

Agenda item:	Appendix 7.1
Date of meeting:	19 November 2025
Report to the:	Group Trust Board
Title of report:	Inpatient Establishment Review September 2025
Report author:	Amy Rich, Workforce and Staffing Lead
Executive sponsor:	Kate Howard, Chief Nurse and AHP Officer at Norfolk Community Health and Care Trust (NCH&C) and Cambridgeshire Community Services NHS Trust (CCS)
Recommendation:	Note

Assurance level:	Substantial <input checked="" type="checkbox"/> Reasonable <input type="checkbox"/> Partial <input type="checkbox"/> Minimal <input type="checkbox"/>
Rationale:	All members of the nursing, medical and AHP teams are working collectively to maintain adequate care for our patients. System Operational leads via safer staffing escalation groups continue to support inpatient and community. There have been no incidents raised correlating to staffing levels in the reporting period.

1.0 Executive Summary

1.1 The Nursing Establishment Review Report provides the Board with an updated position on the nursing workforce requirements needed to achieve safe staffing levels in the adult intermediate and specialist care inpatient units within Norfolk Community Health and Care Trust (NCH and C).

The report reviews requirements relating to the Care Quality Commission and the National Quality Board (2016) "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". Included in the report is an overview of the methodology used to review the nursing establishment and plans for its evolution as more tools become available to the Trust.

The Board is asked to note the report and the outlined recommendations.

2.0 How the report supports tackling Health Inequalities

2.1 The report doesn't specifically address Health Inequalities.

3.0 Links to Board Assurance Framework / Trust(s) Risk and Issue Registers

3.1 Maintaining Quality of Care

4.0 Legal and Regulatory requirements

4.1 N/A

5.0 Previous consideration by Committee or Executive

5.1 Adult Inpatient Establishment Review September 2024

6.0 Report

6.1 Developing Workforce Safeguards

Developing Workforce Safeguards (NHSI 2018) sets out a clear accountability framework for NHS organisations in relation to expectations for the delivery of best practice standards for workforce deployment and planning.

It is expected that organisations can demonstrate, and evidence actions taken to provide assurance of safe staffing and the associated compliance with CQC (care Quality Commission) Fundamental Standards.

The National Quality Board (NQB) published “How to ensure the right people, with the right skills, are in the right place at the right time – A guide to nursing, midwifery and care staffing capacity and capability” (2016) which contributes to the framework of this review.

The NQB have determined three core components that make up the framework of guiding principles for safe staffing (figure 1).

Figure 1: Principals of Safe Staffing



The NQB have also presented a triangulated approach (fig 2) to staffing decisions that describe expectations that contribute to the achievement of having the right staff, with the right skills in the right place at the right time.

Figure 2: Triangulated approach to staffing decisions

Safe, Effective, Caring, Responsive and Well-Led Care		
Measure and Improve		
- patient outcomes, people productivity and financial sustainability - - report investigate and act on incidents (including red flags) - - patient, carer and staff feedback -		
- Implementation Care Hours per Patient Day (CHPPD) - - develop local quality dashboard for safe sustainable staffing -		
Expectation 1	Expectation 2	Expectation 3
Right Staff 1.1 evidence-based workforce planning 1.2 professional judgement 1.3 compare staffing with peers	Right Skills 2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention	Right Place and Time 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency

The NQB improvement resource for adult inpatient wards in acute hospitals includes recommendations that form a governance framework in relation to safe, sustainable and productive staffing in acute adult wards. In the absence of an equivalent community-based inpatient tool this has been used for guidance. A gap analysis has taken place to ascertain the current compliance position, which is outlined in Appendix 1. This provides a synopsis of the evidence available to confirm how the basis of right staff, right skills and right time and place is delivered.

