

REPORT TO THE TRUST BOARD (PUBLIC)

REPORT TITLE	Non-medical Safe Staffing Review – Developing Workforce Safeguards (6 monthly review – year establishment review)
AUTHOR	Jack Stevens, Deputy Chief Nurse (Nursing & Overarching Report) Victoria Darling (Clinical safer staffing lead Nurse)
EXECUTIVE SPONSOR	Jo Bennis, Chief Nurse
DATE OF MEETING	14 December 2021
PRESENTED FOR	Discussion
ITEM PREVIOUSLY CONSIDERED BY	People and Culture Committee

Presented For: Definitions

Information	For information only. Not to be discussed at meeting unless members have specific questions.
Discussion	For discussion and possibly future decision. This includes items presented for assurance.
Decision	For approval and/or when any other decision is required

PURPOSE OF THE REPORT

The document published by NHSI in 2018 entitled ‘Developing workforce safeguards: Supporting providers to deliver high quality care through safe and effective staffing’ reiterates the National Quality Board (NQB) guidance and requires the Trust to provide an assessment of the non-medical establishment and skill mix to the board, by ward or service area twice a year.

This report aspires to give The Trust Board, the insight and involvement to safer staffing evidencing clear triangulation with the patient safety and quality agenda. This enables the Trust Board to understand and influence any improvements for our patients and staff.

RISKS RELEVANT TO THE PAPER

Risk ID	Risk Description
103261	ED Patients Journey times greater than 12 hours affects patient safety
103360	Failure to recognise and respond to patient with sepsis in a timely manner
103218	Hospital Acquired pressure ulcers increased risk of occurrence as above national average per 1000 beds
103359	Inpatient falls – increased risk of occurrence as not consistently in line with national average per 1000 bed days
103289	Hospital Acquired pressure ulcers in EMED causing harm to patients
103206	Lack of suitably trained SLT in FEEs will lead to patients missing out on early diagnosis and management of dysphagia

RISK APPETITE RELEVANT TO THE PAPER (insert relevant section from Risk Appetite Statement from Risk Management Policy)

DOMAIN	TRUST RISK APPETITE LEVEL	DESCRIPTION OF RISK APPETITE
Quality outcomes	Cautious – preference for safe delivery options that have a low degree of inherent risk and may have limited potential for reward	Tolerance for risk taking limited to those events where there is little chance of any significant negative impact on quality or safety of care. Decision making authority generally held by senior clinicians.
Compliance / Regulatory	Minimal (ALARP) – (as little as reasonably possible). Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential	Want to be sure that we would win any challenge. Similar situations elsewhere have not breached compliances.

THE BOARD IS ASKED TO:

1. Recognise additional request for some clinical areas, across Nursing, AHP's and Midwifery. Which is either an increase in establishment or reduction or conversion. In relation to acuity and dependency and quality indicators and professional judgments.
2. Board review and discuss any areas of concern raised within the report

STRATEGIC GOALS THIS REPORT SUPPORTS (Check all that apply)

Delivering outstanding care and experience	✓
Recruiting developing and retaining our workforce	✓
Improving and developing our services and infrastructure	✓
Working together with local health and social care providers	✓
Delivering financial sustainability	✓

OTHER IMPLICATIONS OF THE PAPER

Legal/ Regulatory Relevance:	CQC Fundamental Standards: Person-centred care (Regulation 9) CQC Fundamental Standards: Safe care and treatment (Regulation 12) CQC Fundamental Standards: Staffing (Regulation 18) NHSI (2018) Developing Workforce Safeguards
NHS Constitution Delivery	Patients and Public: All requirements
Freedom of Information Release	This report can be released under the Freedom of information Act 2000

Equality and Diversity Implications <i>(Check all that apply)</i>								
Age	Gender	Ethnicity	Disability	Pregnancy/ Maternity	Marriage/ Civil Partnership	Religion/ Belief	Sexual Orientation	Gender Reassignment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Additional comments</i>								

EXECUTIVE SUMMARY

This six monthly report is focused on:

- SNCT Methodology
- Covid 19 Pandemic
- Nursing staff Ward Establishment Flash Card Methodology
- Discussion Section of Salient Points
- Ward Establishment Summary Changes
- Midwifery Establishment Summary (Proposed changes)
- Ward Flash Cards (PDF ICON LINK in main report.)
- SNCT Decision Matrix (ADULT)
- SNCT Decision Matrix (Children)

Work continues to improve and enhance staff understanding and consistency of recording SNCT descriptors through census submissions. As well as using the validity of CHPPD calculations, there is a review and triangulation with patient safety concerns to ensure that all contributing factors are considered to ensure safe staffing across the Trust on a daily basis, but more importantly the actual clinical areas establishments are correct for our patient acuity and dependency needs.