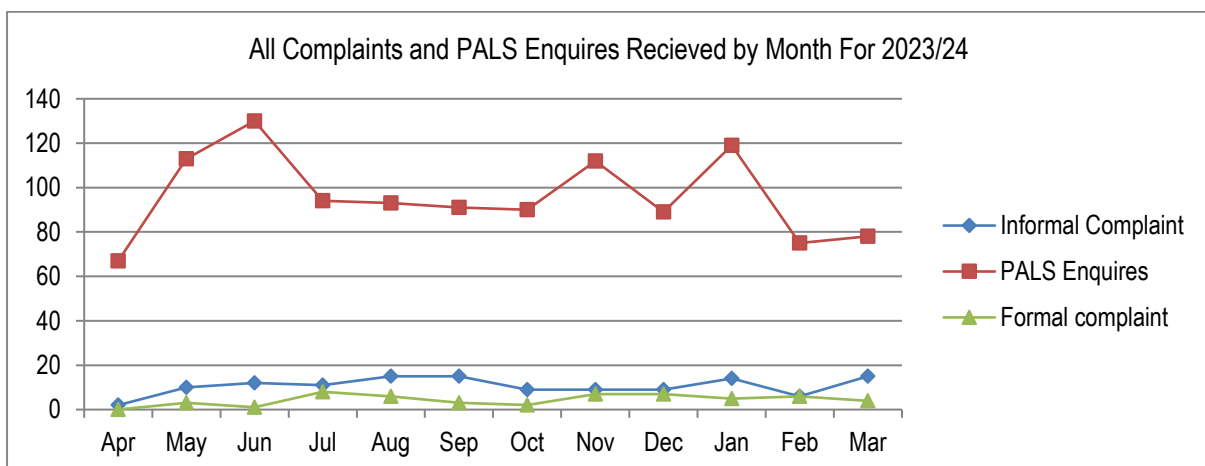
Chart 10 – Medication incidents from April 2021-March 2024.



17. Patient experience, patient and carers feedback

17.1. **Patient Experience.** During the year we received 52 formal complaints in the period 2023/24. This compares to 58 formal complaints in the previous year 2022/23. **Chart 11** below show all complaints (informal and formal), and the Patient Advice and Liaison Service (PALS) enquires received per month 2023/24.

Chart 11 – Complaints (Informal / formal) and PALS enquires- April 2023-March 2024.



17.2. **Compliments** - we received 2377 compliments across the Trust during 2023/24. This was an increase of 198 compared to the total number of compliments received during the previous year (2022/23; 2179).

17.3. Compliments take a variety of forms – verbal, letters, thank you cards, e-mails, Friends and Family surveys and suggestion cards.

17.4. **Friends and Family Test (FFT)**- The Trusts FFT survey has remained above the target of 95% for our recommendation score throughout the year for inpatient and outpatient. See **Chart 12** below.

17.5. In addition, the positive responses from the FFT (Friends & Family Test) have increased by 16% this year (19,852 received 2023/24 compared with 17,112 in 2022/23).

Chart 12 – Friends and Family Test (FFT) Recommendation by month

April 2023-March 2024.

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
FFT score- Inpatients	98.8%	98.0%	99.3%	97.8%	98.8%	99.0%	98.1%	98.6%	98.9%	99.0%	98.9%	98.5%
FFT score - Outpatients	98.5%	96.0%	98.1%	97.5%	97.2%	97.0%	97.8%	97.1%	98.7%	96.6%	96.9%	97.2%

17.6. Overall, the quality of patient care, patient safety and experience have remained at a high standard in the annual period reviewed. There have been no concerns linked to inpatient establishments and safe staffing from April 2023 to March 2024.

18. Summary and recommendations

18.1. This annual staffing establishment review has considered and analysed the data relating to staffing metrics in line with national policy and safer staffing guidance, alongside nursing sensitive indicators.

18.2. Triangulation of data was undertaken with acuity and dependency scoring using the Safer Nursing Care Tool and professional judgement.

18.3. The following **conclusions** are:

- There are no changes to WTEs in nursing establishments for clinical areas, however there are some changes to skill mix and revised bandings (Cath Labs and Outpatients) between registered nurses and Health Care Support Workers but not overall numbers.
- Registered nurses and unregistered nurses are maintained in terms of balance for mix and number of posts.
- There are proposals for new services such as the Respiratory Community Visits which is supported and will be funded by the ICB.
- Funding for an additional band 8a Lead Respiratory Advanced Nurse Practitioner (ANP) position has been requested via Operational Planning 2024/25.
- The reconfiguration of Critical Care to incorporate a new nurse led Enhanced Recovery Unit launched in May 2024 has two rosters planned to take effect from September 2024 with no planned changes to the Critical Care establishment.
- and the Nurse Led Enhanced Recovery Unit 10 beds on Critical Care.
- The quality of patient care, patient safety and experience have remained at a high standard in the annual period reviewed with no concerns linked to ward/ unit establishments/ safe staffing from April 2023 to March 2024.

18.4. The following **recommendations** are:

- Ward/ unit WTEs in nursing establishments are to remain the same.
- These recommendations will be taken to CPAC and the Workforce Committee.
- Arrange SNCT update training reflecting the new descriptors for consistency and benchmarking.
- Undertake further SNCT data collections in May and November 2024 using the new updated SNCT tool which will include a nationally agreed side room calculation.
- Continue Roster KPI monitoring, Weekly Look Ahead and monthly Safer Staffing meetings and check, challenge, and support meetings with senior nursing teams to review inpatient nursing establishments as per cycle in DN 860 to provide ward-to-board assurance with oversight at monthly CPAC.

19. Acknowledgements

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Sandra Mulrennan, Head of Nursing Cardiology
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Ward Sister and Matron Teams

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Recommendation:

Workforce Committee to recommend to Board of Directors for consideration and approval