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**Paper for submission to the Executive Directors on 19<sup>th</sup> August, Quality Committee on 26<sup>th</sup> August, People Committee on 2<sup>nd</sup> September and Trust Board on 11<sup>th</sup> September 2025.**

<b>Report title:</b>	Safer staffing review (nursing), including – Acute Assessment Areas, Acute inpatient wards, Children and Young People inpatient ward, Theatres, Neonates and Critical Care.
<b>Sponsoring executive / Presenter:</b>	Martina Morris – Chief Nurse and Director of Infection Prevention and Control
<b>Report author:</b>	Philippa Brazier – Associate Deputy Chief Nurse – Workforce and Professional Development

## 1. Summary of key issues

This report outlines the approach taken by the Trust to undertake safer staffing reviews, in line with national guidance (National Quality Board), and provides the outcome and recommendations for individual clinical areas from an establishment, skill mix, acuity coupled with professional judgement perspective.

### Outcome:

- Validated safer staffing tools have been utilised for these reviews. In terms of SDEC, there are no validated tools available therefore the nationally available tools have been adapted to undertake the review.
- Overall, the safer staffing establishments remained in a positive position to provide and deliver safe, effective, high-quality care.
- No significant quality and safety concerns were identified by Divisional Chief Nurses based on their current establishments, although patient acuity has increasingly been challenging in some areas requiring additional temporary staff to maintain patient safety.
- A decision with regards to recruiting into the 15% of the 22% headroom/uplift has been made, which requires approval from the Executive team. Currently the 22% headroom/uplift is not applied to all clinical teams and is used inconsistently, which makes it challenging when aiming to drive the bank usage down.
- It is evident from the quantitative data that there is a disconnect between the tools recommended staffing establishments and the current funded staffing establishments, due to quantitative data collection issues. Professional Judgement has been a key guiding influence with this and the knowledge of seasonal variation within the patient cohorts, the impact of flow and capacity challenges during the data collection month and the additional measures undertaken to support patient flow, and experience.
- The following table provides a summary of the clinical areas that have requested changes and if these were supported, subject to the Divisions identifying their required workforce reduction elsewhere, identifying funding to enact the change and completion of a Quality Impact Assessment (QIA).

June 25	Requests suggested by ward leadership.	Changes supported by Division		June 25	Requests suggested by ward leadership.	Changes supported by Division		June 25	Requests suggested by ward leadership.	Changes supported by Division
AMU1	Yes	Yes		B6	Yes	Yes		C7	No	No
AMU2	Yes	Yes		C1A	Yes	Yes		C8	Yes	No
AMU3 (A4)	Yes	Yes		C1B	Yes	Yes		CCU	Yes	Yes
AMUA	Yes	No		C2	no	no		DL	yes	yes
B1	No	No		C3	Yes	Yes		ESH	No	No
B2H	Yes	Yes		C4	No	No		MECU	Yes	No
B2T	No	No		C5A	No	No		FMU	No	No
B3	No	No		C5B	No	No				
B4	Yes	No		C6	No	No				

June 25 SDEC	Requests suggested by ward leadership.	Changes supported by Division
AEC	Yes	yes
FAU	no	no
CAU	yes	yes
RAU	no	no
Oncology	yes	no
A2	no	no

June 25	Requests suggested by ward leadership.	Changes supported by Division
Day Case Theatre Corbett Hospital	No	No
RHH Day Case Theatre & Recovery	No	No
RHH Day Case Theatre Ward	No	No
Theatres General, Urology, ENT & Plastics	No	No
Theatres <u>Obs</u> , Gynae, Vascular & Emergency	No	No
Theatres Recovery and Anaesthetics	No	No
Theatres T&O Dept	No	No
Critical Care (inc. CCOT)	No	No
Neonatal Unit	No	No

Following Divisional reviews, the Chief Nurse and her team have met with the Divisional Chief Nurses/deputies to review the outcome of all reviews and agreed the following:

Establishment change requests following Divisional reviews:	
AMU 1	Keep the current establishment if unfunded beds close. If they remain open, then increase the establishment and budget.
AMU 2	Keep the current establishment if unfunded beds close. If they remain open, then increase the establishment and budget. To make SAM complaint, area requires an additional RN on LN, if beds remain open.
B6	Request an additional 1 WTE CSW on nights.

<b>C3</b>	Increase long day and long night CSW cover (1 WTE for each), which would reduce the overall temporary staffing use.
<b>C1 A</b>	Increase long day CSW cover (1 WTE) which would reduce the overall temporary staffing use.
<b>C1 B</b>	Request additional 1 WTE CSW on nights.
<b>CCU</b>	Increase night shift CSW by 1 WTE, this may be mitigated somewhat if CAU model is approved.
<b>DL</b>	Request additional 1 WTE RN cover during weekends to ensure safe medicines and safe discharges facilitation of patients.
<b>B2 H</b>	Additional 1 WTE CSW on nights.
<b>B4</b>	Opportunity for weekend staffing reductions - subject to a further review and QIA, with details to be confirmed.
<b>Theatres</b>	Operating theatres – reduction of 3.2 WTE (band 6 line) planned due to historical over establishment, including 100k saving on the supernumerary line.
<b>CAU</b>	Undertake a workforce review and a PDSA to attempt to in reach rather than have dedicated spaces. This may create opportunity for the 1.56 WTE band 5, 2.73 WTE band 2 and the 1 WTE band 6 to be released.
<b>AEC</b>	If CAU model works, expedite movement of a band 5 and 6 to AEC.

  

- For most clinical areas which have requested an increase or change, this cannot be supported at the present time. It is felt that as part of the focussed work to be undertaken with regards to Bank use, standardisation of how the 22% headroom/relief is applied and strengthened. Further oversight of workforce deployment by implementing the use of Safe Care tool, this should result in benefit realisation without the need for increasing workforce establishments.
- No significant impact on quality has been raised by the Divisions regarding the current establishments in these areas, including concerns that they are not safely staffed.
- Quality Impact Assessments will be completed by the Divisions to outline any risks and mitigations associated with this decision.
- Further work will be required to re-assess this depending on the plan with additional bed closures, non-elective workstream proposals and frailty work.
- Closure of all additional capacity areas, to maintain the reinstatement of the Discharge Lounge, which should positively impact on bank use.
- No current establishment changes are required for C2, PAU, ESH, C6 – recognising there are some significant ward moves pending, which may release workforce opportunities after the relocation.

## Chief Nurse recommendations for establishment changes:

### Workforce establishment increase:

- **C3** – an uplift is recommended for Band 2 Clinical Support Worker (CSW) 24 hours per day. The cleanliness support worker funding of 2.73 WTE available on C5a, could be utilised to fund this however there would still be a shortfall in funding 0.54 WTE. C3 has had a significant increase in patients' acuity with patients requiring enhanced and complex care. For example, during the data collection period, between 14-18 patients were on enhanced observations requiring 1:1 patient care. This permanent increase would improve and mitigate against some of the bank expenditure.
- **C1a and C1b** would also benefit from an uplift of 1 WTE CSW on long day shifts, however there is currently no funding available although there are opportunities across the wider Division that may enable this. No significant quality and safety concerns have been raised in these areas associated with the current establishment, however patient acuity has been high and mitigated by Bank use.

### Workforce establishment reduction opportunities:

- **Theatres** have identified an opportunity for reducing 3.2 WTE of their Band 6 staff due to historical over-recruitment which is no longer required. In addition, a financial saving of 100k has been identified on the supernumerary line.
- A detailed review is to be completed on **B4** by the Divisional Chief Nurse, as there is believed to be a potential workforce reduction opportunity at the weekend.

## 2. Alignment to our Vision

<b>Patients:</b> Deliver right care, in the right place, at the right time	x
<b>People:</b> Be a brilliant place to work and thrive	x
<b>Place:</b> Build innovative partnerships to improve the health of our communities	x

## 3. Report journey

- Executive team on 19<sup>th</sup> August 2025
- Quality Committee on 26<sup>th</sup> August 2025
- People committee on 2<sup>nd</sup> September 2025
- Trust Board on 11<sup>th</sup> September 2025

## 4. Recommendation(s)

The Executive team/QC and PC are asked to:

- Receive this report for assurance and evidence of the Trust's compliance with reviewing safer staffing (nursing) in line with national requirements.
- ET/QC and PC to debate and provide a view on the proposed skill-mix and establishment changes.
- Trust Board is asked to receive the report for assurance.

## 5. Impact reflected in our Board Assurance Framework (BAF)

BAF Risk 1.0	x	Failure to deliver the right care, in the right place every time
BAF Risk 2.0	x	Failure to ensure Dudley is a brilliant place to work and thrive
BAF Risk 3.0		Failure to build innovative partnerships to improve the health of our communities

BAF Risk 4.0	x	Failure to remain financially sustainable in 2025/26 and beyond
BAF Risk 5.0	x	Failure to achieve operational performance requirements & deliver strategic objectives
BAF Risk 6.0		Failure to take sustained action on infrastructures that enables strategic objectives
Is Quality Impact Assessment required if so, add date: TBC		
Is Equality Impact Assessment required if so, add date: TBC		



## **Safer Staffing Review – June 2025.**

### **1. EXECUTIVE SUMMARY**

The purpose of this report is to inform the Executive team, Quality and People Committees and ultimately the Trust Board of the outcomes of the June 2025 assessment of Nursing Safer Staffing using the Safer Nursing Care Tool (SNCT - Shelford Group 2023) where available, and professional judgement. The Developing Workforce Safeguards, published by NHS improvement in 2018 builds on various publications by the National Quality Board (2018) and Lord Carter of Coles review (February 2016) providing guidance and recommendations in relation to the reporting of safe staffing to Trust Boards.

The Developing Workforce Safeguards (DWS - NHSI 2018) reinforces the requirement for Trusts to adopt a triangulated approach for the use of evidence-based tools, professional judgement, and patient outcomes to provide assurance of safer, sustainable, and effective staffing. Compliance with the principles outlined in the document is to be assessed annually. The Trust completed its latest assessment against DWS for nursing, midwifery and Allied Health Professionals in June 2025.

In relation to workforce planning, the guidance recommends that establishment setting must be undertaken bi-annually and this process should consider the following:

- Patient acuity and dependency using the latest validated Shelford Safer Nursing Care Tool
- Activity levels
- Professional Judgement
- Seasonal variation in demand
- Service developments/changes and commissioning.
- Staff supply and experience including e-rostering data.
- The use of temporary staffing above the set establishment
- Patient and staff outcome measures

Additionally, comprehensive quality impact assessments must be completed when new roles are introduced, there is workforce redesign or a change in skill mix is considered.

This review will make comparisons between this information and the Authorised Funded Establishment (AFE) for each ward which is adjusted to reflect the number of nursing staff (registered and non-registered) who provide direct care to patients. Housekeepers, cleanliness support and ward clerks are not included in the calculation as they do not provide direct nursing care to patients. In addition, when planning the staffing, there is a need for an allowance to be made for periods of leave to ensure that there are sufficient nurses available to provide the planned level of nurse staffing.

This report fulfils expectations of the Nursing Quality Board's requirements for Trusts in relation to safer nurse staffing and fulfils several of the requirements outlined in the NHS Improvement Developing Workforce Safeguards guidance which sets out how to support providers to deliver high quality care through safe and effective staffing. This review also meets standards outlined in the RCN Nursing Workforce Standards (May 2021). Organisations are expected to be compliant with the recommendations in these reports and are subject to review on this as part of the CQC inspection programme under both 'safe' and 'well led' domains.

At The Dudley Group NHS Foundation Trust, the level of cover (relief) built into ward establishments is 22% (429 hours) per Whole Time Equivalent (WTE) staff member. It has been agreed by the Chief Nurse and the Deputy People Officer that 15% of 22% relief can be recruited into and will form part of the wards/clinical area establishment but this is not in place consistently across all areas and it requires Executive team agreement.

This includes:

- 17.5% Annual leave and Bank Holiday
- 3.5% Short term sickness
- 1% Mandatory Training time

It is recognised that the allocated 1% (15 hours) time for mandatory training is not sufficient. The undertaking of Priority 1 training, priority 2 and 3 training, appraisal support and preparation, professional registration reflections, Practice Supervisor and Assessor requirements and any additional champion/link roles requires on average 143 hours for a Nurse, Midwife or Allied Health Professionals (AHP). Priority one training is being reviewed nationally and we were due to hear the new recommended training beginning of April, but we still haven't heard for this to be updated in the trust. Other areas to be reviewed is the disparity with AHP staff protected time for CPD, that is not part of the Nurses allocated time.

Authorised funded establishments should also afford staff in leadership roles the time to assume supervisory status which is evidenced to improve staff engagement and improve patient outcomes. The SNCT includes an allowance for ward leaders to undertake their leadership roles in a supervisory capacity for 40% of their time. As a Trust we have committed to supporting our Lead Nurses to have 80% of their time in a supervisory capacity. This is less than our partners within the Black Country Provider Collaborative. The Tool provides clear guidance of expectations to follow called Red Rules. Our compliance with these rules is detailed in appendix 1.

The report also includes the latest staffing review undertaken Theatres, Neonates and Critical Care which was based on the Theatre Association of per-operative practitioners' guidelines, British Association of perinatal care (BAPM) and British Association of critical care nurses (BACCN)/ Royal college of Nursing RCN critical care forum and Intensive care society ICS guidelines. This data collection follows the same process as the inpatient ward areas, which includes data collection and professional judgement, then the divisional challenge and confirm meetings and finally challenge conversation with the Chief Nurse. No quality and safety concerns have been raised, and the service leads agreed to no changes in the establishments.

Our Same Day Emergency Care (SDEC) areas have not undertaken a staffing review for an extensive period and nationally there is no validated tool but the SDEC strategy 2024 NHS England states staffing should be safe, sustainable and appropriate to operate the service as a first-class service. As a Trust, we undertook a trial staffing review using professional judgment and an adapted SNST to gain the data, for AEC, CAU, RAU, FAU, A2 and Oncology assessment areas.

## **2. PROCESSES**

The safer staffing review has been undertaken using the latest validated Safer Nursing Care Tool (SNCT), national guidance and adapted approach for SDEC. The overall data collection output when using the validated tools can be viewed at Appendix 2.

