



SOMERSET PARTNERSHIP NHS FOUNDATION TRUST

SAFER STAFFING REPORTING REQUIREMENTS AND RECOMMENDED STAFFING LEVELS

Report to the Trust Board – 27 May 2014

Sponsoring Director:	Director of Nursing and Patient Safety.
Author:	Director of Nursing and Patient Safety.
Purpose of the report:	<p>To brief the Board on the new responsibilities and reporting requirements following the “Hard Truths Commitment to Safer Staffing” report.</p> <p>To seek approval for the recommended staffing levels for community hospital and mental health inpatient wards.</p>
Key Issues and Recommendations:	<ul style="list-style-type: none">• following the report into the failings of the Mid Staffordshire NHS Foundation Trust, the Government issued new requirements for all Trust in relation to the staffing levels on each of their inpatient wards;• the Board is required to take full responsibility for the quality of care provided to patients, and take full responsibility for nursing and care staffing capacity and capability;• the Director of Nursing is required to recommend staffing levels for each shift on every ward, and the Board is required to review and approve the recommended staffing establishment for each ward;• the Trust is required to publicly confirm the recommended staffing levels, the funding and action required to achieve them and the headroom that has been included to cover sickness and training;• each month the Board needs to be advised about any wards where staffing falls short of the recommended levels required to provide quality care, the reasons for the gap, the impact and actions taken to address the gap;• the Board should ensure that the Executive Team is supported to take decisive action to protect patient safety;

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	<ul style="list-style-type: none">• the Trust needs to publish the report on the Trust website on a monthly basis;• the enclosed report makes recommendations for staffing levels by shift in each ward in each of the thirteen community hospitals. It is recommended that the Trust moves to a ratio of one registered nurse to seven patients during the day (one to ten overnight) and a 50:50 ratio of registered nurses to health care assistants. This would require an additional investment of £2,039,000 for a full year. It is recommended that seventeen community hospital beds are closed to support the new establishments;• the enclosed report makes recommendations for staffing levels, by shift in each inpatient mental health ward. It is recommended that the Trust moves to a ratio of one registered nurse to seven patients during the day (one to ten overnight) and a 50:50 ratio of registered nurses to health care assistants. This would require an additional investment of £540,406 for a full year. It is recommended that nine beds are closed to support the new establishments.
Actions required by the Board:	<ul style="list-style-type: none">• the Board is asked to note the Hard Truths Safer Staffing reporting requirements and the Trusts implementation action plan;• the Board is asked to approve the recommended community hospitals and mental health inpatient ward level establishments and note the financial impact.

HARD TRUTHS COMMITMENTS - PUBLISHING STAFFING DATA

1. PURPOSE

- 1.1 There are well established and evidenced links between patient outcomes and whether organisations have the right people with the right skills, in the right place at the right time. Research demonstrates that staffing levels are linked to the safety of care and that staff shortfalls increase the risk of patient harm.
- 1.2 The Royal College of Nursing report into Older Peoples Wards (2012) provides evidence that there is a threshold below which care becomes compromised. A combination of lack of registered nurse time and a poor skill mix means that there is not enough time and skill to satisfactorily deliver activities such as comforting and talking to patients yet it is recognised that this is of fundamental importance and high value for patients and a source of distress for nurses if this is compromised.
- 1.3 Activities that are likely to be compromised include communication, promoting mobility, preventing falls, changing position to prevent pressure ulcers, helping patients with food and drink and giving information to families and carers.
- 1.4 On 31 March 2014, the Chief Nursing Officer for England, and the Chief Inspector of Hospitals jointly wrote to all chief executives of Trusts providing clear guidance on the delivery of the “Hard Truths Commitments” and in particular those associated with the requirement to publish staffing data regarding nursing, midwifery and care staff.
- 1.5 This paper summarises the key actions required by the Trust to meet the actions required within the national guidance.
- 1.6 The Board is specifically required to formally agree the staffing establishments for each ward noting the cost to deliver and the ongoing reporting requirements. This paper therefore contains two documents in the appendix detailing the recommended staffing levels for the Trusts community hospital and mental health inpatient wards.

2. BACKGROUND

- 2.1 Compassion in Practice was released in December 2012, and emphasised the importance of getting staffing levels right. The Board approved the Nursing and AHP Strategy for delivering Compassion in Practice at the Board meeting in January 2014 and this is currently being implemented.

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Learning from Francis

2.2 Evidence to the Mid Staffordshire Enquiry suggested that Mid Staffordshire NHS Foundation Trust did not have reliable nursing establishment figures. As a result three specific recommendations were made by Robert Francis QC:

- recommendation 23 – NICE to develop evidence based tools for establishing what each service is likely to require as a minimum in terms of staff numbers and skill mix;
- recommendation 195 – nurse ward managers should operate in a supervisory capacity, visible to patients and staff and to act as a role model and mentor;
- recommendation 205 – seek and record the advice of the Nursing Director on quality and safety on major change.

Learning from Keogh

2.3 The Keogh review identified the following:

- there was a dissonance between the nursing establishments, staff in post and staff available on each shift;
- there were inadequate staffing levels on night shifts and weekends;
- there was a poor skill mix;
- assistant practitioners were counted in the registered nurse numbers.

Berwick Recommendations

2.4 Amongst the recommendations made by Don Berwick as part of his review of patient safety, the following specific recommendations were made with regards to staffing levels

- the Government, Health Education England and NHS England should assure that sufficient staff are available to meet the NHS needs now, and in the future. Health care organisations should ensure that staff are present in appropriate numbers to provide safe care at all times, and are well supported;
- Boards and leaders of provider organisations should take responsibility for ensuring that clinical areas are adequately staffed in ways that take account of varying levels of patient acuity and dependency, and that are in accord with scientific evidence about adequate staffing.

Responding to Francis, Keogh and Berwick

- 2.5 At the end of November 2012, the National Quality Board issued guidance to optimise nursing, midwifery and care staffing capacity and capability in 'How to ensure the Right People with the Right Skills, are in the Right Place at the Right time – a Guide to Nursing, Midwifery and Care Staffing Capacity and Capability'.
- 2.6 The Government also made a number of commitments in "Hard Truths: The Journey to Putting Patients First" which was released in January 2014. One commitment was to make information on how hospitals are being run publically available. Specifically this included a commitment to publish staff data (in the public domain) from April and, at the latest by the end of June 2014.

