**BOARD MEETING**

**May 2018**

Paper Title: Safer Staffing – Inpatient Wards

Section: Public

Lead Director: Debra Gilderdale, Director of Operations and Nursing

Paper Author: Rebecca Bentley, Acting Head of Nursing

Agenda Item: **8**

Presented For: Assurance

Paper Category: Quality, Governance & Compliance

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| **Executive Summary:** |
| 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 2017 – April 2018.  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 being met, the lack of a national tool for mental health services has provided limited assurance that achieving safe staffing levels result in quality service provision. During the previous 6 month period the Safer Staffing Steering Group agreed to develop a matrix underpinning the use of the Mental Health clustering framework. An appropriate ward for piloting this was the DAU due to the limited clusters relating to their patients (i.e. clusters 20 and 21). A scoring template was developed with the DAU to determine the care hours required for each aspect of the cluster. In addition, a shift scoring sheet was developed into which to collate each patient’s score; and then configured/ linked to the configuration model on SafeCare.  The internal acuity tool development has now paused until the Nationally accredited MH acuity model for both in patients and wards is released in October 2018 to underpin BDCFT implementation of the use of SafeCare as part of our Autoroster. The Trust continues to participate in the NHS improvement national acuity meetings where the Keith Hurst model is to be launched in October 2018.  Work has continued to embed the 3 NHSI projects within “Business as Usual” following the 90-day Rapid Improvement Programmes.  The 3 initiatives that the Trust has progressed were:   * Improve efficiency of the completed final health Autoroster in Acute wards from an average of 16 % to an improved 61% in April. Initially the pilot was 2 wards and this has been widened to acute wards and more recently to specialist wards. January 2018  Improved average length of stay on the ward by introducing a consistent discharge approach and revised discharge criteria. The 90-day pilot of 2 wards enabled us to test out and roll out the learning successfully to all acute wards and another internally developed bespoke criteria led discharge tracker is now live and operating well to support consistency of method to discharge across acute and specialist wards. The average length of stay continues to reduce significantly and tracking/ measures and monitoring is in place checking on wider impacts e.g. readmissions, caseloads in IHTT, sickness, and qualitative feedback from patients and carers.Understand the reasons for staff leaving our employment and explore appropriate interventions to help reduce turnover and improve the retention of staff. The organisation is expected to provide its safe staffing ratio information based upon complexity of need and an evidenced-based tool. Trusts are required to continue with their effort towards securing greater efficiency whilst maintaining patient safety, quality of care and safe staffing numbers. We look forward to launching the Hurst model in October and expect to present a robust evaluation to demonstrate the findings from this tool. |

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| **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 the safe care module facilitates a greater understanding of staffing requirements for this specific group of service users * Acknowledges the continued work with NHS Improvement * Supports the hold on the pilot of the Keith Hurst model within acute ward settings until the launch in October 2018. * Will consider the recommendations highlighted in the safer staffing annual review. |

**Governance/Audit Trail:**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Meetings where this item has previously been discussed** (*please mark with an X):* | | | | | | | |
| **Audit Committee** |  | **Quality & Safety Committee** |  | **Remuneration Committee** |  | **Finance, Business & Investment Committee** |  |
| **Executive Management Team** | **X** | **Directors** |  | **Chair of Committee Meetings** |  | **Mental Health Legislation Committee** |  |
| **Council of Governors** |  |

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| **This report supports the achievement of the following strategic aims of the Trust:**  (*please mark those that apply with an X):* | |
| **Quality and Workforce**: to provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce | x |
| **Integration and Partnerships**: to be influential in the development and delivery of new models of care locally and more widely across West Yorkshire and Harrogate STP |  |
| **Sustainability and Growth**: to maintain our financial viability whilst actively seeking appropriate new business opportunities |  |

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| **This report supports the achievement of the following Regulatory Requirements:**  (*please mark those that apply with an X):* | |
| **Safe**: People who use our services are protected from abuse and avoidable harm | X |
| **Caring**: Staff involve people who use our services and treat them with compassion, kindness, dignity and respect | X |
| **Responsive**: Services are organised to meet the needs of people who use our services | X |
| **Effective**: Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence. | X |
| **Well Led**: The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture. | X |
| **NHSI Single Oversight Framework** | X |

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| **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. |

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| **Freedom of Information:** |
| **Publication Under Freedom of Information Act**  This paper has been made available under the Freedom of Information Act. |

**Safer Staffing – Inpatient Wards**

## Background and Context

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 2017 to April 2018.

