

November 2018

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 2018 – October 2018.

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

Whilst national reporting requirements require Trusts to identify whether required staffing levels were being met, the lack of a national tool for mental health services has provided limited assurance that achieving safe staffing levels result in quality service provision. During the previous 6-month period the Safer Staffing Steering Group agreed to develop a matrix underpinning the use of the Mental Health clustering framework. An appropriate ward for piloting this was the DAU due to the limited clusters relating to their patients (i.e. clusters 20 and 21). A scoring template was developed with the DAU to determine the care hours required for each aspect of the cluster. In addition, a shift scoring sheet was developed into which to collate each patient's score; and then configured/ linked to the configuration model on SafeCare.

The internal acuity tool development has now paused until the Nationally accredited MH acuity model for both in patients and wards is now planned to be released in November 2018 to underpin BDCFT implementation of the use of SafeCare as part of our Autoroster. The Trust continues to participate in the NHS improvement national acuity meetings where the Keith Hurst model is to be launched. An application has been made by the Acting head of nursing to NHS improvement to become a fellow and part of a cohort to develop a new acuity tool for safer staffing that can be consistently used nationally across all service areas. The outcome of this application will be known late November. This work is accredited, and participants will be undertaking this study at master's level to develop this.

Work has continued to further embed the 3 NHSI projects within “Business as Usual” following the 90-day Rapid Improvement Programmes.

The 3 initiatives that the Trust were:

- Improve efficiency of the completed final health Autoroster in Acute wards from an average of 16% 12 months ago to an improved 76% August for Acute wards and 66% in August for Specialist wards.
- Improved average length of stay on the ward by introducing a consistent discharge approach and revised discharge criteria. Significantly however there remain a number of Long stay patients. The average length of stay continues to reduce significantly, and tracking/ measures and monitoring is in place checking on wider impacts e.g. re-admissions, caseloads in IHTT, sickness, and qualitative feedback from patients and carers.
- A Recruitment and Retention task and finish group and action plan is in place with workstreams reviewing data to understand the reasons for staff leaving our employment, identifying ways to improve the new starter experience, reviewing retire and return policy, and to explore appropriate interventions to help reduce turnover and improve the retention of staff.

The organisation is expected to provide its safe staffing ratio information based upon complexity of need and an evidenced-based tool. Trusts are required to continue with their effort towards securing greater efficiency whilst maintaining patient safety, quality of care and safe staffing numbers. We look forward to launching the Hurst model in November and expect to present a robust evaluation to demonstrate the findings from this tool early in 2019.

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 and achievements of the work with NHS Improvement
- Supports the hold on the pilot of the Keith Hurst model within acute ward settings until the launch in November 2018.

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: <i>(please mark those that apply with an X):</i>	
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: <i>(please mark those that apply with an X):</i>	
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 2018.

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

Work continues to progress within BDCFT to explore staffing levels and their relationship to specialising, patient numbers, and activity on wards. The e-rostering system (including the bank & agency booking module) is now embedded across all inpatient services; with a dashboard of monthly key performance indicators on auto rostering levels and bank and agency usage being produced and utilised in regular ward meetings to review exceptions and positive impacts and whether any changes to system rules are required. We also have recently recruited and employed 12 peripatetic band 2 workers, to support differing needs on the wards in terms of specialising, leave etc. Having developed and learned from previous peripatetic workers these staff have a base on either clover or DAU, where they have a specific staff member to support them and link into, therefore encouraging a sense of belonging and staff satisfaction.

The eRostering system also has a module called SafeCare, which is a live system to record acuity of patients as presentation escalates/ de-escalates, and links this to the roster system to calculate how many hours/ staff required on the shift. The wards have been trained in the safecare system and were developing a bespoke acuity model (as previously no national mental health tool was available), however implementation of the full module was put on hold following the announcement by NHS Improvement that Keith Hurst, who had originally developed the acute hospital acuity model, was working on mental health specialism's to create a bespoke acuity tool to be used nationally across mental health Trusts. The Trust has been involved in the development of the tool and this is due to be launched at the National Director of Nursing conference due to be held in November 2018. Implementation of the tool within the Trust will follow shortly after the launch, with initial findings and evaluation of the tool expected in the first quarter of 2019. A further cohort is being developed by NHS improvement to create a nationally robust acuity tool. This is in its infancy, but an application has been made by the acting head of nursing to be part of this, the success of this will be known late November.

