


Board of Directors' Meeting 9 December 2021

Agenda item	299/21			
Report	Bi-Annual Staffing Review			
Executive Lead	Director of Nursing			
	Link to strategic pillar:		Link to CQC domain:	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our partners		Responsive	√
	Our governance	√	Well Led	√
	Report recommendations:		Link to BAF / risk:	
	For assurance		BAF1, BAF 4, BAF 8	
	For decision / approval		Link to risk register:	
	For review / discussion		807, 1571, 2058, 1768, 817	
	For noting	√		
	For information			
For consent				
Presented to:	Quality & Safety Assurance Committee			
Dependent upon (if applicable):	NA			
Executive summary:	<p>The purpose of this report is to provide the Board of Directors with the bi-annual Nurse staffing review. A paper in full has been presented to the Quality & Safety Assurance Committee where a summary of the data collected in July 2021 relating to substantive availability and Red Flags were triangulated and discussed</p> <p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> • Receive this information • Decide if any further information, action and/or assurance is required 			
Appendices:	Appendix 1: Workforce Safeguards Gap Analysis Action Plan			
Lead Executive:				

Bi-Annual Staffing Review

NHS provider boards are accountable for ensuring their organisation has the right culture, leadership and skills in place for safe, sustainable and productive staffing that will support safe, effective, caring, responsive and well-led care

Nationally it is agreed that Nurse to patient ratios in the day should be no more than a ratio of 1:8 in adult inpatient ward settings. For July 2021, Medicine Division were at 1:6 and Surgical Division 1:5 thus meeting this national guidance.

A further measure to demonstrate adequate Registered Nurse (RN) staffing levels is to ensure a mix of at least 65% RN compared to unregistered posts. This is known to reduce mortality and increase quality and safety. The data indicates that most wards do not meet this threshold with the average overall being at 53%.

Staffing fill rates overall were above 90% for RN and Healthcare Assistants (HCAs). It should be noted that the fill rate does not account for skill mix and experience with some areas having high levels of temporary staff to meet their fill rate.

Care Hours per Patient Day (CHPPD) when reviewed on Model Hospital and benchmarked suggests the Trust is above peer and national average.

The Trust utilises a validated tool to measure staffing twice a year (Safer Nursing Care Tool – SNCT) alongside professional judgement and triangulation of quality data. This is in line with national policy.

It has been noted that for increased assurance regarding the data received from SNCT that a roll out of training and assessment on senior RNs should take place to ensure the data captured is as accurate as possible.

The Trust is partially compliant with national policy (Developing Workforce Safeguards), a gap analysis is complete and an improvement plan in place, monitored via the Quality and Safety Assurance Committee quarterly for progress against targets.

The data from SNCT suggests the numbers of RNs currently budgeted is not enough and the numbers of HCAs is too high. This should be taken with caution currently due to the increased assurance required on data capture and the continued inability to be able to utilise 2 consistent data captures due to ward areas continuing to flex and change to meet the operational demands of COVID 19 and non-elective emergency activity.

There were 135 incidents (the highest in the past 12 months) in July 2021 for staffing issues. Several of these incident forms have been identified as potential red flags against NICE safer staffing guidance. All of these were however categorised as no or low harm.

The main risks identified within this review relate to the identified lack of RNs and the numbers of temporary staff being utilised to increase fill rates in areas. The RN ratio has reduced since the last review in January 2021 and unavailability across the inpatient adult areas has increased.

The national team have released a SNCT for Emergency Departments (ED) and the licence has been requested for this so that training and usage of the multiplier can begin with a view to a full ED staffing review at some point in 2022.

Paediatrics should also be included in 2022 once they are on Safecare to make data capture easier to complete.

The Trust is currently employing a fixed term AHP Workforce lead that will report corporately and be able to offer assistance with capturing an AHP workforce review in the coming months.

There is a working group reviewing the usage of Nursing Associates across the organisation to try to increase skill mix in vulnerable areas.

A workforce review continues assessing the utilisation of support roles within inpatient areas so as to release clinical time for clinical tasks.

The Trust should consider moving at pace with the reduction of 12 hour shifts to increase flexibility for our staff and potentially reduce the burden of sickness levels across the organisation.