

Meeting	Trust Board – PART 1
Date	27 th March 2014
Subject	Enhancing Quality through Safer staffing Levels
Reporting Officer	Pippa Barber, Executive Director of Nursing and Governance
Purpose	To inform the Board of the work undertaken to ensure nursing staffing levels have been reviewed using a nationally validated tool on in-patient wards and to update the Board on work being undertaken with Community

<i>Please indicate as appropriate</i>	
Principal Objective	<p>Principal Objective 2: To become an exemplary employer, enabling staff to reach their full potential</p> <p>Principal Objective 6: To enhance the quality and safety of the Services by maintaining or exceeding required standards of care</p>
Risks Identified	Patient safety would be compromised due to poor staffing levels
Impact on Quality	Quality of care provided would be compromised
Impact on Equality	N/A
Legal Implications	Service user would have the right to take action against the Trust due to poor quality of care

1. Summary

The following report outlines the work to date that has taken place on “Safer Staffing”. This report will focus on the work of the safer staffing group, the safer staffing sub group and future work that will be undertaken within the Trust to ensure that our in-patients wards and Community Teams have safe staffing levels. The National Quality Board requires Boards to formally review nursing staffing levels six monthly. It is possible that in the future other staff groups will need to be included

As previously reported there continues to be a requirement post the publication of the Francis Report (2013) and the new nursing vision: *Compassion in practice* that all NHS organisations will take a six monthly report to their Board on the nurse staffing levels and whether they are adequate to meet the “acuity and dependency” of their patient population.

For the purpose of this report, the focus is on ward based nursing staffing levels in all in-patient wards and CRSL Community Teams and will describe the future work for some further Community based Services. The report also takes into account that all Ward Managers are supernumerary across the Trust. It is important to reflect when considering safe care that a number of factors need to be taken into consideration including , the environment , skills and competencies of the staff, and availability of all staff groups to name a few.

2. Trust Wide Safer Staffing Group

As the Board will be aware the work to implement this National guidance is being overseen by the Trust safer staffing group .The group is chaired by the Executive Director of Nursing and Governance and meets on a bi-monthly basis. To remind the Board the terms of reference of the group are ;

- To agree and monitor effectiveness of systems in managing staffing levels
- To provide update reports to Workforce and OD Committee
- To develop a model to use national Tool (Hurst) on all wards between January- February
- To develop a recruitment and retention strategy for nurses
- To ensure 6-monthly Board papers are published and easily accessible on the internet
- To ensure escalation of staffing policies are in place and signed off
- To agree to what head room covers
- E-rostering or equivalent to be developed for Community Services
- Develop a weekly exception report to EMT on previous week's report when establishments not achieved

3. Safer Staffing Sub Group

This reports to the safer staffing group with representation from all service lines This group met for the first time in February to take forward the recommended evidence based “Hurst” Tool and to pilot it in all in-patient wards for a two week period in February. The tool is designed specifically for mental health and learning disability in patients areas, and is being used by the national pilot sites .

The Tool has been developed for Mental Health and covers two areas

- Professional Judgement
- Dependency model

The aim of our pilot was to make sense of the complex and uncertain world of workforce planning and to make decisions about cost effective numbers and mixes of nurses. There is currently no validated national Tool for Community Services. The Trust will be working closely during this current year 2014/15, with England Centre for Practice Development to pilot some caseload analysis Tools. We will also await national NICE guidance on staffing later this year.

The first part of the Hurst Tool “judgement approach” took place whereby the wards reported their WTEs and this was then matched to their budgeted staffing.

The second part of the Tool was completed on a daily basis by all wards and looked at the staffing requirements against the dependencies of the Services users on the ward at that time. The Tool then outlines the minimum staffing levels for each day. There are 4 dependency levels ranging from self care to patients on nursing observations. All Service Lines took the approach of 2-3 dependencies for each shift and the average of nursing staff required agreed.

The results were then discussed with each Service Line Director to sign off the safe staffing levels required and outcomes are as follows.

