

BOARD MEETING

30 November 2017

Paper Title:	Safer Staffing – Inpatient Wards
Section:	Public
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Agenda Item:	10
Presented For:	Assurance
Paper Category:	Quality, Governance & Compliance

Executive Summary:

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

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


Appendix One.docx

Whilst national reporting requirements require Trusts to identify whether required staffing levels were been met, the lack of a national tool for mental health services provides limited assurance that achieving safe staffing levels resulted in quality service provision. The Safer Staffing Steering Group agreed to develop a matrix underpinning the use of the Mental Health clustering framework. An appropriate ward for piloting this was the DAU due to the limited clusters relating to their patients (i.e. clusters 20 and 21). A scoring template was developed with the DAU to determine the care hours required for each aspect of the cluster. In addition a shift scoring sheet was developed into which to collate each patient’s score; which is then configured/ linked to the configuration model on SafeCare. The pilot

has taken place for 6 weeks and findings will be fed back to the Safer Staffing Steering Group in December.

A directive from the Director of Operations and Nursing to implement SafeCare across the Acute Mental Health wards using the Keith Hurst model (which was designed for acute hospitals and based on 4.39 care hours per patient per day) is also in place as an alternative approach to use within the system. Ward staff were trained in the use of the system on 15th November and a go live date has been agreed from the 4th December to align with the start of the next roster. The Trust has agreed to participate in the NHS improvement national acuity meetings where the Keith Hurst model will be further examined.

In late June 2017 the Director of Operations and Nursing was approached by NHS Improvement to participate in 3 projects as part of the 90 day Rapid Improvement Programme. The opportunities for practice learning is being facilitated by the central Carter Team who are coordinating all the 90 day rapid improvement initiatives following the work that they have completed in acute settings during the last few years.

The 3 initiatives that the Trust is working on are:

- Improve efficiency of the completed final health Autoroster by 10%, maximising the use of established staff. This involves reporting to NHSI on the progress of piloting this across two wards (currently Ashbrook and Clover) prior to rolling out across wider inpatients in both acute and specialist.
- Improve average length of stay on the ward by introducing a consistent discharge approach and revised discharge criteria. During the 90 day pilot of 2 wards (Oakburn and Heather) a target has been set to decrease length of stay by 10%. Increasing the involvement of community and intensive home treatment resources will help achieve this. The pilot will report lessons learned over the 90 day trial prior to rolling out any success measures and learning across wider inpatients services.
- Understand the reasons for staff leaving our employment and explore appropriate interventions to help reduce turnover and improve the retention of staff.

The Board has received monthly staffing levels of all inpatient services since April 2014. The organisation is expected to provide its safe staffing ratio information based upon complexity of need and an evidenced-based tool. Work is being progressed to develop a national mental health screening tool the publication of which is still awaited. Trusts are required to continue with their effort towards securing greater efficiency whilst maintaining patient safety, quality of care and safe staffing numbers.

Recommendations:

That the Board:

- Receives assurance that the analysis demonstrates current staffing levels are providing the cover needed to deliver safe patient care

- Understands the increasing levels of acuity within inpatient areas and the need to adjust the baseline staffing ratio in response on a case-by-case basis
- Receives assurance that the work through the safe care module facilitates a greater understanding of staffing requirements for this specific group of service users
- Acknowledges the continued work with NHS Improvement
- Supports the pilot of the Keith Hurst model within acute ward settings.

Governance/Audit Trail:

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

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

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

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.

Freedom of Information:**Publication Under Freedom of Information Act**

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

Safer Staffing – Inpatient Wards

1. Background and Context

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

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

Work continues to progress within BDCFT to explore staffing levels and their relationship to specialising, patient numbers, and activity on wards. The e-rostering system is now embedded across inpatient services and the SafeCare Module is being currently piloted on DAU. The Safer Staffing Steering Group agreed to develop a matrix underpinning the use of the Mental Health clustering framework. An appropriate ward for piloting this was the DAU due to the limited clusters relating to their patients (i.e. clusters 20 and 21). A scoring template was developed with the DAU to determine the care hours required for each aspect of the cluster. In addition a shift scoring sheet was developed into which to collate each patient's score; which is then linked to the configuration model on SafeCare. The pilot has taken place for 6 weeks and findings will be fed back to the Safer Staffing Steering Group in December.

