

**BOARD MEETING****December 2016**

|                |  |
|----------------|--|
| Paper Title:   | Safer Staffing – Inpatient Wards   |
| Section:       | Public   |
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| Agenda Item:   | 12   |
| 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. 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 May 2016 to October 2016.

**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. There are six themes which include ten expectations that organisations must meet in relation to safer staffing reviews; these are outlined in appendix 1.

Work has been initiated with Meridian Productivity around ensuring good governance exists in instances where wards have commissioned staff over and above normal planned numbers due to complexity and demand. The outcome of this work will be to ensure that all appropriate levels of staffing are achieved alongside the best use of resource.

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

### 3 Board Consideration

The Board has received monthly staffing levels of all inpatient services since April 2014. The organisation is expected to provide its safe staffing ratio information based upon complexity of need and an evidenced-based tool. Currently no national tool has been developed to cover mental health and it is unlikely this will be produced for mental health areas for some time. However, Trusts are required to continue with their effort towards securing greater efficiency though maintaining patient safety, quality of care and safe staffing numbers.

The pre-determined levels of staffing were based upon historic staffing levels and monitored against this standard baseline consistently. As numbers require increasing in relation to levels of acuity, our performance continues to be measured against the baseline. In contrast, reductions in bed occupancy means at times it is possible some shifts can be over-compliant and consequently such variations are being managed with revised acute care staffing controls that allow sharing of resource across all inpatient wards.

### 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           | <input type="checkbox"/> | Quality & Safety Committee | <input checked="" type="checkbox"/> | Remuneration Committee    | <input type="checkbox"/> | Resources Committee      | <input type="checkbox"/> |
| Executive Management team | <input type="checkbox"/> | Directors' Meeting         | <input type="checkbox"/>            | Chair Committees' Meeting | of                       | MH Legislation Committee | <input type="checkbox"/> |

### 8 Risk Issues Identified for Discussion

Vacancies on the inpatient wards continue to be a challenge and the Trust is aware of the national shortage of band 5 registered nurses, primarily due to the reduction of training places. There have been three incidences (two in the last six months) of non-compliance

against the pre-determined requirement staffing levels due to unusually high and sudden staff sickness.

## 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 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;
- Acknowledges the progress of e-rostering and the improvement in accuracy of staffing data
- Receives assurance that the work through Meridian ensures staffing resource is used efficiently
- Acknowledges the changes to bank overtime will improve the quality of care and improve staff morale.
- Acknowledges the reduction in agency spend
- agree the level of detail regarding safer staffing for future reports

## **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. 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 (appendix 1). 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 to October 2016.

### **2 Review Over the Previous Six Months**

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

Continued work within BDCFT is taking place to achieve an increased understanding of the staffing levels and their relationship to specialising, patient numbers, and activity on wards. Over recent months the e-rostering system has been rolled out across all wards and now embedded providing live information to the ward and service managers.

During the six months being reported on, 32752 shifts were required to ensure safer staffing in inpatients with an extra 2531 shifts required for specialising (7.7% of baseline requirements). Only 2 shifts were non-compliant with minimum staffing requirements within this period due to unusually high staff short term sickness. However care was not compromised on the ward and was managed internally through the temporary re-distribution of staff. From the overall baseline requirements 16.9% of shifts were filled by bank or agency (5562 shifts) due to vacancy/sickness etc.

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

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

#### **2.1 Labour Turnover**

Acute Services have seen a total of 35.91 WTE leave the wards with 22.6 of these being internal moves – this totals a 12 month rolling turnover of 14.67%. Specialist Services have seen a total of 25.2 WTE leave the wards with 11.8 of these being internal moves – this totals a 12 month rolling turnover of 23.08%. As discussed in the previous review, the Trust is aware of the national shortage of band 5 registered nurses – due to a reduction in training places - and the issue is on the Trust's corporate risk register with an action plan in place to help the Trust mitigate this risk.

Consequently vacancies across inpatient wards continue to be a challenge, particularly with universities reducing intake of student nurses to once a year. Currently across inpatient services there are 36.7WTE band 5 vacancies however following the continual recruitment drive, there have been 2 band 5 nursing post filled along with 45.83 wte band 2 roles and a further 2 band 5 new staff starting due to start during November/ December. During September 2016, a deep dive in workforce was commissioned and presented to the Finance, Business and Investment Committee.

