

<b>Report to:</b>	Board of Directors
<b>Date:</b>	03 July 2025
<b>Report from:</b>	Maura Screatton Chief Nurse
<b>Report compiled by:</b>	Jennifer Whisken Deputy Chief Nurse Sam Reynolds Safer Staffing Nursing Lead
<b>Principal Objective/ Strategy and Title:</b>	Annual Nursing Inpatient Establishment Review 2024 to 2025
<b>Regulatory Requirement and Board Assurance Framework Entries:</b>	CQC NICE 742 – Failure to meet safer staffing guidance and NQB
<b>Equality Considerations:</b>	Equality has been considered but none believed to apply
<b>For:</b>	For approval

## 1. Executive Summary

1.1. This report presents the annual nursing inpatient establishment review for 2024/2025 in line with national policy and regulation, with due process followed as detailed in DN 860 Nursing Establishment Setting Policy (2023). There will be reference in this document to other areas of nursing including Day Ward, Critical Care and Theatres.

### 1.2. Key messages to note:

- Following the establishment review, 2024/25, there are no proposed changes to WTEs in nursing establishments for clinical areas
- Triangulation of data was undertaken with acuity and dependency scoring using the Safer Nursing Care Tool (SNCT), professional judgement, and patient outcomes
- RPH have received a new license for the new SNCT prior to the biannual SNCT data collection in May 2024. The side room factor is now included within the updated tool and will provide context to support our ward staff working in a predominantly single side room hospital.
- There has been continued improvement noted in safer staffing fill rates for registered nurses (RN). RN fill rates reported in April 2024 were 87% for the day shift and 91% for the night shift compared to 90% and 95% respectively in March 2025 above target set at 85%.
- The health care support worker (HCSW) fill rates in April 2024 were 86% for the day shift and 89% for the night shift compared to 84% and 89% respectively in March 2025, above target set at 85% with exception of HCSW day shift which had 1% shortfall of meeting target.

- The RN vacancy rate has decreased from 4.94% (April 2024) to 1.77% (March 2025)
- The HCSW vacancy rate has decreased from 13.69% (April 2024) to 11.01% (March 2025).
- RPH had a total of 27 international nurses recruited for 2024/25 compared to 67 in the previous year. The original target for 2024/25 was for up to 50 international nurses however, RPH domestic recruitment position has been strong along with improved retention rates.
- The supervisory ward sister/ charge nurse role target of 90% supervisory sister (SS) time continues being tracked on the monthly PIPR effective from Quarter 1, 2024. There have been incremental improvements to reach the highest figure of SS 83% reported in March 2025 compared to 60% reported in April 2024.
- There is overall a significant downward redeployment trend across all areas since September 2024 due to ongoing recruitment and improved pipelines across all areas.
- The reconfiguration of Critical Care to incorporate a new nurse led Enhanced Recovery Unit (ERU) was launched in May 2024 for cardiac surgical patients. This required two rosters for Critical Care to include the Intensive Care Unit and ERU. The change was effective from September 2024 and there are no planned changes to the overall Critical Care establishment.
- Ward area agency spends, and broader temporary staffing spend, is subject to a high level of volatility driven by key workforce supply challenges, operational pressures, service specific demand, patient acuity, roster planning and management practices.
- NHS England has put in place measures to control agency spend and requires all organisations to reduce agency spend by at least 5%. Given this context, it is important that RPH minimises premium temporary staffing spend that is not essential to maintaining safe patient care and the effective running of the hospital
- Agency usage for 2024/25 for wards has seen a decline since October 2024 across the Trust and CCA since December 2024. The increased use in bank during this time has been noted, despite an improved vacancy rate within the registered nursing workforce. This in part is due to higher levels of headroom than anticipated such as supernumerary status for new starters and higher levels of sickness.
- There have been no patient safety concerns linked to nursing inpatient establishments and safe staffing from April 2024 to March 2025.

## **2. Background**

2.1. Each division has undertaken an annual safe staffing review in December 2024, in accordance with:

- Royal Papworth Hospital's (RPH) DN860 Nursing Establishment Setting Policy and the establishment review cycle.
- The National Quality Board (NQB 2016) Safer Staffing guidance and NHSI (2019) Workforce Safeguards.

- Meetings were held to allow for professional scrutiny and to provide ward to board assurance via check, challenge, and support to each division with the Chief Nurse Deputy Chief Nurse and Safer Staffing Nursing Lead
- The Clinical Practice Advisory Committee (CPAC) has effective oversight of the monthly Nurse Safe Staffing Report.

### **3. Scope**

3.1. The annual report covers inpatient wards, Day Ward, Theatres, Critical Care and Catheter Laboratories. The timing of the report coincides with the Trust's annual planning and budget setting cycle.

### **4. Introduction**

4.1. Trust Boards have a duty to ensure safe staffing levels are in place and patients have a right to be cared for by appropriately qualified and experienced staff in a safe environment. These rights are set out within the National Health Service (NHS) Constitution, and the Health and Social Care Act (2012) which make explicit the Trust Board corporate accountability for quality and safety.

4.2. Developing workforce safeguards (NHS England, 2018) state that effective workforce planning is vital to ensure appropriate levels and skills of staff are available to deliver safe, high-quality care to patients and service users.

4.3. At RPH the setting of nursing establishments is by using a triangulation approach; evidence-based tool (SNCT) professional judgement and patient outcomes. Nursing establishments are reviewed annually in line with annual planning, with a mid-year review and consideration given to:

- Patient acuity and dependency scoring evidence-based tool such as Safer Nursing Care tool (SNCT, 2023) as used at RPH.
- Professional judgement.
- Activity levels including seasonal variation in service demand.
- Service developments and any changes to delivery.
- Contract commissioning.
- Staff supply and experience issues.
- Where Temporary Staff has been required above the set planned establishment.
- Patient and staff outcome measures.
- Benchmarking with other 'like' organisations.

4.4. The Nursing and Midwifery Council (NMC) sets out the responsibilities for nursing in relation to safe staffing levels. Demonstrating safe staffing is one of the six essential standards that all healthcare providers must meet to comply with the Care Quality Commission (CQC) regulation. This is also incorporated within the RCN (2021) Nursing Workforce Standards and the NICE guidelines 'Safe Staffing for Nursing in Adult Inpatient Wards in Acute Hospitals' (2014).

4.5. The Carter Report (2016) recommends the implementation of Care Hours Per Patient Day (CHPPD). This preferred metric provides NHS Trusts with a single consistent way of recording and reporting deployment of staff working on inpatient wards.

4.6. The budgeted establishment and required ward/department roster template must be aligned. They must be determined by factoring in headroom and outputs from the recommended six-monthly safe staffing establishment reviews. These reviews should use the National Quality Board's (2018) evidence-based guidance.

4.7. Each division has undertaken an annual safe staffing review in December 2024, in accordance with:

- ✓ Royal Papworth Hospital's (RPH) DN860 Nursing Establishment Setting Policy and the establishment review cycle.
- ✓ The National Quality Board (NQB 2016) Safer Staffing guidance and NHSI (2019) Workforce Safeguards.
- ✓ Meetings were held to allow for professional scrutiny and to provide ward to board assurance via check, challenge, and support to each division with the Chief Nurse Deputy Chief Nurse and Safer Staffing Nursing Lead
- ✓ The Clinical Practice Advisory Committee (CPAC) has effective oversight of the monthly Nurse Safe Staffing Report.

4.8. The Nursing Workforce at RPH have taken the following into account:

- Apprenticeships and 'grow your own initiatives' require backfilling when on placement.
- Our Bank Staff are mainly Trust staff, putting more pressure on our nursing teams to pick up bank shifts; this pool of staff to support mitigation for staffing gaps is small compared to larger hospitals who have a larger pool of staff to pull from in support of their mitigation for staffing gaps.
- The increased emergency demand on services, and recovery plans for patient waiting times requires a constant focus to both retain staff and resource services.
- A key ambition of the Retention and Resourcing Steering Group is to recruit to vacant nursing posts, speed up onboarding and retain staff for longer through our recruitment and retention schemes. The Trust has achieved its target of less than 5% registered nurse vacancy factor.
- Safely staffing 24-hour period/ 7 days a week in a fair and consistent way for all, whilst also attempting to meet the flexibility that staff require to achieve a work-life balance are important goals to attain for RPH staff.
- Implementation of the NHS People Plan priorities (2022/23), looking after our people in a compassionate and inclusive culture with quality health and well-being for everyone, is especially important to maintain and to meet the fill rate targets for RNs and HCSWs
- The supervisory ward sister/ charge nurse role target of 90% supervisory sister (SS) time continues being tracked on the monthly PIPR effective from Quarter 1, 2024.

## **5. Recruitment and retention**

5.1. Clinical Education (CE) continue to support HCSWs in role and maintain a healthy rate of progression from newly recruited to a developed and established member of staff. Standard competence development, including the attainment of the Care Certificate, are supported through local training and development and significantly through the recent appointment of a Band 4 CPD role. This role collaborates closely with staff in clinical areas, liaising with team leads and wider practice development and has demonstrated an improved and sustained achievement against the Care Certificate.

5.2. The pastoral support and development of HCSWs (such as development of a Band 4 HCSW professional development post in Clinical Education) has significantly contributed to improvement in vacancy rates which have decreased to a 7 year low in May 2024 of 7.23%. This was due to establishment reviews taking effect within ESR and a reduction in our overall HCSW establishment. Vacancy rates reached 12.92% (December 2024) and we have seen them fall to 11.01% by March 2025 however, work remains ongoing with this

professional group with 14 WTE in the pipeline against a vacancy position of 25.70 WTE. HCSW roles remain challenging to recruit to given the challenges regionally in terms of it being low paid role in an expensive areas and competition from the private sector. A 4 week notice period results in vacancies potentially occurring faster than recruitment of a replacement is concluded. Review into leavers during this period saw us lose a number of staff to other NHS Trusts or relocation being the main factors.

5.3. International recruitment across 2024/25 slowed in comparison to 2023/24. In total, 27 international nurses were recruited across the financial year compared to 2023/24 when 67 appointments were made. International recruitment worked across the Trust resulting in new starters in Critical Care, Theatres, Surgery, Respiratory and Cardiology. To date, 26 of the 27 nurses appointed have started in the Trust and the final nurse is anticipated by the end of March 2025. The original plan for 2024/25 was for up to 50 international nurses however, the national recruitment position has improved throughout the year along with improved retention rates.

5.4. RPH maintains a 100% OSCE pass rate with an improving first-time pass rate. This is a testament to the hard work from the OSCE training team and the support given during the training period.

5.5. Student nurse recruitment has remained a priority in 2024/25 and has seen 19 (up to February 2025) newly qualified nurses start in post across the year. This is compared to 13 in 2022/23. The student nurse recruitment process is now established and well supported between recruitment and clinical education. Further collaboration between recruitment and clinical education in relation to student education has been ongoing in 2024/25 to strengthen this position, alongside active participation and collaboration in ICB initiatives and strategic approaches.

5.6. 2024/25 has seen us reduce our RN vacancy rate to 2.16%. In April 2023, the vacancy rate was sitting at 12.52% so a tremendous amount of recruitment and commitment has occurred throughout this period to reduce the vacancy rate. During 2024/25, our domestic recruitment for registered nurses has been strong and helped us achieve this position.

5.7. Recruitment services and clinical education continue to collaborate to recruit student nurses from Anglia Ruskin University onto our bank. We currently have over 18 individuals that are going through pre-employment checks through this process and have recruited over 60 healthcare support workers to our bank in this way. Over 870 shifts have been worked by this cohort of the workforce since this initiative started.

## **6. Growing our own apprenticeship roles**

6.1. Royal Papworth Hospital continues to develop healthcare support workers (HCSWs) through apprenticeship pathways building the HCSW workforce through the Bands to registered professional at Nursing Associate (NA) level and registered nurse (RN).

Programmes are aimed at HCSWs in a substantive post who have obtained level 2 functional skills or equivalent and have completed the Care Certificate Programme to show evidence of continuous professional development (CPD). 19 staff have completed the care certificate with a further 23 on the programme, a total of 42 to date for 2024; it is anticipated that more staff will participate in the programme throughout 2024, alongside additional staff who will have gained the qualification through other employers. This compares to 46 staff who completed the Care Certificate Programme in 2023/24.

6.2. Traditionally there were two clinical apprenticeships available to HCSWs making them eligible for appropriate Band 4 posts which are the Assistant Practitioner (AP) and Trainee Nursing Associate (TNA). To aid standardising practice and competence at Band 4 level, RPH focuses recruitment through the TNA route.

6.3. The NA role has enabled a greater application of learnt skills, broadened scope of practice (including administration of medicines), brings professional registration to the band and supports the edict of Chief Nurse of England developing the NA cohort across the wider NHS.