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 on DAU. The Safer Staffing Steering Group agreed to develop a matrix underpinning the use of the Mental Health clustering framework. An appropriate ward for piloting this was the DAU due to the limited clusters relating to their patients (i.e. clusters 20 and 21). A scoring template was developed with the DAU to determine the care hours required for each aspect of the cluster. In addition, a shift scoring sheet was developed into which to collate each patient’s score; which is then linked to the configuration model on SafeCare.

The decision to pause the bespoke development of the implementation of SafeCare across the Acute Mental Health wards using the acute hospital Keith Hurst model (which was originally designed for acute hospitals and based on 4.39 care hours per patient per day is due to an announcement that the Mental Health Keith Hurst national tool is being released in October 2018. The wards have been trained in the safecare system and were developing a bespoke acuity model but this has been put on hold.

During the six months being reported on, 32,097 shifts were required to ensure safer staffing in inpatients with an extra 5,037 shifts required for specialing (15.7% above baseline requirements – this is a slight increase from the previous 6 months which was approx. 14.8%). No shifts were recorded as non-compliant to minimum staffing requirements within this period. From the overall baseline requirements 23% of shifts were filled by bank or agency (7,502 shifts) due to vacancy/sickness, this is a 6% decrease (29%) from the number of shifts in the previous 6-month period.

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, Clinical Managers, Advanced Nurse Practitioners, occupational therapists, psychological therapists, ward housekeepers and medical staff as this is not currently a national reporting requirement.

In February a review across all wards took place utilizing the National quality board improvement resource for mental health. This review took a multi professional approach, recognizing the importance of all the team. The resource outlines a systematic approach to identify the organisational, managerial and environmental factors that support safer staffing. The review and associated template and outcomes supported recommendations for monitoring and taking actions if not enough staff are available to meet the needs of patients. Themes were drawn from the review and creative solutions have been proposed by key members of clinical staff to support quality of service and to enhance and support the role of the nurse.

Themes identified included a new approach to skill mix.

* Staff were keen to talk about occupational therapy and psychological support. Introducing these skills and embedding them further across the ward would enhance the nursing role and would support improved quality of experience for service users.
* It was felt that having an improved multi-disciplinary approach to delivering patient care would significantly contribute to reducing length of stay and would support the challenges around qualified nurse recruitment.
* Team leaders emphasised the key role of the admin function, they felt with increased support they would be able to undertake a supernumerary role when managing the ward and the overall admin input would have a significant impact not only on the smooth functioning of the ward but team morale.
* Other approaches teams would like to explore were around utilising pharmacy technicians on the ward, this would support the management and administration of medicines. This function would not only release nurses but would add a valuable dynamic to the multidisciplinary team. It is important to note that this would not de skill the nurses of their medicines management duties but would improve learning and quality of this.

The review and associated recommendations was discussed and fed back to the safer staffing steering group and will be taken forward by the director of operations and nursing.

1. **Labour Turnover**

## 2.1 Labour Turnover

The Trust 12-month rolling labour turnover rate is currently 11.40% and both the Acute Inpatient and Specialist Inpatient Services are above this at 13.80% and 12.69% respectively. The table below shows a breakdown of current staff in post, internal movements, leavers, and recruitment over the 6 month period by nursing and support staff across the wards.



Table 1: Data as at April 2018 – with leavers and internal movement data from Nov 17 to Apr 18

The table above highlights internal movements across the 6-month period. The detail of which indicates the majority of posts internally move to more community based teams, particularly in nursing posts.



Table 2: Percentage of staff remaining in post from 0 to 6 months to over 5 years.

The above table shows that over two thirds of all staff remain in post for 2 years or more, with a high percentage of nurses in Specialist Inpatient services remaining in post for more than 5 years.

The Trust however, 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 and an action plan in place to help the Trust mitigate this risk. Monitoring over the last 6 months, shows that there has been an increase in successful recruitment to band 5 posts across the services, and the Trust vacancy rate has shown a steady decrease over the period.

