

Performance, Investment and Finance Committee:	B1 / 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:	Supporting paper to Care at a Glance
Report to:	Executive Committee
Meeting Date:	20 October 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 September 2016.
Summary of Key Issues:	<ul style="list-style-type: none"> This paper provides details of inpatient staffing level fill rates during September 2016. The 3 divisions report an overall balanced position in relation to fill rate for budgeted planned staff, table 1 refers. The local and secure divisions continue to report on clinically required. Table 3 presents the percentage of occasions when there were less staff than clinically required. 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>	1) Future reports will be supported by the Quality Dashboard.
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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"/>
If answered 'YES' to either question, please include a section in the report explaining why					
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>							

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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 September 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. Table 1 refers. Where there is a shortage of registered nurses there is a corresponding increase in unregistered nurses to support clinical need.

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	
*Jul	96%	113%	97%	117%	108%
*Aug	92%	113%	95%	119%	108%
*Sep	95%	115%	98%	120%	110%

*Percentages include the specialist LD division staffing figures.

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5. The secure and local divisions continue to report on actual staffing levels against clinically required staffing levels as this highlights the requirement to support unplanned care. Table 2 refers. The specialist LD division does not report on clinically required.







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	
*Jul	93%	97%	93%	102%	97%
*Aug	93%	97%	91%	103%	97%
*Sep	92%	96%	90%	101%	96%

*Not including specialist LD division

6. As requested by the local and secure division the percentage of occasions when less staff than clinically required is presented in table 3. Both local and secure divisions report a deteriorating position for the month of September.

Table 3 - Percentage of occasions

	Less staff than clinically required %	Trend
LOCAL		
July	16%	
August	20%	
September	25%	
SECURE		
July	32%	
August	32%	
September	34%	

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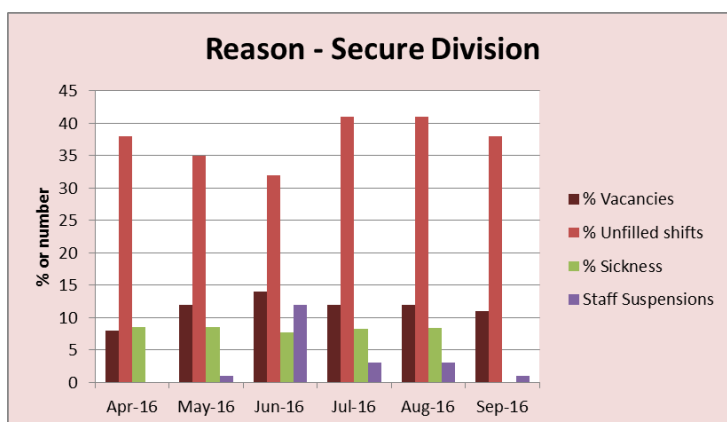
7. The following graphs highlight the main reasons for shortfall and the impact on service user and staff experience.

REASONS FOR SHORTFALL

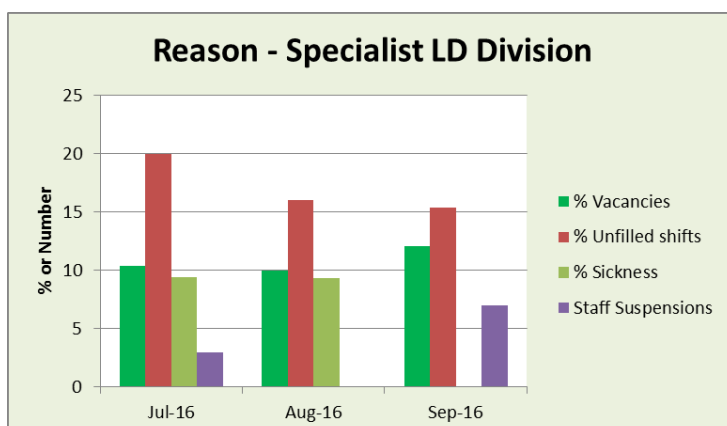
- The secure and specialist LD divisions continue to report an improvement in the bank filling shift requests. The local division report a deterioration.
- Sickness data was not available at the time of reporting.
- The divisions continue to recruit to vacancies.



*Staff suspensions is the number of staff.