## **2.2 Sickness**

Acute Services have seen an increase in sickness over the last six months with May being 5.15% increasing to 7.05% in October (5.87% of this being short term sickness). Specialist Services have also seen a slight rise in sickness over the previous six months with May being 6% and October increasing slightly to 6.11% (4.56% being short term sickness). Short-term sickness accounts for approximately 1.14% and long-term is 5.38% 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 have slightly changed from the last report and are:-

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

Staff 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 have also been signposted to the Mindfulness App which offers a course of mindfulness meditation, in bite-sized ten minute exercises, delivered through an phone / tablet app or online.

## **2.3 Bank and Agency**

Vacancies, absence and the requirement for specialising within inpatient services have led to continued use of bank and agency staff. This is shown by ward in Appendix 2.

The top three current reasons for bank/agency shift requests between May and October 2016 are vacancies, specialising and sickness. Vacancy cover (particularly across Dementia Assessment Unit – DAU) has increased from 39.1% to 42.7% of the overall use. The requirement for specialising also remains high across all inpatient services at an average of 27% of all booked shifts across the 6-month period.

Since the introduction of the in-house staff bank, there has been a considerable reduction in the use of agency and consequent spend since the last review (April to September information submitted as part of an FBIC paper for eRostering evidenced a reduction of £1.1M spend from the same period last year on both bank and agency).

It is expected, with the continued development of the in house bank system, we will see a further reduction in agency spend. The staff bank, of which consists of many of BDCFT's own staff, will also provide improved continuity of care and consistent quality as the staff are aware of the procedures, policies and services within the Trust. Since the staff bank has been bought in-house the number of incidents regarding shifts being unfilled on acute wards has also significantly decreased.

## 2.4 e-Rostering

BDCFT has recently introduced e-rostering which is already providing detailed information and analysis on staff requirements and management of resource. This, along with an integrated Bank booking module, has been deployed over the last 6 months across all wards.

The system also includes a module called Safe-Care. It is felt that the Safe-Care modules being rolled out in the Trust will allow us to associate staffing levels with clusters and patient acuity and needs. The Trust is currently working with each ward to determine the correct calculation levels for their needs, and when fully in place will provide real time information on staffing levels, allow flexibility to redeploy staff at source to where they are needed and will offer managers improved oversight of resource allocation and needs.

## 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 and triangulate the data for acuity levels. Clustering data is also currently being gathered to add to this analysis.

There have been 4 serious incidents reported on STEIS that occurred on the inpatient wards between May-October 2016; these were on Ashbrook, Oakburn and Fern Wards. These included 2 incidents of admissions of under 16 year olds and the Trust are currently working in partnership with Creative Support piloting a safe space for young people to spend the night with support as an alternative to admission. The other two incidents unfortunately were due to 1 suicide which has been fully investigated and found no service issues or recommendations and 1 suspected suicide which is currently being investigated using the Trust serious incident investigation approach and awaiting a coroner's hearing. Both of these incidents occurred whilst the service users were on leave from the ward. These incidents were not related to the staffing levels on the ward at the time.

In the period May to end of October 2016 there were 7203 incidents recorded. Positively, the Trust is recognised as promoting a culture of reporting incidents so learning can be shared. The incidents are shown by: type; patient actual impact (harm), staff affected and inpatient incidents by actual impact (harm) in the appendices attached. It is important to note that ALL incidents are recorded of which a majority are not related to actual harm and a more recent project capturing all smoking incidents in non-designated areas (totalling 3857) have shown a sharp increase in incidents. There were 283 incidents related to staffing issues such as under compliance.

There have been 60 concerns and 11 formal complaints from May until October 2016 and 50 compliments received. In June there was an increase in formal complaints received, however this was also reflected in complaints figures across other areas of the organisation. Concerns are more frequently obtained as the Patient Advice and Complaints Team regularly attend in-patient areas.

A summary include:

- Ashbrook has received the majority of complaints and concerns. Two of these concerns highlighted issues around the monitoring and management of physical health and action plans have been developed in response to these. One formal complaint was raised about use of restraint however the investigation concluded that it was used appropriately, as a last resort.

- A common theme during August was communication with carers/families particular from the wards around discharge arrangements. On deeper investigation however there is evidence of good practice around communication with carers identified in both formal complaints and serious incidents
- October saw concerns/formal complaints raised about the staffing levels on the DAU. Managers are aware and have developed an action plan and a task and finish group has been set up which is led by Deputy Director, Specialist Inpatients, Dental and Administrative services to address concerns. There are a number of workstreams including: staffing levels, governance, training, carer concerns, local and national profiling of services, partnership working.

