

Board of Directors

3 November 2022

Report Title:	Nursing and Midwifery Skill Mix Review Report
Executive/NED Lead:	Giles Thorpe, Chief Nurse
Report author(s):	Emma Sweeney, Deputy Chief Nurse
Previously considered by:	Nursing Midwifery and AHP Council and People and Organisational Development Committee

Approval

Discussion

Information

Assurance

Executive summary

This paper provides a summary to the Board of Directors following the Annual comprehensive skill mix review undertaken in May/June 2022 for Nursing and Midwifery staffing.

- The National Quality Board (NQB) framework (2018) sets out expectations of NHS organisations to utilise triangulated methodology to set staffing levels.
- Boards require monthly workforce information staffing capacity. Capability should be discussed at public boards at least 6 monthly.
- Current Safer Nursing Care Tool (SNCT) guidance recommends RN (registered nurse) ratio of 1:5 during day and 1:8 at night
- The Royal College of Nursing (RCN) recommends RN ratio of 1:7 during day and 1:5 to 1:7 for good quality care.
- NICE published guidance on safe staffing in 2014 for nursing in adult acute inpatient wards and on ED nursing in 2016.
- CHPPD (Care Hours per Patient Day) is a new set of metrics devised by NHS Improvement, which can be used to describe the staff required and available in relation to a number of patients. It is calculated by adding the hours of RNs to Healthcare Support workers and dividing the total by the number of patients in an inpatient bed at midnight.
- SafeCare calculates CHPPD on a shift basis based on the live data that is being submitted three times per day onto the SafeCare system by adult inpatient wards.
- SafeCare is a software product, originally designed to replicate the SNCT tool but which has design flexibility to support various acuity models.
- Adult inpatient wards on both acute hospital sites and all of the community hospitals within the trust are using SafeCare.
- No changes to overall WTE – no impact on finances and the Division of Women's and Children's are supporting their changes in templates with ERF monies (noting that this is non recurrent)
- Separation of some rosters to ensure more accurate recording has been undertaken during this process
- 77 clinical departments participated in the review including 47 adult inpatient areas.
- Some specialist areas required templates produced for the first time
- Rosters and SafeCare separated for clinical departments with high dependency beds to support protection of minimum staffing requirements and to produce more accurate acuity

data.

- Staffing templates for different bed bases produced for areas with escalation beds to support seasonal variation.

Actions for the next six months are as follows:

- Embed Standard Operating Procedure for red flags and professional judgement.
- ED SNCT tool to be embedded across both Emergency departments with view to integrate into SafeCare system.
- Evaluate acuity data of departments that have new separated Rosters and SafeCare
- E-JobPlan project to make progress.
- Nationwide implementation of community SNCT tool agreed at ESNEFT to be first wave adopters.
- Next six-month update to be undertaken in December 2022 with follow up of decisions from this review period.
- Potential to pull BirthRate+ live data into the Power BI reports.
- That the time owing function on roster is reduced from 37.5hrs to 11.5 in a rolling roster period.

Action Required of the Board

The Board is invited to:

1. Note the paper and approve the actions for the next six months.
2. Note the current systems that provide intelligence to the Board related to the key matters identified in the report.

Link to Strategic Objectives (SO)		Please tick
SO1	Keep people in control of their health	<input type="checkbox"/>
SO2	Lead the integration of care	<input type="checkbox"/>
SO3	Develop our centres of excellence	<input checked="" type="checkbox"/>
SO4	Support and develop our staff	<input checked="" type="checkbox"/>
SO5	Drive technology enabled care	<input type="checkbox"/>
Risk Implications for the Trust <i>(including any clinical and financial consequences)</i>	If the annual acuity review does not take place then the Board cannot be assured that there is a robust process in place to review staffing levels. This therefore could have a direct impact on the number of care hours per patient and the nurse to patient ratio being below the nationally set average and could have a direct consequence on patient safety and experience.	
Trust Risk Appetite	The Board has a cautious view of risk when it comes to patient safety, patient experience or clinical outcomes and places the principle of “no harm” at the heart of every decision it takes. It is prepared to accept some risk if, on balance, the benefits are justifiable at the heart of every decision it takes. It is prepared to accept some risk if, on balance, the benefits are justifiable and	

	the potential for mitigation actions are strong. When taking decisions involving choices between a wide range of outcomes, it will prioritise the option resulting in the greatest benefit for the most patients. Safer staffing contributes to the above in its entirety.
Legal and regulatory implications <i>(including links to CQC outcomes, Monitor, inspections, audits, etc.)</i>	The National Quality Board (NQB) framework (2018) sets out expectations of NHS organisations to utilise a triangulated methodology to set staffing levels. Boards are required to receive monthly workforce information staffing capacity. Capability should be discussed at public boards at least 6 monthly
Financial Implications	N/A
Equality and Diversity	N/A