

Executive Committee:	B2 / Attachment 2
Performance Investment Committee:	B1 / Attachment 2

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

Paper No:	Supporting paper to Care at a Glance
Report to:	Executive Committee
Meeting Date:	25 August 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 July 2016.
Summary of Key Issues:	<ul style="list-style-type: none"> This paper provides details of inpatient staffing level fill rates during July 2016. The Trust total for mapping planned care to actual continues to be reported to NHS England on a monthly basis. This report now includes specialist learning disability division (SLDD). In relation to clinically required position the local division report no change and the secure division report deterioration. SLDD do not currently capture this data. 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: <i>(Subject to recommendation being accepted)</i>	A review of the overall approach to safe staffing reporting is planned with the establishment of a programme board to oversee all associated data collection and reporting requirements.
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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"/>
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"/>	<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 July 2016.
2. This paper provides assurance that we are regularly reviewing and monitoring our inpatient staffing levels.

WARD REPORTING

3. Each of the 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. July percentages include the Specialist Learning Disability Division staffing figures. 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	
May	97%	108%	100%	118%	106%
Jun	95%	106%	96%	117%	104%
July	96%	113%	97%	117%	108%

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

The Specialist Learning Disability Division currently do not collect this data.

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	
May	96%	96%	97%	100%	97%
Jun	95%	106%	96%	117%	104%
*July	93%	97%	93%	102%	97%

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

Table 3 - Percentage of occasions

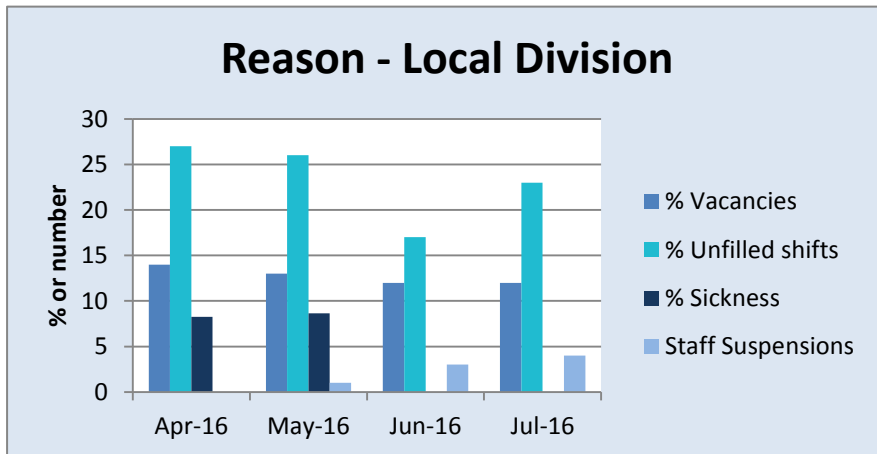
	Less staff than clinically required %	Trend
LOCAL		
May	20%	
June	16%	
July	16%	
SECURE		
May	28%	
June	30%	
July	32%	
SPECIALIST LD DIVISION		
July	Data Not Available	

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

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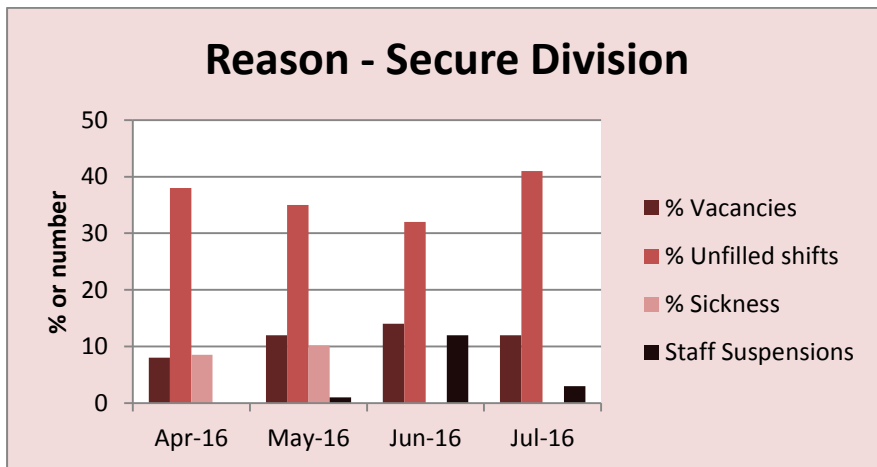
REASONS FOR SHORTFALL

