South Tees Hospitals
NHS Foundation Trust

MEETING OF THE TRUST BOARD OF DIRECTORS – November 2024			
Nurse Staffing Annual Capacity and Capability Report			**AGENDA ITEM:**
Report Author and Job Title:	Debi McKeown Nursing Workforce Lead	**Responsible Director:**	Lindsay Garcia Director of Nursing
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	To provide a comprehensive review of inpatient/ward nurse staffing for South Tees Hospitals NHS Foundation Trust		
Background	The requirement to publish nursing and midwifery establishment reviews based on evidenced based tools such as the Safer Nursing Care Tool (SNCT) on a biannual basis is explicit and is one of the ten expectations specified by the National Quality Board (2013 and 2016) Data collection through September 24.		
Assessment	This report provides an overview of nurse staffing for adult and. paediatric inpatient and acute assessment wards in South Tees Trust.		
Recommendation	The Board of Directors are asked to note the content of this report and to be assured that there are systems and process in place to ensure registered nurse staffing levels are sufficient to deliver safe, high-quality care.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Failure to have effective workforce plans that anticipate and prevent shortages arising from retirements, shortfalls in all recruitment and retention plans		
Legal and Equality and Diversity implications	• Care Quality Commission • NHS England /Improvement		
Strategic Objectives	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☒	
	Drive operational performance ☒	Long term financial sustainability ☐	
	Develop clinical and commercial strategies ☐		

South Tees Hospitals NHS Foundation Trust Nurse Staffing Annual Capacity & Capability Review

Introduction

This report provides a comprehensive review of the nurse staffing for South Tees Hospitals NHS Foundation Trust. It is in line with the requirements set out by the National Quality Board (NQB): *Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time – safe, sustainable, and productive staffing (July 2016).*

This guidance is supported by further publication from the National Institute for Improvement (NHSI) *'The Developing Workforce Safeguards: Supporting providers to deliver high quality care through safe and effective staffing' (October 2018).* It supports providers to use best practice in effective staff deployment and workforce planning. This paper builds upon the NICE guidance *'Safer Staffing for nursing in adult inpatient wards in acute hospitals' (2014).*

NHSI have published a suite of staffing improvement resources, including NHSI collaborative events aligned to the NQB guidance. These have been utilised in the Trust to support recruitment, retention, and redeployment of nursing staff.

Developing Workforce Safeguards Guidance

NHSI *'Developing Workforce Safeguards'* was published by NHSI in October 2018 to support organisations to use best practice in effective staff deployment and workforce planning. It offers advice on governance issues relating to redesigning roles and responding to unplanned changes in workforce and describes NHSI's role in helping providers achieve high quality, sustainable care by assessing the effectiveness of workforce safeguards to strengthen the commitment to safe, high-quality care in the current climate.

NHSI will assess Trust's compliance with the 'triangulated approach' to deciding staffing requirements described in the National Quality Board (NQB) guidance. This includes the requirement to complete a Quality Impact Assessment (QIA) for all skill mix changes across the workforce. NHSI will measure compliance using information collected through the Single Oversight Framework (SOF) and will also ask Trusts to include specific workforce statement in their annual governance statement.

From a nursing perspective, all required data is available to inform board reporting and provide assurance to the board that we are meeting the standards and recommendations. As a Trust, we have assessed ourselves against the recommendations of the workforce safeguards to understand our current level of assurance and we report we are fully compliant and have relevant policies in place.

Review of Staffing Establishments

National guidance recommends that inpatient ward staffing is determined using valid, evidence-based methodology. The Trust has an embedded process for nurse staffing establishments for acute inpatient wards which are undertaken utilising the following:

- Safer Nursing Care Tool (SNCT)
- NQB/ NICE Guidance
- Nurse sensitive outcome indicators
- Professional judgement
- Review of current establishments

The Trust uses the Safer Care Nursing Tool (SNCT) (**appendix 1**) as evidence-based establishment staffing tool. The process triangulates this evidence-based methodology (SNCT) with professional judgement of experiences ward managers, matrons, heads of nursing, associate directors of nursing and the deputy chief nurse operational to ensure wards are safely staffed and that the skill mix is balanced. The triangulation also includes patient and nurse sensitive outcome data and adjusts the care environment.

Safer Nursing Care Tool

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

The Developing Workforce Safeguards (NHSI, 2018) guidance states that to sue the SNCT, the Trust must sign a license to ensure the tool is used appropriately and is free from local manipulation. The Trust has an SNCT licenses which cover all inpatient wards, acute assessments units and paediatrics. Senior ward staff and matrons have been trained in the inter-rater reliability assessment process. The Trust has also been part of the Beta testing of the new Emergency Department SNCT published in October 2021 and is currently part of the community SNCT development which will enable these areas to be assessed in line with the NQB Standards.

It is important to note that the SNCT tool assumes at least 22% uplift when setting establishments (i.e., headroom for annual leave, sickness, training etc.) The Trust standards of 21% uplift which is included in the establishment for inpatient areas means that the SNCT output will include a 1% differential requirement. This is well known and understood and is not viewed as a risk as SNCT metrics are always triangulated in conjunction with professional judgement and other safe staffing metrics to inform establishment settings.

Every ward collects SNCT data for a minimum of 30 consecutive days 2-3 times a year, the data collection for September 2024 ran over one full month. This involves scoring each patient's episode of care. Staffing multipliers are applied at each acute and dependency care level. These multipliers factor in nursing time spent on the following:

- Direct and indirect care
- Ward management (0.2 WTE)
- Education and training
- Staff performance review
- Staff breaks.
- Associated work such as administration and clerical
- Bed occupancy.

These results are then considered alongside the current establishments and nurse quality indicators. All matrons and senior ward staff are required to complete inter-rater reliability scoring to assure validity of the levels of care identified by staff for the establishment setting.

Collaborative Approach to Safer Staffing

The model used for safer staffing can provide assurance to the Trust Board that the staffing establishments are based on acuity, dependency profiles and professional judgement using the SNCT methodology. This is then aligned with whole time equivalent RN and unregistered staffing resource and associated financial budget and rostering profiles.

Staffing review meetings were held with the Associate Directors of Nursing and Heads of Nursing, finance and service manager colleagues, following discussion with their Matrons and ward managers, to review the agreed staffing levels. Robust conversations and decision-making meetings were held with the Deputy Chief Nurse and finance to finalise the staffing levels to ensure continuity of safe nursing care.

As part of the review, once any new staffing levels are identified the required establishments are calculated and compared to the current funded establishment to determine whether any adjustments to skill mix and findings are required. Where this is the case, a business case will be produced. The agreed staffing establishments for 2025/2026 were created in line with the SNCT recommendations and are detailed below, with any changes detailed in the comments.

Acute Inpatient Wards

Requested staffing levels (**Appendix 2**) provide the planned staffing numbers on a shift-by-shift basis on acute inpatient wards and rationale for changes. These staffing levels have been set using the described methodology and are based on the ration of 1:8 qualified nurses to patient ratio (plus a co-ordinator for Acute Assessment Units and Acute Stroke) except for the following areas:

- Acute Stroke 1:2 – for the first 72hrs of acute onset
- Respiratory Support Units 1:2 – for the first 24hrs of admission
- Acute Oncology 1:2 – for patients undergoing chemotherapy.
- Stroke Rehab 1:6

Staffing Calculation Tools

A recommendation in NICE guidance (2018) is that the assessment and review of staffing levels is based on average nursing hours per patient. Subsequently this has emerged as a key recommendation from the Carter report (2016) and described as Care Hours per Patient Day (CHPPD) and is now the primary measure of safe staffing replacing planned vs actual data. Care Hours per Patient Day is also included as a key metric in the development of the model hospital nursing and midwifery. It is published on 'My NHS' and NHS Choices for acute trusts.

Care Hours per Patient Day (CHPPD) can be used to describe both the staff required and staff available in relation to the number of patients. It is calculated by adding the hours of registered nurses to the hours of healthcare support workers and dividing the total by every 24 hours of in-patient admissions. It can be broken down by grade – initially registered nurses and healthcare support staff, but ultimately bands/grades within these groups and all other staff groups contributing to ward-based care, including AHPs.

$$\text{Care Hours Per Patient Day} = \frac{\text{Hours of registered nurses} + \text{Hours of healthcare support workers}}{\text{Total number of inpatients}}$$

This is about much more than numbers with skill mix, capacity and competence being critical in terms of establishing appropriate staffing levels. The impact of both the number and qualification of nurses has been suggested with reduced mortality found when care is delivered by graduate nurses caring for fewer patients (Aiken *et al.,* 2014).

Action Area 5 within Compassion in Practice (2012) relates to ensuring we have the right staff, with the right skills in the right place as the document clearly sets out the expectation that evidence-based, patient need-driven staffing levels in all care settings should be established.

The Safer Nursing Care Tool (Shelford Group, 2013) is currently the most used method (previously known as the AUKUH Acuity and Dependency Measurement Tool)

The Safer Nursing Care Tool (SNCT) is:

- An evidence-based tool which allows nurses to assess patient acuity and dependency. The data is collected and matched with pre-set staffing multipliers to ensure that nursing establishments reflect patient needs in acuity / dependency terms. The recommended number of staff following analysis is in whole time equivalent only i.e., registered, and unregistered staff and includes 21% uplift (holiday, sickness, study leave). The revised electronic tool provides a breakdown of staff by group i.e., RN and Support staff but does not reference allocation for a supervisory ward co-coordinator (if appropriate) or supervisory ward leader (the tool allocates 0.2 WTE).
- Recommended staffing levels are based on an analysis of the actual patient acuity and dependency on the ward at the time of data collection
- The tool is appropriate for use in any acute hospital.

No national workforce tool can incorporate all factors and therefore triangulation with professional judgement is essential to arrive at optimal staffing levels. The Operational Lead Nurse, Deputy Chief Nurse and Workforce Lead were central to the delivery of professional judgement. The role of professional judgement and local intelligence should not be underestimated and should be applied to increase confidence in recommended staffing levels and provide balanced assurance. Variables in terms of ward layout and number of side rooms have an impact on the number of nurses required but this is not reflected in the SNCT.

> There are also a minimum number of nurses required to deliver safe care regardless of ward size, 11.5 whole time equivalent (WTE) Registered Nurses (RN's) are required to provide 2 nurses 24/7. The SNCT may indicate that smaller wards are over established however the reality is reductions in staffing levels would be inappropriate. Therefore, caution is advised when interpreting results from smaller areas.

South Tees Staffing Reviews

Twice a year a review of patient acuity and dependency is undertaken Trust wide. During this review period daily assessments of patients are undertaken using clinical descriptors as detailed in **Appendix I**

These descriptors are in the process of being reviewed as part of a refresh of the SNCT multipliers overseen by the Shelford Group, to ensure they accurately reflect current patient requirements. Each level of care has an assigned multiplier which represents the number of nursing staff required to provide care to the patient over a 24-hour period according to their level of acuity or dependency: The scores for every patient are then added together to calculate the nursing establishment needed to provide the required level of care to each patient, and collectively, for the inpatient area concerned. Comparisons are drawn between this information and the Authorised Funded Establishment (AFE) for each ward which is adjusted to reflect the number of nurses who provide direct care to patients.

In addition, when planning the staffing of wards 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.

At South Tees Hospitals NHS Foundation Trust, the level of cover or 'uplift' built into ward establishments is 21% per Whole Time Equivalent staff member and excludes parenting leave:

- 14% (273hrs) annual leave.
- 3.9 % (70.2hrs) sickness.
- 2.0% (39 hrs) study leave.
- 1.1% (19.5hrs) Working Day i.e., Management Day, non-clinical day.

This headroom calculation is specific to South Tees Hospitals NHS Foundation Trust and was agreed by the Trust Board.

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.

Authorised funded establishments versus professional judgement recommended establishment:

- At the end of September 2024, the RN budget for inpatient beds (excluding critical care) was 754.66 WTE against a working professional judgement establishment of 855.94 WTE suggesting a deficit of 101.28 WTE. The actual staffing levels were 816.80, suggesting an actual surplus of 61.34.
- The HCA budget for inpatient beds (excluding the critical care areas) was 586.00 WTE against a working professional judgement establishment of 630.08 WTE suggesting a deficit of 44.08 WTE. The actual staffing levels were 542.71 suggesting an actual deficit of 44 WTE.

Safer nursing care tool recommended establishment versus funded establishment:

- The SNCT data suggests that the required number of RNs was 1093.11 WTE suggesting a deficit of 338.45 WTE against the current budget for 2023/24 across the Trust. It must be noted that SNCT does not calculate correctly for small wards. Comparing against the actual staffing of 816.80 suggests an actual deficit of -276.31.

  The deficit suggested from SNCT was expected due to the variation in requested budget compared to actual budget.
- The SNCT data suggests that the required HCA was 424.31 WTE suggesting a surplus of 161.69 WTE against current budget across the Trust. However, the data demonstrates that this does contribute to backfill of RN gaps. The SNCT does not account for enhanced observation requirements for patients requiring 1:1 care. The introduction of levels 1c and 1d suggests an increased requirement of HCAs, however this calculation has been used as a guide only for this round of data collection.
- The data collected over 2024 has continuously shown there is a deficit for RNs and a surplus of HCAs. It is difficult to verify this as the data is reliant on consistent and accurate data input.

Collab	RN							HCA						
	Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT RN		Variance		Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT HCA		Variance	
	Budget RN WTE *includes WM	Sept 24 Contracted RN WTE *includes WM	Required RN WTE *includes WM	Trust Headroom 21% (including 1c&1d)	Trust Headroom 21% (not including 1c&1d)	Excess or deficit (-) SNCT against the **Current Budget**	RN Variance **Budget to PJ**	Budget HCA WTE	Sept 24 Contracted RN WTE *includes WM	Required HCA WTE	Trust Headroom 19.7% (including 1c&1d)	Trust Headroom 19.7% (not including 1c&1d)	Excess or deficit (-) SNCT against the **Current Budget**	RN Variance **Budget to PJ**
Cardio Vas	97.89	108.36	106.73	111.51	110.95	-13.06	-8.84	52.00	51.01	53.60	42.90	42.68	9.32	-1.60
DDUGs	63.89	89.76	88.21	117.26	116.01	-52.12	-24.32	70.17	57.43	74.27	45.11	44.63	25.54	-4.10
Growing FHN & Comm	112.58	113.62	125.33	199.60	187.36	-74.78	-12.75	125.19	112.86	134.10	76.79	72.08	53.11	-8.91
Head, Neck & Ortho	82.27	87.42	93.99	140.24	132.77	-50.50	-11.72	70.69	66.74	74.14	53.95	51.08	19.61	-3.45
JCCI & Spec Med	63.88	64.08	68.00	86.19	80.83	-16.95	-4.12	35.78	36.76	45.56	33.16	31.10	4.68	-9.78
Med & Emerg	191.84	208.59	218.30	332.78	306.49	-114.65	-26.46	139.15	132.91	145.62	128.02	117.91	21.24	-6.47
Neuro & Spinal	91.36	98.21	104.46	139.90	126.70	-35.34	-13.10	70.12	64.92	81.55	53.82	48.74	21.38	-11.43
Women & Children	50.95	46.76	50.92	31.99	31.99	18.96	0.03	22.90	20.08	21.24	16.08	16.08	6.82	1.66
Totals	**754.66**	**816.80**	**855.94**	**1159.45**	**1093.11**	**-338.45**	**-101.28**	**586.00**	**542.71**	**630.08**	**449.83**	**424.31**	**161.69**	**-44.08**

Table 1 – South Tees Professional Judgement WTE templates compared to Agreed Funded Establishment WTE and AFE compared to SNCT recommended WTE with Temporary Staffing and Unavailability

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 agreed ratio overall for STHFT is an average ratio of 60/40 registered nurses/Health Care support workers across all inpatient areas except for critical care who undertake a separate staffing review against the GPICS standard.

The ratio of registered nurses to health care support workers may be lower in some less acute areas such as specialised rehabilitation, or where other staff are involved in delivering care, for example, Registered Nursing Associates (RNA), Assistant Practitioners (AP) and Allied Health Professionals (AHPs) contribute significantly towards meeting patient needs.

Nurse Staffing by Collaborative

Using the data gathered in the nurse staffing assessment, the overall summary indicates whether the collaborative is established appropriately against the SNCT criteria or not.

Further detail and the results for each care group are given in **Appendix 2**

Conclusion

It is recognised that this data is suggesting a deficit between the Professional Judgement compared to the current budget for both RNs and HCAs, but comparing SNCT against budget suggests a deficit of RNs but surplus of HCAs. It is important to note that SNCT does not take into consideration specialisations of wards and should be used alongside professional judgement in relation to patient acuity.

	RN		HCA	
Year	Variance		Variance	
	Excess or deficit (-) SNCT against the **Budget**	RN Variance **Budget to PJ**	Excess or deficit (-) SNCT against the **Budget**	HCA Variance **Budget to PJ**
2021	174.60	-26.61	247.30	-1.46
2022	139.26	-50.45	222.04	-22.46
2023	-13.79	-17.93	171.61	5.19
2024	-338.45	-101.28	161.69	-44.08

Table 2 - South Tees SNCT and Professional Judgement compared to budget for 2021-2024

Comparing SNCT results from the previous four years shows a consistent trend of professional judgement suggesting a deficit of both RNs and HCAs. SNCT shows an initial trend of suggesting a surplus in RNs for 2021-2022, but a deficit 2023-2024, and a consistent trend of a large surplus in HCAs.

It is important to note that there have been changes to the SNCT tool to include new patient acuity levels, as shown below.

Changes to SNCT:

- New Levels for Adult Inpatient Wards/Acute Assessment Units
    - Level 1c – Patients requiring arm's length or continuous observation as per local policy.
    - Level 1d – Patients requiring arm's length or continuous observation by 2 or more members of staff (provided from within ward budget) as per local policy.
- Separate multipliers for Adult Inpatient Wards and Acute Assessment Units
- Single Side Room multipliers for AIW and AAU – for Wards with 75% or greater single rooms

For the purposes of comparing SNCT against current budgets, the comparisons have been used against the new levels not being included within the budget.

Recommendations

The Board is asked to receive this report for information and assurance

Appendix 1

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 need is in the table below.

Nurse Sensitive Indicators (NSIs) had been identified as quality indicators of care with specific sensitivity to nursing intervention and were used alongside the information captured using the Acuity and Dependency Tool to develop evidence-based workforce plans to support existing services or the development of new services. NSI's were used alongside acuity and dependency information to monitor the relationship between ward staffing and nursing outcomes.

Professional Judgement (PJ)
STFT use professional judgement alongside SNCT 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) 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.

The PJ templates have been agreed with the Deputy Operational Chief Nurse, calculated with the agreed allowance for uplift (headroom), to calculate the whole-time equivalents (WTEs) required to staff each 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.

Nurse Staffing by Collaborative

Using the data gathered in the SNCT audit and Professional Judgement template assessment, the overall summary indicates whether the Collaborative is optimally staffed against the SNCT criteria or not.

Cardiovascular Care

Cardiovascular Care
Helen Wilson, Associate Director of Nursing
Stephanie Davis, Clinical Matron Cardiology and Vascular
Maria Stokes, Clinical Matron Surgery and Cardiac Anaesthesia

Professional Judgement WTE Templates for Cardiovascular Care Services

Using this methodology, outlined in Table 3 the current budget for RN was 97.89 WTE against the professional judgement of 106.73 WTE suggesting a deficit of 8.84 WTE. For HCA the current budget was 52.00 WTE against the professional judgment of 53.60 suggesting a deficit of 1.60 WTE.

Table 3 - Cardiovascular Care Planned Staffing, Professional Judgement WTE Templates compared to Current Budget WTE and Safer Nursing Care Tool Recommended WTE Comparison

					RN								HCA							
	Bed Management				Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT RN		Variance		Planned Staffing	Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT HCA		Variance		Planned Staffing
Ward	Physical Bed Capacity	Open Bed Capacity	No of Patients Sept 24	% Occupancy	Budget RN WTE *includes WM	Sept 24 Contracted RN WTE *includes WM	Required RN WTE *includes WM	Trust Headroom 21% (including 1c&1d)	Trust Headroom 21% (not including 1c&1d)	Excess or deficit (-) SNCT against the **Current Budget**	RN Variance **Budget to PJ**	Recommendations 25/26	Budget HCA WTE	Sept 24 Contracted HCA WTE	Required HCA WTE	Trust Headroom 19.7% (including 1c&1d)	Trust Headroom 19.7% (not including 1c&1d)	Excess or deficit (-) SNCT against the **Current Budget**	HCA Variance **Budget to PJ**	Recommendations 25/26
CCU	14	14	13.03	93.10%	34.90	35.28	36.60	22.38	22.20	12.70	-1.70	36.60	1.94	2.57	2.68	8.61	8.54	-6.60	-0.74	2.68
Ward 28 Vas	30	26	24.93	95.90%	17.30	22.96	22.28	34.25	34.02	-16.72	-4.98	22.28	18.10	19.12	18.76	13.18	13.09	5.01	-0.66	18.76
Ward 29	27	27	25.83	95.68%	18.67	19.44	19.56	26.19	26.19	-7.52	-0.89	19.56	13.90	10.92	13.40	10.08	10.08	3.82	0.50	13.40
Cardio MB	9	9	8.83	98.15%	10.93	10.20	11.44	9.96	9.81	1.12	-0.51	11.44	5.16	5.00	5.36	3.83	3.77	1.39	-0.20	5.36
Ward 32 (JCCT)	22	21	18.87	89.84%	16.09	20.48	16.85	18.73	18.73	-2.64	-0.76	16.85	12.90	13.40	13.40	7.21	7.21	5.69	-0.50	13.40
Totals	**102**	**97**	**91.50**	**94.33%**	**97.89**	**108.36**	**106.73**	**111.51**	**110.95**	**-13.06**	**-8.84**	**106.73**	**52.00**	**51.01**	**53.60**	**42.90**	**42.68**	**9.32**	**-1.60**	**53.60**

Table 3 - Cardiovascular Professional Judgement WTE templates compared Current Budget WTE and Current Budget compared to SNCT recommended WTE

During September 2024 the bed occupancy across this collaborative was an average of 94.33%. The skill mix ratio for this care setting is 60% RNs to 40% HCAs.

Table 3 also compares the current budget WTE against the SNCT WTE. Using this calculation there was a suggested deficit between the RN current budget of 13.06 WTE and surplus HCA current budget of 9.32 WTE. To note the SNCT tool does not take into consideration the specialising requirement for wards.

