Sheffield Teaching Hospitals
NHS Foundation Trust

Executive Summary

Report to the People Committee

Being Held on 11 September 2023

Subject	Update on the Nursing Workforce – January 2023
Supporting TEG Member	Chris Morley, Chief Nurse
Authors	Elaine Coghill, Deputy Chief Nurse, Central Nursing
Status[1]	D

PURPOSE OF THE REPORT

The purpose of this report is to inform the People Committee of the outcomes of the January 2023 workforce reviews using the Safer Nursing Care Tool (SNCT), and other methodologies to triangulate the results.

KEY POINTS

- Provide an overview of workforce reviews undertaken on adult inpatient wards.
- The overall results for the Trust in January 2023 indicate that whilst the authorised funded establishment (AFE) for inpatient beds was **2218.78** Whole Time Equivalents (WTE), the SNCT data suggests that the required AFE was **2180.41** WTE giving a surplus against funded establishments of 38.37 WTE (1.73%) across the Trust.
- Professional Judgement scores suggest that a WTE of **2227.53** WTE is required when accounting for risks and challenges giving a shortfall of **8.75** WTE (-0.39%).
- This report excludes critical care areas, theatres, Emergency Department (ED) and community services.

IMPLICATIONS[2]

Aim of the STHFT Corporate Strategy		✓ **Tick as appropriate**
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Create a Sustainable Organisation	✓
6	Deliver Excellent Research, Education and Innovation	

RECOMMENDATIONS

The People Committee are asked to debate the contents of this report and discuss and approve the recommendations.

APPROVAL PROCESS

Meeting	**Date**	**Approved Y/N**
Trust Executive Group	16 August 2023	Y
People Committee	11 September 2023	

[1] Status: A = Approval
A* = Approval & Requiring Board Approval
D = Debate
N = Note

[2] Against the six aims of the STHFT Corporate Strategy 'Making a Difference – The next Chapter 2022-27

1. INTRODUCTION

The purpose of this paper is to report the outcomes of the nursing workforce reviews that have been undertaken at the Trust using patient acuity data collected from January 2023 using the Safer Nursing Care Tool (SNCT)[1]. This is triangulated with patient quality and outcome indicators as well as professional judgement. Reporting of workforce reviews to Trust Boards is a requirement set out in the Developing Workforce Safeguards, published by NHS Improvement in 2018[2].

The paper solely focuses on a review of nursing levels for in-patient ward areas. Areas such as critical care, theatres, Accident and Emergency (A & E) and community are not included. An SNCT tool has been specifically developed for the A & E and three data cycles of data have been collected which will be reviewed in future A & E workforce reviews. A community nursing safe staffing tool (CNSST) is currently being implemented with the first data collection being undertaken and following at least two data collections will be included in future workforce reviews. Critical care and theatres have their own national guidance for staffing.

The Trust undertake formal workforce reviews twice a year which are led by the Central Nursing Team on behalf of the Chief Nurse. They involve Nurse Directors, finance and human resources colleagues and the eroster team. The formal review normally takes place in Quarter 4 of each year to ensure that any amendments to rota templates and establishments are agreed prior to the new financial year. However, due to operational pressures these have run into Quarter 1 2023/24. A mid-year review, is still planned for August – October 2023 to adjust for seasonal variation where ward managers will also be invited.

Workforce reviews are informed by the twice yearly formal reviews of patient acuity and dependency (January and June). This is where daily assessments of patients are undertaken for 30 days using the clinical descriptors as detailed in **Appendix One**
During the data collection phase, each patient is assigned a level of care. These levels of care are based upon the classification of levels of care of critical care patients described by the Department of Health in 2000[3]. These classifications have been adapted to support measurement across a range of wards/specialties. Each level of care has a multiplier allocated. This represents the number of nursing staff required to provide care to the patient over a 24 hour period. The scores for every patient are added together to calculate the estimated nursing establishment needed to provide the required safe level of care to each patient, and collectively, for the inpatient ward area concerned. This data is then triangulated with the patient quality and outcome indicators as well as professional judgement. Comparisons are drawn between the SNCT data and the Authorised Funded Establishment (AFE). Housekeepers, ward clerks and support workers to junior doctors are not included in the calculation as they do not provide direct nursing care to patients. In addition, the workforce reviews include an allowance for periods of leave to ensure that there are sufficient nurses available to provide the planned level of nurse staffing.

At Sheffield Teaching Hospitals Foundation Trust (STHFT) the level of cover built into ward establishments is 24.3% (474 hours) per Whole Time Equivalent staff member:

- 15.3% (298 hours) annual leave;
- 4% (78 hours) sickness;
- 2.5% (49 hours) study leave;
- 2% (39 hours) parenting leave;
- 0.5% (10 hours) special leave.