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



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

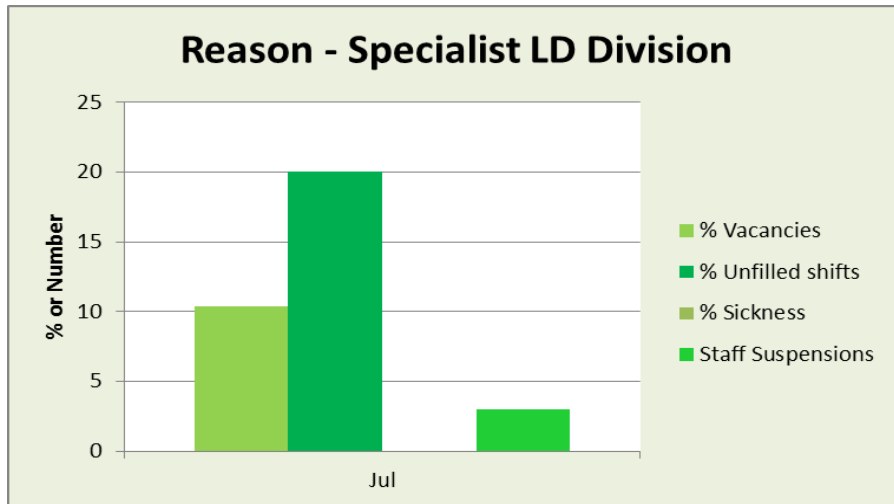
**Staff suspensions is the number of staff.



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

**Staff suspensions is the number of staff.

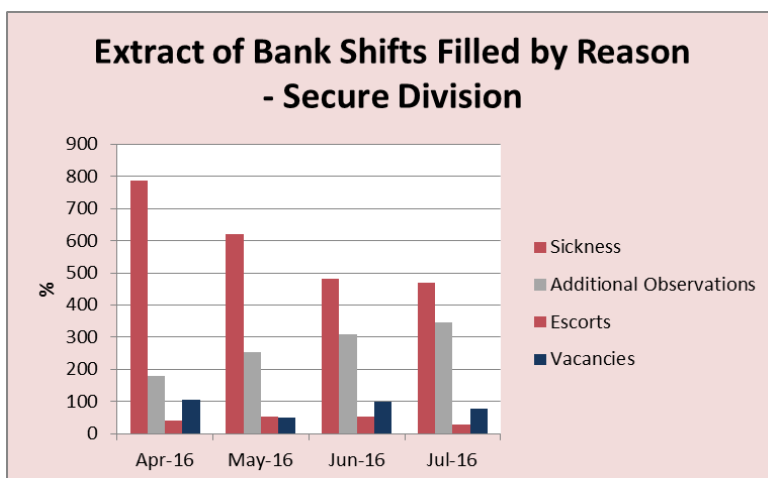
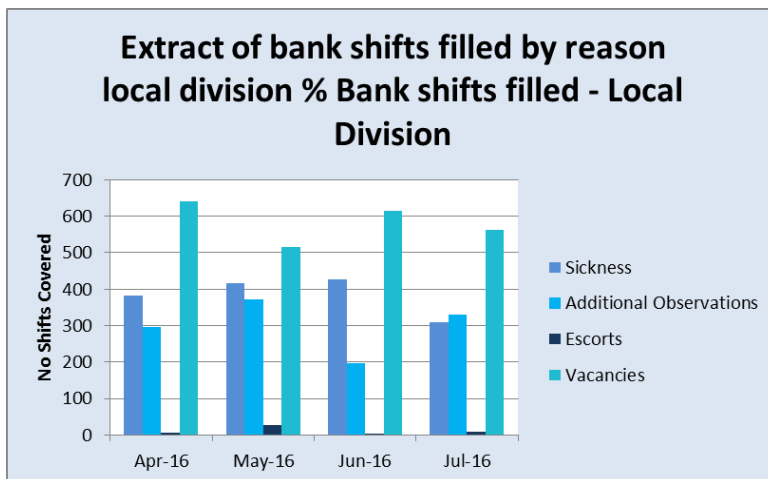
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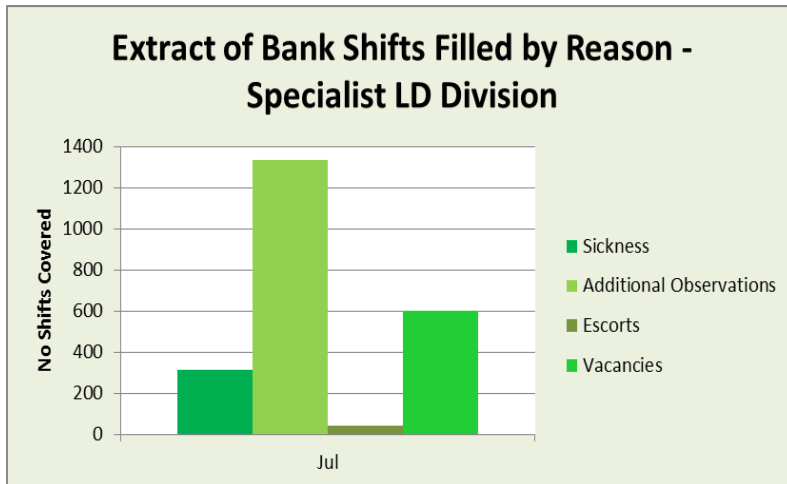
* % Sickness data not available at the time of the report.