6.4. The NA course is a foundation degree and is completed over 2 years and made up of theory and practice placement; once complete, qualified NAs register on the NMC and are eligible for the associated NA B4 post. From the NA position, staff also can 'top up' their foundation degree with a further 2-year BSc apprenticeship programme, on completion they become registered nurses (RNs). We recommend consolidation of knowledge and skill between the NA and BSc programmes; this enables greater programme success whilst also stabilising rosters.

6.5. Working with approved training providers and higher education institutions (HEIs), there are broadly two intakes in operation per year for both the TNA and top up programs. Capacity modelling to best support learners in the clinical environment means RPH can manage the learning environment catering for traditional student pathways alongside these 'grow your own' initiatives.

6.6. As with all such apprenticeships, our organisation's Levy contribution funds the course cost. Exploration of and access to a range of apprenticeships across the organisation means RPH enjoys significant utilisation of its overall levy contribution. We await the anticipated government announcements for greater flexibility in the approach to apprenticeship funding whilst current ways of working remain.

6.7. RPH does not currently have a fixed model of NAs per shift or per directorate; work remains underway to establish best deployment of these valuable staff and thus best utilisation of skill set within any given department; this in turn will better inform staffing templates.

## **7. Safer Nursing Care Tool (SNCT) and professional judgement**

7.1. All Ward Managers, Matrons, Heads of Nursing (HON) met with the Chief Nurse, Deputy Chief Nurse, and Safer Staffing Lead to review data and triangulate associated quality indicators, Datix incidents, themes, and red flag events. There were no recommended adjustments to shift plans based on one Safer Nursing Care Tool (SNCT) data review when also considered alongside professional judgement and quality indicators.

7.2. The November 2024 SNCT data collection demonstrated an ongoing improvement in the accuracy and understanding of the scoring following targeted teaching and training for wards sisters and matrons.

7.3. RPH have received a new license for the new SNCT prior to the biannual SNCT data collection in May 2024. Plans for further SNCT teaching and training followed this to update of the descriptors by the Shelford Group for the new SNCT.

7.4. The SNCT process adds specific clinical context to discussions and provides an evidence-based approach ensuring Ward Sisters/Charge Nurses, Matrons and Heads of Nursing are engaged and take ownership of their respective clinical areas. There are 3 to 4 staff including the ward sisters/Charge nurses who are now trained per area with the new SNCT as per guidance. The side room factor is now included within the updated tool and will

provide context to support our ward staff working in a predominantly single side room hospital.

## **8. Data validation**

The following actions were taken to validate the data collection from the SNCT specifically for the establishment review:

- SNCT training was updated in November 2023 to ensure that the SNCT data was validated, and consistent, inter-rater reliability exercises were undertaken with the nursing teams to ensure consistent application of the acuity multipliers, this has continued for new Sisters/Charge Nurses in post.
- Weekly audits throughout the data collection period by the Safer Staffing Lead.
- Any discrepancies in the acuity data scoring were corrected and senior nurses worked closely with wards to ensure consistent application of the tool.
- There has been no manipulation of the data to maintain the reliability and validity of the tool, and this allows for benchmarking.

## **9. Recommendations from divisional biannual safe staffing reviews**

Ward/ unit funded establishments are shown in **Table 1**.

### **9.1. Thoracic and Ambulatory Care Division**

- No changes proposed to nursing establishment numbers and/ or skill mix for the Respiratory Support Sleep Centre (RSSC) and Ward 4 North.
- An Advanced Clinical Practitioner within the Complex Home Ventilation Team commenced a new post in March 2025 to undertake community visits to manage patients on long-term ventilation. The post is funded by the Integrated Care Board for a 5-day service. Other posts requested include, 1 WTE Band 6 and 1 WTE Band 3 Administrative Assistant.
- Ward 4 South requested 5.5 WTE HCSW to add an additional HCSW to each shift to mitigate requirements for 1:1 patient care. As this was only reflected in 1 SNCT data collection further evidence was requested from the division (May 2025 is next collection).
- Day ward requested an increase of 3.33 WTE RN and 1.15 HCSW at annual planning to support patient experience and flow through the day ward Discharge Lounge. Further review and evidence have been requested in response to the ask, with consideration to be given for deployment of staff within the current financial envelope.
- The Outpatient Department have revised banding of Band 3 phlebotomy staff to increase the Band 4 posts by 0.45 WTE which is within the budget.

### **9.2. Cardiology Division**

- No changes in overall staffing numbers were recommended for the Cardiology Ward.
- Catheter labs have revised the bandings for the Bronchoscopy Deputy Sister from band 6 to band 7 which is within budget.
- Catheter labs are compliant with the British Cardiovascular Intervention Society guidelines.
- Following the annual National Cardiac Benchmarking Collaborative (NCBC) in 2024, standardising Cath Lab staffing was discussed. Consequently, a national working group is being developed to review Catheter Lab nursing staffing requirements which RPH have agreed to be a part of this national development.

### **9.3. Surgery, Transplant and Anaesthetics Division Also need to reference CC network staffing review and what we have done with the recommendations.**

- No changes have been recommended for the 36-bedded Critical Care Unit establishment. Approximately one-third of Critical Care staff numbers have transitioned and been employed by the Nurse-led Enhanced Recovery Unit (ERU)

with 10 beds dedicated for cardiac surgery (2024-2025). There are now 26 beds for ITU and the converted 10 ERU beds equates to a total of 36 beds on Critical Care.

- No changes are proposed to the nursing establishment numbers and/ or skill mix for surgical wards, Ward 5 North and 5 South.
  - No proposed changes are planned for the Theatre establishment.
  - Theatres comply with the Association for Perioperative Practice (AfPP).
  - Critical Care comply with the Guidelines for the Provision of Intensive Care Services (GPICS).
  - A request for 1.0 WTE Continuous Practice Development (CPD) Education band 7 post was proposed by Surgery (and Cardiology).
  - Divisions were requested to review current CPD provision with the Assistant Director for Clinical Education and to explore models for delivery within the centralised Clinical Education Team function. Improvement with increased Supervisory Sister time will also support meeting the educational CPD requirements of staff.
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- The Critical Care (CC) Network staffing review was undertaken in April 2024. The CC Network recommended:
    - (1) Complete nurse-staffing review of band 5 and band 6 nursing establishment and report outcomes to the CC Network.

Action to date includes a Nurse Pathway Project which is underway. There is also a CC staffing roster review held two-weekly with the Lead Nurse, Head of Nursing, Matron, Roster Administration for CCA and Operations Team as a continuous oversight of nursing establishment ensuring effectiveness, efficiency and fairness with shift allocation, use of hours per staff member, this is ongoing.
    - (2) Continue to monitor percentage of nurses holding the post registration award in critical care nursing and review strategy to incrementally increase percentage rate.

Action to date includes the continuous improvement workstream (retention and recruitment) for the STA division who are currently working to establish a tool to help utilise and allocate study leave fairly after a divisional audit working with CCA education team. This will incorporate the post registration course to have a fair approach to how study leave is allocated.

**Table 1 - Ward/ unit funded establishments 2024**

Ward/ Unit	WTE RN Band 5 and above	WTE Care staff Band 2-4	Total est. funded	No. of beds	RN to patient ratio- Current and SNCT recommended (3 data collections)
<b>4 South (Thoracic)</b>	37.74	15.27	56.74	29 Inpatients 6-day cases (Mon.-Fri.)	Current- 1:5 Nov 23 SNCT- 1:5 May 24 SNCT- 1:5 Nov 24 SNCT- 1:4
<b>RSSC 3 North (Thoracic)</b>	33.45 (incl. 4 ANPs)	18.73	48.4	15 inpatients 8-day cases (Mon.-Fri.)	Current- 1:3 Nov 23 SNCT- 1:3 May 24 SNCT- 1:5 Nov 24 SNCT- 1:3
<b>Day Ward (Thoracic)</b>	16.78	12.13	28.91		1:4 (bays)
<b>Outpatients</b>	8.07	15.70	24.86		33 rooms, 5-day service
<b>3 South &amp; 4 North West (Cardiology)</b>	72.32	40.93	112.77	53 ward & 6 CCU	Current- Ward 1:6.6 CCU 1:2  Ward Nov 23 SNCT- 1:6 May 24 SNCT- 1:6 Nov 24 SNCT- 1:5
<b>Cath LABS (Cardiology)</b>	36.9	18.32	55.22	6 Cath Labs, 2 Bronchoscopy suites/ 10 holding bays	2:1 (Labs)  1:2 (holding bay)
<b>5 North (Surgery)</b>	48.45	38.05	86.05	40	Current- 1:5 Nov 23 SNCT- 1:5 May 24 SNCT- 1:6 Nov 24 SNCT- 1:4

<b>5 South (Surgery)</b>	42.99	32.06	75.65	35	Current- 1:5 Nov 23 SNCT- 1:5 May 24 SNCT- 1:7 Nov 24 SNCT- 1:4
<b>Critical Care</b>	193.44	25.02	241.84	26	1:1
<b>ERU</b>	51.97	13.27	65.24	Mon to Friday: 10 beds Saturday: 7 beds Sunday: 5 beds	1:1
<b>Theatres</b>	12.07 SCP 32.27 ODP 29.47 Nurse	16 ODP 18.04 Nurse	107.85	6 Theatres 1 recovery bay (4 beds) 2 procedure rooms	N/A

## 10. Temporary staffing

10.1. The Trust relies on three temporary staffing models, Bank, Agency, and Overtime to cover shortfalls in core staffing and to maintain service provision with this resource. A temporary worker is an individual who is engaged by the Trust to meet a short-term demand by the service which cannot be covered by core staff and is likely to be unforeseen e.g., sickness absence, and therefore, could not be met by effective workforce planning. Temporary staffing usage should be no more than 20% of any rota.

10.2. Temporary workers may also be required at times to meet a need to cover additional work for a short period of time or to provide cover for longer term absences, such as covering vacancies whilst undergoing a recruitment process. The Trust has minimum bank only staff and relies mainly on its existing workforce to pick up bank or overtime to support the shortfalls. It is important to highlight that the temporary staffing pool of staff to support mitigation for staffing gaps is small at RPH compared to larger hospitals who have a larger pool of staff to pull from in support of mitigation for staffing gaps.

10.3. **Chart 1** shows the breakdown of hours for registered ward staff and **Chart 2** for registered Critical Care staff of bank agency and overtime usage for the past 12 months.

10.4. Critical care, cardiology and surgical wards have had the highest bank, agency, and overtime on account of their high vacancy factor, high headroom, and skill mix factors.

10.5. Demands on temporary staffing for registered nurses remained high between July to October 2024 despite a reduced vacancy factor. Skill mix was a significant factor as due to the number of new starters within clinical areas and the need for them to become clinically effective.

10.6. We have seen our registered nurse agency usage for 2024/25 significantly reduce following the release of further pay controls from the executive team. Clinical areas are being asked to review their agency worker position and what alternatives can be done to support staffing. **Chart 1** highlights the significant reduction in agency from January 2025. We continue to only utilise agencies on the Workforce Alliance Framework and having no off-framework agency spend.

10.7. Bank staff is the predominant staffing mitigation Trust wide illustrated in **Chart 1**, whereas Critical Care for registered critical care staff, it is overtime see **Chart 2**.

10.7.1. Temporary staffing, agency and overtime trajectories are monitored through the Divisional Performance Review Meetings. Whilst there are several key metrics that helps the Trust better understand its agency spend, the ultimate KPI measure is the agency spend run rate. This aligns with the national NHSE performance lens that monitor spend as a percentage of total staff bill and the system caps on agency spend. These caps are likely to get tighter in 2025/26 and there will be a national requirement to reduce temporary staffing spend.

10.7.2. Divisional teams, working closely with central finance, HR and Nursing teams, have carried out local exercises to set target agency spend reduction trajectories over the next 14 months, supported by enhanced grip and control measures, alongside an improved recruitment pipeline delivery. These will be monitored on an ongoing basis through 2025/26 at Divisional level and at Executive level. The trajectories set by divisions are continuing to be reviewed in light of 2025/26 planning round. Trajectories are set out below in **Chart 3** and **Chart 4**.

