Meeting of: Board of Directors

Date: May 2014

Subject: Hard Truths Commitments Regarding the Publishing of Staffing Data.

Presented by: Sheila Lloyd – Director of Nursing

Author: Joyce Fletcher - Deputy Director of Nursing,

Purpose: For information, discussion and approval

Strategic & risk relationship:

Strategic objective: To ensure a capable and skilled workforce
High Level Risk: Compliance with Standards and Safeguarding

Recommendation(s):

1. That the Board is assured that Divisional establishment reviews have been undertaken and outcomes are currently being implemented within both Mental Health and Learning Disability inpatient areas.
2. That the board receives an update on the review of staffing establishment in six months’ time.
3. That the Board commissions an integrated cross Divisions review of establishment in 12 months, to evaluate staffing establishment reviews already undertaken.

Equality & Diversity implications:

None

Duty with regards to NHS Constitution:

Improving the quality of care
‘Hard Truths, Commitments the publishing of Staffing data’ was published in March 2014 setting out a robust implementation plan in response to the National Quality Board Review: “Ensuring we have the right staff with the right skills in the right place” (2013) and Francis Report (2012). A summary of this report and respective action plan was presented to the Board of Directors in January 2014.

The trust response to the ‘Hard truths Commitment’ are presented in three parts as follows:

1. The review of nursing staffing capacity, capability and establishment for:
   Mental Health and Learning Disability Divisions (Part -1a, 1b) (to follow)
2. A Summary of the planned staffing levels versus actual registered nursing and Health Care Support (HCSWs) staff for each shift per ward for the month of April 2014. (Part 2). Most shifts demonstrate that actual staffing levels were above that planned.
   Issues have been identified in Learning Disability Services primarily related to night shifts. However mitigating actions have been put in place and data needs to be reviewed in relation to bed occupancy i.e. Penrose had a 47% reduced bed occupancy for April 2014. Also data reporting systems have been reviewed as twilight shifts were reported for late and not nights. This will be aligned in relation to recent national guidance. No significant clinical incidents have been identified linked to reduced staffing levels.
3. The display of staffing levels per shift on each ward and each shift. (Part 3)
   Boards will be in place from the 1st June 2014

From the 10th June 2014 the details of ‘planned’ versus ‘actual’ registered nursing and HCSWs for each inpatient ward and across each shift must be uploaded and published monthly on NHS Choices. NHS England will aggregate percentage staffing fill rates and by the end of June will be identifying a RAG rating for each Trust based on the variance between planned and actual staffing levels. Implementation dates have been accelerated due to central government directives.

Recommendations

That the Board is assured that Divisional establishment reviews have been undertaken and outcomes are currently being implemented within both Mental Health and Learning Disability inpatient areas.
1.0 Introduction

‘Hard Truths Commitment the publishing of Staffing data’ was published in March 2014 setting out a robust implementation plan in response to the National Quality Board Review: ‘Ensuring we have the right staff with the right skills in the right place’ (2013) and Francis Report (2012). A summary of this report and respective action plan was presented to the Board of Directors in January 2014. In summary the Board of Directors must assure them that established staffing levels are safe and adequate and receive a review of staffing establishment every 6 months.

A monthly summary of planned and actual staffing levels per ward and must be reported to the board of directors identifying any risks and mitigating actions.

From the 10th June 2014 the details of ‘planned’ versus ‘actual’ registered nursing and HCSWs for each inpatient ward and across each shift will be published monthly on NHS Choices. NHS England will aggregate percentage staffing fill rates and by the end of June will be applying a rag rating for each Trust based on the variance between planned and actual staffing levels. Implementations dates have been accelerated due to Health Secretary Directives.

The trust response to the ‘Hard truths are presented in three parts as follows:

1. The review of nursing staffing capacity, capability and establishment for Mental Health (MH) and Learning Disability (LD) Divisions:
   
   Part 1a, Establishment Review – Mental Health Division
   Part 1b, Inpatient Staffing Review – Learning Disability Division

2. A summary of the planned staffing levels versus actual registered nursing and Health Care Support (HCSWs) staff for each shift per ward for the month of April 2014. (Part 2)

3. The display of staffing levels per shift on each ward and each shift. (Part 3)

2.0 Review of Nursing Capacity and Capability

A staged approach was taken for the review of established inpatient staffing levels across the organisation. This was due to the diversity of services and the different challenges facing both the Mental Health and Learning Disability (LD) divisions in relation to strategic redesign programmes.

The methodology of the reviews included:

- A collaborative approach including lead clinical nursing and senior management, to ensure professional and clinical judgement and scrutiny.
Whilst there are no recently designated national nursing staffing tools specific for mental health or learning disability services, research guidance from the Royal College of Nursing, ‘Safe Staffing for Older People’s Wards’, (RCN, 2012), and other research based evidence was incorporated into the review.

Both reviews have considered workforce data and metrics, such as sickness levels, the use of bank and agency and considered impacts to quality such as incident trend and analysis.

Reviewed shift patterns and staffing ratio in relation to establishment.

