

Trust Board	C2 / Attachment 2
Executive Committee:	B2 / Attachment 2

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:	C2/B2 Attachment 2
Report to:	Executive Committee
Meeting Date:	21 July 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: (listed by the 4 Strategic Aims)	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 June 2016.
Summary of Key Issues:	<ul style="list-style-type: none"> This paper provides details of inpatient staffing level fill rates during June 2016. The local division report an improved position. The secure division report a deterioration. 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.
Recommendations:	<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.

Next Steps: (Subject to recommendation being accepted)	<ol style="list-style-type: none"> Future reports will reflect the position for the Specialist Learning Disability Division. The Quality Dashboard, launched in July 2016, will support future reports.
---	---

Trust Board	C2 / Attachment 2
Executive Committee:	B2 / Attachment 2

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"/>
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"/>

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>					

Trust Board	C2 / Attachment 2
Executive Committee:	B2 / Attachment 2

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 June 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	
Apr	91%	109%	98.6%	117.5%	104.7%
May	97%	108%	100%	118%	106%
Jun	95%	106%	96%	117%	104%

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.







Trust Board	C2 / Attachment 2
Executive Committee:	B2 / Attachment 2

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	
Apr	90.7%	96.8%	94.7%	101.3%	96.0%
May	96%	96%	97%	100%	97%
Jun	93%	97%	93%	100%	97%

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

Table 3 - Percentage of occasions

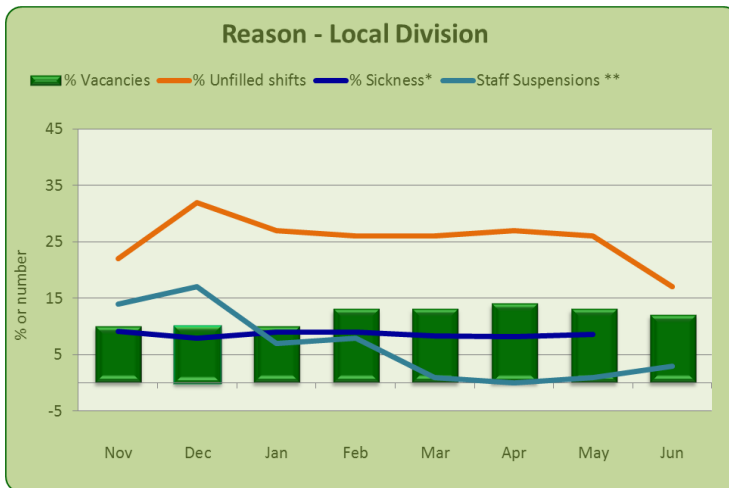
	Less staff than clinically required %	Trend
LOCAL		
April	21%	
May	20%	
June	16%	
SECURE		
April	32%	
May	28%	
June	30%	

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

REASONS FOR SHORTFALL

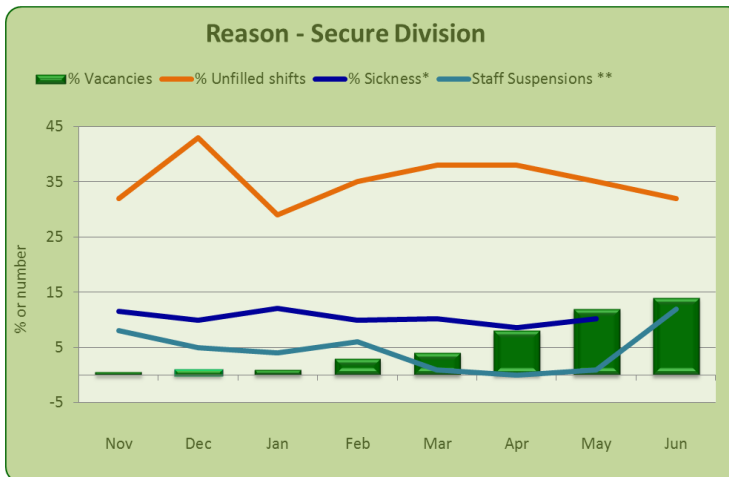
8. Both divisions continue to report an improvement in the bank filling shift requests.
9. Sickness data was not available at the time of the report.
10. Both divisions report difficulty recruiting to vacancies and have robust recruitment plans in place to support recruitment to the staffing pools.

