

Agenda item:	10 (Annex 1)
Date of meeting:	20 May 2026
Report to the:	Trust Board
Title of report:	Inpatient Establishment Review April 2026
Report author:	Amy Rich Workforce and Staffing Lead
Executive sponsor:	Kate Howard, Chief Nurse and AHP Officer
Recommendation:	Approve

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

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.

The report reviews requirements relating to the Care Quality Commission (CQC) 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 consider and accept the recommendations provided within this report.

2.0 How the report supports tackling Health Inequalities

2.1 The report doesn’t specifically address Health Inequalities.

3.0 Board Assurance Framework and Trust 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 2025

6.0 Report

6.1 Developing Workforce Safeguards

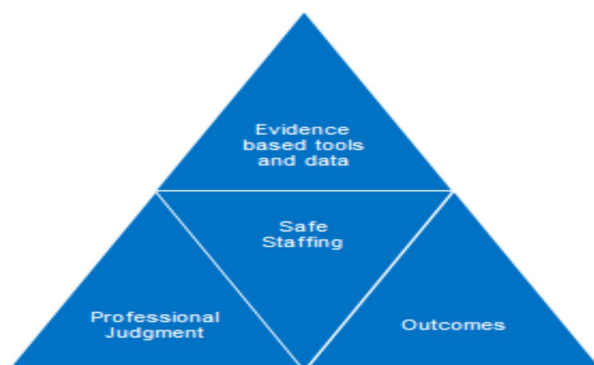
Developing Workforce Safeguards (National Health Service Improvement 2018) sets out a clear accountability framework for NHS organisations in relation to expectations for the delivery of best practice standards for workforce deployment and planning.

It is expected that organisations can demonstrate, and evidence actions taken to provide assurance of safe staffing and the associated compliance with CQC 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) and in figure 2: Triangulated approach to staffing decisions

Figure 1: Principals of Safe Staffing



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 form a governance framework in relation to safe, sustainable and productive staffing in acute adult wards – which has also 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.

For the purposes of this report, data was for the period between September 2025 and March 2026 and was reviewed on the 20th April 2026.

6.2 **Nursing Establishment Review – A look Back**

Safecare is the daily acuity assessment tool used for inpatient areas. This was refreshed in October 2024 to include updated metrics, and training was undertaken across all wards. For the purposes of Establishment reviews it is recommended that patient acuity scoring is done for a period of two weeks with an external audit to determine accuracy. The current methodology remains reliant on teams to score their own patients, without that external assurance review.

Allied Health Professions (AHPs) have not been included in previous Establishment Reviews, and the workforce team are working to provide insights into the AHP teams and are developing the Effective Staffing Report for Quality Committee. National guidance on assessing AHP staffing is expected.

6.3 **Establishment Review April 2026**

The data presented for discussion was Care Hours Per Patient per Day (CHPPD) Required vs Actual. 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. Nursing Sensitive Indicators were Pressure Ulcers and Fall frequency. Shift patterns were then reconciled against budget and roster templates.

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.

6.4 **Intermediate care review:**

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

- Generally, required CHPPD is unmet (Appendix B). Patient acuity and dependency is increasing with the need for enhanced observations growing.
- Wards currently reduce by one CSW on the afternoon shift. The workload and dependency of patients do 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 has been supported in the Establishment review since 2024, however gaining supporting data on patient acuity in the afternoons has been challenging as teams find it difficult to prioritise census completion. A decision was made to look at other sources to support the

view that workload is consistent throughout the day, such as looking at the number of admissions and discharges by shift time.