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

| Would you recommend our service to friends and family | 2016 |      |      |      |      |      |                 |
|---|------|------|------|------|------|------|-----------------|
|   | May  | Jun  | Jul  | Aug  | Sep  | Oct  | 6 month average |
| Inpatient Services, Dental and Administration         | 4.35 | 3.96 | 4.28 | 4.37 | 4.17 | 4.30 | 4.25            |
| Mental Health Adults and Community                    | 4.53 | 4.24 | 4.48 | 3.48 | 4.12 | 4.39 | 4.21            |
| Average across both business units                    | 4.47 | 4.13 | 4.35 | 3.99 | 4.15 | 4.33 | 4.23            |

|   | 2016 |     |     |     |     |     |               |
|---|------|-----|-----|-----|-----|-----|---------------|
|   | May  | Jun | Jul | Aug | Sep | Oct | 6 month Total |
| Number of reviews                             |      |     |     |     |     |     |               |
| Inpatient Services, Dental and Administration | 20   | 23  | 40  | 41  | 54  | 63  | 241           |
| Mental Health Adults and Community            | 38   | 37  | 25  | 31  | 34  | 28  | 193           |
| Grand Total                                   | 58   | 60  | 65  | 72  | 88  | 91  | 434           |

Comments are also received via this process and examples include:

*“The staff are very kind and caring towards everyone here. I have been here before and know that they will help me get better so i can go home again.” - Bracken Ward*

*“The staff take a non paternalistic approach and manage to create patient centred support for all in what is often an unpredictable environment. I don't anticipate making a return visit which is a positive testament to the care and quality of treatment that I have received” - Oakburn Ward.*

### 3 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 attendance at recruitment fairs
- Participating in return to practice initiatives for those who have left nursing or retired
- The Trust has developed strong links with local colleges and Universities to help ensure newly qualified staff remain within Bradford and work for the Trust. This

includes encouraging student nurses to work on the bank as a health care support worker and then as a qualified nurse and offering job offers to final year students before they graduate. The Trust has also initiated a 'buddy' system allowing a mentoring approach to student nurses in order to initiate a strong relationship to prospective employees.

- A peer review of the Trust's Dementia Assessment Unit was undertaken with findings and recommendations reported in August 2016. From these recommendations significant remodelling of the staffing complement has been undertaken with a drive to recruit to additional permanent staffing. Commissioners have indicated a willingness to consider additional investment into Dementia Care. In the meantime, the Trust have invested in augmenting the staffing and an assertive and creative recruitment drive is underway to attract new staff both from local areas and further afield.
- The use of overtime and working via the Trusts staff bank was reviewed in November. The review highlighted the fact that a small number of staff were working excessive hours on the wards. Following this review it has been agreed to put in place tighter controls using the e-rostering system to ensure that staff do not breach the working time directive. This means that inpatient staff on a full time contract can continue to work on average up to 5 hours a week overtime and a further 5.5 hours per week via the staff bank.
- In September 2016 Meridian Productivity initiated a project examining the rostering process on inpatient wards. This was to explore the high use and spend on agency and bank staff and whether a more robust system could be put in place to ensure that all contracted staff were being appropriately rostered. This project will be completed in December 2016 but has identified numerous issues with the management of rosters and under-utilised hours. Progress within this project has shown to date a reduction in the use of staff and agency usage by smarter allocation of shifts to employed inpatient staff.
- Debra Gilderdale, Interim Director of Nursing, is undertaking "What Matters to You" conversations with staff across all Trust wards. These 'culture conversations' support staff to raise concerns or to offer feedback on what is working well. From these meetings issues have been raised around safer staffing and improvement suggestions therein. Concerns / suggestions are fed into the business unit governance / operational process, action plans are put in place to ensure improvements are made and some suggestions have also influenced some of the Meridian productivity work. An example of the concerns raised would be the lack of experience and knowledge that some agency/bank workers exhibit when attending the shift. Consequently a ward induction plan is being put in place to ensure that all new agency/bank workers are introduced to the workings of the ward and processes and procedures. Where there is a need to use bank only or agency staff ward managers are being encouraged to block book shifts to help provide continuity of care and ensure that patients are being supported by staff who are familiar with the clinical environment, the clinical team and also the patients.
- Networking opportunities continue to be explored with other organisations and the sharing of good practice within the safer staffing agenda. As discussed in the previous report, BDCFT has engaged with the University of Leeds in a data sharing exercise in order to contribute to the Universities work in identifying appropriate

staffing compliments for mental health wards. Data has been shared with the University of Leeds and the Trust awaits the outcome of this work.

