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| **Name of meeting** | **Quality & Performance Committee** |
| **Date of Meeting**  | **27th March 2024** |
| **Title of report** | **Safer Staffing Report** |
| **Executive Lead** | **Sarah Rushbrooke, Executive Director Nursing, Therapies and Quality Assurance** |
| **Report author** | **Liz Hanley, Associate Director Nursing and Quality** |

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| **Purpose of the report**  |
| **To note** | **✓** |
| **For assurance** | **✓** |
| **For discussion** |  |
| **For decision** |  |

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| **Strategic ambitions this paper supports (please check the appropriate box)** |
| **1. Quality care, every day**  | ✓ |
| **2. Person-led care, when and where it is needed**  |  |
| **3. A great place to work**  |  |
| **4. Sustainable for the long term, innovating every day**  |  |
| **5. Working with and for our communities**  |  |

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| **Board Sub-committee meetings where this item has been considered**  |  | **Management Group meetings where this item has been considered**  |
| Quality and Performance |  |  | Executive Team |  |
| Audit  |  |  | Executive Management Group |  |
| Mental Health Legislation |  |  | Business Delivery Group |  |
| Remuneration Committee |  |  | Trust Safety Group |  |
| Resource and Business Assurance |  |  | Locality Operational Management Group |  |
| Charitable Funds Committee |  |  |  |  |
| CEDAR Programme Board |  |  |  |  |
| Other/external (please specify) |  |  |  |  |

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| **Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*** |
| Equality, diversity and or disability |  | Reputational |  |
| Workforce | x | Environmental  |  |
| Financial/value for money |  | Estates and facilities |  |
| Commercial |  | Compliance/Regulatory | x |
| Quality, safety and experience | x | Service user, carer and stakeholder involvement |  |



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| **Board Assurance Framework/Corporate Risk Register risks this paper relates to** |
| SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing.There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing inpatient services in a timely manner due to bed pressures resulting in the inability to sufficiently respond to demands (SA1.4).SA4 The Trust’s mental health and disability services will be sustainable and deliver real value to the people who use them.A failure to develop flexible robust Community mental health services may well lead to quality and service failures which could impact on the people we serve and cause reputational harm (SA4). |

**Report to the Quality and Performance Committee**

**27th March 2024 (January 2024 data)**

**Safer Staffing Report**

**Executive Summary**

The purpose of the report is to provide assurance on the position across all in-patient wards within CNTW, in accordance with the National Quality Board (NQB) Safer Staffing Requirements.

Trusts must formally ensure that the National Quality Board’s 2016 guidance is embedded in their safe staffing governance, ensuring that the following three components are used in their safe staffing processes:

* evidence-based tools (where they exist)
* professional judgement
* outcomes.

Trusts must ensure that their organisation has an agreed local quality dashboard that cross-checks comparative data on staffing and skill mix with other efficiency and quality metrics, reporting on this to their board every six months.

There is also a requirement to provide Care Hours Per Patient Day (CHPPD) planned and actual for registered and unregistered nursing via Unify monthly (please see the Appendix of this report for more details). CHPPD information for January is incorporated into this report. The narrative in the report reflects the staffing position for January 2024 and is supported by skill mix by ward information as at 31.1.24.

Safer Staffing issues to note

The following safer staffing issues are of particular note:

* The high proportion of preceptees (Newly Registered Nurse) as compared with experienced Registered Nurses.
* The high level of patient acuity and the need for enhanced observation.
* The high level of incidents relating to violence and aggression; focused work is in progress with respect to Mitford.
* Risks relating to stand alone units, particularly Yewdale ward in this context.

**Risks and mitigations associated with the report**

Risks and mitigations are summarised in the narrative pages of the safer staffing report.

**Recommendation/summary**

It is recommended that the Quality and Performance Committee accepts this report.

**Name of author**

Liz Hanley

Associate Director Nursing and Quality

**Executive Lead**

Sarah Rushbrooke

Executive Director Nursing, Therapies and Quality Assurance

**Appendix**

Care Hours Per Patient Day (CHPPD) note (from NHSE guidance March 2021)

Development of CHPPD followed the Carter Review in 2016, which led to the development of benchmarks and indicators to enable comparison across peer Trusts: CHPPD complements these.

CHPPD was introduced in April 2018 in acute and specialist Trusts.

CHPPD has since become the principal measure of nursing, midwifery and healthcare support staff deployment on inpatient wards.

Models accommodate all ward-based clinical professionals who are rostered and contribute to care provision.

Ward level CHPPD allows service leaders and managers to compare workforce deployment over time with similar wards in the Trust or other Trusts.

See p.7 of guidance document for details of the calculation formula, as summarised below:

CHPPD= Hours of registered ward-based staff + hours of non-regd. Clinical ward-based staff

 Total number of in-patients at 23.59

Planned and actual.

Data are aggregated daily during the relevant month.

CHPPD does not need adjustment for ward size.

Safer staffing tools provide evidence of acuity and dependency.