

# REPORT TO THE TRUST BOARD - PUBLIC 14 DECEMBER 2017

Title	Safer Staffing 6 Monthly Review of Staffing Levels
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## **Purpose of the Report:**

To present to the Board with a report on in–patient nurse staffing levels in line with the national expectations for NHS providers in providing safe staffing levels and a requirement to provide the Board with a report outlining the assurance and issues related to safe nurse staffing levels at six monthly intervals.

## **Summary of Key Issues:**

This is the seventh report to inform the Trust Board on the steps taken to meet the expectations detailed in the guidance produced by the Chief Nursing Officer and the National Quality Board, '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(2013)

This paper focuses on our approach to ensuring that levels of nurse staffing which includes registered and unregistered nursing staff match the dependency needs of patients within inpatient wards during the period May 2017 to October 2017. The paper identifies variances, causes and actions taken to address issues relating to safe staffing.

There are no recommended changes to the current inpatient staffing levels at this time however this may change as further guidance is issued.

Strategic priorities this paper supports (Please check box including brief statement)

Improving service user satisfaction	$\boxtimes$	
Improving staff satisfaction		
Maintaining financial viability	$\boxtimes$	

Committees/Meetings where this item has been considered:

Date	None

Implications:

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Equality Analysis	The Trust has a duty to promote equality in the recruitment of the nursing workforce.
Risk and Assurance	<ul> <li>The following clinical risks are associated with inadequate nursing and care staffing capacity and capability:</li> <li>Inadequate staffing numbers compromise safe and compassionate care.</li> <li>Poor monitoring of staffing capacity and capability can give rise to unacceptable patterns of inadequate staffing</li> <li>Not having the right skill mix in clinical environments can place unacceptable additional demands upon staff and give rise to unsafe and ineffective care.</li> <li>If staff feel unable to speak out, then potentially unsafe staffing levels go undetected and reported and steps to maintain patient safety not be taken as required.</li> </ul>

Service User/Carer/Staff	Inadequate staffing numbers compromise safe and compassionate care
Financial	There are no financial implications for the period reported on.
Quality	Insufficient staff compromise safe and compassionate care

## **Supporting Documents and Research material**

- Reference: 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(National Quality Board 2013)
- b. Reference: Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time. Safe sustainable and productive staffing (National Quality Board July 2016)
- c. Mental Health Staffing Framework https://www.england.nhs.uk/6cs/wp-content/uploads/sites/25/2015/06/mh-staffing-v4.pdf

Glossary
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Abbreviation	

## 1.0 Background

- 1.1 Further to the Robert Francis Report (2013), the National Quality Board(NCB) have published guidance that sets out the expectations of commissioners and providers for safe nursing and midwifery staffing, in order to deliver high quality care and the best possible outcomes for service users.
- 1.2 In July 2016 the NQB issued a follow up paper "Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time. Safe sustainable and productive staffing" which outlines an updated set of NQB expectations for Nurse staffing within Acute Trusts.
- 1.3 This is the seventh report to the Board summarising the results of the Trust monitoring of staffing levels across all mental health and continuing care wards and covers the six month period June 2017 to November 2017.

## 2.0 Management of staffing levels

- 2.1 To ensure appropriate staffing levels are maintained a number of actions continue to be taken and have previously been reported on.
- 2.2 Staffing levels by ward are reviewed shift by shift by ward staff and immediate managers and are subject to review in the weekly Locality senior nurse meetings and two monthly rota reviews with the Director of Nursing and Lead Nurse HealthRoster.
- 2.3 The ward staffing information is published monthly on the NHS Choices and Trust Websites.

## 3.0 Analysis of Trust Results/Average Fill rates

Green indicates above 90%, Amber 80-90% and Red Below 80%

- 3.1 There is no change in the number of wards reporting variances during this period (22) in comparison with the previous reported period (22). 4 wards reports red variances and 21 reported amber variances.
- 3.2 The wards identified as having the most difficulty in achieving expected staffing levels are listed below in table 1. For each of these wards immediate actions were taken by the ward management team including asking existing staff to work more hours, staff who would normally be supernumerary working as part of the nursing team and redeploying staff within a site for part of a shift.
- 3.3 Individual wards have reported variances to fill rates created by short term variances including high levels of activity and short notice absence.

Table 1.

Ward	May	June	July	Aug	Sep	Oct
Bevan					RMN	
Bow	RMN					
Cedar Lodge				RMN		
Clerkenwell	RMN					
Coborn Acute	RMN					
Coborn PICU	HCA			RMN /HCA		
Crystal	RMN					
Fothergill	RN	RN	RN	RN		RN
Lea				HCA		
Limehouse	RMN	RMN	RMN	RMN		
Millharbour					RMN	
Morrison	RMN					
Rosebank		RMN		RMN		
Sally Sherman	RMN	RMN	RMN	RMN	RMN	
Shoreditch					HCA	
Jubilee					HCA	
Coral	RMN					
Onyx						RMN
Jade PICU	RMN					
Bed Ash	RMN	RMN				
Keats	RMN					
Willow	RMN			RMN		

# 4.0 Wards reporting variations

## Wards reporting ad hoc variations:

4.1 Actions taken to ensure adequate staffing levels included adjusting the skill mix, redeploying staff, utilising available senior staff.

# Wards reporting consecutive variations:

- 4.2 **Fothergill** Combination of multiple factors. Annual leave, sickness and study leave, low bed occupancy and acuity allowed for ad hoc adjustments in staffing numbers which were deemed professionally appropriate.
- 4.3 **Limehouse** Combination of multiple factors. Annual leave, sickness and study leave, local decisions based on acuity and professional judgement result in acceptable variations. Recruitment of additional Registered Nurses in September has improved their available staff pool.

- 4.4 **Sally Sherman** Combination of multiple factors. Annual leave, sickness and study leave, low bed occupancy and acuity allowed for ad hoc adjustments in staffing numbers which were deemed professionally appropriate.
- 4.5 **Beds Ash** A review of acuity and activity on the ward resulted in a reduction of the number of beds available and a corresponding reduction in staffing requirements which has allowed the ward to maintain appropriate staffing since July.

#### 5.0 Carter Mental Health Efficiency Programme

- 5.1 Early in 2017 Lord Carter was commissioned by NHS Improvement to undertake a review of Efficiency with NHS Mental Health Services in conjunction with 24 Mental Health Trusts.
- A key element of the Carter Review has been improving productivity and efficiency of erostering and the development of Care Hours Per Patient Day (CHPPD).
- 5.3 A 90 Rapid Improvement plan was put in place in July 2017 to address the high use of Agency Nurses within the Bedford and Luton wards.
- 5.4 This plan utilised the Trust bank's ability to facilitate self-booking for bank shifts online using mobile devices.
- 5.5 A final report on the impact of this work has not yet been validated by NHS Improvement.

## 6.0 Summary

- The Trust continues to monitor and report nurse staffing levels to provide assurance that we deliver safe, effective and high quality care.
- 6.2 The Trust has measures in place to manage, monitor and escalate concerns around safe staffing on a shift by shift basis with senior staff providing appropriate support to ward teams.
- 6.3 No changes to the existing staffing establishments are proposed at this time.

## 7.0 Action being requested

7.1 The Board is asked to **NOTE** the processes and plans in place to monitor safe staffing levels