Table 4 - Cardiovascular Care Audit 1 comparison with Audit 2

				RN								HCA							
	Bed Management			Current Budget 23/24	Professional Judgement (PJ)	Variance						Current Budget 23/24	Professional Judgement (PJ)	Variance					
Ward	% Occupancy Audit 1	% Occupancy Audit 2	*% Occupancy Average*	Budget RN WTE *includes WM	Required RN WTE *includes WM	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	*Excess or deficit (-) SNCT against the Current Budget Average*	RN Variance Budget to PJ Audit 1	RN Variance Budget to PJ Audit 2	RN Variance Budget to PJ Average	Budget HCA WTE	Required HCA WTE	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	*Excess or deficit (-) SNCT against the Current Budget Average*	HCA Variance Budget to PJ Audit 1	HCA Variance Budget to PJ Audit 2	HCA Variance Budget to PJ Average
CCU	98.57%	93.10%	*95.83%*	34.90	36.60	19.13	-3.07	*8.03*	-1.10	-1.70	*-1.40*	1.94	2.68	-6.59	-6.67	*-6.63*	-0.06	-0.74	*-0.40*
Ward 28 Vas	93.33%	95.90%	*94.62%*	17.30	22.28	-13.74	-47.76	*-30.75*	-4.38	-4.98	*-4.68*	18.10	18.76	1.34	4.92	*3.13*	-0.66	-0.66	*-0.66*
Ward 29	97.78%	95.68%	*96.73%*	18.67	19.56	-5.33	-31.52	*-18.43*	-0.89	-0.89	*-0.89*	13.90	13.40	1.01	3.82	*2.42*	1.04	0.50	*0.77*
Cardio MB	98.89%	98.15%	*98.52%*	10.93	11.44	1.90	-7.90	*-3.00*	-0.07	-0.51	*-0.29*	5.16	5.36	0.30	1.33	*0.81*	0.16	-0.20	*-0.02*
Ward 32 (JCCT)	98.10%	89.84%	*93.97%*	16.09	16.85	-4.24	-22.98	*-13.61*	-1.91	-0.76	*-1.34*	12.90	13.40	1.99	5.69	*3.84*	-0.50	-0.50	*-0.50*
Totals	**96.73%**	**94.33%**	***95.53%***	**97.89**	**106.73**	**-2.28**	**-113.23**	***-57.76***	**-8.35**	**-8.84**	***-8.60***	**52.00**	**53.60**	**-1.95**	**9.10**	***3.57***	**-0.02**	**-1.60**	***-0.81***

Table 4 - Cardiovascular Audit 1 comparison with Audit 2

Table 4 compares bed occupancy from both audits, with an average of 95.53%. Table 4 also compares the average variance between the both the current budget and SNCT and professional judgement for both RNs and HCAs. Across both audits there was an average suggested deficit between the current budget and SNCT of 57.76 WTE for RN, and an average surplus of 3.57 WTE for HCA. Between the current budget and professional judgement there was an average deficit of 8.60 WTE for RN, and no variance for HCA.

Figure 1 – Cardiovascular Patient Acuity and Dependency scores during the audit period broken down by percentage

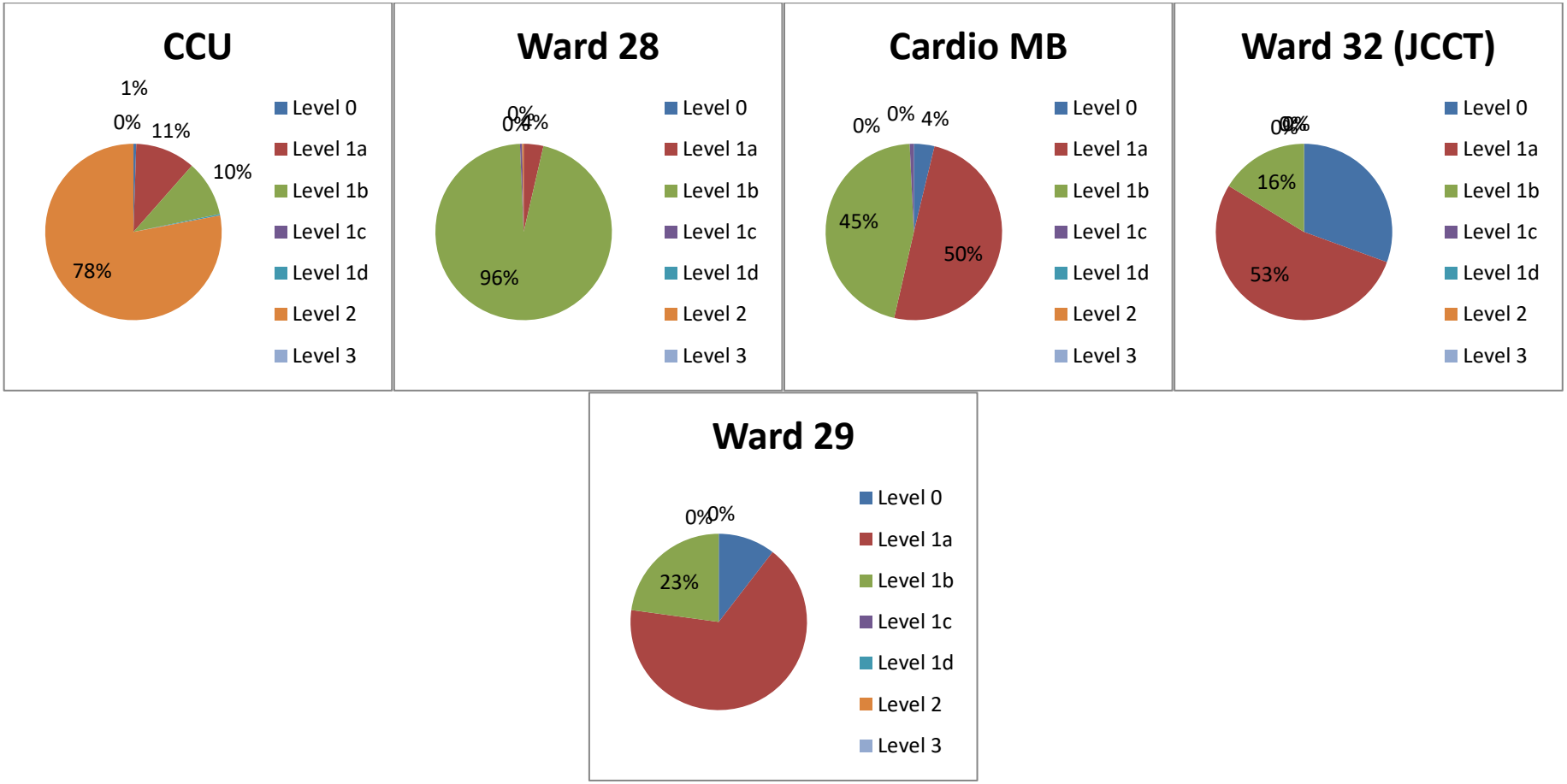

Figure 1 – Cardiovascular Acuity and dependency scores

Figure 2 – Cardiovascular Patient Acuity and Dependency scores comparison between both audits

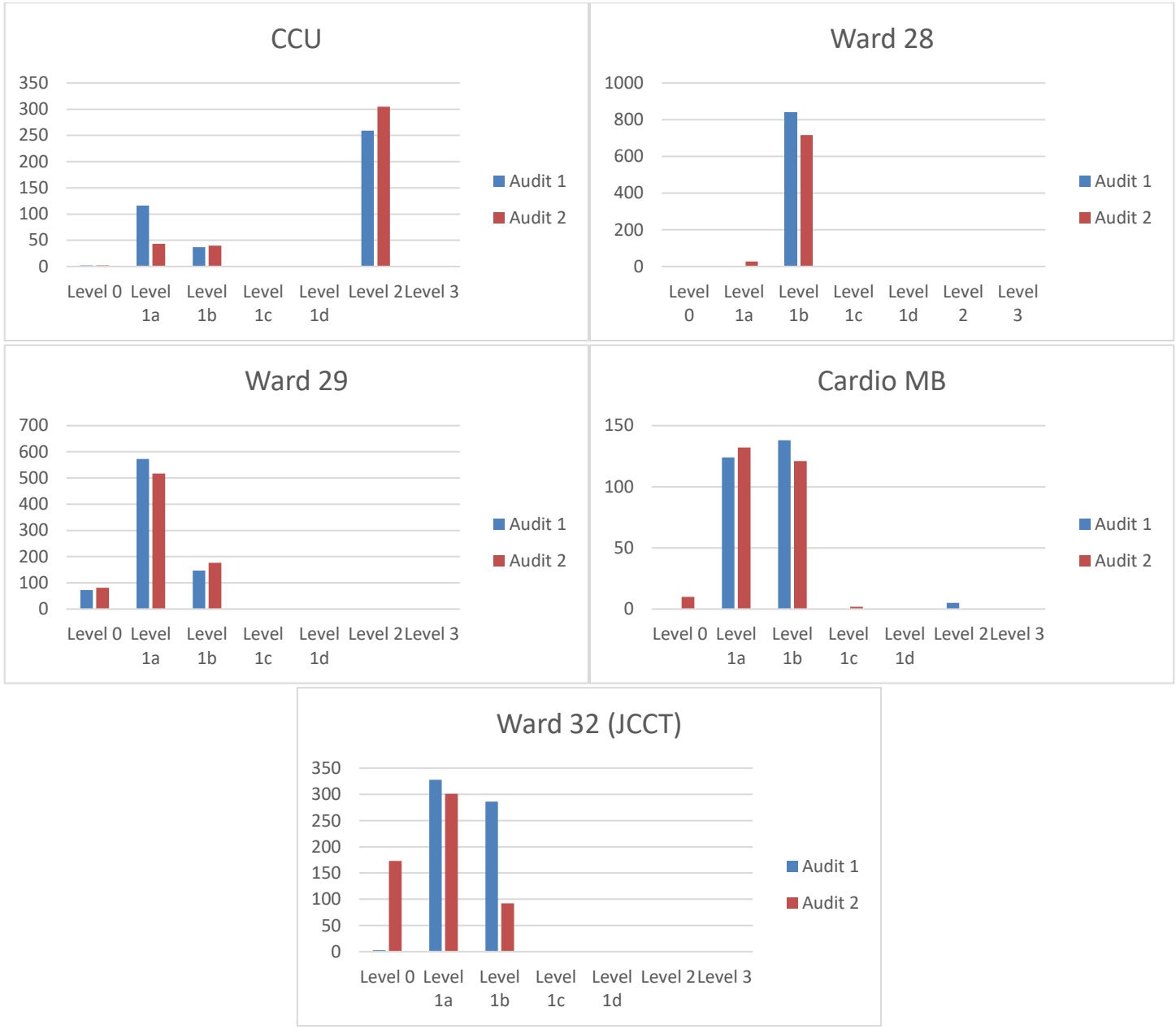

Figure 2 – Cardiovascular patient acuity and depedency scores comparison between both audits

Table 5 – Cardiovascular activity and patient harms recorded during both census periods

CCU		
Acuity Lvl	Audit 1	Audit 2
Level 0	2	2
Level 1a	116	43
Level 1b	37	40
Level 1c		0
Level 1d		1
Level 2	259	305
Level 3	0	0

Ward 28		
Acuity Lvl	Audit 1	Audit 2
Level 0	0	0
Level 1a	0	27
Level 1b	841	716
Level 1c		3
Level 1d		0
Level 2	0	2
Level 3	0	0

Ward 29		
Acuity Lvl	Audit 1	Audit 2
Level 0	72	81
Level 1a	573	517
Level 1b	147	177
Level 1c		0
Level 1d		0
Level 2	0	0
Level 3	0	0

Cardio MB		
Acuity Lvl	Audit 1	Audit 2
Level 0	0	10
Level 1a	124	132
Level 1b	138	121
Level 1c		2
Level 1d		0
Level 2	5	0
Level 3	0	0

Ward 32 (JCCT)		
Acuity Lvl	Audit 1	Audit 2
Level 0	3	173
Level 1a	328	301
Level 1b	286	92
Level 1c		0
Level 1d		0
Level 2	0	0
Level 3	0	0

Ward	Audit	Admissions	Discharges	Transfers in	Transfers Out	Ward Attenders	Deaths	Escorts on site	Escorts off Site	No of Patients requiring 1:1 care	No of Patients requiring Level 2	New or Deteriorating PU 2's (inpatient)	New or deteriorating PU 3's (inpatient)	Medication Incidents	Falls	Complaints	Inpatient Survey
CCU	Audit 1	125	70	34	42	5	4	65	2	4	8	0	0	0	2	0	97.06
	Audit 2	116	52	38	43	2	6	74	0	3	12	0	0	0	0	0	100.0%
Ward 28	Audit 1	39	82	55	19	0	1	0	0	0	0	3	0	1	10	1	82.77
	Audit 2	35	85	69	22	0	0	0	0	0	1	5	0	0	3	0	96.7%
Ward 29	Audit 1	62	117	77	22	5	1	38	0	1	6	1	0	2	5	0	92.48
	Audit 2	69	107	75	20	2	1	18	0	1	3	0	0	1	2	0	100.0%
Cardio MB	Audit 1	17	25	23	8	1	0	3	0	0	6	0	0	0	0	0	NA
	Audit 2	12	23	23	4	1	1	18	1	5	1	0	0	0	0	0	100.0%
Ward 32 (JCCT)	Audit 1	87	114	119	85	36	0	0	0	0	0	0	0	0	0	0	93.09
	Audit 2	70	69	124	55	30	1	1	0	0	0	1	0	0	2	0	100.0%

Table 5 – Cardiovascular Ward Activity and Nurse Sensitive Indicators

Associate Director of Nursing Comments and Actions

Ward 29 – The last couple of SNCT recommendations have recommended an increase in RN numbers. An increase by 1 RN during the day would be beneficial to have a supernumerary coordinator across the floor of 29 and MB as this is a 37 bedded unit with a high turnover.

Ward 29 Monitored Bay – Staffing establishment is at the correct levels for the nine bedded unit.

Ward 28 – Currently a 30 bedded footprint however advice from IPC is to work out of a 26 bedded base due to the high risk of infection having beds open in close proximity to the sinks. However, due to demand this rarely happens, and the beds are usually open to full capacity. The acuity is extremely high on the ward, due to the complexity of the speciality and there are a high number of falls, requiring an increased number of Health care assistants. The current staffing establishment is correct for the bed base and patient group to maintain safety.

Ward 32 – The SNCT figures reflect the need for a further RN on nights, which was previously in the budget, but was removed due to the 3rd RN constantly being moved, however due to the acuity, I would ask that it was put back into the establishment. The number of HCA's is already at the minimum and couldn't be reduced any further.

CCU - The numbers appear to be skewed not considering that the area needs to be classed as a high care area. We have requested an extra RN day to have a designated telemetry nurse, for the number of patients being monitored on the ward and surrounding wards within the hospital.

Digestive Diseases, Urology and General Surgery

Digestive Diseases, Urology and General Surgery
Nicola Metcalfe, Associate Director of Nursing
Aideen Cullen, Clinical Matron General Surgery
Claire Connelly, Clinical Matron Gastro & Urology
Beth Doherty, Clinical Matron

Professional Judgement WTE Templates for Digestive Diseases, Urology and General Surgery

Using this methodology, outlined in table 6 the current budget for RN was 63.89 WTE against the professional judgement of 88.21 WTE suggesting a deficit in funding of 24.32 WTE. For HCA the current budget was 70.17 WTE against the professional judgement of 74.27 WTE suggesting a deficit of 4.10 WTD.

Table 6 - Digestive Diseases, Urology and General Surgery Planned Staffing, Professional Judgement WTE Templates compared to Current Budget WTE and Safer Nursing Care Tool Recommended WTE Comparison

					RN								HCA							
	Bed Management				Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT RN		Variance		Planned Staffing	Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT HCA		Variance		Planned Staffing
Ward	Physical Bed Capacity	Open Bed Capacity	No of Patients Sept 24	% Occupancy	Budget RN WTE *includes WM	Sept 24 Contracted RN WTE *includes WM	Required RN WTE *includes WM	Trust Headroom 21% (including 1c&1d)	Trust Headroom 21% (not including 1c&1d)	Excess or deficit (-) SNCT against the **Current Budget**	RN Variance **Budget to PJ**	Recommendations 25/26	Budget HCA WTE	Sept 24 Contracted HCA WTE	Required HCA WTE	Trust Headroom 19.7% (including 1c&1d)	Trust Headroom 19.7% (not including 1c&1d)	Excess or deficit (-) SNCT against the **Current Budget**	HCA Variance **Budget to PJ**	Recommendations 25/26
Ward 5	24	27	22.20	82.22%	15.78	19.92	22.28	23.76	23.76	-7.98	-6.50	22.28	14.74	15.32	18.76	9.14	9.14	5.60	-4.02	18.76
Ward 6 Gastro	31	31	28.93	93.33%	16.39	20.32	21.37	29.94	28.70	-12.31	-4.98	21.37	20.31	16.23	17.99	11.52	11.04	9.27	2.32	17.99
Ward 7 Colo	31	31	29.77	96.02%	14.46	23.32	22.28	34.30	34.30	-19.84	-7.82	22.28	17.06	14.08	18.76	13.19	13.19	3.87	-1.70	18.76
Ward 8	30	30	28.17	93.89%	17.26	26.20	22.28	29.26	29.26	-12.00	-5.02	22.28	18.06	11.80	18.76	11.26	11.26	6.80	-0.70	18.76
Totals	**116**	**119**	**109.07**	**91.65%**	**63.89**	**89.76**	**88.21**	**117.26**	**116.01**	**-52.12**	**-24.32**	**88.21**	**70.17**	**57.43**	**74.27**	**45.11**	**44.63**	**25.54**	**-4.10**	**74.27**

Table 6 – DDUGs Professional Judgement WTE templates compared to Current Budget WTE and Current Budget WTE compared to SNCT recommended WTE

During September 2024 the bed occupancy across this collaborative was an average of 91.65%. The skill mix ratio for this care setting is 60% RNs to 40% HCAs.

Table 6 also compares the current budget WTE against the SNCT WTE. Using this calculation there was a suggested deficit between the RN budget of 52.12 WTE and surplus HCA budget of 25.54 WTE. To note the SNCT tool does not take into consideration the specialising requirement for wards.

Table 7 - Digestive Diseases, Urology and General Surgery Audit 1 comparison with Audit 2

				RN								HCA							
	Bed Management			Current Budget 23/24	Professional Judgement (PJ)	Variance						Current Budget 23/24	Professional Judgement (PJ)	Variance					
Ward	% Occupancy Audit 1	% Occupancy Audit 2	*% Occupancy Average*	Budget RN WTE *includes WM	Required RN WTE *includes WM	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	*Excess or deficit (-) SNCT against the Current Budget Average*	RN Variance Budget to PJ Audit 1	RN Variance Budget to PJ Audit 2	RN Variance Budget to PJ Average	Budget HCA WTE	Required HCA WTE	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	*Excess or deficit (-) SNCT against the Current Budget Average*	HCA Variance Budget to PJ Audit 1	HCA Variance Budget to PJ Audit 2	HCA Variance Budget to PJ Average
Ward 5	80.00%	82.22%	*81.11%*	15.78	22.28	-5.84	-7.98	*-6.91*	-6.32	-6.50	*-6.41*	14.74	18.76	3.04	5.60	*4.32*	-3.26	-4.02	*-3.64*
Ward 6 Gastro	98.71%	93.33%	*96.02%*	16.39	21.37	-11.78	-12.31	*-12.04*	-2.61	-4.98	*-3.80*	20.31	17.99	5.14	9.27	*7.20*	1.31	2.32	*1.82*
Ward 7 Colo	93.87%	96.02%	*94.95%*	14.46	22.28	-15.49	-19.84	*-17.66*	-5.54	-7.82	*-6.68*	17.06	18.76	0.99	3.87	*2.43*	-1.70	-1.70	*-1.70*
Ward 8	95.67%	93.89%	*94.78%*	17.26	22.28	-9.42	-12.00	*-10.71*	-2.74	-5.02	*-3.88*	18.06	18.76	3.68	6.80	*5.24*	-0.70	-0.70	*-0.70*
Totals	**92.13%**	**91.65%**	***91.89%***	**63.89**	**88.21**	**-42.53**	**-52.12**	***-47.33***	**-17.21**	**-24.32**	***-20.77***	**70.17**	**74.27**	**12.84**	**25.54**	***19.19***	**-4.35**	**-4.10**	***-4.23***

Table 7 - DDUGs Audit 1 comparison with Audit 2

Table 7 compares bed occupancy from both audits, with an average of 91.89%. Table 7 also compares the average variance between the both the current budget and SNCT and professional judgement for both RNs and HCAs. Across both audits there was an average suggested deficit between the current budget and SNCT of 47.33 WTE for RN, and an average surplus of 19.19 WTE for HCA. Between the current budget and professional judgement there was an average deficit of 20.77 WTE for RN, and an average deficit of 4.23 WTE for HCA.

