BOARD MEETING

17 December 2015

Paper Title:	Safer Staffing – Inpatient Wards
Section:	Public
Lead Director:	Nicola Lees, Deputy Chief Executive/Director of Nursing
Paper Author:	Rebecca Bentley, Nursing Professional Lead and Non-Medical Prescribing Lead Contributors: Bev Knaggs, Julie Megaw, Nicola Wilson, Louise Hussain, Richard Carroll
Agenda Item:	**11**
Presented For:	Assurance

1. 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.

2. 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. This paper is the third detailed paper presented to the board. There are six themes which include ten expectations that organisations must meet in relation to safer staffing reviews; these are outlined in appendix 1.

3. Board Consideration

The Board has received monthly staffing levels of all inpatient services since April 2014 and there have been no incidences of non-compliance against the pre-determined requirement levels. However staff turnover and over-compliant shifts - indicating high acuity - identifies that a workforce development review of staffing levels on the inpatient wards continues alongside the development of an acuity tool to assess staffing requirements.

An acuity tool has been introduced across 13 of the 14 inpatient wards (the ITC is excluded as it is a specialist unit). This is based on using information on clusters to determine the clinical needs of the service users; it also includes specialling information as well as the patient's risk assessment and multi-disciplinary team decision. The last element includes patient numbers on each ward. Initial findings demonstrate the types of clusters that service users required an inpatient admission for and the skills required to support them. This has recently been reviewed at the safer staffing steering group. The data is collected daily and inputted by the ward manager or their nominated deputy. 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. It also allows them the opportunity to focus on clinical need with financial responsibility. This demonstrates a greater understanding of financial implications and clinical management.

4. Financial Implications

None at this stage

Revenue ☐ Capital ☐

5. Legal Implications

None

6. 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.

7. 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	☐

8. Risk Issues Identified for Discussion

The organisation is expected to provide its safe staffing ratio information based upon complexity of need and an evidenced-based tool. Currently no national tool has been developed to cover mental health, nor will be. NHS England recently wrote to all Trust Chief Executives advising of their continued effort towards securing both safer staffing and greater efficiency.

BDCFT continues their engagement with local partners to develop an in house tool and leads the way in this piece of work. As our use of the acuity tool is embedded, it highlights some further areas of exploration which will be required in coming months.

There is acknowledgement that the current model of recording is based around pre-determined shift patterns of early, late and night shifts. Many of our specialist wards work largely to mid-shift patterns, especially in those areas of rehabilitation and some further work around this is required to ensure needs are representative.

Needs of local and specialist services may further influence this piece of work as our wards expand to be become more specialised and less generic.

The pre-determined levels of required staffing were based upon historic staffing levels and monitored against this standard baseline consistently. As numbers required increase in relation to levels of acuity, our performance continues to be measured against the baseline. In contrast, reductions in bed occupancy means there is likely to be over-compliance in a significant number of instances. These variations are being mitigated with revised acute care staffing controls, see appendix 4.

9. 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.

10. Publication under Freedom of Information Act

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

11. Recommendations:

That the Board

- Receives assurance that the analysis demonstrates current staffing levels are providing the cover needed to deliver safe and good quality 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
- Understands that an effective e-rostering system is needed to ensure the accuracy of data

Safer Staffing – Inpatient Wards

1. 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 May 2015 to October 2015

2. Progress

There are six themes which include ten expectations against the safer staffing agenda, detailed by the NQB, which organisations must meet in relation to safer staffing reviews. The table in Appendix 1 represents the organisation's current position and progress against these areas, since the last report in June 2015. All expectations are currently being met or being progressed well.

Bradford District Care Foundation Trust (BDCFT) currently has 14 inpatient wards, covering a wide range of specialities, of which 13 are included in this review (the ITC is excluded as it is a specialist unit). The inpatient wards are structured between acute (adults) and specialist under 2 separate localities.

Continued work within BDCFT is taking place to achieve an increased understanding of the staffing levels and their relationship to specialling, patient numbers, and activity on wards. The data collection sheet is now rolled out to all ward areas; these are completed on a daily basis. The data collection sheet combines potentially disparate information about staffing and patient ratio and thus assists in the triangulation of critical data, such as number of staff, staff mix, additional staff and also includes more subjective data such as 'did the patients feel safe' and 'did the planned therapeutic activities take place'. The work of the Safer Staffing Steering Group will now focus on analysing the data collected to determine how it will be used to ensure compliance and cost-effectiveness in all our work areas.

Colleagues have also held meetings with neighbouring Trusts to share ideas with a view to developing best practice. Whilst these links are useful, no other Trust is making as much progress with this work to date. The acuity tool is being shared nationally with others and being met with positive response.

The Trust Board continues to receive monthly updates on staffing information, including 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 and the monthly briefings have been presented to the Board since April 2014. This information is also available on the Trust website with a link available on NHS Choices webpage.

Each ward displays daily staffing levels. These displays identify the ratio of registered and un-registered staff per shift alongside the actual numbers of staff working that shift. These boards only allow recording of staff per standardised shift and as we move our work forward on safer staffing, we need to be able to more effectively record numbers required and worked on different shifts beyond the standard three (am, pm and night).

The requirements for safer staffing do not include mid-shifts and twilight shifts, though many of our services utilise these shifts. **There is no national requirement to do this but it would provide greater internal understanding of need and fill rate.*

Significant challenges have been experienced since April with the new provider, HP Retinue, having difficulty filling the shifts requested. This has resulted in 224 IREs relating to staffing issues being reported from May to October. All of these IREs have been checked against staffing and patient activity and risks have been mitigated by moving resources from other areas and by staff undertaking additional hours. At no point during this time was patient care unsafe; however, this issue has been raised with HP Retinue. In response, Retinue have appointed an operational manager with who the team managers can make direct contact and they are working more closely with us. Shifts do continue to remain unfilled on occasions. Weekly conference calls with HP Retinue take place. Escalated concerns are detailed on risk registers and are also raised in monthly meetings at a senior level.

EMT has approved the recruitment to six HCSW posts to form a peripatetic team. These staff will be trained to be able to undertake the role of observations or to fill for unexpected absence. In addition, staff will be able to work up to five hours per week overtime. This will be more cost-effective than agency, complies with EWTD requirements and contributes to achieving the Monitor agency cap.

During the six months being reported on, 15,227 shifts were required to be filled in order to fulfil minimum safe staffing requirements. None of these shifts were non-compliant although some were under compliant when, for example, the fully required number of registered staff was not met but the total staffing numbers were.