- An increase in headroom should help avoid the use of agency and so whilst not increasing establishment at this time, there is the expectation that improved safety and quality of care will be supported but increasing substantive staff availability.
- The number of Palliative patients on generalist wards is stable, but the teams reflect on the increase of complexity in discharge and care planning these patients require.
- The CSW day shift fill rate is the most challenging to fill as does not have any pay enhancements and is perceived as the most demanding. Teams are to consider prioritising these shifts with substantive staff and leaving other shifts to be filled by

Willow Unit will undergo a review of its Delivery Model, but it is currently safely staffed. It was agreed that whilst there is not additional funding available, any alterations to staffing must be done within current budget and that any Band 6 management time being rostered is not currently funded. As such, the cost saving from moving one CSW from a night shift to a late shift will be calculated and used as Band 6 management time, pending further review of service costs led by the Clinical Director.

Intermediate Care 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. Ward managers reflected that the greatest concern on maintaining staffing levels was from the frequency of enhanced observations needed, which led to a sense of compromised safety and quality of care at times.
- The data available continues to suggest and increase by 1 CSW on the late shifts would be appropriate – but this needs to be planned with cost exercise. Teams agreed that headroom should remain the priority to stabilise the substantive staffing and the late CSW be reviewed in the next establishment review alongside additional data, such as timings of admissions and discharges.
- Teams request a central approach to recruitment from recruitment colleagues that has specific focus on CSW roles which are difficult to attract the right candidates for and manage the process of filtering mass numbers of inappropriate applications. They also suggested TWS to join this initiative to provide a more robust TWS resource to cover last minute unavailability without the need to use agency.

Table 1. Intermediate Ward Findings and Actions

CHPPD	Roster Efficiency	Safety/Quality	Budget	Recommendations	Action Owner
<p>-Demand CHHPD remains generally unmet, but risk mitigated</p> <p>-Census completion rates vary between 20 and 80%</p> <p>-Acknowledgment that data indicates need for increase of CSW on PM shift but await increase in headroom budget as means to stabilise substantive staff group first</p>	<p>-Lead in time well met</p> <p>-Wards remain over budgeted headroom</p> <p>-Annual leave well spread</p> <p>-Some use of additional duties to Use Up Staff Hours indicating a rostering inefficiency</p> <p>-Day CSW shifts have lowest fill rates</p>	<p>-No correlation between nursing sensitive indicators and staffing levels</p>	<p>-Swaffham Ward additional night CSW already included in budget setting</p> <p>-Increase in headroom in budget setting and WTE to be confirmed</p>	<p>-Finance to confirm increase in budgeted headroom and WTE staff needed to be recruited</p> <p>-Reduce use of Additional Duties to Use Up Staff Hours and escalate to WFSL if it occurs</p> <p>-Ward managers to discuss and decide if appropriate to priorities CSW day shifts with substantive staff</p>	<p>-Finance Partner</p> <p>-Ward Manager/ Workforce and Staffing Lead</p> <p>-Ward Managers/ Service Leads</p>

Table 2. Willow Unit Findings and Actions

CHPPD	Roster Efficiency	Safety/Quality	Budget	Recommendations	Action Owner
<p>-Actual CHPPD above required, with both actual and required below designed, indicating establishment sufficient</p> <p>-Census completion low and not always accurate, though inaccuracy tends to score patients too high</p>	<p>-Generally good roster efficiency but some dips in Annual Leave due to staff onboarding</p>	<p>-No correlation between nursing sensitive indicators and staffing levels</p>	<p>-Director leading on review of Service Delivery and encompassing the whole MDT</p> <p>-Staff changes approved within current budget</p>	<p>-Garden to reduce to 2 CSW on night and increase Forrest by 1 CSW on late shift. With additional cost saving to fund some Band 6 Management time. Finance to confirm what hours this equates to.</p>	<p>-Finance Business Partner/ Ward Manager/ eRostering Lead</p>

6.5 Establishment Review by Ward April 2026 – Specialist Wards

There were general themes across the specialist care wards as follows:

- CHPPD is well met (Appendix 2) in comparison with intermediate care wards
- 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
- There are some roster inefficiencies regards roster approval lead in time and Using Up Staff Hours as additional duties

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 quarterly Safer Staffing Meetings.

