

## Board of Directors' Meeting: 14 December 2023

<b>Agenda item</b>	159/23		
<b>Report Title</b>	Bi-Annual Safer Staffing Report		
<b>Executive Lead</b>	Hayley Flavell, Director of Nursing		
<b>Report Author</b>	Stephanie Young, Lead Nurse for Workforce		
<b>CQC Domain:</b>	<b>Link to Strategic Goal:</b>		<b>Link to BAF / risk:</b>
Safe	√	Our patients and community	BAF 3, BAF 4
Effective	√	Our people	
Caring	√	Our service delivery	<b>Trust Risk Register id:</b> 327, 247, 220, 192, 1547, 130, 129, 128, 111, 581, 549
Responsive	√	Our governance	
Well Led	√	Our partners	
<b>Consultation Communication</b>	Nursing, Midwifery, AHP and Facilities Committee, 13 <sup>th</sup> November 2023 Quality and Safety Assurance Committee, 29 <sup>th</sup> November 2023		
<b>Executive summary:</b>	<p>A summary is provided of the bi-annual safer staffing report</p> <ol style="list-style-type: none"> <li>The Board's attention is drawn to section 2 of the report which summarises the main findings of the bi-annual nurse staffing review, which demonstrate: <ul style="list-style-type: none"> <li>Registered Nurses (RN) to Patients, better than the recommended daytime minimum ratio of 1:8.</li> <li>Care Hours per Patient Day (CHPPD) above peers and national average</li> </ul> </li> <li>Most wards do not meet the recommended 65% Registrant to HCA ratio. Establishment reviews continue to review skill mix and consider ratios to maintain safety.</li> <li>An improved position in relation to safe nurse staffing</li> </ol>		
<b>Recommendations for the Board:</b>	<p>The Board is asked to:</p> <p>Take <b>assurance</b> from this report, with particular regard to the Trust position against key national staffing metrics included in the bi-annual review</p>		
<b>Appendices (within Board Information Pack):</b>	Appendix 1: Bi-annual Safer Staffing Report (in Full)		

## Bi-Annual Safer Staffing Report Summary

### 1.0 Introduction

The Shrewsbury and Telford Hospital NHS Trust Board is accountable for ensuring the Trust 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. The Trust utilises a validated tool to measure staffing twice a year; the Safer Nursing Care Tool (SNCT) alongside professional judgement and triangulation of quality data. This is in line with national policy.

### 2.0 Main Findings

The main findings from the bi-annual staffing review undertaken in June 2023 include:

1. Nationally it is agreed that planned Nurse to Patient ratios in the day should be no more than a ratio of 1:8 in adult inpatient ward settings on days.
2. When reviewing skill mix, establishment planning should ensure Registered Nurse (RN) staffing levels is at least 65% RN compared to unregistered posts, this is known to reduce mortality and increase quality and safety. Decisions on ratios are made on a ward-by-ward basis and applying professional judgement as well as evidence-based practice. The data for June 2023 indicates that most wards do not meet this threshold with the average overall being at 58%. Establishment reviews will continue to review skill mix and consider ratios to maintain safety.
3. The Trust staffing fill rates overall have shown some improvements over the first 6 months of the year. Considering registrants as a whole (Nurses/Midwives/Nurse Associate) the daytime average fill rate has slightly increased to 88% and night-time 94% in June 2023. HCA fill rate has improved for days but slightly reduced for nights at 111% and 116% respectively.
4. Enhanced Care Supervisor (ECS) cover has improved during the day due to substantive ECST Team being recruited. Night-time fill rates reflect enhanced care support for 1:1. SNCT data does not reflect staffing requirements for patients needing enhanced care 1:1 or mental health support 1:1. This data was collected alongside census However the new version of the SNCT will include a new category for cohorting of patients and continuous care 1:1.
5. Care Hours per Patient Day (CHPPD) is a measure of workforce deployment that can be used a ward level, service level and aggregated at Trust level and benchmarked against other Trusts. The Trust is in the 4<sup>th</sup> Quartile with CHPPD above majority of peers and national average.
6. The oversight of and compliance with workforce safeguards is monitored and reviewed monthly at the Nursing Midwifery AHP and Facilities meeting for progress against targets. There are 14 recommendations, the Trust is partially compliant with 13 of these and compliant with the remaining recommendation. We are also undertaking addition work for workforce safeguards in the AHP workforce, Workforce Safeguards action plan can be found in Appendix 2.

7. The SNCT has been completed in both Emergency Departments, the Children's Ward and adult inpatient wards. The outputs of the tool identify that adult general wards are mostly aligned, but areas with specialism i.e., assessment area, Cardiology ward with Coronary Care beds, Respiratory wards with non-invasive ventilation beds, and Stroke Unit with acute stroke beds require further work to delineate budgets and templates so comparison of SNCT with ward beds base can occur. The ED Departments also show a variation from tool. Further work is required to understand acuity of patients and staffing required for this group of patients that are waiting for a ward bed in the ED department a significant amount of time.
8. Triangulation of incidences in relation to safe staffing and red flag events is completed at monthly metrics meetings. Most incidents have been no or low harm, however, there are delays in care where there are gaps in staff. A small number of staff have reported missed breaks and leaving late; however, it is felt this is under reported when talking to managers. With the planned refresh of Safecare use in the organisation it is hoped process can be put in place to capture red flag events more easily and allow opportunity for the recording of mitigations or actions taken in a timely way.
9. There has been a positive change this year in relation to the Trust RN vacancy position and the international recruitment programme success has supported in closing the vacancy gap.
10. Plans are in place to improve current attainment in relation to rostering. Quarterly e-roster diagnostic clinics are now in place and further work is planned to ensure there is efficient use of resources and processes are in place.

### **3.0 Conclusion**

The bi-annual nurse staffing review shows that the Trust is in a good position in relation to its staffing and in providing assurance around safe staffing levels. There are good staff to patient ratios and the SNCT shows recommended levels generally align to budgeted establishments or establishments in excess of SNCT data. Further work is required in the assessment areas, Emergency Departments and specialist ward areas. CHPPD remain consistently in the upper quartile compared to peers.

There remains ongoing work in relation to RN:HCA ratios in the ward areas, e-roster compliance and the use of real-time acuity data to drive daily clinical decision making in the deployment of nursing staff. A Safe Care Improvement nurse has been appointed to support the clinical areas with the use of safecare.