Across both Acute and Specialist Inpatient services there are 38 band 5 posts currently at various stages of the recruitment process, with a total of 8 band 5 nurses starting in post from January to March. 59 support worker roles are also at various stages of recruitment with 13 starting in post over the last 2 months.

The Trust is also part of the third project in the NHS Improvement 90-day Rapid Improvement programme on Retention. The Trust has developed an action plan with the main aim of the project to further understand the reasons for staff leaving our employment and implement appropriate interventions to help reduce turnover and improve the retention of key staff.

## 2.2 Sickness

Acute Services have seen a decrease in sickness over the last six months from 7.59% in November to 5.14% recorded in April. Short term sickness has reduced by 1% and long-term sickness by 1.5% over the period.

Specialist Services have however seen a significant decrease from 8.38% in November to 4.11% in April. The reduction is mainly attributed to reduction in long term sickness cases.

The top three current reasons for sickness across inpatients, acute and specialist services remain the same since the last report and are-

* Gastro-intestinal (mainly Short term sickness)
* Anxiety Stress and Depression (mainly Long term cases)
* Cold, Cough, Flu (all short term sickness)

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.

## 2.3 Bank and Agency

The Trust has undertaken a number of initiatives during the reporting period to manage its bank and agency spend usage, whilst increasing fill rates and improving quality of staff available to work; to support service delivery need and reduce risk to patient care. These include;

* Continued negotiations with Retinue to explore potential rate savings/ rebates from agencies on block bookings
* Continuous review of cascade rules to ensure maximum amount of time available to bank workers to book shifts
* Review of rosters rules to look at most efficient use of substantive hours and therefore monitoring of number of bank and agency shifts required.
* Monitoring of training and skills compliance across both agency and bank workers to ensure risk to patient care is reduced
* Engagement with bank workers to cover longer term placements with wards to increase bank fill rate
* A harm free care initiative is to be launched internally with a focus on having zero vacancies thereby reducing agency spend.

The above changes have not yet resulted in any further cost reductions as too early to analyse the impact, however, bank and agency spend continues to be monitored. During the 6-month period that the report is focused upon there has been a 2% overall increase in fill rates from the previous 6 month period; with staff bank fill rate averaging 61% and agency reducing by 8% from the start of the period to 26% average fill rate. The overall fill rate for bank and agency is 87% at 30th April 2018.

The top three reasons during the reporting period across the Trust are identified as Vacancy/ backfill (47%), Specialing (37%) and Sickness cover (10%).

## 2.4 E-Rostering

The E-Rostering system is now fully embedded within the services and utilised in fortnightly meetings across the two business units to ensure that safer staffing is achieved within available resource and that bank and agency systems are used effectively.

The Trust has been undertaking three 90-day collaborative NHSI rapid improvement projects that are supporting better use of the e rostering and also developing criteria led discharge consistency on acute wards:

**Project 1: To improve the efficiency of the completed final health Autoroster** by 10% and maximise the use of established staff.

The project has developed a robust performance tracker and is supported by the CHPPD national indicator and this is recording an improved percentage fill across all acute wards and in July 2017 the fill rate of shifts was 16% and in March 2018 has strengthened to 61% with substantive staff, reducing the demand for shifts by bank staff and agency requirements.

As part of demonstrating that the specialing demand over the last 6 months has required 30% of the bank and agency shifts, it has been agreed to increase the peripatetic substantive team from 6 staff to 12 WTE as HCA’s.

The next phase of this project is trialling changes to the shift patterns following the success of 2 pilot wards of a 2-shift roster.  The impacts continue to be tracked and will be reviewed against quality measures again in September 2018.

**Project 2: Improve average length of stay by introducing consistency of a discharge approach and revised discharge criteria.** The project has introduced a consistent approach that has at point of patient admission commenced discharge planning with the development and use of a live discharge tracker.   The bespoke SharePoint tool has supported consistency of approach  for the planning and  tracking of discharge, measuring admission and discharge trends has now been rolled out across both acute and specialist wards. Initially trialled on two pilot wards with the ambition to decrease length of stay on these wards by 10%.  Across all acute wards the length of stay has seen a 54% reduction in occupied bed days with zero readmissions within the last quarter (within 30 days of discharge) and significantly exceeded the original ambition.