Figure 3 – Digestive Diseases, Urology and General Surgery Patient Acuity and Dependency scores during the audit period broken down by percentage

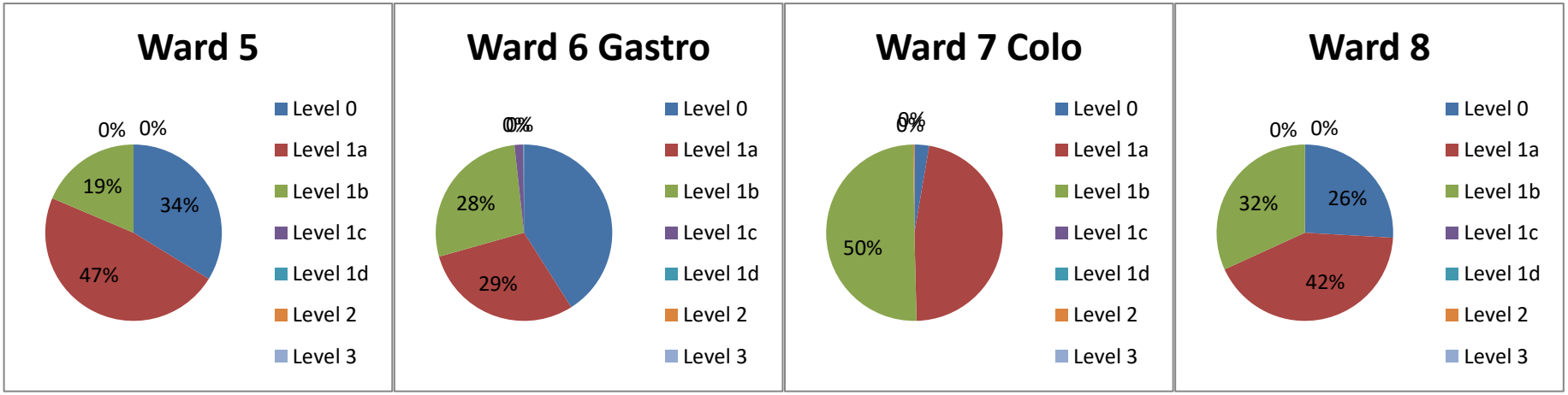

Figure 3 – DDUGs Acuity and dependency scores

Figure 4 - Digestive Diseases, Urology and General Surgery Patient Acuity and Dependency scores comparison between both audits

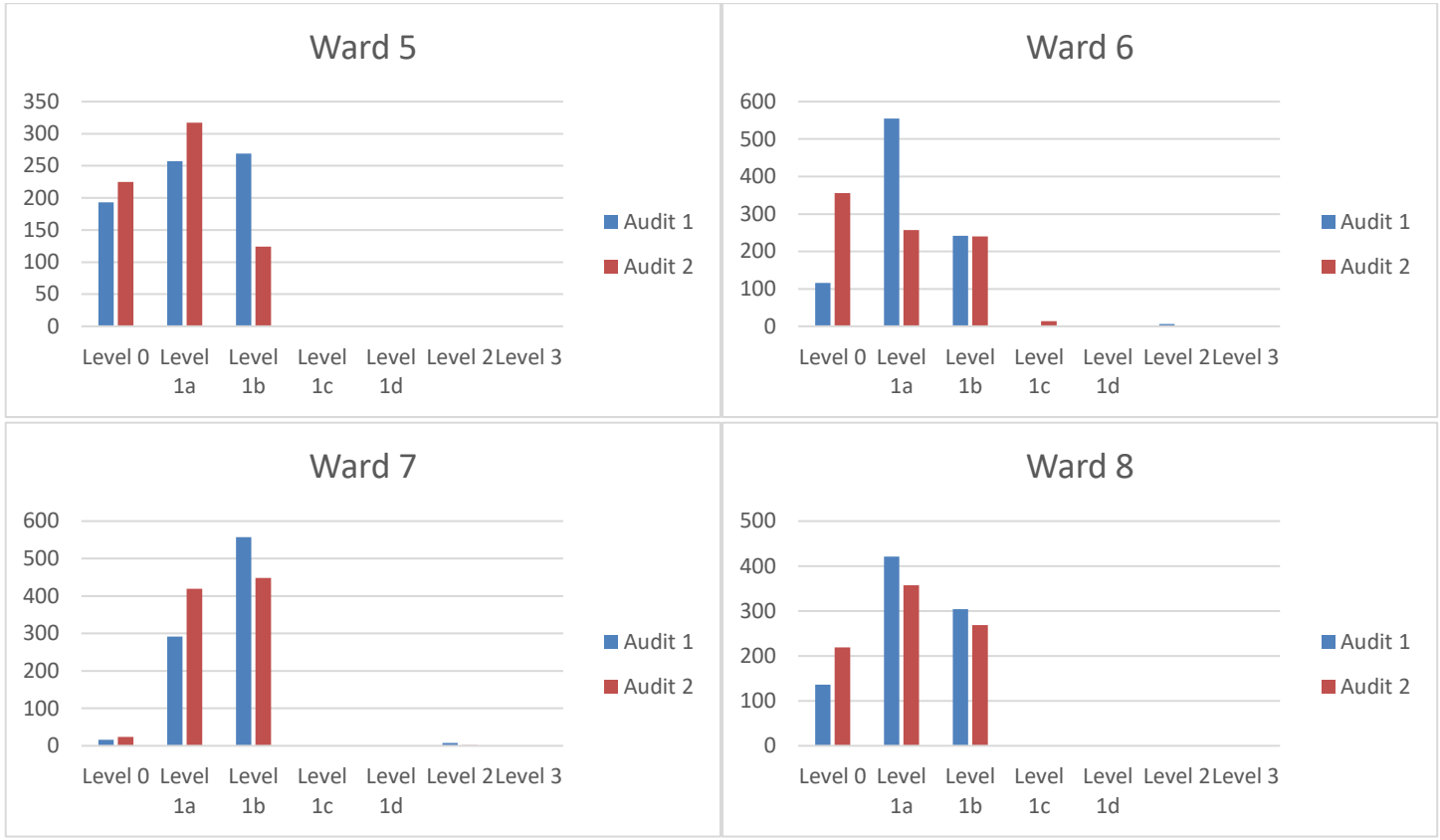

Figure 4 – DDUGs patient acuity and depedency scores comparison between both audits

Table 8 – Digestive Diseases, Urology and General Surgery and patient harms recorded during both census periods

Ward 5		
Acuity Lvl	Audit 1	Audit 2
Level 0	193	225
Level 1a	257	317
Level 1b	269	124
Level 1c		0
Level 1d		0
Level 2	0	0
Level 3	0	0

Ward 6 Gastro		
Acuity Lvl	Audit 1	Audit 2
Level 0	116	356
Level 1a	555	257
Level 1b	242	240
Level 1c		14
Level 1d		1
Level 2	6	0
Level 3	0	0

Ward 7 Colo		
Acuity Lvl	Audit 1	Audit 2
Level 0	16	24
Level 1a	292	419
Level 1b	557	448
Level 1c		0
Level 1d		0
Level 2	8	2
Level 3	0	0

Ward 8		
Acuity Lvl	Audit 1	Audit 2
Level 0	136	219
Level 1a	421	357
Level 1b	304	269
Level 1c		0
Level 1d		0
Level 2	1	0
Level 3	0	0

Ward	Audit	Admissions	Discharges	Transfers in	Transfers Out	Ward Attenders	Deaths	Escorts on site	Escorts off Site	No of Patients requiring 1:1 care	No of Patients requiring Level 2	New or Deteriorating PU 2's (inpatient)	New or deteriorating PU 3's (inpatient)	Medication Incidents	Falls	Complaints	Inpatient Survey
Ward 5	Audit 1	45	213	231	114	1	1	21	5	0	3	1	0	1	3	0	86.51
	Audit 2	63	139	255	181	0	11	36	1	0	2	1	0	0	3	0	90.0%
Ward 6 Gastro	Audit 1	43	83	87	46	0	5	6	1	2	0	1	0	3	6	0	79.45
	Audit 2	36	96	105	38	1	7	30	2	1	2	2	0	4	9	0	100.0%
Ward 7 Colo	Audit 1	56	103	75	35	0	1	0	0	0	0	2	0	1	5	0	82.71
	Audit 2	49	92	74	31	1	4	9	0	0	2		0	5	4	0	100.0%
Ward 8	Audit 1	91	160	103	54	0	0	0	0	0	0	2	0	4	3	0	87.14
	Audit 2	109	167	137	48	0	6	44	0	0	0	2	0	1	3	0	96.6%

Table 8 – DDUGs Ward Activity and Nurse Sensitive Indicators

Associate Director of Nursing Comments and Actions

Ward 5 (short stay elective surgery)– 27 bedded ward which accommodates short stay (up to 72hrs) post operative elective surgical patients. It is currently located on Ward 10 due to the lifecycle work taking place on Ward 5. Ward 5 is due for completion December 2024. Short stay elective ward will then move to Ward 6 with a footprint of 31 beds until April 2025. In April 2025 the lifecycle work for Ward 6 will commence and SSES will return to Ward 10 until December 25. The ward establishment does accommodate a decrease of staff per shift on a weekend which reflects the elective programme pattern. However, it is a regular occurrence all of the beds are not closed and remain open to support patient flow in the organisation.

Ward 6 – 31 bedded Gastroenterology ward with high dependency associated with the patient group- alcohol withdrawal behaviours, enhanced observation, and overall additional nursing support for this vulnerable group. The ward has seen an increase in safety incidence mainly associated with falls, pressure ulcers and safeguarding concerns. The ward layout is not conducive to clear observation of this patient group therefore additional HCA support fulfils this key prevention of harm action with bay environment presence required. Ward 6 will permanently move into Ward 5 in December 2025 providing the ward with a greater number of side rooms for the patient cohort.

Ward 7 – Ward 7 it is a 31 bedded ward which takes intensive care surgical step downs associated with Colorectal and Upper GI surgery. The ward is working through an improvement plan, and we are seeing patient safety, patient experience and staff well-being indicators improve. The challenge on this ward is the volume of medical outliers during winter which has been very high and impacted on the smooth running as a surgical unit.

Ward 8 - As a 30 bedded mixed speciality surgical ward experiencing demand particularly in Urology this ward is fully occupied most of the time. The mixed speciality demand is around multiple ward round support required and communication with medical teams. The challenge on this ward is the volume of medical outliers during winter which has been very high and impacted on the smooth running as a surgical/urology unit.

Growing the Friarage & Community

Growing the Friarage & Community
Christine Jackson, Associate Director of Nursing FHN and H&R
Kelly Kirtley Associate Director of Nursing Tees
Lisa Swales, Clinical Matron Friarage Hospital
Penny Hutchinson, Aubrielle Joynes, Emma Docherty, Anne-Marie Thomas Community Clinical Matron

Professional Judgement WTE Templates for Community

Using this methodology, outlined in table 9 the current budget for RN was 37.93 WTE against the professional judgment of 41.84 WTE suggesting a deficit in funding of 3.91 WTE. For HCA the current budget was 53.22 WTE against the professional judgement of 56.29 WTE suggesting a deficit of 3.07 WTE.

Table 9 - Community Planned Staffing, Professional Judgement WTE Templates compared to Current Budget WTE and Safer Nursing Care Tool Recommended WTE Comparison

					RN								HCA							
	Bed Management				Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT RN		Variance		Planned Staffing	Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT HCA		Variance		Planned Staffing
Ward	Physical Bed Capacity	Open Bed Capacity	No of Patients Sept 24	% Occupancy	Budget RN WTE *includes WM	Sept 24 Contracted RN WTE *includes WM	Required RN WTE *includes WM	Trust Headroom 21% (including 1c&1d)	Trust Headroom 21% (not including 1c&1d)	Excess or deficit (-) SNCT against the **Current Budget**	RN Variance **Budget to PJ**	Recommendations 25/26	Budget HCA WTE	Sept 24 Contracted HCA WTE	Required HCA WTE	Trust Headroom 19.7% (including 1c&1d)	Trust Headroom 19.7% (not including 1c&1d)	Excess or deficit (-) SNCT against the **Current Budget**	HCA Variance **Budget to PJ**	Recommendations 25/26
Tocketts	30	26	25.70	98.85%	16.67	20.25	19.56	34.07	29.56	-12.89	-2.89	19.56	23.22	20.75	24.13	13.11	11.37	11.85	-0.91	24.13
Zetland	31	31	29.33	94.62%	21.26	20.83	22.28	42.95	42.95	-21.69	-1.02	22.28	30.00	28.08	32.16	16.52	16.52	13.48	-2.16	32.16
Totals	**61**	**57**	**55.03**	**96.55%**	**37.93**	**41.08**	**41.84**	**77.02**	**72.51**	**-34.58**	**-3.91**	**41.84**	**53.22**	**48.83**	**56.29**	**29.63**	**27.89**	**25.33**	**-3.07**	**56.29**

Table 9 – Community Professional Judgement WTE templates compared to Current Budget WTE and Current Budget WTE compared to SNCT recommended WTE

During September 2024 the bed occupancy across this collaborative was an average of 96.55%. The skill mix ratio for this care setting is 60% RNs to 40% HCAs.

The figures above in table 9 compare the current budget WTE against the SNCT WTE. Using this calculation there was a suggested deficit RN budget of 34.58 WTE and surplus HCA budget of 25.33 WTE. To note the SNCT tool does not take into consideration the specialing requirement for wards.

Both community hospitals are in remote locations with no adjacent wards to assist with staffing issues. Tocketts ward layout is difficult to observe patients and therefore requires more HCA's for patient safety. Zetland ward consists of all single rooms and the ward layout requires more HCA's to support patient safety.

Table 10 - Community Audit 1 comparison with Audit 2

	Bed Management			RN								HCA							
				Current Budget 23/24	Professional Judgement (PJ)	Variance						Current Budget 23/24	Professional Judgement (PJ)	Variance					
Ward	% Occupancy Audit 1	% Occupancy Audit 2	*% Occupancy Average*	Budget RN WTE *includes WM	Required RN WTE *includes WM	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	*Excess or deficit (-) SNCT against the Current Budget Average*	RN Variance Budget to PJ Audit 1	RN Variance Budget to PJ Audit 2	RN Variance Budget to PJ Average	Budget HCA WTE	Required HCA WTE	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	*Excess or deficit (-) SNCT against the Current Budget Average*	HCA Variance Budget to PJ Audit 1	HCA Variance Budget to PJ Audit 2	HCA Variance Budget to PJ Average
Tocketts	108.08%	98.85%	103.46%	16.67	19.00	-13.38	-12.89	-13.14	-2.33	-2.89	-2.61	23.22	25.08	7.05	11.85	9.45	-1.86	-0.91	-1.39
Zetland	98.28%	94.62%	96.45%	21.26	21.00	-7.11	-21.69	-14.40	0.26	-1.02	-0.38	30.00	35.17	14.73	13.48	14.10	-5.17	-2.16	-3.67
Totals	**102.91%**	**96.55%**	***99.73%***	**37.93**	**40.00**	**-20.49**	**-34.58**	***-27.53***	**-2.07**	**-3.91**	***-2.99***	**53.22**	**60.25**	**21.78**	**25.33**	***23.55***	**-7.03**	**-3.07**	***-5.05***

Table 10 - Community Audit 1 comparison with Audit 2

Table 10 compares bed occupancy from both audits, with an average of 99.73%. Table 10 also compares the average variance between the both the current budget and SNCT and professional judgement for both RNs and HCAs. Across both audits there was an average suggested deficit between the current budget and SNCT of 27.53 WTE for RN, and an average surplus of 23.55 WTE for HCA. Between the current budget and professional judgement there was an average deficit of 2.99 WTE for RN, and an average deficit of 5.05 WTE for HCA.

Figure 5 – Community Patient Acuity and Dependency scores during the audit period broken down by percentage

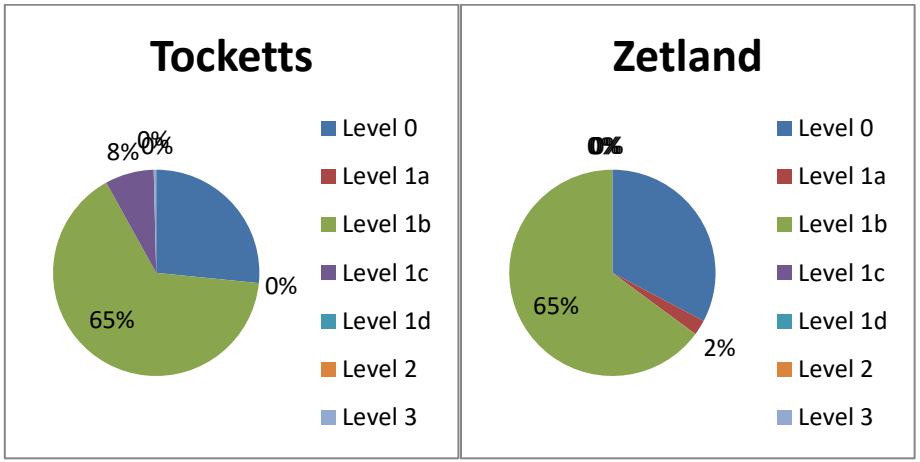

Figure 5 – Community Acuity and dependency scores

Figure 6 – Community Patient Acuity and Dependency scores comparison between both audits

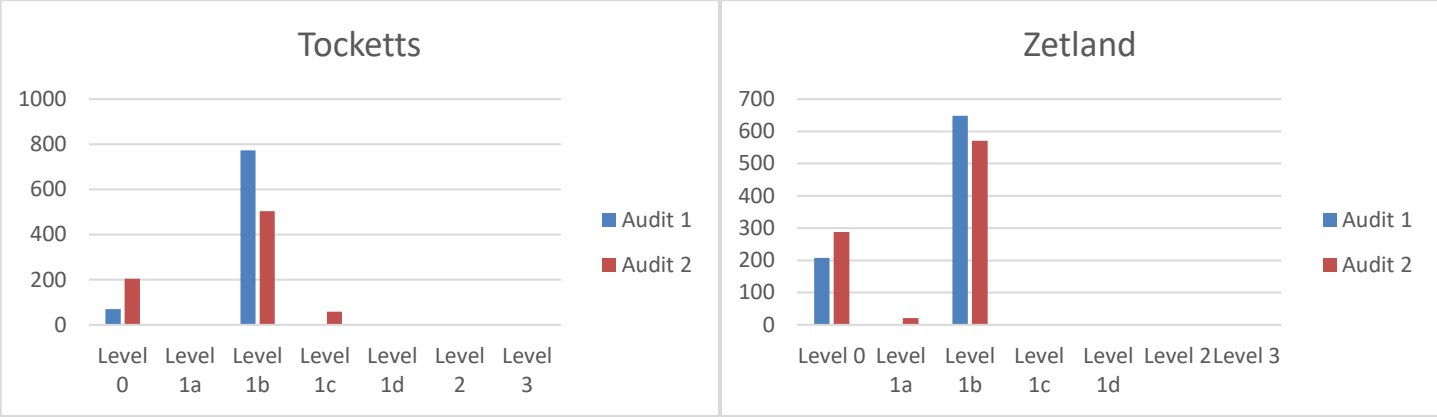

Figure 6 – Community patient acuity and depedency scores comparison between both audits

Professional Judgement WTE Templates for Growing the Friarage

Using this methodology, outlined in Table 11 the current budget was RN was 74.65 WTE against the professional judgement of 83.49 suggesting a deficit in funding of 8.84 WTE. For HCA the current budget was 71.97 WTE against the professional judgement of 77.81 WTE suggesting a deficit of 5.84 WTE.

During September 2024 the bed occupancy across this collaborative was an average of 89.31%. The skill mix ratio for this care setting is 60% RNs to 40% HCAs except for Romanby which was 50/50.

Table 11 - Growing the Friarage Planned Staffing, Professional Judgement WTE Templates compared to Agreed Funded Establishment WTE and Safer Nursing Care Tool Recommended WTE Comparison

					RN								HCA							
	Bed Management				Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT RN		Variance		Planned Staffing	Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT HCA		Variance		Planned Staffing
Ward	Physical Bed Capacity	Open Bed Capacity	No of Patients Sept 24	% Occupancy	Budget RN WTE *includes WM	Sept 24 Contracted RN WTE *includes WM	Required RN WTE *includes WM	Trust Headroom 21% (including 1c&1d)	Trust Headroom 21% (not including 1c&1d)	Excess or deficit (-) SNCT against the **Current Budget**	RN Variance **Budget to PJ**	Recommendations 25/26	Budget HCA WTE	Sept 24 Contracted HCA WTE	Required HCA WTE	Trust Headroom 19.7% (including 1c&1d)	Trust Headroom 19.7% (not including 1c&1d)	Excess or deficit (-) SNCT against the **Current Budget**	HCA Variance **Budget to PJ**	Recommendations 25/26
Ainderby	27	22	18.30	83.18%	14.87	16.41	16.18	28.18	22.44	-7.57	-1.31	16.18	16.10	16.19	17.99	10.84	8.63	7.47	-1.89	17.99
CDU	21	22	20.93	95.15%	19.39	16.14	23.97	27.15	27.15	-7.76	-4.58	23.97	9.36	9.12	12.84	10.44	10.44	-1.08	-3.48	12.84
Friary	18	18	15.30	85.00%	12.97	10.97	13.58	22.87	22.48	-9.51	-0.61	13.58	14.84	11.75	15.41	8.80	8.65	6.19	-0.57	15.41
Romanby	26	22	20.33	92.42%	14.45	16.10	16.18	24.14	22.61	-8.16	-1.73	16.18	18.31	15.30	17.99	9.29	8.70	9.61	0.32	17.99
Rutson	17	17	15.33	90.20%	12.97	12.92	13.58	20.24	20.17	-7.20	-0.61	13.58	13.36	11.67	13.58	7.79	7.76	5.60	-0.22	13.58
Totals	**109**	**101**	**90.20**	**89.31%**	**74.65**	**72.54**	**83.49**	**122.58**	**114.86**	**-40.21**	**-8.84**	**83.49**	**71.97**	**64.03**	**77.81**	**47.16**	**44.19**	**27.78**	**-5.84**	**77.81**

Table 11 - Professional Judgement WTE templates compared to Compared Budget WTE and Compared Budget WTE compared to SNCT recommended WTE

The figures above in Table 11 compare the current budget WTE against the SNCT WTE. Using this calculation there was a suggested deficit between the RN budget of 40.21 WTE and surplus HCA budget of 27.78 WTE. To note the SNCT tool does not take into consideration the specialing requirement for wards.

The FHN is often required to absorb the enhanced observation requirements for patients, they have therapeutic care support and rely on NHSP filling short notice requests.

Table 12 – Growing the Friarage Audit 1 comparison with Audit 2

	Bed Management			RN								HCA							
				Current Budget 23/24	Professional Judgement (PJ)	Variance						Current Budget 23/24	Professional Judgement (PJ)	Variance					
Ward	% Occupancy Audit 1	% Occupancy Audit 2	*% Occupancy Average*	Budget RN WTE *includes WM	Required RN WTE *includes WM	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	*Excess or deficit (-) SNCT against the Current Budget Average*	RN Variance Budget to PJ Audit 1	RN Variance Budget to PJ Audit 2	RN Variance Budget to PJ Average	Budget HCA WTE	Required HCA WTE	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	*Excess or deficit (-) SNCT against the Current Budget Average*	HCA Variance Budget to PJ Audit 1	HCA Variance Budget to PJ Audit 2	HCA Variance Budget to PJ Average
Ainderby	105.91%	83.18%	94.55%	14.87	16.00	-6.75	-7.57	-7.16	-1.13	-1.31	-1.22	16.10	18	4.40	7.47	5.93	-1.90	-1.89	-1.90
CDU	76.36%	95.15%	85.76%	19.39	23.00	4.12	-7.76	-1.82	-3.61	-4.58	-4.10	9.36	12.6	1.13	-1.08	0.02	-3.24	-3.48	-3.36
Friary	77.22%	85.00%	81.11%	12.97	14.00	-2.30	-9.51	-5.91	-1.03	-0.61	-0.82	14.84	14.8	6.61	6.19	6.40	0.04	-0.57	-0.27
Romanby	116.82%	92.42%	104.62%	14.45	16.00	-9.65	-8.16	-8.91	-1.55	-1.73	-1.64	18.31	18	5.32	9.61	7.46	0.31	0.32	0.32
Rutson	99.41%	90.20%	94.80%	12.97	13.00	-5.28	-7.20	-6.24	-0.03	-0.61	-0.32	13.36	13	3.54	5.60	4.57	0.36	-0.22	0.07
Totals	**95.64%**	**89.31%**	***92.48%***	**74.65**	**82.00**	**-19.87**	**-40.21**	***-30.04***	**-7.35**	**-8.84**	***-8.10***	**71.97**	**76.40**	**20.99**	**27.78**	***24.39***	**-4.43**	**-5.84**	***-5.14***

Table 12 – Growing the FHN Audit 1 comparison with Audit 2

Table 12 compares bed occupancy from both audits, with an average of 92.48%. Table 12 also compares the average variance between the both the current budget and SNCT and professional judgement for both RNs and HCAs. Across both audits there was an average suggested deficit between the current budget and SNCT of 30.04 WTE for RN, and an average surplus of 24.39 WTE for HCA. Between the current budget and professional judgement there was an average deficit of 8.10 WTE for RN, and an average deficit of 5.14 WTE for HCA.