The breakdown of the number of shifts recorded as 'over-compliant' (i.e. more actual WTE of staff than planned WTE) compared to those of 'exact compliance' (i.e. same actual WTE as planned WTE) are as per the table below for May to October 15.

	May 2015		**June 2015**		**July 2015**		**August 2015**		**September 2015**		**October 2015**	
	No. of shifts	%	No. of shifts	%	No. of shifts	%	No. of shifts	%	No. of shifts	%	No. of shifts	%
Exact Compliance	1697	67.83	1772	69.49	1826	69.56	1739	68.98	1601	64.84	1558	60.86
Over Compliance	622	24.86	560	21.96	539	20.53	522	20.71	694	28.11	803	31.37
Under Compliance	183	7.31	218	8.55	260	9.90	260	10.31	174	7.05	199	7.77
Total no. of shifts	2502		2550		2625		2521		2469		2560	

Over-compliance occurs with the need for specialling, escort duties (e.g. to visit general health appointments) and increased acuity. Across all 13 wards, the average over-compliance over the previous six months is 23% but as the detailed breakdown by ward (Appendix 2) highlights, this mainly occurs on the acute wards. Under-compliance occurs when there is a different skill mix than planned or when safer staffing levels are not attained.

Specialling has continued to be required on almost all the inpatient areas. The acuity and needs of the patients have remained high. This is to be expected as almost all patients are

either detained or detainable under the Mental Health Act if they refuse to remain informally. The top three wards have been Dementia Assessment unit 90 days, Clover 72 days and Baildon 38 days. These are for the months of August, September and October 2015.

Safer staffing data does not include staff who are available on the ward for other patient and non-patient activities, such as ward managers, occupational therapists, psychological therapists, ward housekeepers and medical staff.

Over the previous six months (May 15 – Oct 15), the following metrics show the level of sickness, staff turnover and use of HP Retinue/agency across inpatient wards.

2.1 Labour Turnover

Acute Services

	Trust target	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
LTO % (rolling 12 months)	10%	7.5%	12.7%	13.6%	12.1%	11.3%	16.2%
Leavers WTE - in month		2.00	3.00	4.60	0.00	0.00	2.93
Staff internal movements –WTE in month		4.40	5.00	2.00	8.28	13.71	0.00

Specialist Services

	Trust target	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
LTO % (rolling 12 months)	10.0%	4.1%	8.3%	9.1%	10.4%	13.7%	13.9%
Leavers WTE - in month		4.00	1.80	2.00	5.60	9.47	8.13
Staff internal movements –WTE in month		1.40	2.00	2.00	3.80	3.50	0.00

The tables above show an increase in labour turnover. Monitoring of internal movements from inpatients to other areas of the Trust (and promotions within the service) is also included. The highest turnover has been identified in acute services within the 12-month rolling rate, and the individual ward data (Appendix 2) for the last six months shows Fern Ward to have the highest labour turnover. A general increase across the period within specialist service wards is recorded. Some of this can be attributed to the implementation of the new First Response Service where staff have moved internally to these positions.

Vacancies across inpatient wards continue to be a challenge, particularly with universities reducing intake of student nurses to once a year and promotional opportunities often external to inpatient services such as within First Response.

In the short-term, services have managed this by implementing a more proactive recruitment strategy targeted at neighbouring universities. The medium- and longer-term approach is the development of a band 5 to 6 development post. In addition, the service managers are engaging with managers at Bradford University to explore the options around guaranteed placements within inpatient areas, targeting third-year students. Inpatient services are increasing the number of staff trained to mentor students, thereby increasing the capacity for student placements, all aimed at optimising recruitment results of newly qualified staff.

2.2 Sickness

Acute Services

	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
Sickness Rate %	5.8	5.4	4.8	5.4	4.9	4.4
Short Term	2.0	1.9	1.3	1.3	2.0	2.1
Long Term	3.8	3.5	3.5	4.1	2.9	2.3

Specialist Services

	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
Sickness Rate %	7.9	7.2	6.8	8.1	6.6	6.9
Short Term	2.3	2.0	1.8	3.0	1.8	2.0
Long Term	5.6	5.2	5.0	5.1	4.8	4.9

Within inpatient acute and specialist services, year-to-date sickness levels are 5.32% and 7.53% respectively. Specialist services have the highest figures in this area when compared with the current Trust performance of 4.73%. Short-term sickness accounts for approximately 1.9% and long-term is 4.8% of the monthly total across all inpatient services in October. Long-term sickness is being robustly managed by the relevant manager with support from Human Resources. The top three current reasons for sickness across inpatients, acute and specialist services are:-

- Anxiety, stress, depression (almost all non-work-related)
- Musculoskeletal
- Cold/flu

Staff have regular appraisals and one-to-ones 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.

All staff in clinical areas are being actively reminded and encouraged to attend for flu vaccination. Take up is mixed and where low, staff are being encouraged to attend flu information training to help them understand and explore some of the myths around the vaccines. This at least enables all staff to make a more informed decision around receiving the vaccine. The infection prevention team are providing bespoke sessions for inpatient wards to improve accessibility for those working shifts and unable to leave the ward .

Staff who suffer any form of musculoskeletal back problem are signposted to back care clinics provided by the Trust. This helps facilitate swift and easy access to physiotherapy on work sites in work time to help reduce the impact of long-term back problems manifesting themselves and in turn causing potential increases in sickness levels. Compliance levels in moving and handling training are monitored ensuring staff are up to date and fully aware of safe moving and handling techniques.

Managers work actively to monitor absence due to diarrhoea and vomiting to prevent cross contamination in ward and other areas. Trust policy promotes positive health at work by ensuring staff are kept from work until they have been symptom-free for two days. Whilst this can impact on sickness levels, this preventative approach is less damaging than the full impact of a serious outbreak.

2.3 HP Retinue

Vacancies, absence and the requirement for specialling within inpatient services have led to continued use of HP Retinue bank and agency staff. This is now shown by ward in Appendix 2. The table below shows the actual (filled) WTE worked, (based on an average shift of 7.5 hours per shift) over all inpatient wards over the last 6 months.