Beech Ward is safely staffed and will undergo a review once the Stroke Pathway Review is complete and Pine Cottage has moved into new ward space. Assurance was given that the increase in space and potential difficulty in observations of patients is well managed with current staffing levels.

Caroline House has seen an increase in the need for enhanced observations as other neurological rehabilitation providers have changed their admission criteria, so diverting more patients with these complex needs to the unit. Caroline House is carefully assessing the timing of admissions for patients with enhanced observations but there is a consistent need to provide it for at least one patient at any time, so increasing the need to use Bank and agency staff. To provide more consistent and better-quality care, it is recommended that we recruit substantively to meet this need and be offset by the anticipated cost that would arise from agency use. The unit is also in consultation with staff to reconcile shift times and make a cost saving to be able to have an additional CSW on the late shift.

Pricilla Bacon Lodge has been unable to confirm what the plans are for CHC beds and gain funding needed for medical, therapy and admin resource. This makes it difficult for the team to properly distinguish nursing requirements for the 16 bed unit in isolation and plan for service development. This will be escalated to the Palliative Care Programme Board by the Chief Nurse and AHP Officer. Whilst data gives assurance that staffing levels are safe the team are keen to investigate use of alternative tools specifically designed to evaluate hospice care that the WFSL will assist with. Further support to improve roster efficiency will be provided by the WFSL and eRostering team with the Ward Manager. The team are also seeking more efficient and safer ways of working by installing CTV in the drug room and implementing single person drug checking.

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 more frequently unmet in last 3 months with mitigations in place to manage risk -Patients needing enhanced observations increasing	-Roster efficiency improving -Some use of Using Up Staff Hours with additional duties	-No correlation between nursing sensitive indicators and staffing levels	-High use of Bank and Agency assisting CHPPD to be met and support enhanced observations -Anticipated funding of increase in headroom	-review Early shift pattern and complete consultation process to make cost saving and fund additional CSW on late -Review additional duties created without reason and escalate to WFSL if still occurring -Additional CSW needed 24/7 to provide enhanced observations to be costed and funding agreed	-Ward Manager/ Quality Matron -Ward Manager -Clinical Director/ WFSL/ Finance Business Partner
Beech Ward	-Actual, designed and required CHPPD close	-Roster is efficient	-No correlation between nursing sensitive indicators and staffing levels	-Anticipated funding of increase in headroom	None pending new model post Stroke Pathway Review	N/A
Pine Cottage	-CHPPD well met	-Rostering is efficient but seek to meet 42-day lead in time consistently	-No correlation between nursing sensitive indicators and staffing levels	-Anticipated funding of increase in headroom	-Roster team would like to trial self-roster on small unit, to be discussed further with Ward Manager	-eRoster team lead/ Ward Manager
Pricilla Bacon Lodge	-CHPPD inclusive of CHC beds and staff -CHPPD actual is above required indicating safe levels of staffing	-Rostering inefficiencies regards lead in time and annual leave spread -Using of Using Up Hours to escalate to WFSL	-No correlation between nursing sensitive indicators and staffing levels	-Anticipated funding of increase in headroom	-Start Single Person checking, based on Sue Ryder Policy. Request assistance from Sue Ryder colleagues. -Escalation to Palliative Care Programme Board to review CHC beds and funding -Seek support in roster creation to meet lead in time and avoid using additional duties -investigate alternative establishment setting tool Establishment Genie designed for hospices	- Chief Nurse and AHP Officer - Chief Nurse and AHP Officer -Ward Manager -WFSL

7.0 Establishment Review Summary and Recommendations

The way in which the establishment review has been conducted meets 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 all wards, the anticipated uplift in funded headroom shaped the recommendations made in this report. The finance of the headroom was agreed as a priority and seen as beneficial to staff wellbeing and patient safety. If the funding of the headroom is delayed, re-consideration of other staffing requests should be made.