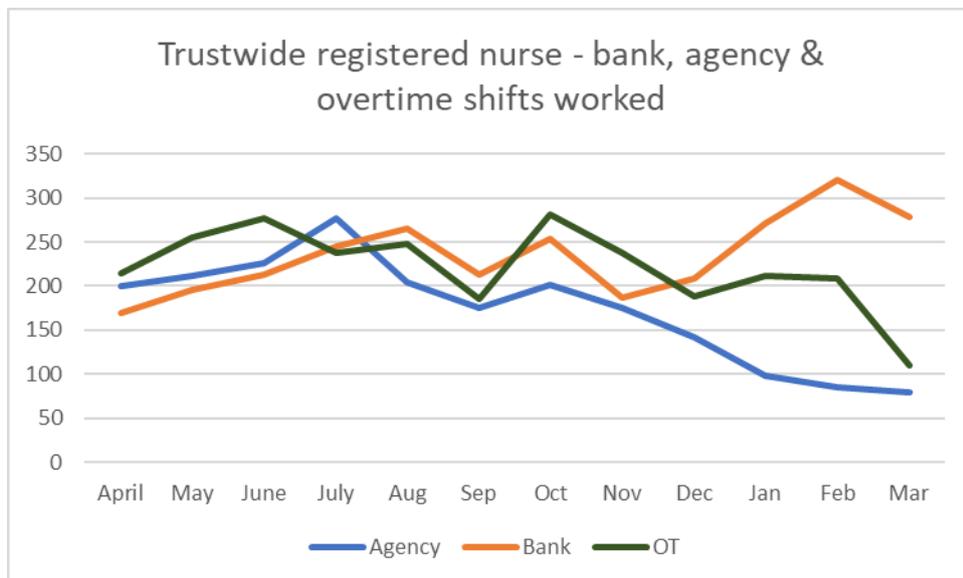
10.8. **Table 2** illustrates incremental improvement over 12 months in safer staffing for fill rates both registered and unregistered nursing staff due to a reduction in vacancies across the Trust. This is now monitored on the Papworth Integrated Performance Report (PIPR) under Safe and fill rate metrics will continue to be monitored and reported in 2024/25.

10.9. Fill rates are based on funded staffing establishments with 22% headroom.

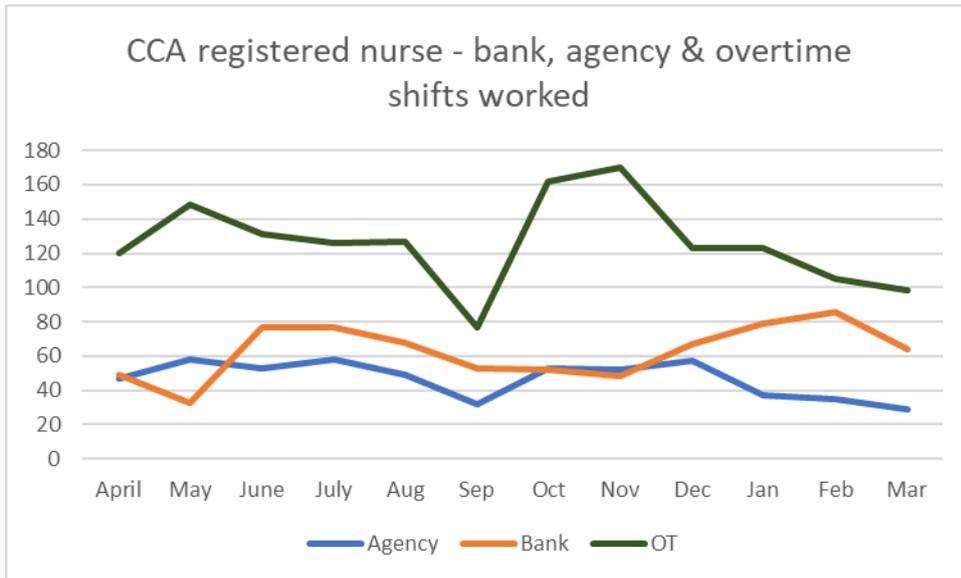
10.9.1. A reduction in vacancy rates has had a positive impact on fill rates alongside pay controls.

10.9.2. Exception reports are in line with DN869 Safer Staffing and Escalation Policy.

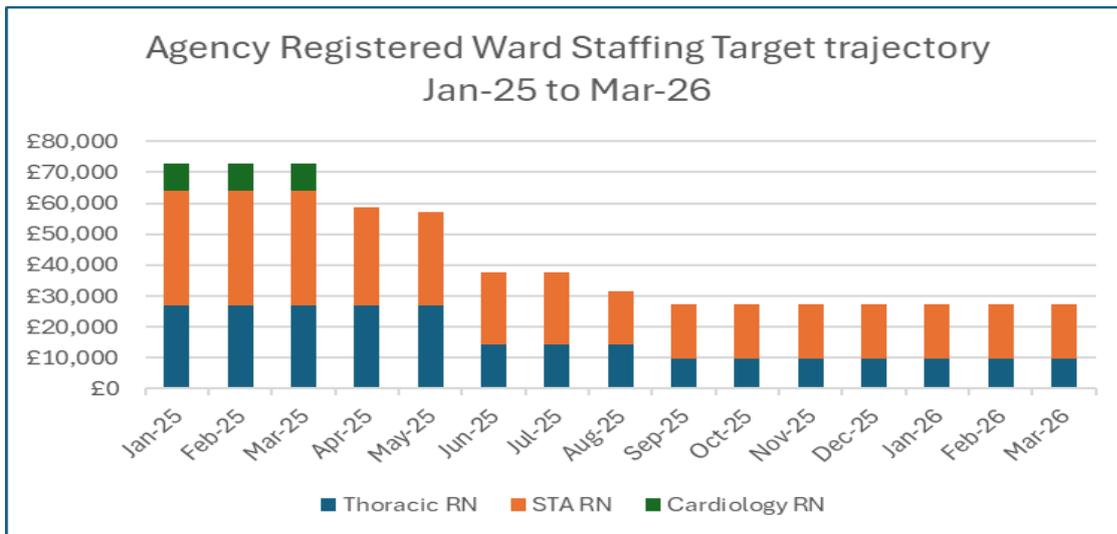
**Chart 1 Registered ward staff – Bank, Agency, and Overtime shifts April 2024 – March 2025**



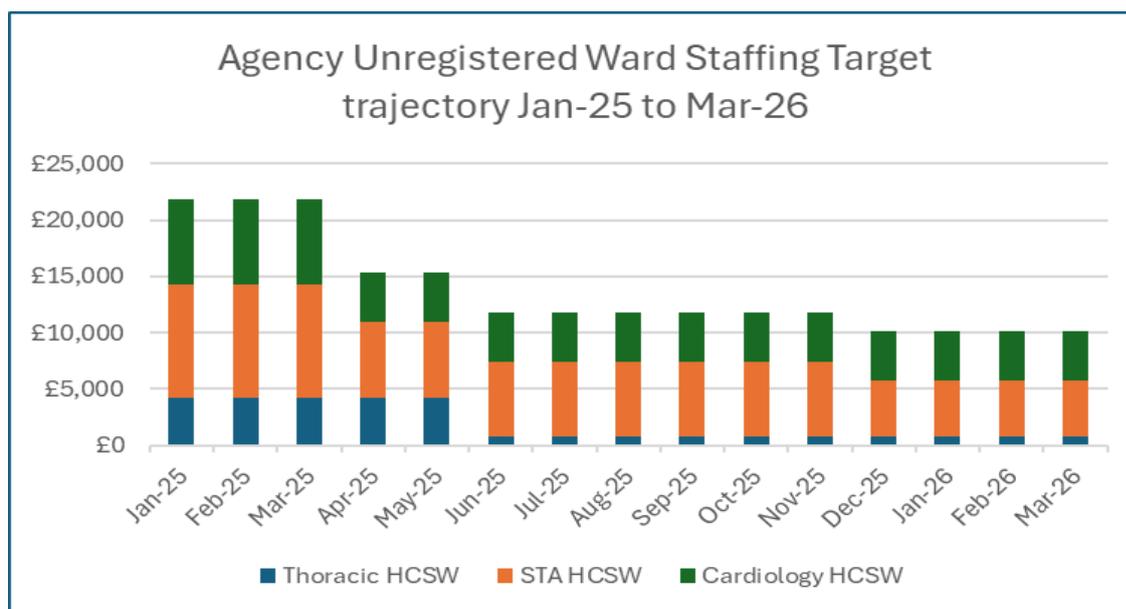
**Chart 2 Registered CCA staff – Bank, Agency, and Overtime shifts April 2024 – March 2025**



**Chart 3 Agency Registered Staff Trajectory**



## Chart 4 Agency Unregistered Staff Trajectory



**Table 2 Safer staffing registered and unregistered nursing (Health Care Support Workers, HCSWs) fill rates April 2024 – March 2025**

Actual V Planned	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Safer staffing: fill rate – RNs day	87%	89%	90%	87%	88%	86%	89%	87%	88%	90%	91%	90%
Safer staffing: fill rate – RN's night	91%	94%	95%	95%	92%	88%	94%	92%	90%	96%	96%	95%
Safer staffing: fill rate – HCSWs day	86%	85%	83%	83%	81%	80%	74%	77%	78%	81%	78%	84%
Safer staffing: fill rate – HCSWs night	89%	86%	85%	86%	88%	91%	85%	85%	87%	87%	87%	89%

### 11. Staff redeployment

11.1. Redeployment 'TO' and redeployment 'FROM' illustrated in **Charts 3 and 4** respectively, and **Tables 3 and 4** respectively. Redeployment was highest between ERU and Critical Care, followed by the surgical wards 5 North, then 5 South and the Cardiology Unit respectively.

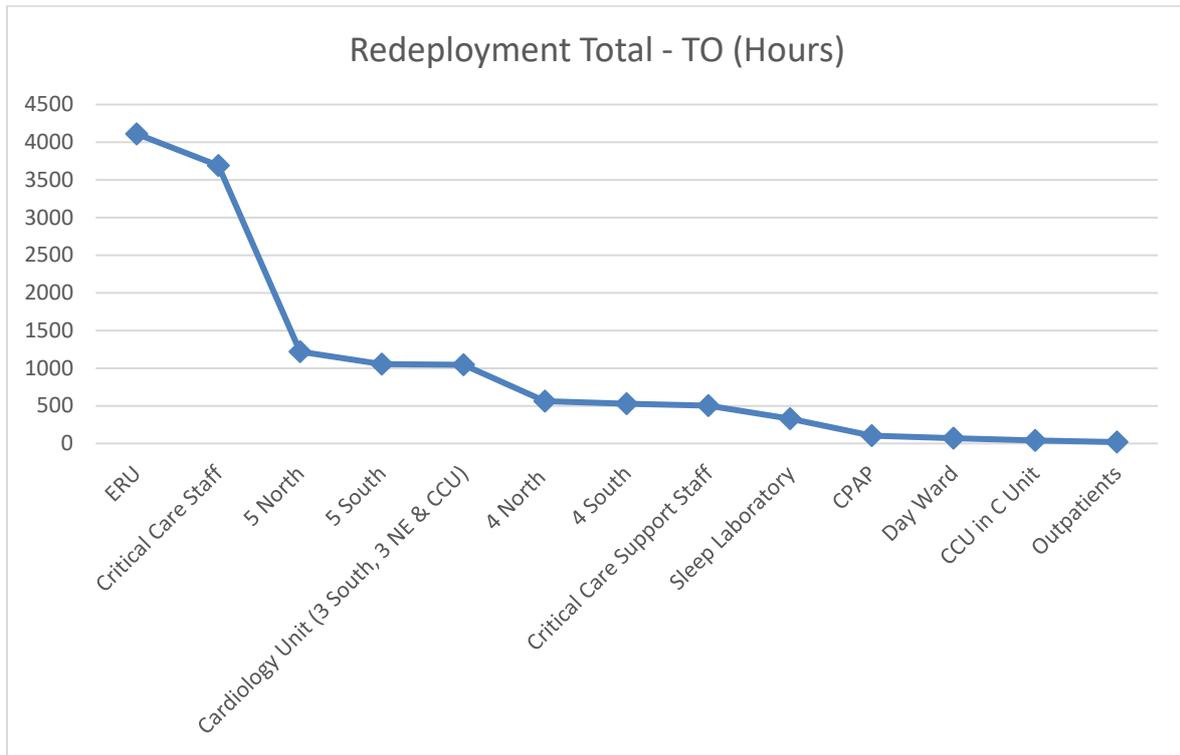
Overall staff redeployment has substantially reduced for 24/25 compared to 23/24 due to improvement in fill rates and reduced vacancies. Where possible redeployment has been arranged within division.

11.2. The data is for complete months from April 2024 to March 2025. This is the data where the redeployment functionality has been used on SafeCare.

11.3. There is overall downward redeployment trend across all areas since September 2024 due to ongoing recruitment and improved pipelines for all areas.

11.4. Weekly Forward View meetings are held with the eRostering Systems Manager and senior nurses to monitor, share data/ trends with senior nursing teams.

