

Performance and Investment Committee	B1 / Attachment 3
Executive Committee:	B2 / Attachment 3

Report provided (check necessary boxes):			
To Note:	<input checked="" type="checkbox"/>	For Assurance:	<input checked="" type="checkbox"/>
For Decision:	<input type="checkbox"/>	For Consent:	<input type="checkbox"/>

Paper No:	Care at a Glance Supporting Paper
Report to:	Executive Committee
Meeting Date:	21 April 2016

Safer Staffing Report

Accountable Director(s):	Ray Walker, Executive Director of Nursing
Report Author(s):	Helena McCourt, Deputy Director of Nursing/Director of Infection Prevention Control

Alignment to the Trust's Strategic Objectives: <i>(listed by the 4 Strategic Aims)</i>	Our Services	<input checked="" type="checkbox"/> Safe care	<input checked="" type="checkbox"/> Timely care	<input checked="" type="checkbox"/> Effective care
		<input checked="" type="checkbox"/> Equitable care	<input checked="" type="checkbox"/> Person-centred care	
	Our People	<input type="checkbox"/> Supportive and effective teams	<input type="checkbox"/> A productive workforce with the right skills	<input type="checkbox"/> Working side by side with service users and users
	Our Resources	<input checked="" type="checkbox"/> Save time and money	<input type="checkbox"/> Buildings that work for us	<input type="checkbox"/> Technology that helps us provide better care
	Our Future	<input type="checkbox"/> Work effectively with primary care and other organisations	<input type="checkbox"/> Deliver the benefits of research and innovation in patient care	<input type="checkbox"/> Grow our services

Purpose of Report:	<ul style="list-style-type: none"> The purpose of this report is to provide a briefing to the executive committee on the nursing inpatient staffing levels for the month of March 2016.
Summary of Key Issues:	<ul style="list-style-type: none"> This paper provides details of inpatient staffing level fill rates during March 2016. Both divisions report deterioration in their position. The paper highlights the main reasons for any variance and the impact on safety and experience. Divisional action plans are in place and are subject to scrutiny at quality surveillance groups and stand up Thursday forums.
Recommendation:	<p>The Committee is asked to:</p> <ol style="list-style-type: none"> Discuss the Trust's approach to safe staffing Note that staffing levels reports will be discussed in the divisions at team level and at governance board level on a monthly basis. Note that both divisions have action plans to address reasons for shortfall.

Next Steps: <i>(Subject to recommendation being accepted)</i>	<p>A review of the standards for safe wards has concluded and will inform the revised self assessment framework.</p> <p>The workforce team has commenced a review to confirm the number of starters and leavers and consequences for staffing levels.</p>
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Previously Presented to:			
Committee Name	Date (Ref)	Title of Report	Outcome / Action

Do the action(s) outlined in this paper impact on any of the following issues?			
Area	Yes	None	If 'Yes', outline the consequence(s) (providing further detail in the report)
Patient Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Clinical Effectiveness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There is a risk that there may be a delay to inpatients achieving their goals/having needs met in a timely manner
Patient Experience	<input checked="" type="checkbox"/>	<input type="checkbox"/>	There is a risk that patient experience will be adversely affected
Operational Performance	<input type="checkbox"/>	<input type="checkbox"/>	
CQC Compliance	<input type="checkbox"/>	<input type="checkbox"/>	
NHS TDA Ratings	<input type="checkbox"/>	<input type="checkbox"/>	
Legal / Requirements	<input type="checkbox"/>	<input type="checkbox"/>	
Resource Implications (financial or staffing)	<input type="checkbox"/>	<input type="checkbox"/>	

Equality and Human Rights Analysis			Yes	No	N/A
Do the issue(s) identified in this document affect one of the protected group(s) less or more favourably than any other?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any valid legal / regulatory reason(s) for discriminatory practice?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>If answered 'YES' to either question, please include a section in the report explaining why</i>					
Does this paper provide assurance in respect of delivery of our Equality Delivery System goals and objectives (if it does please click the appropriate ones below)					
EDS 1.2 - Individual people's health needs are assessed and met in appropriate ways	<input type="checkbox"/>	EDS 1.4 – When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	<input type="checkbox"/>		<input type="checkbox"/>
EDS 2.2 – People are informed and supported to be as involved as they wish to be in decisions about their care	<input type="checkbox"/>	EDS 2.3 – People report positive experiences of the NHS	<input type="checkbox"/>		<input type="checkbox"/>