The SNCT includes a suite of tools for different settings:

Used by the Trust:

- Adult inpatient wards in acute hospitals (updated 2023 – all previous versions of the tool are no longer valid).
- Adult acute assessment units (updated 2023 – all previous versions of the tool are no longer valid).
- Children and young people's inpatient wards in acute hospitals.
- Emergency Departments.
- Community nurse safer staffing tool (updated 2024) – the Trust's CNSST review is due to start for the first time September 2025.

The SNCT has been developed to help NHS Hospitals measure patient acuity and/or dependency to inform evidence-based decision regarding staffing and workforce. Each tool has their own decision matrix (Appendix 3/4) to support the measurements. The tool, when aligned to Nurse Sensitive Indicators (NSIs), offers nurse leaders a reliable method against which to deliver evidence-based workforce plans to support existing service or the development of new services.

Acuity and dependency measurements should take place twice yearly as a minimum with data collection timeframes locally agreed. Trusts should collect data across the wards on the same months/timeframe to enable benchmarking. An average of the combined data sets is used to support nurse establishment setting/resetting



(Appendix 5). Ultimately this evidence base should support workforce plans for nursing that should accurately predict and enable resources to be identified to support nursing establishments that meet patient and service needs.

During data collection periods it is strongly recommended that external validation of acuity and dependency measurements is undertaken weekly in partnership with the designated ward nurse. This validation must be undertaken by a senior professional who has been appropriately trained. The Trust identified key senior professionals who were allocated areas to quality assure and validate data collection.

**Quality control** is seen as fundamental to ensure a robust approach to the data collection. This process ensures accuracy and consistency of scoring whilst providing greater assurance to the Trust board in relation to the tool's recommendations.

**Patient Flow** The tool considers patient flow, such as admissions, discharges transfers/escorts. There for the addition of resources for these elements may result in double counting and lead to inaccurate recommendations.

**Enhanced therapeutic observations** (present in previous versions of the tool) of the additional staffing requirement to support patient needs for safety reasons and/or reducing risk of harm, was not included and needed to be collected separately. The new version of the tool, used in the review has new levels of acuity to meet this progressing need.

**Nurse Sensitive Indicators (NSIs)** are quality outcomes linked to nursing care. They inform nurses of good and poor patient outcomes enabling sharing of good practice and review of potential reasons for poor quality. Nurse sensitive indicators when aligned to acuity and dependency data and supported with professional judgement will enable agreement of nursing establishment appropriate to meet the needs of each ward/department. These indicators or outcomes can vary between speciality and therefore should be locally agreed for each clinical area.

The main NSIs reviewed as part of this review are unplanned omissions in providing patient medication and patient observation's (Early Warning Scores EWS) not assessed or recorded as outlined in the plan of care. It is recommended that a delay of 30 minutes in providing pain relief is also reviewed, however this data is challenging to obtain due to the lack of preset family groupings of the medications on the system.

It is widely accepted that these NSIs can be linked to nurse staffing challenges, including leadership, establishment levels, skill-mix and training and development of staff.

### Critical Care and Neonates process

In Critical Care the patient acuity and staffing levels are recorded twice a day 6am and 6pm and as part of safer staffing this will be recorded as part of the tool for 28 days. For the next data collection, the Nurse care indicators as part professional judgement will be taken into consideration as part of the data collection.

### Operating Theatres process

In operating theatres, data is collected daily as actual throughput data for each individual theatre along with the number of cases booked which would also show number cancelled by each theatre. The staffing is templated by day so they can also be cross-referenced showing number of staff to case ratio for example. Anaesthetic type can also be added to give an idea of acuity along with the ASA grade for patients seen by anaesthetists. This data is collected over the 28 periods of the safer staffing to be analysed and reviewed to ensure safe staffing. For the next data collection, the Nurse care indicators as part professional judgement will be taken into consideration as part of the data collection

### SDEC process

In SDEC, the acuity data was collected for 14 days, twice a day at varying times through the two-week period to try and capture the flow of patients through these assessment areas. The use of professional judgment was part of this process reviewing elements like staffing levels, Nurse car sensitive indicators. In addition, a quality review was undertaken weekly in partnership with the designated ward nurse. This validation was undertaken by a senior professional who has been appropriately trained.

## 3. SKILL MIX

The minimum skill mix recommended by the Royal College of Nursing (RCN) is a ratio of 65/35 Registered Nurses/Clinical Support Workers. The Trust agreed aspirational skill mix is 70/30 ratio; however this is often not achieved with an average ratio of 60/40.

June 25	RN/CSW%	June 25	RN/CSW%	June 25	RN/CSW%
AMU1	60/40	B6	55/45	C7	50/50
AMU2	55/45	C1A	50/50	C8	55/45
AMU3 (A4)	50/50	C1B	50/50	CCU	80/20
AMUA	55/45	C2	80/20	DL	60/40
B1	60/40	C3	55/45	ESH	70/30
B2H	40/60	C4	70/30	MECU	75/25

B2T	50/50	C5A	60/40	FMU	30/70
B3	55/45	C5B	55/45		
B4	50/50	C6	50/50		

In many areas where the acuity and intensity of patients has increased, and treatment and medication regimes are complex, further reduction in the overall skill-mix of registered to unregistered staff is not appropriate to maintain safe staffing levels and ensure adequate supervision. Focus is required to continue reviewing the overall registered to unregistered staff ratios to ensure any derogation is linked to planned model of care changes. This will be reflected in January's 2026 safer staffing review due to the recent implementation of the national changes of the unregistered workforce with the introduction of band 3 Higher care support workers in majority of our clinical areas and the impact this has.

The ratio of Registered Nurses to Clinical Support Workers may be lower in some less acute areas such as areas where care needs are greater than nursing skill needs, or where other staff are involved in delivering care, for example, Assistant Practitioners and Allied Health Professionals (registered professionals) contribute significantly towards meeting patient needs.

Whilst the Safer Nursing Care Tool focuses on the clinical acuity and dependency of the patient, when triangulating the national standards, it is necessary to have a mixed economy in terminology. The RCN standard of 1 nurse to 8 patients during the day equates to each patient receiving nursing focus for 7.5 minutes of every hour. In many areas the ratio of RN/CSW falls short of the national standard. Whilst we are moving away from the ratios, many of the national documents still refer to them. Below provides an indication of what this means and how time this equates to.

Nurse: Patient Ratio	Nurse time per hour (In minutes)	Nurse time per 12-hour shift
1:4	15	180 minutes or 3 hours
1:6	10	120 minutes or 2 hours
1:8	7.5	90 minutes or 1 1/2 hours
1:10	6	72 minutes
1:12	5	60 minutes or 1 hour

It should be noted that on average, a routine set of observations/vital signs should take 5 minutes to complete with the average patient medicine round taking over 20 minutes to complete, providing no intravenous (IV) medication is required. If a patient is on IV fluids, a nurse must review the cannula site (VIP Score) hourly and record how much fluid has been infused. If undertaken efficiently this action takes just under 6 minutes to complete. If a patient is not mobile or has an increase in risk of pressure area damage, review, and regular skin assessments to support intervention will take between 10 – 25 minutes dependant on the mobility and care needs of the patient. It must also be noted that when safeguarding thresholds are met and additional needs are required, a referral often takes over 60 minutes to complete with additional unaccounted for time from the ward-based teams when supporting the ongoing process once referrals have been made. To note there were 126 safeguarding referrals.

**Theatres skill mix:** Association of per-operative practitioners' guidelines (AfPP Safe staffing Guidelines V.4)

Minimum Staffing for single cavity Theatre Cases		
Team members	Role	Number
Registered practitioner	Anaesthetic Practitioner	1
Registered Practitioner, Nursing Associate or Assistant Practitioner	Scrub Role	2
Registered Practitioner, Nursing Associate Assistant Practitioner or CSW	Circulator	1
Registered practitioner	Recovery Practitioner	1
Minimum Staffing for Dual cavity Theatre Cases		
Team members		Number
Registered practitioner	Anaesthetic Practitioner	1
Registered Practitioner, Nursing Associate or Assistant Practitioner	Scrub Role	3
Registered Practitioner, Nursing Associate Assistant Practitioner or CSW	Circulator	2
Registered practitioner	Recovery Practitioner	1
Minimum Staffing for Treatment Rooms with planned Operating Lists		
Team members		Number
Registered practitioner	Anaesthetic Practitioner	1
Registered Practitioner, Nursing Associate or Assistant Practitioner	Scrub Role	1
Registered Practitioner, Nursing Associate Assistant Practitioner or CSW	Circulator	1

**Neonatal nursing skill mix:** British Associate Perinatal Medicine (BAPM) standards are:

Department	Nurse ratio
ITU	1:1 Registered Nurse
HDU	2:1 Registered Nurse
Special care and transition care	1:4

In neonates, Registered Nurses/Midwives must to care for the babies. Staff looking after transitional care babies should be at least 1 staff: 4 babies. Non-registered clinical staff may care for these babies under the direct supervision and responsibility of a registered nurse or midwife. Staffing in this area must be sufficient to ensure support for parents with all care for their baby including enteral tube feeding, low flow oxygen administration and any other additional needs. Other staff the standard recommend are outreach Nurses and Practice educators.

**Critical care skill mix:** The GPICs v2.1 dictates nursing ratios as below:

Patient Acuity level	Nurse ratio
Level 3 patient	1:1 Registered Nurse
Level 2 patient	2:1 Registered Nurse

A part of the critical care skill mix it is expected that each designated critical care unit must have an identified lead nurse who has overall responsibility for the nursing elements of the service. There must be a supernumerary (i.e. not rostered to deliver direct patient care to a specific patient) senior registered nurse who provides the supervisory clinical coordinator role on duty 24/7. Units with greater than ten beds must have additional supernumerary senior registered nursing staff over and above the supervisory clinical coordinator to enable the delivery of safe care.

Critical care unit must have a dedicated Clinical Nurse Educator responsible for coordinating the education, training and CPD (Continuing Professional Development) framework for intensive care nursing staff and pre-registration student allocation. This should equate to a minimum of 1.0 WTE per 75 nursing staff. 7. All nursing

staff appointed to intensive care must be allocated a period of supernumerary practice to enable achievement of basic specialist competence. Then a minimum of 50% of registered nursing staff must be in possession of a post-registration academic programme in Critical Care Nursing.

#### 4. FILL RATES

Acute trusts are required to collate and report staffing fill rates for external data submission to NHSE/I monthly. Fill rates are calculated by comparing planned (rostered) hours against actual hours worked for both RN and CSW.

The summary position for the last three months to the data collection is shown in table below. A more detailed position for June 25 is in Appendix 6.

% Fill Rate	April 25	May 25	June 25
Registrant Day	86	88	86
Registrant Night	91	94	92
Non-Registered Day	87	88	87
Non-Registered Night	95	94	93

It should be noted that there were still some wards where shifts were below expected levels and that the fill rates are based on current expected levels and may not reflect the required numbers from SNCT and professional judgement results. It should also be noted that a low fill rate does not always mean that staffing levels were unsafe as bed occupancy may have been lower, and the anticipated acuity of the patients may have been different. Throughout June 2025, the demand on services would not have allowed for a lower bed occupancy due to high capacity.

Fill rates also do not consider the skill-mix within an area including what percentage of this fill was temporary staff; all of which are contributing factors to quality and safety within the clinical environment. Following the RCN standards advice, the Trust makes every effort to not have more than 50% of the clinical team as temporary staff.

#### 5. NICE RED FLAGS & NURSE SENSITIVE INDICATORS (Appendix 7 for full data set)

Nursing Red Flags are specified in Safer Staffing for Nursing in Adult Inpatient Wards in Acute Hospitals overview (NICE 2021). 2 key red flags have been examined through this review, patient vital signs not assessed or recorded as outlined in the care plan, and unplanned omissions in providing patient medications

## Patient vital signs not assessed or recorded as outlined in care plan

Patient Vital Signs	Sets to be completed	Number over the required time	% Observations on time
30 min observations	663	496	25.2
Hourly observations	2003	1245	37.85
4 hourly observations	97,829	40,284	58.82

Observations completed on time have increased slightly since the last review in January 25, actions are being undertaken to improve the compliance. Presently there is a pilot area on C5A, station 2 that has a tracking board to see the observations at a glance of when the observations are due. Other work undertaken has been with AMU1/B3/C2/C5 to review possible reasons for the delays, whether it is with training, IT issues etc, so far, a lot of evidence has shown it is around culture of recording the observation. Work will continue with several wards at a time to review each areas own issue and to support areas to action these.

Throughout the month of June there were 134 Medical Emergency Team calls.

Area	Number of MET calls	Area	Number of MET calls	Area	Number of MET calls
AMU1	10	B4	24	C5A	5 additional 4 not stating C5A or C5B
AMU2	5	B5	14	C5B	5
AMU3	1	B6	2	C6	6
AMUA	4	C1A	2	C7	11
B1	2	C1B	10	C8	8
B2 T	3	C3	2	CCU	2
B2 H	1	C4	7	MECU	1
B3	2	DL	0	FMNU	0
C2 paedrs	2 paedrs 1 adult				

Unplanned omission in providing patient medications

There were over 73 thousand late or missed medications throughout this data collection, compared to 64 thousand in January 2025 data collection. 14,301 were late (30 minutes or more after the directed time on the prescription) and 59,619 which were not performed. Due to the significant number of given medications, it is currently too challenging to create a stable report to give data on those which were given on time. As part of the quality and safety delivery plan for 2025/26 time critical medication is being focussed on, which should contribute to the improvement of late medication.

Nurse Sensitive Indicators

Nurse sensitive indicators (NSI) refer to quality outcomes that can be linked to nurse staffing issues, including leadership, establishment levels, skill-mix and training and development of staff. This information can be further used to support ward staffing requirements identified through acuity and dependency measurement. Medication errors, slips, trips & falls and pressure ulcers are all NSIs which have been identified as key indicators of quality of care with specific sensitivity to nursing intervention and lack of.

These are regularly reviewed across the divisions and within the clinical areas, with a significant amount of work being undertaken to support their reduction.