Figure 7 – Growing the FHN Patient Acuity and Dependency scores during the audit period broken down by percentage

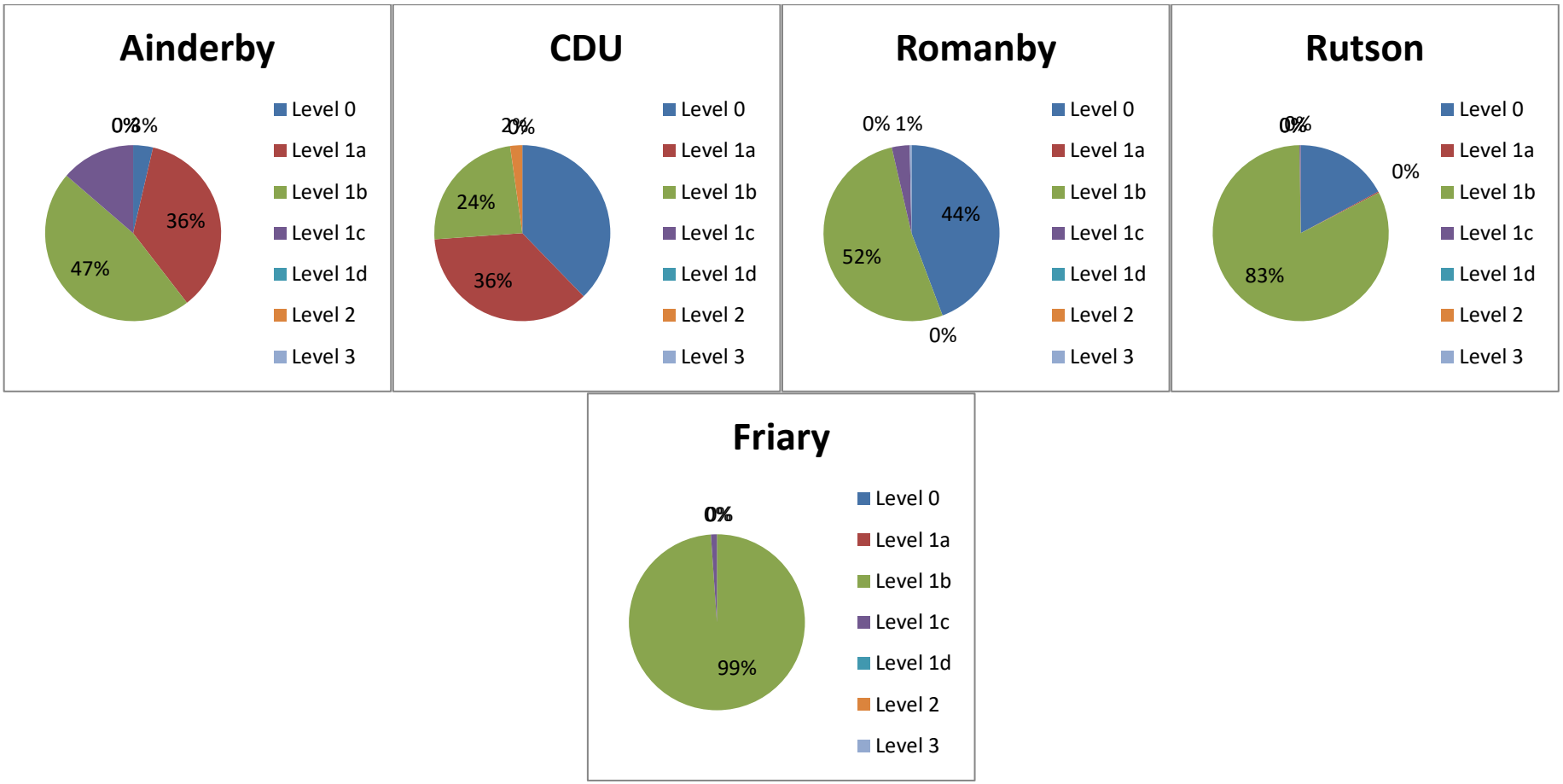

Figure 7 – Growing the FHN Acuity and dependency scores

Figure 8 – Growing the Friarage Patient Acuity and Dependency scores comparison between both audits

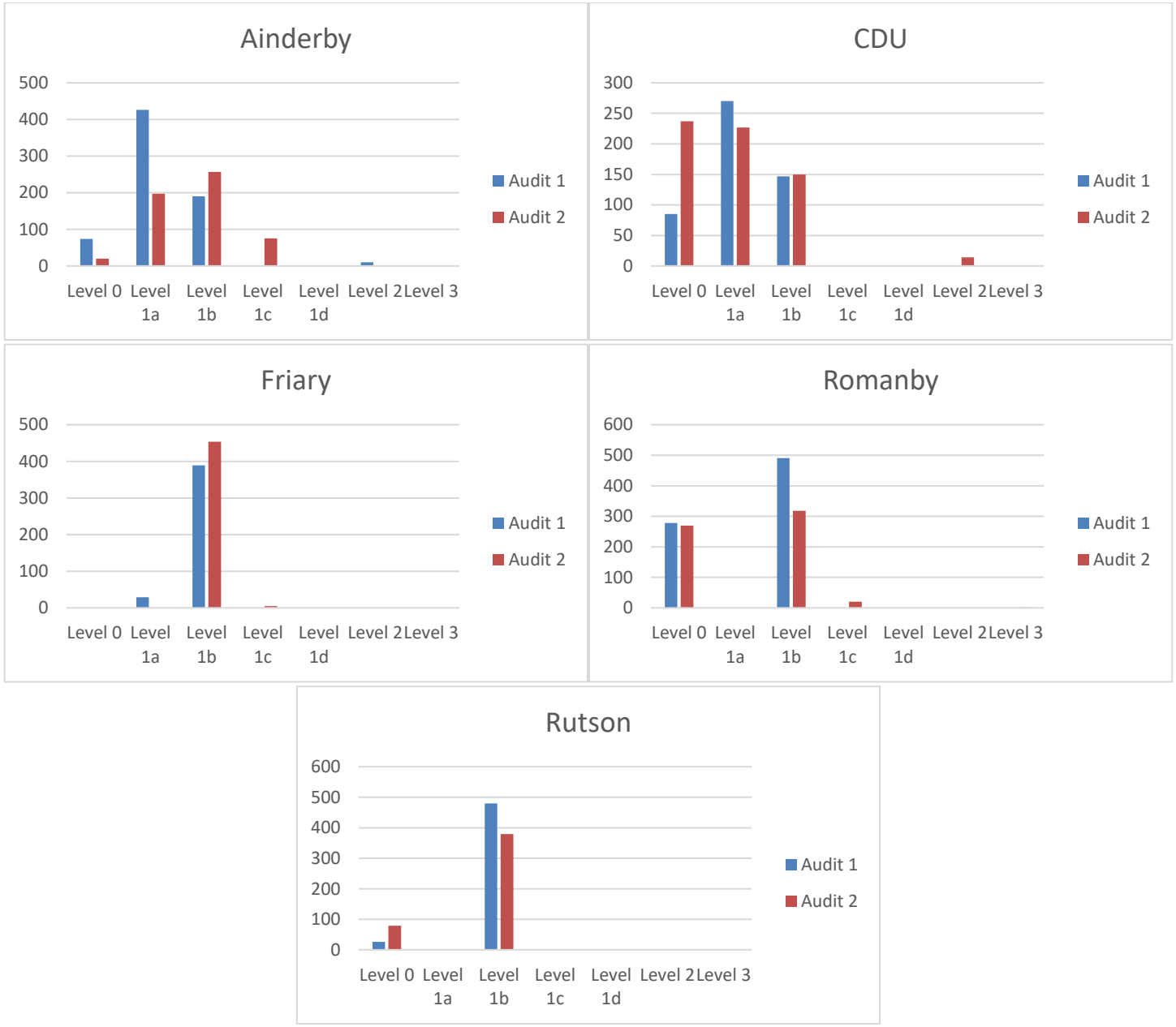

Figure 8 –Growing the FHN patient acuity and depedency scores comparison between both audits

Table 13 – Growing the Friarage and Community activity and patient harms recorded during both census periods

Ainderby		
Acuity Lvl	Audit 1	Audit 2
Level 0	74	20
Level 1a	426	197
Level 1b	190	257
Level 1c		75
Level 1d		0
Level 2	10	0
Level 3	0	0

CDU		
Acuity Lvl	Audit 1	Audit 2
Level 0	85	237
Level 1a	270	227
Level 1b	147	150
Level 1c		0
Level 1d		0
Level 2	1	14
Level 3	0	0

Friary		
Acuity Lvl	Audit 1	Audit 2
Level 0	0	0
Level 1a	29	0
Level 1b	389	454
Level 1c		5
Level 1d		0
Level 2	0	0
Level 3	0	0

Romanby		
Acuity Lvl	Audit 1	Audit 2
Level 0	278	270
Level 1a	1	0
Level 1b	491	318
Level 1c		20
Level 1d		0
Level 2	0	0
Level 3	0	2

Rutson		
Acuity Lvl	Audit 1	Audit 2
Level 0	26	79
Level 1a	0	1
Level 1b	480	379
Level 1c		1
Level 1d		0
Level 2	0	0
Level 3	0	0

Tocketts		
Acuity Lvl	Audit 1	Audit 2
Level 0	69	205
Level 1a	1	0
Level 1b	773	504
Level 1c		59
Level 1d		0
Level 2	0	0
Level 3	0	3

Zetland		
Acuity Lvl	Audit 1	Audit 2
Level 0	208	288
Level 1a	0	21
Level 1b	648	571
Level 1c		0
Level 1d		0
Level 2	0	0
Level 3	0	0

Ward	Audit	Admissions	Discharges	Transfers in	Transfers Out	Ward Attenders	Deaths	Escorts on site	Escorts off Site	No of Patients requiring 1:1 care	No of Patients requiring Level 2	New or Deteriorating PU 2's (inpatient)	New or deteriorating PU 3's (inpatient)	Medication Incidents	Falls	Complaints	Inpatient Survey
Ainderby	Audit 1	51	74	37	6	0	2	3	0	64	2	6	0	0	0	0	92.29
	Audit 2	4	39	72	5	0	2	27	0	66	4	4	0	1	3	0	100.0%
CDU	Audit 1	273	152	5	150	0	10	143	1	9	11	1	0	0	2	2	94.22
	Audit 2	266	129	15	139	2	4	187	1	7	10	3	0	0	0	0	100.0%
Friary	Audit 1	27	26	0	0	0	4	0	0	1	0	1	0	2	2	0	87.72
	Audit 2	27	19	2	1	0	5	0	0	5	5	0	0	0	0	0	84.2%
Romanby	Audit 1	1	59	86	20	0	7	8	0	4	91	3	0	1	0	0	88.55
	Audit 2	0	35	45	3	0	3	4	3	23	1	0	0	0	2	0	100.0%
Rutson	Audit 1	2	12	11	1	0	1	0	1	6	1	1	0	0	0	0	88.87
	Audit 2	6	22	20	1	0	2	0	0	27	24	0	0	0	3	0	100.0%
Tocketts	Audit 1	37	38	14	5	9	2	4	5	29	19	1	1	0	0	0	91.69
	Audit 2	43	34	31	5	13	2	2	2	54	8	2	2	0	5	0	87.5%
Zetland	Audit 1	31	32	3	2	8	2	6	3	5	18	1	0	2	0	0	95.50
	Audit 2	32	24	0	8	4	1	0	0	0	1	1	0	0	2	0	100.0%

Table 13 – Growing the FHN & Community Ward Activity and Nurse Sensitive Indicators

Associate Director of Nursing Comments and Actions

Zetland Ward (Redcar Primary Care Hospital) – is a 31 bedded rehabilitation ward with 16 Stroke beds and 15 OPM beds within the primary care hospital setting. The ward is made up of all single rooms, resulting in reduced visibility of patients. The ward does not have therapeutic care support for patients requiring constant eyesight observation, so the ward team are stretched most days to support those patients' needs specifically. Due to the single rooms, it is also difficult to cohort these patients and therefore NHSP is often required to safely manage these patients. The ward does not have an adjoining ward or clinical team on site and timely redeployment can be challenging and often has delays in transporting staff from other areas of the trust. The professional judgement staffing numbers are required to maintain a minimum number across each area of the ward due to the ward layout and for the acuity of stroke patients. NICE guidance also provides narrative around ratio 1:5 for stroke rehabilitation patients. Training has been provided for assessing if patients are constant eyesight observation, intermittent observation or have falls watch need, as this does affect staffing ratios.
During September there was a higher than usual sickness rate of 25.1% RN and 8.5% HCA giving an overall sickness rate of 16.2% and this has resulted in higher use of NHSP to ensure patient safety at short notice.

Tocketts Ward (East Cleveland Hospital) – is a 30 bedded ward for the older person within a primary care hospital setting with a layout which has reduced bay and side room visibility around the ward. The ward does not have therapeutic care support for patients requiring constant eyesight observation, so the ward team are stretched to support these patients on a regular basis. The ward does not have an adjoining ward or clinical team to support as it is a remote single ward within East Cleveland Hospital, so timely redeployment (if needed the same day) is challenging to fulfil.
During September there was a higher than usual sickness rate of 10.4% RN and 13.6% HCA giving an overall sickness rate of 12.6% and this has resulted in higher use of NHSP to ensure patient safety at short notice.

Victoria ward (The Friary Hospital Richmond) – Victoria Ward is an 18 bedded rehabilitation ward.

Rutson Ward – is a 17 bedded primary care rehabilitation ward with 10 stroke beds and 7 general rehab beds. Since the introduction of ESD (Early supported discharge) stroke rehab patients are now discharged quicker allowing for a reduced length of stay on the ward. Nursing and Therapy are looking at new ways of working for the combined workforce integration.

Ainderby ward (FHN) – is a 27 bedded medical ward with frail and complex medical patients. Therapeutic care support workers are now in place and are utilised well. Fall shifts are also used through NHSp. International recruitment has filled all band 5 vacancies. The night shifts are still on 2RN's and 2HCAs which makes site coverage difficult when there are times of surge and more acutely unwell patients.

Romanby ward (FHN) – is a 26 bedded medical ward with frail and complex medical patients. Therapeutic care support workers are now in place and are utilised well. Fall shifts are also used through NHSp. International recruitment has filled all band 5 vacancies. The night shifts are still on 2RN's and 2HCAs which makes site coverage difficult when there are times of surge and more acutely unwell patients.

Clinical Decision Unit (FHN) – is a 21 bedded admission ward for medical patient admissions. The flow can both increase and decrease, the RN need is to staff the ward accordingly for both in and out of hours. This unit also monitors telemetry for FHN which requires the Nurses to be cardio trained.

The Staffing establishment for FHN does not take into account that the Band 7's and some 6's have to carry the 627 bleep from 4pm to 8pm on week days and 8m to 8pm on weekends

Head & Neck, Orthopaedic and Reconstructive

Head & Neck, Orthopaedic and Reconstructive
Keir Rumins, Associate Director of Nursing
Stacey Brown, Clinical Matron Trauma & Orthopaedics
Kath Young, Clinical Matron ENT, OMFS, Plastics & Ophthalmology

Professional Judgement WTE Templates for Head & Neck, Orthopaedic and Reconstructive

Using this methodology, outlined in Table 14 the current budget for RN was 82.27 WTE against the professional judgement of 93.99 WTE suggesting a deficit in funding of 11.72 WTE. For HCA the current budget was 70.69 WTE against the professional judgement of 74.14 WTE suggesting a deficit in funding of 3.45 WTE.

Table 14 - Head & Neck, Orthopaedic and Reconstructive Planned Staffing, Professional Judgement WTE Templates compared to Current Budget WTE and Safer Nursing Care Tool Recommended WTE Comparison

					RN								HCA							
	Bed Management				Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT RN		Variance		Planned Staffing	Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT HCA		Variance		Planned Staffing
Ward	Physical Bed Capacity	Open Bed Capacity	No of Patients Sept 24	% Occupancy	Budget RN WTE *includes WM	Sept 24 Contracted RN WTE *includes WM	Required RN WTE *includes WM	Trust Headroom 21% (including 1c&1d)	Trust Headroom 21% (not including 1c&1d)	Excess or deficit (-) SNCT against the **Current Budget**	RN Variance **Budget to PJ**	Recommendations 25/26	Budget HCA WTE	Sept 24 Contracted HCA WTE	Required HCA WTE	Trust Headroom 19.7% (including 1c&1d)	Trust Headroom 19.7% (not including 1c&1d)	Excess or deficit (-) SNCT against the **Current Budget**	HCA Variance **Budget to PJ**	Recommendations 25/26
Gara	21	21	14.00	66.67%	11.97	13.29	13.58	19.33	19.33	-7.36	-1.61	13.58	10.89	9.00	10.27	7.43	7.43	3.46	0.62	10.27
25 Hip/Femur Fracture	21	21	16.33	77.78%	18.67	19.64	19.56	29.62	29.41	-10.74	-0.89	19.56	12.90	14.19	13.4	11.39	11.31	1.59	-0.50	13.4
Ward 27 Elec Ortho	15	15	8.90	59.33%	10.97	11.57	13.58	14.54	13.85	-2.88	-2.61	13.58	9.89	10.83	10.27	5.59	5.33	4.56	-0.38	10.27
Ward 35	26	26	20.50	78.85%	19.78	22.48	22.28	37.05	35.32	-15.54	-2.50	22.28	16.37	14.88	18.76	14.25	13.59	2.78	-2.39	18.76
Ward 36 Trauma	34	34	29.70	87.35%	20.88	20.44	24.99	39.70	34.87	-13.99	-4.11	24.99	20.64	17.84	21.44	15.27	13.41	7.23	-0.80	21.44
Totals	**117**	**117**	**89.43**	**76.44%**	**82.27**	**87.42**	**93.99**	**140.24**	**132.77**	**-50.50**	**-11.72**	**93.99**	**70.69**	**66.74**	**74.14**	**53.95**	**51.08**	**19.61**	**-3.45**	**74.14**

Table 14 – Head, Neck and Ortho Professional Judgement WTE templates compared to Current Budget WTE and Current Budget WTE compared to SNCT recommended WTE

During September 2024 the bed occupancy across this collaborative was an average of 76.44%. The skill mix ratio for this care setting is 60% RNs to 40% HCAs except for ward 25 which was 50/50.

The figures above in Table 14 compare the current budget WTE against the SNCT WTE. Using this calculation there was a suggested deficit between the RN budget of 50.50 WTE and surplus HCA budget of 19.61 WTE. To note the SNCT tool does not take into consideration the specialing requirement for wards.

Table 15 – Head & Neck, Orthopaedic and Reconstructive Audit 1 comparison with Audit 2

				RN								HCA							
	Bed Management			Current Budget 23/24	Professional Judgement (PJ)	Variance						Current Budget 23/24	Professional Judgement (PJ)	Variance					
Ward	% Occupancy Audit 1	% Occupancy Audit 2	*% Occupancy Average*	Budget RN WTE *includes WM	Required RN WTE *includes WM	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	*Excess or deficit (-) SNCT against the Current Budget Average*	RN Variance Budget to PJ Audit 1	RN Variance Budget to PJ Audit 2	RN Variance Budget to PJ Average	Budget HCA WTE	Required HCA WTE	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	*Excess or deficit (-) SNCT against the Current Budget Average*	HCA Variance Budget to PJ Audit 1	HCA Variance Budget to PJ Audit 2	HCA Variance Budget to PJ Average
Gara	43.81%	66.67%	*55.24%*	11.97	13.58	2.85	-7.36	*-2.25*	-1.53	-1.61	*-1.57*	9.89	9.80	4.93	3.46	*4.19*	0.09	0.62	*0.36*
l 25 Hip/Femur Fracture	79.05%	77.78%	*78.41%*	18.67	19.56	1.12	-10.74	*-4.81*	-0.33	-0.89	*-0.61*	12.90	13.00	3.48	1.59	*2.53*	-0.10	-0.50	*-0.30*
Ward 27 Elec Ortho	52.00%	59.33%	*55.67%*	10.97	13.58	2.84	-2.88	*-0.02*	-3.53	-2.61	*-3.07*	9.89	9.80	5.53	4.56	*5.04*	0.09	-0.38	*-0.15*
Ward 35	78.46%	78.85%	*78.65%*	19.78	22.28	-0.55	-15.54	*-8.05*	-2.92	-2.50	*-2.71*	16.37	18.50	5.36	2.78	*4.07*	-2.13	-2.39	*-2.26*
Ward 36 Trauma	87.35%	87.35%	*87.35%*	20.88	24.99	-4.81	-13.99	*-9.40*	-2.62	-4.11	*-3.37*	20.64	21.00	6.75	7.23	*6.99*	-0.36	-0.80	*-0.58*
Totals	**71.54%**	**76.44%**	***73.99%***	**82.27**	**93.99**	**1.44**	**-50.50**	***-24.53***	**-10.93**	**-11.72**	***-11.33***	**69.69**	**72.10**	**26.05**	**19.61**	***22.83***	**-2.41**	**-3.45**	***-2.93***

Table 15 – Head, Neck & Ortho Audit 1 comparison with Audit 2

Table 15 compares bed occupancy from both audits, with an average of 73.99%. Table 15 also compares the average variance between the both the current budget and SNCT and professional judgement for both RNs and HCAs. Across both audits there was an average suggested deficit between the current budget and SNCT of 24.53 WTE for RN, and an average surplus of 22.83 WTE for HCA. Between the current budget and professional judgement there was an average deficit of 11.33 WTE for RN, and an average deficit of 2.93 WTE for HCA.

