

TRUST BOARD	AGENDA ITEM No.	Enc. E
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Document Title:	Safer Staffing – Ward Establishment Review and Analysis
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Executive Summary

This paper summarises the national requirements regarding Safe Staffing in inpatient care settings, the evidence available to support this process and future planned developments, nationally and locally. Trust boards are now clearly defined as having direct responsibility for agreeing and monitoring nursing staffing levels and ensuring that specific processes are in place that will demonstrate whether Trusts are meeting their planned staffing levels. The processes carried out within SSSFT to assess future staffing needs and current and future arrangements to maximise the effectiveness of ward staff are described.

Key Actions

Work has been undertaken with a number of Non-Executive Directors to establish governance arrangements and monitoring responsibilities for the Safer Staffing review.

An initial review of inpatient staffing has been conducted and is reported to board (Appendix 1 Safe Staffing in Inpatient Care). This is the first of a 6 monthly review pattern.

The Trust Assurance Report is the first monthly exception report to the board highlighting significant differences between planned and actual staffing numbers by ward.

Monthly reporting of planned against actual fill rates has been submitted to NHS England for public publication.

Ward level reporting of daily planned and actual staffing numbers, by grade and with role descriptions of different staff groups is in place, on display at all ward entrances.

An escalation and shift-by-shift risk reporting mechanism has been introduced.

Highlight of First Wave Review

A range of processes is already in place to support the effective use of staffing, e.g. leadership development, ward managers’ supervisory shifts and the template alignment of shifts against ward budgets within the Allocate E-Rostering system.

Future Actions:

1. Provide six monthly reviews of inpatient staffing to the Board
2. Review the contribution of non-nursing clinical staff in inpatient settings within 6 months
3. Develop methods to evaluate 'safe staffing' in community settings within 6 months
4. Provide monthly exception reports and planned actions to the Board where planned staffing rates on individual wards are significantly unmet
5. Data quality of reported staffing levels will be audited
6. Work with partners nationally to develop reliable and valid tools to support Safe Staffing reviews.

Recommendations

The Board of Directors are asked to:

- Note the national guidance on inpatient staffing and implications for reporting, reviewing and Board ownership.
- To endorse action to be taken to support the in inpatient Safe Staffing establishment review
- Note actions taken by the Trust to date and future plans to implement processes to ensure safe staffing in both community and inpatient services
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Monitoring Information	✓	Brief Summary
Care Quality Commission Compliance	✓	Meets Compassionate Care commitment 5 "Courage – Ensuring we have the right staff in the right place at the right time"
Monitor Compliance		
Other (add details)	✓	Meets National Quality Board 10 Expectations
Assurance Framework		
Link to Strategic Aims		
Board Sub Committee		Quality and Performance

1. National Context

- 1.1 Nationally concerns regarding staffing levels and the skills of staff were flagged through a series of enquiries and were further highlighted by the failings of care at Mid-Staffordshire Hospital.
- 1.2 In October 2013 the Government published its response 'Hard Truths', which included a number of requirements for the future monitoring and measurement of staffing levels in all care settings.
- 1.3 The National Quality Board (NQB) produced 'How to ensure the right people, with the right skills, are in the right place at the right time. A guide to nursing, midwifery and care staffing capacity and capability'. This guidance seeks to support organisations to make the right decisions and create a supportive environment where their staff is able to provide compassionate care. Whilst the guidance highlights the need to take into account the contribution of all disciplines, it is heavily focused on nursing and reporting requirements only relate to nursing (and currently only inpatient care services).

2. Board Responsibilities

- 2.1 The NQB guidance emphasise the overarching responsibility of the Trust Board for Safe Staffing, including responsibilities to:
- 2.2 Ensure there are robust systems and processes in place across the organisation to make informed and accurate decisions concerning workforce planning and provision.
- 2.3 Review data on workforce, quality of care and patient safety on a regular basis and hold Executive Directors to account for ensuring that the right staff is in place to provide high quality care to patients.
- 2.4 Ensure that decisions being taken at a board level, such as implementing cost improvement plans, have sufficiently considered and taken account of impacts on staffing capacity and capability and key quality and outcomes measures.