Pressure Ulcer Damage and Falls

Throughout June 2025 there were 55 falls across the areas and 95 Pressure Ulcers reported through the DATIX system (to note the data extract at the end of June 25 and used by the Divisions would have been unvalidated data and all incidents would not have gone through the Trust internal validation frameworks e.g. Pressure ulcer scrutiny Group or Falls Group). Since the data collection in January 2025, we have reduced both falls and pressure ulcers that was recorded on Datix.

PRESSURE ULCER DAMAGE					
June 25	No PU	June 25	No PU	June 25	No PU
AMU1	13	B6	2	C7	12
AMU2	14	C1A	0	C8	17
AMU3 (A4)	4	C1B	3	CCU	0
AMUA	8	C2	0	DL	0
B1	0	C3	2	ESH	9
B2H	6	C4	2	MECU	0
B2T	6	C5A	3	FMU	2
B3	18	C5B	8		



B4	19	C6	0		
FALLS					
June 25	No Falls	June 25	No Falls	June 25	No Falls
AMU1	4	B6	0	C7	4
AMU2	8	C1A	7	C8	4
AMU3 (A4)	3	C1B	5	CCU	0
AMUA	5	C2	1	DL	0
B1	0	C3	6	ESH	4
B2H	4	C4	2	MECU	0
B2T	1	C5A	4	FMU	1
B3	5	C5B	2		
B4	3	C6	0		

INFECTION PREVENTION CONTROL ESCALATIONS					
June 25		June 25		June 25	
AMU1	1 Covid 19 1 CDI 1 E-Coli	B6	1 E-Coli	C7	
AMU2	1 Covid 19	C1A		C8	
AMU3 (A4)	1 Covid 19	C1B		CCU	1 E-Coli
AMUA	1 Covid 19 1 CDI	C2	1 CDI	DL	
B1		C3		ESH	

<b>B2H</b>	1 CDI	<b>C4</b>	2 Covid 19	<b>MECU</b>	1 E-Coli
<b>B2T</b>		<b>C5A</b>		<b>FMU</b>	
<b>B3</b>		<b>C5B</b>	6 Norovirus		
<b>B4</b>	1 Covid 19	<b>C6</b>			

In addition to the above indicators, as a Trust we believe that the number of complaints which are received is also a strong indicator of nursing care and levels of staffing, throughout June there were 34 complaints, which has increased from January 25 that was 28 complaints.

Safeguarding the nature and complexity of the referrals is not to be underestimated and the workload this creates is substantial for both the teams undertaking the initial referrals and subsequently the teams who support with the inpatient care of these patients. Throughout the review period there were 33 safeguarding referrals compared to January 25 in which there was 129, that is a significant reduction.

June 25	complaints	June 25	complaints	June 25	complaints
<b>AMU1</b>	2	<b>B6</b>	0	<b>C7</b>	3
<b>AMU2</b>	3	<b>C1A</b>	0	<b>C8</b>	3
<b>AMU3 (A4)</b>	0	<b>C1B</b>	0	<b>CCU</b>	0
<b>AMUA</b>	1	<b>C2</b>	5	<b>DL</b>	0
<b>B1</b>	1	<b>C3</b>	2	<b>ESH</b>	0
<b>B2H</b>	1	<b>C4</b>	1	<b>MECU</b>	0
<b>B2T</b>	1	<b>C5A</b>	2	<b>FMNU</b>	1
<b>B3</b>	1	<b>C5B</b>	4		
<b>B4</b>	3	<b>C6</b>	0		

June 25	No safeguarding		June 25	No safeguarding		June 25	No safeguarding
AMU1	3		B6	2		C7	5
AMU2	1		C1A	0		C8	1
AMU3 (A4)	0		C1B	0		CCU	0
AMUA	4		C2	5		DL	0
B1	0		C3	1		ESH	1
B2H	0		C4	0		MECU	0
B2T	5		C5A	0		FMU	0
B3	1		C5B	0			
B4	0		C6	0			

A breakdown of the nurse sensitive indicators per clinical area can be reviewed in Appendix 7.

## 6. Care Hours Per Patient Day (CHPPD)

CHPPD is a useful means of benchmarking against other NHS Trusts via the Model Hospital website. CHPPD is calculated by dividing the total numbers of nursing hours on a ward or unit by the number of patients in beds at the midnight census. This calculation provides the average number of care hours available for each patient on the ward or unit. A detailed individual ward position is available in Appendix 6.

CHPPD	April 25	May 25	June 25
Registered staff	5.21	5.23	5.16
Care Staff	3.56	3.84	3.50
Total	8.78	8.71	8.66

## 7. PROFESSIONAL JUDGEMENT

Professional judgement can be described as the use of accumulated knowledge and experience, as well as critical reasoning to make an informed professional decision – often to help solve a problem, or in relation to a patient; or policies and procedure affecting patients. Staffing decisions based solely on professional judgement are considered subjective and may not be transparent.

However, professional judgement remains an essential element of safer staffing decisions. For this reason, the Trust uses a triangulated approach, with safer staffing data, clinical quality indicators and professional judgement. Details of the data sources, in addition to the below can be found in Appendix 8.

As part of the safer staffing reviews professional judgement must include consideration of the following:

- **Ward layout/facilities:** The configuration of wards and facilities affect the nursing time available to deliver care to patients, and this can be reflected in staffing establishments through professional judgement. For example, ward layouts, might make adequate surveillance of vulnerable patients more difficult. Some ward layouts are associated with significantly more walking between patients than others. Some wards have essential functions (dirty utility) out of the main ward environment.
- **Escort duties:** This is not captured by the Safer Nursing Care tool. Consideration needs to be given if this role is likely to affect the numbers of staff required, a local data collection and analysis exercise must be undertaken to determine a percentage to be added to the establishment to ensure staffing remains responsive to daily patient care need. This data has been captured using the Safecare (Allocate) system and the data has been made available for review.
- **Shift pattern:** The type of shifts (long day versus short day) in use may affect the overall establishment required to ensure shift-to-shift staffing levels. These should be monitored to understand the impact and effect on staff and patients.
- **Multi-professional working:** Consider the make-up of the care team for the ward. Would specific AHPs or support roles meet the needs of patient groups at periods of the day more appropriately? Conversely the absence of administrative support staff such as ward clerks may increase nurses' workload at times.

The following questions have been considered throughout this review:

- What is the care/treatment to be provided?
- What competencies are required to deliver that care/treatment?
- Which staff member (taking into consideration the wider multidisciplinary team) is competent and best placed to deliver that care/treatment?
- Can aspects of the care/treatment be safely delegated with appropriate education and training (if so, to whom)?
- What are all members of the team responsible for?

Another key item which has been factored into the review is the time commitments required when undertaking our safeguarding processes. Anecdotally each referral takes 45-60 minutes with additional work following for case conferences, preparation of reports and ensuring the additional safety requirements of the patients are met.

It is clear from the quantitative data that there is a disconnect between the tools recommended staffing establishments and the current funded staffing establishments. Throughout the reviews gaps have been scrutinised as best as possible and all the available data has been triangulated. However, it is recognised that some data has not been collected appropriately, and ongoing training will be provided prior to the next review. Professional Judgement has been a key guiding influence with this and the knowledge of seasonal variation within the patient cohorts, the impact of flow and capacity challenges during the data collection month and the additional measures undertaken to support patient flow, and experience.

## **8. TRAINING**

Individuals involved in the data collection and data assurance had to undertake training to ensure they were knowledgeable and competent to assess acuity and use the Safer Nursing Care Staffing Tool. Prior to this data collection training sessions were advertised for virtual sessions for staff new to the data collection or staff who required refreshers. Following completion of training, individuals who were undertaking the reviews or quality assuring the reviews completed an assessment to verify competence. This training is required two yearly or if staff require a refresher, this then gives data integrity can be assured by ensuring staff have relevant training and are competent.

## **9. WHAT DOES THE DATA TELL US**

Overall, the safer staffing establishments remain in a positive position to provide and deliver safe, effective, high-quality care. To reduce the risk of transcription errors a bespoke Microsoft form was created for each ward area along with a bespoke quality assurance/validation document. The approach this time ensured that Divisional Chief Nurses/Matrons were able to independent have oversight of data collection to ensure this was completed daily. Quality assurance/validation was undertaken with a variety of senior clinical staff being asked to undertake, this time was difficult for identify staff due to the increase workload of Matron's working additional clinical shift, so some colleagues had to undertake additional areas per week to ensure all areas had a quality assurance weekly.

Following the period of data collection the data was collated and analysed, it was made available for the Divisional Chief Nurses to undertake their confirm and challenge conversations. A list of what this included is available in Appendices 7/8/9/10.

Divisional Chief Nurses at ward level undertook their confirm and challenge conversations with their Lead Nurses, Matrons, HR and Finance Business partners. All the available data was scrutinised and triangulated to understand what the ward and service need. As part of this, the professional judgement framework was used as a template for the conversations and guidance to ensure all items were given due consideration.

At these conversations, some ward areas approached their divisional review with requests for changes to their establishments. These requests have been scrutinised by the Divisional Chief Nurses and the viability and other options have been reviewed.

Below are the collated detail ward level requests, Divisional Chief Nurse level asks and if supported by the Trust's Chief Nurse.

Area	Ward/Department Request/Amendments	Divisional Chief Nurse (DCN) Outcome of Divisional Confirm and Challenge.	Chief Nurse Outcome of Confirm and Challenge
AMU 1	Keep current establishment if unfunded beds close, if they remain increase in budget required is required	<p>Presently AMU1 - Based on SAM guidance would require 22 bed 1:6 plus a Nurse in charge 8 Monitored beds 1:4 that could increase to 1:2 based on acuity Plus, the present 4 extra beds on the ward unfunded.</p> <p>Lead nurse in charge of two areas, AMU and AMU assessment which is a breach of RCN guidance</p> <p>Extensive list of training requirements due to the specialty patients they manage, this takes staff away from ward area</p> <p>Predominantly band 3 CSW's rather than band 2, this allows for additional skill set to be utilised with the management of some more complex patients to be managed by the RN's</p> <p>No concerns with Nurse sensitive indicators</p> <p>Over the AMU areas the staff flexible based on the staffing levels and acuity</p> <p><b>Recommendation</b> -Lead nurse in charge of two areas, AMU 1 and AMU assessment which is a breach of RCN guidance. This equates to 58 bed spaces and over 126 staff. Additional staffing if the extra beds remain open.</p>	No current establishment changes to be enacted on AMU1, AMU2, A4 and AMUA – further work will be required to re-assess this depending on the plan with additional bed closures; NEL workstream proposals and frailty work.

Area	Ward/Department Request/Amendments	Divisional Chief Nurse (DCN) Outcome of Divisional Confirm and Challenge.	Chief Nurse Outcome of Confirm and Challenge
AMU2	If unfunded beds close to make the area SAM compliant, additional RN required on LN. If beds remain open a further increase in budget required.	<p>AMU 2 - Based on SAM guidance of 30 beds day this requires 1:6 ratio with Nurse in Charge. The at night 1:7 ratio with Nurse in charge Presently there are 6 additional unfunded beds on the ward.</p> <p>Current establishment 6 RN and 5 CSW on shift each day and 5RN and 5 CSW long night – this does not meet SAM guidance. Budgeted staffing drops by one RN at night however acuity and activity contradicts this drop, out of 486 admissions, 198 happened between 2000 and 0600, Current establishment 6RN and 5 CSW on shift each day and 5RN and 5 CSW long night – this does not meet SAM guidance.</p> <p>Due to the opening of the ED corridor, time taken to transfer patients between areas has increased significantly, often taking staff off the ward for up to 20 minutes at time.</p> <p><b>Recommendation</b> - If unfunded beds close to make the area SAM compliant, additional RN required on LN. If beds remain open a further increase in budget required.</p>	As above
AMU 3	Lead Nurse required to become RCN compliant.	<p>Current staffing is in line with SAM guidance.</p> <p>Lead nurse band 7 temporarily supporting from AMU assessment leaving a gap both on AMUA and A4.</p> <p><b>Recommendation</b> of a Lead Nurse required to become RCN compliant.</p>	As above
AMU A	Keep current funded establishment within financial envelope. Lead nurse required to become RCN compliant.	<p>Nationally recommended SAM guidance 1:4 ratio with a nurse in charge supernumerary to those numbers.</p> <p>Present staff - Ratio 6 RN and 5 CSW long day and long night.</p> <p>AMU assessment received 823 admissions into 22 spaces, 140 were discharged, 1 patient transferred to MECU, 2 to CCU. 667 patients transferred to ward areas.</p>	As above

Area	Ward/Department Request/Amendments	Divisional Chief Nurse (DCN) Outcome of Divisional Confirm and Challenge.	Chief Nurse Outcome of Confirm and Challenge
		<p>Since the last staffing review 2 cubicles have been removed for ED redesign however 1 side room now available and in use.</p> <p>Bedded area is located away from the nurse base and therefore always requires RN and CSW coverage.</p> <p>Keep current funded establishment within financial envelope. Lead nurse required to become RCN compliant.</p> <p><b>Strongly disagree with the census data, there is clear cut national guidance regarding staffing of acute medicine assessment areas. There is a concern that the number of level 0 patients were recorded incorrectly.</b></p>	
<b>B1</b>	Agree with current establishment	<p>The proposed establishment is reflective of the data collection and the tool being accurate. It is reflective of the acuity and activity within the area.</p> <p>The ward experiences a high turnover of patients, with most staying for 2–3 nights. Due to the nature of admissions, post-operative care, and the discharge processes, this turnover is significantly higher than in non-elective areas, and the responsibility for managing this workload falls under the Registered Nurse's (RN) remit.</p> <p>Following the recent rise in surgical site infections (SSI) for post-operative arthroplasty, the team has included a review of ward attendees in the ongoing action plan to minimise risks and ensure that the appropriate treatment and care plans are followed. In January and February, there were 50 ward attendees. Each patient is initially assessed by a Registered Nurse (RN), followed by an Advanced Nurse</p>	No establishment changes have been agreed.



