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| **Name of meeting** | **Quality and Performance Committee meeting** |
| **Date of Meeting**  | **12th June 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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| **Meetings where this item has been considered**  |  | **Management 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 |  |  |  |  |
| People  |  |  |  |  |
| 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**

**12th June 2024 (April 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. There is also a requirement to provide Care Hours Per Patient Day (CHPPD) planned and actual for registered and unregistered nursing via Unify monthly. The narrative in the report reflects the staffing position for April 2024.

Safer Staffing issues to note.

The following safer staffing issues are of note:

* Overall, the nursing workforce is considered inexperienced, with a high proportion of preceptees and Internationally Educated Nurses who are unable to take charge of the ward. In addition, following completion of preceptorship, several band 5 nurses are being successfully appointed to band 6 roles in the community, which is resulting in retention issues for inpatient wards.
* Coexisting conditions and complex physical health needs increase patient dependency, acuity of need, monitoring requirements and the need for patients to be escorted away from CNTW sites to undergo diagnostic screening or testing and/or to receive treatment.
* There is a high acuity and complexity of patient need and related requirements for observation and engagement and seclusion
* Standalone units have been identified as being at increased risk of the effects of staffing pressures, including Yewdale ward; Elm House; Rose Lodge; Lotus ward and the Mitford unit.
* There is an increased Healthcare Support Worker (HCSW) vacancy rate in Learning Disability and Autism services.
* Focussed work is in progress to address the rate of violence and aggression on Mitford.
* Management and leadership support is in place to monitor and address staffing issues at Rose Lodge and Mitford.

Staffing related improvements include:

* Recruitment to HCSW posts in North and South Inpatient CBUs has been successful.
* New to care appointments to Secure Care have been achieved through partnership working with Derwentside College.
* HCSWs have been successful in progressing to the Registered Nurse Degree Apprenticeship Programme and the impact of the resulting vacancies is factored into staffing plans.
* The implementation of the e-Rostering system (Allocate) enables staffing information to be monitored ‘at-a-glance’ and prospectively.

Work is in progress to enhance the accessibility of the CHPPD data by including contextual information, including turnover, vacancy, sickness and temporary staffing usage information.

The Mental Health Optimal Staffing Tool exercise is currently in progress and the outcome will be reported in due course.

**Risks and mitigations associated with the report**

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

**Recommendation/summary**

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

**Name of author**

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**Executive Lead**

Sarah Rushbrooke

Executive Director Nursing, Therapies and Quality Assurance