New Bard responsibilities for ensuring Safer Staffing is in place

- 2.7 Trust boards are required to 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.

In order to do this the Board is now required to:

- agree staffing establishments;
- consider the impact of wider initiatives such as the cost improvement plans;
- monitor staffing capacity and capability through regular reports on the actual staff on duty on a shift by shift basis, versus planned staffing levels;
- examine trends in the context of key quality and outcome measures;
- review recruitment, training, skills, experience and management of nurses and give authority to the Director of Nursing to oversee and report this at Board level.

How will this be achieved?

- 2.8 The Board should receive a report describing the current staffing capacity and capability following an establishment review, using evidence based tools where possible. This should be reviewed by the Board at least every six months. The report should cover the following points:
- the difference between the current establishment and the recommended following use of an evidence based tool;

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- what allowance has been made for planned and unplanned leave;
- details the amount of supervisory time included in the establishment for ward sisters/charge nurses;
- evidence the triangulation of an evidence based tool and professional judgement;
- confirm the skill mix ratio before and after the review;
- detail the plans to finance any additional staff;
- how the gap in current staff in post and current establishment (i.e. vacancies) is being covered and resourced;
- current workforce metrics such as sickness absence turnover, temporary workforce;
- information against key quality indicators such as the Patient Safety Thermometer, SIRI's, health care associated infections.

2.9 In addition the Board should receive monthly updates on workforce information. This should include the following:

- the number of actual staff on duty the previous month compared to the planned level;
- the reasons for any gaps, and the actions taken to address these;
- the impact on key quality and outcome measures.

2.10 The Board papers should be discussed at a Public Board meeting and should make clear recommendations. Actions agreed by the Board should be recorded.

2.11 The Board report containing the details of the planned and actual staffing levels for the previous month must be published on the Trust's website, and Trusts are expected to link or upload the report to the relevant page on NHS Choices. This information will inform hospital inspections by the CQC.

2.12 The expectation is that all Trust Boards will be reviewing the monthly data by the end of June 2014 at Public Board meetings. Where there are months where the Board does not meet in public, a report should be prepared and discussed at the next public meeting.

Actions for Somerset Partnership NHS Foundation Trust

- 2.13 In December 2013 The Board received and approved a paper by the Interim Director of Nursing who recommended that the Trust utilises the Royal College of Nursing 'Guidance on Safe Nurse Staffing Levels in the UK' (2010) and "Safe Staffing for Older People's Wards" (2012) when setting safe staffing levels for Community Hospital inpatient Wards.
- 2.14 The report received approval for an additional investment of £1.3m in order to uplift the community hospital ward establishments in line with the agreed principles detailed in the paper, whilst realigning the number of community hospital beds.
- 2.15 With the later release of the National Quality Board guidance and the Government's response to the recommendations made by Francis in the "Hard Truths" document, it has been recognised that more detailed work needed to be completed at individual ward level in order to confirm the current and recommended staffing establishment in line with the latest Safer Staffing reporting requirements.
- 2.16 A more detailed review of the current ward and recommended establishment for each community hospital ward is attached as Appendix One.
- 2.17 The Trust was already undertaking a review of the mental health inpatient wards establishments and this has now been revised in line with the latest Safer Staffing Guidance. The recommended establishment for each ward is attached in Appendix Two.
- 2.18 In order to oversee the full implementation of the Safer Staffing reporting requirements, the Trust has launched a Task and Finish Project Group, chaired by the Director of Nursing and Patient Safety which has been meeting weekly. Progress is monitored by the Chief Executive at the Executive Team meeting with a target date for full implementation by the end of September 2014. A copy of the implementation action plan is attached in Appendix Three.

Impact

- 2.19 The full year financial impact of implementing the recommended staffing levels for the community hospital wards in full, from 3 June 2014 is £2,039,000. This reflects the requirement to increase the headroom in the existing ward budgets from 10% to 22% and employ an additional 26.74 wte registered nurses and 30.78 wte health care assistants. The full details can be found in Appendix One.
- 2.20 The full year financial impact of implementing the recommended staffing levels for the mental health inpatient wards in full, from 3 June 2014 is £540,406. This reflects the requirement to employ an additional 19.4

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wte registered nurses and reduce the number of health care assistants by 4.6 wte. The full details can be found in Appendix Two.

- 2.21 Taking into consideration the importance of moving all wards to the new recommended staffing levels from 3 June 2014, together with the requirement to recruit additional staff, the Chief Operating Officer is currently developing transitional plans to achieve this within an appropriate bed base.

3. NEXT STEPS

- 3.1 The Board is asked to note the “Hard Truths Safer Staffing” reporting requirements and the Trust’s implementation action plan.
- 3.2 The Board is asked to approve the recommended community hospitals and mental health inpatient ward level establishments and note the financial impact.

DIRECTOR OF NURSING AND PATIENT SAFETY

Links to Strategic Objectives:	<ul style="list-style-type: none"> • we will ensure that the Trust meets the requirements of key national bodies and implements the key recommendations arising from national reports and enquiries; • we will aim to ensure that our services to our patients continue to be of the highest standard and meet identified national and local priorities; • we will continue to develop the Trust’s open, honest, transparent culture, reflecting our values; • we will ensure that the Trust has effective leadership arrangements in place; • we will develop and train our staff, and equip them with the skills to deliver the highest standards of care to our patients.
Links to the Assurance Framework:	<ul style="list-style-type: none"> • failure to maintain the minimum care standards in line with the requirements of the Health and Social Care Act, leading to intervention by the Care Quality Commission and Monitor; • failure to meet the needs and challenges of an increasingly elderly population in Somerset, leading to deterioration in quality, safety and patient experience.
Links to the NHS Constitution:	<ul style="list-style-type: none"> • Quality of care and environment • Respect, consent and confidentiality; • Complaint and redress.
Links to CQC Outcomes:	<ul style="list-style-type: none"> • Outcome 13: Staffing; • Outcome 16: Assessing and monitoring the quality of service provision.
Legal or statutory implications/ requirements:	<ul style="list-style-type: none"> • Quality Board paper ‘How to ensure the right people , with the right skills, are in the right place at the right time’; • NHS England response to Francis ‘The Hard Truths Commitment to Care’.
Public/Staff Involvement History:	<ul style="list-style-type: none"> • none.