Area	Ward/Department Request/Amendments	Divisional Chief Nurse (DCN) Outcome of Divisional Confirm and Challenge.	Chief Nurse Outcome of Confirm and Challenge
		<p>Practitioner (ANP) or doctor. Of the 50 patients, 31 required suture or clip removal and wound care</p> <p>There are no performance / gap issues within the workforce. Bank Fill rate is 100%.</p> <p><b>Recommendation-</b> Keep current funded establishment.</p>	
<b>B2 H</b>	Recommend changes	<p>B2 Hip are 0.92 WTE over but it the review does not tell us if this is RN or CSW. On review of the data collection, it appears that some patients weren't assessed correctly.</p> <p>B2H has recently experienced a period where there has been no need to request additional support for patients with enhanced care needs, as their established staff have been able to manage due to lower patient acuity and requirements.</p> <p>Most of the patients on B2H would require additional intervention to mitigate risk and maintain safety at any one time.</p> <p>The ward team tend to mitigate and accommodate this risk within the current budgeted establishment. However, at night, the CSW establishment does reduce; this additional duty is requested via bank dependent upon acuity and a constant risk assessment. This patient group often become more confused at night.</p> <p>There are a number of best practice tariffs associated with management of hip fractures that also support the best patient pathway</p> <p><b>Recommendation-</b> The 6th CSW at night. The decrease of RN at night is reasonable given the reduced amount of RN activity however, the patients dependencies for activities of daily living remain unchanged and the CSW numbers should reflect this.</p>	No establishment changes have been agreed.

Area	Ward/Department Request/Amendments	Divisional Chief Nurse (DCN) Outcome of Divisional Confirm and Challenge.	Chief Nurse Outcome of Confirm and Challenge
		After consideration, the layout of the ward is not conducive with reducing the RN numbers during the day.	
<b>B2 T</b>	Remain the same	<p>The only additional staffing requests are for 1-1 care or transfers to other hospitals that cannot be managed within the budgeted establishment.</p> <p>Average trauma patient LOS is 1-4 nights. Patients requiring intervention from specialist areas often have a much higher LOS due to the nature of the disease / condition and rehabilitation potential.</p> <p>The ward has seen a higher number of patients admitted with C-spine injury, requiring full spinal precautions which does increase the dependency</p> <p>The threshold for patients with confusion / agitation is variable and these patients are risk assessed, and 1-1 specialist care requested if required. This can be due to post op delirium as well as those patients with dementia.</p> <p>Nurses deliver specialist interventions such as PICC line care, VAC dressings, complex wound management, spinal precautions, following NORSE advice for those patients with traumatic injury and intensive rehabilitation; with a typical log roll taking 5-6 members of staff.</p> <p><b>Recommendation-</b> Keep current funded establishment.</p>	No establishment changes have been agreed.
<b>B3</b>		The ward is currently staffed to accommodate up to 4 patients in VASCU. However, as this is an emergency portal, it is not restricted to elective or post-operative patients. Consequently, the acuity level can increase significantly, and, at times, additional registered nurse staffing	No establishment changes have been agreed.

Area	Ward/Department Request/Amendments	Divisional Chief Nurse (DCN) Outcome of Divisional Confirm and Challenge.	Chief Nurse Outcome of Confirm and Challenge
		<p>is necessary to ensure patient safety, particularly when patients are receiving multiple enhanced infusions.</p> <p>In partnership with Sandwell, there are plans to expand the vascular hub contingency to support Sandwell patients. This may necessitate additional staffing and a further staffing review to ensure that the expected demand is met.</p> <p>Due to the cancellation of the clinical skills passport and the ongoing training requirements for VASCU, could there be consideration across the division to support the employment of a PDN who has skills within critical care who can provide knowledge and training to staff to ensure they can safely complete the Level 1 competencies. Currently the Surgical division has as PDN as a 0.64.</p> <p><b>Recommendation-</b> Keep current funded establishment.</p>	
B4		<p>The output from the data entry is significantly different from previous staffing review yet patient group remains largely the same. There were no patients requiring 2:1 enhanced observation during this data collection therefore that will have impacted the data.</p> <p>There is currently a risk on the risk register relating to the level 1 skill required to work in POCU – there is currently no training programme for nursing to support this training requirement.</p> <p>The ward does request additional RN support when the elective POCU list increases above 4 patients this is to ensure staffing is in line with Enhanced Care units staffing guidelines.</p> <p>Ward B4 often requires additional staffing due to patients requiring enhanced observations, during the data input for June 2025, the ward often absorb the extra requirements of staffing without additional staff</p>	B4 – opportunity for weekend reduction in staffing (WTE TBC) – subject to a further review and QIA.

Area	Ward/Department Request/Amendments	Divisional Chief Nurse (DCN) Outcome of Divisional Confirm and Challenge.	Chief Nurse Outcome of Confirm and Challenge
		<p>requests (in attempt to bring the bank spend down). This is risk assessed by the lead nurse and matron team.</p> <p>The ward profile document assessment contradicts the data within the acuity tool. Ward profile assessment suggests that the ward needs 5.9 WTE more whereas the acuity tool states 8.47 WTE less.</p> <p><b>Consideration</b> - Currently the ward can staff for up to 4 patients in POCU, but at times this may be flexed to 5-6 patients. Where this is the case, an additional RN would be requested to maintain patients' safety and to comply with national standards for enhanced care units.</p> <p>With the ERF and collaborative efforts across Wolverhampton and Sandwell, the plan is to expand renal services, resulting in an increase in elective procedures, primarily nephrectomies, being routed through POCU. As a result, it is anticipated that POCU will be required to care for 5-6 additional patients more frequently soon.</p> <p>Due to the cancellation of the clinical skills passport and the ongoing training requirements for POCU, could there be consideration across the division to support the employment of a PDN who has skills within critical care who can provide knowledge and training to staff to ensure they can safely complete the Level 1 competencies. Currently the Surgical division has as a PDN as a 0.64. The team are considering converting a band 6 to a PDN role.</p> <p>POCU staffing levels and competency is currently a risk for the division.</p> <p>In addition, POCU very rarely has level 1 patients admitted over the weekend. The matron team are reviewing alongside the consultant body, a Monday – Friday service with no emergency admissions – these would redivert to critical care. This in turn would then release staff / CIP</p>	

Area	Ward/Department Request/Amendments	Divisional Chief Nurse (DCN) Outcome of Divisional Confirm and Challenge.	Chief Nurse Outcome of Confirm and Challenge
B5 (ESH)		<p>Staffing establishment has not been increased to manage the increased number of patients attending ESH.</p> <p>The triage trolleys, recliner chairs and tracker office have been used as additional patient spaces to support capacity on an almost daily basis, causing delay in triaging, assessments, patient care and treatment. An additional nurse has been requested to support this, though reliant on temporary staffing and is often unfilled.</p> <p>There has been an increased number of patients who require medical management within GAU, this cohort of patients require 1:1 registered nursing care during sensitive delivery and aftercare. Length of stay for this cohort of patients can vary from &lt;1 day to 6 days. The request to increase nurse and medical cover is included in the business planning next year for GAU.</p> <p><b>Consideration:</b></p> <p>Within the current budget, there is not enough establishment to provide 7-day cover for the Surgical Bed Manager (SBM) role. There has been an increase within this years budget to cover day shift (07.00 - 19.30hrs), however the post is yet to be approved at VAR. There is no budget to cover overnight SBM, this is currently undertaken by the band 6 Shift Lead within ESH. However, the role and responsibilities do not change out of hours, resulting in poor staff morale and undermining decisions made by the SBM OOH.</p> <p>There is enough established budget to increase the SBM to 7 days a week. This is currently going through the VAR process.</p> <p>Matron is liaising with colleagues within the finance department to scope out costings to ensure equity within the service – a compliance review of the service recommended that senior support was required</p>	<p>No current establishment changes have been agreed for B5 (ESH), recognising there are some significant ward moves pending, which may release opportunities and create improved patient pathways and continuity of care.</p>

Area	Ward/Department Request/Amendments	Divisional Chief Nurse (DCN) Outcome of Divisional Confirm and Challenge.	Chief Nurse Outcome of Confirm and Challenge
		<p>on ESH out of hours. Matron is currently reviewing the job matching process, in keeping with similar departments within the Medical Division and band 7 SBM roles to ensure equity within the Trust nursing workforce.</p> <p>We would like to propose a 24/7 service with budget support from C6 to address the following - The current budget does not provide sufficient establishment to cover the Surgical Bed Manager (SBM) role on a 7-day basis. It is anticipated that the 2025/26 budget will include provision for day shift coverage (07:00 - 19:30 hrs). However, there is no budget allocated for overnight SBM coverage, which is currently being managed by the Band 6 Shift Lead within ESH. This arrangement creates challenges, as the role and responsibilities remain unchanged outside of regular hours, leading to diminished staff morale and undermining the authority of decisions made by the SBM during out-of-hours periods.</p> <p>To increase this role is a MUST DO for the division in the new financial year due to the ongoing discussions and future with community clinical hubs. Due to increasing number of attendances, the band 3 patient tracker role (currently covers 4 days / week) is required 7/7 to support flow and safety. We have received sufficient funding via the CNC to support an increase in patient tracker line with similar units and as identified in a recent Quality and Safety review, it is recommended that Band 7 (senior nursing) cover be provided 7 days a week. Currently, the Band 7 positions consist of the Lead Nurse and Clinical Lead Nurse, both of whom work clinically (managing a cohort of patients) for two shifts each per week. The Lead Nurse also works two shifts in a managerial capacity, leaving the Clinical Lead Nurse with senior oversight for 19 hours per week. There is no supervisory Shift Lead on ESH, as all staff are assigned a cohort of patients.</p>	

Area	Ward/Department Request/Amendments	Divisional Chief Nurse (DCN) Outcome of Divisional Confirm and Challenge.	Chief Nurse Outcome of Confirm and Challenge
<b>B6</b>	Request additional CSW Long night	<p>B6 currently funded for 16 beds but 17 are presently open. Skill mixes registered: unregistered 55:45</p> <p><b>Consideration</b></p> <p>The move to C6 will create an additional 3 beds increasing the bed base to 19 beds. Whilst at present no additional request has been made for trained or CSW staff during the day, this will require consideration as the staffing establishment ratio would change from a 1:8 to a 1:9.5</p>	No current establishment changes have been agreed on B6 (pending B6/C6 move).
<b>C1A</b>	Additional Band 2 overnight	<p>Presently C1A - Skill mixes 50:50 registered: unregistered, 4:4 Long day 3:3 Long night. Band 2 – 3 ratio 30% band 2, 70% band 3</p> <p>Additional patients placed on the ward on the back of definite discharges. Minimal evidence of additional patients overnight due to the layout of the ward.</p> <p>55 requests for additional staff in June with 31 filled by staff bank. High number of complex mental health and learning disability patients with increasing acuity alongside this.</p> <p>Band 7 Lead nurse working at least one shift a week clinically and continues to backfill gaps in staffing throughout the week.</p> <p><b>Recommendation-</b> Additional CSW long night – safeguarding issued regarding 1:1 support ads to mitigate against bank spend.</p>	Uplifts are recommended for C1a and C1b for Band 2 CSWs – LD - however there is currently no recurrent funding available to fund this increase and the gap is mitigated by Bank use.
<b>C1B</b>	Additional CSW long night	<p>Skill mixes 50:50 registered: unregistered, 4:4 Long day 3:3 Long night. Band 2 – 3 ratios requested 30% band 2, 70% band 3, although now considering 100 band 3 to support with the dialysis patients.</p> <p>Additional patients placed on the ward on the back of definite discharges. Minimal evidence of additional patients overnight due to the layout of the ward.</p>	As above

Area	Ward/Department Request/Amendments	Divisional Chief Nurse (DCN) Outcome of Divisional Confirm and Challenge.	Chief Nurse Outcome of Confirm and Challenge
		<p>55 shifts requested with 22 unfilled. 35 dialysed patients throughout June</p> <p><b>Recommendation</b> - Additional CSW long night to reduce bank spend.</p>	
<b>C2</b>	Happy with current establishment	<p>Funded June 2025- 57.31 WTE (-2.6 WTE band 7s)</p> <p>We do support the new proposal given the demand and capacity challenges that influence the functioning of C2. Currently rostering 9 RN and 2 CSW per day although due to staffing challenges, it is not very often that there are 9 RN on duty. The unit do flex the staffing requirements to meet the demands of the service.</p> <p>Levels of dependency do appear accurate on the data collection. Matron has decided to continue to sense check and monitor compliance of safe care and the acuity data will be added to the handover daily moving forward.</p> <p>For the data collection in June, PAU was separated from the main census data collection to give a better plan to map out activity, demand, and acuity. Matron also plans to review from Partners In Paediatric (PIP) and compare the new proposed staffing to the PIP model and staffing tool.</p> <p>Since the opening of the Midland Met in October 2024 there has been an increase in patients for PAU/ C2 (See above data graph for Total Admissions). On discussions with caregivers, previously they were on the border/ in between RHH and Sandwell Hospital, however with the location of the Midland Met being Smethwick/ Birmingham RHH is now considerably closer therefore they are choosing to attend RHH.</p> <p><b>Recommendation</b>- Keep current funded establishment.</p>	No current establishment changes have been agreed for C2 and PAU, recognising there are some significant ward moves pending, which may release opportunities, improve patient care and associated pathways.



Area	Ward/Department Request/Amendments	Divisional Chief Nurse (DCN) Outcome of Divisional Confirm and Challenge.	Chief Nurse Outcome of Confirm and Challenge
C3	Additional Band 2 Long day and Long Night	<p>During the period of data collection between 14-18 patients on enhanced observations</p> <p><b>Recommendation -</b> Due to the ever-increasing number of confused and delirious patients do we need to convert a bay on station 3 to an enhanced support area (extension of FMNU). Scoping exercise underway. 0.96 on band four line to be moved to support CSW line</p> <p>Additional CSW LD and LN, this can be partially mitigated with some budget from C5 cleanliness support budget. Scope whether requirement for second FMNU station within C3.</p>	An uplift is recommended on C3 for Band 2 CSWs – LD & LN (could use cleanliness support worker money of 2.73 WTE on C5a which we could potentially transfer over to nights on C3 and mitigate 2.19WTE, reduced due to special duty.
C4	Leave at current level	<p>Skill mixes registered: unregistered 70:30 Long day 3:2 on ward 2:0 in isolation Long night 2:2 on ward 2:0 in isolation</p> <p>Staff require additional SACT training, this is an externally accredited training course which requires staff to attend one day per week for 6 months at a time.</p> <p><b>Recommendation-</b> Keep current funded establishment.</p>	No establishment changes have been agreed.
C5a	No changes requested	<p>Band 6 (shared between a and b holds NIV bleep overnight to support the BTS target of starting NIV within 60 minutes of decision made to initiate NIV. This can remove them from the ward for extended periods of time especially if acutely unwell patients in Emergency department</p> <p>Routinely take additional patients to support with flow through the hospital.</p> <p>No concerns with Nurse sensitive indicators.</p>	No establishment changes have been agreed.