A directive to implement SafeCare across the Acute Mental Health wards using the Keith Hurst model (which was designed for acute hospitals and based on 4.39 care hours per patient per day) is also in place as an alternative approach to use within the system. The wards were trained in the system on 15th November and agreed a go live date of 4th December to align with the start of the next roster.

During the six months being reported on, 34,040 shifts were required to ensure safer staffing in inpatients with an extra 5,052 shifts required for specialising (14.84% above baseline requirements – this is a slight increase from the previous 6 months which was approx. 11%). No shifts were recorded as non-compliant to minimum staffing requirements within this period. From the overall baseline requirements 29% of shifts were filled by bank or agency (9,898 shifts) due to vacancy/sickness, this is a slight decrease (32%) from the number of shifts in the previous 6 month period.

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

2. Labour Turnover

2.1 Labour Turnover

Acute Inpatient Services have seen a total of 28 WTE leave the wards externally with an additional 18 being internal movers – this is included within the 12 month rolling turnover of 13.80%

Specialist Inpatient Services have seen a total of 6 WTE leave the wards externally with an additional 9.4 being internal movers – this is included within the 12 month rolling turnover of 14.59%

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

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

Currently across inpatient services there are 16 band 5 vacancies however following the continual recruitment drive, there have been 12 band 5 nursing posts filled during September/ October along with 41 band 2 roles.

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

2.2 Sickness

Acute Services have seen an increase in sickness over the last six months from 5.11% in May to 9.09% recorded in October. Short term sickness has remained constant at between 2 and 3%, therefore, the increase is attributed to the increase in long term sickness cases.

Specialist Services have however seen a significant decrease from 9.27% in May to 4.59% in October. Again – as with acute services, this is predominantly due to long term sickness

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

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

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

2.3 Bank and Agency

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

- Staff Bank Consultation feedback resulting in changes to pay rates for bank workers (encouraging more people to register with the Bank)
- Engagement with bank workers to cover longer term placements with wards to increase bank fill rate
- Continued negotiations with Retinue to explore potential rate savings/ rebates from agencies on block bookings

These changes have not yet resulted in any further cost reductions following the report in June which detailed overall saving of £4.3 million at the end of March 2017 as the above changes have only recently being implemented (over the last month), however, bank and agency spend continues to be monitored. During the 6 month period that the report is focused upon there has been a 3% overall increase in fill rates with staff bank fill rate averaging 58% and agency reducing by 2% from the last 6 months to 22% average fill rate. The overall fill rate for bank and agency is 84.1% at 31st October 2017.

The top three reasons during the reporting period across the Trust are identified as Vacancy/ backfill (32%), Specialing (15%) and Long term sickness cover (8%).

2.4 E-Rostering

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

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

Project 1: To improve the efficiency of the completed final health Autoroster by 10% and maximise the use of established staff. This project commenced on the 21 July and identified a number of short-term quick-wins that could be achieved within the 90 day period and in addition has scoped some medium term ambitions that would be enabled after 180 days.

There have been several reported benefits with staff, patient and ward engagement being well received as well as significant improvements in initial roster performance. Ninety days into the project there is a demonstrable improved percentage of the auto rosters in August/September/October. The project has contributed to improved percentage fill of shifts with substantive staff, reducing the demand for shifts by bank staff and agency requirements.

The Project will have direct and indirect impacts and an evaluation is being undertaken to monitor both qualitative and efficiency benefits. A roster from approval and sign off to practical completion has a 10 week timeline and the initial recordings of improvements and benefits are being tracked. Impacts will be reviewed as part of the project lifecycle and lessons learned at the end of the 90 day period.

During the first 90 days the project has enabled:

- Full team engagement and ownership of the rostering process
- Data cleansing and the reduction of global and local rules
- Incorporation of local flexible arrangements
- Review of shift systems
- A pilot during quarter one, 2018 of two alternative shift patterns selected by three wards
- Auto rostering completed 6 weeks in advance and plans to extend this to 8 weeks in January 2018
- Auto rostering fill rates have improved on one ward from 16% to 88%
- Unused hours reduced by an average of 20 % on each pilot ward
- Unfilled Bank Shifts have reduced by 23%
- Agency shifts have reduced by 35% on Ashbrook and 6% on Clover
- The release of Bank and Agency shifts earlier
- Financial impacts have been baselined and full benefits will be validated following a sustained improvement to support the wider roll out of the learning.