The approach on both these quality improvement projects has required delivery at significant pace, lean governance and the “run charts” demonstrate, at this early stage positive outcome.

**Project 3:** The Trust are part of the third project in the NHS Improvement 90-day Rapid Improvement Programme on Retention.  The Trust has developed an action plan and the main aim of the project will be to understand the reasons for staff leaving our employment and implement appropriate interventions to help reduce turnover and improve the retention of key staff. This has led to the trust now having a robust plan around preceptorship, embedding the HEE national recommendations to support preceptorship and also supporting local preceptorship pathways. We now have a strategic and operational lead on preceptorship and work is ongoing to ensure we have systems to reflect consistent engagement with this.



A focus on recruitment and transforming perceptions of nursing is underway. We are developing nurse ambassadors across the trust and are working in collaboration with schools colleges and universities to inspire and motivate young people to choose nursing as a career.

Across our inpatient wards, to support retention and improve quality, leadership and development programmes are being delivered to nurses and staff nurse forums are in development for nurses across the wards to support ongoing learning.

## 2.5 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 5 serious incidents reported on STEIS that occurred on the inpatient wards between October 2017 and April 2018

|  |  |  |
| --- | --- | --- |
| **Department** | **No. of SI’s** | **Type** |
| Daisy Hill Dementia Assessment Unit | 2 | * Death of detained patient * Inappropriate use of physical intervention |
| LMH Ward: Ashbrook | 1 | * Suspected suicide |
| LMH Ward: Oakburn | 1 | * In-patient suspected suicide |
| Moorlands View Ward: Thornton | 1 | * Allegation of abuse |
| **Total** | **5** |  |

In the period November 17 to April 2018 there were 5082 incidents recorded. The Trust continues to be recognised as promoting a culture of reporting incidents and sharing learning on the Trust wide learning network. There is an increase in incident reporting on the previous 6 months.  Daily safety Huddles continue on all the wards to improve the safety on the ward by discussing ‘real time’ safety issues. There were 212 reported incidents related to staffing shortages.

There were 81 concerns raised November 2017- April 2018, this is an increase of 88% on the data May to October 2017. This is attributed to the introduction of volunteers at the Airedale Centre for Mental Health to ensure we are receiving more feedback.

|  |  |  |  |
| --- | --- | --- | --- |
| Formal Complaints have remained static at 5, and 50 compliments were received. **Department** | **Concern** | **Formal Complaint** | **Compliment** |
| ACMH Ward: Bracken | 10 | 1 | 4 |
| ACMH Ward: Fern | 7 | 0 | 1 |
| ACMH Ward: Heather | 17 | 0 | 5 |
| Assessment & Treatment Ward | 2 | 0 | 2 |
| Daisy Hill Dementia Assessment Unit | 1 | 0 | 3 |
| The Step Forward Centre | 1 | 0 | 5 |
| LMH Ward: Ashbrook | 11 | 0 | 11 |
| LMH Ward: Clover (PICU Unit) | 8 | 1 | 11 |
| LMH Ward: Maplebeck | 8 | 1 | 3 |
| LMH Ward: Oakburn | 12 | 2 | 3 |
| Moorlands View Ward: Baildon | 1 | 0 | 2 |
| Moorlands View Ward: Ilkley | 1 | 0 | 0 |
| Moorlands View Ward: Thornton | 2 | 0 | 0 |
| **Total** | **81** | **5** | **50** |

Friends and Family Test (FFT) is an anonymous national scheme for collecting patient and carer feedback about the services they have received.

During the period October 2017 to the end of March 2018 there were some 317 reviews where the reviewer expressed an opinion as to whether they would or would not recommend the service to friends and family. 85% would recommend the service

