

‘You matter, we care’

BD

Summary Report – Trust Board Meeting (Part 1)	Date: 31 July 2013
Report Title: Inpatient staffing. Keogh and Cavendish reports	
Agenda Item: BD/13/107	Enclosures:none
Sponsor; Nursing Director	Presenter: Nursing Director
Report Author: Hazel Watson – Director of Nursing	
Report discussed previously at:	<i>n/a</i>

Purpose of the Report and Action required		
To inform the Board of the work being undertaken to review staffing levels on inpatient units.	Approval	
	Discussion	
	Information	X

Executive Summary of Key Issues
<p>Recent national reports have highlighted the requirement for Boards to assure themselves specifically about staffing numbers and skill mix on inpatient units. The senior nursing team is working with Local Delivery Units to agree staffing numbers and skill mix on each ward using an agreed methodology. This will be reported to Employee Strategy and Engagement Committee in September 2013.</p> <p>The Cavendish report makes recommendations about HCA training. The Clinical Executive and the People Directorate are working to ensure that we are confident in the level and quality of training for HCAs.</p>

Inpatient Staffing

Which Strategic Objective does this paper address	
Consolidate	Y
Integrate	
Expand	

Recommendations to other committees
<ul style="list-style-type: none">• For Employee Strategy and Engagement Committee to receive information on behalf of the Board on a six-monthly basis, to be able to provide assurance to the Board regarding inpatient staffing levels. • For the Employee Strategy and Engagement Committee to monitor any agreed actions regarding HCA training to ensure compliance with national requirements and best practice.

Recommendation/Decision
The Board is recommended to note the report

Inpatient Staffing

1. Background

- 1.1. The Francis report (Feb 2013) made recommendations about inpatient staffing and skill mix. His report suggested a direct correlation between the numbers of skilled nursing staff on a ward and the quality of care. He recommended that Boards were explicit in their confidence of the staffing levels on the wards in their Trusts, and that these should be published.
- 1.2. The Keogh report (July 2013) again makes explicit reference to nursing numbers and skill mix. His report has 8 'ambitions' for improvement – one of which is focussed on nursing staffing levels.

Ambition 6.

Nurse staffing levels and skill mix will appropriately reflect the caseload and the severity of illness of the patients they are caring for and be transparently reported by trust boards.

The review teams found inadequate numbers of nursing staff in a number of ward areas, particularly out of hours - at night and at the weekend. This was compounded by an over-reliance on unregistered support staff and temporary staff.

As set out in the Compassion in Practice, Directors of Nursing in NHS organisations should use evidence-based tools to determine appropriate staffing levels for all clinical areas on a shift-by-shift basis. Boards should sign off and publish evidence-based staffing levels at least every six months, providing assurance about the impact on quality of care and patient experience.

The National Quality Board will shortly publish a 'How to' guide on getting staffing right for nursing.

- 1.3. The work plan for the Senior Nursing Team already included work to support Local Delivery Units to agree staffing levels for inpatient services. At the Senior Management Team meeting on 17th July, Clinical Directors agreed the approach and the timescale.

2. Approach.

- 2.1. Although the focus of scrutiny nationally is on nursing, AWP also needs to consider other professionals as part of the service provision. There is much evidence available to support the fact that the safety and effectiveness of psychiatric inpatient wards is affected by the level of therapeutic interventions available – service users report feeling bored and un-engaged. Boredom is a feature in AWOL feedback, as well as untoward incidents. It also features as an issue in inpatient surveys
- 2.2. Although nurses would value the capacity to engage in therapeutic activities as part of their practice, other allied health professionals have an important role to play to

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contribute to the effectiveness of the ward.

- 2.3. A review of medical staffing is also being undertaken. This will be supported by the work described in this paper as this review will identify areas where tasks traditionally undertaken by Doctors may be able to be delivered by other professionals, and also provide some information about patient needs which may help inform medical skills required.
- 2.4. With the support of the senior nursing team, wards will be asked to work through their 'always events' – things that always need to happen on their wards. They will then identify the skill-mix best placed to deliver the services.
- 2.5. The outputs will be discussed with the Local Management Teams, triangulated with finance and existing establishment information, and then signed off by the Clinical Executive before being reported to Board.
- 2.6. The work will be aligned with the development work at Fromeside and Wickham which will also be considering skill mix, and looking particularly at the effectiveness of multi-disciplinary working.
- 2.7. The trust is in contact with the RCN who report to be working on staffing levels for mental health inpatient services, and are part of the 'Mental Health Directors of Nursing' forum which is also considering approaches to the issue. No methodology is yet preferred, but it is agreed that a triangulated approach – as described here – is likely to result in a more 'owned' outcome.
- 2.8. The Keogh report refers to the development of a national tool. This work will be reviewed in the light of the publication of the tool, and revised as necessary.

3. Cavendish Review

- 3.1. Published earlier this month, the Cavendish Report focusses on the role, training, and support for unregistered practitioners – Health Care Assistants (HCAs)
- 3.2. The report makes recommendations for a national training programme, changes to how training is delivered, and a greater recognition of the role played by HCAs. The Trust will respond to any national changes that would have a positive impact on our services.
- 3.3. In AWP, all staff receive training and induction before they start work in service. This should be followed by Local Induction programmes and complemented by support and supervision. The Senior Nursing Team are auditing current practice to judge the level of training, induction, and support currently available to Health Care Assistants.
- 3.4. The Senior Nursing Team provides support to the Unregistered Practitioner Forum, a forum that provides a 'voice' for unregistered practitioners and has led to the development of work such as the 'Code of Conduct for Unregistered Practitioners'.
- 3.5. The report recommends that the Director of Nursing take greater Board responsibility for the recruitment and training of unregistered practitioners.
- 3.6. Further thought also needs to be given to career pathways for unregistered staff. This will be taken forward as part of Quality and Business planning with the Local delivery Units.