

**Meeting of:** Board of Directors

**Date:** 28 February 2018

**Subject:** Nursing Establishment 6 Monthly Review

**Presented by:** Joyce Fletcher, Executive Director of Nursing, Quality, AHPs and Psychology

**Author:** Heidi Cater, Head of Nursing MH and Susan Brady, Head of Nursing LD and CYP&F and Judy McDonald, Deputy Director of Nursing

**Purpose:** For information and assurance

**Relationship to strategic objectives:**

<b>Strategic objectives:</b>	
We will nurture a culture which provides: <b>safe, effective, caring, responsive and well led services.</b>	<b>X</b>
We will <b>involve and listen</b> to patients, carers and family's <b>experience to continually improve services</b> we provide.	<b>X</b>
We will be a <b>leading provider</b> of specialist mental health, learning disability and children's services, proactively seeking opportunities to develop our services, <b>building partnerships</b> with others, to <b>strengthen and expand</b> the services we provide.	<b>X</b>
Attract and retain well-trained, diverse, flexible, <b>empowered and valued</b> workforce.	<b>X</b>
Resources will be used effectively, <b>innovatively</b> and in a <b>sustainable</b> manner.	<b>X</b>
None	

**Relationship to High Level Risks:**

BAF4

**Recommendation(s):**

That the Board receive and note this report.

**Equality & Diversity implications:**

There are no implications to consider

**Regulatory and Compliance matters:**

X	NHSI:	
X	Care Quality Commission:	
	Other:	
	None:	

**Previous consideration**

	Board			Business & Performance	
	Audit			M H Legislation Scrutiny	
	Quality & Safety			Charitable Funds	
	Finance & Investment			Turnaround	
	Other	QSSG		None	

## Executive Summary

### 1.0 Introduction

This report builds on the report shared at the Board of Directors in July 2017 and is in keeping with the revised national guidance from the National Quality Board (NQB) on *safe, sustainable and productive* staffing.

This guidance shared includes the three NQB expectations that form a ‘triangulated’ approach (right staff, right skills, right place and time) to staffing decisions. It is an approach in deciding staffing levels based on patients’ needs, acuity and risks, which are monitored from the ward to the board which will enable NHS provider boards to make appropriate judgements about delivering safe sustainable and productive staffing.

The NQB report highlights that the CQC supports this triangulated approach to staff decisions, rather than making judgements based solely on numbers of staff to patients.

NHSI have published national improvement resources for Safe, Sustainable and Productive Staffing in Mental Health and Learning Disabilities. These resources build on the expectations and frameworks outlined in The NQB July 2016 publication.

The mental health resource has been developed for community and inpatient mental health service across all specialities and for people of all ages. It also recognises the multi professional approach and the importance of all team members.

The Learning disability resource again has been developed for both community and inpatient settings in the context of reducing health inequalities.

The resources include tools and reference sources to help providers plan, measure and improve care: including an outline process for a staffing/ establishment review and a summary of decision making tools.

Since the last Board of Directors report on nursing establishment the Trust has held two safe staffing summits which focused on three key areas:

- Safe Staffing Assurance Process where a new assurance process has been established.
- Retention of Staff, the Trust is currently part of a NHSI programme to build on its retention strategy.
- Roster management, supporting staff in roster management ensuring effective rostering.

It is envisaged that the resources recently published by the NQB will support the safe staffing summits moving forward in building on our existing areas of work and identifying priorities moving forward.

## **2.0 Mental Health Services (see appendix 1)**

Recruitment and retention of registered mental health nurses, particularly at Band 5 remains an ongoing challenge for the Division. It is important to acknowledge this is not unique to BCPFT and does reflect a wider national picture.

Since August 2017 the mental health division have had difficulty in fulfilling their registered nurse fill rate. In December 2017 8 of the wards were below 90% for their threshold of registered staff however the combined rate was for all 9 wards was a 100%.