4. Acute Service Line

Service Line Director and Assistant Director discussed the findings. Discussion took place around **A&E Liaison Service** and the current staffing during commissioned hours are as follows:

East Kent Hospital – 3 registered nurses
Medway Hospital – 2 registered nurses
Maidstone Hospital – 2 registered nurses
Pembury Hospital – 2 registered nurses
Dartford Valley Hospital – 2 registered nurses

Crisis Home Treatment, as the Tool was not designed for these Services, agreement on safe staffing levels has been set as follows:

CRHTs

North East Kent – 8, 8, 3 (6,6,2 Registered Nurses. max caseload 30)
South East Kent – 6, 6, 3 (4,4,2 Registered Nurses. max caseload 20)
Maidstone – 7, 7, 3 (5,5,2 Registered Nurses. max caseload 25)
Dartford – 5, 5, 3 with plans to increase to 6, 6, 3 (4,4,2 Registered Nurses. max caseload 20)
Medway – 6, 6, 3 with plans to increase to 8, 8, 3 (6,6,2 Registered Nurses. max caseload 30)

The size of the teams is population based and the increases in Dartford and Medway had already been agreed in budget setting.

The Service Line has also made the decision to recruit into their headroom of 21% which will enable less reliance on NHSP. This was a sum of money that is in the ward budget and was used to pay for NHSP/agency cover for annual leave, training and long term sickness. By using the headroom, this will give the wards substantive staff who can cover these areas rather than relying upon temporary staff

The Service Line also agreed the outcomes of the Hurst Tool and signed off all wards. The assumptions for staffing levels have been made on the following staffing numbers per shift for an early, late or night shift and if there's a higher level of need on a shift, additional staff will be obtained.

The table below identifies the number of nurses required each shift, the difference required to fill these shift per ward and the total annual cost. These have been based on two patients at any one time being on enhanced observations.

<u>Acute Wards</u>	Total staffing number per shift for an early, late and night	Total WTE difference needed per ward	Total Annual Cost £000s
	Early-late-night		
Emerald	6 - 6 - 3	0.00	
Sapphire	6 - 6 - 3	0.00	-
DVH	6 - 6 - 3	0.00	
Willow	6 - 6 - 3	2.00	72.6
Woodlands	6 - 6 - 3	0.00	-
Fern	6 - 6 - 3	0.00	-
Foxglove	6 - 6 - 3	0.00	-
Amberwood	6 - 6 - 3	0.00	-
Amherst	6 - 6 - 3	0.00	-
Bluebell	6 - 6 - 3	0.00	-
Brocklehurst	6 - 6 - 3	0.00	-
TOTAL		2.00	72.6

It was acknowledged that the Acute Service Line has had investment with staffing over the last few years apart from PICU.

5. OPMHN & Specialist Service Line

The Service Line Director, Assistant directors and Lead nurses met to discuss the finding of the Tool. The Service Line made adjustments to the Tool to factor in having two registered nurses at night as per national guidance. Following use of the Tool, a requirement of 16.85 WTE at various bands was identified.

The OPMH and Specialist Service Line made the following assumptions in their use of the Hurst Tool:

It is assumed that a minimum of two qualified nurses per shift are required on all wards, and at night, This will ensure a safe and effective nurse/patient ratio and will deliver a higher quality Service.

The Service Line has already recruited to its headroom of 21% due to issues of quality with the Trust's chosen provider of bank and agency staff – NHSP.

It is assumed that the deputy ward manager post is included in the registered WTE numbers, but that the ward manager would be supernumerary.

The NHS Continuing Care Units at Frank Lloyd in Sittingbourne and Ogden in Thanet have been included in the Hurst Tool exercise and their staffing levels are set out below. However these wards have been removed from the overall financial calculations for required WTEs, as these Services are subject to separate contract arrangements, and additional staff are currently being funded through SPOT bed purchasing.