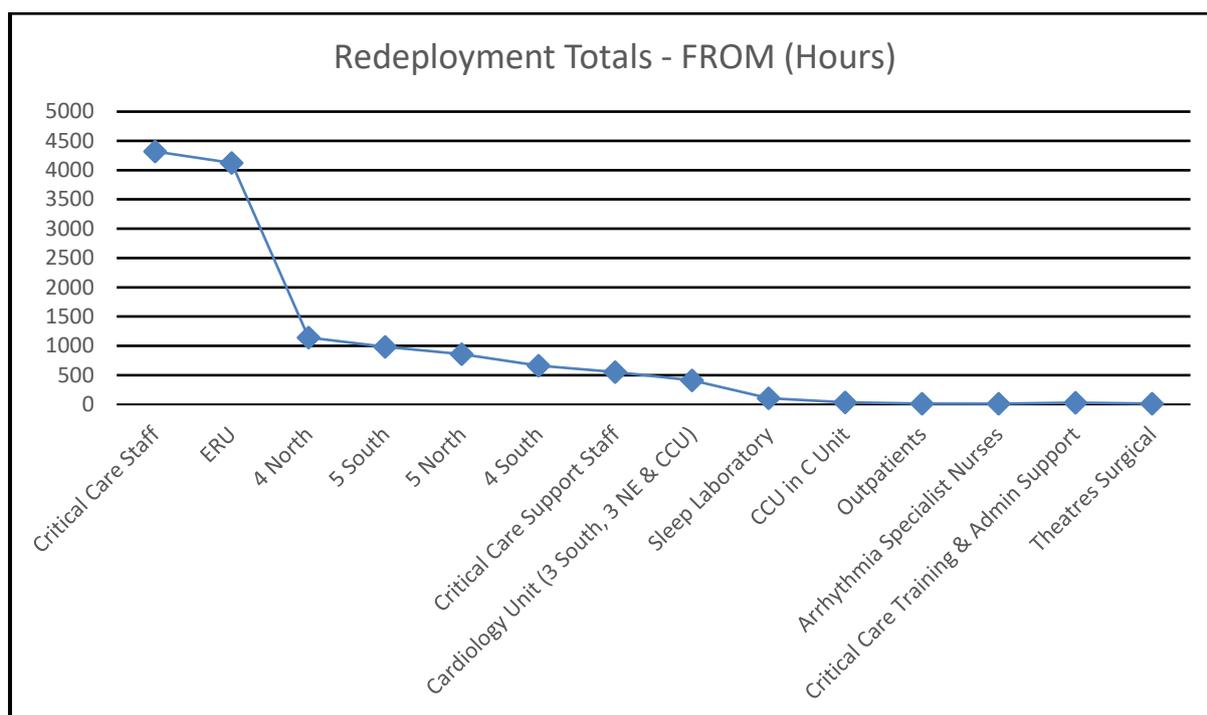
**Chart 3 - Redeployment TO (hours) April 2024 to March 2025**



**Table 3 – Redeployment TO (hours) April 2024 to March 2025**

Month	ERU	Critical Care Staff	5 North	5 South	Cardiology Unit (3 South, 3 NE & CCU)	4 North	4 South	Critical Care Support Staff	Sleep Laboratory	CPAP	Day Ward	CCU in C Unit	Outpatients	total
Apr-24	0	24	138	84	82	24	17	0	0	0	9	0	0	377
May-24	388	414	134	70	35	24	14	82	0	0	0	0	10	1170
Jun-24	379	686	105	84	81	0	12	76	0	0	0	0	0	1423
Jul-24	516	366	127	186	85	36	69	46	0	0	5	0	0	1435
Aug-24	331	271	119	118	100	54	56	55	0	0	6	0	0	1109
Sep-24	759	80	206	96	80	183	78	20	12	57	9	24	0	1603
Oct-24	659	266	50	147	75	48	23	46	12	49	0	0	9	1383
Nov-24	511	197	87	90	49	12	24	30	0	0	0	12	0	1012
Dec-24	212	895	63	55	198	27	32	108	0	0	19	0	0	1607
Jan-25	109	293	66	54	96	48	110	12	33	0	0	4	0	825
Feb-25	74	19	68	22	94	60	36	18	140	0	0	0	0	530
Mar-25	174	179	56	48	71	48	59	12	134	0	22	0	0	803
<b>Total</b>	<b>4111</b>	<b>3689</b>	<b>1220</b>	<b>1053</b>	<b>1044</b>	<b>564</b>	<b>528</b>	<b>504</b>	<b>331</b>	<b>106</b>	<b>70</b>	<b>40</b>	<b>19</b>	<b>13276</b>

**Chart 4 - Redeployment FROM (hours) April 2024 to March 2025**



**Table 4 Redeployment FROM (hours) April 2024 to March 2025**

Month	Critical Care Staff	ERU	4 North	5 South	5 North	4 South	Critical Care Support Staff	Cardiology Unit (3 South, 3 NE & CCU)	Sleep Laboratory	CCU in C Unit	Outpatients	Arrhythmia Specialist Nurses	Critical Care Training & Admin Support	Theatres Surgical	total
Apr-24	30		67	92	72	84		24			9				377
May-24	465	496	36	57		93		24							1170
Jun-24	401	758	24	96	84	31		30							1423
Jul-24	498	411	33	96	235	24	85	48			5				1435
Aug-24	402	338	81	81	116	56		36							1109
Sep-24	1014	150	117	72	36	72	107	24							1591
Oct-24	555	260	73	24	107	87	167	87	24						1383
Nov-24	501	239	50	48	39	12	75	13.75		24			10		1011
Dec-24	212	972	158	70	12	88	48	48							1607
Jan-25	97	284	177	80	72	32		30	36	8					815
Feb-25	38	28	197	155	12	12	36	12	48			12			550
Mar-25	108	191	133	115	78	69	36	36	0	5	0	0	18	13	802
<b>Grand Tot</b>	<b>4319</b>	<b>4126</b>	<b>1144</b>	<b>985</b>	<b>861</b>	<b>660</b>	<b>554</b>	<b>412</b>	<b>108</b>	<b>37</b>	<b>14</b>	<b>12</b>	<b>28</b>	<b>13</b>	<b>13272</b>

**12. Care Hours Per Patient Day (CHPPD)**

12.1. At Royal Papworth Hospital Care Hours Per Patient Day (CHPPD) is a productivity model that has been used, in triangulation with other methods, to set the nursing establishments. The review of NHS productivity, chaired by Lord Carter, highlighted CHPPD as the preferred metric to provide NHS Trusts with a single consistent way of recording and reporting deployment of staff working on inpatient wards.

12.2. CHPPD is also used prospectively to identify the likely care time required for expected patient type for a service. This is then compared to the required CHPPD for actual patients using the service and then comparing the actual CHPPD provided by staff on the ward to assess if wards were appropriately staffed for actual patients.

12.3. **Table 5** shows the actual and required CHPPD results for the last 12 months

12.4. The required RN/ HCSW CHPPD has been provided to RPH patients across all wards as illustrated in **Table 5**. The actual RN/ HCSW CHPPD is reported to be above the required RN/ HCSW CHPPD for the wards.

12.5. This CHPPD metric cannot be used in isolation and further work needs to be undertaken on SafeCare with correct acuity levels to ensure we are capturing the correct actual care hours delivered.

New Starter and additional shifts (e.g. 1:1s) are also included in the monthly Unify Report which looks at total hours worked by registered and unregistered, as such the reported CHPPD is slightly inflated.

12.6 **Table 5** demonstrates that since October 2024 CHPPD required vs actual has been more equal, this demonstrates improved scoring of patients across all wards.

During winter pressures, areas such as 4 South CHPPD actual was lower than required from October 2024 to February 2025 due to the higher acuity and dependency of patients.

12.7. There have been some discrepancies noted for Critical Care ITU and ERU. ITU overall have higher utilisation. This is due to higher patient acuity with increased patients under the ECMO service and mechanical devices compounded with high sickness levels of over 3000 days in the year.

ERU have underutilisation with higher actual CHPPD versus required from April 2024 to March 2025. Investigation concluded that this is due to periods of underutilisation of beds, for example patients on a Monday do not arrive on ERU until later in the day when the patients come out of theatre, and at weekends ERU bed capacity is reduced to 7 beds on Saturday and 5 beds on Sunday compared to 10 beds operational Monday to Friday. CHPPD had been reviewed with the e-Rostering manager and critical care matron to support the completion of tasks to reflect accurately the care activities.

12.8. CCU also have higher actual CHPPD than required from April 2024 to March 2025 due to the variation in number of patients requiring admission to CCU.

**Table 5 CHPPD results April 2024 to March 2025 (combined RN/ HCSWs)**

	Apr-24		May-24		Jun-24		Jul-24		Aug-24		Sep-24		Oct-24		Nov-24		Dec-24		Jan-25		Feb-25		Mar-25	
	Actual CHPPD	Rqd CHPPD																						
4 North	15.2	10.1	14.7	8.9	14.6	9.2	13.8	8.9	14.9	9.6	15.5	10.6	13.5	12.9	16.2	13.4	16.1	13.5	14.0	12.1	12.3	12.5	12.7	12.6
4 South	8.5	7.4	8.5	7.6	8.5	7.6	8.3	7.6	9.0	7.8	8.2	7.6	8.0	9.9	8.4	10.7	8.1	10.4	7.8	10.7	8.6	10.9	10.8	8.3
Cardiology Unit (3 South, 4NW & CCU)	7.7	5.3	7.6	5.6	7.9	5.6	7.7	5.4	8.2	5.7	7.1	5.6	7.1	6.8	8.1	7.7	7.3	7.6	7.6	7.4	7.5	7.6	7.4	7.1
CCU in C Unit	17.3	7.7	17.0	8.2	21.6	7.9	28.7	8.1	27.2	7.7	29.4	7.6	23.1	9.5	22.7	11.0	20.2	10.5	22.8	11.5	20.5	11.6	11.9	21.5
5 North	9.3	6.7	9.3	6.3	9.4	6.4	9.9	6.6	9.7	7.3	9.1	6.9	9.1	8.7	9.1	8.6	9.0	8.9	9.2	9.3	9.3	8.8	8.8	9.4
5 South	9.9	6.9	9.6	7.0	9.6	7.0	9.8	7.3	9.9	7.5	9.8	8.2	9.3	9.6	9.8	9.9	9.8	9.9	9.7	9.5	9.9	9.5	9.6	10.0
Critical Care Staff	24.2	28.0	24.3	27.6	22.8	28.4	24.1	28.9	25.4	29.4	28.9	27.5	25.3	28.2	26.5	30.5	25.2	30.7	23.4	31.3	23.5	32.0	30.5	23.2
ERU			27.7	21.9	27.8	21.6	30.7	20.3	27.9	21.2	35.4	20.3	32.0	19.9	32.8	19.4	33.4	19.0	32.0	19.9	30.1	20.4	20.8	33.5

### 13. National benchmarking

13.1. The latest available charts from the Model Hospital System can be viewed below in **Chart 5 and 6**, as at November 2024 data is taken as a benchmark which compares peers with the NHSI Model health system. As you can see, **RPH in the black column is rated in the third quartile for CHPPD**. Our nearest peer comparator is Liverpool Heart and Chest Hospital (LHCH), which is shown in the grey column.

The following two charts show the comparators from Model Hospital, data as of November 2024. The column chart in **Chart 5** shows the average number of actual nursing care hours spent with each patient per day (all nursing and midwifery staff, including support staff) for RPH (black column) against national median (black line) and peer median (grey line) for November 2024 only.

13.2. The reporting of CHPPD nationally and what RPH is benchmarked against is the calculation undertaken at midnight. The mandated daily 23:59 bed count is reported monthly on the Papworth Integrated Performance Report.

13.3. In **Chart 6** - RPH (blue) Apr. to Aug. 2024, CHPPD is higher than peer comparators (includes Liverpool Heart and Chest Hospital, Royal Brompton and Harefield Hospitals (Grey). The trendline of peers fluctuates in comparison to RPH's steadier trendline with higher CHPPD reported for peers in Oct.2024 and Jan.2025 compared to RPH.

13.4. Since Dec. 2024 CHPPD at RPH is below peers and provider median (black/ all trusts in the country that submitted data).

