TRUST BOARD **AGENDA ITEM No.** **Enc.**

Document Title:	The Trusts Approach to Safe In-Patient Staffing
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Executive Summary

This paper summarises the national and local positions regarding approaches to ensuring safe staffing in inpatient care areas.

Previous decisions made at Board level are described and other processes that are in place to promote safe practice within the Trust highlighted.

The planned approach to reporting and reviewing staffing for the next year is set out.

Recommendations

The Board of Directors are asked to:

- Note the responsibilities of Board members
- Note previous work undertaken by the Trust
- Approve the planned approach to reporting and reviewing staffing for FY14/15.

Monitoring Information	✓	Brief Summary
Care Quality Commission Compliance	√	**Staffing** People are kept safe, and their health and welfare needs are met, because there are sufficient numbers of the right staff.
Monitor Compliance		
Other (add details)	√	DoH 'How to ensure the right people, with the right skills, are in the right place at the right time.'
Assurance Framework		
Link to Strategic Aims		
Board Sub Committee		

1. National Context

Concerns regarding staffing levels and the skills of staff were highlighted through the series of enquiries concerning the failings of care at Mid-Staffordshire Hospital. In October 2013 the Government published its response, which included a number of requirements for the future monitoring and measurement of staffing levels in all care settings.

A guidance document, published by the Chief Nursing officer, Jane Cummings, provides detail and good practice examples – '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'. The guidance has been developed with the National Quality Board and seeks to support organisations in making the right decisions and creating a supportive environment where their staff are able to provide compassionate care. Although 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.

'Simply determining the number of nurses, midwives or care staff required is only one part of the equation. The skill mix of the workforce should reflect patient care needs and local requirements, considering the experience and capabilities of the workforce employed.'

There has been much debate as to whether there should be defined staffing ratios in the NHS, but the current view is that there is no single ratio or formula that can calculate the answers to such complex questions. The right answer will differ across and within organisations, and reaching it will require the use of evidence and evidence based tools.

The guidance sets out 10 expectations for commissioners and providers in relation to getting nursing and care staffing right. Previous work of the Trust, current and future work all relate to these expectations.

The guidance can be found at http://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf

2. Future Requirements for all Trusts

Key requirements for all Trust regarding the reporting and monitoring of staffing levels will be included in next years National Standard Contract. From April 2014, and by June 2014 at the latest as follows:

- NHS trusts will publish ward-level information on whether they are meeting staffing requirements, with nursing staffing published monthly.

- At six month intervals, trusts will be required to review levels and evidence their conclusions. The data will form the basis for commissioner-provider discussion.

- National guidance suggests that such workforce monitoring will apply to **all clinical services,** whether inpatient or community.

3. Board Responsibilities

National guidance states the following as Board responsibilities

Non-executive Board members

- Ensure there are robust systems and processes in place across the organisation to make informed and accurate decisions concerning workforce planning and provision.
- 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 are in place to provide high quality care to patients
- 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
- Understand the principles which should be followed in workforce planning, and seek assurance that these are being followed in the organisation

Executive Board Members

- Report to the Board on nursing, midwifery and care staffing capacity and capability, highlighting concerns and making recommendations where necessary. Workforce data should be triangulated with data on quality of care
- Where staffing capacity and capability is insufficient to provide safe care to patients and cannot be restored, undertake a full risk assessment and consider the suspension of services and closure of wards in conjunction with the Directors of Operations, Chief Executive and Commissioners
- Foster a culture of openness and honesty amongst staff, supported by nursing and midwifery leaders, where staff feel able to raise concerns, and concerns are acted upon.

4. Mental Health and Learning Disability Services and Ensuring Safe Staffing

As set out in the guidance document, ‘ The evidence base in relation to workforce planning and safe and effective staffing within mental health, learning disability and community settings is less established than that for acute care settings.’ The composition of the multi-professional team in mental health settings, for example the presence of occupational therapists and psychologists, will have a direct impact upon nurse staffing requirements. This forms the basis for current and future work nationally.

5. Future Developments

Work is underway to pilot the Mental Health tool developed in NHS Scotland alongside Dr Keith Hurst’s mental health / learning disabilities tool in mental health in-patient settings in England. The Trust is actively involved in these pilots. Initial findings suggest that the tools have a limited use as a form of triangulation. They are limited by their inability to take into account the important contribution of other staff e.g. other clinical professions, but also administrative support. The tools are also based on fixed assumptions about

how much time nurses have available for direct patient care which does not allow for wards developing ways of working more efficiently.

- By summer 2014, NICE will issue evidence-based guidance on safe staffing levels in acute care settings, and thereafter for staffing in non-acute settings, including mental health, community and learning disability services.

- From April 2014, and June 2014 at the latest, NHS trusts will publish ward-level information on whether they are meeting staffing requirements, with nursing and midwifery staffing published monthly. A six month intervals, trusts will be required to review levels and evidence their conclusions. The data will form the basis for commissioner-provider discussion.

- The Chief Inspector of Hospitals will monitor trusts' performance on staffing levels and take action where there is a risk of patient harm. Appropriate staffing levels will be included as a core element of the CQC's registration regime.