Trust Board	C2 / Attachment 2
Executive Committee:	B2 / Attachment 2



* % Sickness data not available at the time of the report.

**Staff suspensions is the number of staff.

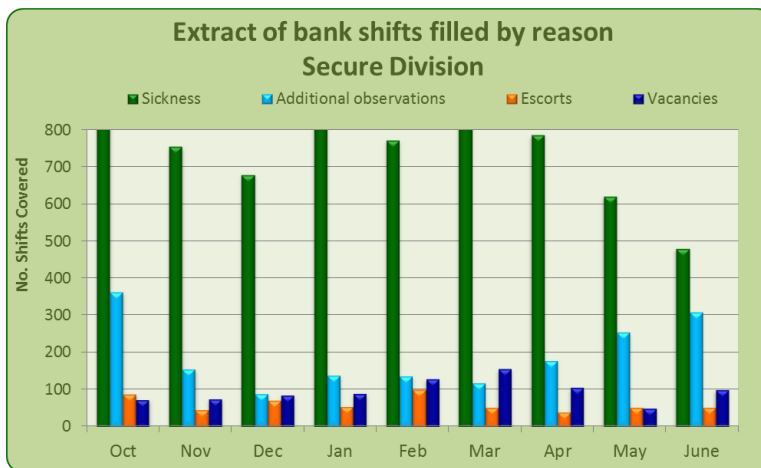
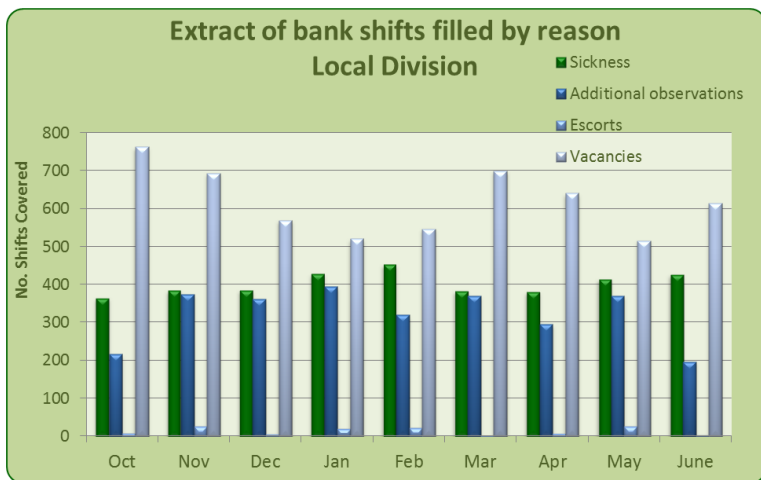


* % Sickness data not available at the time of the report.

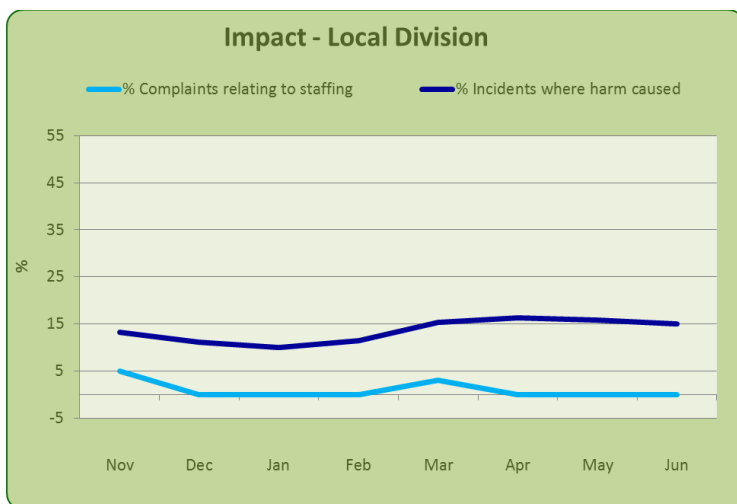
**Staff suspensions is the number of staff.