During the six months being reported on, 30,148 shifts were required to ensure safer staffing in inpatients with an extra 5,964 shifts required for specialising (19.7% above baseline requirements – this is an increase from the previous 6 months of 4% from 15.7%). One shift was recorded as non-compliant to minimum staffing requirements within this period. From the overall baseline requirements 25% of shifts were filled by bank or agency (7,509 shifts) due to vacancy/sickness, this is a 2% increase (23%) from the number of shifts in the previous 6-month period.

It is important to note that safer staffing data does not include staff that is available on the ward for other patient and non-patient activities, such as Ward Managers, Clinical Managers, Advanced Nurse Practitioners, occupational therapists, psychological therapists, ward housekeepers and medical staff as this is not currently a national reporting requirement. Although, NHS Improvement are shortly due to start a further piece of work with safer staffing reporting to include Allied Health Professional roles as part of the safer staffing figures and therefore included in the Care Hours Per Patient Day data that is submitted monthly. There also needs to be some clarity given around whether the nursing associates can be included as they will be a registered workforce. Our first to qualify will be January 2020.

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

A number of actions have been completed from the recommendations of this review.

- The care closer to home model which was developed by the acute inpatient services has been informed by the themes set out in the safer staffing review, this model has been approved by EMT and will progress supporting new workforce modelling further detail on this will be provided later in the paper under section 3.2.
- With the imminent restructure and the re configuration of services, the review and care closer to home model will provide an excellent foundation for a substantive and consistent review across all services in relation to safer staffing, workforce modelling and skill mix.
- An administration review has been undertaken about current processes and ideas for potential changes. The information is being collated and recommendations will be available in the next couple of months. The outcome of this review will therefore be shared in the next 6-month report.
- The senior staff nurse programme is to be introduced in January across all wards. This will support all nurses in a band 6 role and those who aspire to a senior nurse role.
- We now have 17 trainee nursing associate apprentices across inpatient and community mental health services, as these are regulated roles this will support the workforce plan to introduce new roles and support safer staffing on the ward.
- Work is about to begin to develop a cohort of nurse apprenticeships on the inpatient wards. This will be included in the next 6 monthly report as the model will then have been developed and initiated.
- Further skill mix continues to be successful on the DAU, with the pharmacy technician supporting medicines management and administration and working as a member of the multi-disciplinary team. This new role is to be introduced further across services.

The next annual review is about to take place across December and January and will include first response team and Intensive home treatment team, as well as the 13

wards, the themes and recommendations will be submitted to the director of nursing with a view to being included in the financial report for budgetary purposes. This again will be available in the board report for June.

2. Labour Turnover

2.1 Labour Turnover

Local Picture

- Trust Turnover: 13.04% (2017)
- Current vacancies: In Inpatient areas there are 53 band 5 vacancies (23 in pursue) and 11 band 6 vacancies (5 in pursue) We have active recruitment in place currently including a rolling advert for band 5 nurses
- 23% of new starters leave in the first 12 months
- Highest concentration of labour turnover is band 2's and 5's on inpatient mental health wards
- High amount of internal moves
- By 2020, 24% of Trust staff will reach retirement age
- By 2020, 20% of the registered nursing workforce (230 staff) will be eligible to retire and 20% of support workers
- In 2017, 71 staff members retired from the Trust and only 8 chose to retire and return. However it is important to note that these figures include those staff at retirement ages, 60 and 65 and these figures also include reasons that would prevent any return, i.e. ill health
- The Trust 12-month rolling labour turnover rate is currently 12.03% and both the Acute

Inpatient and Specialist Inpatient Services are above this at 12.44% and 13.20% respectively. The table below shows a breakdown of current staff in post, internal movements, leavers, and recruitment over the 6 month period by nursing and support staff across the wards.