**Staff suspensions is the number of staff.

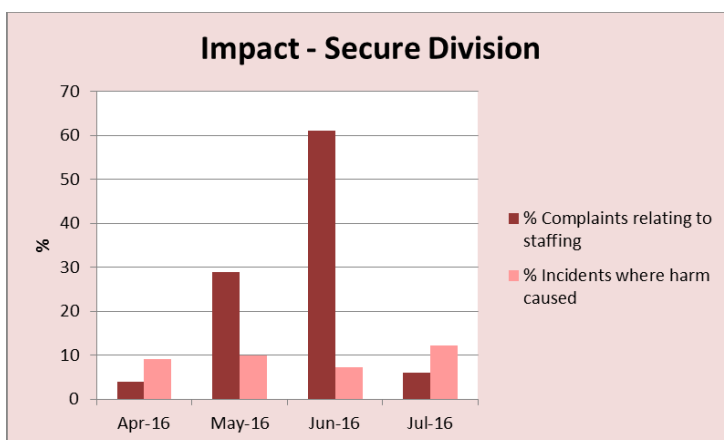
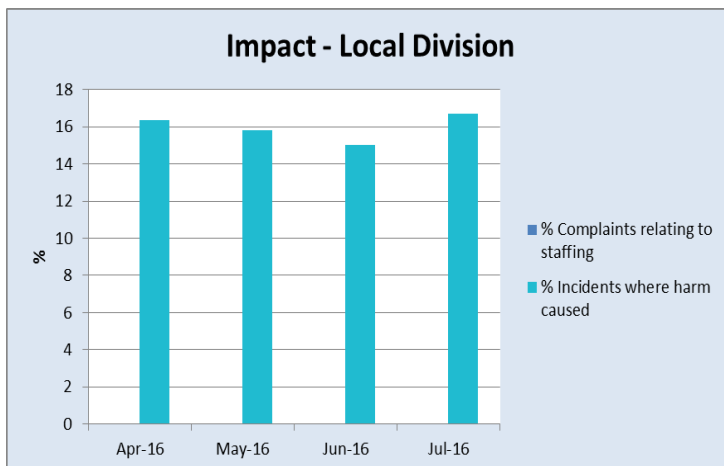
11. The graphs below highlights the reasons for requesting additional staff from the bank.
12. Additional observations continue to be a significant reason for requiring staff.



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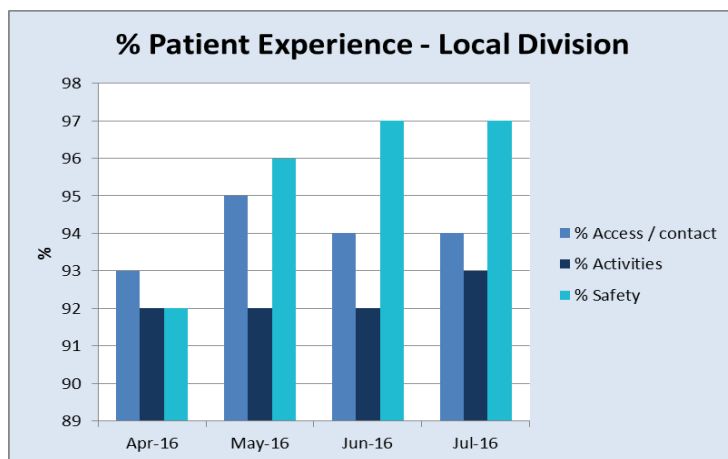


13. The following graphs highlight the percentage of complaints relating to staffing and the percentage of incidents which resulted in harm. The local division reports no change from previous month. The secure division reports an decrease in complaints relating to staffing. There were no complaints relating to staffing reported for the local division. The SLDD data was not available at time of reporting.

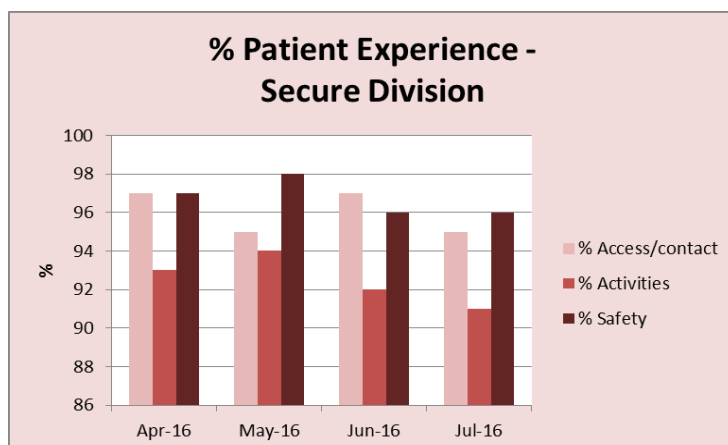


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14. The Patient tracker system captures the experience of service uses on a monthly basis. The following graphs highlights access to staff, access to users' activities and overall perception of safety. The local division reports an improved position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



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.