The table below shows percentage of reviewers likely to recommended the ward/service to friends and family during the October to March period:

|  |  |  |
| --- | --- | --- |
| **Ward / Team** | **Number of Reviews expressing an opinion** | **Percentage recommending** |
| ACMH Ward: Bracken | 56 | 93% |
| ACMH Ward: Fern | 23 | 83% |
| ACMH Ward: Heather | 33 | 100% |
| Assessment & Treatment Ward | 17 | 94% |
| Daisy Hill Dementia Assessment Unit | 10 | 100% |
| The Step Forward Centre | 44 | 100% |
| LMH Ward: Ashbrook | 8 | 75% |
| LMH Ward: Clover (PICU Unit) | 7 | 86% |
| LMH Ward: Maplebeck | 21 | 76% |
| LMH Ward: Oakburn | 0 | n/a |
| Moorlands View Ward: Baildon | 22 | 68% |
| Moorlands View Ward: Ilkley | 72 | 72% |
| Moorlands View Ward: Thornton | 4 | 50% |
| Total | 317 | 85% |

As a supplement to the FFT question the Trust also asks if the reviewers were treated with dignity and respect; kindness and compassion, felt involved as much as they wished in their care / care planning and if they felt safe. The table below shows the score out of 100 (most positive response).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Dignity | Kindness | Involved | Feel Safe |
| ACMH Ward: Bracken | 96.07% | 95.71% | 92.50% | 92.86% |
| ACMH Ward: Fern | 90.83% | 90.83% | 83.33% | 80.83% |
| ACMH Ward: Heather | 97.58% | 98.79% | 95.76% | 96.97% |
| Assessment & Treatment Ward | 94.12% | 94.12% | 91.76% | 75.56% |
| Daisy Hill Dementia Assessment Unit | 96.00% | 98.00% | 94.00% | 96.00% |
| The Step Forward Centre | 94.09% | 93.64% | 88.37% | 92.27% |
| LMH Ward: Ashbrook | 87.50% | 92.50% | 90.00% | 82.50% |
| LMH Ward: Clover (PICU Unit) | 82.86% | 80.00% | 65.00% | 72.50% |
| LMH Ward: Maplebeck | 81.90% | 86.67% | 76.19% | 75.45% |
| LMH Ward: Oakburn | 0 | 0 | 0 | 0 |
| Moorlands View Ward: Baildon | 84.55% | 86.36% | 80.91% | 90.00% |
| Moorlands View Ward: Ilkley | 89.72% | 90.00% | 88.17% | 92.50% |
| Moorlands View Ward: Thornton | 85.00% | 100.00% | 80.00% | 100.00% |

The following are examples of comments provided by reviewers during the reporting period in response to the question: “What was good about your care?”

“Staff very helpful and friendly also plenty to do watch TV music sessions clean and tidy bedroom and place overall has nice atmosphere” Dementia Assessment Unit

“Been trusted by staff and been able to get my leaves reinstalled. Also, being able to get my tobacco from the office whenever I'm going out.” Baildon Ward

That it is supportive and staff are accessible. Staff are up front and have your best interest at heart” Thornton Ward

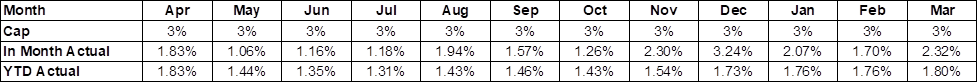
The public can see comments by vising the Trusts web site and following a link to <https://www.oc-meridian.com/OCQ/public/Comments/BDCT>

**3. Implications/Risk issues**

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 of numbers of people undertaking the course The universities have been unable to achieve their targets with the mental health nurse intake, this would therefore have a direct impact on our ability to recruit qualified staff. The trust have supported the universities in their open days and application processes and continue to support interviews for the course .It is anticipated that the extensive nurse ambassador workstream that we have just embarked on will support young people to choose nursing as a career therefore having an impact on future recruitment .The Trust however, continues to be pro-active in its employment processes and recent successful recruitment fairs have resulted in 8 band 5 and 8 support workers roles being recruited to. A further recruitment fair is scheduled for June 2018.

**3.1 Resource/Finance**

The NHS Improvement 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% in aggregate for the period April 2017 to March 2018 (see table below), although for the first time the Trust breached the in-month cap with nursing agency costs of 3.24% in December.



