 

**BOARD MEETING**

**June 2017**

Paper Title: Safer Staffing – Inpatient Wards

Section: Public

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Agenda Item: 14

Presented for: Assurance

# Purpose of this Report:

The purpose of this report is to provide an update on the current situation regarding safer staffing and staffing analysis on the inpatient wards as required from the November 2013 National Quality Board update on safer staffing levels. Previous papers to the Trust have provided the full background to the safer staffing agenda and this paper provides a summary on the analysis from the period November 2016 to April 2017.

# Summary of Key Points

There is an ongoing requirement that all NHS organisations will take a six-monthly report to their Board regarding their nursing and midwifery staffing. The report includes a detailed analysis of wider workforce plans to provide assurance that the standards required to deliver safe and effective care are being met. There are six themes which include ten expectations that organisations must meet in relation to safer staffing reviews; these are outlined below in appendix 1.



Whilst national reporting requirements require Trusts to identify whether required staffing levels were been met, the lack of a national tool for mental health services provides limited assurance that achieving safe staffing levels resulted in quality service provision. The Trust has agreed to use the SafeCare Module which supports real time information as part of Health Roster. The Safer Staffing Steering Group has agreed to develop a matrix which underpins the use of the Mental Health clustering (version 5 2016/17) as currently there isn’t a national mental health acuity tool. The group also agreed that a pilot ward would be nominated to facilitate and progress. The pilot will be DAU (using clusters 19 to 21) due to their high demand and agreed extra staffing requirements. The plan will be to create the template for scoring each patient; involve the pilot ward in determining the care hours required for each descriptor (incorporating professional judgement), and then develop a daily scoring sheet that will be linked to the configuration model for SafeCare. The agreed baseline from the Safer staffing sub-group was 4.39 care hours per patient per day .This means that every patient would require this level of care as a baseline plus any additional level of care that the SafeCare Module would identify. The matrix will then support the clinical need / evidence for the extra care hours each patient requires dependent on acuity. An update will be provided at the next Safer Staffing Sub Group meeting on 29th June, with initial findings from the pilot presented at the following month’s meeting with a view to sharing more widely with mental health trusts that are in the process of adopting the Safe care module to facilitate benchmarking opportunities.

Staffing data is monitored daily by all ward managers who now use the e-rostering system. This enables the ward manager to demonstrate the acuity and needs within their designated areas. It allows them to understand the challenges of working within their establishment for their wards and facilitates the opportunity to focus on clinical need.

The pre-determined levels of staffing within the organisation were based upon historic staffing levels and monitored against the baseline. Work has been completed with Meridian Productivity which has resulted in improved governance processes in instances where wards were required to commission staff over and above normal planned numbers due to patient complexity and demand. This has led to a number of wards redefining specific staffing numbers in the Dementia Assessment Unit (DAU) and more recently the psychiatric intensive care unit (PICU) and Thornton ward.

The Trust has undertaken a number of initiatives during the reporting period to manage its Bank and agency spend usage. These changes have resulted in a £4.3m cost reduction in spend in these areas during the financial year to 31st March 2017 with a current fill rate of 84.5% as of the 30th April 2017. This has had a significant impact on improving quality and consistency of service provision. A recent external audit conducted by WY Audit function in May 2017 gave the staff bank service a “Significant” assurance rating on its systems, processes, recruitment practices and governance arrangements and NHS Improvement identified the Trust as being one of the most improved Trusts in the North region on its bank and agency spend in April 2017.

# Board Consideration

The Board has received monthly staffing levels of all inpatient services since April 2014.

The organisation is expected to provide its safe staffing ratio information based upon complexity of need and an evidenced-based tool. Work is been progressed to develop a national mental health screening tool and it anticipated this will be published later this year. Trusts are required to continue with their effort towards securing greater efficiency whilst maintaining patient safety, quality of care and safe staffing numbers.

# Financial Implications

None at this stage

|  |  |  |  |
| --- | --- | --- | --- |
| Revenue |  | Capital |  |

# Legal Implications

None

# Equality Impact Assessment

It is essential that our services are staffed safely with the correct ratio and skill-mix to eliminate negative impacts on all our service users. It is worth acknowledging that the requirements will differ for some service types.