The Nursing Sensitive Indicators (NICE 2014) patient falls, and pressure areas were included in the review. When compared to staffing levels this can indicate if shortfalls have compromised patient safety. Average Call Bell waiting time was also included for Foxley Ward as the only ward able to access this data. When reviewed, average call bell waiting time was felt to be unhelpful as it was not inclusive of assisted technology alarms and that the data available would be more appropriately reviewed as part of the Patient Experience Group.

For the purposes of this report, data was for the period between September 2024 and August 2025 and was reviewed on the 26th September 2025. In attendance were Quality and Operations colleagues.

6.2 Nursing Establishment Review – A look Back

There are a range of methodologies and models available to support workforce planning, establishment setting and skill mix decisions. The guidance documents published by the NQB in 2018 provide a clear steer in terms of the considerations that should be included in designing the governance framework for safe staffing model decisions.

Safecare is NCH&C’s daily acuity assessment tool for inpatient areas. This was refreshed in October 2024 to include updated metrics, and training was undertaken across all wards. The reinstatement of the afternoon census was completed to

provide data on patient acuity for all shifts. This was one of the actions from the prior Establishment Review to support the recommendation of an increase in Care Support Worker (CSW) on the afternoon shift for rehabilitation wards.

Allied Health Professions (AHPs) have not been included in previous Establishment Reviews, and this is in part because there is no formalised acuity tool available. It is also challenging to review roster data because the teams vary between community in-reach to ward teams and those based on a ward. There are also not minimum numbers to benchmark our actual staffing against. However, the workforce team aspire to provide insights into the AHP teams and are developing the Effective Staffing Report for Quality Committee. Work is also starting on benchmarking our current AHP provision on rehabilitation wards against other providers to form a recommended staffing level.

6.3 Establishment Review September 2025

Discussions took place with the Chief Nurse and AHP Officer, Strategic Finance Manager, Workforce and Staffing Lead, e-rostering System Team Lead. Each ward was represented by a combination of the Ward Manager, Head of Operations and/or Quality Matron.

The data presented for discussion was Care Hours Per Patient per Day (CHPPD) Required vs Actual, a Safecare input example and for intermediate care wards the Barthel Score. For roster efficiency Annual Total Unavailability, Shift Fill Rate Annual Trend, Additional Duty Reasons, Roster Lead Time and Temporary Worker Service (TWS) Fill Rate were discussed. Safety Indicators were Pressure Ulcers and Fall frequency. Shift patterns were then reconciled against budget and roster templates.

For the first time, all intermediate care wards were reviewed together. Previous reviews demonstrated similar, if not identical, areas of development and joint learnings. The management structure also allows for a consistent approach and level of support to be given in one open forum. These wards were Alder, Foxley, North Walsham, Ogden, Pineheath and Swaffham. The Willow Unit was reviewed separately as this unit only started to gather CHPD data from June 2025 and has different areas to develop having only opened this year.

Table 2 summarises discussions and ward specific actions for intermediate care wards.

Table 2. Intermediate Ward Specific Findings and Actions

Ward	CHPPD	Roster Efficiency	Safety/Quality	Budget	Recommendations	Action Owner
Swaffham Hospital	-Demand CHHPD close to actual CHPPD -Census completion rate good	- Efficient rostering -Additional duties due to enhanced care needs, generating demand to TWS	-No correlation between nursing sensitive indicators and staffing levels	-Review supports 2 HCSW on night shift currently budgeted for 1	-Review supports 2 HCSW on night shift -1-month high rate of completion of PM Safecare census to gather data to determine if additional CSW is needed	-Finance to confirm when budgeted -Ward Manager/ Workforce and Staffing Lead
Pineheath Ward	-Actual CHPPD close to designed, Required CHPPD exceeds both -Safecare scoring low frequency	-Efficient roster -Additional duties due to enhanced care needs, generating demand to TWS	-Clinical team feel patient group most significant factor on frequency of patient falls rather than staffing	-High use of agency reflecting difficulty in recruitment and attracting Bank to remote ward	-1-month high rate of completion of PM Safecare census to gather data to determine if additional CSW is needed	-Ward manager/ Workforce and Staffing Lead
North Walsham Hospital	-Actual CHPPD close to designed, Required CHPPD exceeds both -Safecare scoring inaccurate creating high demand but rates of completion good	-Good roster efficiency	-Clinical team feel patient group most significant factor on frequency of patient falls rather than staffing	-Minimal Vacancies	-1-month high rate of completion of PM Safecare census to gather data to determine if additional CSW is needed	-Ward manager/ Workforce and Staffing Lead