		May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
Acute	WTE	42.85	35.97	49.56	42.39	46.48	36.22
Specialist	WTE	17.43	20.12	26.38	20.95	25.07	17.16
Total		**60.28**	**56.09**	**75.94**	**63.34**	**71.56**	**53.38**

The top three current reasons for bank/agency shift requests between May and October 2015 are vacancies, sickness and specialling. Both sickness and vacancy cover have slightly reduced across the period from 29% to 26%. However the requirement for specialling remains high across all inpatient services at an average of 46% of all booked shifts across the 6-month period with September the highest month at 51%. This indicates an increase in the complexity/acuity since the last reporting period. Bank/ Agency spend for specialling is considerably higher on the three acute wards at Lynfield Mount, (which are the largest acute wards in the Trust, with Ashbrook having 25 beds compared to Heather at the Airedale Centre for Mental Health having 19), Clover (PICU) ward and the Dementia Assessment Unit (DAU).

2.4 Controls in place

Reasons for high demand fluctuate from ward to ward and month to month.
Additional monitoring has been introduced utilising safer staffing data reported into locality quality and safety meetings.

Senior managers are actively engaged in the safer staffing steering group and the bank and agency spend group and additional work to triangulate data is being undertaken to help determine further gaps that may exist. Additional staffing controls and procedures have been introduced (please see Appendix 4).

Creative approaches are being pursued to look at managing vacancies more effectively, for example attendance at career fairs and development posts. Revised staffing controls, linked to safer staffing monitoring, are leading to a culture of greater flexibility with use of existing resource i.e. redistribution of baseline staffing at each shift from wards where bed occupancy is low to wards where it is higher.

Team managers in specialist ward areas now actively review staff numbers against occupants on wards where this is safe to do so, an example being the Intensive Therapy Centre, where on occasion reduced staff numbers can be accommodated. At times like this, calls are made to other wards and/or the duty senior nurse to offer assistance and avoid other areas having to hire additional staff.

The Assessment and Treatment Unit has recently loaned staff to the female acute ward and to their colleagues in low secure services. Whilst cross-cover such as this has been provided for a considerable time, this more proactive approach is new and is being constantly suggested and supported by Senior Managers.

2.5 e-Rostering

The Trust is currently in the process of deciding whether or not to go out to tender on the procurement of a new eRostering system. The current contract ends in June 2016, and although some wards are using the system to plan rotas, record shifts and pay enhanced hours electronically, it is clear that the current system is no longer fit for purpose. The procurement of a new system that is fully integrated with a bank module and acuity tool will allow the Trust to achieve the following benefits and also align with the demands for more sophisticated staffing information required by the national Safer Staffing initiative, as well as aligning to the Trust's own productivity agenda to gain efficiencies around processes/ administration tasks.

Benefits would include:

- Production of fair, more cost-effective rosters
- Enabling corporate rules regarding rosters to be built
- Support Working Time Directive compliance
- Provision of detailed management information, in particular supporting safer staffing reporting – including a management tool for managers creating rotas/ managing staffing that incorporates all staffing resources, whether temporary or contracted, and highlighting impacts on resources of bookings in real time, and also for comparing cost-efficiency of shifts/ service areas
- Improved clarity of activity levels, demand and budget
- Objective requesting of bank and agency staff
- Confidence around roster development via a built-in rules engine
- Complete control over the staff requesting process, including being able to set deadlines for requests, and limit availability over notoriously difficult rostering periods such as Christmas and school holidays
- Accurate absence and timesheet recording reducing the need for its labour-intensive paper equivalent/dual input to other systems such as ESR.
- Staff ability to choose their own shift and leave preferences through self-rostering functionality, which are then automatically filtered through a series of 'fair play' rules and requirements pending authorisation by the manager and implement a proven route for all aspects of ESR integration to reduce HR/ Payroll admin and improve payroll accuracy including managing absence returns.
- Clear profiles on individual staff demonstrating rostering, leave absence, training records and personnel issues all triangulated in one place
- Availability of functionality that facilitates the move of staff across wards/localities/ service areas
- Development of a centre of expertise in terms of system administration and building rosters
- Consistency of rota creation, providing less duplication of time taken to create rotas

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

Incidents and complaints are now being added to the staffing data to establish any correlation between staffing levels, sickness etc and triangulate the data for acuity levels. Clustering data is also currently being gathered to add to this analysis in the future.

There have been two serious incidents reported on STEIS that occurred on the inpatient wards since March 2015:

- 1 x under-16 admission onto Ashbrook Ward. Bradford does not have an inpatient CAMHS facility and when out-of-area admission is required and no bed is immediately available, under-18s are temporarily admitted to an annexe attached to an adult mental health ward. An additional 2 WTE staffing is required to chaperone under-18 admissions). We are reviewing annexe provision with CAMHS and commissioners
- 1 x unexpected death on Maplebeck Ward in July 2015

Neither incident was related to safer staffing levels.

In March 2015, one incident was reported as an assault by a patient on Oakburn Ward. This was reported as a serious incident but was downgraded from STEIS after the CCG confirmed it did not meet the SI criteria.

There have been a total of 2,346 incidents reported on the inpatient wards over the previous six months - these are all shown by month and ward in Appendix 3. All incidents have been reported including minor and non-patient-related incidents which are in Appendix 3. The key theme reported in incidents is environmental incidents related to smoking. These incident types have increased over 100%. Although this is an increase in environmental-type incidents, the remainder incident types have reduced with the levels of harm reducing notably for patients and staff over this period. When particularly high numbers of incidents occur, service managers work with clinical and ward managers to explore issues. These often relate to particularly complicated clinical presentations and at times inconsistent approaches to managing smoke-free. There needs to be continued and focused work on smoke free. Greater emphasis in consistency across all Trust sites is paramount to the management of smoke free. Several key areas of inconsistency have been identified. These include Section 17 leave being used for smoking and multiple periods of escorted leave being granted and different procedures across BDCFT premises for managing smoke-free. New guidance will be published in December 2015 that will lend itself to offering consistency across all areas. A detailed report on the smoke-free work will be provided to the December Quality and Safety Committee.

There have been 68 concerns and 11 formal complaints from June 2015 until October 2015, which also reflected the figures of the previous report (67 concerns and 11 formal complaints). There have been changes to areas in which they occurred, specifically:

- Concerns within the low secure service, Oakburn and Maplebeck have decreased
- Formal complaints about Heather ward have decreased
- Ashbrook and Fern ward have seen an increase in concerns since the previous report. Concerns raised on Ashbrook have been around facilities on the ward or environment. These have been addressed locally by the manager. Some concerns and complaints have been raised about allegations of physical assaults/restraints of service users. These have been reviewed and investigated by different mechanisms e.g. formal complaints, local review by manager, HR investigation. One outcome concluded the event did happen as described. Other concerns have not been upheld as the staff about who the allegations have been made were not on duty, or witnesses were not available to confirm events.