For OPMH Community Services, the Service Line is undertaking a comprehensive review of current provision, using the same methodology as the CRSL. This review has more work to do, and therefore describing an agreed safe staffing level for these Services will be set when it is completed.

For Eating Disorder Unit and the West Kent Neuro Rehab Unit, there was not a national benchmarking Tool therefore some benchmarking with other Trusts is required. This has been completed for the WKNRU and additional staffing was added to the Unit last year. It will be carried out for the Eating Disorders Unit

All other wards requirements were agreed and signed off and are as follows

<u>Wards</u>	Total staffing number per shift for an early, late and night	Total WTE difference needed per ward	Total Annual Cost £000s
	Early-late-night		
Cranmer	6 - 6 - 4	1.70	70
Woodchurch	5 - 5 - 4	0.00	0
Sevenscore	7 - 6 - 4	1.59	39
Ruby	6 - 5 - 4	1.70	70
Jasmine	6 - 6 - 4	3.39	112
Littlestone	7 - 6 - 4	5.08	153
The Orchards	6 - 6 - 4	3.39	112
WKNRU	5 - 5 - 4	-	-
Ogden Unit	6 - 6 - 4	-	-
TOTAL		16.85	556

Break down for Registered and Unregistered staff required		
Ward	Registered	Unregistered
Cranmer	+2.26	-0.56
Woodchurch	-0.04	-0.06
Sevenscore	-0.04	1.63
Ruby	+2.26	-0.56
Jasmine	+2.26	+1.13
Littlestone	+2.26	+2.82
Orchards	+2.26	+1.13
Total	11.26	5.59

6. Community Recovery Service Line

A considerable amount of work is being completed on the staffing requirements for this Service Line and it continues to be an evolving picture which is being built upon.

There is currently no national Tool to calculate staffing requirements within Community Mental Health Teams as this is a complex area when addressing case loads sizes, contact numbers, complexity of care needs and staffing roles.

The Rehabilitation Units which sit within this Service Line have completed the Hurst Tool but The Hurst Tool and the submissions did not accurately reflect the daily operations of the In-patient Rehabilitation Units, or how staff are deployed to cover duties, both within and outside of the Unit environments.

Registered and Unregistered staff are required to spend time working outside the rehabilitation Units for:

- Escorting patients to assess their daily living skills, access leisure, educational and vocational activities, and visits to potential placements or their home environments.
- Escort patients for ECT treatment, or to attend MHA Tribunals which are not held on the Units.
- Carry out assessments in the Community, out of area placements, and in other in-patient Units.
- Take part in post-discharge outreach assessments and visits.
- Facilitate group activities off the Units, which are then accessed by patients from other Units across the Rehabilitation Service.
- Transfer patients to and from acute Services.

In addition, staff are used flexibly to ensure Primary Nurses can attend clinical reviews whenever possible, facilitate assessments on the Units and have some allocated time to attend to other lead or link roles such as Health and Safety, Infection Control etc., which is vital, as there are relatively low numbers of staff on the Units, and the qualified staff can often have several lead roles allocated to them.

Unit staff will also spend time working with and supporting clients to prepare meals, maintain their environment and attend to other daily living skills. These activities would not be factored into the time of staff in other Services.

The Service Managers and Service Director is satisfied that current staffing levels in the Rehabilitation Units are adequate to maintain safety and good standards of care, and are satisfied that Unit Managers use, and allocate, the resources available to them effectively and efficiently. There are no quality indicators that would indicate this is not the care

Therefore there is not a requirement for extra staffing resources, at night, and the Unit Teams have long-established processes in place to cover break times, to escalate staffing difficulties, and to respond to unexpected changes in the patient profile. Staffing levels are set out below

<u>Rehabilitation Units</u>	Total staffing number per shift for an early, late and night	Total WTE difference needed per ward
	Early-late-night	
111 Ethelbert Road	3 - 3 - 2	0.00
111 Tonbridge Rd	2 - 2 - 2	0.00
Davidson	4 - 5 - 3	0.00
Newhaven Lodge	2 - 2 - 2	0.00
Rivendell	3 - 2 - 2	0.00
Rosewood Lodge	3 - 3 - 2	0.00
The Grove	3 - 3 - 2	0.00

There is no national Tool to use for Community Team so CRSL Teams have been working for sometime on this using the mini index deprivation scores, as well as the latest census and deprivation data. In addition benchmarking was undertaken triangulating patient safety data and performance data against targets to find the best performing Teams. The current position identified to date for nursing based on the current service model within Community Teams can be seen below.