Service	Staff Group	Establishment		More than 5 years	More than 2 years	6 months to 2 years	0 to 6 months (i.e. recruitment in last 6 months)	Leavers WTE	Internal Movement
		WTE	Staff in Post						
Acute Inpatients	Nursing Staff	194.16	79.36	12.84	14.2	22.6	9	6.80	7.80
	Support Staff		98.76	23.16	29	30.64	17.64	3.60	10.00
Specialist Inpatients	Nursing Staff	165.12	58.2	20.3	19.6	11.4	2	1.00	4.93
	Support Staff		88.1	52	15.7	12.8	9.6	5.93	13.00
Total	Nursing Staff	359.28	137.56	33.14	33.8	34	11	7.80	12.73
	Support Staff		186.86	75.16	44.7	43.44	27.24	9.53	23.00

Table 1: Data as at October 2018 – with leavers and internal movement data from May to Oct 18

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

Service	Staff Group	More than 5 years	More than 2 years	6 months to 2 years	0 to 6 months (i.e. recruitment in last 6 months)
Acute Inpatients	Nursing Staff	22	24	39	15
	Support Staff	23	29	31	18
Specialist Inpatients	Nursing Staff	38	37	21	4
	Support Staff	58	17	14	11
Total	Nursing Staff	30	30	30	10
	Support Staff	39	23	23	14

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

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

The Trust however, remains aware of the national shortage of band 5 registered nurses – due to a reduction in training places - with the issue recorded on the Trust’s corporate risk register and an action plan in place to help the Trust mitigate this risk. Monitoring over the last 6 months, shows that there has been an increase in successful recruitment to band 5 posts across the services, and the Trust vacancy rate has shown a steady decrease over the period.

Across both Acute and Specialist Inpatient services there are 53 band 5 vacancies (23 in pursue) and 11 band 6 vacancies (5 in pursue) with a total of 10 band 5 nurses having started in post during October 2018. 44 support worker roles are also at various stages of recruitment, with the Care Closer to Home project likely to increase recruitment activity significantly over the next 6 months.

The Trust is also part of the third project in the NHS Improvement 90-day Rapid Improvement programme on Retention. The Trust has developed an action plan with the main aims of the project to include further understanding of the reasons for staff leaving our employment, to identify ways to improve the new starter experience, review the Trust retire and return policy and to implement appropriate interventions to help reduce turnover and improve the retention of key staff.

2.2 Sickness

Acute Services have seen a decrease in sickness over the last six months from 8.65% in May to 5.08% recorded in October. Short term sickness has reduced by 3% and long-term sickness by 0.57% over the period.

Specialist Services have however seen an increase from 3.00% in May to 5.24% in October. The increase is mainly attributed to a significant increase in long term sickness cases.

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

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

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

2.3 Bank and Agency

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

- Continued negotiations with Retinue to explore potential rate savings/ rebates from agencies on block bookings
- Retinue have started to develop their own internal bank, which is first point of cascade before going out to all agencies.
- Continuous review of cascade rules to ensure maximum amount of time available to bank workers to book shifts
- Review of rosters rules to look at most efficient use of substantive hours and therefore monitoring of number of bank and agency shifts required.
- Monitoring of both unused hours for substantive staff, and hours worked exceeding working time directive (inclusive of bank shifts) to ensure staff health and well-being maintained
- Monitoring of training and skills compliance across both agency and bank workers to ensure risk to patient care is reduced
- Engagement with bank workers to cover longer term placements with wards to increase bank fill rate
- A harm free care initiative is to be launched internally with a focus on having zero vacancies thereby reducing agency spend.