Trust Board	C2 / Attachment 2
Executive Committee:	B2 / Attachment 2

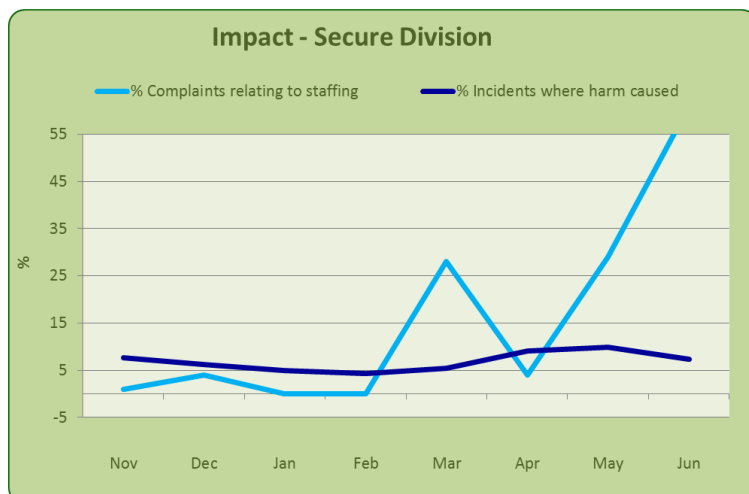
11. The graph below highlights the reasons for requesting additional staff from the bank.



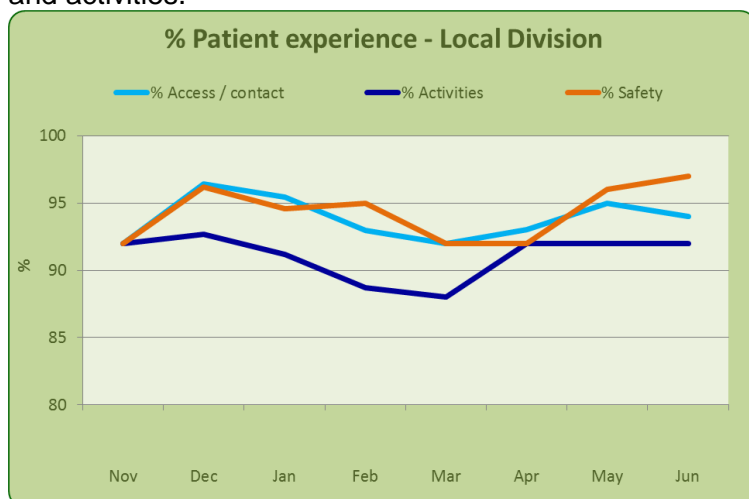
12. The following graphs highlight the percentage of complaints relating to staffing and the percentage of incidents which resulted in harm. The local division reports no change from previous month. The secure division reports an increase in complaints relating to staffing.



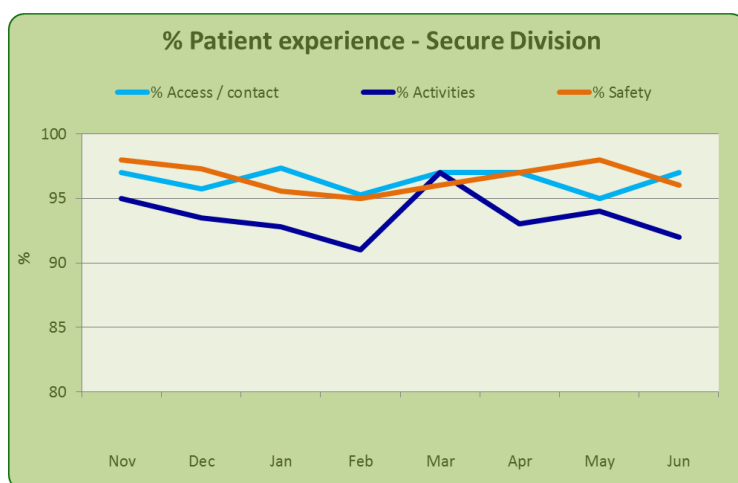
Trust Board	C2 / Attachment 2
Executive Committee:	B2 / Attachment 2



13. The Patient tracker system captures the experience of service users on a monthly basis. The following graphs highlight access to staff, access to users' activities and overall perception of safety. The local division report an improved position in relation to safety and a deterioration in the access domains of patient experience. The secure division report an improvement in patients' access to staff and deterioration in safety and activities.



