

TRUST BOARD	AGENDA ITEM No.	Enc.
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<b>Document Title:</b>	Safer Staffing – Ward Establishment Review and Analysis
<b>Sponsoring Director:</b>	Alison Bussey, Director of Nursing & Chief Operating Officer
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<b>Date of Meeting:</b>	December 18 <sup>th</sup> 2014

**Executive Summary**

The trust is required to conduct a review of nurse staffing establishments at least six monthly. This report presents the first community and second inpatient staffing reviews. A baseline review was conducted in the community areas, no structural changes were seen to be required, and remedial actions are in place at the hotspot highlighted.

Analysis of the staffing needs in the inpatient units identified a small number of areas where increases in planned establishments will better match the clinical need.

Further work is identified to improve the efficiency of recruitment and the use of temporary and flexible working solutions.

**Key Actions**

- Recruitment processes are to be reviewed using RPIW methodology in January 2015
- Complete a review of role Hospital co-ordinator by January 2015
- Ensure contingency plans are in place to support the integration of Birch Ward and Elms house in to a single service during the first 3 months of the pilot to May 2015
- Action plan for East Wrekin CMHT staffing issues is in place
- Develop a community teams staffing escalation protocol by January 2015

**Future Actions:**

Future staffing reviews will include care contact time in accordance with [new Guidance](#) from the Chief Nursing Officer<sup>1</sup>

**Recommendations**

- The Board of Directors are asked to:
- Receive and endorse this report
  - Consider and approve the following recommendations:
    1. That the board support the proposal for the supplementary staffing team to manage the deployment of staff displaced via management of change to enable effective deployment of these staff according to prioritised needs of the services
    2. That the board support a project to model the centralised management and backfill of maternity leave
    3. That the board are asked to note the planned changes and actions within the Adult wards that placed particular emphasis on staffing requirements at night and weekends.
    4. That the board support the requirement for 2 registered nurses at night for Brockington, Kinver, George Bryan centre and Birch ward

5. That the board delegate responsibility to the Finance & Performance subcommittee to approve the financial model and to enable the change in establishments as stated above
6. That the board agree to the establishment of a programme of staffing reviews conducted over a 12 month period.
7. Safer staffing meeting is delegated responsibility for ensuring staffing review action plans are enacted and report to the HROD sub-committee

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

### Review process consideration

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 or for community settings and there is little research or robust evidence based tools to support this question.

In the absence of a clear evidence base, SSSFT is leading a safer staffing West Midlands programme involving all the Mental health provider trusts and selected national organisations. The work will address the evidence deficit and develop tools to review inpatient and community staffing levels. The programme has been commissioned by Health Education West Midlands (HEWM) and is intended to contribute the guidance being developed by National Institute for Health and Care Excellence (NICE).

### The Safe Staffing Review Process

Inpatient and community staffing reviews were conducted in October and November employing the 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
- Quality data
- 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

This Review process has been applied to inpatient wards and community settings, led by the Director of Nursing and included Heads of Nursing, Service Managers, Modern Matrons and Team Managers.

A wide range of factors have been considered in the reviews, the primary factors have been:

- Professional judgement 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 areas
- Specific service user/carer and staff concerns re: staffing
- Clinically efficient utilisation of staffing resources

### **Review summary**

The following is a summary of the review finding and the recommendations of the Director of Nursing.

### **Common themes**

There were a number of themes highlighted during the reviews which were common to directorates, inpatient and community reviews:

#### ***The process and time taken to recruit staff.***

The length of time taken to recruit, difficulty regarding vacancy control and the administrative burden for upon managers were common complaints. Recruitment is the subject of a Rapid Process Improvement Workshop planned (RPIW) in the New Year.

#### ***Management of change processes delaying recruitment.***

A number of services reported that actions taken to facilitate the redeployment of staff had led to delays and confusion hindering recruiting to posts and ineffective use of temporary staffing solutions.

#### ***Uneven distribution of maternity leave***

This has been an issue for those services experiencing higher numbers of absence for this reason. There was support amongst managers for a centrally co-ordinated solution.

The reviews provided an opportunity to consider the accuracy of data extracted centrally. This allowed the data collection and reporting to be challenged and improved.

### **Inpatient staffing review**

#### **Mental Health Adult Acute wards**

The acuity and dependency of patients using our acute wards has increased as overall bed numbers have fallen and community treatments alternatives have grown.

This, along with shorter proactive admissions, has increased the activity, inpatient turnover and pace of work on the working age adult acute wards.

The data concurs with staff testimony that there is now regular use of additional staffing being used across all wards to cover high levels of observation and additional duties e.g. Section 136 suite and ECT provision

During the refurbishment period the Brocton provision has been divided into 12 beds working out of Milford Ward (Staffed 4/4/3 – E/L/N) and 9 Ministry of Defence (MoD) beds operating from Brocton MoD Wing (Staffed 3/3/2 – E/L/N).