3. Future National Action

- 3.1 NICE has been commissioned to issue evidence-based guidance on safe staffing levels in mental health services.
- 3.2 This is unlikely to deliver useful outputs in the very near future.
- 3.3 Appropriate staffing levels will be included as a core element of the CQC's registration regime.
- 3.4 Future requirements to carry out Safe Staffing reviews for non-inpatient settings seem likely

4. Requirements and Action

- 4.1 Key requirements for all trusts regarding the reporting and monitoring of inpatient staffing levels are now included in the National Standard Contract.
- 4.2 At six month intervals, trust boards will be required to review staffing levels and evidence their conclusions.
 - The SSSFT undertook a review baseline staffing levels in June 2014 and will continue to do so at six-month intervals thereafter.

- 4.3 NHS Trusts will publish by exception ward-level information on where they are significantly failing to meet staffing requirements, with nursing staffing published monthly.
 - SSSFT will publish ward level information on its website on a monthly basis from June 2014.
- 4.4 Trust boards will receive monthly reports highlighting where there is significant difference between planned and actual staffing levels.
 - The SSSFT Trust board will receive monthly reports, highlighting significant differences between planned and actual staffing from June 2014 onwards.
- 4.5 Information will be available at all ward entrances regarding planned and actual staffing on a daily basis and regarding the roles of different staff groups.
 - All SSFT wards will display required information from June 2014 onwards.
- 4.6 Clear written information will be given to and communicated with every inpatient service user regarding their Named Nurse and Responsible Consultant
 - This information is contained within the ward welcome packs and is communicated to service users in one to one sessions regularly.

5. National guidance and The Trust

- 5.1 The NQB guidance lays out a number of requirements for Trusts. SSSFT has met initial requirements and has established systems to continue to do so
- 5.2 The Trust has now reviewed staffing levels and reported this to the Board. This process will be repeated at six-month intervals
- 5.3 The Trust has now published ward level information on its website (<https://www.southstaffsandshropshealthcareft.nhs.uk/Partnership/Quality/Safe-Staffing/General-Information.aspx>) and will repeat this on a monthly basis. Information will also be available on NHS choices (<http://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=2332>)
- 5.4 All the trusts wards display information easily visible to service users and visitors regarding planned and actual staffing on a daily basis. This will be subject to audit.
- 5.5 Clear written information is given to and communicated with every inpatient service user regarding their Named Nurse and Responsible Consultant. This information is contained within the ward welcome packs and is communicated to service users in one to one sessions regularly. This will also be subject to audit.

6. The Inpatient Safe Staffing Review Process

- 6.1 The evidence base in relation to workforce planning and safe and effective staffing within mental health settings is less established than that for acute care settings. There is no single ratio or formula that can calculate nursing requirements in inpatient care and there

is little research or robust evidence based tools to support this question.

- 6.2 In the absence of a clear evidence base, SSSFT has reviewed its staffing levels through triangulation of a range of information combined with professional judgement, as recommended by national and RCN guidance. Where available, information has included:
- Historical patterns of staffing
 - Incident reports
 - Review of the ratio between Nurse : Patient and Registered nurse : Healthcare Support Worker
 - Information on specific demands on staffing related to peaks of activity and demand
 - Specific demands related to setting and geographical location
 - The use of temporary staffing and
 - Professional Judgment of Ward managers, Matrons and Senior nurses
- 6.3 This Review process has been applied to all inpatient wards, led by the Director of Nursing and included Heads of Nursing Modern Matrons and Ward Managers.
- 6.4 Although a wide range of factors have been considered (as in 5.2 above), in this initial review the primary factors have been:
- Professional advice regarding particular risk or demand issues
 - Evidence of requirements for staff above that budgeted in the previous year
 - Evidence of inconsistency in staffing across similar wards
 - Specific service user/carer and staff concerns re: staffing
- 6.5 Future Reviews will become more robust in method as processes are refined, local and national information becomes available and new resources become available, in particular:
- Local and national benchmarking data
 - Detailed analysis of the level of input from other disciplines by ward
 - Use of a standardised Needs Measurement tool (currently being developed by the Trust and other partners nationally)

7. Establishing reliable reporting

- 7.1 Data collection is not yet fully automated so this requires both electronic and manual collection and manipulation of data. This will improve with the introduction of Version 10 of the Allocate E-Rostering software by October this year and would be further improved by interfacing our temporary staffing information with our E-Rostering system for substantive staffing.