Does this paper provide assurance in respect of a new / existing risk (if appropriate)									
Area	New	Existing	N/A	If new or existing, please indicate where the risk is described					
Type of Risk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Board Assurance & Escalation Framework	<input type="checkbox"/>	Organisational Risk Register	<input type="checkbox"/>	Divisional Risk Register	<input checked="" type="checkbox"/>
Risk Reference / Description: (only include reference to the highest level framework / register)				<p>There is a risk that when staffing is below that expected, not all aspects of care will be met. This may result in a suboptimal experience and delays in achieving identified goals.</p> <p>There is a risk to staff development/supervision with potential impact on staff performance and wellbeing.</p>					

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MERSEY CARE NHS TRUST

Safer Staffing Report

PURPOSE

1. The purpose of this report is to provide a briefing to the committee on the nursing inpatient staffing levels for the month of March 2016.
2. This paper provides assurance that we are regularly reviewing and monitoring our inpatient staffing levels.

WARD REPORTING

3. Each of the 41 wards across the Trust has a planned number of registered and unregistered nurses. The budgeted planned number of staff is reviewed every six months with agreement from clinical managers on the required numbers.
4. From April 2015 we have been mapping our actual levels against budgeted planned levels as requested by the Trust Development Authority and NHS England. This is to support appropriate national benchmarking. Table 1 refers.

Table 1: Summary of BUDGETED PLANNED VERSUS ACTUAL

Month	DAY		NIGHT		Trust Total
	Average fill rate percentage REGISTERED	Average fill rate percentage UNREGISTERED	Average fill rate percentage REGISTERED	Average fill rate percentage UNREGISTERED	
Jan	97.8%	106.8%	99.0%	117.2%	105.5%
Feb	94.2%	106.0%	96.1%	116.7%	103.8%
Mar	90.3%	106.5%	92.8%	112.7%	101.8%

5. As a Trust we agreed to continue to report on our actual staffing levels against clinically required staffing levels as this provides more transparency and highlights the requirement to support unplanned care. Table 2 overleaf refers.

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Table 2: Summary of CLINICALLY REQUIRED VERSUS ACTUAL

Month	DAY		NIGHT		Trust Total
	Average fill rate percentage REGISTERED	Average fill rate percentage UNREGISTERED	Average fill rate percentage REGISTERED	Average fill rate percentage UNREGISTERED	
Jan	96.5%	97.3%	96.5%	100.0%	97.6%
Feb	95.3%	97.4%	90.8%	102.3%	97.2%
Mar	91.7%	96.4%	88.9%	100.9%	95.4%

6. As requested by divisions the percentage of occasions when less staff than clinically required is presented in table 3.

Table 3 - Percentage of occasions

	Less staff than clinically required %	Trend
LOCAL		
January	20%	↑
February	16%	↑
March	20%	↓
SECURE		
January	18%	↑
February	29%	↓
March	33%	↓

7. The following graphs highlight the main reasons for shortfall and the impact on service user and staff experience.

REASONS FOR SHORTFALL

8. The local division continue to report an improvement in the bank filling shift requests. The secure division report an increase in the amount of unfilled shifts from the bank.
9. Both divisions report a decrease in the number of staff suspensions.
10. The sickness data for inpatient wards was not available at the time of reporting.

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11. Both divisions have recruitment plans in place to support recruitment to the staffing pools and are in the process of filling vacant posts.