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



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

Trust Board	C2 / Attachment 2
Executive Committee:	B2 / Attachment 2

STAFF EXPERIENCE

14. 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.
15. A deterioration is noted for all areas in the local division.
16. The secure division report improvement in access to supervision and breaks with a deterioration in other areas of 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								
April	51	↑	11	↓	0	↑	18	↑
May	64	↓	18	↓	10	↓	24	↓
June	75	↓	52	↓	13	↓	66	↓
SECURE								
April	76	↓	60	↓	11	↓	74	↑
May	51	↑	82	↓	17	↓	55	↑
June	63	↓	101	↓	24	↓	53	↑

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) Staffing issues have been presented at the Stand up Thursday executive meeting which further scrutinises staffing concerns.
 - b) Both divisions hold a weekly quality surveillance group and report on all staffing levels issues.
 - c) 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.

Trust Board	C2 / Attachment 2
Executive Committee:	B2 / Attachment 2

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.

RAY WALKER
EXECUTIVE DIRECTOR OF NURSING
July 2016

Trust Board	C2 / Attachment 2
Executive Committee:	B2 / Attachment 2

Appendix A

Clinically required against actual June 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	79.31%	115.96%	84.54%	96.77%
	Allerton	103.33%	106.67%	156.53%	89.96%
	Childwall	105.00%	111.67%	71.60%	158.06%
	Blake	76.62%	106.93%	97.83%	105.86%
	Carlyle	105.78%	84.17%	103.43%	103.43%
	Dickens	105.17%	96.74%	125.65%	113.87%
	Forster	106.40%	78.68%	98.97%	100.00%
	Gibbon	114.11%	84.81%	67.32%	183.49%
	Johnson	74.56%	101.24%	94.70%	98.47%
	Keats	89.26%	94.68%	84.91%	106.54%
	Lawrence	80.36%	106.31%	86.63%	100.00%
	Owen	80.00%	102.50%	100.00%	83.07%
	Ruskin	110.78%	81.06%	113.40%	86.60%
	Shelley	110.00%	81.67%	73.25%	116.82%
	Tennyson	75.83%	104.31%	93.08%	80.06%
	Hawthorn	101.67%	98.37%	103.20%	102.27%
	Ivy	99.14%	97.84%	67.17%	125.09%
	Myrtle	81.03%	114.12%	100.00%	101.60%
	Olive	102.59%	93.68%	110.50%	93.10%
Poplar	100.83%	107.76%	101.83%	110.86%	
Reed Lodge	100.00%	91.67%	100.00%	100.00%	
Total Secure		91.60%	98.68%	93.20%	107.22%

Trust Board	C2 / Attachment 2
Executive Committee:	B2 / Attachment 2

	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	83.55%	91.72%	100.00%	96.08%
	Albert	98.56%	89.66%	100.00%	85.50%
	Brunswick	99.12%	98.87%	100.00%	100.86%
	Harrington	100.00%	94.05%	100.00%	99.16%
	Alt	82.40%	109.86%	89.79%	94.30%
	Dee	100.00%	100.00%	96.70%	100.00%
	Irwell	93.33%	95.78%	100.00%	100.00%
	Morris	103.45%	94.95%	100.00%	100.00%
	Newton	93.97%	94.33%	62.07%	94.32%
	Park/Rowbotham	101.63%	93.02%	103.43%	93.47%
	Heys Court	103.25%	96.61%	100.00%	98.27%
	Kevin White Unit	100.00%	100.00%	100.00%	100.00%
	Acorn Ward	92.80%	94.10%	100.00%	94.52%
	Brain Injury Unit	106.90%	99.49%	100.00%	100.00%
	Oak Ward	103.42%	95.89%	100.00%	104.40%
	STAR Unit	83.33%	100.67%	100.00%	99.30%
	Rehabilitation Centre	97.55%	97.95%	100.00%	98.84%
	Wavertree Bungalow	105.66%	97.17%	100.00%	100.00%
	Windsor Clinic	100.00%	97.80%	100.00%	96.66%
Windsor House	97.81%	93.78%	100.00%	100.00%	
Local Total		97.03%	96.43%	95.78%	97.32%
Trust Total		93.87%	97.63%	94.26%	100.69%
Overall Total		96.97%			