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

Table 4: Summary of All Recommendations

Ward	Recommendation	Action Owner
All Wards	Finance to confirm uplift in headroom and subsequent additional substantive WTE	Finance Team
All Wards	Reduce use of Additional Duties to Use Up Staff Hours and escalate to WFSL if it occurs	Ward Managers/WFSL
All Wards	Support from the Recruitment Team is given to address CSW vacancies	Current recruitment team
Intermediate Care Wards	Ward managers to discuss and decide if appropriate to priorities CSW day shifts with substantive staff	Ward Managers/ Service Leads
Willow Unit	Garden to reduce to 2 CSW on night and increase Forrest by 1 CSW on late shift. With additional cost saving to fund some Band 6 Management time. Finance to confirm what hours this equates to.	-Finance Business Partner/ Ward Manager/ eRostering Lead
Caroline House	Review Early shift pattern and complete consultation process to make cost saving and fund additional CSW on late Additional CSW needed 24/7 to provide enhanced observations to be costed and funding sought.	-Ward Manager/ Quality Matron -Clinical Director/ WFSL/ Finance Business Partner
Pine Cottage	Roster team would like to trial self-roster on small unit, to be discussed further with Ward Manager	-eRoster team lead/ Ward Manager

Pricilla Bacon Lodge	Start Single Person checking, based on Sue Ryder Policy. Request assistance form Sue Ryder colleagues. Escalation to Palliative Care Programme Board to review CHC beds and funding Seek support in roster creation to meet lead in time and avoid using additional duties Investigate alternative establishment setting tool Establishment Genie designed for hospices	- Chief Nurse and AHP Officer - Chief Nurse and AHP Officer -Ward Manager -WFSL
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Appendices

Appendix A: 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.	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 	N/A
2. A strategic staffing review must be undertaken annually or sooner if changes to services are planned.	Compliant	<ul style="list-style-type: none"> ✓ Bi-annually review undertaken 	N/A
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 	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 	
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 	Central recruitment of HCSW project currently being planned
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.	Partially Compliant	<ul style="list-style-type: none"> • Daily staffing on Safecare 	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 B: CHPPD by Ward for 12 Months

Unit	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Alder Ward	5.8	5.9	6.1	6.4	5.6	6.2	6.6	5.9	5.2	5.2	5.1	5.8	6.7
Foxley Ward	5.8	6.2	6.9	7.0	5.8	6.2	6.3	6.5	6.2	5.8	6.3	5.7	6.8
North Walsham	5.8	6.5	5.4	6.1	6.5	5.9	6.3	6.6	5.9	6.8	6.5	5.5	5.8
Ogden Court	6.7	6.3	6.8	6.8	6.7	6.0	6.0	6.0	5.7	5.8	5.8	6.0	6.5
Pineheath Ward	5.8	5.4	6.1	5.7	5.7	6.3	5.6	5.7	5.0	5.4	5.6	6.4	6.3
Swaffham Hospital	5.6	5.8	6.3	6.3	7.1	6.7	7.3	6.3	6.6	6.8	5.7	5.5	5.6
Willow Nursing (Forest)						7.9	10.8	6.9	7.2	7.4	6.3	5.7	6.3
Willow Nursing (Garden)						9.9	7.2	6.2	6.6	6.6	5.7	6.0	5.6
Beech Ward	7.1	7.1	8.3	8.2	7.8	8.6	7.1	7.9	6.9	7.4	6.8	6.6	7.2
Caroline House	9.0	9.7	9.8	10.5	9.5	9.9	10.6	10.7	11.1	10.3	9.1	8.1	8.9
Pine Cottage	5.7	6.2	6.4	6.3	6.3	6.3	7.1	6.7	6.4	8.8	7.1	7.7	7.0
PBL	8.1	8.2	8.2	8.5	8.4	8.2	8.6	10.2	10.3	9.8	8.9	8.9	8.4