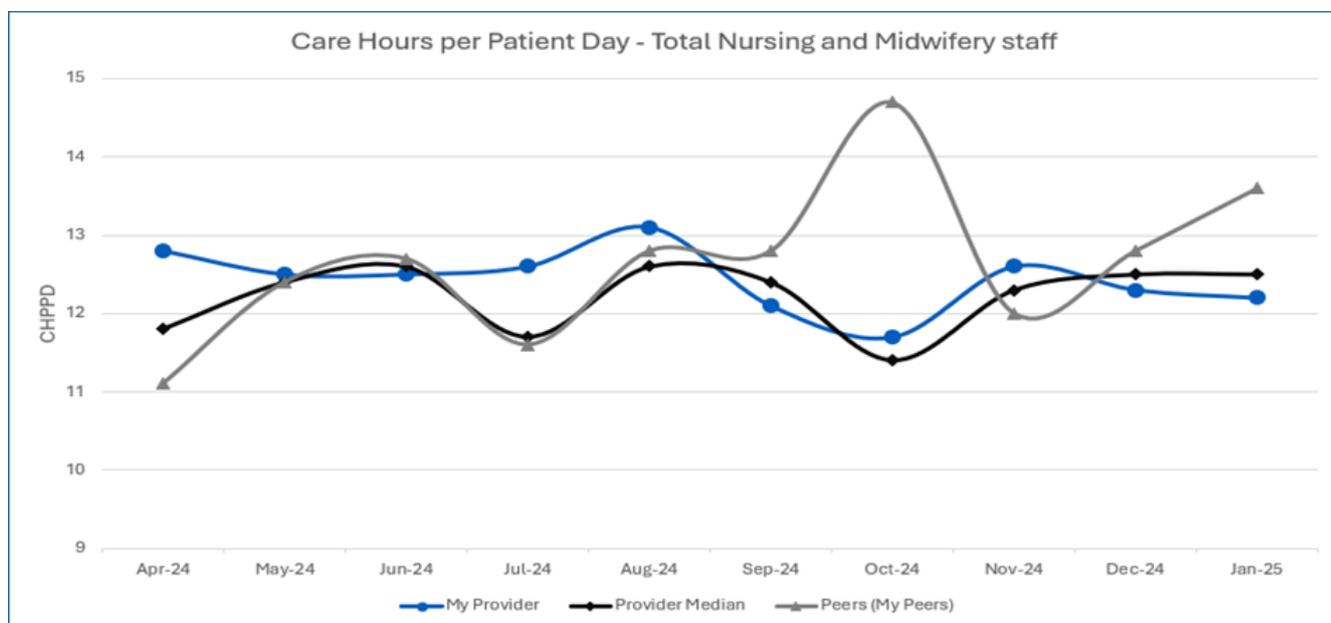
13.5. There is minimal variation for RPH with the provider median for CHPPD Apr. 2024 to Jan. 2025 (latest data reported).

13.6. CHPPD is monitored for each clinical area and reported monthly in the Nurse Safe Staffing Report to the Clinical Practice Advisory Committee

#### **Chart 5 - The average number of actual nursing care hours spent with each patient per day at RPH as of November 2024 (source from Model Hospital System)**



**Chart 6 - This trendline chart shows RPH (bright blue) against national median (black) and peer median (grey) CHPPD Apr. 2024 to Jan. 2025 (latest data reported)**



#### 14. Current assumptions for skill mix and registered nurse to patient ratio

14.1. The nurse-to-patient ratio describes the number of patients allocated to each registered nurse. Nurse patient allocations are based on the acuity or needs of the patients on the ward.

14.2. Critical Care (including ERU) may be staffed at 1 RN to 1 patient for the sickest patients which is Level 3 care, 1 RN to 2 patients which is Level 2 care or 1 RN to 3 patients for patients who are acutely ill but stable at Level 1 or 0 care.

Critical Care staffing is based on the most recent Intensive Care Society (ICS 2022) guidance on Levels of Care (LOC) and the General Provision of Intensive Care Standards (GPICS). RPH Critical Care (including ERU) establishment had been set on 1:1 for 36 beds.

14.3. On general wards the nurse-to-patient ratio is higher, for example 1:4 - 1:6 depending on the type of service delivered and the needs of the patients. This type of nurse: patient ratio is based on guidelines from professional organisations and accreditation bodies but also reflects the needs of the individual patients at a given point in time which Royal Papworth cardiothoracic patient care needs information using SNCT have a higher acuity which explains the higher RN to patient ratios allocation.

14.4. SNCT data captured in November 2024 recommended a slightly higher nurse to patient ratio for 5 North, 5 South, 4 South and Cardiology **Table 1**. A further two SNCT data collections are recommended to validate this. Next SNCT data collection is in May 2025.

14.5. Wards have a planned registered nurse to patient ratio of no more than eight patients to one registered nurse on day shifts as per workforce standards/ policy. It is important to note that we have not exceeded this workforce standard of no more than eight patients. A full ward and critical care breakdown of the actual worked registered nurse to patient ratio from April 2024 to March 2025 and can be found in **Table 6**.

14.6. This metric should not be used in isolation, as factors such as the large footprint, wards split over different areas and the side room factor make it more difficult to staff and professional judgement is required to ensure staffing remains safe.

**Table 6 Actual registered nurse to patient ratio – April 2024 to March 2025**

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
4 North	1:2.5	1:2.5	1:2.6	1:2.6	1:2.5	1:2.5	1:2.7	1:2.2	1:2.1	1:2.4	1:2.8	1:2.9
4 South	1:3.4	1:3.9	1:3.9	1:4.0	1:3.8	1:3.9	1:4.0	1:3.9	1:4.2	1:4.3	1:4.1	1:4.2
Cardiology Unit (3 South, 3NE & CCU)	1:5.0	1:4.9	1:4.9	1:4.9	1:4.5	1:5.0	1:5.1	1:4.6	1:5.0	1:4.9	1:4.8	1:5.1
CCU in C Unit	1:1.4	1:1.4	1:1.2	1:1.1	1:1.2	1:1.1	1:1.4	1:1.4	1:1.5	1:1.4	1:1.5	1:1.4
5 North	1:4.5	1:4.3	1:4.5	1:4.3	1:4.2	1:4.5	1:4.5	1:4.4	1:4.4	1:4.3	1:4.4	1:4.2
5 South	1:4.5	1:4.4	1:4.4	1:4.3	1:4.3	1:4.4	1:4.4	1:4.3	1:4.3	1:4.2	1:4.2	1:4.2
Critical Care Staff	1:1.0	1:1.0	1:1.1	1:1.0	1:1.0	1:0.8	1:1.0	1:0.9	1:1.0	1:1.0	1:1.0	1:1.0
ERU		1:1.2	1:1.1	1:1.0	1:1.0	1:0.8	1:0.9	1:0.9	1:0.9	1:0.9	1:0.9	1:1.0

## 15. Red flags and staffing escalation process

15.1. A red flag event is a warning sign that something may be wrong with the staffing on the ward/unit, this poses risk to patient safety, missed or delayed care. If a red flag event occurs, the nurse in charge of the service should raise a red flag on the SafeCare staffing system and escalate to the senior nurse on the ward/unit Sister/Charge Nurse and Matron responsible for the area.

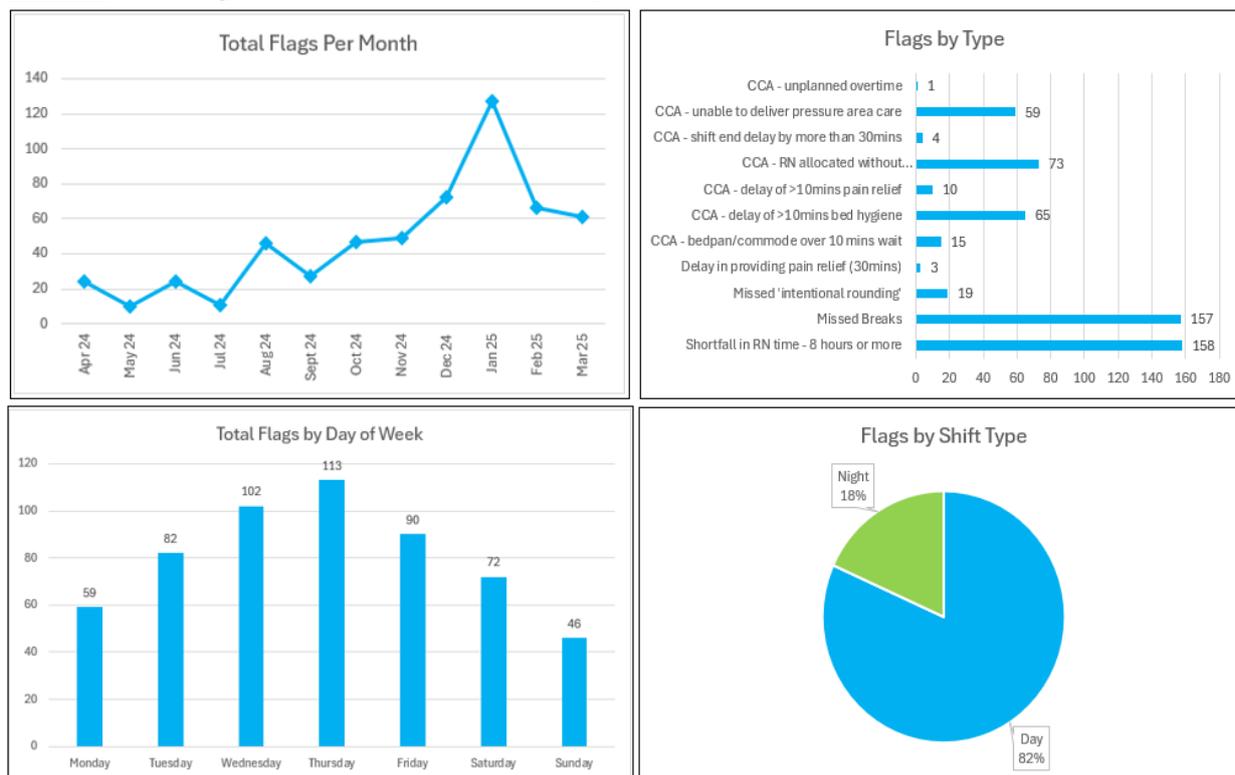
15.2. All red flags raised should be validated by the Matron and resolved or raised in error by the end of each shift.

15.3. **Chart 7** shows the red flags raised and the trends from April 2024 to March 2025. Further work has been undertaken with the training of the escalation and mitigation of red flag events utilising the SafeCare System. Red flag events are monitored at the Weekly Look Ahead meetings held with the senior nursing team and eRostering Manager.

15.4. Noted decrease from January 2025 in the number of red flags across RPH wards contributory to a decline in vacancies and improved fill rates.

15.5. The highest number of red flags reported is for 'shortfall in RN time' (8 hours or more) and followed closely by 'missed breaks. Mitigations to support red flag events include sisters on supervisory shifts supporting staff break cover and the nurse-in-charge and/ or supervisory sister taking own cohort of patients in response to staffing shortfalls where necessary.

**Chart 7 Red flags raised and trends - 1<sup>st</sup> April 2024 – 31<sup>st</sup> March 2025**



**16. Quality indicators, patient safety, experience and clinical outcomes**

16.1. The Trust uses information and statistical tools to examine nursing sensitive indicators of care (NSI). These indicators include patient falls, pressure ulcer prevalence, medication incidents, complaints and Friends and Family Test (FFT) survey results. These are reviewed on a quarterly basis through the quality and governance processes in the Trust and are included in this annual nursing establishment review to aid triangulation of staffing indicators alongside patient safety and experience indicators.

16.2. In January 2024 the Trust implemented the Patient Safety Incident Response Framework (PSIRF) and our incident response policy and procedure changing our approach to reporting and investigating patient safety events. Reporting of incidents for the interests of system wide learning and shifting from individual blame has been encouraged.

16.3. From 20/03/2024, changes were made to the Trust incident management system (Datix), in line with requirements for the National Learning from Patient Safety Event (LFPSE) reporting system. This added additional mandatory fields to the form and allowed us to separate incidents attributable to the Trust. This is important to note as we continue to see consistent reporting levels even excluding non-Papworth incidents.

16.4. Incidents graded as moderate harm or above are reported weekly to the Safety Incident Executive Review Panel (SIERP) for discussion and agree next steps. Introduction of PSIRF has initiated learning responses which have replaced previous investigation methodology for moderate harm and above incident reviews.