<u>CRSL SUMMARY</u>	Role	Band	Current WTE	Proposed WTE	Difference WTE (= decrease)
	Service Manager	8a	9.60	9.00	(0.6)
	Team Leader/Lead Nurse	7	32.10	27.00	(5.1)
	Community Nurse	6	116.00	79.00	(37.0)
	Community Nurse	5	7.05	34.00	27.0
	Support Worker	4	1.00	29.50	28.5
	Support Worker	3	20.15	22.00	1.9
	TOTAL CRSL		185.90	200.50	14.60

All plans have been Quality Impact Assessed and the supervision arrangements will be critical. In addition with Community Teams, numbers of other staff groups in a locality are critical to setting nursing figures. This is being considered in the worker work being completed

7. Forensic Service Line

The Service Line Director and Lead Nurse met to discuss the findings of the Hurst Tool. The complexity of the wards was factored into the Tool and the dependencies part of the Tool factored in 2-3 dependencies on average per day. It was acknowledged that not all wards would require two registered nurses on at night as there would be an extra registered nurse to cover both sites which would allow for breaks etc.

On using the Hurst Tool the following clinical judgements were identified based on patient's daily needs.

- Leave allocation for patients
- Activities for patients, including All Daily Living activities (ADL) where assistance may be needed
- Patient observation levels
- Patient CPA meetings, tribunals, visits
- Ward environments/layout

There are many other areas to consider when staffing the wards and this changes constantly, some situations where a substantial number of extra staff are needed are:

- Court appearances (often require an additional 3-4 staff members)
- Hospital appointments (often require an additional 2-4 staff members)
- ECT appointments (often require an additional 3-4 staff members)
- Transfers to another hospital (often require an additional 2-4 staff members)
- Transfers to discharge placements (often require an additional 1-2 staff members)
- Responding to immediate incidents, such as AWOL (varies)

However these are not constant so are indicators that when they occurred would require additional staff from the baseline ward establishment rather than having the ward staffed to this level at all times

Exceptions

Both Allington and Penshurst ward have two separate clinical areas within their one ward that includes a High Dependency (HDU) area. Therefore the staffing number needs to be greater on these wards to reflect the need to staff both of the areas.

Allington requires an additional 3 WTE staff due to the nature of the ward. Allington cares for patients at all stages of their recovery pathway, including HDU care, acute, rehabilitation and pre-discharge. This means that significant staffing numbers are needed to address the wide range of patient needs. Some work recently with the Allington staffing Team showed that often staff were frustrated, impacting morale due to feeling that the current staffing number they work per shift was too low to meet the patient's needs. The staff wanted to carry out more activities with the patients, self catering assessments, leave etc., and it was therefore felt and seen visually by senior staff completing shifts on the ward, that the staffing number per shift needed to be increased to meet patient needs. This was clearly identified from the use of the Hurst Tool Tool and to date the team have been using additional staff through NHSP .

Riverhill and Marle – These are 10 bedded learning disability wards which often appear as though they have a greater staffing ratio each shift compared to many other areas. The reason for this is often due to safeguarding/safety concerns from patient to patient. There are often longer term eye sight observations for patients on these wards due to the safeguarding risk and therefore require more staff per shift.