  Concerns about Fern Ward have no themes emerging. Some concerns have been raised around medication and one formal complaint investigation did not uphold the complaint. Others have been resolved successfully at a local level. A small number of concerns have been raised about the smoking ban, as they have on other wards, which has added to Fern's data for this period.

The Patient Advice and Complaints Team will continue to monitor data on a monthly basis for any patterns in complaints

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 question "would you recommend our service to your friends and family?"

Average recommendation Score (out of 5)	May	Jun	Jul	Aug	Sep	Oct
Acute Care	4.12	3.57	4.60	4.88	4.47	4.79
Specialist Inpatient Services	4.32	4.54	4.18	4.14	4.31	4.25
Across both service steams	4.22	4.20	4.43	4.58	4.40	4.58

During the period the following number of FFT reviews were received:

Number of Responses	May	Jun	Jul	Aug	Sep	Oct	Total
Acute Care	69	14	55	56	79	58	331
Specialist Inpatient Services	75	26	38	37	52	36	264
Grand Total	144	40	93	93	131	94	595

The FFT reviews also provide the opportunity for the patient/carer to provide written feedback in addition to the scores. Shown below is an example of the feedback for Ashbrook ward received in September.

> *"The staff were very good they have helped me get better even helped escort me on leave when busy really appreciate it they go out of their way for your care and English not being my first language interpreter was booked so I understand thank you Ashbrook staff"*

3. Assurances in Place

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 Nursing Professional Lead.

Networking opportunities continue to be explored with other organisations and the sharing of good practice within the safer staffing agenda. BDCFT continues to recognise the importance of this work and as such, maintain the leading of the project by an experienced Clinical Manager.

Staffing levels across all wards are assessed daily and at each shift and mitigating actions/ contingency planning takes place involving escalating concerns as necessary.
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
- Booking additional temporary staff and over recruiting in line with turnover rates
- Ward managers 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
- Redesign of duty senior nurse structures to ensure adequate round the clock support for each ward
- Ongoing review of incidents by Safer Staffing Group to identify trends and themes
- Continued escalation of concerns around shortfalls of HP Retinue/agency fill rates
- Triangulation of different data to provide clarity and assurance

4 Next Steps

The data is evidencing a correlation between some over-compliance on wards, HP Retinue spend and suspected increase in acuity.

The clinical project lead, led by the steering group, is now triangulating factual data from various sources.

This will allow us to understand the packages of care required to fulfil patients' needs and the skills that the staff require to implement them. This will help identify when ward staffing is increased for general level of risk or acuity and not necessarily linked to one patient/package of care.

The move to an in-house-managed bank and a peripatetic team has commenced and will be fully operational in the New Year. It is expected to have a significant impact on agency use and cost as operational services will be working towards achieving zero-spend on bank and agency.

5. Financial Implications

A finance lead has joined the steering group to support and consider any impacts on potential resources once the acuity tool is available.

The Monitor monthly percentage cap on temporary qualified nursing staff that has been applied to BDCFT for 2015/16 is 4%. The Trust continues to meet this cap reporting 3.2% in September and 3.41% in October. The cumulative position for 7 months is 3.13%.
The percentage cap will be reduced to 3% in 2016/17 which means the Trust will need to reduce its temporary qualified nursing staff requirements by approximately £15k per month (6wte) in order to meet the percentage cap.

A further requirement has been placed upon BDCFT by Monitor in relation to the provision of temporary nursing staff in that exception reporting is required from 19 October for any temporary nursing staff engaged by the Trust that are not supplied from the National Frameworks list of suppliers. This report is required to be certified by the Director of Nursing each month and exceptions fully explained.

6. Risk Implications

Risk	Likelihood High/Medium/Low	Implication	Mitigation
Staffing analysis will show that current staffing levels require increasing. Staffing ratios do not comply with National Quality Board expectations Unsafe staffing levels will impact upon quality of care Breach of Monitor agency levels	Medium	Increase in external scrutiny if staffing ratios not seen as safe. Potential negative media coverage. Increase in complaints and negative patient experience	Development of acuity tool to ensure staffing ratio to patient provides relevant assurance Development of peripatetic team 5 hours' overtime per week for staff In-house bank system services

7. Communication and Involvement

A communication plan has been developed as part of the steering group action planning processes.

8. 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.

A further update will be provided to Trust Board in six months regarding the staffing analysis and review.

9. Timescales/Milestones

Progress will be reported to the Nursing Council and Professional Council. The Board will receive a further report in December 15.

10. Recommendations

That the Board

- Receives assurance that the analysis demonstrates current staffing levels are providing the cover needed to deliver safe and good quality 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
- Understands that an effective e-rostering system is needed to ensure the accuracy of data

Appendix One

Trust Position Against the NQB Expectations

ACCOUNTABILITY & RESPONSIBILITY		**CURRENT POSITION / ACTION**
EXPECTATION 1:	Boards take full responsibility for the quality of care provided to patients and, as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care capacity and capability.	Monthly reports are provided to Trust Board providing details of staffing levels with a summary of issues and actions pertaining to staffing levels and compliance across all 13 inpatient wards and any issues affecting the quality of care are escalated to the Deputy Chief Executive/Director of Nursing . This information is also uploaded on our Trust website and NHS choices.
EXPECTATION 2:	Processes are in place to enable staffing establishments to be met on a shift-to-shift basis.	All wards complete a staffing ratio board for each shift detailing if the ward is safely staffed; any areas of concern are escalated appropriately Using facilities in SharePoint/Connect an electronic version of the data collection form has been developed. Using these facilities it will be possible for managers to see the information within minutes of it being submitted, it will enable automated alerts to be sent to appropriate managers, if, for example there is a situation whereby planned care events were cancelled an email can automatically be sent as soon as the data is input. Using SharePoint / Connect to collect the data also enables the automated creation graphs and charts to show keys statistics.
EVIDENCE-BASED DECISION MAKING		
EXPECTATION 3:	Evidence–based tools are used to inform nursing, midwifery and care staffing capacity and capability	There is currently no national acuity tool developed for mental health services, Nice are no longer on publishing guidance in Oct. Internal work however has commenced within BDCFT and this is being shared with other external organisations. An in house designed tool is currently being used by 13/14 wards to collect data to inform requirement for safely staffed wards.