# Previous Meetings/Committees Where the Report Has Been Considered:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Audit Committee |  | Quality & Safety Committee | X | Remuneration Committee |  | Resources Committee |  |
|  |  |  |  |  |  |  |  |
| Executive Management team |  | Directors’ Meeting |  | Chair of Committees’ Meeting |  | MH Legislation Committee |  |

# Risk Issues Identified for Discussion

Vacancies on the inpatient wards continue to be a challenge and the Trust is aware of the national shortage of band 5 registered nurses, primarily due to the reduction of training places. The Trust continues to be pro-active in its employment processes and workforce development plans and have a built a strong relationship with the University and current nursing trainees.

# Links to Strategic Drivers

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Experience** | **Quality** | **Value for Money** | **Relationships** |
| The appropriate levels of staffing impact upon the care that each patient receives, ensuring there are the right staff with the right skills in the right place, thus promoting a positive experience for the patient.  | The key purpose of this document is to minimize risk and improve quality in patient and staff experience. | Achieving appropriate staffing levels has been identified as a significant contribution to reducing staff sickness which has a cost implication. | Achieving an open and honest culture from ward to Board, where information is published for the public and staff. This promotes transparency and improves relationships. |

# Publication under Freedom of Information Act

This paper has been made available under the Freedom of Information Act.

# Recommendations:

That the Board

* Receives assurance that the analysis demonstrates current staffing levels are providing the cover needed to deliver safe patient care
* Understands the increasing levels of acuity within inpatient areas and the need to adjust the baseline staffing ratio in response on a case-by-case basis
* Receives assurance that the work through Meridian ensures staffing resource is used efficiently
* Acknowledges the significant reduction in agency spend
* Supports the pilot of the safer care module.

**Safer Staffing – Inpatient Wards**

# Background

In response to the Hard Truths Commitments, the National Quality Board (NQB) issued guidance on the publication of staffing numbers and reporting mechanisms for Trusts in relation to monthly and six-monthly reports to the Board. The six-monthly report, which is required to be presented and discussed at Trust Board meetings, should include a more detailed analysis of establishments across all wards. This paper outlines the organisation’s continued progress in relation to the implementation of the safer staffing requirements and a summary of staffing statistics from November 2016 to April 2017.

#  Review Over the Previous Six Months

The Trust Board continues to receive monthly updates via the safer staffing dashboard which includes actual numbers of staff on duty, reasons for any gaps, actions being taken to address the gaps and the impact on quality and safety. The staffing levels have been displayed within each unit/ward on a daily basis from April 2014.

Work continues to progress within BDCFT to explore staffing levels and their relationship to specialing, patient numbers, and activity on wards. The e-rostering system is now embedded across inpatient services and the SafeCare Module is being currently piloted.

During the six months being reported on, 31533 shifts were required to ensure safer staffing in inpatients with an extra 2367 shifts required for specialing (7.51% of baseline requirements); this is a slight reduction from the previous 6 month period. No shifts were recorded as non-compliant to minimum staffing requirements within this period. From the overall baseline requirements 17.2% of shifts were filled by bank or agency (5424 shifts) due to vacancy/sickness, which is again a slight reduction in the number of shifts from the previous 6 month period.

The breakdown of the number of shifts recorded as ‘over-compliant’ (i.e. more actual whole time equivalent (WTE) staff than planned WTE) compared to those of ‘exact compliance’ (i.e. same actual WTE as planned WTE) are provided to the board on a monthly basis alongside under compliance (altered skill mix from planned skill mix with no compromise on numbers).

It is important to note that safer staffing data does not include staff that is available on the ward for other patient and non-patient activities, such as Ward Managers, Advanced Nurse Practitioners, occupational therapists, psychological therapists, ward housekeepers and medical staff as this is not currently a national reporting requirement.

Three wards which have historically been high intensity users of temporary staffing in excess of the defined safer staffing levels are the Dementia Assessment Unit, Thornton ward and the Psychiatric Intensive Care Unit (PICU).