* % Sickness is the average of each wards sickness percentage

** Staff suspensions is the number of staff suspensions

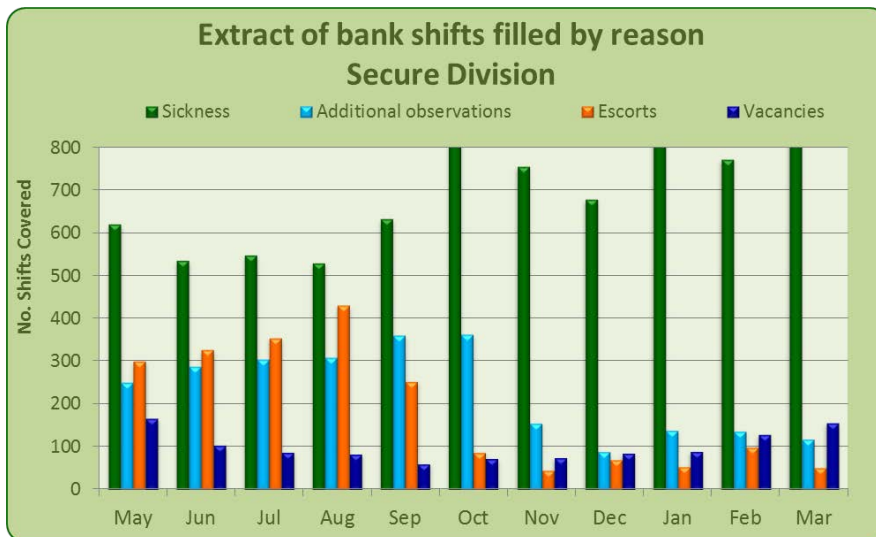
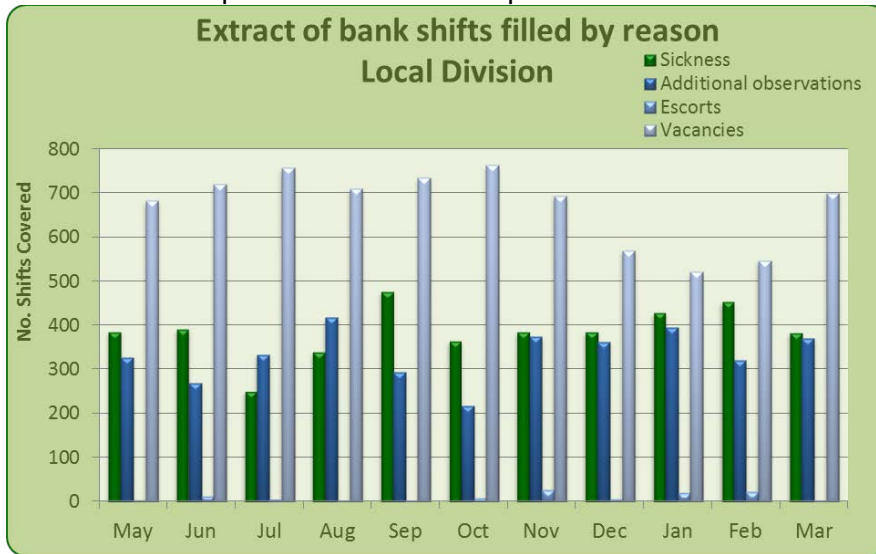


* % Sickness is the average of each wards sickness percentage

** Staff suspensions is the number of staff suspensions

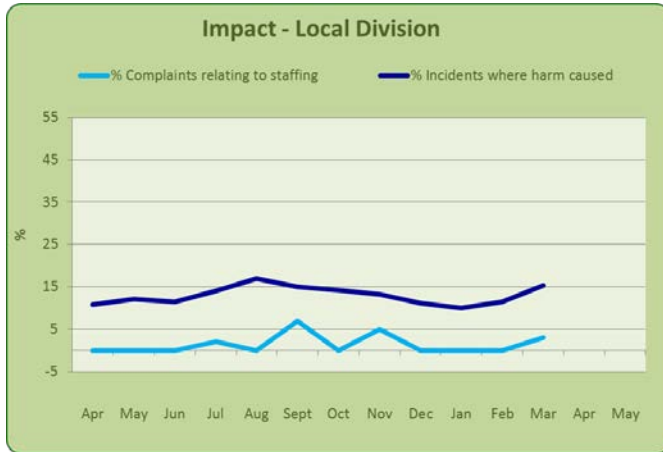
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12. The graphs below highlight the reasons for requesting additional staff from the bank. Both divisions report an increase in requirements to cover vacancies.