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

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

Such actions include:

- Moving staff between wards to ensure that all wards have safe staffing levels and response to short-term crisis is effective and fluid
- Use of the new Peripatetic workers
- Booking additional temporary staff and over recruiting in line with turnover rates
- 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
- 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
- Triangulation of different data to provide clarity and assurance
- Ward managers meet weekly regarding the rostering management related to the Meridian Productivity project where rosters are reviewed to ensure effective allocation of resources to meet needs
- Rotas are now completed 4-6 weeks in advance to allow for appropriate band allocation when required.

#### **4 Next Steps**

The Meridian Productivity programme will be completed in December 2016. The impact and effect of changes introduced by both the e-rostering system and the Meridian productivity findings will be monitored by service managers and the safer staffing sub and steering groups. This will include a skill mix review and staffing review. Clustering analysis to allow accommodation of the safer care module in e-rostering has been initiated to support safer staffing calculations.

#### **5 Financial Implications**

The NHS Improvement monthly percentage cap on temporary qualified nursing staff that has been applied to BDCFT has 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 (6WTE) in order to meet the 3%. The Trust has achieved the qualified nurse agency usage cap of 2.57% for the year to date and had nursing agency costs of 2.82% at Month 7.

## 6 Risk Implications

| Risk  | Likelihood<br>High/Medium/Low | Implication   | Mitigation   |
|---|-------------------------------|---|--|
| Staffing analysis will show that current staffing levels require increasing due to cover requirements for specialising, sickness and vacancies<br><br>National shortage of Band 5 registered nurses | Medium                        | Increase in external scrutiny if staffing ratios not seen as safe. Potential negative media coverage.<br><br>Increase in complaints and negative patient experience | Development of acuity tool to ensure staffing ratio to patient provides relevant assurance<br><br>Development of peripatetic team<br><br>5 hours' overtime per week for staff has been reviewed in November 2016. Subject to agreement this will be set at 10.5 hours, (Maximum of 48 hours per week)<br><br>In-house bank system services |

## 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 Milestones

Progress will be reported to the Nursing Council and Professional Council. The Board will receive a further report in June 2017

## 9 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;
- Acknowledges the progress of e-rostering and the improvement in accuracy of staffing data
- Receives assurance that the work through Meridian ensures staffing resource is used efficiently
- Acknowledges the changes to bank overtime will improve the quality of care and improve staff morale.
- Acknowledges the reduction in agency spend
- agree the level of detail regarding safer staffing for future reports

## 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 interim Director of operations and 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.   | <p>All wards complete a staffing ratio board for each shift detailing if the ward is safely staffed; any areas of concern are escalated appropriately</p> <p>Using facilities in SharePoint/Connect an electronic version of the data collection form has been developed.</p> <p>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. The implementation of E-Rostering will also enhance this process.</p> |
| <b>EVIDENCE-BASED DECISION MAKING</b> |   |  |

|                       |  |   |
|-----------------------|--|---|
| <p>EXPECTATION 3:</p> | <p>Evidence-based tools are used to inform nursing, midwifery and care staffing capacity and capability</p>                            | <p>There is currently no national acuity tool developed for mental health services, Nice are no longer publishing guidance. Internal work continues 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.</p>   |
| <p>EXPECTATION 4:</p> | <p>Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns</p> | <p>A Safer Staffing Steering Group continues to meet monthly and is chaired by the Deputy Director of Nursing. Children's and specialist services. Workforce planning analysis has commenced within inpatient services. An escalation process is in place and 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.</p> <p>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.</p> |
| <p>EXPECTATION 5:</p> | <p>A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments.</p>                        | <p>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 the employed peripatetic workforce and/or agency staff is used to increase staffing levels when it is deemed additional capacity is required to meet patient needs.</p>  |

|  |   |   |
|--|---|---|
|  |   | <p>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.</p> <p>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.</p> |
| EXPECTATION 6:                                   | Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties.  | <p>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.</p> <p>Any review will also need to ensure that additional duties to direct care are considered when agreeing establishments.</p>   |
| <b>OPENNESS AND TRANSPARENCY</b>                 |   |   |
| 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   |
| <b>PLANNING FOR FUTURE WOKFORCE REQUIREMENTS</b> |   |   |

|                                  |  |  |
|----------------------------------|--|--|
| EXPECTATION 9:                   | Providers of NHS services take an active role in securing staff in line with their workforce requirements  | Operational 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 have now engaged a peripatetic workforce of 6 wte to work flexibly across the wards when required. |
| <b>THE ROLE OF COMMISSIONING</b> |  |  |
| 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. | <p>Monthly staffing data is uploaded onto UNIFY (UK Health on-line data collection tool).</p> <p>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.</p>   |

## Appendix Two



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