The above changes have not yet resulted in any further cost reductions as too early to analyse the impact, however, bank and agency spend continues to be monitored. During the 6-month period that the report is focused upon there has been a 4% overall increase in fill rates from the previous 6 month period; with staff bank fill rate averaging 58% and agency reducing by 4% from the start of the period to 29% average fill rate. The overall fill rate for bank and agency is 87% at 31st October 2018.

The top three reasons during the reporting period across the Trust are identified as Vacancy/ backfill (42%), Specialing (38%) and Sickness cover (8%).

2.4 E-Rostering

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

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

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

The project has developed a robust performance tracker and is supported by the CHPPD national indicator and this is recording an improved percentage fill across all acute wards and in July 2017 the fill rate of shifts was 16% and in March 2018 has strengthened to 77% with substantive staff, reducing the demand for shifts by bank staff and agency requirements.

As part of demonstrating that the specialising demand over the last 6 months has required 30% of the bank and agency shifts, recruitment is underway to appoint a substantive peripatetic HCA team and increase initial numbers from 6 to 12 WTE.

2-shift roster patterns are being trialled with variations on break times being further discussed on acute wards and 4 specialist wards. The impacts continue to be tracked and will be reviewed against quality measures again in November 2018.

Project 2: Improve average length of stay by introducing consistency of a discharge approach and revised discharge criteria. The project has introduced a consistent approach that has at point of patient admission commenced discharge planning with the development and use of a live discharge tracker. The bespoke SharePoint tool has supported consistency of approach for the planning and tracking of discharge, measuring admission and discharge trends has now been rolled out across both acute and specialist wards. Initially trialled on two pilot wards with the ambition to decrease length of stay on these wards. Across all acute wards the length of stay has seen a 60% reduction in occupied bed days with reduced readmissions within the last quarter (within 30 days of discharge) and significantly exceeded the original project ambition. The Criteria Led Discharge tool has been shared across the ICS and support consistency with Out of Area Placements too.

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

Project 3: The Trust are part of the third project in the NHS Improvement 90-day Rapid Improvement Programme on Retention. A Recruitment and Retention task and finish group and action plan is in place with workstreams reviewing data to understand the reasons for staff leaving our employment, identifying ways to improve the new starter experience, reviewing retire and return policy, and to explore appropriate interventions to help reduce turnover and improve the retention of staff. The Trust has recently received initial feedback from the progress made as part of Cohort 1 over the 90-day programme. Themes that have been analysed as part of the programme have also been feedback so that Trusts can further develop longer term plans to continue to reduce turnover and improve retention.

The Trust has a Recruitment and Retention Action plan based around the following key areas and summarised focus points:

Better understanding of reasons for leaving

- Analysis of exit interviews and reason for leaving position is discussed at the Recruitment and Retention Group as part of the monthly KPI's submitted that

underpin the action plan. Similar themes emerge on an ongoing basis around staff leaving for promotion, retirement and relocation.

- Focus groups with managers who have high turnover rates to gather intelligence about how to intervene earlier to retain staff
- HR Business Partners work with Service Managers on a regular basis to discuss leaver information and meet with new starters to identify issues/actions which are then fed into the BUPM by exception.

Improving new starter experience

- 12-month Preceptorship Framework (InsideOut) now live for all newly qualified nurses entering their first registered role
- New starter focus group with the Director of Nursing
- Introduction of “stay conversations” as part of ongoing supervision discussions for new starters

Staff Support

- 12 hours shift patterns piloted on inpatient areas
- Development of a Transfer Policy to support staff who wish to move internally from one service to another
- Following consultation with North East London Foundation Trust we will introduce a rotational opportunity for newly qualified staff in January 2019. This will upskill and afford additional opportunities to retain valued workforce. As part of this action we will build a rotational model/competencies which will include mental health inpatients, community mental health, older peoples, community nursing teams.