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Previous Consideration:	The Board received a paper setting out the basis for developing staffing establishments in community hospitals in December 2014 and investment of £1.3m was agreed.
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DELIVERING SAFE STAFFING LEVELS IN COMMUNITY HOSPITAL WARDS

1. At the December 2013 Board meeting, the Board agreed an additional investment of £1.3m in order to uplift the community hospital ward establishments. It was acknowledged that the number of community hospital beds in each ward may need to be re-aligned to achieve this within the funding identified.
2. At the same meeting the Board received and approved a paper by the Interim Director of Nursing who recommended that the Trust utilises the Royal College of Nursing “Guidance on Safe Nurse Staffing Levels in the UK” (2010) and “Safe Staffing for Older People’s Wards” (2012) when setting safe staffing levels for Community Hospital inpatient Wards.

Key elements of these two sets of guidance are as follows

- minimum staffing levels should not be universally set across older peoples wards;
 - recognition that there is a threshold of staffing numbers below which care is compromised. The threshold is at least one registered nurse for seven patients. For basic safe care the overall staffing levels should not drop below one member of staff to 3.3 to 3.8 patients (depending on acuity);
 - this excludes the ward sister/senior charge nurse, who should be supervisory;
 - this also excludes any additional requirements to provide one-to-one care or other support for high risk or dependent patients;
 - ward sisters/charge nurses should be empowered to make decisions on safe staffing for their area and should have rapid access to additional nursing resource during periods of high patient acuity, dependency and risk;
 - patient sensitive metrics need to be developed that recognise the full nursing contribution, including compassionate care, communication and its impact on patient experience and outcomes.
3. In addition the Board approved a series of additional recommendations which included the following
 - the registered/unregistered ratio throughout the daytime hours should be 50/50 as an absolute minimum;

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- to enable the Ward Sister's and Charge Nurses to undertake their supervisory role as detailed in the RCN document 'Breaking Down Barriers, Driving Up Standards';
- ensure environmental factors are taken into account at all stages of implementing Safer Staffing;
- hand-overs should be reviewed to ensure they are efficient and effective. Safety briefings to become a core element of all handovers recognising lessons learnt from incident and investigations;
- E-rostering should be rolled out across the Community Hospital wards;
- further develop and implement a community hospital patient dependency tool, which will identify the need for additional nursing support at times of high dependency within the wards;
- proactively and robustly manage the nurse vacancies;
- implement a robust temporary workforce system to include bank and agency workers.

4. KEY PRINCIPLES FOR SAFER STAFFING LEVELS IN COMMUNITY HOSPITALS

- 4.1 After the Board approved the additional investment in community hospitals, the Department of Health published 'Hard Truths – The Journey to Putting Patients First' in January 2014. The publication of this document triggered a further review of the community hospital staffing levels to ensure that all of the new requirements would be met.
- 4.2 As a result, a number of key principles for safer staffing in community hospitals have been developed by The Director of Nursing and Patient Safety and agreed with the Chief Operating Officer. These have resulted in a refinement of the original proposal that was approved by the board in December 2013.

Key Principles:

- all wards should have enough staff to maintain staffing numbers across the entire early and late shift using a ratio of 1:7 (1 registered nurse to every 7 patients) with no reduction during the evening period. This is in line with the RCN guidance on Safe Staffing for Older Peoples Wards;
- for the three stroke units (South Petherton, Williton and Shepton Mallet community hospitals) the requirement is for a ratio of 1:6 (1 registered

nurse to every 6 patients) with no reduction during the evening period. This is in line with the national stroke staffing recommendations;

- a mid shift on wards should be introduced for some wards where the environment requires an extra staff member on duty to increase the visibility. This will principally be used for wards where there are large numbers of single rooms or the ward layout means that not all patients can be immediately and easily observed. This shift will cover both lunch and dinner times where patients may require additional support with their meals, and will also cover two medication rounds where patients may need help to take their medication;
- every ward should work on a ratio of 1:10 (one registered nurse to every ten patients) for the overnight shift;
- ensure that all wards have enough staff employed to cover what is called “headroom”. This means that instead of relying on temporary staff such as bank or agency staff to cover staff absence due to holidays and training, the ward will employ enough of their own staff to cover this. For community hospitals this has meant that each ward requires “headroom” of 22%;
- the recommended establishments are **not minimum** staffing levels but should be considered as core levels which may be increased in line with dependency of the patients or decreased if there are beds closed. The responsibility for assessing the risk and the impact of the establishment when the **actual** establishment does not meet the **recommended** establishment on any one shift – will lie with the ward sister or shift leader;
- recruiting to the establishment in every ward should significantly reduce the reliance on the temporary workforce including both bank and agency. The requirement for a bank budget will therefore be significantly reduced.

5. RECOMMENDED STAFFING LEVELS FOR EACH WARD IN THE COMMUNITY HOSPITAL

- 5.1 Using the principles as detailed in 2.2, Table One details the recommended staffing levels for every community hospital ward for each shift.
- 5.2 In order to meet the recommended ratios of one registered nurse to seven patients, it is recommended that the bed complement in seven wards (six hospitals) is reduced slightly. This ensures that the cost per bed is not excessive. It is not anticipated that this will cause a problem due to the current levels of bed occupancy in each of the hospitals. Alternative use of these beds to include day treatments should be explored.

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The proposed change to the bed compliment is detailed below.