			-Greatest rate of improvement for patient Bartell scores			
Foxley Ward	-Actual CHPPD close to designed, Required CHPPD exceeds both -Safecare scoring accurate and frequently completed	-Efficient roster	-No correlation between nursing sensitive indicators and staffing levels	-Significant reduction in agency enabled by an over-establishment in RNs and CSWs	-1-month high rate of completion of PM Safecare census to gather data to determine if additional CSW is needed	- Ward Manager/ Workforce and Staffing Lead
Ogden Court	-Actual CHPPD close to designed, Required CHPPD exceeds both -Safecare scoring inaccurate creating high demand but rates of completion good	-Efficient roster	-No correlation between nursing sensitive indicators and staffing levels	-Minimal vacancies -Reduction in agency use achieved	-1-month high rate of completion of PM Safecare census to gather data to determine if additional CSW is needed	- Ward Manager/ Workforce and Staffing Lead

In discussion with teams, there were general themes across the intermediate care wards as follows:

- Generally, required CHPPD is unmet (Appendix 2)
- Wards reduce by one CSW on the afternoon shift. The workload and dependency of patients does not reduce, and as senior staff leave for the day with visitors arriving, the workload on the ward may increase. Discussions concluded that CSW numbers should be the same all day. This was also the conclusion in the 2024 review, with an action taken to reintroduce the PM (afternoon) Safecare census to help confirm or dismiss this perception. The PM census was introduced and the data available does suggest staffing needs to be consistent for the whole day, however the rate of completion is very low so undermining the data's validity. It was agreed that the Ward Managers would agree a month of 100% completion on the PM census with the aim of providing the data needed to support an appropriate business case for the CSW uplift.
- All wards have unavailability above current funded headroom for most of the year, which is not completely within their control as part of roster efficiency. Whilst the headroom remains insufficiently funded there will always be a demand to Temporary Worker Service to fill shifts with bank or agency workers. Finance Team are undertaking a benchmarking exercise against Trust's outside of the ICS (Integrated Care System).
- Teams continue to have higher dependant patients with increasing enhancing observation needs (supported by evidence in Bartel Score, Additional Duties created and CHPPD). There was discussion around if an enhanced observation provision, such as an additional CSW should be built into the establishment, however it was teams' preference that the Enhanced Support Team (EST) is supported to expand,
- Central CSW recruitment was requested to assist with the difficulties in filling these roles due to geographic locations of the wards and the overwhelming number of overseas applicants that can not be supported into the roles but still need to be shortlisted.
- The varying provision of Allied Health Professionals (AHP) is felt to directly impact on patient length of stay and patient safety whilst on the ward. The nursing team would welcome a review of AHP establishment.
- Palliative patients on generalist wards are not highlighted in operational process as they are on the Pricilla Bacon Hospice (PBH), which the teams have taken as an action to include on updates in the Safer Staffing Escalation Group (SSEG).
- The wards find it challenging for staff to travel into Norwich for their face-to-face training and have requested "in-reach" training, especially regarding "Nuts and Bolts" training that would support their care of palliative patients.

Willow Unit, having only opened in March 2025 started using Safecare in June therefore they had limited data available to review staffing levels, and so the meeting relied heavily on staff feedback. Rostering efficiency and vacancies are improving and the team plan to recruit to Band 5 RNs (Registered Nurses) as there is natural attrition in Band 6 numbers. The team have already reduced their CSWs by one on the Garden side night shift but feel an additional CSW may be needed on the PM shift. It was agreed the unit would discuss sharing a CSW between Garden and Forrest initially. Finance team will also review the budget for Band 6 management time as this is currently unfunded.