Incorporated an allowance of 25% headroom for training, annual leave, etc

Both Divisions have a Senior Divisional Lead Nurse and modern matrons who support the quality and governance agenda for the Division.

Ward Managers are supernumery and therefore are in addition to staffing numbers counted in the shift numbers.

It is important to add that nursing and HCSWs work as part of the wider multi-disciplinary team who all have face to face patient contact with patients but is not reflected in staffing numbers submitted.

2.1 Staffing Review: Mental Health Division.

A comprehensive establishment review was undertaken in 2013 based on a retrospective evaluation of staffing establishment for 2011 -2012. The recommendations were agreed in August 2013.

The review utilised existing evidence and guidance to recommend shift patterns and staffing establishments that would ensure that the division remained cost effective and continued to offer the best quality for the patients served.

A summary of the main findings and recommendations were as follows:

- A review of shift patterns leading to a move away from 12 hours shift patterns to short day shifts therefore minimising the risk of care errors and staff tiredness. The roll out commenced in December 2013 and is currently being rolled out across the division.
- A review of establishment increasing the ratio of Registered Nurses to Health Care Support workers in line with the recommendations of the RCN Institute in its ‘Setting Safer Nurse Staffing Levels’, (Scott, 2003).
- Workforce review of impact of bank, agency, sickness and vacancies.
- A draft updated review of this position is attached, with a view to progressing with the implementation plan. (Part 1a, Staffing Review – Mental Health)

2.2 Staffing Review Learning Disability Division (LD)

A review of inpatient staffing was undertaken within Learning disability services covering the period of April - September 2013. This review was presented to the Divisional Management Board in November 2013 with an update to the DMB in January 2014. This was followed by an update report in March 2014.
Details of the main findings and recommendations can be found in Part 1b (Inpatient Staffing Review p. 16-17): However a summary is presented:

- There was no consistent shift pattern across LD services and therefore a move to a single coherent shift pattern to enable appropriate cover on the LD inpatient units and improve consistency and quality of care was recommended. Options are being considered.
- The use of bank/agency was high. Therefore the feasibility of a ‘floating’ staff team to provide additional staffing cover to inpatient services at short notice to reduce the reliance on bank and agency cover was a recommendation of the review.
- Registered to unregistered staffing ratio was on average 40:60. However ratios of staffing were lower for the smaller units. This does not take into account the context of Multi-disciplinary team working and the additional staff that will have face to face contact with the patient.
- Sickness /Absence was significantly higher than trust target levels. The trend has been downwards since the review.
- Clinical incidents were reviewed over the review period, the incidents related to staffing issues where 10 requests made for bank and agency could not be fulfilled. These were escalated to bank and rostering team with follow up corrective actions.
- A robust management action plan has been put in place as per the enclosed paper (Review of Staffing Levels Learning Disability Service Part 1b)

3.0 Summary of Planned v Actual Staffing per ward and per shift (Part 2)

A summary report of planned versus actual staffing levels for registered nurses and HCSWs across all inpatient services for April, 2014 is presented

The summaries are broken down as follows:

- Mental Health and Psychiatric Intensive
- Older Adult Services
- Learning Disability Services

Across Mental Health and PICU the majority of actual staffing was above that planned. The majority of requests for HCSWs were in relation to clinical observation levels and for registered nurses the primary reason was vacancy cover.

An outline of the Divisions recruitment strategy and vacancies being recruited to is presented.

The picture is similar for Older Adults Services.

The actual versus planned staffing summary for Learning disability is presented. Overall there was increased variance in the planned versus actual staffing levels for nursing and HCSWs particularly evident on night shifts. This was due in part to reduced staffing due to under occupancy of beds on Penrose Unit.
Data capture issues may have skewed the data as shifts spanning the late shift and night shift (twilight shift) were applied to the late shift rather than the night shift. This will be revised moving forward in line with national guidance. The triangulation of reported incidents in the categories identified no patient safety issues as a result and patients remained safe.

Data capture issues will be addressed for the next reporting period and the Trust Bank and agency team are addressing updating the rosters on a weekly basis via E rostering and will be effective from week commencing the 19th May.

Software solutions are currently being explored with a view to implementing the ‘Safe Care’ Allocate Software module linked to the current E roster system. This requires a system upgrade but will allow the trust to measure patient acuity linked to staffing levels as well as linking to the Datix incident reporting system. This will allow for electronic triangulation supported by clinical professional judgement in strengthening reporting moving forward.

4.0  Displaying of Staffing information on all inpatient Wards (Part 3)

The staff display board will be visually displayed on each inpatient unit for carer, patient and the public to see. It will display planned and actual staffing per shift and will name the nurse in charge of the shift.

A traffic light system will be adopted showing what actions are taken if staffing levels are below planned to ensure that the ward is safe.

5.0  Recommendations

Recommendations

1. That the Board is assured that Divisional establishment reviews have been undertaken and outcomes are currently being implemented within both Mental Health and Learning Disability inpatient areas.
2. That the board receives an update on the review of staffing establishment in six months’ time.
3. That the Board commissions an integrated across Divisions review of establishment in 12 months to evaluate staffing establishment reviews already undertaken.