

'You matter, we care'

Trust Board Meeting Part 1	Date: 18 December 2013
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Title:	Inpatient Staffing review
Item:	BD/13/273

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History:	<i>(name and date of any previous Exec/Board/Committee meeting external meeting or consultation)</i>
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This report is for:	
Decision	✓
Discussion	
To Note	✓

Executive Summary of key issues

From April 2014 the AWP Board is required to have monthly reports on inpatient staffing numbers and report twice yearly on a full review of ward establishments. A work stream has been set up to recommend a monthly reporting framework that provides the appropriate assurance to the board and to ensure the logistics to enable this to occur by April 2014 are in place. In addition it will conduct a full inpatient staffing establishment and skills mix review, using recommended tools, and develop a structure and process for this to be repeated twice yearly.

This report sets out the timeline for the work stream and the key performance indicators that will be reported back to the board in the coming months which are:

- Process for Monthly number reporting requirements to be available by the January 2014 Board.
- First cut of establishment numbers analysed using recognised tools available in Mid-January 2014 for consideration in the budget setting process
- Structure for completing the twice yearly establishment review available for the February 2014 Board.
- Indicators that are seen as quality impacts of insufficient staff identified and available

for the March 2014 Board.

It also recommends work commence on developing a mental health specific acuity or activity tool that can be used to better review staffing numbers going forward and further phases of establishment and skills mix review of services that support the function within the inpatient areas as a way of ensuring on-going quality of the service provided.

In addition it recommends extending the process of establishment review into community based services through further phases of this work stream.

Decisions are required on the following;

1. Agreeing the board level committees that review the required information. It is recommended that assurance is split across two committees with ESEC taking responsibility for monitoring the staffing numbers and Q&S's taking responsibility for any quality impacts identified.
2. Agree the regular review to be factored into the board programme

This report addresses these Strategic Priorities:

We will deliver the best care	✓
We will support and develop our staff	✓
We will continually improve what we do	✓
We will use our resources wisely	✓
We will be future focussed	✓

1. Introduction

- 1.1. The government response to Francis (Vol 3 Nov 2013) states;
“From next April and by June at the latest, NHS Trusts will publish ward level information on whether they are meeting their staffing requirements. Actual versus planned nursing and midwifery staffing will be published every month; and every six months Trust boards will be required to undertake a detailed review of staffing using evidence based tools. The first of these will take place by June 2014 and Trusts will be required to set out what evidence they have used to reach their accredited tools. A review every six months will allow for the collection of several data points to inform appropriate staffing.”
- 1.2. A brief literature review provided information from a number of acute trusts who have commenced nursing workforce and skills mix reviews. No information was found to date relating to mental health trusts undertaking the same reviews. The purpose of these reviews was to provide assurance to boards that the services have an appropriate number of staff, of the right skills, to provide safe services. These were all aimed at providing this assurance for ward based services.
- 1.3. The majority of information found showed that the acute trusts are using Hurst’s (2003) Selecting and Applying Methods for estimating the Size and Mix of Nursing Teams as the template for the reviews. This provides a number of methods for deciding on nursing numbers and skills mix which are;
 - Professional judgement approach
 - Nurses per occupied bed method
 - Acuity-quality method
 - Timed-task/activity approaches
 - Regression Analysis systemsHurst recommends, and all documents reviewed follow this recommendation, a mixed approach rather than relying on one single method.
- 1.4. The Chief Nursing officer published guidance in November 2013 titled “How to ensure the right people, with the right skills, are in the right place at the right time”. The guidance details 10 expectations of NHS providers and commissioners which would ensure the appropriately skilled people are in place at the right time to deliver quality care.
- 1.5. Reviewing the literature found to date has helped to crystallise a structure and process that can be followed to ensure an appropriate level of available nursing staff to provide safe quality in patient services. However this would need to be seen as the first step of a comprehensive whole system review looking at how other professions and other services interact and gain mutual support.

2. Monthly board reporting from April 2014

- 2.1. The Chief Nursing officers guidance (2013) sets out the first expectation as;

Boards take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability. Boards ensure there are robust systems and processes in place to assure themselves that there is sufficient staffing capacity and capability to provide high quality care to patients on all wards, clinical areas, departments, services or environments day or night, every day of the week.