Figure 9 – Head & Neck, Orthopaedic and Reconstructive Planned Staffing Patient Acuity and Dependency scores during the audit period broken down by percentage

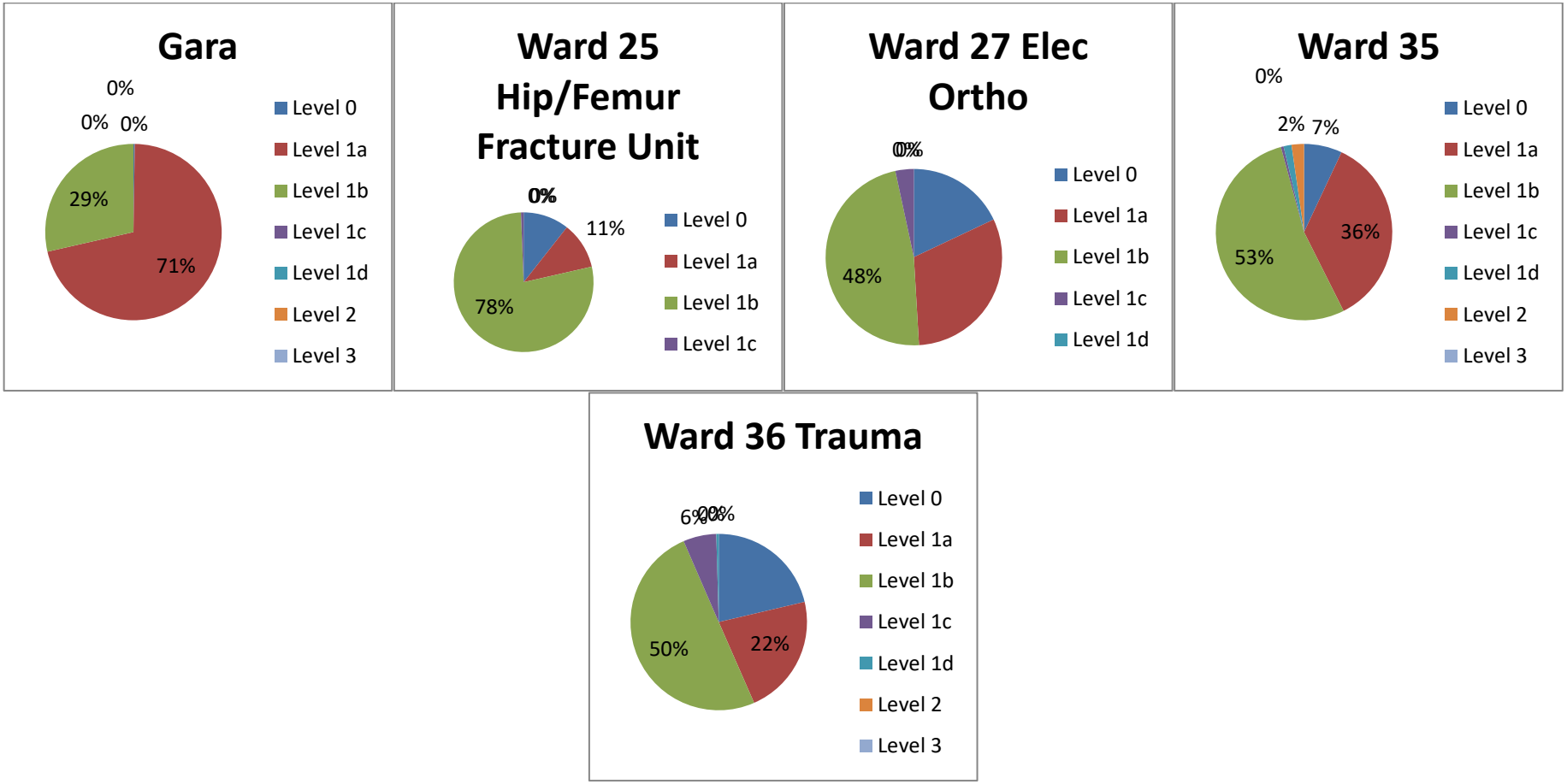

Figure 9 – Head, Neck & Ortho Acuity and dependency scores

Figure 10 – Head & Neck, Orthopaedic and Reconstructive Patient Acuity and Dependency scores comparison between both audits

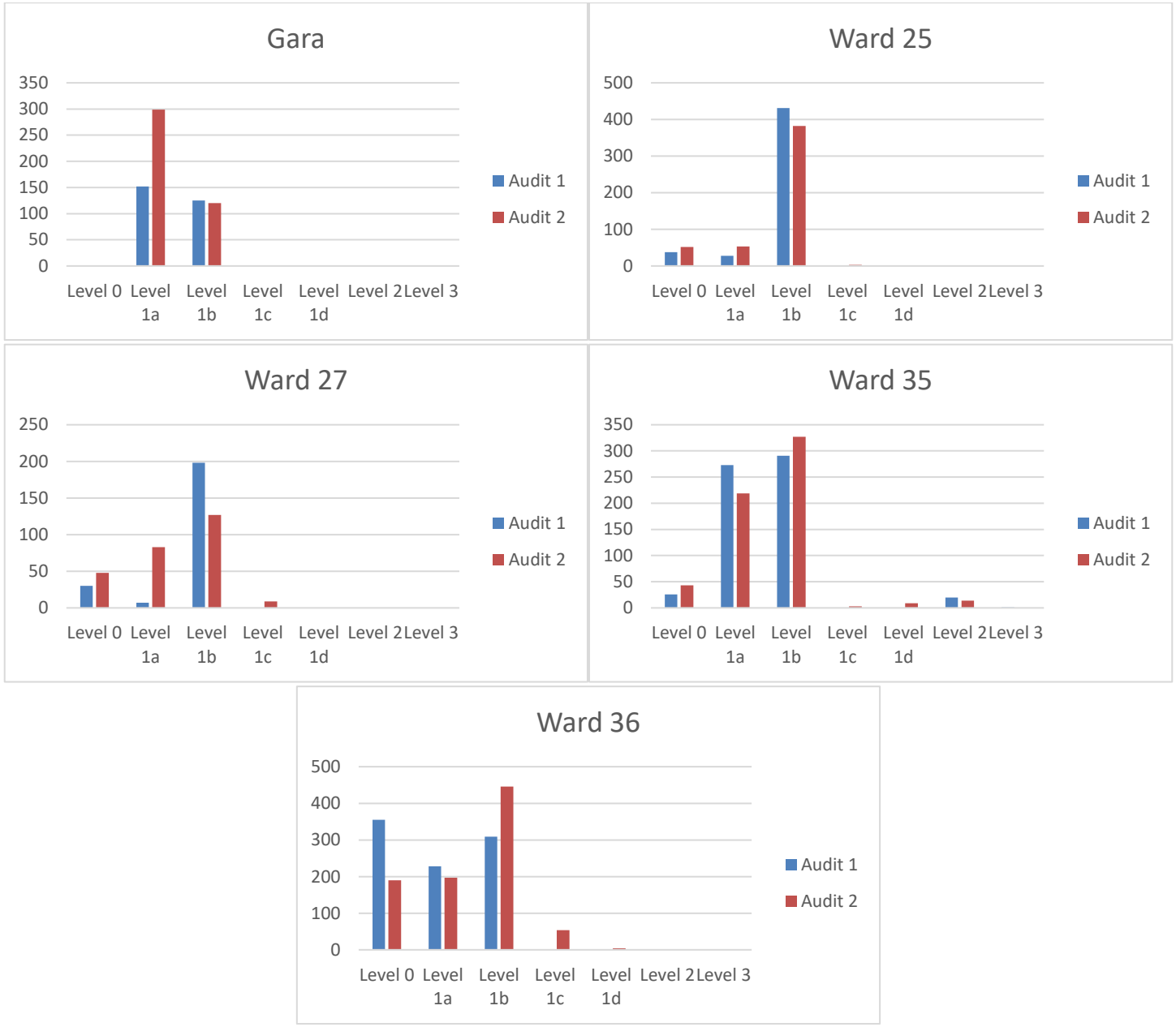

Figure 10 – Head Neck & Ortho patient acuity and depedency scores comparison between both audits

Table 16 – Head & Neck, Orthopaedic and Reconstructive activity and patient harms recorded during both census periods

Gara		
Acuity Lvl	Audit 1	Audit 2
Level 0	0	1
Level 1a	152	299
Level 1b	125	120
Level 1c		0
Level 1d		0
Level 2	0	0
Level 3	0	0

Ward 25 Hip/Femur Fracture Unit		
Acuity Lvl	Audit 1	Audit 2
Level 0	38	52
Level 1a	28	53
Level 1b	431	382
Level 1c		3
Level 1d		0
Level 2	0	0
Level 3	0	0

Ward 27 Elec Ortho		
Acuity Lvl	Audit 1	Audit 2
Level 0	30	48
Level 1a	7	83
Level 1b	198	127
Level 1c		9
Level 1d		0
Level 2	0	0
Level 3	0	0

Ward 35		
Acuity Lvl	Audit 1	Audit 2
Level 0	26	43
Level 1a	273	219
Level 1b	291	327
Level 1c		3
Level 1d		9
Level 2	20	14
Level 3	1	0

Ward 36 Trauma		
Acuity Lvl	Audit 1	Audit 2
Level 0	355	190
Level 1a	228	197
Level 1b	309	446
Level 1c		54
Level 1d		4
Level 2	0	0
Level 3	0	0

Ward	Audit	Admissions	Discharges	Transfers in	Transfers Out	Ward Attenders	Deaths	Escorts on site	Escorts off Site	No of Patients requiring 1:1 care	No of Patients requiring Level 2	New or Deteriorating PU 2's (inpatient)	New or deteriorating PU 3's (inpatient)	Medication Incidents	Falls	Complaints	Inpatient Survey
Gara	Audit 1	0	161	160	2	0	0	0	0	0	0	0	0	3	0	0	95.96
	Audit 2	181	178	17	3	9	0	0	0	0	6	0	0	0	2	0	100.0%
d 25 Hip/Femur Fracture	Audit 1	41	33	27	25	0	3	37	0	15	0	1	1	1	1	0	91.82
	Audit 2	33	36	23	11	2	1	45	12	5	8	1	0	1	3	0	100.0%
Ward 27 Elec Ortho	Audit 1	13	34	34	3	29	0	109	0	13	3	0	0	0	1	0	96.54
	Audit 2	57	47	10	6	84	0	183	4	2	7	0	0	0	2	0	100.0%
Ward 35	Audit 1	102	148	30	31	10	0	2	2	0	8	0	0	1	4	0	88.19
	Audit 2	125	118	51	34	0	0	6	0	7	6	1	0	2	2	0	100.0%
Ward 36 Trauma	Audit 1	146	108	14	40	2	0	0	0	13	5	0	0	1	5	0	NA
	Audit 2	150	130	35	31	3	0	9	0	4	9	1	0	1	9	0	100.0%

Table 16 – Head, Neck & Ortho Ward Activity and Nurse Sensitive Indicators

Ward 25 - is an orthopaedic hip and femur fracture surgery ward open to 21 beds. A high percentage of frail elderly patients are admitted to the ward, requiring varying levels of support. From surgery through to rehabilitation, with each patient requiring differing levels of input. HCA and therapeutic care support are utilised to maintain patient safety and improve patient/carer experience while an inpatient. The current staffing model allows for a coordinator role to support the team and give consistent focus on safe patient timely discharges and oversight of a busy hip and femur fracture unit following best practice tariff guidance and GIRFT aware processes.

Recruitment is complete to establishment agreed, however is due for review due to the increase and consistent use of NHSP. The ward usually runs at 100% occupancy, however solely hip and femur fracture patients.

Ward 27 – is an orthopaedic elective ward, open to 15 beds (full capacity of ward). This is solely for pre-assessed elective orthopaedic patients, hip and knee mainly. Spinal surgical patients, pre assessed, can also attend as agreed, usually x2-3 per day. The staffing model allows for appropriate RN/NA ratio to patient daily. The ward is progressing towards regional hub status and this will progress over the coming months. Occupancy has been lower than previous years/months, due to industrial action strikes previously and also recovery post covid-19 numbers.

Ward 35 - is a 26 bedded mixed-specialty ward with high acuity patient group (plastics, ophthalmology, OMFS, ENT). The ward now no longer receives medical outlied patients, as agreed and approved SOP followed. The ward requires an extra RN/AP support two to three times per week for complex care post-surgery (L2) and to support any emergency high level patients (free flap/trach) (L2), this is factored into the professional judgement calculation above which highlights 2.50 RN needed as extra. There is high complexity of patients and patient throughput/occupancy is high. The ward also supports the plastics clinics and other drop-in services that is not factored into the ward staffing calculations (PDC is on the ward however has own staffing model, separate) however if patients then require admission. On a weekend and out of hours the ward supports any patient requiring urgent plastics treatment.

Ward 36 - is a 34 bedded busy trauma orthopaedic ward supporting trauma and major trauma status patients and ensuring timely rehab and emergency access required daily. Bed occupancy rate was 87.35% during the census period, and this remains consistent. The trauma ward is a critical care step down area and sees high numbers of overnight trauma admissions as such the staffing template remains the need for the patient group and ward setting, for review further as agreed at establishment review meeting.

FHN Gara - is a 21 bedded elective orthopaedic ward for inpatient stays and day case patients now as well, so increase in use. It has a high patient throughput and enhanced recovery / rehab patient needs post-surgery. Gara has occupancy of 21 (full capacity footprint) however due to industrial action and covid-19 recovery, inpatient numbers have been lower than previously recorded. The weekend theatre list of approximately 10 patients every Saturday continues, and this activity has been captured in the 30-day Monday to Sunday data collection. SNCT does not calculate for small wards, so a professional judgement establishment is recommended, aligned with he surgical hub and patient footfall/capacity going forward in respect of increased day case and inpatient requiring patient admissions for orthopaedic surgery.

James Cook Cancer Institute & Speciality Medicine

James Cook Cancer Institute & Speciality Medicine
Jo Foster, Head of Nursing
Claire Allinson, Clinical Matron
Anthea Davison, Clinical Matron

Professional Judgement WTE Templates for James Cook Cancer Institute & Speciality Medicine

Using this methodology, outlined in Table 17 the current budget for RN was 63.88 WTE against the professional judgement of 68 WTE suggesting a deficit in funding of 4.12 WTE. For HCA the current budget was 35.78 WTE against the professional judgement of 45.56 WTE suggesting a deficit of 9.78.

Table 17 - James Cook Cancer Institute & Speciality Medicine Planned Staffing, Professional Judgement WTE Templates compared to Current Budget WTE and Safer Nursing Care Tool Recommended WTE Comparison

					RN								HCA							
	Bed Management				Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT RN		Variance		Planned Staffing	Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT HCA		Variance		Planned Staffing
Ward	Physical Bed Capacity	Open Bed Capacity	No of Patients Sept 24	% Occupancy	Budget RN WTE *includes WM	Sept 24 Contracted RN WTE *includes WM	Required RN WTE *includes WM	Trust Headroom 21% (including 1c&1d)	Trust Headroom 21% (not including 1c&1d)	Excess or deficit (-) SNCT against the **Current Budget**	RN Variance **Budget to PJ**	Recommendations 25/26	Budget HCA WTE	Sept 24 Contracted HCA WTE	Required HCA WTE	Trust Headroom 19.7% (including 1c&1d)	Trust Headroom 19.7% (not including 1c&1d)	Excess or deficit (-) SNCT against the **Current Budget**	HCA Variance **Budget to PJ**	Recommendations 25/26
Ward 4	24	24	22.67	94.44%	22.36	21.52	23.44	33.42	31.41	-9.05	-1.08	23.44	11.94	11.36	16.08	12.86	12.08	-0.14	-4.14	16.08
Ward 14 Oncology	23	23	20.57	89.42%	21.26	20.72	22.28	26.15	23.81	-2.55	-1.02	22.28	11.94	11.64	13.4	10.06	9.16	2.78	-1.46	13.4
Ward 33 Specialty	23	23	21.43	93.19%	20.26	21.84	22.28	26.62	25.61	-5.35	-2.02	22.28	11.90	13.76	16.08	10.24	9.85	2.05	-4.18	16.08
Totals	**70**	**70**	**64.67**	**92.38%**	**63.88**	**64.08**	**68.00**	**86.19**	**80.83**	**-16.95**	**-4.12**	**68.00**	**35.78**	**36.76**	**45.56**	**33.16**	**31.10**	**4.68**	**-9.78**	**45.56**

Table 17 - JCCI Professional Judgement WTE templates compared to Current Budget WTE and Current Budget WTE compared to SNCT recommended WTE

During September 2024 the bed occupancy across this collaborative was an average of 92.38%. The skill mix ratio for this care setting is 60% RNs to 40% HCAs.

The figures above in Table 17 compare the current budget WTE against the SNCT recommended WTE. There was a suggested deficit between the RN budget of 16.95 WTE and HCA budget surplus of 4.68 WTE. To note the SNCT tool does not take into consideration the specialing requirement for wards.

Ward 14 and 33 facilitate a support line out of hours which helps with admission avoidance but takes RN time to facilitate. These calls can take between 15 minutes to one hour. Patients with cancer and those receiving chemotherapy require close monitoring, extended time for psychological support and complex discharge planning.

Table 18 – James Cook Cancer Institute & Speciality Medicine Audit 1 comparison with Audit 2

				RN								HCA							
	Bed Management			Current Budget 23/24	Professional Judgement (PJ)	Variance						Current Budget 23/24	Professional Judgement (PJ)	Variance					
Ward	% Occupancy Audit 1	% Occupancy Audit 2	*% Occupancy Average*	Budget RN WTE *includes WM	Required RN WTE *includes WM	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	*Excess or deficit (-) SNCT against the Current Budget Average*	RN Variance Budget to PJ Audit 1	RN Variance Budget to PJ Audit 2	RN Variance Budget to PJ Average	Budget HCA WTE	Required HCA WTE	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	*Excess or deficit (-) SNCT against the Current Budget Average*	HCA Variance Budget to PJ Audit 1	HCA Variance Budget to PJ Audit 2	HCA Variance Budget to PJ Average
Gara	95.42%	94.44%	*94.93%*	22.36	23.44	-2.93	-9.05	*-5.99*	-0.84	-1.08	*-0.96*	11.94	16.08	-2.75	-0.14	*-1.45*	-3.56	-4.14	*-3.85*
Ward 35	90.43%	89.42%	*89.93%*	21.26	22.28	0.83	-2.55	*-0.86*	-1.04	-1.02	*-1.03*	11.94	13.40	0.93	2.78	*1.85*	-1.06	-1.46	*-1.26*
Ward 36 Trauma	87.83%	93.19%	*90.51%*	20.26	22.28	-1.76	-5.35	*-3.55*	-2.04	-2.02	*-2.03*	11.90	16.08	0.10	2.05	*1.07*	-2.10	-4.18	*-3.14*
Totals	**91.29%**	**92.38%**	***91.83%***	**63.88**	**68.00**	**-3.86**	**-16.95**	***-10.41***	**-3.92**	**-4.12**	***-4.02***	**35.78**	**45.56**	**-1.72**	**4.68**	***1.48***	**-6.72**	**-9.78**	***-8.25***

Table 18 – JCCI Audit 1 comparison with Audit 2

Table 18 compares bed occupancy from both audits, with an average of 91.83%. Table 18 also compares the average variance between the both the current budget and SNCT and professional judgement for both RNs and HCAs. Across both audits there was an average suggested deficit between the current budget and SNCT of 10.41 WTE for RN, and an average surplus of 1.48 WTE for HCA. Between the current budget and professional judgement there was an average deficit of 4.02 WTE for RN, and an average deficit of 8.25 WTE for HCA.

Figure 11 – James Cook Cancer Institute & Speciality Medicine Planned Staffing Patient Acuity and Dependency scores during the audit period broken down by percentage

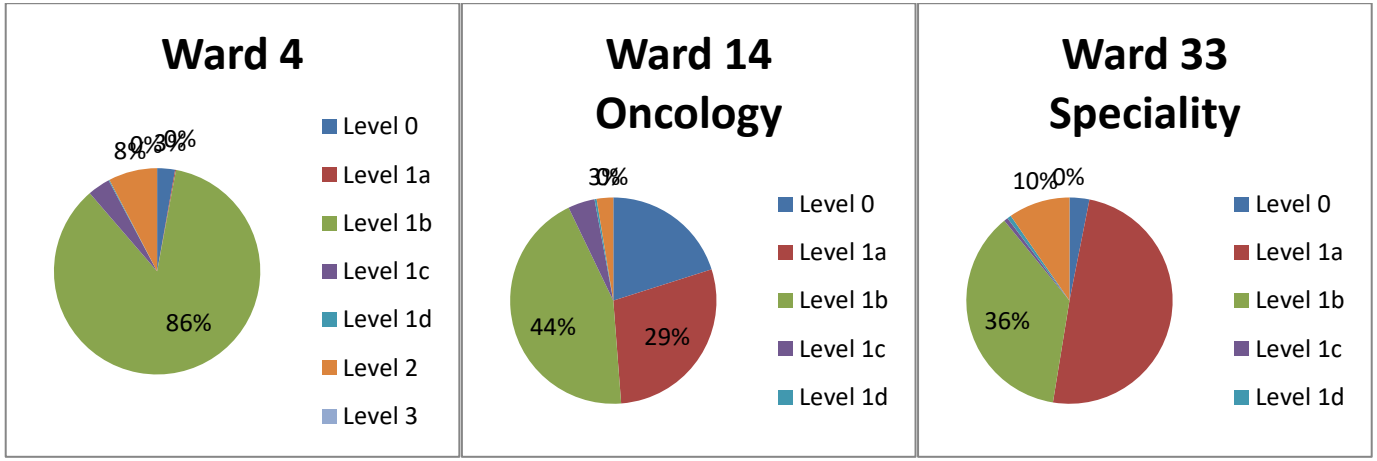

Figure 11 – JCCI Acuity and dependency scores

Figure 12 – James Cook Cancer Institute & Speciality Medicine Patient Acuity and Dependency scores comparison between both audits