Area	Ward/Department Request/Amendments	Divisional Chief Nurse (DCN) Outcome of Divisional Confirm and Challenge.	Chief Nurse Outcome of Confirm and Challenge
		<b>Recommendation</b> - Keep current funded establishment as C5a and C5b, MECU support each area based on acuity and staffing.	
<b>C5b</b>	Keep current funded establishment	<p>Higher acuity of patients managed on RSU C5b, acute NIV patents and complex respiratory (Opti flow, CPAP, chest drains, tracheostomy)</p> <p>NCEpod guidance suggests a ratio of 1:2 for acute NIV however the department recognises that they have a mixture of acute and chronic NIV therefore accept a ratio of 1:4</p> <p>Often takes an additional patient during the day to support with the flow in the hospital</p> <p>Multiple escorts to other trusts during census period due to oxygen demand and need for physiological investigations and management of pneumothorax patients at New Cross.</p> <p>No concerns with Nurse sensitive indicators.</p> <p><b>Recommendation</b> - Keep current funded establishment.</p>	No establishment changes have been agreed.
<b>C6</b>	Keep current funded establishment	<p>Due to the planned amalgamation of C6 with B5 and the move of ESH-1 to the SDEC footprint, a further staffing review will be undertaken within this piece of work.</p> <p>There is a reduction of 3.31 WTE proposed based on the staffing review following January data input (although this is not categorised in RN / CSW split).</p>	No current establishment changes have been agreed for C6, recognising there are some significant ward moves pending, which may release opportunities improve patient care and pathways.

Area	Ward/Department Request/Amendments	Divisional Chief Nurse (DCN) Outcome of Divisional Confirm and Challenge.	Chief Nurse Outcome of Confirm and Challenge
		<p>There were 63 HOT clinics for June 2025.</p> <p>There is currently no CSW rostered for Prostate Biopsy clinic which has been recommended due to monitoring patients post procedure. This is in line with NICE guidelines. A business case was approved for the equipment, but staffing was not included in the case request. Therefore, the team cannot support the reduction in CSW workforce.</p> <p><b>Recommendation</b> - Keep current funded establishment at present.</p>	
C7	Keep current funded establishment	<p>Present skill mix – CSW to RN ratio 45:55 both long day and long night.</p> <p>Air room within the ward utilised 28 out of 30 days during June, this increases bed base to 37 beds. Limits use of the air room for diagnostic procedures.</p> <p>30 additional shifts requested, 22 filled and 8 unfilled. C7 has a built in additional CSW shift for long nights which is available for utilisation if there is a requirement to support with 1:1's. In June this was required every night.</p> <p>Often high acuity patients on the ward, having central line care, Picc line care, Complex cancer patients, and colitis patients.</p> <p>Band 6 PDN within the budget, mandatory training levels exceptionally good, PDN able to support where gaps in staff provision noted.</p> <p><b>Recommendation</b> - Lead nurse in charge of discharge lounge alongside C8 which is a breach is RCN guidance. Otherwise, to keep current funded establishment.</p>	No establishment changes have been agreed.

Area	Ward/Department Request/Amendments	Divisional Chief Nurse (DCN) Outcome of Divisional Confirm and Challenge.	Chief Nurse Outcome of Confirm and Challenge
<b>C8</b>	Staffing mix doesn't take into consideration bleep holders' role and period of time off the ward	<p>National Stroke guidance HASU 1 : 3 ratio ASU 1 : 6 ratio Rehab 1 : 8 ratio with a co-ordinator of care for HASU/ASU</p> <p>Ratio CSW : RN 20/80 hyperacute 35/65 acute/rehab</p> <p>High increase of band 2 bank due to vacancies that in the process of recruited into</p> <p>Thrombolysed 25% of suitable patients, above national target of 20%, evidences the acuity of patients managed on the ward. Thrombolysis bed is ring fenced and therefore some of the census data will evidence that it is empty at time of collection. High number of complex neuro patients requiring complex care and interventional investigations.</p> <p><b>Recommendation</b> - Keep current funded establishment.</p>	No establishment changes have been agreed.
<b>CCU</b>	High number of complex neuro patients requiring complex care and interventional investigations.	<p>Present skill mix- Skill mix registered: unregistered 80 : 20 CSW 1 : 16 on PCCU CSW 1 : 8 CCU (long day only) Clinical band 7 works x 1 clinical shift each week, with the remaining supervisory</p> <p>2 unfunded beds which when require additional staffing to support according to the acuity of the patients within the unit and to ensure the BACCN guidance is met.</p>	No establishment changes have been agreed, subject to CAU model approval.

Area	Ward/Department Request/Amendments	Divisional Chief Nurse (DCN) Outcome of Divisional Confirm and Challenge.	Chief Nurse Outcome of Confirm and Challenge
		Staffing census evidence at least one additional bed opened consistently throughout June.  <b>Recommendation</b> -Additional CSW long night, this may be able to be mitigated somewhat if CAU model is approved.	
<b>MECU</b>	Recommend 1:2 ratio	<p>Present skills mix - Skill mix registered: unregistered 75:25 3:1 Long day 3:1 long night Band 2-3 ratio band 3 100%</p> <p>8 beds ward- Level 1a facility, RCN guidance suggests 1:4, although agreed 1: 3 due to layout of area and acute NIV patients who require 1:2 ratio NCEPOD Supports NIV bleep overnight, often taking staff off ward for hours at a time overnight</p> <p>Extensive training for staff means they are often off the ward to confirm competence. This results in the lead nurse covering those shifts. The lead nurse works 5 days per week to support this. Identified area to support tracheostomy and laryngectomy patients within medicine</p> <p><b>Recommendation</b> -Keep current funded establishment.</p>	No establishment changes have been agreed.
<b>FMNU</b>	Keep current staffing levels	<p>High number of 1c patients with one patient noted to be a 1d, this patient was supported with Jo Day Alot of patients within the unit are independently mobile, this increasing requirement for additional staffing levels as previously agreed in last staffing review.</p>	No establishment changes have been agreed.

Area	Ward/Department Request/Amendments	Divisional Chief Nurse (DCN) Outcome of Divisional Confirm and Challenge.	Chief Nurse Outcome of Confirm and Challenge
		<p>Increased LOS due to long waits for pathway 3. Average LOS 12.1 days</p> <p>10 incidents in June</p> <p>Themes violence and aggression patient on staff, predominantly linked to 2 patients in particular.</p> <p>Heightened security presence during this time.</p> <p>Admiral nurse based on FMNU where her caseload is predominantly based.</p> <p><b>Recommendation</b> - Keep current funded establishment.</p>	
<b>DL</b>	To keep as a discharge lounge	<p>Data collected whilst the discharge lounge was functioning as a 24/7 bedded unit, however, plans in place to close beds and open as a day discharge lounge for same day discharges has now been enacted.</p> <p>Staffing budget and ledger currently aligned to lounge being open for same day discharges only.</p> <p>Funded 1RN 1 CSW Long day sat/sun</p> <p>2RN and 2 CSW Long day weekdays.</p> <p>Opening hours 0700-1930 7 days per week.</p> <p>Would require additional RN for weekend days, review underway to understand whether this would need to be for a slightly different shift time.</p> <p>Lead nurse supports C8 and discharge lounge which is against RCN guidance.</p> <p><b>Recommendation</b> - Additional RN during weekend days to ensure safe medicines management and safe discharge facilitation of patients.</p>	No establishment changes have been agreed.

Area	Ward/Department Request/Amendments	Divisional Chief Nurse (DCN) Outcome of Divisional Confirm and Challenge.	Chief Nurse Outcome of Confirm and Challenge
<b>Theatres</b>	Agree with present establishment	<p>The division would ask that the establishment remains the same. Currently meet AFFP guidelines and BADS guidelines.</p> <p>The department have reduced the number of apprenticeships ODPs – currently taking one per cohort.</p> <p>Theatres have not signed off the budget due to concerns with the anaesthetics and recovery staffing allocation. All other budgets have been approved. The disagreement stems from the absence of a STAR ODP and a dedicated recovery practitioner for each theatre per shift; this is not a concern however, as there are only 8 recovery spaces currently available.</p> <p>Although theatres serve a range of specialties, staff will rotate across areas to address staffing gaps, demonstrating a flexible workforce approach. Critical care nurses are also included in this staffing model.</p> <p><b>For consideration for future service improvements/requirements:</b></p> <ul style="list-style-type: none"> <li>· Bushy Fields requires two theatre sessions per week for ECT, which are currently unfunded (off site at BF). One ODP would be needed to support these sessions.</li> <li>· There are also plans to begin general anaesthetics in endoscopy; however, this activity is currently unbudgeted.</li> <li>· In addition, paediatric MRI services are not fully funded, with gaps in provision for the ODP, anaesthetist, and recovery support.</li> </ul>	Operating theatres – reduction of 3.2 WTE (band 6 line) planned due to historical over establishment + 100K saving on the supernumerary line – QIA to be completed.

Area	Ward/Department Request/Amendments	Divisional Chief Nurse (DCN) Outcome of Divisional Confirm and Challenge.	Chief Nurse Outcome of Confirm and Challenge
		<p>CIP:</p> <p>Over £100k from the supernumerary budget has been identified as a CIP (Cost Improvement Programme) saving.</p> <p>An additional 3.2 WTE will be CIP'd, and Finance are aware of this plan.</p>	
<b>NNC</b>		<p>Current establishment to maintain commissioned cots at 90%BAPM</p> <p>Lead nurses work clinically and each have 0.16WTE admin allocated</p> <p>Study time allocated for those undertaking QIS course- due to increase based on national guidance. Neonatal nursing staff should undertake the QIS course. 70% of workforce should hold this accredited qualification</p> <p><b>Recommendation</b> - Keep current funded establishment.</p>	No establishment changes have been agreed.
<b>ITU</b>		<p>Current establishment to maintain 15 L3E beds</p> <p>Lead nurses work clinically and each have 0.16WTE admin allocated</p> <p>Study time allocated for those undertaking critical care course</p> <p>Critical care staff should undertake the national competency programme. 50% of workforce should hold accredited Adult critical care course</p> <p><b>Recommendation</b> - Keep current funded establishment.</p>	No establishment changes have been agreed.

The review has highlighted there is wider work which is ongoing looking at the location of current specialities, in particular, B5 (ESH) B6, C6, C2 and Paediatric ED and the options for relocation. As this would be cross divisional, a collaborative approach is being taken to progress this work further.



	Ward/department request, /amendments	Divisional Chief Nurse (DCN) Outcome of divisional confirm and challenge	Chief Nurse Outcome of confirm and challenge
AEC	If CAU model works movement of band 5 and 6 staff to be moved to AEC.	<p>First staffing review of SDEC, full period of data completed but was not very helpful mostly 0 and 1a but only snapshot of day</p> <p>Unit open from 0730-0030 Last patient accepted at 7pm and staff work staggered shifts until 22.30</p> <p>Current staffing template is to cover a caseload of 40 patients Occupancy is frequently seen at over this figure 41-69 patients 12 midday to 6 pm is the busiest period of activity. Up to 150 patients a day are seen, over 31K patients were seen last year in a 12-month period.</p> <p><b>Recommendation</b> - If CAU model works movement of band 5 and 6 staff to be moved to AEC.</p>	No establishment changes have been agreed.
FAU		<p>12 beds funded for Virtual ward, often operate at up to 150% capacity.</p> <p>Largely led by the ACP and CNS team.</p> <p>Referrals taken from ED but also focus on early supportive discharge from inpatient areas for example B6, C3 and FMNU. Direct WMAS pathway to the department to negate the need for some lower acuity patients to attend ED.</p> <p>X 2 ACP funded from FAU budget and therefore opportunity to back fill not currently available.</p> <p>10 x POC available for use by the team, therefore riak appetite can be increased as risk of admission is reduced. Patients who hit these criteria often spend extended length of time in the department ensuring they are ready and safe to discharge.</p> <p>Average patient per day 10.</p>	No establishment changes have been agreed.

		<p>Support in the pre-operative assessment of patients who have a clinical frailty score above 5 by undertaking a full geriatric assessment.</p> <p><b>Recommendation</b> - Currently remain same, if trust frailty model approved as part of the NEL workstream additional investment will be required.</p> <p>Part of winter plan is to increase virtual ward capacity to 30, this will require additional investment.</p>	
CAU	Admin support may be required to help support cath lab activity to release clinical staff to perform clinical duties	<p>No specific model for staffing BACCN suggest a senior qualified nurse for geographically diverse units or more than 6 beds.</p> <p>In reach model may release some band 2 hours to cover gap in CCU overnight CSW cover. Band 5/6 may be required to support the work remaining in AEC</p> <p><b>Recommendation</b> - This team want to do a workforce review and a PDSA to attempt to in reach rather than have dedicated spaces, currently being worked through , this may create opportunity for the 1.56 WTE band 5, 2.73 WTE band 2 and the 1 WTE band 6 to be released.</p>	No establishment changes have been agreed.
RAU	Team recommends no change but would support an ILD nurse as Dudley going to become a spoke centre (may be able to release some band 7 hours from Dras /VW to do this)	<p>First staffing review full 14-day period of data collection Acuity data based on 6 chairs</p> <p>A 5-day service only Monday to Friday 8-8pm</p> <p>Acuity score 0</p> <p>1 bay 4 chairs 2 SR's daily average of patients 6.4 (65 patients seen in 14-day period).</p> <p>This team support early facilitated discharge from c5, and offer routine and specialist respiratory bloods ABGs ARTp, Spirometry, pleural procedures, FeNO, short tern nebulisers, pulmonary rehab .</p> <p><b>Recommendation</b> - Keep current funded establishment.</p>	No establishment changes have been agreed.

