

STANDARDISED SBAR COMMUNICATION

REPORT DETAILS					
Report subject:	Ward Daily Staffing Levels July and August 2019				
Agenda ref. number:	19.20.77				
Report to (meeting):	Board of Directors				
Action required:	Information and noting				
Date of meeting:	25/09/2019				
Presented by:	Gary Flockhart, Director of Nursing, Therapies and Patient Partnership				
Which strategic objectives this report provides information about:					
Deliver high quality, integrated and innovative services that improve outcomes Yes					
Ensure meaningful involvement of service users, carers, staff and the wider community No					
Be a model employer and have a caring, competent and motivated workforce Yes					
Maintain and develop robust partnerships with existing and potential new stakeholders No					
Improve quality of information to improve service delivery, evaluation and planning Yes					
Sustain financial viability and deliver value for money Ye					
Be recognised as an open, progressive organisation that is about care, well-being and Yes partnership					
Which NHSI Single Oversight Framework themes CWP Quality Framework:					

which NHSI Single Oversight Framework this report reflects:	CWP Quality Framework:			
Quality	Yes	Patient Safety	Safe	Yes
Finance and use of resources	Yes	Clinical	Effective	Yes
Operational performance	Yes	Effectiveness	Affordable	Yes
Strategic change	No		Sustainable	Yes
Leadership and improvement capability	Yes	Patient Experience	Acceptable	Yes
			Accessible	Yes
	http://www.cwp.phs.uk/media/4142/guality-improvement-strategy-2018.pdf			

Does this report provide any information to update any current strategic risks? If so, which? Contact the corporate affairs teams for the most current strategic risk register.

No

No

Does this report indicate any new strategic risks? If so, describe and indicate risk score: See current integrated governance strategy: CWP policies – policy code FR1

REPORT BRIEFING

Situation – a concise statement of the purpose of this report

This report details the ward daily staffing levels during the months of July and August 2019 following the submission of the planned and actual hours of both registered nurses (RN) and clinical support workers (CSWs) to UNIFY (appendix 1 and 2). The themes arising within these monthly submissions continue to mirror those that have arisen previously. These themes identify how patient safety is being maintained on a shift by shift basis.

Background – contextual and background information pertinent to the situation/ purpose of the report

The monthly reporting of daily staffing levels is a requirement of NHS England and the National Quality Board in order to appraise the Board and the public of staffing levels within in-patient units.

The recommendations made within the latest six monthly report are being followed through and will be monitored via the People Planning group which oversees the strategic approach to safe staffing. The Trust is engaged in the national Optimum Staffing Project a programme of work commissioned by Health Education England to develop a generic tool (multi-disciplinary) for Safe Staffing that can be used in any service setting for inpatient mental health services.

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Assessment – analysis and considerations of the options and risks

During July 2019 the trust achieved staffing levels of 97.5% for registered nurses and 98.6% for clinical support workers on day shifts and 96.8% and 101.4% respectively on nights. During August 2019 the trust achieved staffing levels of 92.2% for registered nurses and 91.1% for clinical support workers on day shifts and 91.2% and 93.4% respectively on nights.

In the month of August 2019 Greenways experienced pressures in terms of staffing due to staff sickness, maternity leave, patients on increased levels of observations and vacancies.

Numbers of registered nurses were lower due to increased vacancies, the ward were able to implement the following measures to give assurance that the ward staffing remained safe:

• Staffing levels were monitored closely at the twice weekly staffing meetings.

• The staffing levels were escalated to the Head of Clinical Services and the Matron on a daily basis and reviewed at the end of each day to ensure RN cover was in place.

• The ward manager was included in the numbers to support the team on a regular basis.

Note: Only full shifts are covered within the percentage rates, where wards are supported for less than this, this is not captured in the return. For example if the matron spends 2 hours on the ward this is not reflected in the return, nor are the hours the multi disciplinary team who provide care to support the wards.

Appendix 1 and 2 details how all wards, who did not achieve overall staffing of 95%, maintained patient safety.

Recommendation – what action/ recommendation is needed, what needs to happen and by when? The Board of Directors are recommended to note the report

Who has approved this report for receipt at the above meeting?		Gary Flockhart, Director of Nursing, Thera Partnership	apies and Patient			
Contributing authors:	Charlotte Hughes, Business and Innovation Manager, Educaion CWP					
Distribution to other people/ groups/ meetings:						
Version		Name/ group/ meeting	Date issued			
1	Gary Flockhart, Director of Nursing, Therapies and Patient 12.09.19 Partnership					
Appendices provided for reference and to give supporting/ contextual information:						
Appendix No.		Appendix title				
1	Ward Daily Staffing J	luly 2019				
2	Ward Daily Staffing A	August 2019				