Community Hospital	Current bed No's	Proposed	Difference
Burnham on Sea	22	20	-2
Dene Barton - Lydeard ward	19	14	-5
Minehead	17	14	-3
Wellington	11	10	-1
West Mendip – Abbey ward	16	14	-2
Wincanton – Hadspen ward	16	14	-2
Wincanton – Athlone ward	12	10	-2

6. IMPLEMENTING SAFER STAFFING LEVELS FOR EACH COMMUNITY HOSPITAL WARD

- 6.1 It is proposed that the Safer Staffing ward establishments are implemented from the first week in June. All ward sisters, or their representative, have attended a Safer Staffing workshop in May 2014 where the establishments and new reporting requirements have been discussed.
- 6.2 For community hospitals there is a significant change in the way that establishments for each ward have been calculated to ensure that every ward has enough of their own employed staff to meet the Safer Staffing levels for each shift. This includes increasing the headroom from 10% as it is currently, to 22% to ensure that registered nurses and health care assistants are available to cover both planned and unplanned leave (holidays, training and sickness cover).
- 6.3 The number of additional registered nurses and health care assistants required for each ward in order to meet Safer Staffing recommended levels is explained in Table Two. This is called a gap analysis and shows that there is a requirement for 26.74 additional registered nurses, and 30.78 additional health care assistants to be recruited.
- 6.4 Implementation of the recommended establishments will require a robust recruitment programme which is currently being developed by the Trusts recruitment team.
- 6.5 Pending recruitment to the full staffing establishment, and in order to optimise the number of wards achieving the required staffing levels from the beginning of June 2014, the Chief Operating Officer is developing an implementation plan.
- 6.6 In order to be able to efficiently roster staff on every shift and record every shift where the recommended staffing level have not been met (including the reason and impact), there is a requirement to implement E-rostering in

community hospitals. A project group has already been established with a target date for implementation this summer. In the interim, a manual recording system has been developed and will be implemented until such time as e-rostering is in place.

- 6.7 The Hard Truths recommendations requires trusts to consider the role of the ward sister/charge nurse and have in place plans to move to full supervisory status . This means that the ward sister/charge nurse is not counted in the shift numbers and this is called being “supernumerary”. This allows the ward sister time to focus on leading her team, to undertake teaching and observations of junior staff , time to meet relatives and to ensure that the clinical quality of the care being provided in as high as possible. All wards sisters/charge nurses in community hospitals wards currently have two days a week to be “supernumerary”. It is proposed that consideration is given to increase this in April 2015 to three days per week.

7. THE COST TO IMPLEMENT THE RECOMMENDED STAFFING LEVELS IN COMMUNITY HOSPITALS

- 7.1 The total cost of implementing the new establishments in community hospitals is £2,039,000.

This is made up of:

- cost to recruit additional staff to meet recommended staffing levels for each shift - £1,067,000;
- additional cost to ensure that the current establishment has adequate “headroom” to provide cover for planned and unplanned leave - £972,000.

8. RECOMMENDATION

- 8.1 The Board is asked to approve the recommended staffing establishment for each ward to include the reduction of beds where this is indicated.

9. NEXT STEPS

- 9.1 The Board will receive a monthly report explaining where the recommended staffing levels have not been met, why this is and the impact that this has had.
- 9.2 In line with the Hard Truths requirements the Board will receive a review of the recommended staffing levels in November 2014 and six monthly thereafter.

DIRECTOR OF NURSING AND PATIENT SAFETY

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Table 1 – Recommended community hospital ward establishment levels - May 2014

	Beds Current	Beds New	EARLY RN	EARLY HCA	MID SHIFT HCA	LATE RN	LATE HCA	NIGHT RN	NIGHT HCA	Day ratio RN : PT	Night Ratio RN:PT
Bridgwater Hospital	30	30	5	5	1	5	5	3	3	1:6	1:10
Burnham	22	20	3	3	1	3	3	2	2	1:6.6	1:10
Chard	20	20	3	3	0	3	3	2	2	1:6.6	1:10
Crewkerne	20	20	3	3	0	3	3	2	2	1:6.6	1:10
Dene Barton - Lydeard	19	14	2	3	1	2	3	2	2	1:7	1:7
Dene Barton - Luke	20	20	3	3	1	3	3	2	2	1:6.6	1:10
Frome	26	26	4	4	0	4	4	3	2	1:6.5	1:8.6
Minehead	17	14	2	2	1	2	2	2	2	1:7	1:7
Shepton Mallet	16	16	3	3	0	3	3	2	2	1:5.3	1:8
South Petherton	24	24	4	4	0	4	4	3	2	1:6	1:8
Wellington	11	10	2	2	0	2	2	1	2	1:5.5	1:10
West Mendip - Cathedral	20	20	3	3	0	3	3	2	2	1:6.6	1:10

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	Beds	Beds	EARLY	EARLY	MID SHIFT	LATE	LATE	NIGHT	NIGHT	Day ratio	Night Ratio
West Mendip - Abbey	16	14	2	2	0	2	2	2	1	1:7	1:7
Williton	20	20	4	4	0	4	4	2	3	1:5	1:10
Wincanton - Athlone	12	10	2	2	0	2	2	1	2	1:5	1:10
Wincanton - Hadspen	16	14	2	2	0	2	2	2	1	1:7	1:7

Table 2 - Gap Analysis. The number of additional Registered Nurses and Health Care Assistants required to meet Safer Staffing levels.