Haem/ ONC	Slight increase on band 5 line to allow opening for 5 days.	<p>5-day service; Monday – Friday 0730 – 1930</p> <p>Currently sits within the c4budget with staff. Lead nurse (CNS) works 1 clinical shift each week.</p> <p>On current modelling, there has been an increase chair capacity to 8 from 6 however this would require some investment to allow these to be open every day.</p> <p>Huge development in treatment options for patients in recent years resulting in an ever-increasing requirement for the triage and treatment provision</p> <p>Telephone triage increasing exponentially against staffing levels</p> <p><b>Recommendation</b> - Keep current funded establishment.</p>	No establishment changes have been agreed.
A2 day case	Request an additional RN	<p>5-day service; Monday – Friday 0800 – 2000.</p> <p>Funded for 14 chairs, average number of patients each day 30 – 40.</p> <p>Nurse to chair ratio depends on time of day and procedure being undertaken. On average provide 120-160 hours of treatment each day.</p> <p>Noted increase in demand for treatment, area often supports inpatient areas to discharge patients sooner by offering procedures such as paracentesis, as well as patients from SDEC who require on off treatments such as iron infusions.</p> <p>Space is now a concern for expansion of the service with the movement of surgical SDEC into the medical SDEC footprint.</p> <p><b>Recommendation</b> - Keep current funded establishment.</p>	No establishment changes have been agreed.

## 11. RISKS

### Data integrity

Throughout our review period the full data collection period was not achieved in all areas therefore not capturing all the necessary data. We also need to improve where it states that a maximum 3 of the most senior ward staff, including the ward manager should identify the patient acuity, this was not the case on some wards and a variety of staff completed the data collection with no training.

The quality assurance process was followed with most areas being reviewed over 50% of the required ask, some areas did not achieve this on a weekly basis to ensure quality assure and validate data collection.

See Appendix 1 for action plan for areas to be addressed.

June 25	Data days collected (?/30)	Weekly QA numbers (?/4)	June 25	Data days collected (?/30)	Weekly QA numbers (?/4)	June 25	Data days collected (?/30)	Weekly QA numbers (?/4)
AMU1	28	3	B6	29	3	C7	30	2
AMU2	29	3	C1A	30	1	C8	28	4
AMU3 (A4)	27	3	C1B	25	3	CCU	29	4
AMUA	27	4	C2	25	1	DL	29	3
B1	29	3	C3	30	4	ESH	29	3
B2H	30	3	C4	26	3	MECU	26	2
B2T	30	3	C5A	30	2	FMU	30	3
B3	30	3	C5B	30	3			
B4	29	3	C6	26	3			

June 25	Beds	Recommended WTE (Reg)	Recommended WTE NR	Recommended Overall Total	Funded Budget	Diff FB is to Rec Over	Ward Profile Document WTE
AMU1	34	44.87	29.92	74.79	79.98	5.19	-5.54
AMU2	30	42.22	34.55	75.96	59.16	-16.80	-0.83

AMU3 (A4)	12	12.75	12.75	25.51	24.57	-0.94	-0.4
AMUA	22	20.28	16.59	36.85	61.03	24.18	
B1	26	17.74	11.83	29.57	30.41	0.84	1.16
B2H	24	19.68	29.52	49.2	50.12	0.92	-3.82
B2T	24	20.49	20.49	40.97	40.92	0.5	0.75
B3	36	36.72	18.69	66.76	64.74	-2.02	-3.06
B4	48	36.72	36.72	73.43	81.9	8.47	-5.9
B6	16	18.84	7.33	26.16	27.06	0.9	-1.49
C1A	24	29.95	29.95	49.65	38.9	10.75	-0.54
C1B	24	28.16	28.16	39.18	38.9	0.28	-0.54
C2	47	44.4	11.1	55.5	57.31	1.81	
C3	36	53.41	43.7	102.7	60.29	42.41	-1.7
C4	24	22.15	9.45	31.64	40.48	8.84	
C5A	24	44.46	29.57	42.56	39.44	-3.12	2.19
C5B	24	39.6	32.4	44.4	50.36	5.96	-1.54
C6	19	14.17	14.17	28.35	31	2.65	-3.31
C7	36	36.25	36.25	71.99	67.33	4.66	-0.19
C8	44	40.11	40.11	80.13	86.04	5.91	-2.59
CCU	24	29.57	7.39	36.92	59	22.08	
DL	16	16.83	11.22	28.05	10.84	17.21	-13.84
ESH	26	46.19	19.8	65.98	61.57	-4.41	
MECU	8	11.75	3.92	15.67	22.52	6.85	-0.54
FMU	16	22.18	51.75	58.47	47.09	-11.38	-2.35

he use of professional judgements remains subjective, however has been extremely important with the understanding as to the differences in recommendations between the tools and the actual of the current establishments. The interpretation of the data available is also subjective however it is felt that the scrutiny and wider

understanding of the information by the Chief Nurse, Deputy Chief Nurse and Associate Deputy Chief Nurse has been able to support the Divisional Chief Nurses interpretation.

## **12. NEXT STEPS**

The proposed next steps are detailed following this review:

- Safer staffing reviews to be completed in the Emergency Department and Community.
- Further data collection and review of Adult Inpatient areas, Adult Assessment Units and Children and Young People areas to be undertaken as planned in January 2026.
- Further training sessions to be made available in December 2025 before the next data collection is undertaken.
- Ensure 3 named staff are identified for the next review per department to ensure a consistent approach to data collection.
- Review the possibility of undertaking a staffing review in outpatient areas, following the completion of the review in the same day emergency care areas.
- Progress action plan associated with the Developing Workforce Safeguards gap analysis completed in June 2025.

## APENDICES

### Trust Compliance with Safer Nursing Care Tool Red Rules - Appendix 1

	SNCT Red Rule	June 2025 Compliance	RAG		SNCT Red Rule	June 25 Compliance	RAG
AIP AAU CYP ED	Nominate a senior registered nursing lead to quality control the data collection, process and outputs. This will include data collection timeframes, training records, external validation rotas, data analysis and dissemination of results. This should be a senior member of the corporate nursing team.	Philippa Brazier Associate Deputy Chief Nurse		AIP AAU CYP ED	Ensure a training and education process is in place, on how to implement the SNCT in practice encompassing and inter-rater reliability assessment and ongoing refresher training. Up to date and accessible training records must be maintained and held at trust level.	Numerous training sessions facilitated throughout the month leading up to the data collection month and throughout the data collection month. Further dates have been planned and in place for the next review.  Training records are stored on a central Teams folder which is accessible the Division Chief nurses, their deputies and the corporate team.	
AIP AAU CYP	Identify no more than 3 leads per ward to complete the scoring daily for the duration of the data collection period.	Clear instructions were given to the ward teams. The collated data sets support a maximum of 3 people in ward collected data each day		AIP AAU CYP ED	The data collection should take place a minimum of twice per year to allow incorporation of variation within the year. The average combined data sets are used to support establishment setting/resetting.	Agreed across the Black Country Provider Collaborative that data collection will take place every June and January	
ED	Identify a sufficient cohort if leads/shift leaders in the department to complete the scoring twice daily for the						

	duration of the data collection period					
AIP AAU CYP ED	The three leads must include the Ward manager. If no Ward Manager is available a nominated member of staff should be agreed with the senior nurse for the Directorate/Division	Clear instructions were given to the ward teams, that the Lead Nurse and if not available the NIC should be one of the 3 people.		AIP AAU	During data collection periods, every patient needs to have a level of care recorded daily for a minimum of 30 days using the decision matrix measuring the patient care required/received retrospectively for the previous 24 hours.	Data collected as directed at 15:00 each day. ED data collected at the prescribed hours.
				CYP	During data collection periods, every patient needs to have a level of care recorded daily for a minimum of 20 days using the decision matrix measuring the patient care required/received retrospectively for the previous 24 hours.	
				ED	Acuity and dependency data should be collected for each patient in the department at the set twice daily intervals.	
AIP AAU	Data collection should be undertaken over 30 consecutive days and be undertaken by appropriately trained and assessed staff.	AIP, AAU and CYP areas collected data for the entire month of June.		AIP AAU CYP ED	Acuity and dependency data should be collected for each patient in each bed at the same agreed time, as part of a bed ward round.	As above for all areas/
CYP	Data should be collected for a minimum of 20 days	ED collected data for 14 days.				
ED	Data should be recorded on every patient present in the					



	department for a total of 12 days minimum.					
AIP AAU CYP ED	External validation is conducted weekly with the designated ward nurse as part of the daily ward round by a senior nurse outside of the ward's budgetary responsibility	Rota plan created and disseminated for the QA areas.		AIP AAU CYP ED	Nurse sensitive indicators/quality outcomes data for the same timeframe are to be collected retrospectively by a senior nurse or directly pulled from the electronic incident reporting system	Data collated from the central systems where possible. Datix, Allocate safecare and Sunrise being the main ones. These were collated by the Corporate team and reviewed by the leading Deputy Chief Nurse.
AIP AAU CYP ED	Ensure the senior nurses undertaking the external validation has been appropriately trained and assessed.	All asked to undertake the training and the AIP assessment. Cross referencing this		AIP AAU CYP ED	Results should be provided to Ward Managers, Matrons, Heads of Departments Directors of nursing as soon as possible	All results were available to the Lead Nurse, Matron, Deputy Divisional Chief Nurse, Divisional Chief Nurse, HR Business Partner, Finance Business Partner, Trust Deputy Chief Nurses and Trust Chief Nurse by 14 <sup>th</sup> February 25
				AIP AAU CYP ED	These results should be reviewed within your biannual establishment setting process in line with the National Quality Board and Developing Workforce Safeguards guidance.	Challenge conversations within the divisions was undertaken in March 25

## Data Collection Output At a Glance - Appendix 2a

Jun-25	Beds	Acuity 0	Acuity 1a	Acuity1b	Acuity1c	Acuity1d	Acuity2	Acuity3	Acuity BE	Data days collected (?/30)	Weekly QA numbers (?/4)	No complaints	No safeguarding	No Falls	No PU	Covid 19	Norovirus	CDI	E Coli	MRSA	Observations post target			Medicines Late/Unplanned omission		RN/CSW%	
																						L	M	H	Late	Unplanned Omission	
AMU 1	35	0.85	13.57	13.17	1.32	0.21	5.10	0.00	0.75	28	3	2	3	4	13	1	0	1	1	0	2337	104	54	200	31	60/40	
AMU2	36	1.37	17.65	12.27	4.10	0.00	0.34	0.00	0.06	29	3	3	1	8	14	1	0	0	0	0	2315	40	12	166	34	55/45	
AMU3 (A4)	12	1.22	5.11	5.29	0.51	0.00	0.03	0.00	0.85	27	3	0	0	3	4	1	0	0	0	0	962	11	8	52	11	50/50	
AMUA	22	5.14	10.51	3.51	0.48	0.00	0.14	0.00	1.18	27	4	1	4	5	8	1	0	1	0	0	688	40	26	71	14	55/45	
B1	26	11.13	6.75	2.27	0.00	0.00	0.00	0.00	5.86	29	3	1	0	0	0	0	0	0	0	0	996	8	0	469	9	60/40	
B2H	24	3.90	0.00	16.93	3.16	0.00	0.00	0.00	0.00	30	3	1	0	4	6	0	0	1	0	0	1295	6	4	452	11	40/60	
B2T	24	8.20	0.03	14.33	1.33	0.00	0.00	0.00	0.10	30	3	1	5	1	6	0	0	0	0	0	1378	43	26	216	23	50/50	
B3	36	4.46	1.23	26.66	1.10	0.00	1.76	0.00	1.23	30	3	1	1	5	18	0	0	0	0	0	1880	19	7	878	37	55/45	
B4	48	3.72	26.79	9.93	3.83	0.00	0.17	0.00	0.82	29	3	3	0	3	19	1	0	0	0	0	2445	66	37	373	45	50/50	
B6	16	11.44	0.20	3.93	0.79	0.00	0.00	0.00	1.18	29	3	0	2	0	2	0	0	0	1	0	1195	10	6	102	8	55/45	
C1A	24	2.40	0.60	18.03	2.73	0.00	0.00	0.00	0.93	30	1	0	0	7	0	0	0	0	0	0	1422	11	0	170	10	50/50	
C1B	24	1.36	0.56	17.44	0.80	0.00	0.00	0.00	0.76	25	3	0	0	5	3	0	0	0	0	0	1210	19	23	478	24	50/50	
C2	47	26.60	1.64	0.52			0.00	0.00	14.08	25	1	5	5	1	0	0	0	1	0	0	6	0	0	0	0	80/20	
PAU	11	7.16	0.12	0.00			0.00	0.00	3.72	25	1																
C3	36	4.73	0.86	15.76	13.66	0.00	0.00	0.00	0.70	30	4	2	1	6	2	0	0	0	0	0	1112	17	6	218	13	55/45	
C4	22	2.57	11.50	7.46	0.00	0.00	0.03	0.00	0.42	26	3	1	0	2	3	2	0	0	0	0	1531	39	24	326	49	70/30	
C5A	24	4.33	3.30	14.50	1.03	0.00	0.36	0.00	1.46	30	2	2	0	4	8	0	0	0	0	0	11525	48	23	243	21	60/40	
C5B	24	3.44	2.89	16.55	0.65	0.00	0.58	0.00	1.86	30	3	4	0	2	7	0	6	0	0	0	1126	53	22	224	17	55/45	
C6	19	10.35	0.38	6.93	1.07	0.00	0.00	0.00	0.00	26	3	0	0	0	0	0	0	0	0	0	1384	6	8	160	12	50/50	
C7	36	4.51	4.96	25.00	3.12	0.00	0.00	0.00	1.38	30	2	3	5	4	12	0	0	0	0	0	2625	46	44	376	30	50/50	
C8	44	6.89	3.75	30.60	1.62	0.00	1.17	0.00	0.92	28	4	3	1	4	17	0	0	0	0	0	2404	23	17	329	47	55/45	
CCU	26	5.72	12.48	5.31	0.13	0.00	1.72	0.00	0.62	29	4	0	0	0	0	0	0	0	1	0	762	4	3	426	26	80/20	
DL	16	2.58	0.62	12.24	0.03	0.00	0.00	0.00	1.44	29	3	0	0	0	0	0	0	0	0	0	4	0	0	8	0	60/40	
ESH	36	19.21	7.00	9.78	0.25	0.07	0.32	0.00	1.35	29	3	0	1	4	9	0	0	0	0	0	2591	46	19	692	27	70/30	
MECU	8	0.96	1.92	1.07	0.15	0.00	2.69	0.00	2.88	26	2	0	0	0	0	0	0	0	1	0	218	24	5	38	3	75/25	
FMU	16	0.00	0.00	3.84	12.13	0.03	0.00	0.00	0.00	30	3	1	0	1	2	0	0	0	0	0	909	4	3	138	8	30/70	