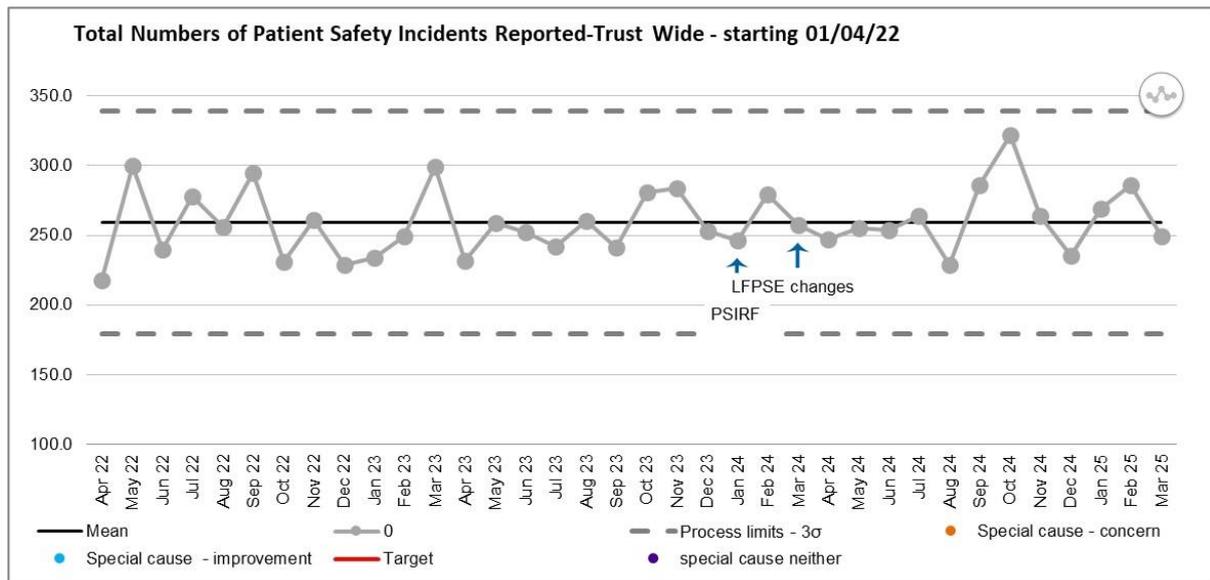
16.5. Changes in the approach to safety incidents since PSIRF has enabled us to identify areas where harm may not have been avoidable due to the severity and complexity of a patient condition and there was a recognised, unavoidable outcome of treatment or

procedure. LFPSE changes also allow us to capture outcomes of treatment and procedure that have been determined through the Morbidity and Mortality reviews. Unless there are elements where avoidable harm has been identified these are reported as low or no harm safety events.

### 16.6. Summary of incident data

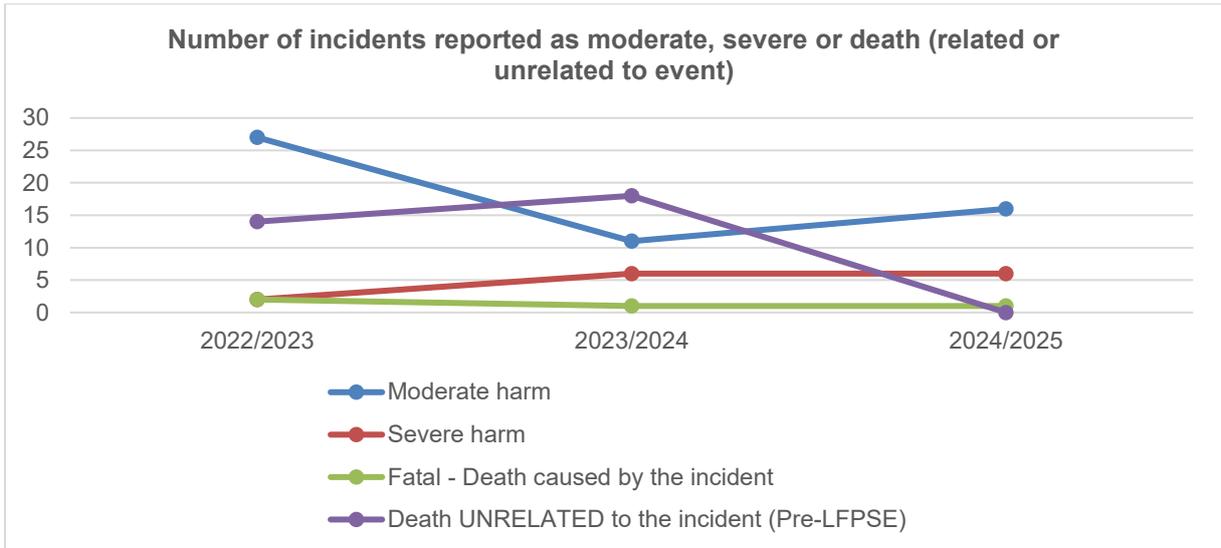
There have been 3160 patient safety incidents reported in the 2024/2025 financial year, in comparison with 3086 in the previous year. **Chart 8** below it shows the variation of number of patient safety incidents reported each month from 01/04/2022 to 31/03/2025.

**Chart 8: Number of reported patient safety incidents from April 2022 - March 2025**



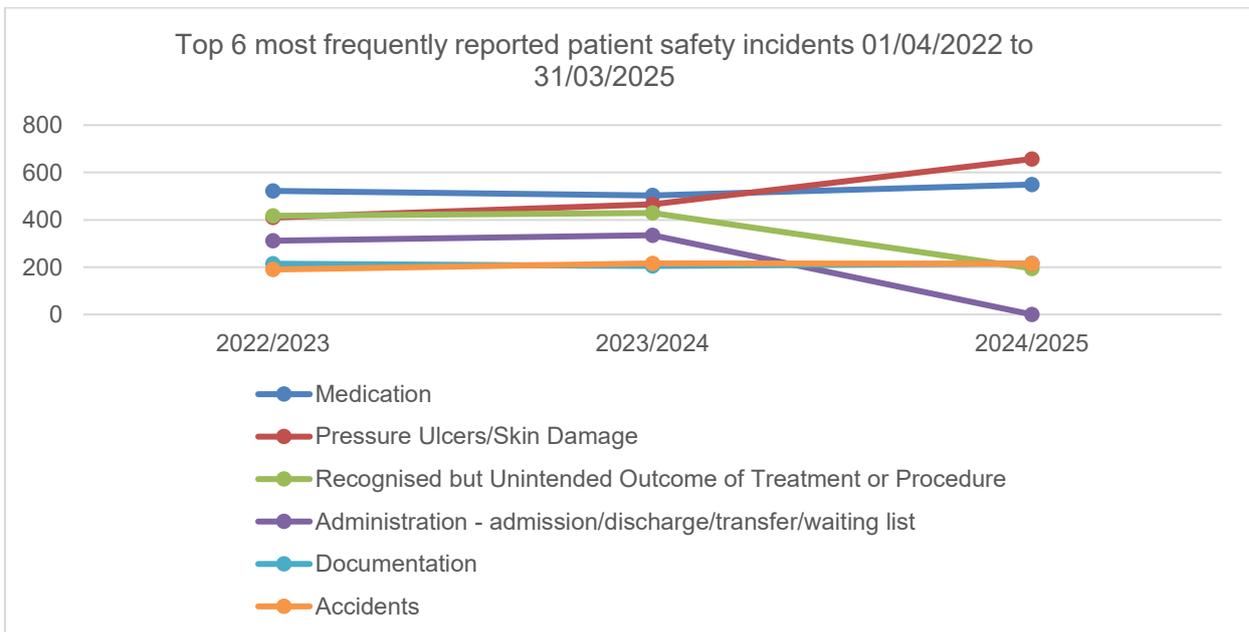
**Chart 9** below shows the trend over time of incidents where moderate, severe, and death (both related and unrelated to incident) were reported. The number of incidents graded as moderate harm has increased, severe harms and fatal have remained the same compared to last financial year. Changes within LFPSE, removed “death unrelated to incident” as a harm level, this is reflected in the numbers where no incidents are reported against this severity in this financial year (2024/2025). Incidents relating to this harm level are now recorded as no harm as an outcome of treatment or procedure if a patient death was due to clinical condition and not preceded by a related patient safety incident.

**Chart 9: Number of incidents reported as moderate, severe or death April 2022 - March 2025**



**Chart 10** below displays the top 6 most frequently reported patient safety incidents between 01/04/2022 – 31/03/2025 as Medication, Pressure Ulcers/Skin Damage, Recognised but Unintended Outcome of Treatment or Procedure, Administration (admission/discharge/transfer/waiting list), Documentation and Accidents

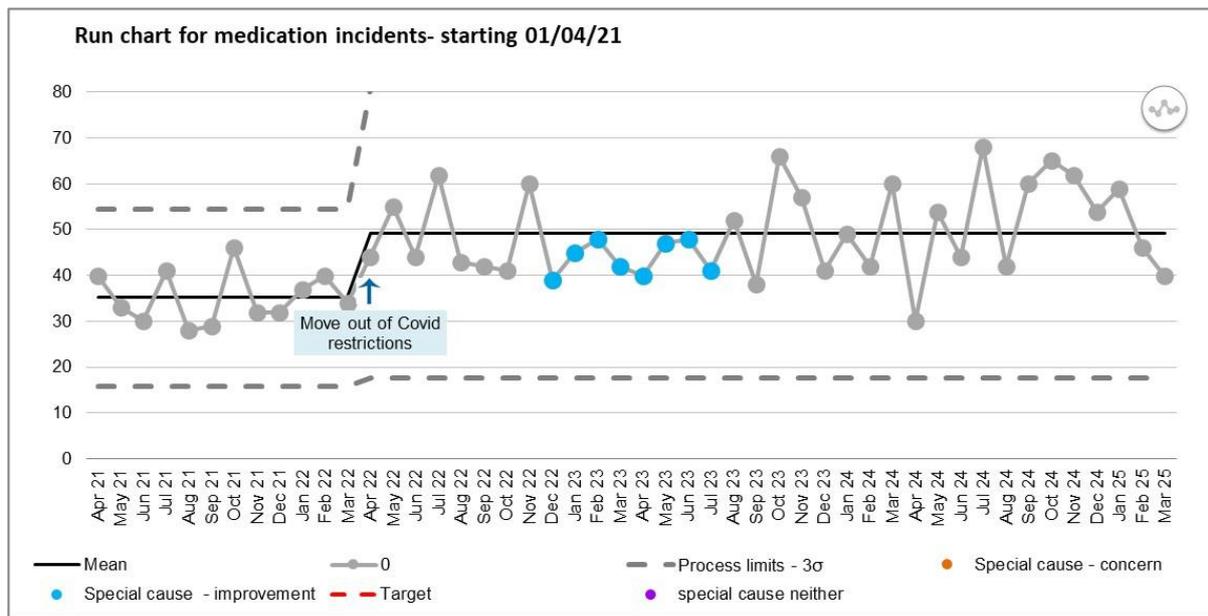
**Chart 10: Top 6 Most frequently reported patient safety incidents 01/04/2022 - 31/03/2025**



### 16.7. Medication incidents

Medication is the most widely used medical intervention in the NHS so unsurprisingly medication errors make up the biggest proportion of all patient safety incidents reported at Royal Papworth hospital. The number of medication incidents have slightly increased during last financial year (2024/2025) (n=549) compared to previous one (2023/2024) (n= 503), see **Chart 11** below. All incidents have been graded and harm levels noted as no/low harm/near miss incidents.

**Chart 11** – Medication incidents from April 2021 - March 2025.



Whilst a rise is shown for 2024-25 compared to 2023-24, the number of medication incidents reported by month shows normal variation around the mean with no special cause variation in the last 24 months. Reporting rates are influenced by many factors (knowledge of the reporting system, level of harm, concerns about repercussions etc) and therefore need to be considered alongside other data to determine whether there is cause for concern.

Majority of incidents were under the main category of administration/supply from a clinical area 53% of the incidents were reported under this and 23% were reported under Prescribing category. Other categories included issues with medication advice, Monitoring or follow-up of medicine use and Preparation of medicine/dispensing in a pharmacy.

Medication incidents are reviewed by the Medicines Safety Group for themes and areas for improvement. In addition, a Trust wide medication safety quality improvement (QI) project commenced in Q3. This QI project focused on incident reporting and culture, Controlled Drugs (CD) administration, IV administration and Dopamine administration. The project made several recommendations for opportunities for improvement. The Patient Safety Incident Response Framework plan for 2025/2026 includes medication safety as one of the 3 focussed areas. Improvement work will be taken forward via a specific Medication Administration Task and Finish Group overseen by Medicines Safety Group reporting to Quality and Risk Management Group (QRMG) and the Trust Medication Safety Committee.