8. Actions to be taken to Support Safer Care and Safe Staffing

- 8.1 The following demonstrate some of the key approaches adopted by the Trust, in line with national guidance, to promote and assure safe and efficient inpatient services. The Director of Nursing is the lead officer for all actions.

	Requirement	Current Position	Further Planned Action	
1	Adequate financial allowance for sickness and other absence	The relief allowance has been reviewed and remains at 25% for inpatient staff	No change	No further action at this time
2	Ward managers are supported to supervise staff	There is variability in the time allocated to ward manager to perform their supervisory duties. Ward managers are often rostered to work shifts rather than 9-5 hours.	Ward managers role to be reviewed with standardised supervisory status	September 2014
3	Staff encouraged to speak up if they have concerns regarding staffing	Use of Incident reporting. Whistle blowing policy in place. (Currently being reviewed)	Development of Staffing Issues Escalation process. Reminder of professional requirement to raise concerns. Improve clarity for ward staff to be able to raise staffing concerns quickly with responsive action	End June 2014 July 2014 September 2014
4	E- Rostering supports fair and efficient use of staff resources	E-Rostering in place in SSSFT	Roll out of version 10 of the Allocate E-Roster software Introduction of Allocate SafeCare module	October 2014
5	Temporary staff interface with E-Rostering system	Not in place	Interface with temporary staffing systems to be developed.	December 2014
6	Developing leadership skills in inpatient areas	The trust offers a comprehensive leadership training development framework.	Core competencies framework for ward managers and modern matrons to be implemented and monitored.	December 2014
7	Shift timings conducive to good practice and staff well-being	Recent reduction in number of 'long shifts' e.g. 12 hours worked by staff.	Monitor and evaluate effectiveness of recent changes and maximise on subsequent learning.	May 2015
8	Trends analysis	Incident data and complaints are formally reviewed by Board's Quality committee quarterly with an analysis as to whether	Improved metrics specific to staffing review process to be developed and refined.	Monitor until Dec. 2015

	Requirement	Current Position	Further Planned Action	
		there are patterns to suggest areas of concern in any particular inpatient service.		
9	Recruitment procedures	Delays are reported during the approval and administrative procedures for filling vacancies	Review the recruitment processes including approval and administrative procedures	September 2014
10	Temporary Staffing	Temporary staffing experiences is that it is difficult to find staff short notice, day time shifts are difficult to fill.	Review temporary staffing efficiency and effectiveness through the Safer Staffing Group (now to be chaired by the director of nursing).	November 2014
11	Collaboration and mutual aid	Ward manager and matrons have expressed the desire to work flexibly to provide cover where and when needed across the inpatient units	Encourage flexible working mutual aid assisted and monitored through real time accurate updating of electronic rostering system.	August 2014

9. Changes in staffing levels/skill mix arising from the Staffing Review

- 9.1 The outcome of the first staffing reviews are contained within Appendix 1
- 9.2 The Trust in collaboration with other trusts continues to develop a nursing demand/acuity tool as part of the national work in this area. This will assist in planning workforce establishment and responding with valid evidence to acuity variation and demand.
- 9.3 Future reviews will particularly aim to:
- Utilise Need Demand tools as these become more clearly validated and usable
 - Include more consideration about the contribution from roles other than nursing
 - Utilise newly available national staff benchmarking data
- 9.4 This first review is part of an on-going process, which will grow in scientific sophistication in collaboration with the art of compassionate caring to produce safe, therapeutic care.