EXPECTATION 4:	Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns	A Safer Staffing Steering Group continues to meet monthly and is chaired by the nursing professional lead. Workforce planning analysis has commenced within inpatient services. Any concerns around staffing issues are escalated to the relevant line manager and if unresolved are raised with the managers of acute and specialist services who will continue to escalate if patient safety is deemed to be compromised. The Trust has hearing concerns of workers policy in place and trained Disclosure Officers who support any staff who wish to raise a concern that they feel unable to within the line management structure. The Staff Survey and temperature checks with staff indicate they feel able and confident to raise concerns and be treated fairly.
EXPECTATION 5:	A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments.	In the absence of an acuity tool for mental health each of the wards has a ratio of planned staff for each shift for example, 5 am, 5 pm and 4 at night. Due to the complexity and high occupancy rates of the wards the use of agency staff is used to increase staffing levels when it is deemed additional capacity is required to meet patient needs. Recruitment initiatives are embedded and a workforce action plan is in place to address short, medium and long term actions. This includes a review of existing baseline staffing for all wards linked to bed numbers and mid-shift staffing. In order to establish a more robust plan regarding the required establishments. Each ward area is re visiting with the safer staffing lead what the actual requirements are to staff each ward safely. This will take into account the differing needs of the service users in each area.
EXPECTATION 6:	Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties.	Workforce planning and skill mix ensures that staff at the required level is delivering care appropriately. Feedback from compliments, complaints and patient experience is also considered.

		Any review will also need to ensure that additional duties to direct care are considered when agreeing establishments.
OPENNESS AND TRANSPARENCY		
EXPECTATION 7:	Boards receive monthly updates on workforce information, and staffing capacity and capability is discussed at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review.	Monthly board updates on staffing have been provided since April 2013. Six-monthly reports in June and Dec will be presented to Board
EXPECTATION 8:	NHS providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift.	All 13 inpatient wards have staff boards which are updated on each shift. This information is also provided each month on our website and on NHS choices websites
PLANNING FOR FUTURE WOKFORCE REQUIREMENTS		
EXPECTATION 9:	Providers of NHS services take an active role in securing staff in line with their workforce requirements	Workforce planning meetings take place monthly which review labour turnover, vacancies, across all inpatient settings, staff due to retire and opportunities for further skill mix and development of new roles. Inpatients services and workforce development have initiated proactive recruitment processes and are piloting a support worker program
THE ROLE OF COMMISSIONING		
EXPECTATION 10:	Commissioners actively seek assurance that the right people, with the right skills, are in the right place at the right time with the providers with whom they contract.	Monthly staffing data is uploaded onto UNIFY (Uk Health on-line data collection tool). There will also be an opportunity to raise with CMB should the acuity tool or local review highlight financial or other compliance issues, if evidenced as a response to elevated acuity.

Appendix Two: Ward Staffing Data May – October 2015

				May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15
Fern Ward Airedale Unit	**Funded Establishment (budget)**		WTE	28.18	28.18	28.18	28.18	28.18	28.18
	Staff in Post		WTE	21.60	19.60	18.60	19.60	23.80	23.71
	Vacancy		WTE	*6.58*	*8.58*	*9.58*	*8.58*	*4.38*	*4.47*
	Sickness	Rate	%	1.31	3.10	5.13	4.61	4.70	1.12
		Estimated Cost	£	564	1,591	2,763	2,645	2,774	421
		Equivalent time lost in month	WTE	0.28	0.59	0.93	0.83	0.95	0.26
	Labour Turnover	12 month rolling rate	%	25.93	28.57	35.48	25.51	16.81	16.91
		Leavers in month	WTE	0.00	0.00	0.00	0.00	0.00	0.00
		In month turnover rate	%	0.00	0.00	5.38	0.00	0.00	0.00
		Internal staff movements	WTE	0.00	2.00	1.00	0.80	0.00	0.00
	Bank/ Agency	Total Spend in Month	£	47,800	47,879	59,809	59,714	38,298	8,823
		Total Hours booked as WTE	WTE	5.24	5.13	6.56	4.62	5.09	1.99
	Incidents		No.	63	46	19	39	54	15
	Serious Incidents		No.	0	0	0	0	0	0
	Concerns		No.	0	2	2	2	1	0
	Formal Complaints		No.	0	0	0	1	0	0

				May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15
Heather Ward Airedale Unit	**Funded Establishment (budget)**		WTE	28.95	28.95	28.95	28.95	28.95	28.95
	Staff in Post		WTE	20.60	22.60	21.60	23.60	25.60	25.60
	Vacancy		WTE	*8.35*	*6.35*	*7.35*	*5.35*	*3.35*	*3.35*
	Sickness	Rate	%	3.15	6.02	6.87	6.94	2.31	5.81
		Estimated Cost	£	1,345	3,468	4,204	4,360	1,167	2,577
		Equivalent time lost in month	WTE	0.64	1.34	1.49	1.52	0.57	1.48
	Labour Turnover	12 month rolling rate	%	24.27	22.12	27.78	25.42	19.53	24.90
		Leavers in month	WTE	0.00	0.00	1.00	0.00	0.00	1.00
		In month turnover rate	%	0.00	0.00	4.63	0.00	0.00	3.91
		Internal staff movements	WTE	0.00	0.00	0.00	0.00	2.80	0.00

NHSP/ Agency	Total Spend in Month	£	52,212	47,867	66,013	87,616	44,713	16,349
	Total Hours booked as WTE	WTE	5.64	5.35	7.01	7.59	5.70	3.30
Incidents		No.	41	41	68	49	29	26
Serious Incidents		No.	0	0	0	0	0	0
Concerns		No.	1	1	2	2	1	3
Formal Complaints		No.	1	0	0	0	1	0