Retire and return Policy

- Promote flexible working as part of pre-retirement roadshows

Staff development

- The co-ordination of a range of programmes to support the ongoing development of staff e.g. Staff nurse forum, senior staff nurse development programme, nursing associate support, clinical educator in situ
- Development of the ward managers programme within Inpatient and Specialist Services
- Further work around the advanced clinical practice role across nursing and allied health professionals
- We now have two trainee accountable clinicians in the organisation and work has been undertaken in consultation with Health Education England around further funding to secure more training opportunities for this specific role.

The programme has evidenced a reduction in turnover of 1.6% (from 13.3% to 11.7%). The average reduction seen across the programme for mental health trusts was 0.97% and the NHSi has congratulated the Trust on its great strides to improve retention. There have been notable reductions in leavers quoting ‘unknown/other’ reasons and voluntary resignations. The data does however point to further work to manage retirements and staff leaving for reasons of work life balance.

We now have over 40 nurse ambassadors across our 4 nursing specialities, adult, children, LD and mental health. We have visited a number of schools and had fantastic feedback from the young people, we hope that by working in collaboration with school’s colleges and universities we will inspire and motivate young people to choose nursing as a career.

Feedback includes: 'I found this very useful as it gives more information about these jobs and the job you could go into in the future. I enjoyed this as it gave a lot of detail which some of this was surprising.' (Pupil at Parkside school). 'We enjoyed knowing the different journey's taken to become a nurse and the different options that are available. One advice that I will be taking with me is there are different types of opportunity and find the one that I love the most' (Pupil at Bradford Academy).

3. Implications/Risk issues

As at 4th October 2018, there were two corporate risks on the corporate risk register that related to staffing. The first related to Brexit highlighting potential supply and demand issues regarding staffing, the second was, if the Trust fails to recruit, retain and engage a diverse workforce in the right numbers with the right skills, behaviours and experience to innovate in delivering holistic models of care then the Trust will be unable to meet the needs of services users, carers and commissioners in terms of delivering high quality, safe, outcome based, patient focused care and support. This in turn will impact on achievement of safer staffing levels, meeting CQC and other regulatory requirements, reducing bank and agency usage and spend and effectiveness in winning tenders where new integrated models of care and working are required.

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 numbers of people undertaking the course. The universities have been unable to achieve their targets with the mental health nurse intake, this would therefore have a direct impact on our ability to recruit qualified staff. The trust has supported the universities in their open days and application processes and continue to support interviews for the course. It is anticipated that the extensive nurse ambassador workstream will support young people to choose nursing as a career therefore having an impact on future recruitment.

IREs are reported on a monthly basis to the safer staffing steering group, a clear narrative from service leads is provided and lessons learned are put in place promptly and effectively and recorded in the minutes.

In total there were 227 staff shortage IREs reported for that period across inpatient wards. DAU were the highest reporters with 66, Ilkley Ward were 2nd reporting 42 incidents and ATU were 3rd highest, reporting 29 incidents. The number of IREs reported in September & October appears to be around a 50% reduction from the number of incidents reported in previous months. All Ire's were mitigated by staff and managers apart from the one red breach where an internal review took place and lessons learned were undertaken promptly.

3.1 Resource/Finance

The NHS Improvement monthly percentage cap on temporary qualified nursing staff that has been applied to BDCFT reduced from 4% (15/16) to 3% (16/17). Although compliance with the 4% was achieved by the Trust at the end of 2015/16, the 1% reduction required a reduction of temporary qualified nursing staff requirements by approximately £15k per month (6 WTE) in order to meet the 3%. The Trust has achieved the qualified nurse agency usage cap of 3% in aggregate for the period Oct 2017 to Sep 2018 (see table below), although for the first time the Trust breached the in-month cap with nursing agency costs of 3.24% in December.