6. SSSFT Board Actions Regarding Ward Staffing to Date

The Trust is committed to ensuring efficient but safe staffing of all its inpatient facilities as can be demonstrated below:

2010 – A formal review took place of inpatient ward establishments and shift systems. Professional judgement informed by Trust data including principles agreed on best practice and use of the CSIP Acute Workload Calculator. Board agreed an additional 26.2WTE posts at a cost of £1.2m for Shropshire.

2011- Utilising guidance published by the Royal College of Nursing, a comparison approach was carried out to review 2010 findings. Demonstrated previous review in line with RCN guidance.

2011 Additional staffing agreed for George Bryan Centre, responding to increased activity and higher levels of need

2011 - Workforce plan agreed for staffing new Shropshire low secure facilities. Needs assessed and defined by multi-disciplinary discussion and benchmarking against similar units. Signed off and supported by Forensics Clinical Director.

2013 – Agreement to recruit a further 6 posts for Shropshire at a cost of £250k. Aim to reduce reliance on bank/agency.

7. General Actions taken to support safe care and safe staffing

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

1. Adequate financial allowance for sickness and other absence – The allowance of 25% provided to all wards exceeds that of national best practice at 22.5%.
2. Ward managers are supported to supervise staff – by ward manager posts being additional to the funded establishment for the daily shift patterns
3. Staff encouraged to speak up if they have concerns regarding staffing.
4. Occurs through daily shift reports to senior managers and Incident forms being regularly received where there any issues around staffing, evidencing that concerns are being flagged. In addition to having formal policies to support sharing concerns, all registered nurses have recently been reminded of their duty to raise concerns through information in the Trust Nursing Newsletter.
5. E- rostering ensures fair and efficient use of staff resources – E- rostering system introduced in 2013. Infrastructure strengthened by the appointment of two experienced staff to work with clinical services and who commenced working with the Trust in December 2013.
6. Developing leadership skills in inpatient areas - The Trust provides a number of leadership programmes 9 ward managers have attended these to date. mandatory training - this training helps assure minimum standards in relation to many activities carried out on inpatient wards. The Trust compliance level overall for mandatory training has risen steadily over the last two years and is now at 86%. Work continues to further increase these levels.
7. Training and preparation of non-professionally qualified staff – Non-professionally qualified inpatient staff receive a full corporate and local induction including tailored mandatory training. They can then progress on to the Accredited Staff Development programme; a vocational diploma (previously NVQ) taken at Level 2 or 3. Particular skills such as venepuncture are supported to do so where this fits with the service requirements. Opportunities exist for Assistant Practitioner (band 4) roles which developing skills through a foundation degree.
8. Shift timings conducive to good practice and staff well-being – Sequential twelve hour shifts are no longer worked in the Trust. Reviews have recently altered shift systems to ensure that handover time is more adequate than previously supporting clear communications.
9. Trend analysis – indecent data and complaints are formally reviewed by the Board quarterly with an analysis as to whether there are patterns to suggest areas of concern in any particular inpatient service.

8. Future process

To be in-line with national guidance and best practice, the Trust will carry three pieces of work by April 2014 or by June 2014 at the latest.

8.1 Workforce Review of Inpatient Staffing

1. Components of review will include:
2. Identification of existing adherence with planned staffing levels and skill mix
3. Due consideration of advice provided in national guidance e.g. NIMHE, RCN and National Quality Board.
4. Compare outcomes and measures between similar wards

5. Benchmarking with other organisations
6. Utilisation of the limited from evidence-based tools available to provide data with which to triangulate other ways of assessing need.
7. Identification of structural factors influencing need, e.g. ward design, locality and changes in presentation of service users over time.
8. Dependency, acuity and throughput of service users, including evidence of change over time.
9. The availability of number of ward clerks/ housekeepers and other support staff available;
10. Current and future use of technology to reduce staffing demands
11. Ultimately professional judgement will be the determinant of safe staffing levels, in the absence of robust predictive tools, however data will provide useful contextual information.

This will be reported to the Board every 6 months, and the format of such a report will be developed.

8.2 The Trust will Publish Team Level information

This will focus on whether the Trust are meeting staffing requirements, with nursing staffing published monthly. Work will continue to take place to agree processes and format for the publication of data, the identification of hotspots and processes for reporting on how these are being addressed. This will include the Trusts intention to look at the Allocate SafeCare software which links the Trusts existing systems, HealthRoster and SafeCare. The aim of this will be for nurse leaders to have real time visibility of staffing levels across wards and departments, allowing them to maintain safe and compliant patient care based on the safer staffing tool being developed nationally.

8.3 All inpatient units will have clear staffing information available

All wards will have clear information at the entrance to the ward which gives daily figures as to what agreed staffing levels are and what they actually are. The roles of different staff will be clearly explained. Many of our wards already have this information available as was introduced as part of the Trusts approach to Quality Improvement. However, the expectation is that there will be standard ways of demonstrating this information to enable our staff, service users and visitors alike to understand the information being conveyed.

9. Conclusion

The Trust has commenced work to support this new reporting requirement. There are opportunities to better link current existing reporting of some quality metrics e.g. incident reporting and existing HR KPI's to this work so that the Board have a more holistic evidence based picture of how staffing and quality are interlinked.