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. A deterioration is noted for all areas in the secure division.
17. The local division report an improvement in most

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Table 4 - Reported impact on staff experience

	Breaks Cancelled	Trend	PACE Reviews Deferred	Trend	Student mentor-ship affected	Trend	Supervision Deferred	Trend
LOCAL								
May	64	↓	18	↓	10	↓	24	↓
June	75	↓	52	↓	13	↓	66	↓
July	80	↓	29	↑	10	↑	33	↑
SECURE								
May	51	↑	82	↓	17	↓	55	↑
June	63	↓	101	↓	24	↓	53	↑
July	71	↓	108	↓	41	↓	87	↓

MONITORING

18. 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) Each division holds 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

19. The divisions have a detailed action plan and are addressing impact and reasons for shortfall.
20. The local division continues to recruit to vacancies and both divisions to the additional staffing required for the divisional staffing pools.
21. A review of the overall approach to safe staffing reporting is planned with the establishment of a programme board to oversee all associated data collection and reporting requirements. This will ensure a consistent approach for monitoring and reporting across the three divisions

RECOMMENDATIONS

22. The Committee is asked to:
 - a) Discuss the Trust's approach to safe staffing

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- 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
August 2016

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Appendix A

Clinically required against actual July 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	80.33%	117.45%	110.66%	174.13%
	Allerton	109.52%	108.60%	171.06%	76.33%
	Childwall	90.32%	112.80%	61.29%	137.50%
	Blake	75.83%	102.31%	65.14%	141.46%
	Carlyle	112.04%	80.65%	103.01%	103.01%
	Dickens	109.11%	93.66%	102.01%	113.40%
	Forster	102.29%	81.02%	90.31%	112.95%
	Gibbon	111.29%	82.18%	67.28%	190.36%
	Johnson	73.97%	107.13%	100.00%	87.84%
	Keats	83.44%	95.11%	91.87%	103.01%
	Lawrence	74.19%	105.16%	87.05%	106.33%
	Owen	87.10%	93.55%	100.00%	91.88%
	Ruskin	113.66%	78.56%	100.00%	106.33%
	Shelley	102.37%	82.99%	77.41%	87.05%
	Tennyson	84.25%	88.78%	91.87%	112.95%
	Hawthorn	104.03%	100.00%	106.46%	100.00%
	Ivy	90.83%	96.34%	74.93%	130.56%
	Myrtle	90.00%	105.67%	100.00%	103.03%
Olive	114.29%	89.94%	103.20%	101.60%	
Poplar	100.81%	101.18%	88.27%	101.21%	
Reed Lodge	100.00%	100.00%	93.54%	93.54%	
Total Secure		91.83%	96.77%	91.23%	108.85%

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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	80.86%	98.24%	100.00%	94.98%
	Albert	92.31%	93.31%	96.53%	99.07%
	Brunswick	100.00%	99.21%	100.00%	100.00%
	Harrington	98.36%	93.23%	100.00%	97.76%
	Alt	84.34%	97.39%	100.00%	100.00%
	Dee	100.00%	100.00%	96.52%	96.69%
	Irwell	98.39%	100.52%	100.00%	96.82%
	Morris	97.65%	99.04%	100.00%	100.00%
	Newton	93.33%	99.67%	61.60%	102.80%
	Park/Rowbotham	95.70%	97.34%	103.01%	100.00%
	Heys Court	84.68%	96.46%	106.46%	113.16%
	Kevin White Unit	95.12%	85.71%	92.36%	89.07%
	Acorn Ward	99.17%	89.87%	100.00%	96.68%
	Brain Injury Unit	100.00%	101.49%	100.00%	100.00%
	Oak Ward	98.37%	96.98%	96.53%	93.48%
	STAR Unit	90.39%	101.00%	100.00%	98.67%
	Rehabilitation Centre	100.00%	93.37%	100.00%	98.92%
	Wavertree Bungalow	110.00%	94.17%	100.00%	100.00%
	Windsor Clinic	99.11%	97.75%	100.00%	100.00%
Windsor House	98.03%	95.73%	109.25%	99.19%	
	Local Total	95.51%	96.88%	96.39%	99.03%
	Trust Total	93.36%	96.82%	93.31%	102.41%
	Overall Total	96.74%			