Month	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Cap	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
In Month Actual	1.26%	2.30%	3.24%	2.07%	1.70%	2.32%	2.01%	1.73%	1.82%	2.80%	1.76%	2.09%
YTD Actual	1.43%	1.54%	1.73%	1.76%	1.76%	1.80%	2.01%	1.86%	1.85%	2.05%	1.99%	2.06%

3.2 Quality and Compliance/Progress and Assurances in Place

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

- Rolling recruitment drives continue and attendance at local recruitment fairs. In June 2018 the DAU held a bespoke event which saw the successful recruitment of 13 HCSW, to provide both peripatetic cover or become Bank members. A Thursday evening recruitment event was held on 19 September at South and West CMHT it was successful in recruiting 9 Mental Health nurses. There was a Saturday recruitment event at New Mill on the 13th October for all grades and disciplines within the Acute and Community Business Unit.
 - Over 120 people attended the day
 - 95 applications received via NHS Jobs
 - 81 interviews completed on the day
 - 5 x band 5 RMN nurses offered (1 indicated will consider Inpatient as well) plus 1 Band 6 RMN
 - 76 x Non-registered HCSW or OT Assistants being moved through the recruitment process for Bank and permanent recruitment
 - There are a further 23 applications to process.
 - Follow up Actions: 1 Assessment centre day for non-registered staff who made it through to a second-round interview, 2 Additional Nursing recruitment event planned for ACMH end November and 3 Interviews for people shortlisted from Recruitment day 13 October not interviewed on the day
 - Managers within mental health inpatients are going into the university to speak to 2nd year students in terms of early role offers and the practice education lead initiates early conversations from 1st to 3rd year students regarding career opportunities across nursing services
The new approach to the virtual community placement is that there is a market place displaying a range of services to start early conversations around careers.
- A Mind Wellbeing Weekend Event is being held at Guru Nanak Gurdwara Bradford. Services are attending to present about mental health and a recruitment team to recruit to the community directly.
- Ongoing initiatives in recruiting by interviewing applicants as they apply at a time convenient to all parties is bringing improved success in resourcing Staff across all parts of the service.
- Introduction of the trainee nursing associate apprentice 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

- Recruitment fayres are being promoted and supported by staff on the wards, allowing our staff to choose their colleagues of the future
- Appointment of 12 Peripatetic HCSW for Specialist Inpatient Services and acute service, to be attached to DAU and clover to allow them to support the ward team by improving the quality of care provided
- Skill mix review on DAU to find alternate ways of filling nurse vacancies - increasing the number of Band 4 Trainee Nursing Associate posts, bringing an additional Occupational Therapy Support Worker to the team with Physiotherapy experience, and creating a discharge coordinator along with Advanced Clinical Practitioner post
- Expansion and growth of the nursing associate roles through replacement of unfilled nurse vacancies with HCSW's
- Appointment of a Pharmacy Technician on DAU, to bring added expertise to the whole multi-disciplinary team, service user and carers and allow Medicines Management to be led by an expert
- Skill mix review on Step Forward Centre and Low Secure wards to replace nursing posts which have proved difficult to fill
- Continued weekly monitoring of Health rosters and frequent movement of staff to support each other
- Trial to commence on long day/night 12 hour shifts on Step Forward Centre and subsequently two low secure service wards, to find improvised ways of working for staff and patients
- Creation of a 2-day week Senior Nurse post on DAU to support a Retire and Return option for a valued nurse
- The Trust continues strong links with local colleges and Universities to help ensure newly qualified staff remain within Bradford and work for the Trust
- The introduction of Nurse ambassadors to transform perceptions of nursing and motivate and inspire young people to choose nursing as a career.
- Weekly rostering meetings continue to take place allowing dedicated time for all Team Managers to review staffing levels by ward, book additional staff where needed, and find efficiency where shifts can be saved by rotating staff across different wards to help fill gaps on both specialist and acute wards.
- The acute wards are now reviewing the long shifts and it is overwhelmingly positive in favour of the 3 long day shift patterns. The teams are reporting improved work life balance, increased time with patients, increased consistency on the ward.
- The acute and community business unit have implemented a 'Rapid Recruitment Programme' The service is advertising a recruitment manager for six months to support the transformation and get the service to zero vacancy. Senior leads are meeting weekly to hold the process to account and monitor the effectiveness of the recruitment process. The ultimate aim to get to zero agency usage and have adequate staff bank to manage the system.
- Continued effort is placed on ensuring all shifts are safely staffed and staff 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
- Bank and agency Training on patient systems is now in place as part of business continuity plans
- Within this reporting period, the Complaints team have delivered two sessions of complaints training for managers to support them with local resolution of complaints, and also guidance on the formal complaints process.