Bracken Ward Older Peoples Mental Health

			May 15	**Jun 15**	**Jul 15**	**Aug 15**	**Sep 15**	**Oct 15**
Funded Establishment (budget)		WTE	32.56	32.56	32.56	32.56	32.56	32.56
Staff in Post		WTE	30.75	29.95	27.95	27.15	28.65	28.65
Vacancy		WTE	*1.81*	*2.61*	*4.61*	*5.41*	*3.91*	*3.91*
Sickness	Rate	%	19.81	21.87	21.27	13.70	8.62	8.08
	Estimated Cost	£	10,880	11,427	11,534	6,923	3,959	3,441
	Equivalent time lost in month	WTE	5.91	6.41	6.01	3.72	2.36	2.32
Labour Turnover	12 month rolling rate	%	4.64	7.43	11.54	16.94	16.05	15.61
	Leavers in month	WTE	1.00	0.80	1.00	1.80	0.00	2.00
	In month turnover rate	%	3.25	2.67	3.58	6.63	0.00	6.99
	Internal staff movements	WTE	0.00	1.00	0.00	2.00	0.00	0.00
NHSP/ Agency	Total Spend in Month	£	22,723	30,167	45,112	38,168	25,949	12,203
	Total Hours booked as WTE	WTE	2.01	2.61	4.21	2.41	2.31	2.22
Incidents		No.	23	11	22	26	12	25
Serious Incidents		No.	0	0	0	0	0	0
Concerns		No.	1	0	0	2	0	3
Formal Complaints		No.	0	0	0	0	0	0

Dementia Assessment Unit (DAU)

Older Peoples Mental Health

			May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15
Funded Establishment (budget)		WTE	33.07	33.07	33.07	33.07	33.07	33.07
Staff in Post		WTE	30.17	29.17	27.37	30.77	28.30	28.30
Vacancy		WTE	*2.9*	*3.9*	*5.7*	*2.3*	*4.77*	*4.77*
Sickness	Rate	%	11.49	10.65	7.64	7.58	7.80	15.91
	Estimated Cost	£	7,932	6,985	5,646	5,167	4,840	8,816
	Equivalent time lost in month	WTE	3.57	3.11	2.23	2.16	2.35	4.31
Labour Turnover	12 month rolling rate	%	19.89	17.14	21.92	22.10	36.28	31.92
	Leavers in month	WTE	2.00	0.00	1.00	0.80	3.47	1.00
	In month turnover rate	%	6.63	0.00	3.65	2.60	12.25	3.53
	Internal staff movements	WTE	0.00	0.00	0.00	0.80	0.00	0.00
NHSP/ Agency	Total Spend in Month	£	65,775	85,447	94,693	105,594	85,180	29,359
	Total Hours booked as WTE	WTE	5.89	8.13	9.39	8.11	11.40	6.80
Incidents		No.	53	30	28	31	59	35
Serious Incidents		No.	0	0	0	0	0	0
Concerns		No.	1	0	0	0	1	0
Formal Complaints		No.	0	0	0	0	0	1

Ashbrook Ward

			May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15
Funded Establishment (budget)		WTE	30.54	30.54	30.54	30.54	30.54	30.54
Staff in Post		WTE	33.89	32.89	31.49	31.69	29.69	27.89
Vacancy		WTE	*-3.35*	*-2.35*	*-0.95*	*-1.15*	*0.85*	*2.65*
Sickness	Rate	%	4.90	5.97	6.79	3.26	3.39	6.24
	Estimated Cost	£	5,300	3,080	3,531	1,851	1,791	3,459
	Equivalent time lost in month	WTE	1.66	2.00	2.10	1.00	1.00	1.69
Labour Turnover	12 month rolling rate	%	2.95	6.08	6.35	8.83	9.43	9.18
	Leavers in month	WTE	0.00	2.00	0.80	0.00	0.00	0.00
	In month turnover rate	%	0.00	6.08	2.54	0.00	0.00	0.00
	Internal staff	WTE	2.40	0.00	0.00	3.00	6.00	0.00

	movements							
NHSP/ Agency	Total Spend in Month	£	55,519	29,589	48,514	79,991	57,149	27,201
	Total Hours booked as WTE	WTE	7.01	3.62	5.90	5.38	8.38	6.49
Incidents		No.	61	40	39	88	62	26
Serious Incidents		No.	0	0	0	1	0	0
Informal Complaints		No.	1	4	1	2	4	1
Formal Complaints		No.	0	1	0	0	1	0

Maple Beck

			May 15	**Jun 15**	**Jul 15**	**Aug 15**	**Sep 15**	**Oct 15**
Funded Establishment (budget)		WTE	27.57	27.57	27.57	27.57	27.57	27.57
Staff in Post		WTE	25.40	23.60	22.60	23.60	25.60	22.60
Vacancy		WTE	*2.17*	*3.97*	*4.97*	*3.97*	*1.97*	*4.97*
Sickness	Rate	%	4.13	2.60	7.45	2.66	0.00	3.34
	Estimated Cost	£	1,869	1,359	3,814	977	0	1,757
	Equivalent time lost in month	WTE	1.05	0.63	1.68	0.62	0.00	0.77
Labour Turnover	12 month rolling rate	%	14.17	15.25	15.93	15.25	14.06	13.95
	Leavers in month	WTE	0.00	0.00	0.00	0.00	0.00	0.00
	In month turnover rate	%	0.00	0.00	0.000	0.00	0.00	0.00
	Internal staff movements	WTE	0.00	2.00	1.00	2.00	2.00	0.00
NHSP/ Agency	Total Spend in Month	£	78,931	77,208	112,513	114,741	94,357	40,174
	Total Hours booked as WTE	WTE	8.68	7.42	11.65	9.38	11.56	8.26
Incidents		No.	25	25	38	37	37	17
Serious Incidents		No.	0	1	0	0	0	0
Concerns		No.	5	1	2	0	1	2
Formal Complaints		No.	0	0	0	0	0	1

Oakburn Ward

			May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15
Funded Establishment (budget)		WTE	31.25	31.25	31.25	31.25	31.25	31.25
Staff in Post		WTE	33.20	30.20	26.40	26.00	30.80	30.00
Vacancy		WTE	*-1.95*	*1.05*	*4.85*	*5.25*	*0.45*	*1.25*
Sickness	Rate	%	14.63	12.39	13.61	16.19	7.45	3.77
	Estimated Cost	£	7,347	5,393	6,443	7,796	4,535	3,151
	Equivalent time lost in month	WTE	4.61	3.65	3.77	4.24	2.07	1.01
Labour Turnover	12 month rolling rate	%	5.42	12.58	17.42	14.62	12.34	16.44
	Leavers in month	WTE	1.00	0.00	1.80	0.00	0.00	1.00
	In month turnover rate	%	3.01	0.00	6.82	0.00	0.00	3.33
	Internal staff movements	WTE	1.00	1.00	1.00	0.48	0.00	0.00
NHSP/ Agency	Total Spend in Month	£	50,535	50,383	78,456	89,390	46,920	25,128
	Total Hours booked as WTE	WTE	6.20	6.18	9.26	8.23	6.94	5.89
Incidents		No.	28	50	75	40	41	35
Serious Incidents		No.	0	0	0	1	0	0
Concerns		No.	3	2	1	0	0	2
Formal Complaints		No.	0	1	0	0	0	0