Changes which have taken place within these 3 wards are outlined below:

**Dementia Assessment Unit**

Following a peer review (Sept 16) the Dementia Assessment Unit has secured additional commissioner’ investment of £639K over a 2 year period.

FY17-18 utilises £500K of this investment, with the remaining £139K being released in FY18-19.

This additional investment will facilitate the following changes:-

* The safer staffing levels will increase from 6:6:5 to 9:9:7 in a graded approach.
* Additional Band 6 management to support leadership and mentorship on the ward
* Enhanced skill mix via:-
	+ introduction of band 4 roles
	+ Introduction of Registered General nurses into a mental health ward environment.

**Thornton Ward**

The work undertaken by Meridian productivity identified an underutilisation of budget in Thornton ward. In addition the ward was procuring higher than expected numbers of temporary staffing via Bank and Agency. The safer staffing levels were consequently reviewed from 6:6:3 to 7:7:4. This has resulted in improvements in the vacancy and staff sickness levels which have also helped to lower the use of temporary staffing. Anecdotal information obtained during senior manager Open Door sessions is that these ward areas are safer, more settled, and the risk levels are reduced.

For both wards detailed above the CIP around temporary staffing spend is achieving based on Month 1 figures of FY17-18. This empirical evidence supports and aligns with the anecdotal evidence from both wards where staff report high levels of satisfaction with the improved staffing levels from a safety and quality perspective.

**PICU**

Following the Meridian productivity work it was identified that PICU were utilising agency to maintain increased staffing levels from their baseline of 5:5:4 to 6:6:5 on a continual basis due to Acuity. Using existing funds following the productivity review the staffing levels have recently been increased to this level, resulting in improved consistent clinical approaches facilitating quality of service provision and a reduction of agency spend.

## Labour Turnover

Acute Services have seen a total of 41.4 WTE leave the wards with 14 of these being internal moves – this totals a 12 month rolling turnover of 18.3%.

Specialist Services have seen a total of 25.2 W TE leave the wards with 8.8 of these being internal moves – this totals a 12 month rolling turnover of 20.68%.

The Trust remains aware of the national shortage of band 5 registered nurses – due to a reduction in training places - with the issue recorded on the Trust’s corporate risk register with an action plan in place to help the Trust mitigate this risk.

Consequently vacancies across inpatient wards continue to be a challenge, particularly with universities reducing intake of student nurses to once a year.

Currently across inpatient services there are 27.3WTE band 5 vacancies however following the continual recruitment drive, there have been 6WTE band 5 nursing posts filled along with band 2 roles and a further 6 band 5 new staff due to start in the next 2 months. The Acute Care Services have further recruited staff nurses due to start in September from the University.

## Sickness

Acute Services have seen a significant decrease in sickness over the last six months from 8.88% in November to 4.69% recorded in April. Short term sickness has remained constant at between 2 and 3%, therefore, the decrease is attributed to the reduction in long term sickness cases.

Specialist Services have also seen a significant decrease from 9.27% in November to 4.59% in April. Again – as with Acute services, this is predominantly due to the decrease in long terms sickness (a reduction of 3.5%) over the period. The top three current reasons for sickness across inpatients, acute and specialist services remain the same since the last report and are-

* Anxiety Stress and Depression
* Musculo-skeletal (Back)
* Gastro-intestinal

Staff members have regular appraisals and managers are actively encouraged to consider mental and physical wellbeing as part of the discussion. This offers opportunities to refer in a timely way to the health and wellbeing team in partnership with the member of staff concerned. Staff members have also been signposted to the Mindfulness App which offers a course of mindfulness meditation, in bite-sized ten minute exercises, delivered through a phone/tablet app or online.

## Bank and Agency

The Trust has undertaken a number of initiatives during the reporting period to manage its bank and agency spend usage to support service delivery need within the Trust. These include;

* Increase of the staff bank worker numbers to ensure available trained workers to fill temporary staff needs, with an increase in numbers by 200% during the financial year ending 2016/17. The staff bank, which consists of many of BDCFT’s own staff, will also provide improved continuity of care and consistent quality as the staff are aware of the procedures, policies and services within the Trust. The use of the Trust staff bank workers also ensures that they are all trained in the Trust’s mandatory training requirements, Trust Values and ways of working in advance of them working shifts on the inpatient wards
* Implementation of the price and agency cap limits as specified by NHS improvement
* Increase of agency suppliers through the managed service provider contracting framework enabling the Trust to utilise a wider skill base pool for agency workers, when required to fill more specialised need.