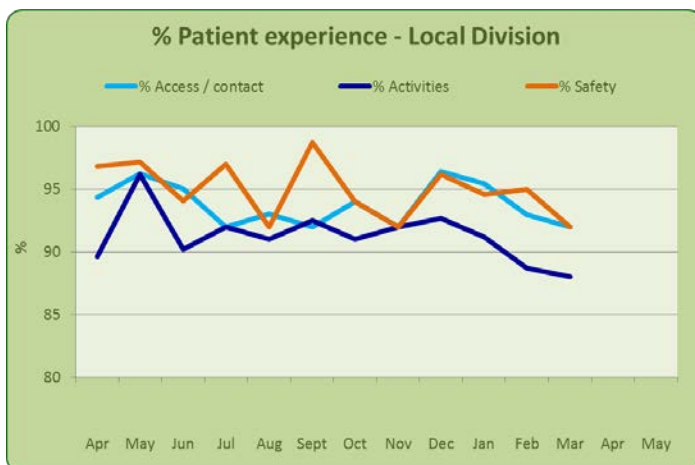


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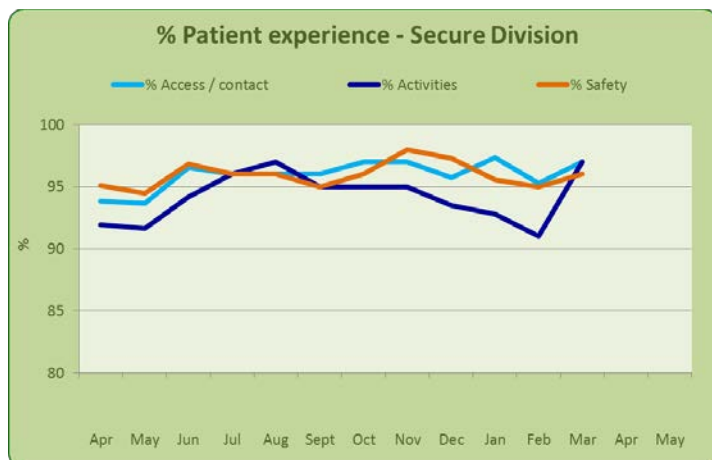
13. The following graphs highlight the percentage of complaints relating to staffing and the percentage of incidents which resulted in harm. Both divisions report an increase in the percentage of complaints relating to staffing.



14. The Patient tracker system captures the experience of service uses on a monthly basis. The following graph highlights access to staff, access to activities and overall perception of safety. The local division reports deterioration in patient experience. The secure division report an improved position.



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Assumption made that all of the data has been produced consistently and for ward nurse staffing only.

STAFF EXPERIENCE

15. The SharePoint system for the capture of fill rates has also allowed for the recording of data specific to staff experience. The nurse in charge records the total number of occasions when staff shortage impacted on staff experience. This is the professional judgment of the nurse in charge of each shift and is confirmed by the ward manager.
16. Both divisions report a negative impact on staff experience.

Table 4 - Reported impact on staff experience

	Breaks Cancelled	Trend	PACE Reviews Deferred	Trend	Student mentor-ship affected	Trend	Supervision Deferred	Trend
LOCAL								
January	64	↑	5	↑	0	↑	38	↑
February	38	↑	5	↔	1	↓	24	↑
March	52	↓	10	↓	3	↓	64	↓
SECURE								
January	40	↑	8	↑	80	↓	67	↑
February	61	↓	15	↓	18	↑	99	↓
March	67	↓	17	↓	9	↑	113	↓

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MONITORING

17. Staff shortages are actively discussed at many levels of the organisation, in addition to the Executive, Performance and Investment and Quality Assurance Committees, safe staffing is regularly reviewed at the divisions operational forums; in particular:
 - a) The weekly quality surveillance group continues to receive a monthly report and provides further scrutiny in response to any concerns.
 - b) Staffing issues have been presented at the Stand up Thursday executive meeting which further scrutinises staffing concerns.
 - c) Both divisions hold a weekly quality surveillance group and report on all staffing levels issues.
 - d) The quality review visits continue to monitor staffing levels and requirements on clinical areas at each review.