In response to this challenge the Division has had to explore via the Mental Health Transformation Programme alternative solutions, including review of the existing nursing establishment and skill mix in support of safe staffing levels and continuity of care.

The review has enabled the Division to create career pathway opportunities for unregistered staff. There is a recognition of the future role of Band 4 Nurse Associate posts and 9 posts (one per ward) have been built into the new establishment .This commitment gives real value to our current Trainee Nurse Associates working towards their qualification. Additional posts at Band 3 level have also been developed.

The Division recognises unregistered staff do not replace registered staff. However, the revised establishment has enabled the existing registered compliment to be deployed in a more equitable way.

Quality impact assessments have been completed to support the review and have been considered through the gateway process and the Trusts Quality Safety Steering Group.

The establishment and skill mix review reduces the Registered Nurse posts by 16.65 WTE across the 9 clinical areas. From an Unregistered perspective there has been an additional increase of 22.14 WTE posts.

With the reduction of posts April 2018 there will remain a potential deficit of 17.32 WTE registered nurses within urgent care.

The Benchmarking Workforce Summary indicates a 'typical' 18 bed adult acute ward will have 14.4 WTE Registered Nurses. The current 17/18 establishment budgets for registered nurses across all nine mental health wards exceeds the recommended figure.

The Division maintains its commitment to the recruitment and retention agenda, whilst delivering safe, sustainable and productive staffing. The priority is always to deliver safe and effective care to the patients who access our services .Therefore, the Division will continue to monitor and regularly review the impact and outcomes of the initiatives implemented from the Mental Health Transformation Programme.

### **3.0 Learning Disability Services (see Appendix 2)**

The Learning disability service is currently undergoing transformation under the Transforming Care Program (TCP). This is to oversee the overall reduction of learning disability inpatient beds with a move towards providing more community care.

The staffing establishment of Ridge Hill, Pond Lane and the Pines have been consolidated and staff have been transferred across the LD inpatient services. This over establishment was with a view to reduce bank and agency spend

As a result of TCP the division has seen an increase in acuity of the patients being admitted. This has posed challenges with clinical observations. Due to the high level of observations required it can mean there is often a 150% to 200% combined fill rate of staff. This presents the wards with challenges in terms of coordination of breaks and highly stimulated environments which can result in an increase in incidents particularly for those individuals with Autism.

To support with the high levels of observations a standard operating procedure around zonal observations has been introduced to reduce the numbers of staff on the wards.

The division has also been working with staff to ensure a competency program is in place to support staff's development and through the transition process.

### **Nursing Retention Strategy (see Appendix 3)**

The Trust is currently part of a NHSI programme to build on its retention strategy.

The programme has involved an analysis primarily of Nursing workforce, but including Allied Health Professionals and Psychology.

In summary the data showed an increasing trend when 2016/17 data was compared with 2017/18 of an increase in leavers than starters within the Nursing workforce which reflects the national trend.

When looking at the age range of leavers we see slight differences again in the 2016/17 data to the 2017/18 data with age shifting to our younger workforce, the highest increase is within the age range of 41-45 age bracket. Retirement is still a significant factor for reasons for leaving and evidences the aging workforce of the Trust. The reasons for leaving other than retirement that have been recorded as promotion and work life balance.

Three key areas came out of the staff engagement event carried out as part of the program highlighting reasons for the increase in turnover (which currently is in keeping with the national average) as: lack of continued professional development, feeling valued/leadership and the increase in violence and aggression. Work had already commenced within the organisation supporting these areas the feedback from staff has enabled us to strengthen these work streams.

The driver diagram (see Appendix 3) shows an overview of work streams and the nominated leads. The plan has been shared with NHSI and will be monitored monthly through workforce committee and through the NHSI collaborative.

Following further implementation of the above recommendations a further Nursing Establishment review will be undertaken in six months' time.

## WORKFORCE RETENTION DRIVER DIAGRAM – ACTION & ASSURANCE