<u>Wards</u>	Total staffing number per shift for an early, late and night	Total WTE difference needed per ward	Total cost £000
	Early-late-night		
Penshurst	7 - 7 - 7	0.00	0
Groombridge	5 - 5 - 3	-2.00	-50
Emmetts	6 - 5 - 3	1.50	37
Bedgebury	4 - 4 - 2	1.30	32
Walmer	6 - 6 - 4	1.00	25
Allington	8 - 8 - 7	3.00	76
Riverhill	7 - 6 - 4	1.50	37
Marle	6 - 6 - 3	-1.50	-37
Brookfield	6 - 6 - 3	0.00	0
Birling (6 Beds)	5 - 4 - 2	0.00	0
Bridge House (5 beds)	4 - 4 - 2	0.00	0
Qualified Across Sites		4.60	189
TOTAL		9.40	310

Once recruited to the 21% head room on every ward with substantive staff, pressures of staffing cover would reduce, and reduce the further pressure of NHSP. However, if a short term need for staff is required due to staff sickness, many of the wards can reduce by one member of staff per shift and still remain safe although some therapeutic activities would be affected such as patient leave.

An Increase on both the Maidstone and Dartford site by one registered nurse at night, seven days per week has been identified to allow registered staff a dedicated break undisturbed.

The Service Line looked at the dependencies of the patients, and although often have considerable times where extra staff need to be brought in to manage the patient demand such as a court appearances etc, the Service line manages this by the need to increase the staffing as and when required.

In addition over the next few months an attempt to benchmark staffing numbers on Forensic Units with other centres will also be carried out.

8. Escalation policy

An escalation policy is being developed by all Service Lines. This policy will cover what happens in the event of staff shortages and the process to follow for each Service Line to escalate concerns. This is currently being developed by the Safer Staffing sub group and will go the Quality Committee for ratification.

9. Recruitment and Retention

A recruitment and retention strategy group has been set up who will develop a strategy for the Trust. This group will meet in March and will look at a more proactive response in recruiting and retaining good staff.

Some possible initiatives would be

- Active attendance at recruitment fairs
- Recruitment in from a wider geographical area
- Changes in recruitment processes

10. Reporting

Exception reports will be reviewed at the Executive Management Team Meeting (EMT) on a weekly basis and breaches reported by the Service Lines. The expectation is that safe staffing is reported at each Service Line governance meeting on a monthly basis.

All wards will display their staffing establishments shift by shift.

11. Discussion

It is important to recognise that professional judgement is required on a shift by shift basis and if the needs/dependencies increase then the expectation will be that the ward increases their staffing levels.

All Service Lines have either recruited or are in the process of recruiting into their headroom. This will enable a lesser reliance on NHSP and provide a continuity of quality care.

As previously described, there is an expectation that wards will now have two registered nurses on at night or an extra nurse that will work between wards and will enable other staff to have dedicated breaks. This has been factored into the costings. Rehabilitation Units will continue to have one registered nurse at nights as outlined above.

It is proposed to review our dashboards to capture gaps in staffing levels and triangulate with other quality data i.e. SI, complaints and incidents of violence and aggression. This will be discussed further with the quality committee

The summary of the estimated annual financial pressure compared to 2013/14 budget is shown below

	Increase in WTE above budget levels	Estimated Annual Cost of additional staffing £000s
Forensic	9.40	310
Acute	2.00	72.6
OPMH	16.85	555.5
CRSL	14.60	180.00
Total	50.85	1,118.1

This table includes the reinstatement of the CRES that was previously part of Trust plans in CRSL which would offset the actual staffing increase as £180k was already in the plans.

It is proposed that the funding will be added to the budgets when recruitment has taken place or bank/agency staff has been identified and provided and the costs of this initiative will be reported to the Board.

Recommendation

- For the Board to agree the safer staffing methodology and the staffing identified.
- To note the progress being made in CRSL
- For updates on Community Teams Older Adults, Eating Disorders and Emerald ward to be provided to the May Board
- To agree that the completion and outcomes of the Forensic benchmarking is brought to the May Board
- To note that the completion of all this work may result in further costs.