- A Ward manager development programme is currently underway, provided for all inpatient wards.
- Staff nurse forums have been introduced and are running regularly.
- A senior staff nurse development programme is being developed to be launched in January 2019, this is to be an extension of the preceptorship pathway and exploration is currently underway to establish if this can be accredited. This programme will also be supported by the introduction of a skills for health leadership apprentice programme. Discussions are underway across Yorkshire and Humber via the west Yorkshire delivery programme, to develop joined up learning programmes for staff nurse development, this has also been supported by Health education England.
- The Acute & Community MH Business unit have undertaken a system wide review of the model of service delivery within CMHT and also general adult inpatient services (to include PICU). This sees a shift to a Recovery & Prevention approach focusing on strengths and supporting wellbeing. In turn both areas have developed a revised workforce model to deliver this which also addresses the identified workforce issues both nationally and locally and for inpatients addresses the recommendations made within the Safer Staffing Review. The business case for this has been approved and work is underway to recruit to the new roles across the remainder of 18/19 and into 19/20. The focus is on delivering quality, promoting recovery and therefore more effective and efficient use of services. Key headlines of the new workforce model for inpatients includes:
 - Revised skill mix seeing expansion of band 4 roles which includes Trainee Nursing Associate roles, the first nursing associates will qualify in January 2020
 - Introduction of a Mental Health Practitioner post attracting candidates from Occupational Therapy, Nursing or social work backgrounds into traditional band 5 or 6 roles A recruitment event has been planned in November to specifically target these roles.
 - Equal spread of Band 6 Assistant Ward Manager posts across wards ensuring at least 1 band 6 per shift and a supernumerary band 6 Duty Senior Nurse on nights across LMH and ACMH. This is now in place at Airedale and currently at LMH there is a supernumerary role that is shared across the wards.
 - Each ward has a dedicated Occupational Therapist, Occupational Therapy Assistant and Activities Co-ordinator.
 - Processes are in place to ensure each ward has an Assistant Psychologist supported by inpatient Psychological Therapists to provide psychological support.
 - Additional staffing across 1 ward at LMH and 1 ward at ACMH to safely manage and co-ordinate s136 MHA are being recruited to.
 - Dedicated Advanced Nurse Practitioners are now in post on each ward
 - Ongoing review and consultation into Inpatients Admin services and level of support has been commenced and awaiting outcome from admin services.
- By revising and enhancing the current model inpatient services will be able to offer a more therapeutic, holistic and evidence-based package of care that will promote a swifter recovery, improve a person's experience which in turn improves quality and safety. By adding in proactive therapeutic approaches with a balanced skill mix we will be able to flex staffing in response to acuity and reduce the use of increased observations. Recruitment and retention is likely to improve and staff wellbeing and

morale in turn be positively impacted upon. All such factors will reduce use of bank and agency and improve safer staffing levels across the wards.

The Safer Staffing Steering Group continues to ensure that a full staffing analysis is achieved, reporting requirements are met and updates from the workforce planning meetings are provided. This is chaired by the Director of Operations and Nursing.

Staffing levels across all wards are assessed daily and at each shift and the mitigation of risks and contingency planning takes place involving an adopted protocol of escalation. EMT have approved 12 new peripatetic workers each for acute and specialist services. This will enhance the flexible offer and need across both services.