## Data Collection Output At a Glance - Appendix 2b

Jun-25	Beds	RN/CSW%	Recommended WTE (Reg)	Recommended WTE NR	Recommended Overall Total	Funded budget Jan 25	Funded budget June 25	Diff FB is to Recc Over	Ward Profile Document WTE	Requests suggested by ward leadership.	Changes supported by Division	Change requested WTE	QIA requirement	
AMU 1	35	60/40	44.87	29.92	74.79	79.45	79.98	5.19	-5.54					AMU1
AMU2	36	55/45	42.22	34.55	75.96	59	59.16	-16.80	-0.83					AMU2
AMU3 (A4)	12	50/50	12.75	12.75	25.51	24.57	24.57	-0.94	-0.4					AMU3 (A4)
AMUA	22	55/45	20.28	16.59	36.85	61.06	61.03	24.18						AMUA
B1	26	60/40	17.74	11.83	29.57	30.58	30.41	0.84	1.16					B1
B2H	24	40/60	19.68	29.52	49.2	50.86	50.12	0.92	-3.82					B2H
B2T	24	50/50	20.49	20.49	40.97	44.06	40.92	0.5	0.75					B2T
B3	36	55/45	36.72	18.69	66.76	66.16	64.74	-2.02	-3.06					B3
B4	48	50/50	36.72	36.72	73.43	81.91	81.9	8.47	-5.9					B4
B6	16	55/45	18.84	7.33	26.16	27.06	27.06	0.9	-1.49					B6
C1A	24	50/50	29.95	29.95	49.65	38.9	38.9	10.75	-0.54					C1A
C1B	24	50/50	28.16	28.16	39.18	38.9	38.9	0.28	-0.54					C1B
C2	47	80/20	44.4	11.1	55.5	59.31	57.31	1.81						C2
PAU	11		11.1	2.8	13.9									
C3	36	55/45	53.41	43.7	102.7	60.29	60.29	42.41	-1.7					C3
C4	22	70/30	22.15	9.45	31.64	40.48	40.48	8.84						C4
C5A	24	60/40	44.46	29.57	42.56	42.3	39.44	-3.12	2.19					C5A
C5B	24	55/45	39.6	32.4	44.4	50.49	50.36	5.96	-1.54					C5B
C6	19	50/50	14.17	14.17	28.35	33.68	31	2.65	-3.31					C6
C7	36	50/50	36.25	36.25	71.99	67.33	67.33	4.66	-0.19					C7
C8	44	55/45	40.11	40.11	80.13	87.04	86.04	5.91	-2.59					C8
CCU	26	80/20	29.57	7.39	36.92	56.85	59	22.08						CCU
DL	16	60/40	16.83	11.22	28.05	10.85	10.84	17.21	-13.84					DL
ESH	36	70/30	46.19	19.8	65.98	73.92	61.57	-4.41						ESH
MECU	8	75/25	11.75	3.92	15.67	22.52	22.52	6.85	-0.54					MECU
FMU	16	30/70	22.18	51.75	58.47	47.09	47.09	-11.38	-2.35					FMU

## Safer Nursing Care Tool Decision Matrix Adult Inpatient and Adult Acute Assessment Units- Appendix 3

# Safer Nursing Care Tool (SNCT)

Care level	Descriptor
	Care requirements may include the following:
<b>Level 0</b> Hospital Inpatient Needs met by provision of normal ward cares.	<ul style="list-style-type: none"> <li>Underlying medical condition requiring on-going treatment.</li> <li>Post-operative / post-procedure care - observations recorded as per local policy.</li> <li>National Early Warning Score (NEWS) is within normal threshold.</li> <li>Patients requiring oxygen therapy.</li> <li>Patients not requiring enhanced therapeutic observations (according to local policy).</li> <li>Patients requiring assistance of one with some activities of daily living.</li> </ul>
<b>Level 1a</b> Acutely ill patients requiring intervention or those who are UNSTABLE with a GREATER POTENTIAL to deteriorate.	<ul style="list-style-type: none"> <li>Step down from Level 2 care.</li> <li>Requiring continual observation / invasive monitoring/physiological assessment.</li> <li>NEWS local trigger point reached and requiring intervention/action/review.</li> <li>Pre-operative optimisation/post-operative care for complex surgery.</li> <li>Requiring additional monitoring/clinical interventions/clinical input including:                             <ul style="list-style-type: none"> <li>Patients at risk of a compromised airway</li> <li>Oxygen therapy greater than 35%, + / - chest physiotherapy 2-6 hourly or intermittent arterial blood gas analysis</li> <li>Post 24 hours following insertion of tracheostomy, central lines, epidural or multiple chest drains</li> <li>Severe infection or sepsis</li> <li>New spinal injury/cord compression</li> </ul> </li> </ul>
<b>Level 1b</b> Patients who are in a STABLE condition but are dependent on nursing care to meet most or all of their care needs.	<ul style="list-style-type: none"> <li>Complex wound management requiring more than one nurse or takes more than one hour to complete.</li> <li>Patients with stable Spinal/Spinal Cord Injury.</li> <li>Patients who consistently require the assistance of two or more people with mobility or repositioning.</li> <li>Requires assistance with most or all care needs.</li> <li>Complex Intravenous Drug Regimes – (including those requiring prolonged preparatory/administration/post-administration care).</li> <li>Patient and/or carer's requiring enhanced psychological support owing to poor disease prognosis or clinical outcome.</li> <li>Patients requiring intermittent or within eyesight observations according to local policy.</li> <li>Facilitating a complex discharge where this is the responsibility of the ward-based nurse.</li> </ul>
<b>Level 1c</b> Patients who are in a STABLE condition but are requiring additional intervention to mitigate risk and maintain safety	<ul style="list-style-type: none"> <li>Patients requiring arm's length or continuous observation as per local policy.</li> </ul>

Care level	Descriptor
	Care requirements may include the following:
<b>Level 1d</b> Patients who are in a STABLE condition but are requiring additional intervention to mitigate risk and maintain safety	<ul style="list-style-type: none"> <li>Patients requiring arm's length or continuous observation by 2 or more members of staff (provided from within ward budget) as per local policy.</li> </ul>
<b>Level 2</b> Patients who may be managed within clearly identified, designated beds with the resources, expertise and staffing levels required OR may require transfer to or be cared for in a dedicated Level 2 facility/unit.	<ul style="list-style-type: none"> <li>Deteriorating / compromised single organ system.</li> <li>Step down from Level 3 care or step up from Level 1a.</li> <li>Post-operative optimisation/ extended post-op care.</li> <li>Cardiovascular, renal or respiratory optimization requiring invasive monitoring.</li> <li>Patients requiring non-invasive ventilation/respiratory support: CPAP/BiPAP in acute respiratory failure.</li> <li>First 24-hours following tracheostomy insertion or patients post 24-hours requiring 2-hourly suction.</li> <li>CNS depression of airway and protective reflexes.</li> <li>Patients with burns where more than 30% body surface area is affected or requiring conscious sedation for dressing changes.</li> <li>Requires a range of therapeutic interventions which may include:                             <ul style="list-style-type: none"> <li>Greater than 50% oxygen continuously</li> <li>Requiring close observation due to acute deterioration and needing advanced organ support</li> <li>Drug Infusions requiring more intensive monitoring e.g. vasoactive drugs (amiodarone, inotropes, gtn) or potassium, magnesium</li> <li>CNS depression of airway and protective reflexes</li> <li>Invasive neurological monitoring including ICP, external ventricular drains and lumbar drains</li> </ul> </li> </ul>
<b>Level 3</b> Patients needing advanced respiratory support and/ or therapeutic support of multiple organs.	<ul style="list-style-type: none"> <li>Monitoring and supportive therapy for compromised/collapse of two or more organ/ systems.</li> <li>Respiratory or CNS depression/compromise requires mechanical/invasive ventilation.</li> <li>Invasive monitoring, vasoactive drugs, treatment of hypovolaemia/haemorrhage/ sepsis or neuro protection.</li> </ul>

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## Safer Nursing Care Tool Decision Matrix Children and Young People - Appendix 4

### The Children's & Young People's Safer Nursing Care Tool - Decision Matrix

The Children's & Young People's Safer Nursing Care tool (C&YP SNCT) is based upon, but not aligned to, the Paediatric Intensive Care Society classifications (Paediatric Intensive Care Society 2010). These classifications have been adapted to support measurement across a range of C&YP wards/specialties.

#### Children's & Young Peoples Safer Nursing Care Tool - Decision Matrix

Levels of Care	Descriptor
<b>Level 0</b> Child/young person requires hospitalisation - needs met through normal inpatient care	<b>Care requirements may include the following</b> <ul style="list-style-type: none"> <li>Oxygen therapy less than 40% and patient stable</li> <li>May have underlying medical condition requiring on-going treatment</li> <li>Patients awaiting discharge</li> <li>Post-operative/post-procedure care – observations recorded half hourly initially then 4-hourly.</li> <li>Regular observations 2 – 4 hourly</li> <li>Basic fluid Management</li> <li>Intravenous Medication Regimes – (NOT requiring prolonged preparation/administration/post-administration care)</li> <li><b>Early Warning Score</b> is within normal threshold.</li> </ul>
<b>Level 1a</b> Child /young person is acutely ill requiring close supervision and monitoring, or is <b>unstable</b> with a <b>greater potential</b> to deteriorate usually available through normal inpatient care	<b>Care requirements may include the following</b> <ul style="list-style-type: none"> <li>Oxygen therapy greater than 40% +/- Chest Physiotherapy six hourly</li> <li>Respiratory care requiring two hourly nebulised medicine</li> <li>Stable nasopharyngeal airway</li> <li>Post op care following complex trauma/surgery in acute phase</li> <li>Patient within 24 hour of returning from PICU/ICU</li> <li>Instability requiring increased level of observation and therapeutic intervention or continual observation</li> <li>Patient on PCA/NCA/Epidural</li> <li>Emergency Admissions requiring immediate therapeutic intervention.</li> <li><b>Early Warning Score</b> - trigger point reached and requiring escalation.</li> </ul>

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Levels of Care	Descriptor
<b>Level 1b</b> Child/young person is <b>stable</b> but dependent on nursing care interventions/intensive therapy to meet most or all their care.	<b>Care requirements may include the following</b> <ul style="list-style-type: none"> <li>Unaccompanied children</li> <li>Established High Humidity, High Flow Nasal Cannula (HHFNC)</li> <li>Recurrent apnoea-self resolving</li> <li>Stable patient requiring two hourly blood sampling</li> <li>Post op care following complex trauma/surgery in rehab phase</li> <li>Complex wound management requiring more than 1 nurse or takes more than 1 hour to complete.</li> <li>Spinal Instability/Spinal Cord injury – rehab phase</li> <li>Mobility or repositioning difficulties requiring two staff</li> <li>Complex Intravenous Drug Regimes – (including those requiring prolonged preparation/administration/post-administration care)</li> <li>Patient and/or carers requiring enhanced psychological support due to poor disease prognosis or clinical outcome or high level of emotional support</li> <li>End of life care</li> <li>Confused children/young people who are at risk or requiring constant supervision</li> <li>Potential for self-harm and requires constant observation</li> <li>Facilitating a complex discharge where this is the responsibility of the ward-based nurse</li> <li>High level Safeguarding input</li> <li>Tracheostomy – post seven-days.</li> </ul>
<b>Level 2</b> Child/young person who may require closer observation & monitoring than is usually available through normal inpatient care.	<b>Care requirements may include the following</b> <ul style="list-style-type: none"> <li>CPAP/ BiPAP</li> <li>Unstable nasopharyngeal airway</li> <li>Tracheotomy- initial seven days</li> <li>Instability requiring a range of therapeutic interventions and invasive monitoring</li> <li>Respiratory care requiring IV therapy</li> <li>Unstable diabetic ketoacidosis</li> <li>Single organ monitoring and support</li> <li>Exchange transfusions</li> <li>Chest drains</li> <li>Hypovolaemic/neurogenic shock</li> <li>Complex fluid +/- electrolyte management</li> <li>Glasgow coma scale 8-12</li> <li>Prolonged seizures requiring intervention</li> <li>Recurrent apnoea requiring intervention</li> <li>Patients requiring NIV/respiratory support as a step down from level three care or acute illness phase</li> </ul>
<b>Level 3</b> Child/young person is unstable and requires advanced respiratory and therapeutic support for multiple organ problems.	<b>Care requirements may include the following</b> <ul style="list-style-type: none"> <li>Monitoring and Supportive Therapy for Compromised/Collapse of two or more Organ/Systems</li> <li>Respiratory or CNS depression/compromise requires Invasive ventilation</li> <li>Children requiring advanced respiratory support whilst awaiting transfer i.e. PICU admission.</li> <li>CPAP/BiPAP Tracheotomy- initial seven days in a single room facility</li> <li>Active resuscitation</li> <li>Invasive monitoring, vasoactive drugs, treatment of hypovolaemia/haemorrhage/sepsis or neuro-protection</li> <li>Child/Young person receiving 1:1 nurse 'specialing'</li> </ul>