These changes have resulted in a £4.3m cost reduction in spend for Bank and Agency usage during the financial year to 31 March 2017 with a shift in fill rate where staff bank are filling the majority of vacant shifts rather than agency workers. During the 6 month period that the report is focused upon there has been a 10% increase in staff bank fill rate to 61.19% with agency fill rates dropping by 7% over the same period to 23.42%. The overall fill rate for bank and agency is 84.5% as at 30th April 2017.

The top three reasons during the reporting period across the Trust are identified as Vacancy backfill (48%), Specialing (24%) and Long term sickness cover (10%).

## E-Rostering

The E-Rostering system is now fully embedded within the services and utilised in weekly meetings across two business units to ensure that safer staffing is achieved within available resource and that bank and agency systems are used effectively. This has resulted in a reduction in bank and agency usage amounting to £4.3m during FYE 31 March 2017.

## Service User Experience

***Serious Incidents, Incidents, Complaints & Compliments and Friends and Family Test Feedback***

Incidents and complaints are added to the staffing data to establish any correlation between staffing levels, sickness etc. and triangulate the data for acuity levels.

There have been four serious incidents reported on STEIS that occurred on the inpatient wards between November 2016 and April 2017; these were on Ashbrook Ward and Bracken Ward. These included three incidents of allegations of abuse by members of staff against patients and one unexpected death of a patient. The unexpected death has been fully investigated and is awaiting a Coroner’s Inquest to confirm the cause of death. There were recommendations arising from this investigation and the learning has been shared across the organisation.

One of the allegations of abuse is currently being investigated and two of the allegations of abuse investigations have concluded, these were investigated via HR processes.

These incidents were not related to the staffing levels on the ward at the time.

In the period November 2016 to April 2017 there were 5787 incidents recorded. Positively, the Trust is recognised as promoting a culture of reporting incidents so learning can be shared. There is a significant reduction in incident reporting on the previous 6 months and it is worth noting that in this latter period, Safety Huddles have been extended across more wards. Whilst there is no direct correlation, it is intended that Safety Huddles will reduce risk and as such, incidents. The incidents are shown by: type; patient actual impact (harm), staff affected and inpatient incidents by actual impact (harm) in the appendices attached. It is important to note that all incidents are recorded of which a majority are not related to actual harm. There were 238 incidents related to staffing issues such as under compliance.



There have been 78 concerns and 9 formal complaints from November 2016 to April 2017, and 41 compliments received. Formal complaints were at their highest in December 2016 when there were 5. Remaining months showed significant reduction. Concerns are more frequently obtained in these areas as the Patient Advice and Complaints Team regularly attend in-patient areas.

A summary include:

* Ashbrook and Oakburn have received the highest levels of complaints and concerns in 2016/17.  A new Ward Manager was recruited to Ashbrook in December 2016 and early indications evidence a reduction in complaints and concerns. Two concerns have been around physical health care. A new post has been recruited to influence the physical health agenda in acute care and support the band 4 associate practitioners that are now in place across all wards.
* Following on from the themes identified the previous safer staffing report discussed initiating Always Events- (a collaborative group with service users, carers, NHS England and Picker Institute). This steering group has commenced and is piloting an Always Event on Fern and Oakburn wards.
* A significant shift in feedback has been observed in the DAU. Only 2 complaints and concerns were raised in the period with an excellent increase in compliments where 10 have been received. The Task & Finish group dedicated to bringing improvements in the DAU have been successful in attaining increased funds to increase staffing levels and subsequently improve training especially in Physical Health care. Work continues in this area and progress is monitored against a detailed action plan.

The Friends and Family Test (FFT) is an anonymous national scheme for collecting patient and carer feedback about the services they have received. The table below shows the average score (out of 5) in response to the questions highlighted in the table below.