This headroom calculation is specific to STHFT and was agreed by the Nurse Executive Group and approved by the Trust Executive Group.

[1] The Shelford Group. (2018). Safer Nursing Care Tool: Implementation Resource Pack. Retrieved from The Shelford Group: http://shelfordgroup.org/library/documents/130719_Shelford_Safer_Nursing_FINAL.pdf
[2] NHS Improvement. (October 2018). Developing workforce safeguards: Supporting providers to deliver high quality care through safe and effective staffing. https://improvement.nhs.uk/documents/3320/Developing_workforce_safeguards.pdf
[3] Department of Health (2000) Comprehensive Critical Care. A review of Adult Critical Care Services. DoH London. https://webarchive.nationalarchives.gov.uk/ukgwa/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4082872.pdf

AFEs should also include supervisory time for staff in leadership roles to do the management part of their role to provide assurance for the quality of care patients receive on their ward and ensure that staff receive the right training, education and support to do their role. The SNCT tool includes an allowance for ward leaders to

undertake their leadership roles in a supervisory capacity for 40% of their time which is what is included in the AFE for STHFT establishments.

2. SKILL MIX

As part of a wider assessment of workforce requirements, skill mix ratio should be reviewed and included in workforce reviews. The RCN recommend that the minimum skill mix is a ratio of 65/35 registered nurses/clinical support workers. The current overall ratio for STHFT is an average ratio of 66/34 registered nurses/clinical support workers across all areas (as of May 2023) which is a slight reduction to the previously agreed 70/30 ratio. However, this change can be attributed to the addition of Registered Nursing Associates, who have qualified and registered with the NMC from January 2021 onwards which make up 3.3% of the workforce.

3. CARE HOURS PER PATIENT DAY (CHPPD)

CHPPD is a simple calculation which divides the number of actual nursing/midwifery (both registered and unregistered) hours available on a ward per 24 hour period by the number of patients on the ward that day. It therefore nominally represents the average number of nursing hours that are available to each patient on that ward. CHPPD is reviewed monthly and reported in the monthly safe staffing report. STHFT planned total Care Hours Per Patient Day (CHPPD) is 8.50 which is similar to the national model hospital data. This is broken down to 5.64 RN/M; 2.64 unregistered; 0.19 registered NA; 0.03 TNA; 0.002 Registered AHP (as of May 2023).

4. QUALITY INDICATORS

It is acknowledged that SNCT data should not be acted upon in isolation and quality aspects of patient care, particularly outcomes, must be taken into account. Nationally this was undertaken by means of monitoring Nurse Sensitive Indicators (NSIs), which were infection rates (hospital acquired Methicillin Resistant Staphylococcus Aureus (MRSA) infection and colonisations and C.Difficile rates); formal complaints related to nursing care; falls; medication errors; and pressure ulcer rates. Whilst NSIs have now been replaced by information held in STHFT QUEST (The Quality and Excellent Standards) system: specifically, the Safety Risk and Quality dashboard the indicators and data source remain the same.

At STHFT, QUEST compliance and outputs are undertaken throughout the year and reported, discussed and actions agreed at the monthly Ward Assurance Group, a subcommittee of the Nurse Executive Group. For the purpose of this report the Safety Risk and Quality Dashboard rates, have been reviewed in the context of SNCT requirements and relate to incidents recorded against each Care Group during the data collection period, January 2023. These were compared against those recorded in each Care Group over the winter from previous formal data collections, period in January / February.

As well as considering NSIs and the acuity and dependency of the patients cared for by the ward, other factors are reviewed at workforce reviews, these include:

- Clinical and expert knowledge of the speciality, ward area.
- The layout and design of the ward - wards with multiple single rooms or bays may require higher staffing capacity and capability.
- Line of sight of patient.
- Patient throughput - high throughput needing more staff to help maintain patient flow.
- 1:1 enhanced care and bay cohort nursing.
- Increased IPC requirements in relation to ward outbreaks and preventative measures

5. CURRENT CONTEXT

The results of the SNCT acuity data for each care group have been shared with each Nurse Director. This includes their patient quality and outcomes data. The below table provides a breakdown of the overall SNCT data collected in January 2023 and compared with the data from 2022, 2020 and 2019.