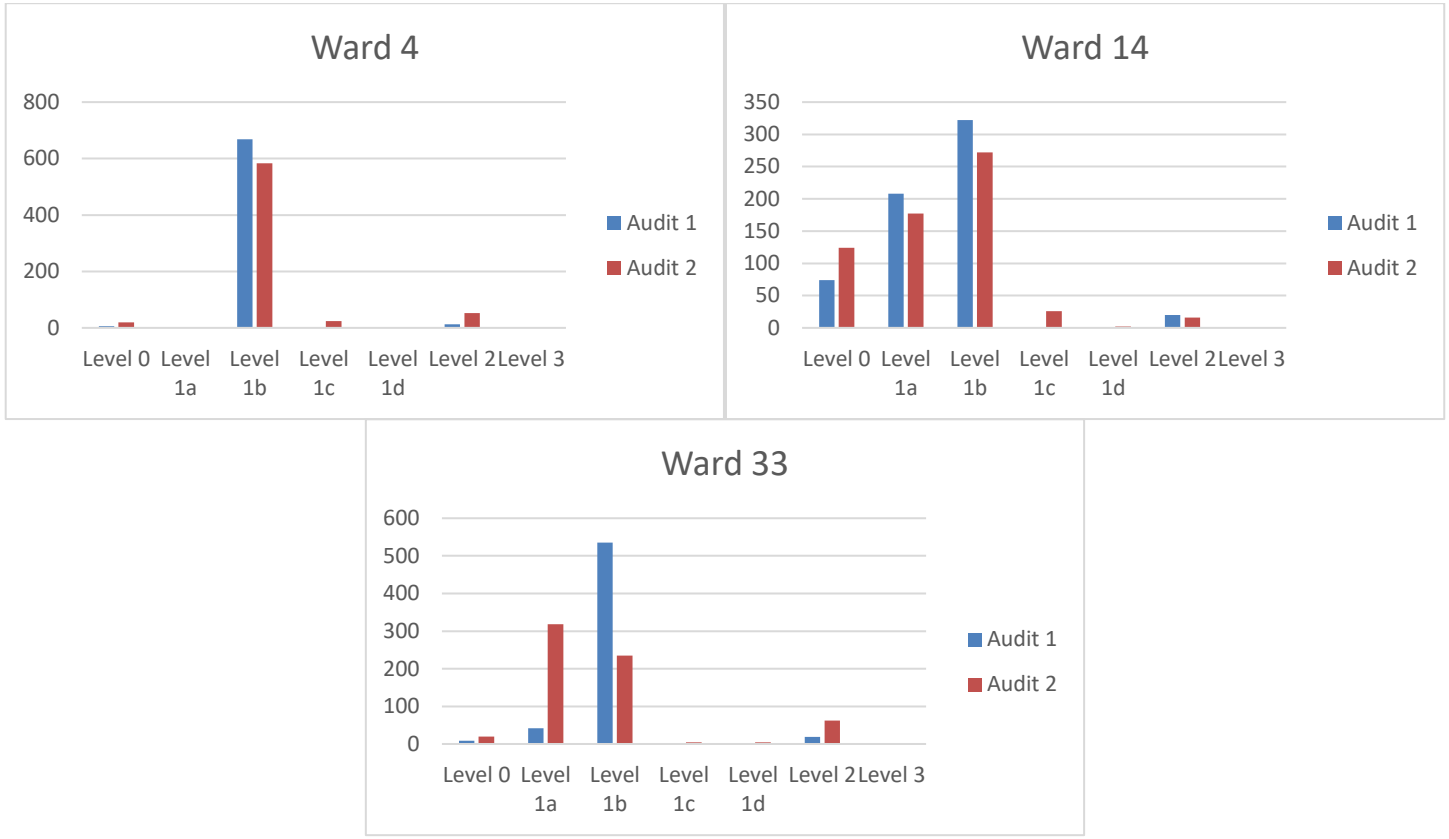

Figure 12 – JCCI patient acuity and depedency scores comparison between both audits

Table 19 – James Cook Cancer Institute & Speciality activity and patient harms recorded during both census periods

Ward 4			Ward 14 Oncology			Ward 33 Speciality		
Acuity Lvl	Audit 1	Audit 2	Acuity Lvl	Audit 1	Audit 2	Acuity Lvl	Audit 1	Audit 2
Level 0	6	19	Level 0	74	124	Level 0	9	20
Level 1a	0	1	Level 1a	208	177	Level 1a	42	318
Level 1b	668	583	Level 1b	322	272	Level 1b	535	235
Level 1c		24	Level 1c		26	Level 1c		4
Level 1d		1	Level 1d		2	Level 1d		4
Level 2	13	52	Level 2	20	16	Level 2	19	62
Level 3	0	0	Level 3	0	0	Level 3	0	0

Ward	Audit	Admissions	Discharges	Transfers in	Transfers Out	Ward Attenders	Deaths	Escorts on site	Escorts off Site	No of Patients requiring 1:1 care	No of Patients requiring Level 2	New or Deteriorating PU 2's (inpatient)	New or deteriorating PU 3's (inpatient)	Medication Incidents	Falls	Complaints	Inpatient Survey
Ward 4	Audit 1	65	90	37	17	18	7	60	0	9	7	1	0	1	4	0	89.4
	Audit 2	40	72	62	15	19	5	47	4	10	30	0	0	3	3	0	95.9%
Ward 14 Oncology	Audit 1	35	48	13	4	14	4	34	4	5	3	0	0	3	1	0	91.69
	Audit 2	70	82	19	7	13	6	41	0	13	29	1	0	2	2	0	100.0%
Ward 33 Specialty	Audit 1	66	57	14	10	16	3	22	0	0	0	1	0	4	2	2	85.73
	Audit 2	45	62	17	5	34	4	20	2	14	65	0	0	0	4	0	100.0%

Table 19 – JCCI Ward Activity and Nurse Sensitive Indicators

Associate Director of Nursing Comments and Actions

Ward 4 Renal – is a 23 bedded renal ward. Within the set RN ratios, the ward requires one RN four days per week to staff the dialysis bay. Out of hours an RN may also need to offer dialysis support to critical care as well as essential dialysis to ward patients. To ensure all nurses are dialysis trained and maintain their competencies, 1 x RN from the ward establishment is constantly seconded on a supernumerary bases to the dialysis unit. There remains a high NHSP use, but an active recruitment plan has resulted in the ward being at full establishment. Further work is planned to map this against request for enhanced observations and harms. This will inform future workforce reviews.

Ward 14 Oncology - is a 23 bedded acute oncology ward, inclusive of a radiotherapy bed. It offers a telephone support line at nights and weekends for patients requiring oncology and radiotherapy advice. Although not fully recruited at this moment, the SNCT data and contracted WTE suggest both the RN's and HCA's planned establishments are appropriate and safe. Ward 14 supports the Cancer Institute Assessment Bay (CIAB) with staff as required. NHSP spend is to support current vacancies and high maternity leave figures.

Ward 33 Haematology – is a 23 bedded acute haematology ward, inclusive of 2 assessment beds. 2 additional beds were opened last winter, these have not closed due to haematology demand. To staff these beds an NHSP HCA is required every night shift. Ward 33 offers a telephone support line at nights and weekends for patients requiring haematology advice. The British Society for Haematology staffing guidance for patients who are neutropenic is a ratio of 1:4, the agreed ward staffing on ward 33 is 1:5 during the day and 1:8 during the night as not all patients on the ward are neutropenic. The ward will be fully recruited into the agreed establishment.

Medicine & Emergency Care

Medicine & Emergency Care excluding ED
Beth Swanson, Associate Director of Nursing
Natalie Cockfield, Clinical Matron Emergency Medicine
Jess Farman, Clinical Matron Acute Medicine
David Whitelock, Clinical Matron OPM & Respiratory
Jackie Hoggart, Clinical Matron ID & Diabetes

Professional Judgement WTE Templates for Admissions Units

Using this methodology, outlined in Table 20 the current budget for RN was 90.16 WTE against the professional judgement of 96.62 WTE suggesting a deficit in funding of 6.46 WTE. For HCA the current budget was 64.50 WTE against the professional judgement of 67.01 WTE suggesting a deficit of 2.51 WTE.

Table 20 - Admissions Units Planned Staffing, Professional Judgement WTE Templates compared to Current Budget WTE and Safer Nursing Care Tool Recommended WTE Comparison

					RN								HCA							
	Bed Management				Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT RN		Variance		Planned Staffing	Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT HCA		Variance		Planned Staffing
Ward	Physical Bed Capacity	Open Bed Capacity	No of Patients Sept 24	% Occupancy	Budget RN WTE *includes WM	Sept 24 Contracted RN WTE *includes WM	Required RN WTE *includes WM	Trust Headroom 21% (including 1c&1d)	Trust Headroom 21% (not including 1c&1d)	Excess or deficit (-) SNCT against the **Current Budget**	RN Variance **Budget to PJ**	Recommendations 25/26	Budget HCA WTE	Sept 24 Contracted HCA WTE	Required HCA WTE	Trust Headroom 19.7% (including 1c&1d)	Trust Headroom 19.7% (not including 1c&1d)	Excess or deficit (-) SNCT against the **Current Budget**	HCA Variance **Budget to PJ**	Recommendations 25/26
Ward 1 AAU	30	31	27.37	88.28%	30.58	33.88	33.11	43.64	39.94	-9.36	-2.53	33.11	20.64	17.84	21.44	16.79	15.36	5.28	-0.80	21.44
Ward 31 AAU	35	35	35.07	100.19%	28.00	30.48	30.40	53.78	46.19	-18.19	-2.40	30.40	23.22	23.76	24.13	20.69	17.77	5.45	-0.91	24.13
Ward 37 (AMU)	30	30	30.20	100.67%	31.58	28.88	33.11	41.81	41.19	-9.61	-1.53	33.11	20.64	21.85	21.44	16.09	15.85	4.79	-0.80	21.44
Totals	**95**	**96**	**92.63**	**96.49%**	**90.16**	**93.24**	**96.62**	**139.23**	**127.33**	**-37.17**	**-6.46**	**96.62**	**64.50**	**63.45**	**67.01**	**53.56**	**48.98**	**15.52**	**-2.51**	**67.01**

Table 20 – Admissions Units Professional Judgement WTE templates compared to Current Budget WTE and Current Budget WTE compared to SNCT recommended WTE

During September 2024 the bed occupancy across this collaborative was an average of 96.49%. The skill mix ratio for this care setting is 70% RNs to 30% HCAs.

The figures above in Table 20 also compare the current budget against the SNCT recommended WTE. There was a suggested deficit between the RN budget of 37.17 WTE and HCA budget surplus of 15.52 WTE. To note the SNCT tool does not take into consideration the specialing requirement for wards.

Table 21 – Admissions Units & Speciality Medicine Audit 1 comparison with Audit 2

	Bed Management			RN								HCA							
				Current Budget 23/24	Professional Judgement (PJ)	Variance						Current Budget 23/24	Professional Judgement (PJ)	Variance					
Ward	% Occupancy Audit 1	% Occupancy Audit 2	% *Occupancy Average*	Budget RN WTE *includes WM	Required RN WTE *includes WM	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	*Excess or deficit (-) SNCT against the Current Budget Average*	RN Variance Budget to PJ Audit 1	RN Variance Budget to PJ Audit 2	RN Variance Budget to PJ Average	Budget HCA WTE	Required HCA WTE	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	*Excess or deficit (-) SNCT against the Current Budget Average*	HCA Variance Budget to PJ Audit 1	HCA Variance Budget to PJ Audit 2	HCA Variance Budget to PJ Average
Ward 1 AAU	95.00%	88.28%	91.64%	30.58	33.11	3.11	-9.36	-3.13	-2.42	-2.53	-2.48	20.64	17.84	5.86	5.28	5.57	-0.80	-0.80	-0.80
Ward 31 AAU	97.14%	100.19%	98.67%	28.00	30.40	-2.35	-18.19	-10.27	-2.00	-2.40	-2.20	23.22	23.76	6.86	5.45	6.15	-0.78	-0.91	-0.85
Ward 37 (AMU)	91.67%	100.67%	96.17%	31.58	33.11	4.50	-9.61	-2.55	-1.42	-1.53	-1.48	20.64	21.85	6.06	4.79	5.43	-0.76	-0.80	-0.78
Totals	**94.74%**	**96.49%**	***95.61%***	**90.16**	**96.62**	**5.26**	**-37.17**	***-15.95***	**-5.84**	**-6.46**	***-6.15***	**64.50**	**63.45**	**18.78**	**15.52**	***17.15***	**-2.34**	**-2.51**	***-2.43***

Table 21 – Admissions Units Audit 1 comparison with Audit 2

Table 21 compares bed occupancy from both audits, with an average of 95.61%. Table 21 also compares the average variance between the both the current budget and SNCT and professional judgement for both RNs and HCAs. Across both audits there was an average suggested deficit between the current budget and SNCT of 15.95 WTE for RN, and an average surplus of 17.15 WTE for HCA. Between the current budget and professional judgement there was an average deficit of 6.15 WTE for RN, and an average deficit of 2.43 WTE for HCA.

Figure 13 – Admissions Units Planned Staffing Patient Acuity and Dependency scores during the audit period broken down by percentage

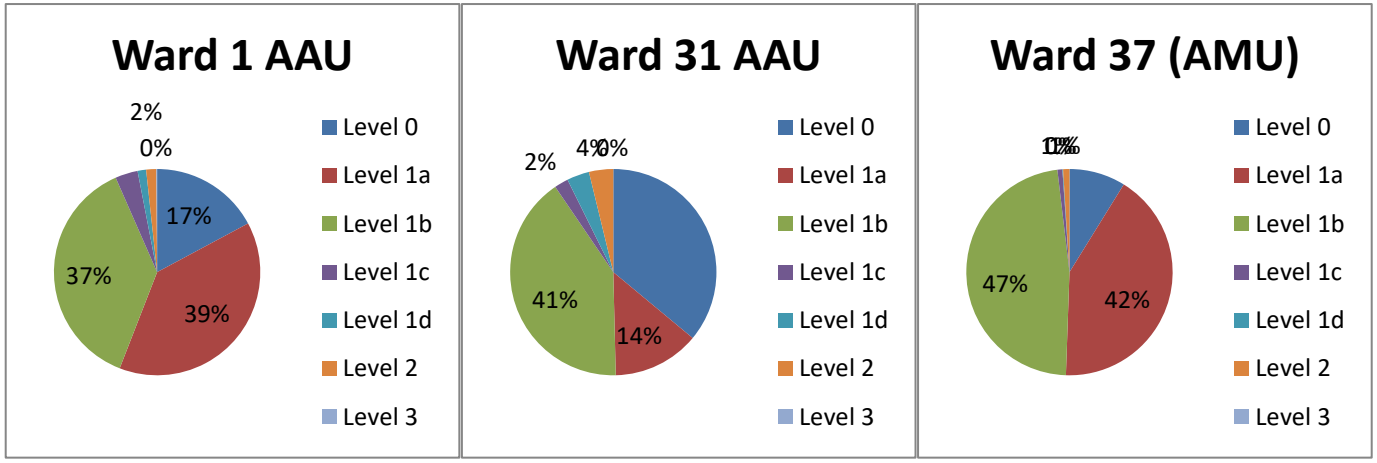

Figure 13– Admissions Unit Acuity and dependency scores

Figure 14 – Admissions Units Patient Acuity and Dependency scores comparison between both audits

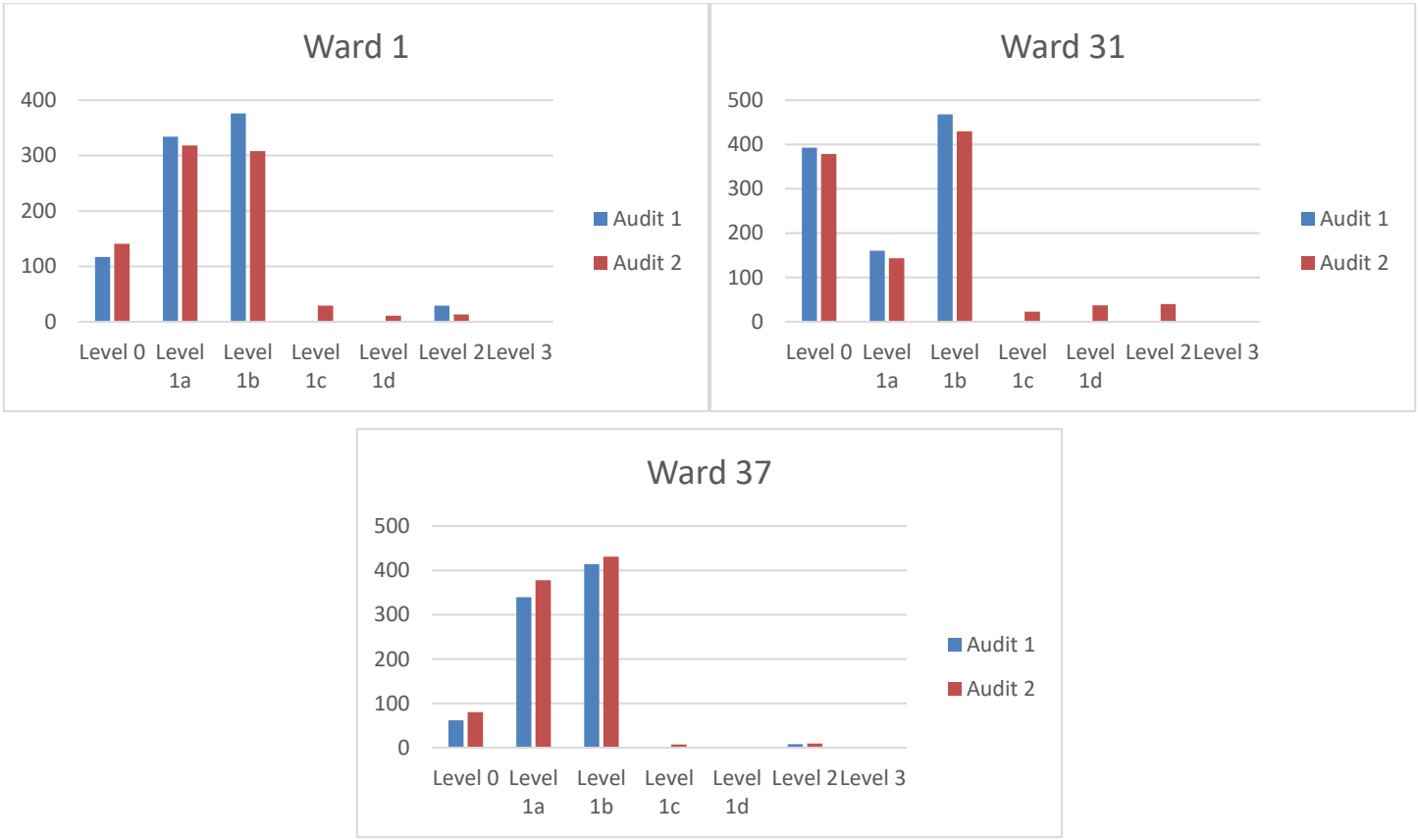

Figure 14 – Admissions Units patient acuity and depedency scores comparison between both audits

Professional Judgement WTE Templates for Medicine & Emergency Care

Using this methodology, outlined in Table 22 the current budget for RN was 101.68 WTE against the professional judgement of 121.68 WTE suggesting a deficit in funding of 20 WTE. For HCA the current budget was 74.65 WTE against the professional judgement of 78.61 WTE suggesting a deficit of 3.96 WTE.

Table 22 - Medicine & Emergency Care Planned Staffing, Professional Judgement WTE Templates compared to Current Budget WTE and Safer Nursing Care Tool Recommended WTE Comparison

					RN								HCA							
	Bed Management				Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT RN		Variance		Planned Staffing	Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT HCA		Variance		Planned Staffing
Ward	Physical Bed Capacity	Open Bed Capacity	No of Patients Sept 24	% Occupancy	Budget RN WTE *includes WM	Sept 24 Contracted RN WTE *includes WM	Required RN WTE *includes WM	Trust Headroom 21% (including 1c&1d)	Trust Headroom 21% (not including 1c&1d)	Excess or deficit (-) SNCT against the **Current Budget**	RN Variance **Budget to PJ**	Recommendations 25/26	Budget HCA WTE	Sept 24 Contracted HCA WTE	Required HCA WTE	Trust Headroom 19.7% (including 1c&1d)	Trust Headroom 19.7% (not including 1c&1d)	Excess or deficit (-) SNCT against the **Current Budget**	HCA Variance **Budget to PJ**	Recommendations 25/26
Ward 2	26	30	29.27	97.56%	16.92	19.84	18.78	30.96	30.96	-14.04	-1.86	18.78	13.36	12.75	12.84	11.91	11.91	1.45	0.52	12.84
Ward 3	28	28	27.07	96.67%	18.23	21.35	18.78	35.44	31.97	-13.74	-0.55	18.78	12.75	11.84	12.84	13.64	12.30	0.45	-0.09	12.84
Ward 9 incl RSU	32	34	33.33	98.04%	30.40	33.80	39.56	47.29	44.95	-14.55	-9.16	39.56	9.84	13.03	15.41	18.19	17.29	-7.45	-5.57	15.41
Ward 11 (OPM)	28	28	27.50	98.21%	20.46	20.84	22.28	37.50	37.50	-17.04	-1.82	22.28	20.64	17.52	18.76	14.43	14.43	6.21	1.88	18.76
Ward 12 OPM	24	27	27.03	100.12%	15.67	19.52	22.28	42.34	33.78	-18.11	-6.61	22.28	18.06	14.32	18.76	16.29	13.00	5.06	-0.70	18.76
Totals	**138**	**147**	**144.20**	**98.10%**	**101.68**	**115.35**	**121.68**	**193.54**	**179.17**	**-77.49**	**-20.00**	**121.68**	**74.65**	**69.46**	**78.61**	**74.46**	**68.93**	**5.72**	**-3.96**	**78.61**

Table 22 – Med & Emerg Professional Judgement WTE templates compared to Current Budget WTE and Current Budget WTE compared to SNCT recommended WTE

To note ward 9 has x 2 Respiratory Support Unit bays requiring 1:2 staffing for the first 24hrs of BIPAP and ward 3 multispecialty assessment ward.

During September 2024 the bed occupancy across this collaborative was an average of 98.10%. The skill mix ratio for this care setting is 60% RNs to 40% HCAs.

The figures above in Table 22 also compare the current budget across the medical wards against the SNCT recommended WTE. There was a suggested deficit between the RN budget of 77.49 WTE and surplus of HCA budget of 5.72 WTE. To note the SNCT tool does not take into consideration the specialing requirement for wards.

Table 23 – Medicine & Emergency Care Audit 1 comparison with Audit 2

				RN								HCA							
	Bed Management			Current Budget 23/24	Professional Judgement (PJ)	Variance						Current Budget 23/24	Professional Judgement (PJ)	Variance					
Ward	% Occupancy Audit 1	% Occupancy Audit 2	*% Occupancy Average*	Budget RN WTE *includes WM	Required RN WTE *includes WM	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	*Excess or deficit (-) SNCT against the Current Budget Average*	RN Variance Budget to PJ Audit 1	RN Variance Budget to PJ Audit 2	RN Variance Budget to PJ Average	Budget HCA WTE	Required HCA WTE	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	*Excess or deficit (-) SNCT against the Current Budget Average*	HCA Variance Budget to PJ Audit 1	HCA Variance Budget to PJ Audit 2	HCA Variance Budget to PJ Average
Ward 2	98.67%	97.56%	98.11%	16.92	18.78	-11.35	-14.04	-12.69	-1.58	-1.86	-1.72	13.36	12.75	-1.81	1.45	-0.18	0.76	0.52	0.64
Ward 3	99.29%	96.67%	97.98%	18.23	18.78	-9.74	-13.74	-11.74	-0.27	-0.55	-0.41	12.75	11.84	-2.33	0.45	-0.94	-0.09	-0.09	-0.09
Ward 9 incl RSU	103.13%	98.04%	100.58%	30.40	39.56	-5.80	-14.55	-10.18	-8.60	-9.16	-8.88	9.84	13.03	-9.70	-7.45	-8.58	-5.57	-5.57	-5.57
Ward 11 (OPM)	97.86%	98.21%	98.04%	20.46	22.28	-9.79	-17.04	-13.42	-1.74	-1.82	-1.78	20.64	17.52	4.37	6.21	5.29	2.14	1.88	2.01
Ward 12 OPM	100.00%	100.12%	100.06%	15.67	22.28	-13.79	-18.11	-15.95	-6.53	-6.61	-6.57	18.06	14.32	2.19	5.06	3.63	-0.44	-0.70	-0.57
Totals	**99.86%**	**98.10%**	***98.98%***	**101.68**	**121.68**	**-50.46**	**-77.49**	***-63.98***	**-18.72**	**-20.00**	***-19.36***	**74.65**	**69.46**	**-7.27**	**5.72**	***-0.78***	**-3.20**	**-3.96**	***-3.58***

Table 23 – Med & Emerg Audit 1 comparison with Audit 2

Table 23 compares bed occupancy from both audits, with an average of 98.98%. Table 23 also compares the average variance between the both the current budget and SNCT and professional judgement for both RNs and HCAs. Across both audits there was an average suggested deficit between the current budget and SNCT of 63.98 WTE for RN, and no variance for HCA. Between the current budget and professional judgement there was an average deficit of 19.36 WTE for RN, and an average deficit of 3.58 WTE for HCA.