ACTIONS IN TRAIN

18. Both Divisions have a detailed action plan and are addressing impact and reasons for shortfall.
19. The local division continues to recruit to vacancies and both divisions to the additional staffing required for the divisional staffing pools.
20. The workforce team has commenced a review to confirm the number of starters and leavers and consequences for staffing levels
21. The safer staffing steering group has set terms of reference to outline future work in relation to continuously refining approaches to mapping and reporting staffing levels and developing a system to support mapping indicators for safe wards.

RECOMMENDATIONS

22. The Committee is asked to:
 - a) Discuss the Trust's approach to safe staffing
 - b) Note that staffing level reports will be discussed in the divisions at team level and at governance board level on a monthly basis.
 - c) Note that both divisions have action plans to address reasons for shortfall.

RAY WALKER
EXECUTIVE DIRECTOR OF NURSING
April 2016

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Appendix A

Clinically required against actual March 2016

Rag Rating	
>=100%	Green
>=90%	Amber
<90%	Red

	Ward name	DAY		Night	
		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
SECURE	Arnold	78.07%	108.47%	86.15%	130.31%
	Allerton	87.10%	124.73%	131.25%	79.30%
	Childwall	77.42%	99.19%	69.29%	122.58%
	Blake	79.56%	107.28%	60.92%	206.85%
	Carlyle	105.66%	85.97%	106.33%	93.37%
	Dickens	104.11%	90.51%	150.92%	96.57%
	Forster	95.52%	83.87%	67.75%	137.72%
	Gibbon	109.68%	85.85%	52.37%	200.00%
	Johnson	77.80%	100.00%	76.50%	111.46%
	Keats	89.60%	94.12%	74.52%	106.23%
	Lawrence	73.76%	105.81%	88.51%	109.64%
	Owen	126.47%	90.37%	97.08%	125.15%
	Ruskin	123.33%	69.35%	97.08%	100.00%
	Shelley	111.29%	82.26%	69.28%	103.01%
	Tennyson	80.71%	99.35%	73.25%	106.33%
	Hawthorn	88.71%	106.38%	100.00%	101.55%
	Ivy	85.00%	95.49%	68.27%	161.70%
	Myrtle	84.75%	105.00%	100.00%	100.00%
	Olive	89.17%	95.56%	109.87%	90.00%
Poplar	100.81%	100.00%	91.60%	104.77%	
Reed Lodge	103.23%	105.59%	100.00%	100.00%	
Total Secure		90.59%	96.74%	83.98%	113.52%

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	Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
Local	Boothroyd	100.00%	91.12%	100.00%	98.93%
	Albert	86.29%	96.13%	90.44%	84.87%
	Brunswick	98.23%	95.74%	100.00%	96.75%
	Harrington	100.00%	99.61%	100.00%	97.13%
	Alt	99.10%	95.85%	93.33%	95.45%
	Dee	99.11%	93.87%	100.00%	97.01%
	Irwell	93.33%	89.76%	100.00%	89.13%
	Morris	93.91%	97.14%	96.52%	100.00%
	Newton	85.00%	91.23%	76.67%	85.74%
	Park/Rowbotham	75.27%	101.20%	100.00%	96.95%
	Heys Court	100.88%	98.47%	100.00%	98.38%
	Kevin White Unit	98.85%	101.03%	100.00%	96.83%
	Acorn Ward	101.92%	89.33%	100.00%	94.84%
	Brain Injury Unit	100.00%	99.49%	100.00%	100.00%
	Oak Ward	93.39%	96.12%	100.00%	91.01%
	STAR Unit	66.88%	110.07%	100.00%	103.81%
	Rehabilitation Centre	94.84%	99.50%	90.44%	92.67%
	Wavertree Bungalow	115.09%	90.57%	100.00%	100.00%
	Windsor Clinic	101.32%	100.00%	100.00%	100.00%
Windsor House	96.53%	93.75%	100.00%	94.69%	
	Local Total	93.38%	96.11%	96.20%	94.75%
	Trust Total	91.73%	96.44%	88.89%	100.91%
	Overall Total	95.36%			