November 2016 to April 2017

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Would you recommend our service to friends and family | 2016 | 2017 |  |  |  |
|  | Nov | Dec | Jan | Feb | Mar | Apr |
| Inpatient Services, Dental and Administration | 4.46 | 4.65 | 4.30 | 4.29 | 4.64 | 4.0 |
| Mental Health Adults and Community | 4.24 | 4.35 | 4.08 | 4.29 | 4.31 | 4.8 |
| Average across both business units | 4.33 | 4.46 | 4.13 | 4.29 | 4.42 | 4.78 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | 2016 | 2017 |  |  |  |
| Number of Reviews | Nov | Dec | Jan | Feb | Mar | Apr |
| Inpatient Services, Dental and Administration | 59 | 43 | 27 | 34 | 25 | 2 |
| Mental Health Adults and Community | 83 | 79 | 92 | 56 | 49 | 30 |
| Average across both business units | **142** | **122** | **119** | **90** | **74** | **32** |

The Trust changed its provider of FFT data collection on the 1st April 2017. There was a significant drop in the number of reviews undertaken as staff got used to the new systems and new web sites. Across the Trust there were 122 reviews in April (from 1st to 24th May there were 226 reviews). Patient Experience and Involvement team members are monitoring the take up levels and exploring options including use of BDCFT laptops and email based request to complete the survey to ensure take up is at least maintained at the same levels as under the previous system.

Managers can access the information collected and look at the statistical analysis by visiting <https://www.oc-meridian.com/BDCT> and have been provided with training in how to use the new system.

In the new system tasks can be allocated to the team managers by the Patient Experience and Involvement team members when they are assessing and triangulating the comments made by reviewers. The Patient Experience and Involvement team also follow up any outstanding actions, where actions have not been completed within the target period the system sends an escalation email to the appropriate service manager.

Comments are also received via the FFT system, examples include:

| **Psychological Therapies Hub** |
| --- |
| Lovely staff, more than happy to help you on your journey to recovery, lots of helpful coping techniques and information on how to truly start helping yourself, it's good to surround yourself with people who have similar experiences to you and have the same opinions and advice and is very much worth investing yourself to the programme for good results at the end. I highly recommend this for anyone. |

| **Helios** |
| --- |
| The care I have received at the Helios has been wonderful, I am learning skills to deal with everyday life and this is all because of the people here at the Helios centre. |

# Progress and Assurances in Place

The Trust has set in motion a number of initiatives to address staffing issues that have been identified through ongoing analysis. These are:

* Rolling recruitment drive and attendance at recruitment fairs
* New initiatives in recruiting by interviewing applicants as they apply at a time convenient to all parties is bringing improved success in resourcing nurses for the DAU
* Introduction of Associate Practitioner roles, through skill mixing and creating development opportunities for Healthcare Support Workers
* Participating in return to practice initiatives for those who have left nursing or retired
* The Trust continues strong links with local colleges and Universities to help ensure newly qualified staff remain within Bradford and work for the Trust
* Currently the Trust is initiating relationships with Dublin University and will be participating in the careers fair in October
* Weekly rostering conference calls allowing dedicated time for all Team Managers to review staffing levels by ward, book additional staff where needed, and find efficiency where shifts can be saved by rotating staff across different wards to help fill gaps on both specialist and acute wards
* Continued effort is placed on ensuring all shifts are safely staffed and staff re enabled to have their due breaks. This is carried out in real time situations by Senior Managers playing a part in swapping staff on the day and calling for support when required. The daily discharge planning meeting is a forum to monitor daily staffing issues
* In October 2016 Louise Hussain was appointed as the Freedom to Speak Up Guardian for the Trust. Whilst staff continue to raise concerns via managers and directors, the Freedom to Speak Up Guardian offers another avenue for staff to raise concerns. Drop in sessions have been held for staff, some of which have been well attended. In the next month Freedom to Speak up Champions will be appointed in local services to provide frontline staff with advice. Where concerns have been raised, managers have been asked to formally respond to these. In the future, the Chief Executive will review all outcomes for assurance. An example of a concern raised was about staff bank/agency staff not being able to access the clinical records. Work is underway to ensure staff bank, particularly qualified staff, have access to RiO. Louise Hussain is liaising with Service Managers and HR when issues arise to address them quickly and work with the staff to identify solutions. Cases and outcome will be reported to the Quality and Safety Committee every 6 months.