Figure 15 – Medicine & Emergency Care Planned Staffing Patient Acuity and Dependency scores during the audit period broken down by percentage

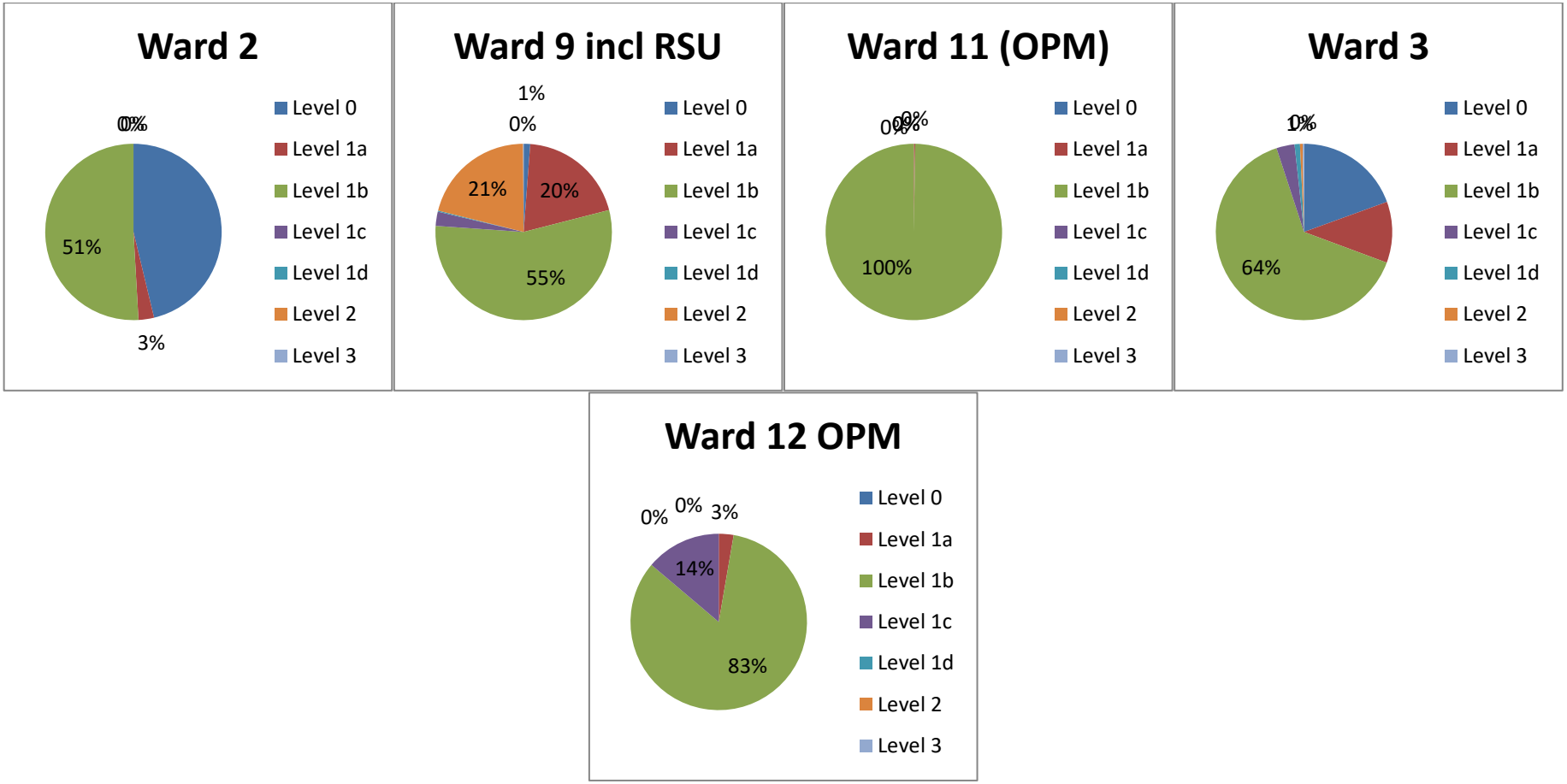

Figure 15 – Med & Emerg Acuity and dependency scores

Figure 16 – Medicine & Emergency Care Patient Acuity and Dependency scores comparison between both audits

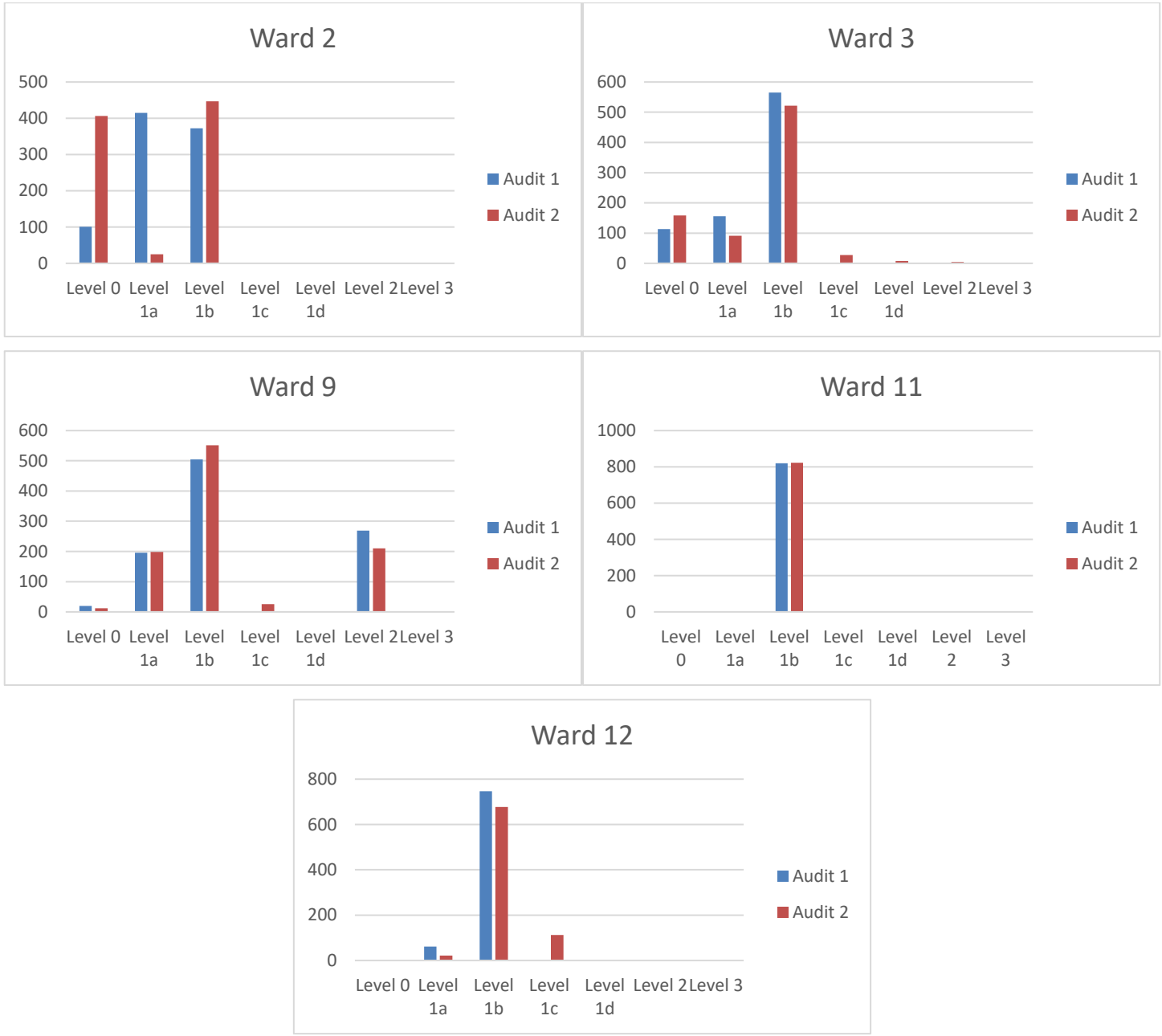

Figure 16 – Med & Emerg patient acuity and depedency scores comparison between both audits

Table 24 – Medicine & Emergency Care activity and patient harms recorded during both census periods

Ward 1 AAU		
Acuity Lvl	Audit 1	Audit 2
Level 0	117	141
Level 1a	334	318
Level 1b	376	308
Level 1c		29
Level 1d		11
Level 2	29	13
Level 3	0	1

Ward 2		
Acuity Lvl	Audit 1	Audit 2
Level 0	101	406
Level 1a	415	25
Level 1b	372	447
Level 1c		0
Level 1d		0
Level 2	0	0
Level 3	0	0

Ward 3		
Acuity Lvl	Audit 1	Audit 2
Level 0	113	158
Level 1a	156	91
Level 1b	565	522
Level 1c		27
Level 1d		8
Level 2	1	4
Level 3	0	2

Ward 9 incl RSU		
Acuity Lvl	Audit 1	Audit 2
Level 0	20	12
Level 1a	196	198
Level 1b	505	551
Level 1c		26
Level 1d		2
Level 2	269	210
Level 3	0	1

Ward 11 (OPM)		
Acuity Lvl	Audit 1	Audit 2
Level 0	0	0
Level 1a	1	2
Level 1b	820	823
Level 1c		0
Level 1d		0
Level 2	0	0
Level 3	0	0

Ward 12 OPM		
Acuity Lvl	Audit 1	Audit 2
Level 0	2	0
Level 1a	61	22
Level 1b	747	677
Level 1c		112
Level 1d		0
Level 2	0	0
Level 3	0	0

Ward 31 AAU		
Acuity Lvl	Audit 1	Audit 2
Level 0	393	379
Level 1a	160	143
Level 1b	468	430
Level 1c		23
Level 1d		37
Level 2	0	40
Level 3	0	0

Ward 37 (AMU)		
Acuity Lvl	Audit 1	Audit 2
Level 0	62	80
Level 1a	340	378
Level 1b	414	431
Level 1c		7
Level 1d		1
Level 2	8	9
Level 3	0	0

Ward	Audit	Admissions	Discharges	Transfers in	Transfers Out	Ward Attenders	Deaths	Escorts on site	Escorts off Site	No of Patients requiring 1:1 care	No of Patients requiring Level 2	New or Deteriorating PU 2's (inpatient)	New or deteriorating PU 3's (inpatient)	Medication Incidents	Falls	Complaints	Inpatient Survey
Ward 1 AAU	Audit 1	317	222	300	388	7	4	331	1	16	4	1	0	4	6	0	91.49
	Audit 2	561	342	286	358	31	8	339	6	9	22	3	0	3	4	1	None
Ward 2	Audit 1	60	58	0	2	0	4	63	0	28	0	2	0	0	5	0	NA
	Audit 2	76	51	19	3	0	7	54	56	1	36	2	0	0	6	0	100.0%
Ward 3	Audit 1	2	88	100	10	0	6	42	1	86	0	1	0	1	2	1	86.75
	Audit 2	9	95	116	17	4	4	51	3	11	32	3	0	1	18	0	88.2%
Ward 9 incl RSU	Audit 1	138	122	8	7	14	16	211	2	14	12	10	0	5	6	0	87.63
	Audit 2	93	84	5	5	20	9	240	0	16	11	4	0	2	8	1	92.3%
Ward 11 (OPM)	Audit 1	50	60	25	7	2	13	62	0	23	41	2	0	1	6	1	84.86
	Audit 2	56	57	18	14	0	6	41	1	12	35	8	0	0	9	0	91.7%
Ward 12 OPM	Audit 1	40	55	11	3	0	8	57	0	25	42	5	0	1	5	0	92.26
	Audit 2	22	54	40	5	0	5	54	0	67	54	1	0	2	8	0	100.0%
Ward 31 AAU	Audit 1	315	316	2	18	0	3	94	5	34	31	1	0	1	3	0	93.29
	Audit 2	315	337	1	22	0	0	125	0	33	35	0	0	1	5	1	100.0%
Ward 37 (AMU)	Audit 1	883	873	0	607	0	6	1582	0	28	27	7	0	0	7	0	90.65
	Audit 2	669	427	3	236	0	6	866	0	6	11	7	0	1	8	2	92.1%

Table 24 Med & Emerg – Ward Activity and Nurse Sensitive Indicators

Associate Director of Nursing Comments and Actions

Ward 1 Male Assessment Unit – The ward currently has 30 beds. It takes direct admissions from the Emergency Department, SDEC and via GP's. Expected activity was observed during the census period with high numbers of admissions, discharges, and internal transfers / escorts recorded. In addition to the agreed bed base the ward has patients waiting admission via ambulance or with family in a dedicated area. The professional judgement ratios (1 nurse-6 patients) reflect the high level of activity, acuity and dependency associated with this area of nursing and national assessment unit standards. The ward has 24-hour supernumerary co-ordination due to the numbers of admissions/discharges, patients requiring NIV and the introduction of continuous flow within the organisation . In addition, a designated nurse with ALS skills holds the cardiac arrest bleep 24 hours a day and must be able to leave immediately to attend emergency calls off the ward.

Ward 37 Female Assessment Unit – The ward currently has 30 beds. It takes direct admissions from the Emergency Department, SDEC and via GP's. Expected activity was observed during the census period with high numbers of admissions, discharges, and internal transfers / escorts recorded. In addition to the agreed bed base the ward has patients waiting admission via ambulance or with family in a dedicated area. The professional judgement ratios (1 nurse-6 patients) reflect the high level of activity, acuity and dependency associated with this area of nursing and national assessment unit standards. The ward has 24-hour supernumerary co-ordination due to the numbers of admissions/discharges, patients requiring NIV and the introduction of continuous flow within the organisation . In addition, a designated nurse with ALS skills holds the cardiac arrest bleep 24 hours a day and must be able to leave immediately to attend emergency calls off the ward.

Ward 31 Short Stay – is a 35-bed short stay ward receiving admissions directly from the assessment units and SDEC. The percentage occupancy on the ward is consistently high, the professional judgement ratios appear appropriate and correct for the increased activity and bed base.

Ward 3 Infectious Diseases – This ward has 28 beds. At present the professional judgement ratios appear appropriate due to the falls rate and requests for enhanced observation.

Ward 9 Respiratory - is a 32 bedded respiratory ward. The ward footprint includes 8 ring fenced beds that are used for patients requiring high levels of respiratory support split over 2 bays offering dedicated male and female beds. The ward footprint is large and this is challenging to manage as there is often a requirement to provide additional respiratory support in side rooms. RSU beds require level 2 nurse to patient ratios. In winter the ward's activity, acuity and dependency predictably increases. In addition, during covid surges the ward accommodates infectious patients within the negative pressure side rooms.

Ward 10 Short Stay – Is a 24 bedded older people's medical ward. The ward looks after older adults with physical dependency, multiple co-morbidities, clinical frailty, and high requirements for 1-1 observation for both behaviours and psychological symptoms of dementia, delirium and falls prevention. This can be seen in the high percentage of patients being scored as 1B (98%). However, the SNCT tool is not currently validated for use in older people's wards and should therefore only be used as a guide. Professional judgement supports the higher RN and HCA workforce requirements in addition to NHSP spend on 1-1 care.

Ward 11 Older Peoples Medicine – is a 28 bedded older people's medical ward. The ward looks after older adults with physical dependency, multiple co-morbidities, clinical frailty, and high requirements for 1-1 observation for both behaviours and psychological symptoms of dementia and falls prevention. This can be seen in the high percentage of patients being scored as 1B (96%). However, the SNCT tool is not currently validated for use in older people's wards and should therefore only be used as a guide. Professional judgement supports the higher HCA workforce requirements in addition to NHSP spend on 1-1 care.

Ward 12 - is a 26 bedded diabetes ward. The ward is fully established although the SNCT shows a deficit of RN's.

Neurosciences & Spinal Care

Neurosciences & Spinal Care
Helen Wilson, Associate Director of Nursing
Julie Carr, Clinical Matron Neurology including Spinal Injuries
Kathy Collighan, Clinical Matron Neuro

Professional Judgement WTE Templates for Neurosciences & Spinal Care

Using this methodology, outlined in Table 25 the current budget for RN was 91.36 WTE against the professional judgment of 104.46 WTE suggesting a deficit in funding of 13.10 WTE. For HCA the current budget was 70.12 WTE against the professional judgement of 81.55 WTE suggesting a deficit of 11.43 WTE.

Table 25 - Neurosciences & Spinal Care Planned Staffing, Professional Judgement WTE Templates compared to Compared Budget WTE and Safer Nursing Care Tool Recommended WTE Comparison

					RN								HCA							
	Bed Management				Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT RN		Variance		Planned Staffing	Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT HCA		Variance		Planned Staffing
Ward	Physical Bed Capacity	Open Bed Capacity	No of Patients Sept 24	% Occupancy	Budget RN WTE *includes WM	Sept 24 Contracted RN WTE *includes WM	Required RN WTE *includes WM	Trust Headroom 21% (including 1c&1d)	Trust Headroom 21% (not including 1c&1d)	Excess or deficit (-) SNCT against the **Current Budget**	RN Variance **Budget to PJ**	Recommendations 25/26	Budget HCA WTE	Sept 24 Contracted HCA WTE	Required HCA WTE	Trust Headroom 19.7% (including 1c&1d)	Trust Headroom 19.7% (not including 1c&1d)	Excess or deficit (-) SNCT against the **Current Budget**	HCA Variance **Budget to PJ**	Recommendations 25/26
Spinal Injuries +HDU	24	24	22.60	94.17%	29.60	34.41	31.00	41.93	38.50	-8.90	-1.40	31.00	24.22	19.32	24.12	16.13	14.81	9.41	0.10	24.12
Ward 24	23	23	20.00	86.96%	18.67	19.56	19.56	28.36	23.71	-5.04	-0.89	19.56	13.90	12.52	18.76	10.91	9.12	4.78	-4.86	18.76
Ward 26	18	19	17.87	94.04%	13.51	16.04	15.36	26.93	24.18	-10.67	-1.85	15.36	12.90	12.32	13.40	10.36	9.30	3.60	-0.50	13.40
Ward 34 NASU	34	32	27.93	87.29%	29.58	28.20	38.54	42.67	40.31	-10.73	-8.96	38.54	19.10	20.76	25.27	16.42	15.51	3.59	-6.17	25.27
Totals	**99**	**98**	**88.40**	**90.20%**	**91.36**	**98.21**	**104.46**	**139.90**	**126.70**	**-35.34**	**-13.10**	**104.46**	**70.12**	**64.92**	**81.55**	**53.82**	**48.74**	**21.38**	**-11.43**	**81.55**

Table 25 – Neuro & Spinal Professional Judgement WTE templates compared to Compare Budget WTE and Compared Budget WTE compared to SNCT recommended WTE

During September 2024 the bed occupancy across this collaborative was an average of 90.20%. The skill mix ratio for this care setting is 60% RNs to 40% HCAs except for ward 26 which was 50/50.

The figures above in Table 25 compare the compared budget WTE against the SNCT WTE. Using this calculation there was a suggested deficit between the RN budget of 35.34 WTE and surplus HCA budget of 21.38 WTE. To note the SNCT tool does not take into consideration the specialing requirement for wards.

Table 26 – Neurosciences & Spinal Care Audit 1 comparison with Audit 2

				RN								HCA						
	Bed Management			Current Budget 23/24	Professional Judgement (PJ)	Variance						Current Budget 23/24	Professional Judgement (PJ)	Variance				
Ward	% Occupancy Audit 1	% Occupancy Audit 2	*% Occupancy Average*	Budget RN WTE *includes WM	Required RN WTE *includes WM	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	*Excess or deficit (-) SNCT against the Current Budget Average*	RN Variance Budget to PJ Audit 1	RN Variance Budget to PJ Audit 2	RN Variance Budget to PJ Average	Budget HCA WTE	Required HCA WTE	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	*Excess or deficit (-) SNCT against the Current Budget Average*	HCA Variance Budget to PJ Audit 1	HCA Variance Budget to PJ Audit 2	HCA Variance Budget to PJ Average
Spinal Injuries +HDU	77.92%	94.17%	*86.04%*	29.60	31.00	-3.23	-8.90	*-6.06*	-1.40	-1.40	*-1.40*	24.22	24.12	6.57	9.41	*7.99*	0.22	0.10	*0.16*
Ward 24	88.70%	86.96%	*87.83%*	18.67	19.56	-1.46	-5.04	*-3.25*	-0.83	-0.89	*-0.86*	13.90	18.76	3.39	4.78	*4.08*	-4.10	-4.86	*-4.48*
Ward 26	93.68%	94.04%	*93.86%*	13.51	15.36	-5.53	-10.67	*-8.10*	-1.89	-1.85	*-1.87*	12.90	13.40	2.68	3.60	*3.14*	-0.50	-0.50	*-0.50*
Ward 34 NASU	84.71%	87.29%	*86.00%*	29.58	38.54	-3.05	-10.73	*-6.89*	-7.42	-8.96	*-8.19*	19.10	25.27	1.55	3.59	*2.57*	-5.90	-6.17	*-6.04*
Totals	**85.70%**	**90.20%**	***87.95%***	**91.36**	**104.46**	**-13.28**	**-35.34**	***-24.31***	**-11.54**	**-13.10**	***-12.32***	**70.12**	**81.55**	**14.18**	**21.38**	***17.78***	**-10.28**	**-11.43**	***-10.86***

Table 26 – Neuro & Spinal Audit 1 comparison with Audit 2

Table 26 compares bed occupancy from both audits, with an average of 87.95%. Table 26 also compares the average variance between the both the current budget and SNCT and professional judgement for both RNs and HCAs. Across both audits there was an average suggested deficit between the current budget and SNCT of 24.31 WTE for RN, and a surplus of 17.78 for HCA. Between the current budget and professional judgement there was an average deficit of 12.32 WTE for RN, and an average deficit of 10.86 WTE for HCA.

