Meeting of: Board of Directors

Date: 26th July 2017

Subject: Review of Nursing Establishment

Presented by: Joyce Fletcher, Interim Executive Director of Nursing AHP’s, Psychology and Governance

Author: Joyce Fletcher, Head of Nursing, Interim Executive Director of Nursing AHP’s, Psychology and Governance, Heidi Cater, Head of Nursing and Judy McDonald, Head of Nursing

Purpose: For information and assurance

Relationship to strategic objectives:

<table>
<thead>
<tr>
<th>Strategic objectives:</th>
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<tr>
<td>We will nurture a culture which provides: safe, effective, caring, responsive and well led services.</td>
<td>X</td>
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<tr>
<td>We will involve and listen to patients, carers and family's experience to continually improve services we provide.</td>
<td>X</td>
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<tr>
<td>We will be a leading provider of specialist mental health, learning disability and children's services, proactively seeking opportunities to develop our services, building partnerships with others, to strengthen and expand the services we provide.</td>
<td>X</td>
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<tr>
<td>Attract and retain well-trained, diverse, flexible, empowered and valued workforce.</td>
<td>X</td>
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<td>Resources will be used effectively, innovatively and in a sustainable manner.</td>
<td>X</td>
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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:

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<th>Monitor:</th>
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<td>X Care Quality Commission:</td>
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Other:

None:

Previous consideration

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<tr>
<th>Board</th>
<th>Business &amp; Performance</th>
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<td>Audit</td>
<td>M H Legislation Scrutiny</td>
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<tr>
<td>Quality &amp; Safety</td>
<td>Charitable Funds</td>
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Other    | QSSG  | None  |


Executive Summary

1.0 Introduction

The Board of Directors received an update of Safer staffing in June 2017

This report builds on the report shared at the Board of Directors in June 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 are in the process of consulting on a National Safe, Sustainable and Productive Staffing tool in Mental Health Services and a final document will be published in the Autumn 2017/Spring 2018. In the meantime the Trust is currently engaged in a regional pilot review of safer staffing which will link the national work.

Early discussions are underway with DWMH for moving forward towards TCT.

2.0 Learning Disability and Mental Health Review of Inpatient Nursing Establishment, Capacity and Capability Review

There is an organisational requirement to review nursing staff levels on a six monthly basis. This reports sets out an update of the review of staffing establishment for Learning Disability and Mental Health Service July 2017.

Monthly safe staffing exceptions reports are shared with the BoD; triangulated against key patient safety indicators and harm free measures. Together with this review demonstrates safe, sustainable and productive staffing levels are in place within BCPFT.

There is an overall commitment to actively engage in the activities/subgroups aligned to Workforce Development and the Nursing Board to support recruitment to vacant substantive posts. The Trust workforce group leads of the implementation of the Trust recruitment and retention strategies and proactive actions are in place, i.e. those nearing retirement, nursing revalidation support.

The review also includes continued engagement at a local level with clinical teams to be creative in recruitment processes focussing on target audiences, i.e. learner nurses pending registration, apprentices, regular temporary staff, registered general
nurses and the introduction of new roles including assistant practitioners and nursing associates.

The Learning Disability and Mental Health groups are actively monitoring and managing sickness levels towards the Trust target of 4.5%. Performance targets will also be closely monitored against this target through the trust performance meetings.

Following further implementation of the above recommendations a further Nursing Establishment review will be undertaken in six months’ time but will be agreed as part of the TCT transitional arrangements.

2.1 Learning Disabilities Review of Inpatient Nursing Establishment, Capacity and Capability Review (Appendix 1)

There is a six monthly review on the Staffing establishment for the learning disability units. In March 2017 the LD group sought approval to progress work with Dudley CCG Commissioners to close Ridge Hill, with the re provision of Ridge Hill to be complete by the 31st July 2017. The staff team will be redeployed into other inpatient facilities within the organisation and this should have an impact moving forward on the use of bank and agency.

The current national agenda for learning disabilities – ‘Transforming Care’ has the ambition to reduce the number of inpatient beds and as such the service has seen a regular under occupancy of the beds. Due to low occupancy of assessment and treatment units a review of the assessment and treatment beds is underway.

Night staffing was reviewed following the last review and mitigation clearly identified however still remains an issue in terms of breaks. The inpatient review may necessitate the need for staff redeployment which would resolve the night staffing concern. Recruiting substantively at this point may disadvantage staff that require future redeployment. Unit managers have the autonomy to book extra night staff as and when required to ensure the safe and effective running of the units.

The report also includes the average staffing levels for each inpatient area by registered and un-registered staff (sept 2016 – March 17). Significant differences between planned and actual utilisation of HCSW are indicative of the observation challenge within LD inpatient services.

Sickness levels within learning disabilities are higher than the Trusts KPI of 4.5% standing at 7.5%. The primary reason for long term sickness is anxiety/stress and depression. Work is currently taking place within the division to support staff in particular around the violence and aggression. The safe wards initiative is being relaunched within the services along with a situational awareness model to support the reduction of violence and aggression towards staff.

The paper also details key recommendations that have been approved through quality and safety committee.
2.2 Mental Health Review of Inpatient Nursing Establishment, Capacity and Capability Review (Appendix 2)

The paper outlines current funded nursing establishment for the nine inpatient wards within the Mental Health Division.

The paper also reflects a proposed review of both shift patterns and nursing skill mix which has been undertaken as part of the 2017/18 Mental Health Transformation Programme.

Revised shift patterns were implemented within Macarthur, January 2016 and Hallam Street March 2016. The Divisions further review of existing shift patterns utilising the learning from previous shift pattern changes is currently underway.

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 reflects the national picture. A standard operating procedure looking at recruiting student nurses is in place to encourage the recruitment of newly qualified staff.

Sickness is also above the KPI of 4.5% standing at 7.25% with Anxiety/ stress and depression sited as the main reason for long term sickness. As with the learning disability division work is ongoing to support staff around aggression and violence experienced at work.

The Division demonstrates a commitment to achieving a reduction in bank and an ambition to achieve zero agency usage with the implementation of a range of proactive actions.

The paper also highlights some proposed key recommendations that have been considered and approved by members of the Divisional Quality and Safety Group and shared at Quality Safety Steering Group.