2.2. The document recommends that boards should publish monthly reports on

- Actual staff available on a shift by shift basis compared to the approved level of staff required for each service
- The impact any difference had on quality of care provided
- Identify areas where staffing capacity and or capability is frequently falling short of the required standard
- Provide reasons for the gap, the impact this has had and actions that are being taken to address this and improve standards.

2.3. Progress to date

Tools to support this are already in existence, these include;

- The establishment toolkit
- The IQ self-assessment on staffing as part of the CQC self-assessment,
- Information from CQC reports

In addition there is comprehensive understanding of the current position of staffing establishments, which can be used as the baseline from which the reporting can occur.

In one locality the Nursing and Quality Directorate has piloted a tool to identify always events in inpatient areas to support quality care. This pilot can be used to support the development of a Mental Health specific activity tool for future establishment reviews.

2.4. Meetings have been arranged for all delivery units to review the specific requirements for wards.. These will all occur in December 2014. A first review of all establishments, using two validated tools will be completed by the end of January. This will include triangulation with local clinical staff on acceptability of the revised figures. If local agreement the revised establishments is not achieved with the delivery units this will be escalated to SMT.

2.5. The assurance required currently falls across two board level committees, these being the Employee Strategy and Engagement Committee (ESEC) and the Quality and Standards committee (Q&S). It is proposed that ESEC could be the assurance mechanism for reporting of staffing numbers, with Q&S taking responsibility for the quality impact assurance. The reporting of actions required could go to either committee depending if they are connected with staffing numbers or quality of care actions. By the January 2014 Board meeting the project will be able to recommend how the information on numbers would be provided monthly to the agreed board

committee. It aims to get the identification of quality impacts to the March 2014 Board. This will be done through the agree board level committees.

3. Twice yearly establishment review

- 3.1. The chief nursing officers report sets out requirements for twice yearly establishment reviews. It recommends that a paper resulting from the twice yearly reviews should make clear recommendations to the Board, which would be considered and discussed at a public Board meeting. Actions agreed by the Board should be detailed in the minutes of the meeting, and evidence of sustained improvements in the quality of care and staff experience should be considered periodically.
- 3.2. In line with these requirements a full review of the nursing establishments is currently being undertaken using currently available tools that are relevant to mental health. This will provide establishment numbers for each inpatient ward by early January 2014, which can then be analysed for budgetary implications prior to final agreement of the 2014/15 staffing budgets. A paper from this, with recommendations, will be available for the March Board meeting. This will provide a framework that can be followed in all future reviews. Supporting this work are the lead for clinical intelligence as well as the head of Information and Performance.
- 3.3. Currently there are not many validated tools to use to make this analysis that are specific to mental health, other than ones that are based on occupancy and high level dependency analysis. As part of this work stream it is proposed that work is commended to develop and validate a mental health specific tool that can be used to support future establishment reviews, this work would work on either an acuity or activity tool for future use. Both of these types of tools would fit with the PBR work stream already in place. Further consultation needs to occur to see what tools are being developed nationally before a time frame for the completion of this work can be given.
- 3.4. For on-going twice yearly reviews the timing of these need to fit with the budget setting and business planning cycles. The timing of these on-going reviews will be agreed with the Company Secretary and timetabled into the Board work programme.

4. Conclusion.

- 4.1. The Chief Nursing Officers guidance is very clear that the Board needs to take responsibility for the monitoring of actual inpatient staffing levels and the twice yearly establishment reviews. It is also clear that this level of monitoring should be applied to all services provided.
- 4.2. For Mental Health, comprehensive care in inpatient areas is not provided by nurses alone and the efficiency and effectiveness of admissions is highly dependant on community services staff and the wider multi-disciplinary team supporting a ward environment. With this in mind it is recommended that the board consider extending the first phase of this work stream, which will ensure compliance with the

frameworks expected from April 2014, into further phases that look at the staffing of therapies supporting ward environments and the community services establishments.

- 4.3. Agreeing to this further work will also enable a comprehensive review of tasks and workload priorities for nursing and other staff groups to ensure the trust is freeing up staff to provide the appropriate quality care within its services.