SOMERSET PARTNERSHIP NHS FOUNDATION TRUST

Community Hospital ward staff gap analysis

	<u>Current budget</u>				<u>Proposed budget</u>				<u>Gap</u>			
	<u>Sister admin</u>	<u>RN (including rostered Sister)</u>	<u>HCA</u>	<u>Total</u>	<u>Sister admin</u>	<u>RN (including rostered Sister)</u>	<u>HCA</u>	<u>Total</u>	<u>Sister admin</u>	<u>RN (including rostered Sister)</u>	<u>HCA</u>	<u>Total</u>
<u>Bridgwater</u>	0.40	25.70	29.50	55.60	0.40	22.20	23.91	46.52	-	3.50	5.59	9.08
<u>Burnham</u>	0.40	12.18	10.98	23.56	0.40	14.12	15.83	30.35	-	(1.94)	(4.85)	(6.79)
<u>Chard</u>	0.40	12.56	8.83	21.79	0.40	14.12	14.12	28.64	-	(1.56)	(5.29)	(6.85)
<u>Crewkerne</u>	0.40	11.94	8.81	21.15	0.40	14.12	14.12	28.64	-	(2.18)	(5.31)	(7.49)
<u>Dene Barton - Luke</u>	0.40	10.62	9.30	20.32	0.40	14.12	15.83	30.35	-	(3.50)	(6.53)	(10.03)
<u>Dene Barton - Lydeard</u>	0.40	13.27	11.93	25.60	0.40	11.39	15.83	27.61	-	1.88	(3.90)	(2.01)
<u>Frome</u>	0.40	16.99	16.92	34.31	0.40	19.13	16.85	36.38	-	(2.14)	0.07	(2.07)
<u>Minehead</u>	0.40	10.45	13.84	24.69	0.40	11.39	12.41	24.20	-	(0.94)	1.43	0.49
<u>Shepton Mallet</u>	0.40	12.01	12.13	24.54	0.40	14.12	14.12	28.64	-	(2.11)	(1.99)	(4.10)
<u>South Petherton</u>	0.40	16.07	13.20	29.67	0.40	19.13	16.85	36.38	-	(3.06)	(3.65)	(6.71)
<u>Wellington</u>	0.40	6.02	7.93	14.35	0.40	9.11	10.70	20.21	-	(3.09)	(2.77)	(5.86)
<u>West Mendip - Abbey</u>	0.40	11.58	9.96	21.94	0.40	11.39	8.43	20.21	-	0.19	1.53	1.73
<u>West Mendip - Cathedral</u>	0.40	9.75	11.86	22.01	0.40	14.12	14.12	28.64	-	(4.37)	(2.26)	(6.63)
<u>Williton</u>	0.40	12.14	13.49	26.03	0.40	16.85	19.13	36.38	-	(4.71)	(5.64)	(10.35)
<u>Wincanton - Athelone</u>	0.40	8.04	9.57	18.01	0.40	9.11	10.70	20.21	-	(1.07)	(1.13)	(2.20)
<u>Wincanton - Hadspen</u>	0.40	9.73	12.34	22.47	0.40	11.39	8.43	20.21	-	(1.66)	3.91	2.26
	6.40	199.05	200.59	406.04	6.40	225.79	231.37	463.57	-	(26.74)	(30.78)	(57.53)

DELIVERING SAFE STAFFING LEVELS IN MENTAL HEALTH WARDS**1. INTRODUCTION**

- 1.1 The review of Safe Staffing within the Mental Health Wards is part of the overarching process of reviewing staffing levels within Somerset Partnership NHS Foundation Trust.
- 1.2 In December 2013 The Board received and approved a paper by the Interim Director of Nursing who recommended that the Trust utilises the Royal College of Nursing 'Guidance on Safe Nurse Staffing Levels in the UK' (2010) and "Safe Staffing for Older People's Wards" (2012) when setting safe staffing levels for Community Hospital inpatient Wards. In mental health similar guidance is lacking, but elements of the guidance can be adapted for use in mental health.
- 1.3 Key elements of these two sets of guidance are as follows:
- minimum staffing levels should not be universally set;
 - recognition that there is a threshold of staffing numbers below which care is compromised. The threshold is at least one registered nurse for seven patients;
 - this excludes the ward sister/senior charge nurse (Band 7), who should be supervisory;
 - this also excludes any additional requirements to provide one-to-one care or other support for high risk or dependent patients;
 - ward sisters/charge nurses should be empowered to make decisions on safe staffing for their area and should have rapid access to additional nursing resource during periods of high patient acuity, dependency and risk;
 - patient sensitive metrics need to be developed that recognise the full nursing contribution, including compassionate care, communication and its impact on patient experience and outcomes.
- 1.4 The Board also approved a series of additional recommendations for Community Hospitals, the principles of which should also be applied to mental health wards, they included the following:

- the registered/unregistered ratio throughout the daytime hours should be 50/50;
- to enable the Ward Sister's and Charge Nurses to undertake their supervisory role as detailed in the RCN document 'Breaking Down Barriers, Driving Up Standards';
- ensure environmental factors are taken into account at all stages of implementing Safer Staffing;
- hand-overs should be reviewed to ensure they are efficient and effective. Safety briefings to become a core element of all handovers recognising lessons learnt from incident and investigations;
- E-rostering should be rolled out across all services;
- further develop and implement a patient dependency tool, which will identify the need for additional nursing support at times of high dependency within the wards;
- proactively and robustly manage the nurse vacancies;
- implement a robust temporary workforce system to include bank and agency workers.

2. LOCAL CONTEXT

- 2.1 Somerset Partnership NHS Foundation Trust is an organisation where patient safety is embedded and reinforced throughout every service and, therefore, there is an internally driven desire to provide high quality safe patient care every hour of every day. Therefore, the national focus on safe staffing levels provides the platform for reviewing the current position within our own organisation, stating what are safer staffing levels and for identifying any areas of risk.
- 2.2 Mental Health inpatient wards within Somerset Partnership NHS Foundation Trust have been reviewing establishments for the last four years, using an adapted model of the Hurst Professional Judgment Tools. These reviews have historically been used to influence the annual budget setting processes; however budgets have not been set specifically on these recommendations.
- 2.3 The Trust provides mental health services in numerous locations using a number of different methods of delivering care. All of the mental health inpatient wards work very closely with Community Mental Health Teams and rely on the community services to ensure both appropriate admissions to hospital and timely and successful facilitation of discharge from hospital. The

acuity of patients being admitted to hospital, whether younger adult or older persons has increased over the past few years as more and more patients are maintained in the community for longer periods of time; hence the high level of acuity on admission. There has also been a large reduction in mental health inpatient beds within the Trust although the percentage of detained patients and emergency admissions remaining high.

- 2.4 It has become clear during this review that across the eight mental health wards there are a number of differences in skill mix, establishment numbers and the way certain grades of staff are rostered. This has led to differing levels of care, quality of care and patient safety concerns in a number of wards.
- 2.5 It is acknowledged that there are a number of factors which affect the staffing levels in the mental health wards, including effective rostering; timely management of recruitment, resignations and sickness levels as well as the identification of individuals for succession planning when senior posts become vacant. Added to which, there also needs to be more efficient and effective use of temporary staff as and when required.

3. METHODOLOGY

- 3.1 The first step within this review process was to obtain the current funded establishments for each of the inpatient wards
- 3.2 The second stage was to review what would be safer staffing levels using the Hurst adapted Professional Judgement Tool. The adapted Professional Judgement Tool is a quick and easy method where an expert group (clinical, workforce, finance) defines each ward's team and skill mix using local intelligence. This tool has been shown as an effective method of establishing safer staffing levels. (Hurst 2002)
- 3.3 The recommended establishments for each mental health ward has been based on the Professional Judgement Tool, as well as taking into account the guidance and principles as described in paragraphs 1.4 and 4.2.