Project 2: Improve average length of stay by introducing consistency of a discharge approach and revised discharge criteria. This project initiated on 8th August on two pilot wards has the ambition to decrease length of stay by 10% and improve the utilization of the community & IHTT resources. The project is to reform the patient admission and discharge planning with the development and use of a live discharge tracker with an improved target to have planned clinical interventions within 3 working days of admission. The revised sharepoint tool for the tracking of discharge, measuring admission and discharge trends has now been rolled out across all wards following the successful use on the pilot wards. This tool helps inform and strategically manage staffing requirements, clinical, occupational and social requirements that will improve the in-patient admission and facilitate a consistent criteria-led discharge.

During this timescale there has been significant reduction in length of stay on the pilot wards that could be attributed to this focused work.

The approach on both these quality improvement projects has required delivery at significant pace, lean governance and the “run charts” demonstrate, at this early stage positive outcomes. Both projects will report lessons learned over the 90 day trial prior to

rolling out any success measures and learning across wider inpatients in both acute and specialist wards.

Project 3: The Trust are also part of the third project in the NHS Improvement 90 day Rapid Improvement Programme on Retention. The Trust has developed an action plan and the main aim of the project will be to understand the reasons for staff leaving our employment and implement appropriate interventions to help reduce turnover and improve the retention of key staff.

2.5 Service User Experience

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

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

There have been 5 serious incidents reported on STEIS that occurred on the inpatient wards between May and October 2017.

In the period May to October 2017 there were 4737 incidents recorded, the Trust continues to be recognised as promoting a culture of reporting incidents so learning can be shared. There is a further reduction in incident reporting on the previous 6 months. Safety Huddles have been extended across further wards where risk issues are discussed and plans put in place to help reduce incidents. The incidents are shown by: type; patient actual impact (harm), staff affected and inpatient incidents by actual impact (harm) in the appendices attached. It is important to note that the majority of incidents recorded are not related to actual harm and in the first two months “smoking tallies” were continuing and are marked within the environment/trust properties. There were 285 incidents related to staffing issues.

There have been 43 concerns and 5 formal complaints from May to October 2017, and 42 compliments received.

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

During the period May to October there were some 256 reviews, of which 90% of the reviewers would recommend the service to their Friends and Family. During Q2 of 2017/18 95% of reviewers across the Trust as a whole would recommend the service

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

Area	Number of reviews who would recommend	Percentage who would recommend
Ashbrook Ward	4	100%

Assessment and Treatment Unit	8	100%
Baildon Ward	20	80%
Bracken Ward	53	95%
Clover Ward	13	68%
Dementia Assessment Unit	7	100%
Fern Ward	23	85%
Heather Ward	33	100%
Ilkley Ward	21	78%
Maplebeck Ward	5	100%
Oakburn Ward	19	83%
Step Forward Centre	47	100%
Thornton Ward	3	75%
Total	256	90%

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

	Dignity	Kindness	Involved	Feel Safe
Ashbrook Ward	100	100	100	84
Baildon Ward	92	86	86	91
Bracken Ward	96	96	91	95
Clover Ward	77	82	82	75
Fern Ward	87	90	81	81
Heather Ward	99	99	100	100
Ilkley Ward	84	92	83	85
Maplebeck Ward	83	87	90	87
Oakburn Ward	88	93	78	87
Thornton Ward	85	90	80	80
Assessment and Treatment Unit	84	92	90	88
Dementia Assessment Unit	97	100	86	87
Step Forward Centre	91	91	90	93

The following are examples of comments provided by reviewers during the reporting period:

Bracken Ward: "The staff have been brilliant. They did an amazing job and saved my life a few weeks ago. If it wasn't for the staff I wouldn't be here now"

Clover Ward: "At first I didn't feel it was welcoming but now I do, it makes me understand who I am"

Fern Ward: "Staff were attentive. Food was good. Staff were helpful"

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

3. Implications/Risk issues

Vacancies on the inpatient wards continue to be a challenge and the Trust is aware of the national shortage of band 5 registered nurses, primarily due to the reduction of training places. The Trust however, continues to be pro-active in its employment processes and workforce development plans and have a built a strong relationship with the University and current nursing trainees. This has resulted in 12 newly qualified nurses being recruited who commenced work with the trust in September/ October 2017. Overall recruitment over the last 6 months to Inpatient services has significantly improved securing 63 new starters, leaving approximately 16 vacancies still to be recruited to. (which is a significant reduction from over 60 posts being vacant at the end of the previous 6 months)