Figure1 : Trust SNCT Acuity Levels 2019 - 2023

Date		% of patients at SNCT acuity levels

	Surplus / Deficit	Level 0	Level 1a	Level 1b	Level 2	Level 3
January 2023	+38.37	19.14%	20.03%	57.73%	3.1%	0.01%
February 2022	+118.23	26.89%	16.13%	54.2%	2.66%	0.05%
January 2020	+56.67	19.76%	18.30%	56.54%	4.17%	0.92%
February 2019	+93.36	26.88%	15.23 %	50.62 %	5.04 %	2.23 %

The results for January 2023 show a particular rise in level 1a patients which denotes a rise in acuity when compared to the previous year's levels.

Figure 2 : Trust Acuity Levels

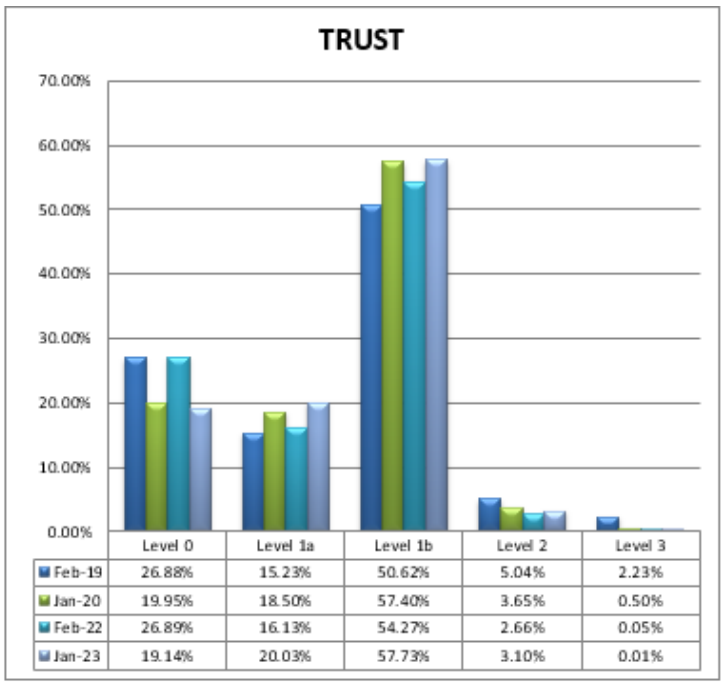
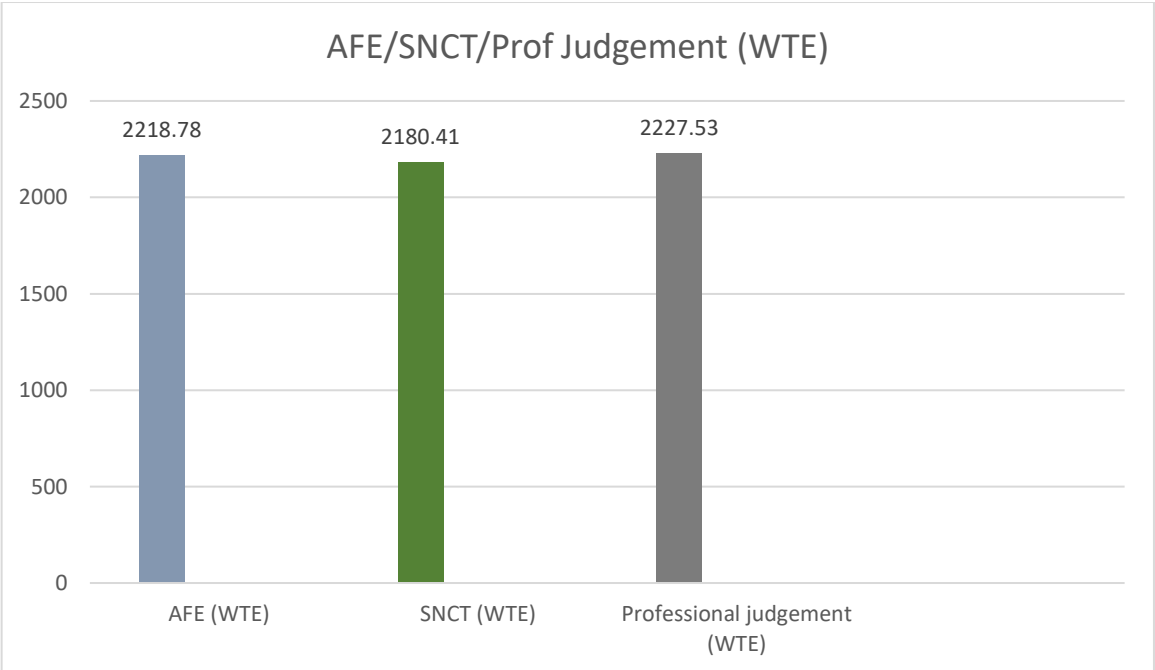


Figure 3 below illustrates the overall trust summary position of STHFT AFE, the SNCT data for January 2023 and the outcome of the workforce reviews with professional judgement.