4. KEY PRINCIPLES FOR SAFER STAFFING LEVELS IN MENTAL HEALTH WARDS

- 4.1 As a result a number of key principles for safer staffing in Mental Health wards have been developed by the Director of Nursing and Patient Safety and Head of Mental Health Nursing. These have been agreed with the Chief Operating Officer and the Head of Division for Adult Mental Health Inpatient and Assessment Division.

4.2 Key Principles:

- equal staff numbers on early and late shifts to ensure consistency of care and allow patient choice about treatment;
- a skill mix ratio of 1:7 registered nurse per patient during the day, which can reduce to 1:10 at night;
- ensure mixture of full time, part time staff;
- ensure daily overlap of staff to allow protected time for clinical supervision, training and meetings;
- the Deputy Ward Manager (Band 7) will act in a supervisory role for an identified percentage of their time, with the remaining time being rostered as clinical shifts;
- the Clinical Lead (Band 6) will work 100% of their time in clinical shifts on all wards except Rowan Ward where they have adopted the New Ways of Working Model . Here they will be rostered to work 60% clinically;
- these staffing levels are core staffing levels and do not include capacity for 'level 3 or 4 observation' of more than one patient per ward and/or the transfer of a patient who needs escorting to a DGH; This may require additional resourcing based on the assessment of risk for each individual shift;
- in exceptional circumstances when there may be a patient on 2:1 or above observation additional staff would be required;
- the staffing for the running of the ECT suite on the Rydon Ward site is not included in these safe staffing figures; although the 0.2 wte Band 6 funding for ECT will be remain in the Rydon' ward budget;
- for patients receiving ECT who require a two nurse escort from their host ward which cannot be absorbed into above numbers, a risk assessment at shift level is likely to lead to a requirement for additional staff;
- middle shifts to be worked on wards as required excluding weekends;
- starting and finishing time of twilight shift to alter across all wards, commencing at 3pm and finishing at 10.30pm. This alteration will enable consistency of safer staffing across the early and late shift pattern (Early shift finishing at 3pm and twilight commencing at 3pm).

5. RECOMMENDED STAFFING LEVELS FOR EACH MENTAL HEALTH WARD

- 5.1 Using the principles as detailed in 1.4 and 4.2 and the professional judgement tool, the recommended staffing levels for every mental health ward for each shift are detailed in Table One.
- 5.2 In order to meet the recommended ratios of one registered nurse to seven patients, it is recommended that the bed complement in three wards is reduced slightly. This ensures that the cost per bed is not excessive.
- 5.3 The proposed change to the bed complement is detailed below.

Mental Health Ward	Current bed No's	Proposed	Difference
Magnolia Ward	16	14	-2
St Andrews	20	14	-6
Pyrland 2	21	20	-1

- 5.4 It is not proposed to reduce beds further than suggested above for Pyrland 2, as bed reductions have been previously made in the older persons beds and the proposed reduction in six beds at St Andrews will also be older persons beds.
- 5.5 Increase in staffing, rather than reduction in beds to achieve the recommended ratio on Rydon Ward is being recommended due to the extensive pressure on adult acute beds.

6. IMPLEMENTING SAFER STAFFING LEVELS FOR EACH MENTAL HEALTH WARD

- 6.1 It is proposed that the Safer Staffing ward establishments are implemented from the first week in June 2014. All ward managers, or their representative, has attended a Safer Staffing workshop in May 2014 where the establishments and new reporting requirements have been discussed.
- 6.2 For Mental Health Wards there is a significant change in the way that establishments for each ward have been calculated to ensure that every ward has enough of their own employed staff to meet the Safer Staffing levels for each shift. This includes setting the headroom at 23% to ensure that registered nurses and health care assistants are available to cover both planned and unplanned leave (holidays, training and sickness cover).
- 6.3 To achieve these safer staffing levels will also require an alteration in the working pattern of the Deputy Ward Managers (Band 7) and Clinical Leads (Band 6).

6.4 The Band 6 staff currently work various patterns across the wards, ranging from 80% to 50% clinical. On the adoption of this paper this will be standardised across all mental health wards with the band 6 staff working 100% clinical shifts. With the exception of Rowan Ward who have adopted 'New Ways of Working' the band 6 will work 60% of their time in clinical shifts.

6.5 The Deputy Ward Manger (Band 7) as already mentioned needs to work in a supervisory capacity for a given amount of time, as well as working clinical shifts. Because of the varying nature and requirements of each of the wards the following has been agreed where there is a Band 7 within the establishment.

- the Deputy Ward Manager on Rydon Ward will work 80% of the time in a supervisory capacity as he/she will be managing the two 15 bedded wards;
- it is proposed that the Ash Ward Deputy Ward Manager will work 60% in a supervisory capacity to allow flexibility in respect of undertaking low-secure patient assessments of patients in other secure settings across the country.

Mental Health Ward	Proposed Clinical %	Proposed Supervisory %
Magnolia Ward	60	40
St Andrews Ward	60	40
Holford Ward	60	40
Rowan Ward	60	40
Rydon Ward	20	80
Willow Ward	60	40
Ash Ward	40	60

6.6 The number of additional registered nurses and health care assistants required or each ward in order to meet the recommended staffing levels for each ward is explained in Table 2. This is called a gap analysis and shows that there is a requirement for 19.4wte additional registered nurses, and a reduction of 4.6wte health care assistants.

6.7 Implementation of the establishments will require a robust recruitment programme which is currently being developed by the Trust's recruitment team. Until recruitment is complete, individual wards will continue to utilise bank staff and where appropriate, agency staff to ensure that the wards are staffed in line with the recommended establishment from June 2014.

- 6.8 Pending recruitment to the full staffing establishment, and in order to optimise the number of wards achieving the required staffing levels from the beginning of June 2014, the Chief Operating Officer is developing an implementation plan.
- 6.9 In order to be able to efficiently roster staff on every shift and record every shift where the recommended staffing level have not been met (including the reason and impact), there is a requirement to continue with E-rostering with the Bank and Agency and Safer Staffing modules also being adopted. A project group has already been established with a target date for implementation this summer. In the interim, a manual recording system has been developed and will be implemented until such time as e-rostering is in place.