**3.2 Quality and Compliance/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 continues and attendance at recruitment fairs, the most recent being a Saturday event at New Mill where we were successful at recruiting 8 nurses, 8 HCA’s, 42 bank workers, 2 OT’s and 1 AHP. This was a dynamic approach were people attended to enquire about roles and where offered the opportunity of interview.
* 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 nursing associate 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
* The introduction of Nurse ambassadors to transform perceptions of nursing and motivate and inspire young people to choose nursing as a career.
* Weekly rostering meetings continue to take place 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.
* The acute wards have all opted to join the pilot of long days, with the exception of 4 people who have been offered flexible working patterns. This will see an increase in each staff member covering 6 shifts a week instead of five, thus immediately reducing the bank and agency usage. The teams are reporting improved work life balance, increased time with patients, increased consistency on the ward. The wards plan to go from an 8-week rota to a 12-week rota, enabling the staff to plan their personal and working lives 12 weeks in advance.
* 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
* Due to the high level of use of bank and agency staff untrained in patient electronic systems meant there have been gaps in access to records - potentially resulting in delays in contemporaneous record keeping. Training on patient systems is now in place as part of business continuity plans
* Within this reporting period, the Complaints and Serious incidents teams jointly delivered Learning Events, held in June and September. The events focused on Documentation, Physical Health, Suicide and Carers and were attended by staff from across teams and services. Further Learning Events are scheduled to take place in 2018 and will cover a range of subject areas where learning can be shared with staff and teams.
* A Ward manager development programme is currently underway, provided for all inpatient wards. Staff nurse forums are being developed and a senior staff nurse development programme is being explored internally and on a wider level across Yorkshire and Humber via the west Yorkshire delivery programme, which involves Health education England, provider trusts and HEIs across the region.

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 Director of Operations and Nursing.

Staffing levels across all wards are assessed daily and at each shift and the mitigation of risks and contingency planning takes place involving an adopted protocol of escalation.

EMT have approved 6 new peripatetic workers each for acute and specialist services. This will enhance the flexible offer and need across both services.

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 Steering 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
* Rota’s are now completed 6 weeks in advance to allow for appropriate band allocation when required.
* To explore good practice in other Trusts - Discussions are taking place in relation to the Colin Baker peer review and around observations and the use of specialing and these will be discussed with the Director of Operations and Nursing and next steps agreed
* The safer staffing steering group have asked for a review to be undertaken around the completion of IRes to ensure there is a consistent approach and recognition and understanding of the term Breech.

**4.** **Risk Issues Identified**

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| --- | --- | --- | --- |
| **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 vacancies  National shortage of Band 5 registered nurses | Medium | Patient and staff safety may be inadvertently compromised  Increase in external scrutiny if staffing ratios not seen as safe.  Potential negative media coverage.  Impact on individual teams where vacancies arise  Increase in complaints and negative patient experience | Baseline staffing levels reviewed on wards  E-rostering development group to continue to review roster rules, use of SafeCare and implementing most efficient roster processes  Peripatetic team increased to 12WTE and managed as part of the services  In-house bank system expanded |

**5. Next Steps**

* SafeCare roll-out and analysis of data over the following months
* New shift models trial (as part of the 90-day collaborative) to be completed and– a lessons learned evaluation during February 18
* The 3 projects linked in with NHSi are ongoing
* Criteria Led Discharge reporting will continue and an evaluation of progress completed to date during December 18
* The National Quality Board (NQB) published “An Improvement resource for mental health, Safe sustainable and productive staffing” to support annual audits of safer staffing. The resource was developed for community and inpatient mental health services across all specialties and takes a multi-professional approach, with an aim to link boards’ and clinical teams’ decisions on staffing with the needs of people who use mental health services.
* In line with NQB recommendations an annual strategic staffing review has been undertaken in May 2018 and to be reported to the Director of Operations and Nursing, Medical Director and Finance Director identifying safe sustainable staffing levels for each team with evidence these were developed using a triangulated approach the use of evidence-based tools, professional judgement and comparison with peers.
* A harm free care project is to be developed including achieving zero vacancies
* Development is underway across all acute wards to support the pathway for development of staff nurses. A significant investment has been made to retain skills within inpatient services and aims to ensure levels of experience and seniority are maintained on inpatient wards. This corresponds with the transformation of community services ensuring we have the right skills in the right place

**6. Communication and Involvement**

The report is available on the Trust Website.

**7. 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.

**8. Timescales/Milestones**

Progress will be reported to the Nursing Council and Professional Council. The Board will receive the next 6 monthly report in November 2018.