6.4 Intermediate Care Ward Summary

Nursing sensitive indicators did not indicate any staffing shortfall has led to patient harm. Where the rates of falls have increased, ward managers were able to identify patients that had several mechanical falls or patients that were non-compliance with assistive technology or had confusion. Neither peak in pressure ulcers or falls correlated with months of CHPPD shortfall and the ward managers had no concern any incident related to a shortfall in staffing. The clinical teams felt pressure ulcers and falls become more frequent due to the changing clinical presentation of patients admitted.

Safecare was refreshed with new metrics from the updated Safer Nursing Care Tool in October 2024, with training given to wards on how to appropriately score. The re-introduction of a PM (afternoon) census does support clinical teams in evidencing the dependency of patients throughout the day, but its validity is undermined by the infrequency of completion. Focus on gathering this data to support a business case for an additional CSW on the PM shift and providing the same level of staffing all day is a priority.

Teams request a central approach to recruitment from HR colleagues that has specific focus on CSW roles which are difficult to attract the right candidates and manage the process of filtering mass numbers of inappropriate applications.

6.5 Establishment Review by Ward September 2025 – Specialist Wards

Table 3 summarises discussions and ward specific actions.

Table 3. Specialist Ward Specific Findings and Actions

Ward	CHPPD	Roster Efficiency	Safety/Quality	Budget	Recommendations	Action Owner
Caroline House	-CHPPD is well met but above designed -Patients increasing in acuity	-Roster efficiency improving	-No correlation between nursing sensitive indicators and staffing levels	-High use of Bank and Agency assisting CHPPD to be met -Minimal vacancies	-review Early shift pattern with colleagues with Flexible Working agreements to enable removal of “Long” early shift and finance additional CSW on late -Increase completion of Safecare PM census -Review additional duties created without reason	-Ward Manager -Ward Manager -eRoster/ Ward Manager
Beech Ward	-Actual, designed and required CHPPD close	-Roster is efficient	-Clinical team feel patient group most significant factor on frequency of patient falls rather than staffing	-Supporting Grow Your Own and limited sponsorship to fill vacancies	None	N/A
Pine Cottage	-CHPPD well met	-Rostering is efficient	-No correlation between nursing sensitive indicators and staffing levels	- Review to determine if apprenticeship role can work as only CSW	-Roster team would like to trial self-roster on small unit, to be discussed further with Ward Manager	-eRoster team lead

<p>Pricilla Bacon Lodge</p>	<p>-Actual and designed CHPPD above required</p>	<p>-rostering inefficiencies regards lead in time and annual leave spread</p>	<p>-No correlation between nursing sensitive indicators and staffing levels</p>	<p>-plan to recruit RNs into RNA posts as unable to fill -CHC offering is being reviewed and potential review of staffing needed before next establishment review</p>	<p>-Increase use of "Tasks" on Safecare to more accurately record time taken for syringe drivers and deaths -Start Single Person checking -Benchmarking of service and staffing models -Increase Safecare PM completion to review CSW numbers</p>	<p>-Ward Manager/ Workforce and Staffing Lead -Ward Manager -Head of Service and Finance -Ward Manager/ Workforce and Staffing Lead</p>
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There were general themes across the specialist care wards as follows:

- CHPPD is well met (Appendix 2)
- All wards have unavailability above current funded headroom for the majority of year, which is not completely within their control as part of roster efficiency
- Wards are reliant and positive about “Grow Your Own” routes into nursing as they become specialist as they train and are retained within the team
- Patient acuity is increasing

6.6 Specialist Ward Summary

CHPPD is generally well met on specialist wards compared with intermediate wards.