With new models being implemented on Pine Laurel and Birch, the nursing demands on those wards is not yet fully clear. Pine and Laurel, however have been identified as requiring their out of hour provision to be strengthened to 2 nursing and 2 HCSW staff working at night. Birch is considered as requiring 2 nursing and 1 HCSW working at night. These establishments need to be kept under review over the next 6 months as the new models are embedded.

### **Older adults and recovery wards**

Baswich was seen as an outlier to other similar wards with a significantly higher number of whole time equivalents. The skill mix in this area is currently a 4:6 nurse to HCSW ratio. High levels of observation and dependency needs of service users explain some of this variation. It is recognised there is a need to review the skills mix and capacity of this area as the nursing experience and demand changes and the environment is improved through the refurbishment scheme.

### **Reconfiguration of Birch Ward into an intensive rehabilitation service**

The new pilot approach for the provision of a single intensive rehabilitation service base at Birch ward in Redwoods will have an impact on the nursing establishment required, due to the new model of care proposed. There have been discussions about the new establishment on this unit and contingency measures are in place during the transition period, specifically to ensure that out of hours nursing levels are maintained at an enhanced level above the previous Elms House levels. Once the unit is established further analysis into the demand and nursing need will be undertaken and reported to the board in six months' time.

### **Specialist Services**

The registered nursing establishment at night for Kinver and Brockington is currently one registered nurse at night each with an additional registered nurse working between the two wards. This is in addition to Health Care support staff. Professional judgement and recent NICE guidance suggest that there should be no less than two registered nurses present on a ward during any shift.

Kinver and Brockington wards work collaboratively to flex resources to match patient need. This continues to be a challenging area to recruit staff to and the ward managers are exploring means of matching applicants expectations to the clinical reality.

## **Forensics**

There were no specific requirements identified at this review for any of the wards. They acknowledged their focus for the next 6 months concerns reducing the reliance on temporary staffing solutions particularly in relation to maternity cover and recovering the establishment skills mix.

## **Community Teams Review**

There is no current requirement for Trusts to report on safer staffing for community teams or publish nursing fill rates. There is, however, a National Quality Board expectation that all teams are reviewed. The multi-professional nature of most of our community teams would mean that any attempt to limit or focus the review on nursing would render any such exercise meaningless. As such these reviews considered the roles and contributions of all members of the teams.

As the first of what will be a 6 monthly process this was conducted as a baseline review. The teams were divided into two groups, Mental Health and Forensic Teams were reviewed 2 October. Children's, Specialist (including IAPT), Inclusion and Learning disability teams considered their staffing 15 October.

The focus of the review was to enable Team managers/Clinical leads to consider their teams in the context of safer staffing and for them to apprise what the indicators of safety, quality and risk to be. The utility of escalation triggers and the difficulty of identifying what those triggers should be was explored and highlighted as an action. With the exception of one team there was seen to be no requirement for immediate action. East Wrekin Community Mental Health Team was identified as an area of concern due to high levels of absences. In this case an action plan including cross cover from a neighbouring team and close managerial monitoring

## **Conclusions**

Reviewing all service areas every six months is a significant undertaking that is a national expectation and expensive in time and resource. The reviews are valued by those involved and produce remedies and assurance towards compassionate care and good governance. There is opportunity to stagger the reviews in a manner to maintain the minimum interval and reduce the number of teams at any one review. This will reduce the concentration of effort, facilitate deeper inquiry and allow attention to specialty specific issues.

The staffing reviews to date have considered getting the right people in the right place at the right time. By reducing the number of services reviewed at any one time we will be able to start to include whether those people have the right contact.

The actions from this review are presented in Appendix 1. There is a clear need to monitor the delivery of these tasks. It is recommended that the Safer Staffing meeting is delegated responsibility for ensuring staffing review action plans are enacted and reports to the HROD subcommittee.

## **Recommendations**

That the board support the proposal for the supplementary staffing team to manage the deployment of staff displaced via management of change to enable effective deployment of these staff according to prioritised needs of the services.

- That the Trust Board support a project to model the centralised management and backfill of maternity leave
- That the Board are asked to note the planned changes and actions within the Adult wards that placed particular emphasis on staffing requirements at night and weekends.
- That the Board support the requirement for 2 registered nurses at night for Brockington, Kinver, George Bryan centre and Birch ward
- That the Board delegate responsibility to the Finance & Performance subcommittee to approve the financial model and to enable the change in establishments as stated above
- That the Board agree to the establishment of a programme of staffing reviews conducted over a 12 month period.
- Safer staffing meeting is delegated responsibility for ensuring staffing review action plans are enacted and report to the HROD sub-committee

**Reference**

- (1) NHS England (2014) A Guide to Assessing Care Contact Hours, NHS England (Controlled Document access online at <http://www.england.nhs.uk/wp-content/uploads/2014/11/safer-staffing-guide-care-contact-time.pdf> )