Figure 3 : Summary position of STHFT AFE/SNCT/Prof Judgement (WTE)



6. VACANCY POSITION

The registered nurse (RN) vacancy position has continued to improve over the last few years. In January 2023 when the SNCT data was collected the position was 56.21WTE (2.77%) compared to a pre pandemic position in January 2020 of 336.17 WTE (16.76%). There is further international and local recruitment in the pipeline to move STHFT into a favourable RN position going into winter.

Clinical support worker vacancies are proving more difficult to recruit to, with retention also being an issue. This has been recognised nationally and STHFT is involved in various initiatives and projects at local, regional and national level. It is anticipated that STHFT will be in a much-improved CSW position before winter as a result of these initiatives.

7. FUTURE DEVELOPMENTS

Further development of the inpatient Safer Nursing Care Tool by the Shelford group of hospitals was delayed due to operational pressures and the Covid-19 pandemic, STHFT continues to input and have representation in this work with further information expected later this year. It is anticipated that the refreshed version of SNCT will have a set of specific criteria definitions and multipliers developed and validated for use in the following areas:

- Long-stay elderly care wards (including patients whose transfer of care is delayed).
- The care of patients who require specialling (enhanced care).

8. FURTHER ACTIONS

- SNCT champions have been identified for each Care Group to ensure acuity scoring is understood and embedded across ward areas.
- Allocate Health Roster - Safe Care functionality has been in use across all inpatient areas since December 2022 and continues to undergo iterative improvements for ease of use.
- Continuing review of recruitment, retention and workforce redesign aligning to NHS people plan and Trust People Promise, processes and strategies.
- Establishment review process to be updated to include CHPPD, Skill mix and consider any changes to ward speciality / patient cohorts informed by professional judgment. A Nursing and Midwifery priority has been identified in 2023 to review the nursing workforce establishment review process.

9. CONCLUSION

In summary, this data suggests a small surplus of established posts when considered against the authorised funded establishments However this surplus has been utilised to mitigate surges in operational pressures, by opening additional beds at short notice during the first four months of the year. It is therefore recommended that based on this assessment, that the overall establishments remain unchanged.

10. APPENDICES

Appendix One: Safer Nursing Care Tool

Appendix One

SAFER NURSING CARE TOOL (SNCT)

- An Acuity and Dependency Tool which has been developed to help acute NHS hospitals measure patient acuity and / or dependency to inform evidence-based decision making on staffing and workforce. The decision matrix allows staff to measure the acuity (how ill a patient is) and dependency (how dependent a patient is on nursing staff to have their normal needs met, such as moving, going to the toilet, eating and drinking) of patients in a ward. It incorporates the rules to follow to ensure that data are captured accurately and how to use this information to calculate the optimal level of staff needed in a particular ward using nursing multipliers to ensure the delivery of safe patient care. The description used to determine the level of care a patient needs is in the table below.

.

Level	Level Descriptor
0	Normal patients who can be cared for on a general ward
1a	Acutely ill patients who can be cared for on a general ward
1b	Stable patients with an increased dependency on nurses
2	Patients in ward areas awaiting transfer to High Dependency care
3	Patients in ward areas awaiting transfer to Intensive Care

The QUEST Nursing and Midwifery Quality Dashboard is now being used alongside acuity and dependency information to monitor the relationship between ward staffing and nursing outcomes.

PROFESSIONAL JUDGEMENT

Allied to the use of the SNCT at STHFT is the use of Professional Judgement to confirm appropriate nurse staffing levels. This consultative approach to the determination of nurse staffing requirements was first developed in 1979 by Telford (Telford, 1979)[2] and is a bottom up approach used to determine ward staffing requirements, based on the judgement of experienced nurses to agree the number and grade of staff required to provide care on a specific ward. This is agreed with the care group Nurse Directors and together with the agreed allowance for uplift a standard formula is used to calculate the whole time equivalents (WTEs) required to staff the ward. As well as considering the acuity and dependency of the patients normally cared for by the ward, other factors which can affect staffing requirements include:

- The layout and design of the ward - wards with multiple single rooms or bays may require higher staffing capacity and capability;
- The number of housekeepers and other support staff available - employing ward clerks and housekeepers on wards can assist nurses, midwives and care staff by undertaking tasks not directly related to patient care;
- Patient throughput - high throughput needing more staff to help maintain patient flow.
- The provision of supervisory time required by the Ward Manager to undertake the management requirements of the post, together with the amount of time required to support, supervise and mentor students and newly appointed staff;
- Donning and Doffing for IPC requirements.