



STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

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| Report subject: | Ward Daily Staffing Levels May and June Data 2018 |
| Agenda ref. no: | 18.19.34 |
| Report to (meeting): | Board of Directors |
| Action required: | Information and noting |
| Date of meeting: | 25/07/2018 |
| Presented by: | Avril Devaney, Director of Nursing, Therapies and Patient Partnership |

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| 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 | Yes |
| Be recognised as an open, progressive organisation that is about care, well-being and partnership | Yes |
| Which CQC quality of service domains this report reflects: | |
| Safe services | Yes |
| Effective services | Yes |
| Caring services | Yes |
| Well-led services | Yes |
| Services that are responsive to people's needs | Yes |
| Which Monitor quality governance framework/ well-led domains this report reflects: | |
| Strategy | No |
| Capability and culture | Yes |
| Process and structures | Yes |
| Measurement | Yes |
| Does this report provide any information to update any current strategic risks? If so, which? | |
| See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings | No |
| Click here to enter text. | |
| 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 | No |
| Click here to enter text. | |

REPORT BRIEFING

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| Situation – a concise statement of the purpose of this report |
| This report details the ward daily staffing levels during the months of May and June 2018 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 Inpatient Service Improvement Forum and 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.

Assessment – analysis and considerations of options and risks

During May 2018 the trust achieved staffing levels of 97.5% for registered nurses and 95.8% for clinical support workers on day shifts and 96.5% and 100% respectively on nights. During June 2018 the trust achieved staffing levels of 96.8% for registered nurses and 95.1% for clinical support workers on day shifts and 97.6% and 95.8% respectively on nights.

In the months of May and June the wards continued to experience pressures in terms of staffing in particular on the wards in Central and East locality due to staff sickness, maternity leave, patients on increased levels of observations and vacancies.

Where 100% fill rate was not achieved patient safety on in-patient wards was maintained by nurses working additional unplanned hours, staff cross covering across wards, the multi-disciplinary team and ward manager supporting nursing staff in the delivery of planned care and patient care being prioritised over non-direct care activities. Appendix 1 and 2 details how 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.

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| Who/ which group has approved this report for receipt at the above meeting? | Gary Flockhart, Associate Director of Nursing [MH and LD] and Avril Devaney, Director of Nursing, Therapies and Patient Partnership |
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| Contributing authors: | Charlotte Hughes |
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| Distribution to other people/ groups/ meetings: | | |
|--|----------------------|-------------|
| Version | Name/ group/ meeting | Date issued |

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| 1 | Gary Flockhart, Associate Director of Nursing [MH and LD] | 18/07/2018 |
| | Avril Devaney, Avril Devaney, Director of Nursing, Therapies and Patient Partnership | 18/07/2018 |

Appendices provided for reference and to give supporting/ contextual information:

Provide only necessary detail, do not embed appendices, provide as separate reports

| Appendix no. | Appendix title |
|--------------|-------------------------------|
| 1 | Ward Daily Staffing May 2018 |
| 2 | Ward Daily Staffing June 2018 |