A Safer Staffing Steering Group continues to ensure that a full staffing analysis is achieved, reporting requirements are met and updates from the workforce planning meetings are provided. This is chaired by the Deputy Director of Nursing, Children’s and Specialist Services.

Staffing levels across all wards are assessed daily and at each shift and mitigating actions/ contingency planning takes place involving an adopted protocol of escalation.

Such actions include:

* Moving staff between wards to ensure that all wards have safe staffing levels and response to short-term crisis is effective and fluid
* Use of the Peripatetic workers
* Ward managers and nurse practitioners reschedule their duties to work on the ward
* Re-adjustment of priorities for meetings/training
* Regular review of staff rosters including asking staff to change shift patterns and use of flexible rostering
* Ongoing review of incidents by Safer Staffing Group to identify trends and themes
* Triangulation of different data to provide clarity and assurance
* Ward managers meet weekly regarding the rostering management to ensure effective allocation of resources to meet needs
* Rotas are now completed 6 weeks in advance to allow for appropriate band allocation when required.

# Next Steps

Recruitment initiatives continue as described and the Trust is initiating relationships with Dublin University and will be participating in the careers fair in October. As part of the two year transformation plan that is being initiated in the Acute Care Service to bring care closer to home, both staffing levels and workforce reviews will be undertaken to examine further requirements and skill mixes to offer improved inpatient care.

The impact and effect of changes introduced by both the e-rostering system and the increased Bank staff will be monitored by service managers and the safer staffing sub and steering groups. The SafeCare Module, as discussed, will be piloted on DAU and evaluated for further roll out.

During the coming 6 months the Trust will be implementing further increases to the staff bank resourcing numbers to continue to drive internal fill rates above those of external agency fill, develop the staff bank offering to workers to stimulate further interest to work from both substantive and bank staff workers and to ensure that further training is providing to the staff bank team to extend their skills in service delivery, for example clinical system input training.

# Financial Implications

The NHS Improvment monthly percentage cap on temporary qualified nursing staff that has been applied to BDCFT reduced from 4% (15/16) to 3% (16/17).  Although compliance with the 4% was achieved by the Trust at the end of 2015/16, the 1% reduction required a reduction of temporary qualified nursing staff requirements by approximately £15k per month (6 WTE) in order to meet the 3%. The Trust has achieved the qualified nurse agency usage cap of 3% for the period November 2016 to April 2017 (see table below).



# Risk Implications

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk** | **Likelihood****High/Medium/Low** | **Implication** | **Mitigation** |
| Staffing analysis will show that current staffing levels require increasing due to cover requirements for specialling, sickness and vacanciesNational shortage of Band 5 registered nurses  | Medium | Increase in external scrutiny if staffing ratios not seen as safe. Potential negative media coverage.Increase in complaints and negative patient experience | Baseline staffing levels reviewed on wardsE-rostering and safer care module pilotedPeripatetic team in place5 hours’ overtime per week for staff has been reviewed in November 2016. In-house bank system expanded |

#  Monitoring and review

Monthly updates will continue to be provided to Trust Board in the form of the safer staffing template, detailing WTE registered and non-registered staff on the ward against required numbers.

The monthly safer staffing steering group will continue to drive this agenda and continue to look for other opportunities to benchmark and work with other similar organisations.

# Milestones

Progress will be reported to the Nursing Council and Professional Council. The Board will receive a further report slightly earlier than 6 months in November 2017, due to the recent changes in the board schedule.

# Recommendations

That the Board:

* Receives assurance that the analysis demonstrates current staffing levels are providing the cover needed to deliver safe patient care
* Understands the increasing levels of acuity within inpatient areas and the need to adjust the baseline staffing ratio in response on a case-by-case basis;
* Receives assurance that the work through Meridian ensures staffing resource is used efficiently
* Acknowledges the significant reduction in agency spend
* Supports the pilot of the safer care module.