## Safer Nursing Care Tool Acuity Data- Appendix 5

Jun-25	Beds	Acuity 0	Acuity 1a	Acuity1b	Acuity1c	Acuity1d	Acuity2	Acuity3	Acuity BE
AMU 1	35	0.85	13.57	13.17	1.32	0.21	5.10	0.00	0.75
AMU2	36	1.37	17.65	12.27	4.10	0.00	0.34	0.00	0.06
AMU3 (A4)	12	1.22	5.11	5.29	0.51	0.00	0.03	0.00	0.85
AMUA	22	5.14	10.51	3.51	0.48	0.00	0.14	0.00	1.18
B1	26	11.13	6.75	2.27	0.00	0.00	0.00	0.00	5.86
B2H	24	3.90	0.00	16.93	3.16	0.00	0.00	0.00	0.00
B2T	24	8.20	0.03	14.33	1.33	0.00	0.00	0.00	0.10
B3	36	4.46	1.23	26.66	1.10	0.00	1.76	0.00	1.23
B4	48	3.72	26.79	9.93	3.83	0.00	0.17	0.00	0.82
B6	16	11.44	0.20	3.93	0.79	0.00	0.00	0.00	1.18
C1A	24	2.40	0.60	18.03	2.73	0.00	0.00	0.00	0.93
C1B	24	1.36	0.56	17.44	0.80	0.00	0.00	0.00	0.76
C2	47	26.60	1.64	0.52			0.00	0.00	14.08
PAU	11	7.16	0.12	0.00			0.00	0.00	3.72
C3	36	4.73	0.86	15.76	13.66	0.00	0.00	0.00	0.70
C4	22	2.57	11.50	7.46	0.00	0.00	0.03	0.00	0.42
C5A	24	4.33	3.30	14.50	1.03	0.00	0.36	0.00	1.46
C5B	24	3.44	2.89	16.55	0.65	0.00	0.58	0.00	1.86
C6	19	10.35	0.38	6.93	1.07	0.00	0.00	0.00	0.00
C7	36	4.51	4.96	25.00	3.12	0.00	0.00	0.00	1.38
C8	44	6.89	3.75	30.60	1.62	0.00	1.17	0.00	0.92
CCU	26	5.72	12.48	5.31	0.13	0.00	1.72	0.00	0.62
DL	16	2.58	0.62	12.24	0.03	0.00	0.00	0.00	1.44
ESH	36	19.21	7.00	9.78	0.25	0.07	0.32	0.00	1.35
MECU	8	0.96	1.92	1.07	0.15	0.00	2.69	0.00	2.88
FMU	16	0.00	0.00	3.84	12.13	0.03	0.00	0.00	0.00

## Safer staffing summary report – Appendix 6

Date

June 2025

Safer Staffing Summary Jun Days in Month 30

Ward	Day RN		Day CSW		Night RN		Night CSW		RN Day %	CSW Day %	RN N %	CSW N %	Sum 24:00 Actual CHPPD			
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual					Occ	Registered	Care staff	Total
B1	124	101	62	54	62	60	57	45	81%	88%	97%	78%	432	4.24	2.61	6.85
B2(H)	120	102	189	155	90	86	178	171	85%	82%	95%	96%	716	3.16	5.36	8.51
B2(T)	120	104	141	115	90	81	124	111	87%	82%	90%	89%	706	3.15	3.84	6.99
B3	188	174	185	167	180	178	158	150	92%	90%	99%	95%	1,112	3.72	3.42	7.14
B4	220	173	242	210	181	177	187	178	78%	87%	98%	95%	1,264	3.25	3.68	6.93
B5	240	188	160	147	230	217	96	86	79%	92%	94%	89%	1,007	4.93	2.70	7.64
B6	93	73	64	59	60	60	67	65	78%	92%	100%	97%	480	3.25	3.10	6.34
C1 A	123	126	147	108	90	90	119	112	103%	74%	100%	94%	712	3.55	3.72	7.27
C1 B	128	123	153	130	94	90	123	106	96%	85%	96%	86%	717	3.48	3.86	7.35
C2	262	222	65	58	267	222	59	56	85%	89%	83%	95%	445	11.73	3.00	14.73
C3	210	201	380	354	180	168	370	361	96%	93%	93%	97%	1,557	2.84	5.39	8.23
C4	200	157	69	62	120	94	63	73	78%	90%	78%	117%	651	4.51	2.40	6.91
C5 A	117	89	121	117	90	88	97	94	76%	96%	98%	97%	715	3.00	3.53	6.54
C5 B	157	140	122	110	150	148	91	90	89%	90%	98%	99%	707	4.78	3.40	8.18
C6	94	92	94	85	90	90	88	75	98%	91%	100%	85%	554	3.85	3.48	7.33
C7	208	169	182	166	150	137	180	166	81%	91%	91%	92%	1,072	3.35	3.71	7.06
C8	250	238	228	204	210	191	191	174	95%	89%	91%	91%	1,290	3.90	3.52	7.42
CCU_PCCU	241	224	60	52	210	210	30	27	93%	87%	100%	90%	744	6.85	1.27	8.12
Critical Care	521	363	120	86	510	358			70%	72%	70%		415	20.84	2.49	23.32
AMU	536	500	455	413	482	504	455	434	93%	91%	105%	95%	2,404	4.91	4.23	9.14
Maternity	822	740	256	181	510	498	149	113	90%	71%	98%	76%	1,206	9.86	2.85	12.71
MECU	92	91	33	32	91	89			99%	97%	98%		204	10.59	1.71	12.29
NNU	375	280			262	226			75%		86%		392	15.41	0.00	15.41
TOTAL	5,442	4,671	3,526	3,063	4,400	4,060	2,882	2,687	86%	87%	92%	93%	19,502	5.16	3.50	8.66

## Nursing Sensitive Indicators – June 25- Appendix 7

Jun-25	Beds	Weekly QA numbers (?/4)	No complaints	No safeguarding	No Falls	No PU	Covid 19	Norovirus	CDI	E Coli	MRSA
AMU 1	35	3	2	3	4	13	1	0	1	1	0
AMU2	36	3	3	1	8	14	1	0	0	0	0
AMU3 (A4)	12	3	0	0	3	4	1	0	0	0	0
AMUA	22	4	1	4	5	8	1	0	1	0	0
B1	26	3	1	0	0	0	0	0	0	0	0
B2H	24	3	1	0	4	6	0	0	1	0	0
B2T	24	3	1	5	1	6	0	0	0	0	0
B3	36	3	1	1	5	18	0	0	0	0	0
B4	48	3	3	0	3	19	1	0	0	0	0
B6	16	3	0	2	0	2	0	0	0	1	0
C1A	24	1	0	0	7	0	0	0	0	0	0
C1B	24	3	0	0	5	3	0	0	0	0	0
C2	47	1	5	5	1	0	0	0	1	0	0
PAU	11	1									
C3	36	4	2	1	6	2	0	0	0	0	0
C4	22	3	1	0	2	3	2	0	0	0	0
C5A	24	2	2	0	4	8	0	0	0	0	0
C5B	24	3	4	0	2	7	0	6	0	0	0
C6	19	3	0	0	0	0	0	0	0	0	0
C7	36	2	3	5	4	12	0	0	0	0	0
C8	44	4	3	1	4	17	0	0	0	0	0
CCU	26	4	0	0	0	0	0	0	0	1	0
DL	16	3	0	0	0	0	0	0	0	0	0
ESH	36	3	0	1	4	9	0	0	0	0	0
MECU	8	2	0	0	0	0	0	0	0	1	0
FMU	16	3	1	0	1	2	0	0	0	0	0



## Data Sources Supporting the Professional Judgement - APPENDIX 8

TOPIC	CONTENT
Complaints	All complaints received and summary of content
Falls	Number of falls per team extracted from incident management system
Medications	All late, missed or unexpected omitted medications
Safeguarding	Number of safeguarding referrals made per team
Pressure Ulcers	Number of pressure ulcers per team extracted from incident management system
Observations	Total number of observations and which were recorded early, on time or late
Red Flags	Number and reason for red flags raised in Safecare (e-rostering) per team
Professional Judgement	The records of all professional judgements recorded in Safecare per team
Ward attenders	The number of ward attenders per team
Patient Transfers / escorts	Number of patient transfers and escorts per team

## Data Collection Theatres/NNC/Critical care – Appendix 9a

Apr-25	Beds	Acuity 1a	Acuity1b	Acuity1c	Acuity1d	Acuity2	Acuity3
ITU		2.10	3.50	0.90	0.00	6.30	4.10
Apr-25	Beds	Acuity 1a	Acuity1b	Acuity 2	Acuity 3		
NNU		3.90	4.90	1.50	0.80		

## Data Collection Theatres/NNC/Critical care – Appendix 9b

### Management Team - Theatres

	WTE Budget	WTE Contracted	Difference	Qualified Deficit	Hours Available	Qualified Deficit
Band 8	1	1	0		0	
Band 7	9	8.4	0.6		22.5	
Band 6	5.85	5.85	0		0	
Band 5	0	0	0		0	
Band 4	0	0	0		0	
Band 3	1	1	0		0	
Band 2	1	1	0		0	

### DC Theatre CH Ward, Theatre & Recovery

	WTE Budget	WTE Contracted	Difference	Qualified Deficit	Hours Available	Qualified Deficit
Band 8	0.00	0.00	0.00		0	
Band 7	0.00	0.00	0.00		0	

Band 6	2.40	3.29	-0.89		-33.375	
Band 5	7.73	3.06	4.67		175.125	
Band 4	0.00	0.00	0.00		0	
Band 3	0.00	0.00	0.00		0	
Band 2	4.84	4.95	-0.11		-4.125	

#### Theatres Weekend Lists

	WTE Budget	WTE Contracted	Difference	Qualified Deficit	Hours Available	Qualified Deficit
Band 8	0.00	0.00	0.00		0	
Band 7	0.00	1.44	-1.44		-54	
Band 6	2.88	5.02	-2.14		-80.25	
Band 5	8.64	8.90	-0.26		-9.75	
Band 4	0.00	0.18	-0.18		-6.75	
Band 3	0.00	0.12	-0.12		-4.5	
Band 2	3.36	5.07	-1.71		-64.125	

### Theatres T&O

	WTE Budget	WTE Contracted	Difference	Qualified Deficit	Hours Available	Qualified Deficit
Band 8	0.00	0.00	0.00		0	
Band 7	0.00	0.00	0.00		0	
Band 6	4.70	6.04	-1.34		-50.25	
Band 5	4.48	5.82	-1.34		-50.25	
Band 4	4.48	1.91	2.57		96.375	
Band 3	0.00	0.00	0.00		0	
Band 2	4.48	5.82	-1.34		-50.25	

### Theatre Supernumerary

	WTE Budget	WTE Contracted	Difference	Qualified Deficit	Hours Available	Qualified Deficit
Band 8	0.00	0.00	0.00		0	
Band 7	0.00	0.00	0.00		0	

Band 6	0.00	0.17	-0.17		-6.375	
Band 5	0.00	1.07	-1.07		-40.125	
Band 4	0.00	1.00	-1.00		-37.5	
Band 3	0.00	0.00	0.00		0	
Band 2	0.00	7.28	-7.28		-273	

#### Theatres Recovery & Anaesthetics

	WTE Budget	WTE Contracted	Difference	Qualified Deficit	Hours Available	Qualified Deficit
Band 8	0.00	0.00	0.00		0	
Band 7	0.00	0.00	0.00		0	
Band 6	9.44	17.74	-8.30		-311.25	
Band 5	32.33	34.91	-2.58		-96.75	
Band 4	0.00	0.00	0.00		0	
Band 3	0.00		0.00		0	
Band 2	1.39	1.00	0.39		14.625	

### Main Theatre Other Specialties

	WTE Budget	WTE Contracted	Difference	Qualified Deficit	Hours Available	Qualified Deficit
Band 8	0.00	0.00	0.00		0	
Band 7	0.00	0.00	0.00		0	
Band 6	5.46	4.71	0.75		28.125	
Band 5	6.79	9.18	-2.39		-89.625	
Band 4	0.00	3.48	-3.48		-130.5	
Band 3	0.00	0.00	0.00		0	
Band 2	5.46	12.91	-7.45		-279.375	

### RHH Day Case Ward

	WTE Budget	WTE Contracted	Difference	Qualified Deficit	Hours Available	Qualified Deficit
Band 8	0.00	0.00	0.00		0	
Band 7	0.00	0.00	0.00		0	

Band 6	5.40	5.92	-0.52		-19.5	
Band 5	13.31	9.84	3.47		130.125	
Band 4	2.01	1.92	0.09		3.375	
Band 3	0.00	0.00	0.00		0	
Band 2	9.88	8.72	1.16		43.5	

#### RHH Day Case Theatre & Recovery

	WTE Budget	WTE Contracted	Difference	Qualified Deficit	Hours Available	Qualified Deficit
Band 8	0	0	0		0	
Band 7	0	0	0		0	
Band 6	8.3	8.48	-0.18		-6.75	
Band 5	14.91	8.34	6.57		246.375	
Band 4	0	1	-1		-37.5	
Band 3	1.34	1	0.34		12.75	
Band 2	6.06	6.89	-0.83		-31.125	



**Theatres Emergency & Other**

	WTE Budget	WTE Contracted	Difference	Qualified Deficit	Hours Available	Qualified Deficit
Band 8	0	0	0		0	
Band 7	0	0	0		0	
Band 6	14.22	15.92	-1.7		-63.75	
Band 5	12.91	8.44	4.47		167.625	
Band 4	0	1	-1		-37.5	
Band 3	0		0		0	
Band 2	16.03	13.7	2.33		87.375	

## Data Collection SDEC – Appendix 10

Jun-25	chairs	Recommended WTE (Reg)	Recommended WTE NR	Recommended Overall Total	Funded Budget - June 25	Diff FB is to Recc Over	Ward Profile Document WTE	Requests suggested by ward leadership.	Changes supported by Division	Change requested WTE	QIA requirement
		this is based on 24/7									
AEC	54	68.61	29.41	98.02							
RAU	8	8.3	3.56	11.86	6.46	5.4	-0.46				
CAU	8	8.39	3.59	11.98	13.73	-1.8					
FAU	8	9.24	3.96	12.98	16.7	3.72	5.6				
Heam/onc	6	6.19	2.6	8.84	13.53	-4.69					
A2	14	15.42	6.61	22.2	11.15	11.05	1.99				
		12 HRS / 7 DAYS just halving the recommendation									
		34.3	14.7	49.01							
		4.15	1.78	5.93	6.46	-0.53					
		5.9	2.53	8.53	13.73	-5.2					
		4.62	1.98	6.6	16.7	-10.04					
		3.09	0.99	4.42	13.53	-9.11					
		7.71	3.3	11.1	11.15	-0.5					