Baildon Ward

			May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15
Funded Establishment (budget)		WTE	22.60	22.60	22.60	22.60	22.60	22.60
Staff in Post		WTE	22.10	21.10	22.10	21.10	20.60	20.60
Vacancy		WTE	*0.50*	*1.50*	*0.50*	*1.50*	*2.00*	*2.00*
Sickness	Rate	%	0.00	0.00	0.00	4.78	5.60	7.20
	Estimated Cost	£	0	0	0	2,339	1,842	2,370
	Equivalent time lost in month	WTE	0.00	0.00	0.00	1.03	1.17	1.48
Labour Turnover	12 month rolling rate	%	2.26	2.37	2.26	7.11	12.14	11.85
	Leavers in month	WTE	0.00	0.00	0.00	1.00	1.00	0.00
	In month turnover rate	%	0.00	0.00	0.00	4.74	4.85	0.00
	Internal staff	WTE	0.00	1.00	0.00	0.00	0.00	0.00

	movements							
NHSP/ Agency	Total Spend in Month	£	13,885	20,271	18,933	37,217	24,207	7,587
	Total Hours booked as WTE	WTE	1.61	2.32	2.27	3.99	4.01	2.23
Incidents		No.	6	8	13	28	10	11
Serious Incidents		No.	0	0	0	0	0	0
Concerns		No.	0	0	0	0	0	1
Formal Complaints		No.	0	0	0	0	0	0

Ilkley Ward

			May 15	**Jun 15**	**Jul 15**	**Aug 15**	**Sep 15**	**Oct 15**
Funded Establishment (budget)		WTE	25.07	25.07	25.07	25.07	25.07	25.07
Staff in Post		WTE	23.80	25.00	24.80	23.80	23.40	24.40
Vacancy		WTE	*1.27*	*0.07*	*0.27*	*1.27*	*1.67*	*0.67*
Sickness	Rate	%	5.39	1.10	9.34	9.46	4.56	2.81
	Estimated Cost	£	2,673	544	5,453	5,379	2,569	1,971
	Equivalent time lost in month	WTE	1.26	0.27	2.35	2.26	1.07	0.68
Labour Turnover	12 month rolling rate	%	15.97	15.20	15.32	20.17	17.09	12.45
	Leavers in month	WTE	0.00	0.00	0.00	1.00	0.00	0.00
	In month turnover rate	%	0.00	0.00	0.00	4.20	0.00	0.00
	Internal staff movements	WTE	1.00	0.00	1.00	1.00	1.00	0.00
NHSP/ Agency	Total Spend in Month	£	18,607	18,236	25,609	7,645	6,010	1,288
	Total Hours booked as WTE	WTE	2.00	1.93	3.11	1.93	1.39	0.63
Incidents		No.	6	6	54	40	35	4
Incidents		No.	0	0	0	0	0	0
Concerns		No.	0	0	0	0	0	0
Formal Complaints		No.	0	0	0	0	0	0

Thornton Ward

			May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15
Funded Establishment (budget)		WTE	33.62	33.62	33.62	33.62	33.62	33.62
Staff in Post		WTE	32.80	32.80	31.80	32.80	30.80	30.80
Vacancy		WTE	*0.82*	*0.82*	*1.82*	*0.82*	*2.82*	*2.82*
Sickness	Rate	%	5.06	1.39	2.33	3.35	7.54	4.08
	Estimated Cost	£	4,969	1,098	1,260	1,856	4,355	2,226
	Equivalent time lost in month	WTE	1.66	0.45	0.74	1.06	2.38	1.26
Labour Turnover	12 month rolling rate	%	6.10	6.10	6.29	3.05	6.49	6.35
	Leavers in month	WTE	1.00	0.00	0.00	0.00	1.00	0.00
	In month turnover rate	%	3.05	0.00	0.00	0.00	3.25	0.00
	Internal staff movements	WTE	0.00	0.00	1.00	0.00	1.50	0.00
NHSP/ Agency	Total Spend in Month	£	2,500	1,991	4,669	4,547	5,560	7,842
	Total Hours booked as WTE	WTE	0.25	0.22	0.60	0.77	1.19	1.57
Incidents		No.	12	12	30	39	45	43
Serious Incidents		No.	0	0	0	0	0	0
Concerns		No.	2	0	1	0	1	2
Formal Complaints		No.	0	0	0	0	0	0

ATU

			May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15
Funded Establishment (budget)		WTE	29.72	29.72	29.72	29.72	29.72	29.72
Staff in Post		WTE	28.60	28.60	28.40	28.00	29.00	31.80
Vacancy		WTE	*1.12*	*1.12*	*1.32*	*1.72*	*0.72*	*2.08*
Sickness	Rate	%	4.96	6.64	11.79	20.20	12.88	8.90
	Estimated Cost	£	3,406	3,770	7,008	13,678	6,852	5,335
	Equivalent time lost in month	WTE	1.42	1.90	3.35	5.67	3.60	2.68
Labour Turnover	12 month rolling rate	%	4.20	4.20	4.23	5.71	13.79	13.47
	Leavers in month	WTE	0.00	0.00	0.00	1.00	3.00	0.00
	In month turnover rate	%	0.00	0.00	0.00	3.57	10.34	0.00
	Internal staff movements	WTE	0.00	0.00	0.00	0.00	1.00	0.00
NHSP/ Agency	Total Spend in Month	£	32,704	37,612	37,400	34,073	30,314	22,118

	Total Hours booked as WTE	WTE	3.43	4.03	4.07	2.69	2.96	2.46
Incidents		No.	56	56	38	14	27	19
Serious Incidents		No.	0	0	0	0	0	0
Concerns		No.	0	0	0	1	0	0
Formal Complaints		No.	0	0	0	0	0	0