Nursing sensitive indicators did not indicate that any staffing shortfall has led to patient harm. Where the rates of falls have increased, ward managers were able to identify patients that had several mechanical falls, there was non-compliance with assistive technology or confusion. Neither peak in pressure areas or falls correlated with months of CHPPD shortfall and the ward managers had no concern any incident related to a shortfall in staffing.

There are some issues with achieving an even spread of annual leave and making the rosters as efficient as possible. All ward managers are happy to continue addressing this with teams and this will be re-visited in monthly Safer Staffing Meetings.

7 Establishment Review Summary and Recommendations

The way in which the establishment review has been conducted aims to meet the NQB recommendations (Appendix 1) but should be viewed as an evolving process. Tools available are focussed on acute inpatient areas which may reflect specialist wards more accurately than Intermediate Care wards. Even so, when viewing the wards annual overviews of CHPPD (Appendix 2) it becomes apparent that the Intermediate Care wards do not meet CHPPD as frequently as Specialist wards.

CHPPD is reflecting staffing after mitigations are in place. This includes substantive staff swapping shifts, working overtime and working bank shifts. Ward managers' report the sacrifice of study leave, management time and therapist's time to meet the required hours. This will have a long-term impact on staff wellbeing, resilience, and retention. Mitigation also includes hours covered by agency staff; the use of which come as a cost to the Trust and that can impact patient safety and quality of care. All concerns raised about agency staff are reviewed by the Temporary Worker Service Team and Workforce and Staffing Lead. Agency use is reviewed and reported in the bi-monthly Safe Staffing Report.

For intermediate care wards the priority for teams is to establish if data would support an increase of CSWs on the PM shift and make staffing consistent across the whole day. This will be taken forward by the Workforce and Staffing Lead with Intermediate Care colleagues to gather further data and produce, if appropriate, the relevant business case.

For Specialist Wards, which have a more robust establishment and relatively static patient acuity, Caroline House and PBH have actions to take forward to review their CSW numbers.

The recommendations and actions contained in this report are summarised below for Board consideration and approval:

Ward	Recommendation	Action Owner
Intermediate Care Wards and PBH	Review of Safecare data to establish consistent requirement for CSWs in on the PM shift	Workforce and Staffing Lead/ Ward Managers
All Wards	Benchmarking of funded headroom	Finance Team
Intermediate Care Wards	AHP Staffing Establishment reviewed and set	Workforce AHP Staffing Lead
Intermediate Care Wards	An in-reach model of training requested from Clinical Education	Workforce and Staffing Lead to raise to Clinical Education
Swaffham Ward	Both CSWs on night shift to be funded	Finance Team
All Wards	Support from the Recruitment Team is given to address CSW vacancies	Chief Nurse to discuss with the Chief People Officer

Appendix 1. NQB Recommendations (2018) to Aid Decision Making in Staffing Requirements in Acute Adult Inpatient Settings -Gap Analysis