7. THE COST TO IMPLEMENT THE RECOMMENDED STAFFING LEVELS IN MENTAL HEALTH WARDS

- 7.1 The total cost of implementing the recommended staffing levels in mental health wards is £540,406.

8. RECOMMENDATION

- 8.1 The Board is asked to approve the recommended staffing establishment for each ward to include the reduction of beds where this is indicated.

9. NEXT STEPS

- 9.1 The Board will receive a monthly report explaining where the recommended staffing levels have not been met, why this is and the impact that this has had.
- 9.2 In line with the Hard Truths requirements the Board will receive a review of the recommended staffing levels in November 2014 and six monthly thereafter.

References

Hurst (2002) **Selecting and Applying Methods for Estimating the size and mix of Nursing Teams: A systematic review of the literature commissioned by the Department of Health.** London, Department of Health.

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Table 1– Recommended mental health ward establishment levels - May 2014

PROPOSED ESTABLISHMENT

9-5 Day shift (not included in ratio)

BEDS	Hospital	Early	Early	Early	Late	Late	Late	Twilight	Twilight	Twilight	Night	Night	Night	Early ratio	Late/Twilight Ratio	Night Ratio	Day	Day	Day
		Total	RN	HCA	Total	RN	HCA	Total	RN	HCA	Total	RN	HCA	RN:PT	RN:PT	RN:PT	Total	RN	HCA
12	Ash	4	2	2	5	2	3	1	0	1	3	2	1	1:6	1:6	1:6	1	0	1
10	Holford	5	2	3	5	2	3	0	0	0	5	2	3	1:5	1:5	1:5	1	1	0
16 ¹	Magnolia	6	2	4	5	2	3	1	0	1	4	2	2	1:8	1:8	1:8	0	0	0
14	Pyrland One	5	2	3	4	2	2	1	0	1	3	2	1	1:7	1:7	1:7	0	0	0
20 ²	Pyrland Two	7	3	4	6	3	3	1	0	1	5	2	3	1:6.7	1:6.7	1:10	0	0	0
18	Rowan	6	3	3	5	2	3	1	1	0	4	2	2	1:6	1:6	1:9	0	0	0
30	Rydon	9	5	4	9	5	4	0	0	0	8	4	4	1:6	1:6	1:7.5	0	0	0
14 ³	St Andrews	5	2	3	5	2	3	0	0	0	5	2	3	1:7	1:7	1:7	0	0	0
10	Willow	3	2	1	3	2	1	1	0	1	3	1	2	1:5	1:5	1:10	1	1	0

Notes: ¹.Need to reduce 2 beds to achieve ratio of 1:7. ² Beds reduced by 1 to achieve ratio ³. Beds reduced by 6 to achieve ratio

Table 2 - Gap Analysis. The number of additional Registered Nurses and Health Care Assistants required to meet Safer Staffing levels.

Ward	CURRENT FUNDED ESTABLISHMENT				SAFER STAFFING LEVELS (with head room 23%)									
	Beds	Supervisory	Total Funded Excluding sister (B7)	Total Funded HCA	Beds	Beds reduction	Req'd supervisory	Ward Sister in roster	Total Req'd RN	RN gap +/-	Total Req'd HCA	HCA gap +/-	Action	
Ash	12	1.0	9.5	16.7	12	NA	0.6	0.4	12.1	-2.6	14.7	2.0	0.33 B7 CIP	
Holford	10	1.0	15.3	18.6	10	NA	0.4	0.6	13.2	2.2	18.6	0.0		
Magnolia	16	1.0	9.9	21.3	14	-2.0	0.4	0.6	11.9	-2.0	19.6	1.7	close 2 beds to achieve 1:7 N/P ratio	
Pyrland 1	14	NA	7.0	13.0	14	NA	NA	NA	12.5	-5.4	13.4	-0.5	No B7 in establishment	
Pyrland 2	21	NA	10.5	19.4	20	-1.0	NA	NA	16.1	-5.5	22.2	-2.7	No B7 in establishment	
Rowan	18	1.0	16.0	14.8	18	NA	0.4	0.6	15.5	0.5-0.3	16.0	-1.2		
Rydon	30	1.0	23.3	23.8	30	NA	0.8	0.2	28.3	-5.2	24.8	-1.0		
St Andrews	20	1.0	12.9	20.6	14	-6.0	0.4	0.6	11.9	1.0	18.6	2.0		
Willow	10	2.0	9.0	15.2	10	NA	0.4	0.6	10.6	-1.6	10.6	4.6	0.34 B7 CIP. B7 1.0 Psychology post converted to Nurse Post	
TOTAL	151	8.0	113.4	163.4	142	-9.0	3.4	3.6	132.1	19.4	158.5	4.9		

IMPLEMENTATION PLAN FOR HARD TRUTHS COMMITMENT TO PUBLISHING SAFE STAFFING LEVELS

1. The Board should consider a six monthly report on staffing capacity and capability which uses an evidence based tool, based on clinical need, making recommendations which are considered and discussed, agrees actions which are recorded publicly on the Trust website.				
ACTIONS REQUIRED	LEAD	TARGET DATE	PROGRESS	RAG RATING
1a. Baseline review of current and recommended community hospital inpatient ward establishments and skill mix to be presented to the Board and actions agreed	Director of Nursing	January 2014	<p>Initial report considered at Board in January and establishment and skill mix ratios agreed.</p> <p>RCN “Guidance on Safer Staffing Levels” (2010) used as measure – equates to 1 RN on duty to seven patients. “Safe staffing for Older People’s Wards” RCN(2012) - for basic safe care the overall staffing levels should not drop below one member of staff to 3.3 to 3.8 patients (depending on acuity).</p> <p>Board report published on Trust website.</p>	
1b. Revised establishments for all community hospital wards to be implemented	Chief Operating Officer	May 2014	<p>Recommended establishments to be considered by Board at May 2014 meeting. Additional recurrent funding of 1.3m secured and held in central</p>	

			budget. Revised funded establishments to be shared with ward sisters and transitional plans to be developed and implemented from 3 June 2014 whilst recruitment is completed.	
1c. Baseline review of current and recommended mental health inpatients ward establishments and skill mix to be presented to the Trust board and actions agreed	Director of Nursing	May 2014	Review complete and recommended establishments to be considered by the Trust board at the May 2014 Board meeting.	
1d. Revised establishments for all mental health wards to be implemented	Chief Operating Officer	May 2014	Revised funded establishments to be shared with ward managers and transitional plans to be developed and implemented from 3 June 2014 whilst additional recruitment is completed.	
1e. Six monthly review of community hospital inpatient staffing to be considered by the Trust board. Core information to include: <ul style="list-style-type: none"> • difference between current and recommended establishments • allowance for planned and unplanned leave • demonstrate use of evidence based tools • detail supervisory allowance for ward 	Director of Nursing	November 2014	Draft reporting templates under review whilst awaiting guidance from NHS England.	