				May 15	**Jun 15**	**Jul 15**	**Aug 15**	**Sep 15**	**Oct 15**
Clover Ward	**Funded Establishment (budget)**		WTE	28.03	28.03	28.03	28.03	28.03	28.03
PICU	**Staff in Post**		WTE	23.60	23.60	23.60	26.00	27.20	26.20
	Vacancy		WTE	*4.43*	*4.43*	*4.43*	*2.03*	*0.83*	*1.83*
	Sickness	Rate	%	15.57	9.65	0.68	3.26	7.07	11.70
		Estimated Cost	£	7,417	5,123	307	1,834	3,698	5,864
		Equivalent time lost in month	WTE	3.50	2.23	0.16	0.81	1.87	3.06
	Labour Turnover	12 month rolling rate	%	29.66	29.66	29.66	26.92	18.38	18.59
		Leavers in month	WTE	1.00	1.00	0.00	0.00	0.00	0.00
		In month turnover rate	%	4.24	4.24	0.00	0.00	0.00	0.00
		Internal staff movements	WTE	1.00	0.00	0.00	2.00	2.91	0.00
	NHSP/ Agency	Total Spend in Month	£	93,915	74,167	73,697	68,945	63,598	52,225
		Total Hours booked as WTE	WTE	10.08	8.28	9.19	7.20	8.82	10.29
	Incidents		No.	73	54	96	66	72	81
	Serious Incidents		No.	0	0	0	0	0	0
	Concerns		No.	0	2	2	0	1	0
	Formal Complaints		No.	0	0	1	0	1	0

Step Forward Centre

			May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15
Funded Establishment (budget)		WTE	18.01	18.01	18.01	18.01	18.01	18.01
Staff in Post		WTE	14.80	13.80	16.80	16.80	15.80	15.80
Vacancy		WTE	*3.21*	*4.21*	*1.21*	*1.21*	*2.21*	*2.21*
Sickness	Rate	%	1.32	1.37	1.45	5.99	5.73	8.17
	Estimated Cost	£	508	366	807	2,997	2,163	2,286
	Equivalent time lost in month	WTE	0.20	0.20	0.23	1.01	0.93	1.29
Labour Turnover	12 month rolling rate	%	20.27	28.99	23.81	23.81	31.65	23.67
	Leavers in month	WTE	0.00	1.00	0.00	0.00	1.00	0.00
	In month turnover rate	%	0.00	7.25	0.00	0.00	6.33	0.00
	Internal staff movements	WTE	0.40	0.00	0.00	0.00	0.00	0.00
NHSP/ Agency	Total Spend in Month	£	18,294	33,487	30,749	23,446	16,987	6,834
	Total Hours booked as WTE	WTE	2.25	0.89	2.72	1.05	1.81	1.25
Incidents		No.	6	3	3	4	2	13
Serious Incidents		No.	5	3	3	6	8	5
Informal Complaints		No.	0	0	0	0	0	0
Formal Complaints		No.	0	0	0	0	0	0

Appendix Three: All Inpatient Incidents by Type

Inpatient incidents Jun 2015 to Oct 2015 by incident type

Incident Type	Total
Environment/ Trust Property Affected	413
Member Of Public/ Family Affected	16
Service User Affected	1009
Staff Affected	882
Systemic	26
TOTAL	**2346**

Patient affected Inpatient incidents Jun 2015 to Oct 2015 by actual impact (harm)

Patient Affected Actual Impact (Harm)	Total
1 None (No Harm)	803
2 Minor (Minimal Harm Requiring Minor Treatment)	186
3 Moderate (Significant But Not Permanent Harm)	18
5 Catastrophic (Death)	2
TOTAL	**1009**

Staff affected Inpatient incidents Jun 2015 to Oct 2015 by actual impact (harm)

Staff Affected Actual Impact (Harm)	Total
1 None (No Harm)	718
2 Minor (Minimal Harm Requiring Minor Treatment)	157
3 Moderate (Significant But Not Permanent Harm)	7
TOTAL	**882**

Appendix Four: Acute Care Staffing Controls

Standard Operating Procedure	Staffing controls
Clinical Area	Acute Care Services
Summary	Operational procedures for the effective staffing of clinical areas within Acute Care Services.
Definitions	Establishment – each area has an approved and funded minimum staffing level for each shift. This is referred to as the establishment. Observation – where patient requires staff member to observe them for reasons of reducing risk. Escort – where patient requires a staff member to escort them, leaving the ward/department. Chaperoning – where staff member is required to remain with someone; for example a CAMHS patient or a visiting work man. Vacant shift – where there is a gap in the staffing below the planned establishment, for example when a staff member is absent due to illness. Unit – there are two main sites for acute services; Airedale Centre for Mental Health and Lynfield Mount Hospital. Temporary staffing – additional staff as required for individual shifts for specific purposes ie vacant shifts, observation, escort, chaperoning. External temporary staffing – staff booked as required through our agency provider (HB Retinue) for individual shifts for specific purposes ie vacant shifts, observation, escort, chaperoning. Bank staff – BDCFT staff booked through our agency provider (HB Retinue) Agency staff – staff employed by or subcontracted to our agency provider (HB Retinue)
Audience	Assistant Ward/Team Managers Ward/Team Managers Clinical Managers Service Managers Deputy Directors

General Principles	Temporary staffing should wherever possible be covered within the overall establishment of the unit. For example, where a ward is below patient occupancy it may be possible to release staff to cover vacant shifts on another ward. Where it is not possible to cover temporary staffing within the unit establishment, it may be necessary to use external temporary staffing. The priority should be use of bank staff, followed by agency staff.
Temporary Staffing	Increases in temporary staffing to meet specific requirements such as observation, escort, chaperoning or vacant shifts may be approved by ward manager. In the absence of the ward manager (including out of hours) the duty nurse may approve.
Exceeding or reducing establishment	Increases or reductions in staffing that exceed or reduce establishment, other than temporary staffing, must be approved by Deputy Director. Temporary staffing is for individual shifts and for a specific purpose. Staffing that is planned beyond an individual shift and/or not associated with a specific purpose represents an increase or reduction in establishment.
Daily staffing review	Each unit will undertake a daily staffing review, led by the Clinical Manager, to identify and address temporary staffing requirements.
Monthly rota review	Each unit will undertake a monthly rota planning meeting, led by the Clinical Manager. This meeting plans ward/department staffing rotas and duty nurse rota for the unit.
Safer Staffing	Each unit on a daily basis complete a safer staffing return form. This will be completed by the ward manager or their nominated deputy. Each area if they require extra staff need to provide the rationale. All areas must work within their agreed establishment unless agreed / authorised as above.