COVERSHEET		
Meeting	Board of Directors' meeting in PUBLIC	
Paper Title	Safer Staffing Bi-Annual Report - Nursing	
Date of meeting	5 November 2020	
Date paper was written	19 October 2020	
Responsible Director	Hayley Flavell, Director of Nursing	
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## **EXECUTIVE SUMMARY**

As part of the national safer staffing guidance it is stipulated that a bi-annual staffing review of inpatient areas should be performed and shared to ensure compliance with national indicators. This report summarises the review performed from July 2020 and offers recommendations as a result.

A nursing establishment review of all adult inpatient wards, the Emergency Departments and Paediatrics was undertaken during July 2020 in line with the national requirement to complete a review twice a year (January and February). The establishment review encompassed the use of an evidence based tools (Imperial College Safer Nursing Care Tool for adults and paediatrics, Baseline Emergency Staffing Tool), professional judgement (from the Deputy Director of Nursing and the Heads of Nursing) and a review of patient outcomes within the specific clinical areas.

The analysis implies that July's data captures are not representative of the usual patient population being cared for at the Princess Royal Hospital (PRH) and the Royal Shrewsbury Hospital (RSH) due to the Covid-19 pandemic. It is noted that acuity appeared higher in most areas and the bed occupancy was much lower. The July data capture should have been the second data capture of three required to make decisions on any significant changes to workforce establishments however given the changes due to the pandemic, the recommendation should be to discount this second tranche of data.

The main points to note from the review are as follows:

- Registered Nurse (RN) to Patient ratios are better than national recommendations (e.g.: 1:8) for day shifts apart from the Gynaecology Ward.
- The highest RN to Healthcare Assistant (HCA) ratio is on Ward 6 which is 76% (national guidance requires a minimum ratio of 65% RN to 35% HCA).
- The lowest RN to HCA ratio was Ward 17 (46%), 22 T&O (48%), 22 Frailty (48%).
- Budgeted RN posts as at July 2020 versus the Safer Nursing Care Tool suggests an overall deficit in RN numbers with an over-establishment of HCAs.

- There has been an increase in RNs and HCAs since the January 2020 data collection.
- Every ward showed an actual Care Hours per Patient Day above what was required. This will have been due to the lower bed occupancy due to the Covid-19 pandemic.
- Further work is required in regards to Enhanced Care shifts (1:1 care requirements).
- A plan needs to be agreed for Nursing Associates and their deployment across the organisation.
- A decision should be taken on the funding status of the Band 7 Ward Managers and if these should be 100% supervisory and thus not part of the roster requirements.
- A structured plan is required to add in additional flexibility to the workforce to allow for 7 ½ shifts to aid retention where service provision allows.
- A number of changes to establishments are being considered by the Care Groups to support with ongoing changes to clinical areas due to the Covid-19 pandemic.

A further gap analysis of the Trust's current position compared to national recommendations for Safer Staffing was performed and an update of the local Safer Staffing Improvement Plan was conducted. Ensuring full completion of this Improvement Plan will ensure future assurance and compliance with both national recommendations and CQC requirements and MUST DO actions and will be reported on as part of the biannual staffing reviews in the future.

**The Board is asked to** note this report in regards to the Trust's compliance with Safer Staffing standards and the plans in place to address any risks or gaps.

Previously considered by

**Director of Nursing** 

THE BOARD OF DIRECTORS' (Committee) ARE ASKED TO:					
☐ Approve	☐ Receive	✓ Note	☐ Take Assurance		
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place		

Link to CQC domain:					
✓ Safe	✓ Effective	✓ Caring	Responsive	✓ Well-led	

Link to strategic objective(s)	PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare
	SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care
	HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities
	✓ LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions
	✓ OUR PEOPLE Creating a great place to work
Link to Board	<b>1533</b> IF we do not implement all of the 'integrated improvement plan' which responds to CQC concerns THEN we cannot evidence provision of improving care to our patients.
Assurance Framework risk(s)	<b>859</b> IF we do not have a recruitment strategy and retention strategy along with demand-based rostering for key clinical staff THEN we cannot ensure the sustainability of services.

Equality Impact Assessment	<ul> <li>Stage 1 only (no negative impact identified)</li> <li>Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)</li> </ul>
Freedom of Information	This document is for full publication
Act (2000)	This document includes FOIA exempt information
status	This whole document is exempt under the FOIA
Financial assessment	There are some minor changes to establishments required that will have financial impacts that should be considered for 2021/22 financial year. A business case will be drafted for this purpose.