Recommendation	Current Position	Evidence Base	Action Plan
1. A systematic approach should be adopted using an evidence-informed decision support tool triangulated with professional judgement and comparison with relevant peers.	Partially compliant	<ul style="list-style-type: none"> ✓ Updated Safe Nursing Care Tool implemented in October 2024 ✓ Healthroster and Safecare Data ✓ Daily Staffing Reviews in Safer Staffing Escalation Group ✓ Consideration of changing patient group on intermediate wards and specialist neuro rehab 	<ul style="list-style-type: none"> • Training plan for new Safecare metrics and scoring on Willow Unit to ensure accuracy • PM census compliance to be improved
2. A strategic staffing review must be undertaken annually or sooner if changes to services are planned.	Compliant	<ul style="list-style-type: none"> ✓ Review taken place annually. ✓ Planned to review 6 bi-annually 	<ul style="list-style-type: none"> ✓ Annual review completed ✓ Plan for 6 monthly review
3. Staffing decisions should be taken in the context of the wider registered multi-professional team.	Partially Compliant	<ul style="list-style-type: none"> ✓ Daily staffing review discusses support on the ward other than the nursing teams ✓ Therapy representation at SSEG ✓ Workforce AHP Staffing Lead reviewing inpatient therapy input 	<ul style="list-style-type: none"> • Fully integrated AHP establishment reviews and assessments to support multidisciplinary approach
4. Consideration of safer staffing requirements and workforce productivity should form an integral part of the operational planning process.	Compliant	<ul style="list-style-type: none"> ✓ Daily SSEG meetings ✓ Forecasting for next 48 hours in SSEG ✓ Safer Staffing Review bi-monthly 	N/A
5. Action plans to address local recruitment and retention priorities should be in place and subject to regular review.	Compliant	<ul style="list-style-type: none"> • Retention Steering Group 	<ul style="list-style-type: none"> • Support temporary worker service to recruit both RN and HCSW posts • Central recruitment of HCSW
6. Flexible employment options and efficient deployment of staff should be maximised across the hospital to limit the use of temporary staff.	Compliant	<ul style="list-style-type: none"> ✓ Flexible working policy ✓ Staff redeployed as staffing need 	N/A

7. A local dashboard should be in place to assure stakeholders regarding safe and sustainable staffing. The dashboard should include quality indicators to support decision-making.	Compliant	<ul style="list-style-type: none"> • Daily staffing on Safecare 	<ul style="list-style-type: none"> • Plans to build dashboard for review of CHPPD as part of Safer Staffing Escalation Group
8. Organisations should ensure they have an appropriate escalation process in cases where staffing is not delivering the outcomes identified.	Compliant	<ul style="list-style-type: none"> • Daily SSEG meeting • Daily contact with Ops/ Quality Matron • On call escalation process • Bi-Monthly Staffing Report to Board 	N/A
9. All organisations should include a process to determine additional uplift requirements based on the needs of patients and staff.	Compliant	<ul style="list-style-type: none"> • General trends in patient type reviewed at establishment review • Risk assessment for enhanced care needs 	N/A
10. All organisations should investigate staffing-related incidents and their outcomes on patients and staff and ensure action and feedback.	Compliant	<ul style="list-style-type: none"> ✓ Twice weekly review of incidents in Learning Huddle to ensure proper escalation and review 	N/A

Appendix 2: CHPPD by Ward for 12 Months

Unit	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Alder Ward		9.49	8.85	8.94	7.77	5.88	5.11	5.77	5.90	6.10	6.39	5.55	6.20
Foxley Ward	6.08	6.12	6.02	6.41	5.83	6.13	6.02	5.76	6.24	6.87	6.96	5.83	6.15
North Walsham	6.07	5.56	6.30	6.00	5.69	6.07	5.91	5.81	6.53	5.44	6.06	6.45	5.88
Ogden Court	6.43	6.06	6.44	6.38	6.75	6.67	6.21	6.67	6.29	6.77	6.76	6.66	6.02
Pineheath Ward	5.37	5.74	6.27	6.79	6.80	5.97	5.70	5.83	5.44	6.06	5.69	5.74	6.32
Swaffham Hospital	5.59	5.69	5.85	6.35	7.11	6.04	5.78	5.62	5.81	6.27	6.32	7.09	6.74
Willow Nursing (Forest)												47.61	7.89
Willow Nursing (Garden)												136.70	9.89
Beech Ward	7.14	7.50	7.91	7.39	8.22	6.90	6.91	7.11	7.13	8.31	8.18	7.75	8.58
Caroline House	9.11	7.99	7.73	8.15	8.71	7.72	8.25	8.96	9.68	9.78	10.45	9.52	9.86
Pine Cottage	6.74	6.56	6.58	6.11	6.14	6.11	6.24	5.67	6.16	6.37	6.26	6.29	6.34
PBL	9.97	8.56	8.59	7.99	8.97	8.38	7.82	8.14	8.21	8.20	8.47	8.39	8.18