10. Escalation process for staffing concerns

In addition to formal review processes and monthly monitoring against planned staffing levels there are a range of processes that will support the identification of early concerns:-

- introduction of shift by shift alterations
- clear escalation protocol and
- inter-ward swaps and shift changes in real time

11. Conclusions

The Trust has commenced a series of actions that will further help to provide safe & therapeutic care, and ensure compliance with national guidance. Other processes have been put in place to allow the Board to monitor any significant problems in achieving and maintaining planned staffing levels and for service users, carers and the public to be better informed about staffing arrangements.

This work is the first stage of an on-going process of review and engagement with front line services and the Board. These processes will become more sophisticated over time as new information becomes available and by learning through the formal 6-monthly reviews. In the future, increased emphasis will be placed on: the contribution of disciplines other than nursing, skills/competencies as well as numbers, better measurement of service user need and improved benchmarking with other organisations.

Inpatient staffing review

The first inpatient staffing review took place on 11 June 2014. Professional Judgment along with a full array of quality, activity, safety and staffing data was used to inform a view of the staffing situation on each of the wards. Managers expressed their views, experiences and challenges of ensuring safe staffing on their wards. The following is a summary of the review finding and the recommendations of the Director of Nursing.

Adult and Older Adult mental health units

Professional judgement and the consideration of available data has shown that there is regular use of additional staffing being used across all wards to cover high levels of observation and additional duties eg section 136 suite and ECT. Further work is required to understand this variation and need for staffing in order to inform the next staffing review.

Norbury (the PICU) is using an average of an additional 7.81 whole time equivalents due to high numbers of observations. It has a high proportion of care staff to nursing staff and this is suggestive of the need for a skills mix and service model review beyond the scope of this initial establishment review.

Oak (Redwoods) described the need for an additional Health Care Support Worker Nurse at nights to bring the number to two in order to cover their needs and contribute to 136 suite requirements rather than relying on cover from other wards.

George Bryan centre East wing demonstrates over 100% bed occupancy and high levels of staff assault and is a geographically isolated unit. As such the need for cautious staffing levels is indicated and additional resource would be justified particularly as such could be flexibly deployed to assist West wing at time of need. The increasing use of the section 136 suite is having an impact on staffing which will; need monitoring to inform the next establishment review.

Specialist Services

The wards work collaboratively to flex resources to match patient need. Monitoring of this arrangement will inform the next establishment review.

Forensics

There were no specific requirements for any of the wards; they acknowledged their focus for the next 6 months was upon recruiting into vacancies and consolidation of the teams following the period of management of change.

Recommendations of the initial inpatient staffing review

Service Area	Recommendation	Rational
Norbury	<p>Norbury is consistently uses high levels of NHSP temporary staffing to cover observations and other nursing duties. In addition they have to release staff cover the 136 suites.</p> <p>The ratio of RNM:HCSW is a cause for low at night and as an interim measure it is recommended that their night cover should be adjusted to ensure 3 registered nurses are on duty each night.</p>	<p>Addressing the balance of registered nurses at night will bring additional security to the ward during a period of further development and review.</p>
Oak	<p>Increase staffing by one healthcare support worker on the night shift. This will be reviewed at the next staffing review in November 2014.</p>	<p>This is a ward where the service users require high levels of nursing intervention and constant supervision. Current night shift arrangements mean it is difficult to maintain the level of oversight required during medication rounds and the delivery of two to one personal care needs at night. An additional HCSW will ensure safe care during evening as well as providing cover for breaks</p>
All Areas	<p>Review of Observation Practices</p>	<p>The observation policy is currently under review and should be considered as a key element in the provision of safe staffing.</p>
Other inpatient units	<p>Conclude current remedial action underway including:- filling vacancies, rostering practice, and skills mix review and prior to the next 6 month review scheduled to be completed in November 2014.</p>	<p>Each of the other inpatient areas were either seen to be satisfied with the current staffing or had one or more staffing elements currently being worked on and reviewed before more definitive recommendations can be made.</p>