Figure 17 – Neurosciences & Spinal Care Planned Staffing Patient Acuity and Dependency scores during the audit period broken down by percentage

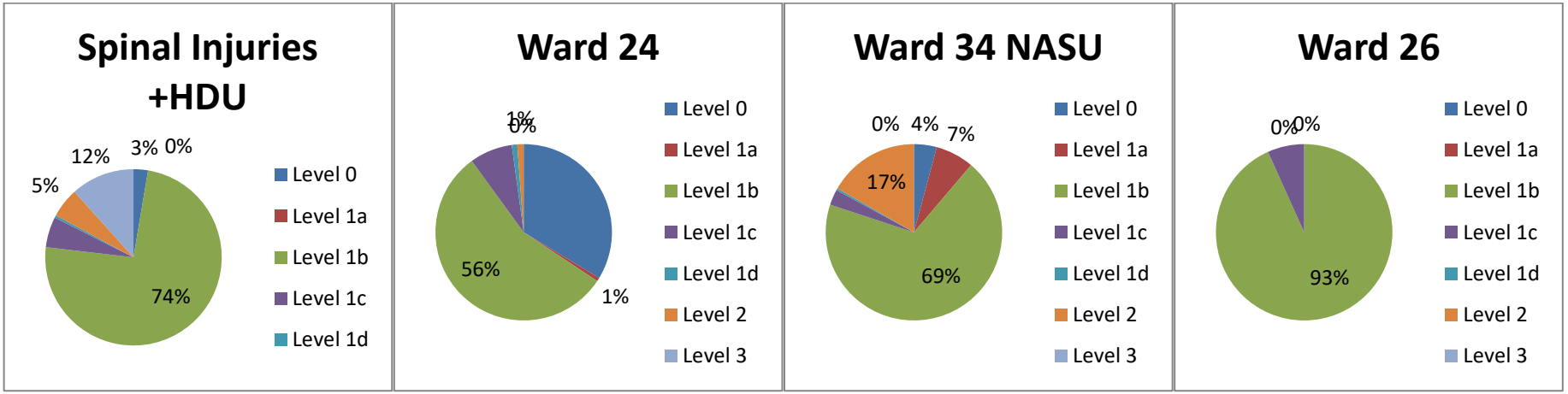

Figure 17 – Neuro & Spinal Acuity and dependency scores

Figure 18 – Neurosciences & Spinal Care Patient Acuity and Dependency scores comparison between both audits

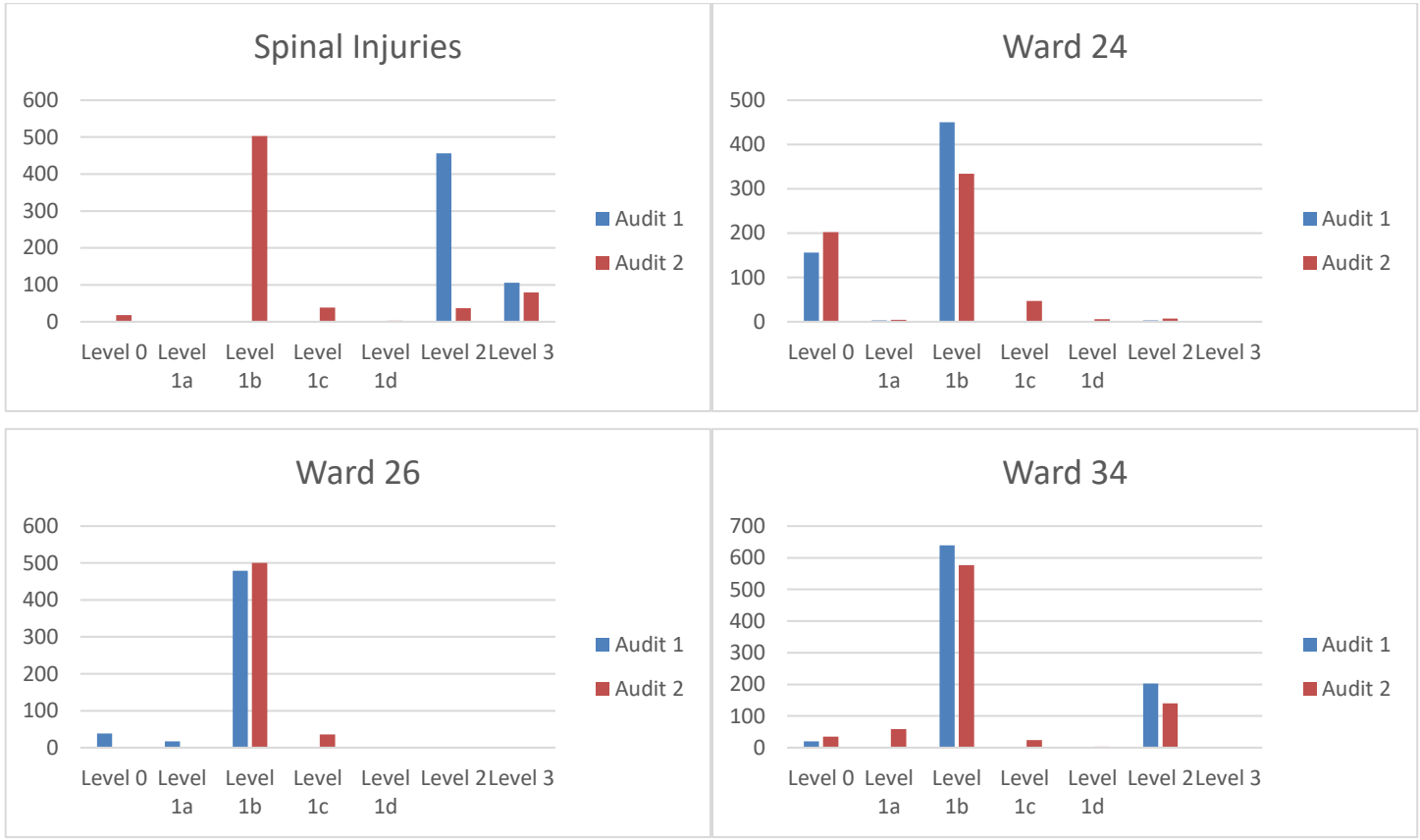

Figure 18 – Neuro & Spinal patient acuity and depedency scores comparison between both audits

Table 27 – Neurosciences & Spinal Care activity and patient harms recorded during both census periods

Spinal Injuries +HDU		
Acuity Lvl	Audit 1	Audit 2
Level 0	0	18
Level 1a	0	0
Level 1b	0	503
Level 1c		38
Level 1d		3
Level 2	456	37
Level 3	106	79

Ward 24		
Acuity Lvl	Audit 1	Audit 2
Level 0	156	202
Level 1a	3	4
Level 1b	450	334
Level 1c		47
Level 1d		6
Level 2	3	7
Level 3	0	0

Ward 26		
Acuity Lvl	Audit 1	Audit 2
Level 0	38	0
Level 1a	17	0
Level 1b	479	500
Level 1c		36
Level 1d		0
Level 2	0	0
Level 3	0	0

Ward 34 NASU		
Acuity Lvl	Audit 1	Audit 2
Level 0	20	35
Level 1a	1	59
Level 1b	639	577
Level 1c		24
Level 1d		3
Level 2	203	140
Level 3	0	0

Ward	Audit	Admissions	Discharges	Transfers in	Transfers Out	Ward Attenders	Deaths	Escorts on site	Escorts off Site	No of Patients requiring 1:1 care	No of Patients requiring Level 2	New or Deteriorating PU 2's (inpatient)	New or deteriorating PU 3's (inpatient)	Medication Incidents	Falls	Complaints	Inpatient Survey
Spinal Injuries +HDU	Audit 1	15	10	2	1	0	0	3	3	0	0	0	0	0	0	0	91.37
	Audit 2	11	13	3	2	165	0	2	1	0	0	1	0	1	0	0	100.0%
Ward 24	Audit 1	47	65	39	19	45	14	9	0	18	118	0	0	3	5	0	91.49
	Audit 2	46	73	66	22	39	0	15	1	21	45	2	0	1	3	0	96.6%
Ward 26	Audit 1	2	7	7	2	0	0	8	1	112	23	0	0	0	4	0	85.91
	Audit 2	0	7	11	3	2	0	6	0	40	26	0	0	1	3	1	100.0%
Ward 34 NASU	Audit 1	94	99	13	3	11	6	82	1	1	1	1	0	2	6	0	NA
	Audit 2	100	94	17	22	20	13	114	7	21	23	1	1	3	5	0	87.5%

Table 27 – Neuro & Spinal Ward Activity and Nurse Sensitive Indicators

Associate Director of Nursing Comments and Actions

Ward 24 – There is still a requirement for an increase in HCAs with the extra spend on NHSP for falls and acuity, we have asked for this to be added into the budget each year. The data suggests a further RN which would be beneficial, given the acuity of the ward and the nurse-to-patient ratio of 1-8 and a coordinator, the 5th RN would give a 1- 6 ratio, which I feel given the acuity and complexity of these patients is a safer model.

Ward 26 – Currently a 50 -50 split but as the data suggest would benefit from a further RN to give 4 RNs during the day and a further RN overnight, which I agree with, however the extra HCAs are required due to the number of patients requiring high levels of observation due to the nature of the speciality.

Ward 34 - Ward 34 is a 34 bedded NASU including a 6 bedded hyper acute stroke bay and 1 thrombolysis side ward. The remaining beds are a mixture of Acute strokes and Neurology patients and 2 telemetry beds Monday to Friday which are constantly monitored by a Health care assistant and the beds are used for sleep studies on a weekend. It is an incredibly busy ward and currently doesn't have the funding for 1-2 nurse ratio in the monitored bay that is required and have requested extra staffing days and nights. The establishment is not funded correctly due to underestimating the acuity of merging to acute wards. Funding going forward needs to recognise this and the establishment needs to reflect the needs of the patient group.

Spinal injuries – As a regional spinal injury unit, the unit should be commissioned for 1 RN and 1 HCA for 4 patients with a supernummary coordinator for the ward during the day with 3 RNs overnight. The Spinal HDU should be 2 RNs days and night with an HCA. We currently don't have the budget for these numbers The SNCT figures would be accurate for this modelling plus the 2 ward managers. The SNCT figures are not considering the HCA'S in the HDU.

Women & Children

Women & Children
Cathy Brammer, Lead Nurse Paediatrics
Nicola Howe, Clinical Matron Paediatrics

Professional Judgement WTE Templates for Women & Children

Using this methodology, outlined in Table 28 the current budget for RN was 50.95 WTE against the professional judgement of 50.92 suggesting no variance. For HCA the current budget was 22.90 WTE against the professional judgement of 21.24 WTE suggesting a surplus of 1.66 WTE.

Table 28 - Women and Children Planned Staffing, Professional Judgement WTE Templates compared to Current Budget WTE and Safer Nursing Care Tool Recommended WTE Comparison

					RN							HCA								
	Bed Management				Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT RN		Variance		Planned Staffing	Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT HCA		Variance		Planned Staffing
Ward	Physical Bed Capacity	Open Bed Capacity	No of Patients Sept 24	% Occupancy	Budget RN WTE *includes WM	Sept 24 Contracted RN WTE *includes WM	Required RN WTE *includes WM	Trust Headroom 21% (including 1c&1d)	Trust Headroom 21% (not including 1c&1d)	Excess or deficit (-) SNCT against the **Current Budget**	RN Variance **Budget to PJ**	Recommendations 25/26	Budget HCA WTE	Sept 24 Contracted HCA WTE	Required HCA WTE	Trust Headroom 19.7% (including 1c&1d)	Trust Headroom 19.7% (not including 1c&1d)	Excess or deficit (-) SNCT against the **Current Budget**	HCA Variance **Budget to PJ**	Recommendations 25/26
Ward 21	25	25	15.40	61.60%	33.20	31.80	33.00	20.15	20.15	13.05	0.20	33.00	13.20	10.84	12.00	10.13	10.13	3.07	1.20	12.00
Ward 22	17	17	9.20	54.12%	17.75	14.96	17.92	11.84	11.84	5.91	-0.17	17.92	9.70	9.24	9.24	5.95	5.95	3.75	0.46	9.24
Totals	**42**	**42**	**24.60**	**58.57%**	**50.95**	**46.76**	**50.92**	**31.99**	**31.99**	**18.96**	**0.03**	**50.92**	**22.90**	**20.08**	**21.24**	**16.08**	**16.08**	**6.82**	**1.66**	**21.24**

Table 28 – Women & Children Professional Judgement WTE templates compared to Current Budget WTE and Current Budget WTE compared to SNCT recommended WTE

During September 2024 the bed occupancy across the paediatric ward areas was an average of 58.57%. The skill mix ratio for this care setting is 70% RNs to 30% HCAs.

The figures above in Table 28 also compare the current budget WTE against the SNCT WTE. Using this calculation there was a suggested surplus between the RN budget of 18.96 WTE and surplus HCA budget of 6.82 WTE.

Paediatrics have a lot of activity during the day as can be seen on ward 22 with children only staying overnight if necessary following surgery.

Table 29 – Women & Children Audit 1 comparison with Audit 2

				RN								HCA						
	Bed Management			Current Budget 23/24	Professional Judgement (PJ)	Variance						Current Budget 23/24	Professional Judgement (PJ)	Variance				
Ward	% Occupancy Audit 1	% Occupancy Audit 2	*% Occupancy Average*	Budget RN WTE *includes WM	Required RN WTE *includes WM	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	*Excess or deficit (-) SNCT against the Current Budget Average*	RN Variance Budget to PJ Audit 1	RN Variance Budget to PJ Audit 2	RN Variance Budget to PJ Average	Budget HCA WTE	Required HCA WTE	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	*Excess or deficit (-) SNCT against the Current Budget Average*	HCA Variance Budget to PJ Audit 1	HCA Variance Budget to PJ Audit 2	HCA Variance Budget to PJ Average
Ward 21	76.80%	61.60%	*69.20%*	33.20	33.00	8.11	13.05	*10.58*	0.20	0.20	*0.20*	13.20	12.00	0.41	3.07	*1.74*	1.20	1.20	*1.20*
Ward 22	61.18%	54.12%	*57.65%*	17.75	17.92	4.66	5.91	*5.28*	-0.17	-0.17	*-0.17*	9.70	9.24	3.05	3.75	*3.40*	0.46	0.46	*0.46*
Totals	**70.48%**	**58.57%**	***64.52%***	**50.95**	**50.92**	**12.77**	**18.96**	***15.86***	**0.03**	**0.03**	***0.03***	**22.90**	**21.24**	**3.46**	**6.82**	***5.14***	**1.66**	**1.66**	***1.66***

Table 29 – Women & Children Audit 1 comparison with Audit 2

Table 29 compares bed occupancy from both audits, with an average of 64.52%. Table 29 also compares the average variance between the both the current budget and SNCT and professional judgement for both RNs and HCAs. Across both audits there was an average suggested surplus between the current budget and SNCT of 15.86 WTE for RN, and a surplus of 5.14 for HCA. Between the current budget and professional judgement there was no variance for RN, and an average surplus of 1.66 WTE for HCA.

Figure 19 – Women & Children Planned Staffing Patient Acuity and Dependency scores during the audit period broken down by percentage

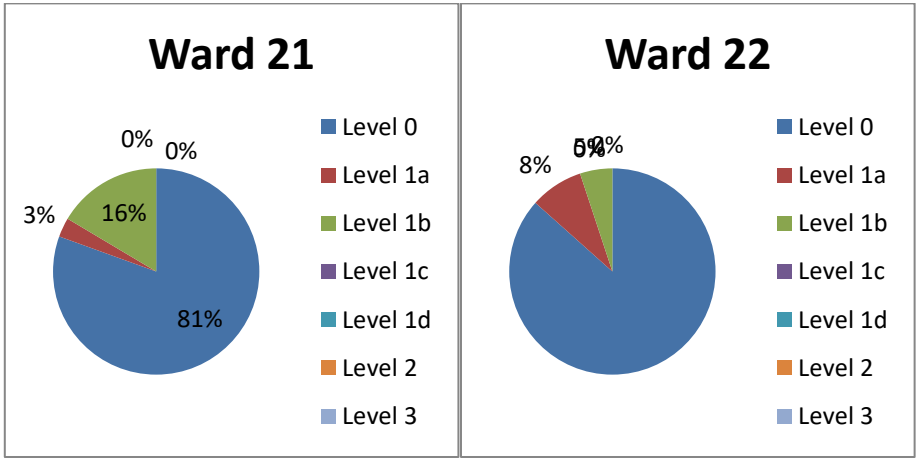

Figure 19 – Women & Children Acuity and dependency scores

Figure 20 – Women & Children Patient Acuity and Dependency scores comparison between both audits

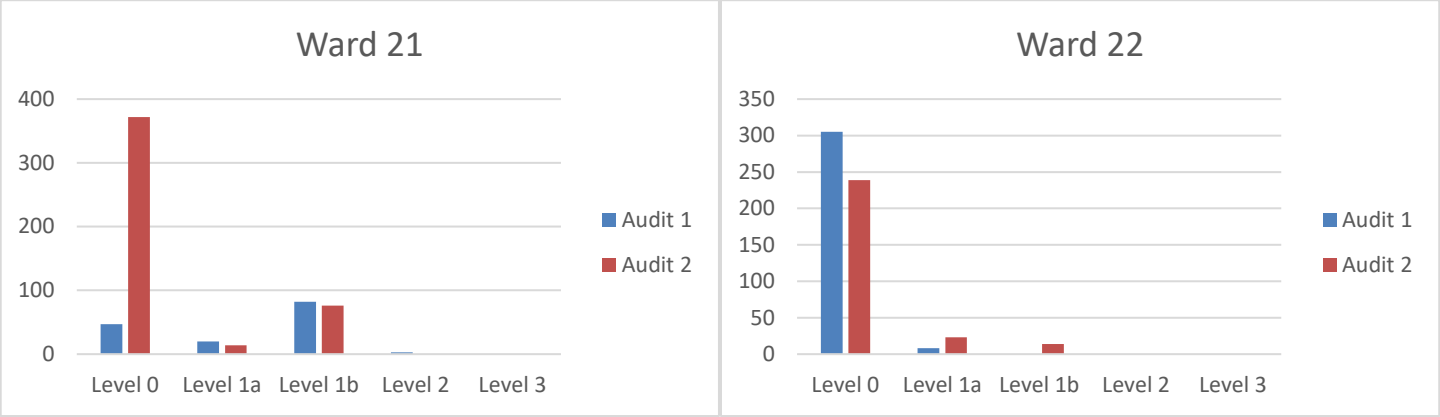

Figure 20 – Women & Children patient acuity and depedency scores comparison between both audits

Table 30 – Women & Children activity and patient harms recorded during both census periods

Paediatrics have a lot of activity during the day as can be seen on Ward 22 with children only staying overnight if necessary following surgery.

Ward 21			Ward 22		
Acuity Lvl	**Audit 1**	**Audit 2**	**Acuity Lvl**	**Audit 1**	**Audit 2**
Level 0	47	372	**Level 0**	305	239
Level 1a	20	14	**Level 1a**	8	23
Level 1b	82	76	**Level 1b**	0	14
Level 2	3	0	**Level 2**	0	0
Level 3	0	0	**Level 3**	0	0

Ward	Audit	Admissions	Discharges	Transfers in	Transfers Out	Ward Attenders	Deaths	Escorts on site	Escorts off Site	No of Patients requiring 1:1 care	No of Patients requiring Level 2	New or Deteriorating PU 2's (inpatient)	New or deteriorating PU 3's (inpatient)	Medication Incidents	Falls	Complaints	Inpatient Survey
Ward 21	Audit 1	178	139	11	4	14	0	8	0	0	0	0	0	0	0	0	NA
	Audit 2	172	153	14	4	17	0	11	0	0	0	0	0	0	0	0	97.6%
Ward 22	Audit 1	144	129	5	2	41	0	0	0	0	0	0	0	2	0	0	NA
	Audit 2	143	122	11	4	26	0	312	0	0	0	0	0	1	0	1	100.0%

Table 30 – Women & Children Ward Activity and Nurse Sensitive Indicators

Head of Nursing Comments and Actions

The data above demonstrates that across the two children's inpatient wards average bed occupancy was 70.48% in March and 58.57%% in September 2024. It suggests that for this level of activity RN numbers could be reduced across both areas. However, if both wards were full of similar acuity patients, Ward 21 RN establishment would be correct at 33.2 WTE and Ward 22 current RN establishment would be in deficit by 5.35 WTE (however this is mitigated due to less surgical list on a weekend there for staffing allocation is reduced). HCA establishments would suggest to be accurate when taking into consideration play staff . Bed occupancy and levels of acuity fluctuate greatly on a day to day basis across children and young people services

As well as the standards for staffing as set by the SNCT, the Royal College of Nursing staffing guidance (RCN 2013) for Paediatric areas is available to benchmark against and is used nationally when setting nursing establishments for CYP areas. This guidance stipulates a set of core standards to be applied in services providing health care for children and young people which includes a nurse-to-patient ratio of 1:3 for patients under 2 years and 1: 4 for over. NHSE&I have published a Children's safer nurse staffing framework for inpatient care in acute hospitals (NHSE&I, 2021). It also suggest a 70/ 30% ration of registered to unregistered staff rather than 66%/ 36% used above and a headroom of 25% as opposed to the Trusts 21%. This document identifies as a minimum, there should be a co-ordinating nurse on each shift who is supernumerary where possible.

There is a general perception that children always have carers present however this is not an accurate reflection of reality. Children in general are a vulnerable patient group who are unable to be left unsupervised due to their age and development. Parents and carers often also need a high level of support. There has been a noticeable increase in the number of young people admitted requiring mental health support with increased pressure on inpatient mental health beds locally and nationally. These patients need an enhanced level of care and support

The number of premature children surviving early childhood significant complex conditions requiring higher ratios of nursing care regardless of age such as tracheostomy, respiratory support, complex neurological disability, and safeguarding concerns. Teaching and supporting parents and carers to look after children affected by illness, e.g., naso gastric feeding - to enable safe discharge home also impacts on nurse time as do other tasks specific to children's nursing such as calculation of medicine doses and double checking by 2 registered nurses.

Staff within neonatal and paediatric areas are moved to other areas to support on a daily basis, but this is not always evident on safe care, likewise staff do not always enter all nurse tasks on SNCT collection. This something we need to improve.

Actions

- Continue to review staffing on a 6 monthy basis in line with NHSI workforce Safeguards
- Promote robust data entry

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