### 16.8. Pressure ulcer prevalence

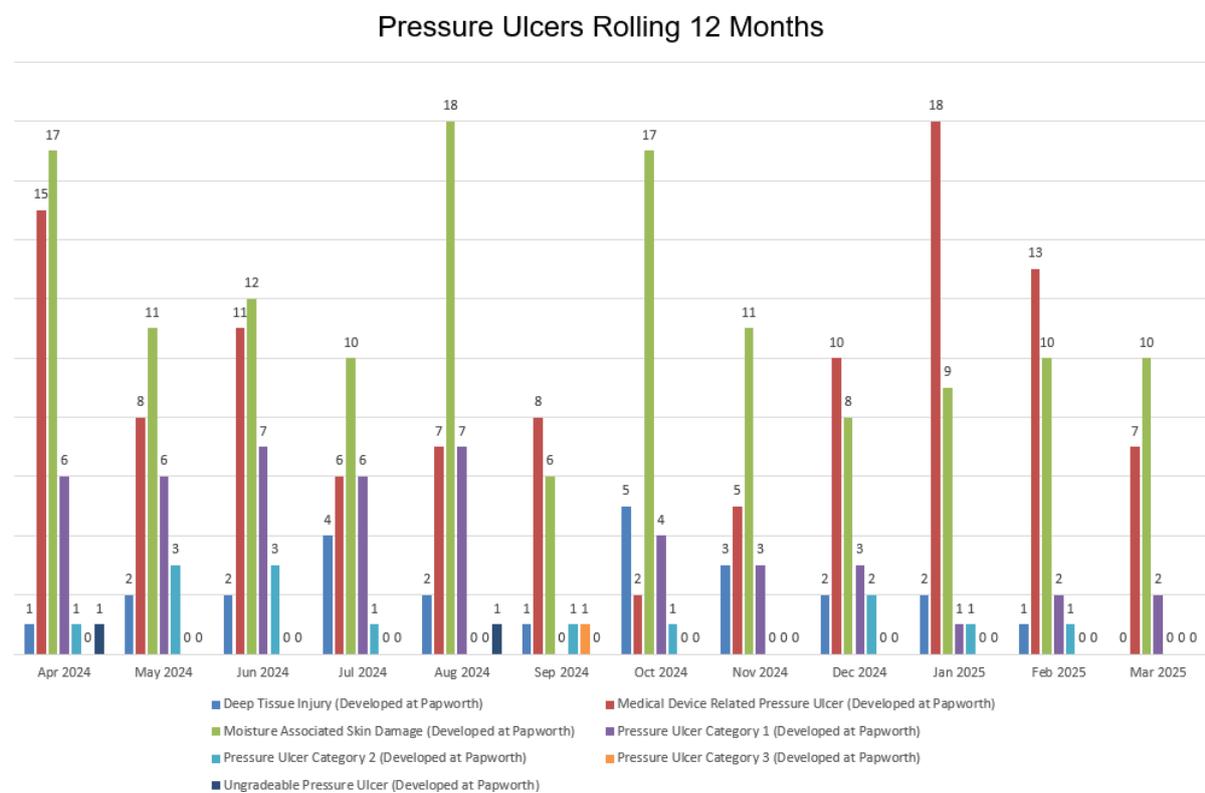
In the last financial year (01/04/2024 to 31/03/2025) the number of incidents reported in relation to pressure ulcer and skin damage have increased. Datix reporting system captures Pressure Ulcer (PU)/ Skin damage incidents which are developed at Papworth as well as incidents developed outside Papworth.

Out of the 657 PU/Skin damage incidents reported during last financial year (2024/2025), 30% were reported as developed outside Papworth. Out of the PU/Skin damage incidents reported as developed at Papworth Moisture Associated Skin Damage (MASD) continue to remain the highest reported followed by Medical Device Related Pressure Ulcers (MDRPU).

The Trust continues to have high levels of reporting superficial low harm pressure ulcers and skin injuries and a low rate of deep pressure ulcer development, see **Chart 12** below.

It is important to note that reporting MDRPU early supports prevention of further deterioration to pressure ulcer category as shown below.

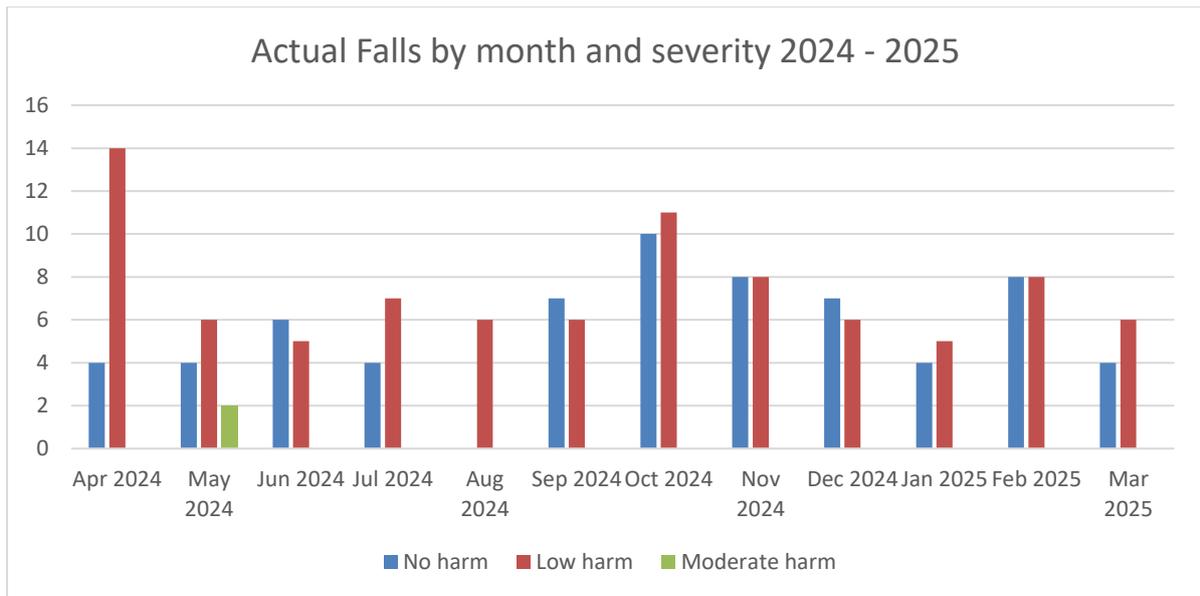
**Chart 12 – Trust acquired pressure ulcers: rolling 12 months**



**16.9. Falls**

The total number of falls during 2024-2025 was 156, this compares to 151 in 2023-2024. 154 of these were no or low harm, with 2 moderate harms occurring during May 2024.

**Chart 13 – Actual number of falls reported by month and severity April 2024 – March 2025**



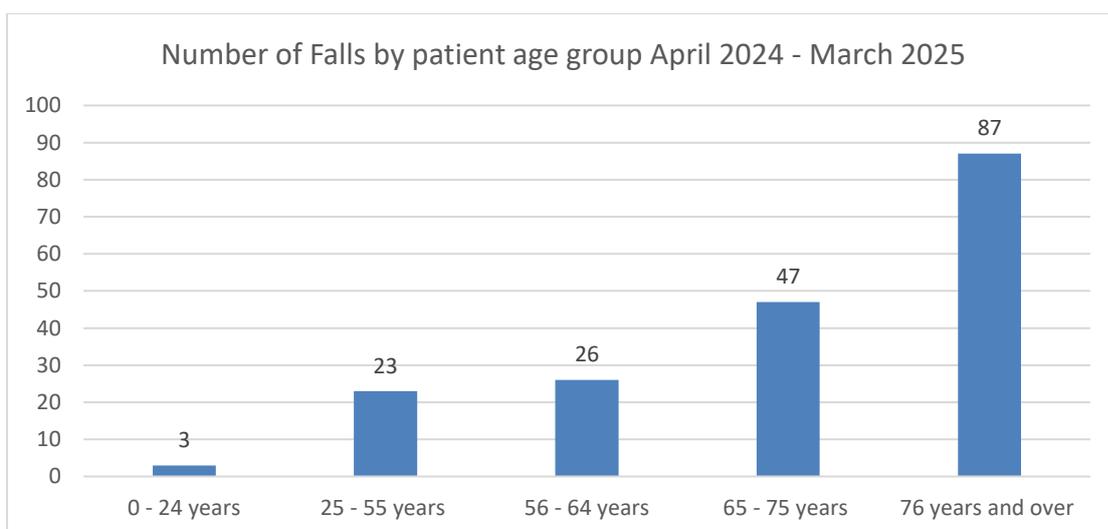
Themes arising from falls overall were patient frailty, trailing ECG cables and association with bathrooms and with mobilising to and from bathrooms.

- Delirium/ confusion was noted in a small percentage of the falls (8 falls = 5% of total falls)
- High percentage of the falls (125 falls = 73.9% of total falls) were unwitnessed.
- Many falls happen in association with bathrooms (65 falls = 42% of total falls).

With all patient rooms having an ensuite bathroom, bathrooms have been a focus for improvement work to include patient education to support patients at risk of falling by calling for assistance when mobilising in and around bathrooms, utilising bathroom alarms and reduction of trip hazards caused by trailing cables.

Falls data demonstrates they are most commonly occurring in the age 75 years and above age group, see **chart 14** below.

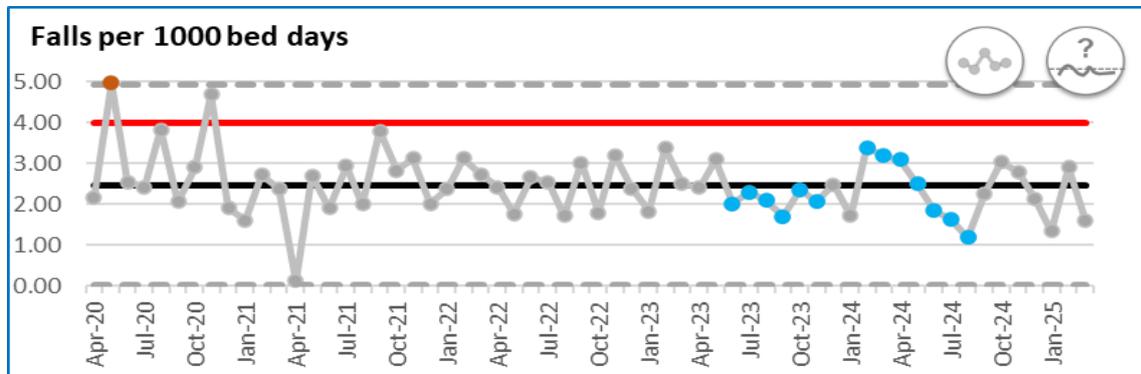
**Chart 14** Number of falls by patient age group April 2024 – March 2025



The total number of falls per 100 bed days is included below in **Chart 15** and is still within the control limits. There was a downward trend of improvement seen in Q1 and Q2 of 2024 – 2025. Although the figures have risen recently, statistically, 6 or more points increasing in a

row are normally required before this is considered a 'trend' rather than just random variation.

**Chart 15** Graph 3: Falls per thousand bed days (2020-2025)

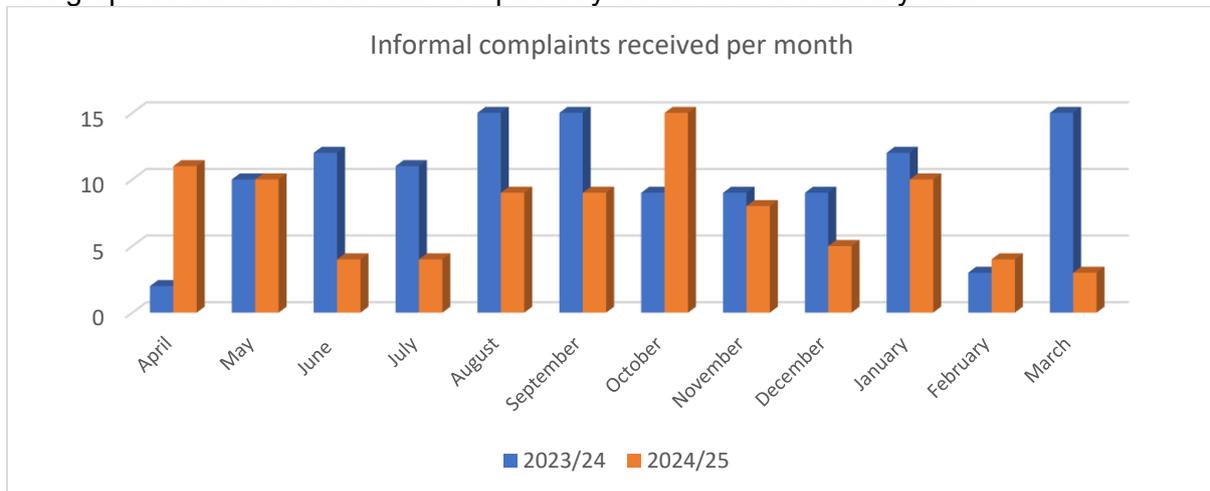


## 17. Patient experience, patient and carers feedback

### 17.1. Informal Complaints

95 informal complaints were dealt with and resolved at a local level in in 2024/25, compared to 127 in the previous year 2023/24. Informal complaints are issues that the complainant has agreed that they would like to resolve through local resolution, without a formal complaint process being followed. The resolution process is a more of a personalised approach to gain resolution to the concerns raised and this is often resolved with our clinical team being involved or through our Patient Advice & Liaison Service support.