3.1 Resource/Finance

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

Month	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Cap	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
In Month Actual	1.88%	1.88%	2.67%	1.54%	1.95%	1.83%	1.06%	1.16%	1.18%	1.94%	1.57%	1.26%
YTD Actual	2.48%	2.50%	2.51%	2.43%	2.39%	1.83%	1.44%	1.35%	1.31%	1.43%	1.46%	1.43%

3.2 Quality and Compliance/Progress and Assurances in Place

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

- Rolling recruitment drive continues and attendance at recruitment fairs, the most recent being Dublin
- New initiatives in recruiting by interviewing applicants as they apply at a time convenient to all parties is bringing improved success in resourcing nurses for the DAU
- Introduction of Associate Practitioner roles, through skill mixing and creating development opportunities for Healthcare Support Workers

- Participating in return to practice initiatives for those who have left nursing or retired
- The Trust continues strong links with local colleges and Universities to help ensure newly qualified staff remain within Bradford and work for the Trust
- Weekly rostering meetings continue to take place allowing dedicated time for all Team Managers to review staffing levels by ward, book additional staff where needed, and find efficiency where shifts can be saved by rotating staff across different wards to help fill gaps on both specialist and acute wards.
- Continued effort is placed on ensuring all shifts are safely staffed and staff re enabled to have their due breaks. This is carried out in real time situations by Senior Managers playing a part in swapping staff on the day and calling for support when required. The daily discharge planning meeting is a forum to monitor daily staffing issues
- Due to the high level of use of bank and agency staff untrained in patient electronic systems meant there have been gaps in access to records - potentially resulting in delays in contemporaneous record keeping. Training on patient systems is now in place as part of business continuity plans
- Within this reporting period, the Complaints and Serious incidents teams jointly delivered Learning Events, held in June and September. The events focused on Documentation, Physical Health, Suicide and Carers and were attended by staff from across teams and services. Further Learning Events are scheduled to take place in 2018 and will cover a range of subject areas where learning can be shared with staff and teams.

A 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 the mitigation of risks and contingency planning takes place involving an adopted protocol of escalation.

Such actions include:

- Moving staff between wards to ensure that all wards have safe staffing levels and response to short-term crisis is effective and fluid
- Use of the Peripatetic workers
- Ward managers and nurse practitioners reschedule their duties to work on the ward
- Re-adjustment of priorities for meetings/training
- Regular review of staff rosters including asking staff to change shift patterns and use of flexible rostering
- Ongoing review of incidents by Safer Staffing Steering Group to identify trends and themes

- Triangulation of different data to provide clarity and assurance
- Ward managers meet weekly regarding the rostering management to ensure effective allocation of resources to meet needs
- Rotas are now completed 6 weeks in advance to allow for appropriate band allocation when required.
- To explore good practice in other Trusts - Discussions are taking place in relation to the Colin Baker peer review and around observations and the use of specialising and these will be discussed with the Director of Operations and Nursing and next steps agreed
- For all bank staff to be trained in RIO and SystmOne

4. Risk Issues Identified

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

5. Next Steps

- SafeCare roll-out and analysis of data over the following months
- New shift models trial (as part of the 90 day collaborative) to be completed and– a lessons learned evaluation during February 18
- Criteria Led Discharge reporting will continue and an evaluation of progress completed to date during December 17
- The National Quality Board (NQB) published “An Improvement resource for mental health, Safe sustainable and productive staffing” to support annual audits of safer staffing. The resource was developed for community and inpatient mental health services across all specialties and takes a multi-professional approach, with an aim to link boards’ and clinical teams’ decisions on staffing with the needs of people who use mental health services.
- In line with NQB recommendations an annual strategic staffing review will be undertaken and reported to Board by the Director of Operations and Nursing, Medical Director and Finance Director identifying safe sustainable staffing levels for each team with evidence these were developed using a triangulated approach

the use of evidence-based tools, professional judgement and comparison with peers.

- Ward manager and staff nurse development programs to be developed during quarter 4

6. Communication and Involvement

The report is available on the Trust Website.

7. Monitoring and review

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

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

8. Timescales/Milestones

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