Such actions include:

- Moving staff between wards to ensure that all wards have safe staffing levels and response to short-term crisis is effective and fluid
- Use of the Peripatetic workers
- Ward managers and nurse practitioners reschedule their duties to work on the ward
- Re-adjustment of priorities for meetings/training
- Regular review of staff rosters including asking staff to change shift patterns and use of flexible rostering
- Ongoing review of incidents by Safer Staffing Steering Group to identify trends and themes
- Triangulation of different data to provide clarity and assurance
- Ward managers meet weekly regarding the rostering management to ensure effective allocation of resources to meet needs
- Rota's are now completed 6 weeks in advance to allow for appropriate band allocation when required.
- Review of the Observations policy to introduce the use of intermittent and zonal observations
- The safer staffing steering group have asked for a review to be undertaken around the completion of IREs to ensure there is a consistent approach and recognition and understanding of the term Breech.

4. Risk Issues Identified

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

5. Next Steps

- SafeCare roll-out and analysis of data over the following months
- New shift models' trial (originally as part of the 90-day collaborative) to be completed and consultation to go out to staff early 2019
- The 3 90-day projects linked in with NHSi are complete but ongoing with longer term actions/ monitoring developed
- The 3 projects linked in with NHSi are ongoing
- Criteria Led Discharge reporting will continue, and an evaluation of progress completed to date during December 18
- The National Quality Board (NQB) published "An Improvement resource for mental health, Safe sustainable and productive staffing" to support annual audits of safer staffing. The resource was developed for community and inpatient mental health services across all specialties and takes a multi-professional approach, with an aim to link boards' and clinical teams' decisions on staffing with the needs of people who use mental health services. The second review will commence across December and January and will include Intensive Home Treatment service and First Response service in addition to the 13 inpatient wards.
- A harm free care project is to be developed including achieving zero vacancies
- Development is underway across all acute wards to support the pathway for development of staff nurses. A significant investment has been made to retain skills within inpatient services and aims to ensure levels of experience and seniority are maintained on inpatient wards. This corresponds with the transformation of community services ensuring we have the right skills in the right place
- The audit team have just submitted the terms of reference for a review of safer staffing across inpatient services one of the focuses will be on the Ire's reported, in terms of consistency of reporting and processes adhered to. The outcome of this audit will inform future work to improve quality, practice and reporting.
- To continue with regional and national engagement around the development of a consistent and robust acuity tool.
- The new structure which separates Nursing and professional AHP from operational services will provide an excellent opportunity to have overview and oversight on safer staffing. Providing opportunity and challenge, introducing quality and governance and holding operational services to account in their business and approaches to safer staffing matters.

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 2019.

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 Director of operations and Nursing and Nursing . This information is also uploaded on our Trust website and NHS choices.in addition a monthly UNIFY return is completed and sent to NHS England
EXPECTATION 2:	Processes are in place to enable staffing establishments to be met on a shift-by-shift basis.	All wards now use the HealthRoster system for recording rosters which is based on establishment / demand figures. Reporting/ data from this system is used to complete the monthly safer staffing dashboard sent to Board, and also the national Unify return. Data is produced from the system weekly which shows detail on a shift by shift basis and if the ward is safely staffed; any areas of concern are escalated appropriately. Weekly meetings within the services are also held to discuss redistribution of staff across services to ward with greater need during that period.
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 publishing guidance. Internal work continues within BDCFT and this is being shared

		<p>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. The use of the safer care module will be piloted on our Dementia Assessment unit to obtain assurances around quality of provision</p>
EXPECTATION 4:	<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. to the Director of Nursing and operations</p> <p>The Trust has hearing concerns of workers policy in place and trained Disclosure Officers and a freedom to speak up guardian 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>
EXPECTATION 5:	<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</p>

		<p>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. increases to three ward areas base line staffing requirements has been undertaken and work continues across other areas to monitor and progress any changes required through the safer staffing sub group</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 are 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>
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 have been provided to board. Following a review of the board planning cycle this has now been changed to May and November
EXPECTATION 8:	NHS providers clearly display information about the nurses, midwives and care staff present on each ward, clinical	All 13 inpatient wards have staff boards which are updated on each shift. This information is also provided each month on our

	setting, department or service on each shift.	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	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.
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.