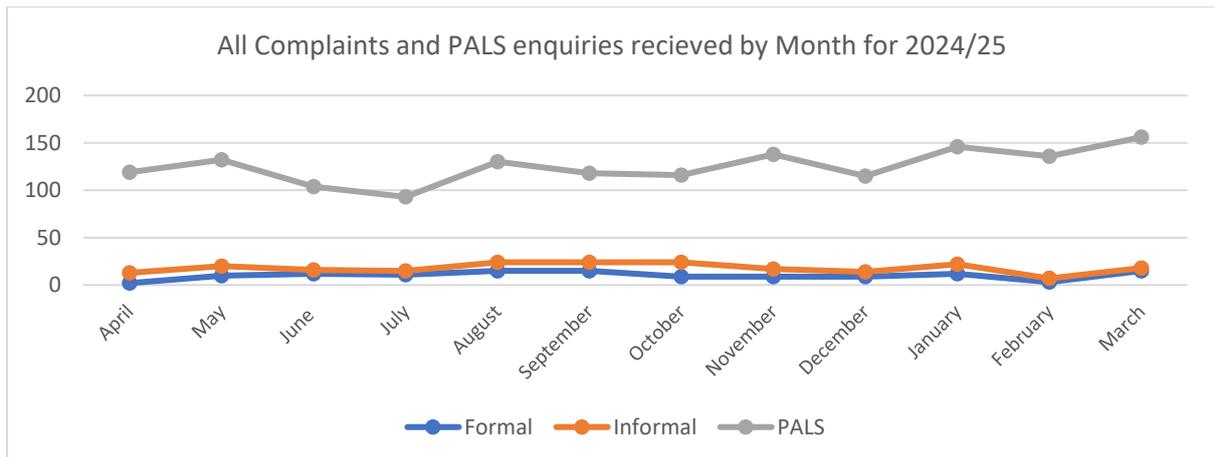
The graph below shows informal complaint by month over the last 2 years.



### 17.2. Formal Complaints

During the year we received 57 complaints in the period 2024/25. This compares to 52 complaints in the previous year 2023/24. The graph below shows All Complaints (Informal and formal), and PALS enquires received per month 2024/25.

**Chart 16** – All Complaints (Informal / formal) and PALS enquires received by month April 2024 - March 2025.



### Subjects of complaints

The most frequently occurring themes from Formal and Informal complaints were communication/Information (46%), delay in diagnosis/treatment or referral (26%) and clinical care/clinical treatment (24%)

### Sub-subjects of complaints

The five most frequently occurring sub subjects, specific issues raised within complaints about communication/information, delay in diagnosis/treatment or referral, or clinical care/clinical treatment were: lack of information for patients, waiting time for operation, and dissatisfied with medical care/treatment/diagnosis outcome.

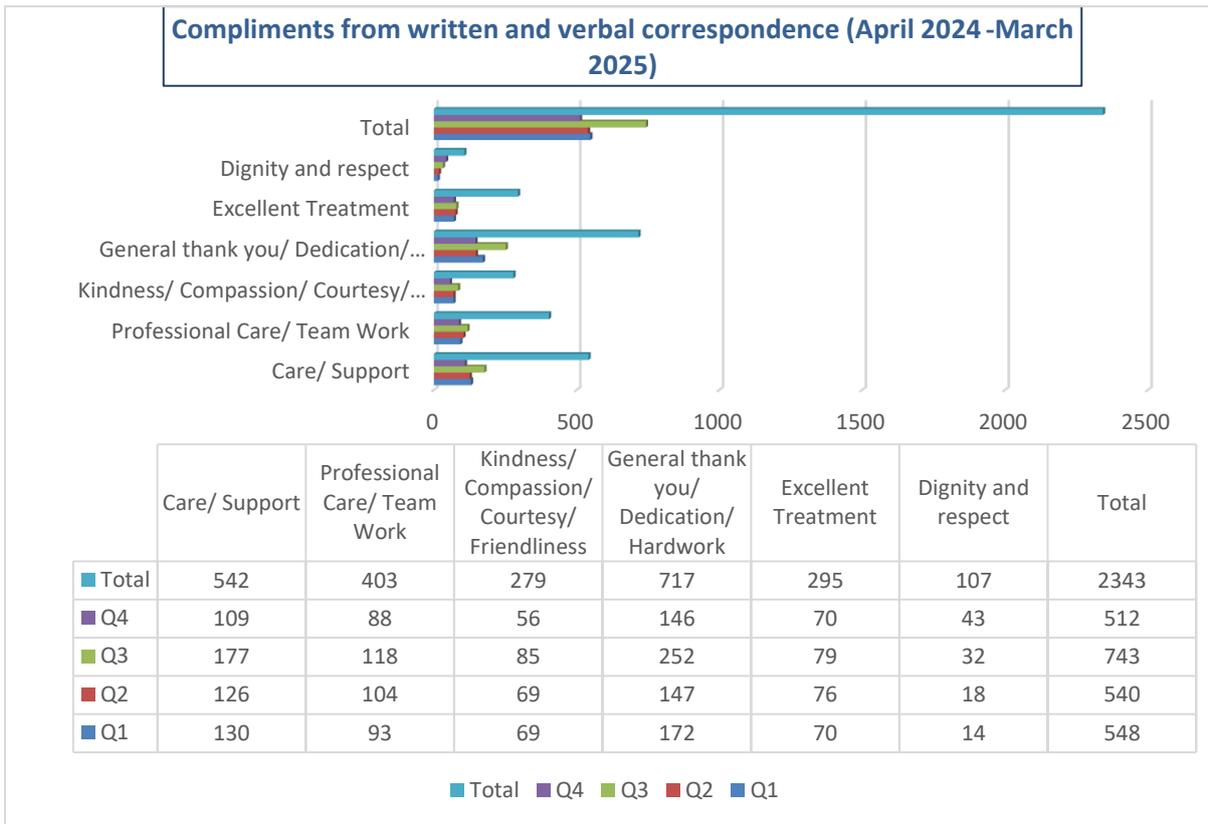
### Compliments

There were 893 compliments across the Trust as shown in **Chart 17**, that were received through the PALS team during 2024/25 and a total of 19,429 recorded through the Friends and Family surveys. Each quarter a review of compliments that have been captured from all feedback from our patients and from their families/carers through either our FFT surveys or feedback received via PALS is undertaken. All feedback is shared with Matrons, senior ward staff, and directorate management for ongoing service feedback and improvement.

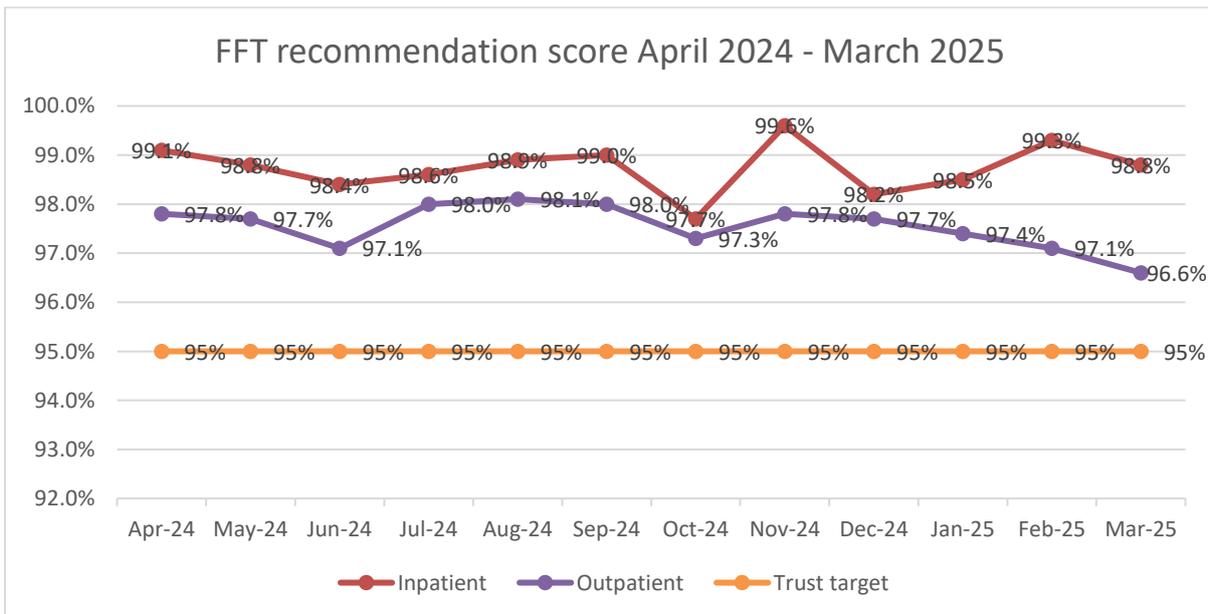
The compliments were analysed for key themes and the top three themes for the year were:

- General thank you, hard work of staff.
- Care and support provided.
- Professional care provided and teamwork of staff across the Trust

**Chart 17** Compliments from written and verbal correspondence April 2024 – March 2025



**Chart 18** FFT recommendation score April 2024 – March 2025



### 17.3. Friends and Family Test (FFT)

The Trusts FFT survey has remained above the target of 95% for our recommendation score for inpatient and outpatient collected from our FFT surveys. Our scores from the Friends and Family inpatient survey for 2024/25 are shown in the **Chart 18**.

The Chief Nurse and Deputy Chief Nurse monitor patient feedback through the monthly Trust's Papworth Integrated Performance Report (PIPR).

17.4. There have been Quality Improvement projects undertaken for Medication and Pressure ulcers. Such focused projects have raised awareness and may have been contributory to improved DATIX reporting.

17.5. Overall, the quality of patient care, patient safety and experience have remained at a high standard in the annual period reviewed.

17.6. There have been no concerns linked to inpatient establishments and safe staffing from April 2024 to March 2025.

## 18. Summary and recommendations

18.1. This annual staffing establishment review has considered and analysed the data relating to staffing metrics in line with national policy and safer staffing guidance, alongside nursing quality indicators, patient safety, experience and clinical outcomes

18.2. Triangulation of data was undertaken with acuity and dependency scoring using the Safer Nursing Care Tool and professional judgement.

18.3. The following **conclusions** are:

- There are no changes to WTEs in nursing establishments for all clinical areas, however revisions have been made to bandings for the Outpatient Department and Catheter Labs.
- Registered nurses and unregistered nurses are maintained in terms of balance for mix and number of posts.
- A new service led by a full-time Advanced Clinical Practitioner in the Respiratory Support and Sleep Centre commenced in March 2025 to provide community visits to patients requiring complex home mechanical ventilation.
- The reconfiguration of Critical Care to incorporate a new nurse led Enhanced Recovery Unit launched in May 2024 has two rosters planned which took effect from September 2024 with no planned changes to the Critical Care establishment.
- SNCT data captured in November 2024 confirmed that the registered nurse to patient ratios across all RPH wards was in line with the SNCT recommendations.
- There is overall a significant downward redeployment trend across all areas since September 2024 due to ongoing recruitment and improved pipelines across all areas.
- The actual nursing care hours required versus actual spent with each patient per day for RPH wards has been more equal since October 2024 which demonstrates improved scoring of patients across all wards.
- Ensuring safe staffing levels has and will continue to be a priority for the Trust Board. A key component of this is having access to temporary staffing that has the right skills and is available on a flexible "as and when" basis.
- Temporary staffing enables managers to address both gaps in rotas because of staff vacancies and absences, and it also enables fluctuation in workforce demand to be

met. However, without the appropriate controls in place the inappropriate use of temporary staff can lead to pay costs exceeding budgets.

- The quality of patient care, patient safety and experience have remained at a high standard in the annual period reviewed with no concerns linked to ward/ unit establishments/ safe staffing from April 2024 to March 2025.

18.4. The following **recommendations** are:

- Ward/ unit WTEs in nursing establishments are to remain the same.
- These recommendations will be taken to CPAC and the Workforce Committee.
- Undertake further SNCT data collections in May and November 2025 to continue to use the new updated SNCT tool which includes a nationally agreed side room calculation.
- Continue Roster KPI monitoring, Weekly Look Ahead and monthly Safer Staffing meetings and check, challenge, and support meetings with senior nursing teams to review inpatient nursing establishments as per cycle in DN 860 to provide ward-to-board assurance with oversight at monthly CPAC.
- Continue additional reporting and monitoring that is being developed to provide earlier line of sight of the impact of controls for temporary staffing usage and provide opportunities for intervention to ensure safe service delivery and value for money.

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Sandra Mulrennan, Head of Nursing Cardiology  
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Matt Petty, Lead Nurse Critical Care  
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<b>Recommendation:</b>
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<b>For Approval as recommended by the Workforce Committee</b>
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