<p>managers/ward sisters</p> <ul style="list-style-type: none"> • triangulate tools, professional judgement and scrutiny • skill mix ratio • determine additional financial requirement • detail workforce metrics such as vacancies, sickness • triangulate key quality and outcome measures- eg safety thermometer, SIRI's , HCAI, patient experience 				
<p>2. All wards to display information about registered nurses and care staff present for each clinical shift. This should be visible, clear and accurate (updated at each shift) and should consider additional helpful information such as the significance of uniforms and titles.</p>				
<p>2a Trust wide display board (and format) to be agreed with ward managers and displayed within each ward area where it is visible to patients and their families and carers. This should be updated for every shift and accurate.</p> <p>Core information to include:</p> <ul style="list-style-type: none"> • the name of the nurse in charge of the shift • planned numbers of staff for each shift (registered and unregistered) 	<p>Head of Mental Health Nursing</p>	<p>May 2014</p>	<p>Interim arrangements are already in place in all wards to enable core information to be displayed.</p> <p>Workshop for all ward managers to take place in early May to launch Safer Staffing reporting regime and agree ward boards</p>	

<ul style="list-style-type: none"> actual numbers of staff for each shift (registered and unregistered) 				
2b All wards to have up to date photograph boards displaying current ward team by role and designation.	Head of Mental Health Nursing	May 2014	Photograph boards in place in all wards	
<p>3. The Board will receive a monthly report with details of planned and actual staffing on a shift by shift basis for each ward. Is advised where wards are falling short of required staffing, the reasons for the gap, the impact and the actions taken to protect patients. The Board will seek assurances regarding contingency planning, mitigating actions and incident reporting and will ensure that the Executive Team are supported to take decisive action to protect patient safety. The board report must be in a form which is accessible to patients and the public, and placed on the Trust website.</p>				
<p>3a. Data set and local reporting process to be agreed.</p> <p>Core information for each shift to include -:</p> <ul style="list-style-type: none"> planned staffing level for each shift actual staffing level for each shift reason for gap in staffing action taken by shift leader to address the gap 	Head of Operations/ Acting Head of General Nursing	May 2014	Data set agreed and will be collected via E-rostering in the longer term. Interim data collection system developed and shared with ward sisters/managers at workshop. Daily reporting via Safe Haven tested in last two weeks of May 2014 prior to launch of formal data collection from 3 June 2014.	
3b. Process for trust wide monthly collation and analysis of ward level Safer Staffing data to be developed	Associate Director of Performance/ Head of Operations	May 2014	Draft monthly data set for the board report developed and will be used for first Board report in June 2014.	

3c. Revised ward dashboards to be developed to reflect planned and actual staffing levels achieved, risk rating, and key patient safety indicators.	Associate Director of Performance	May 2014	Revised community hospital ward level dashboards developed and split by ward. New ward level dashboards for mental health inpatient wards under development	
3d. New monthly Board report to be developed	Director of Nursing/ Associate Director of Performance	May 2014	Draft monthly Board report under development and will be used for first Board report in June 2014.	
3e. Arrangements are in place to publish the monthly report on the Trust website	Director of Governance and Corporate Business	June 2014	Plans under development to provide a dedicated "Safe Staffing" section on the Trust website which is easily accessible and patient friendly.	
4. The Trust board monthly update report will be published on the Trusts webpage that is linked directly to the Trusts page on NHS Choices webpage				
4a. Process for linking Board report to NHS Choices to be developed and implemented	Director of Governance and Corporate Business	June 2014	Awaiting final guidance from NHS England. Likely to be automatically uploaded using UNIFY.	
5. Essential Enablers				

5a. Rostering Policy to be reviewed to reflect Safer Staffing requirements and fully implemented	Director of Nursing/Chief Operating Officer	June 2014	Principles of good rostering discussed at Safer Staffing Workshop on 13 May 2014. Rostering policy being reviewed and updated	
5b. Safer Staffing Escalation Process to be developed and implemented. Use of temporary staffing solutions to be regularly monitored by ward to identify trends	Head of Operations	May 2014	Escalation process discussed and agreed at Safer Staffing Workshop on May 14. Guidance issued to all ward managers/ward sisters	
5c. E-rostering in mental health wards to be revised to ensure compliance with reporting requirements as set out in 3a	Head of Division for MH wards /Head of Mental Health Nursing	September 2014	Mental Health Wards to be moved to Version 10 of Allocate E-rostering. Project group established.	
5d E-rostering to be implemented for all Community Hospital in-patient wards	Chief Operating Officer	September 2014	Ward sisters briefed and project group established	
5e. Interim arrangements for community hospital reporting to be developed and implemented pending E-rostering (see 3b)	Head of Operations	May 2014	Interim reporting arrangements agreed to deliver daily reporting of actual versus recommended staffing levels achieved for every shift. Being tested in May prior to full implementation on 3 June 2014.	

5f Internal staff bank systems and processes to be fully integrated and fit for purpose and supported by an Integrated Bank and Agency Policy	Chief Operating Officer	September 2014	Review of bank and agency underway to include review of all agency contracts.	
5g Dependency Tool to be confirmed and implemented as part of six monthly review process	Acting Head of General Nursing	September 2014	Review of national tools complete and awaiting guidance from NHS England and NICE.	
5f Full ward to Board engagement to be promoted and facilitated.	Director of Nursing/Chief Operating Officer	May 2014	Safer Staffing Workshop delivered on 14 May 2014 with all inpatient ward representatives. Board briefing paper to be presented to the Board on 27 May.	
5g. Trust to utilise Patient Safety data made available via the NHS Choices website as this becomes available.	Director of Nursing	Ongoing	Review of patient safety in community hospitals complete and report to be shared with the Board in May 2014.	

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