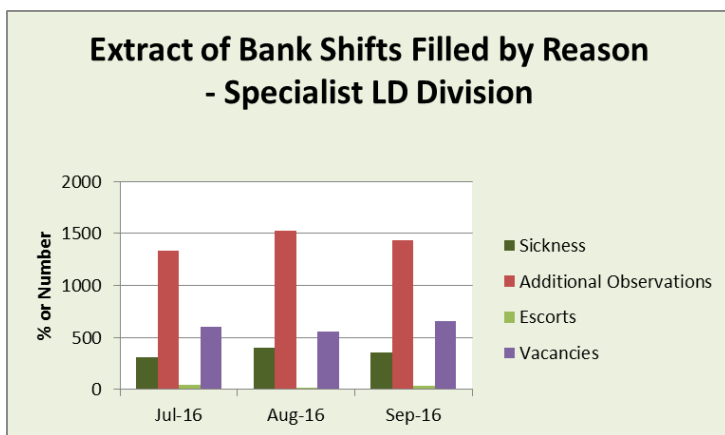
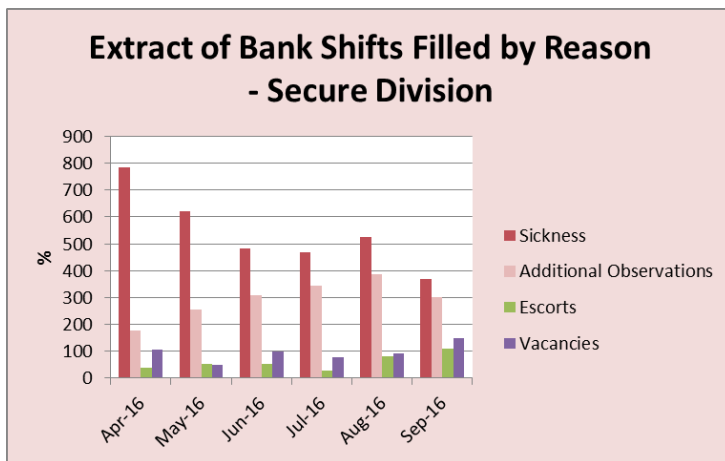
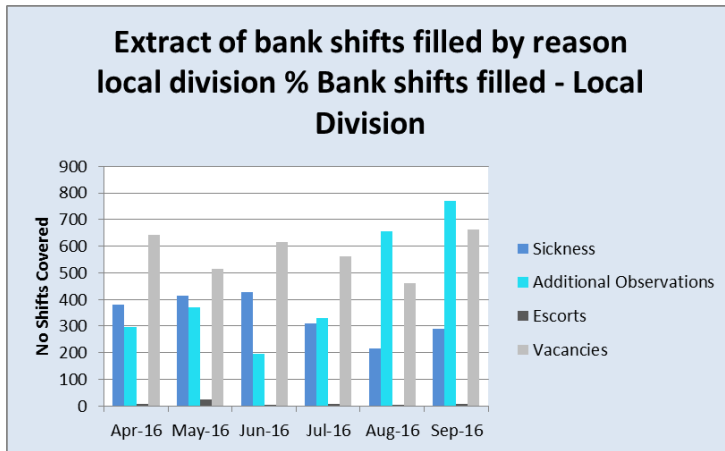
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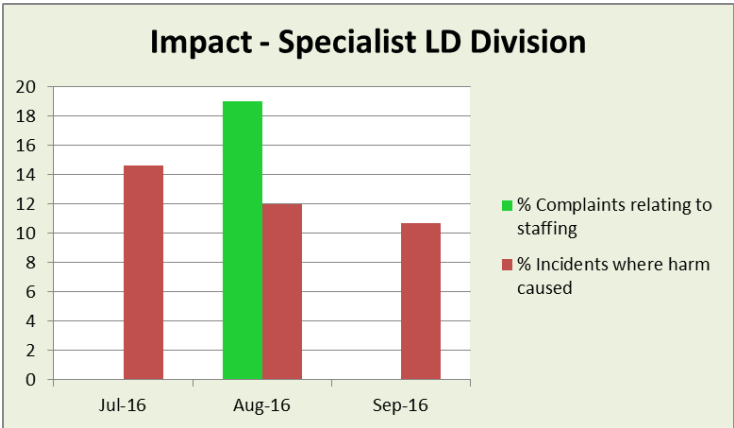
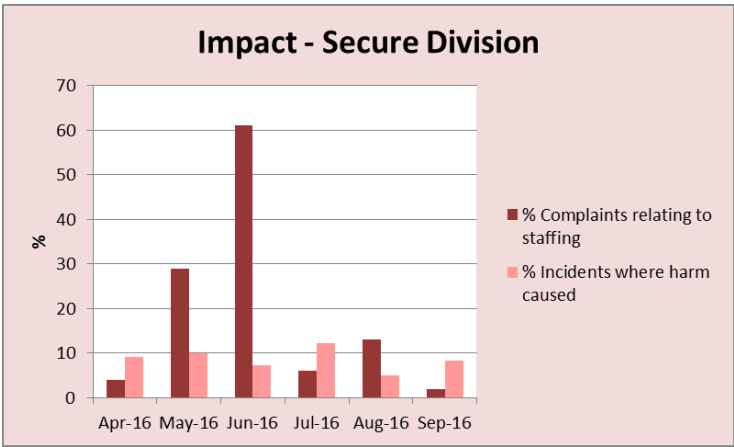
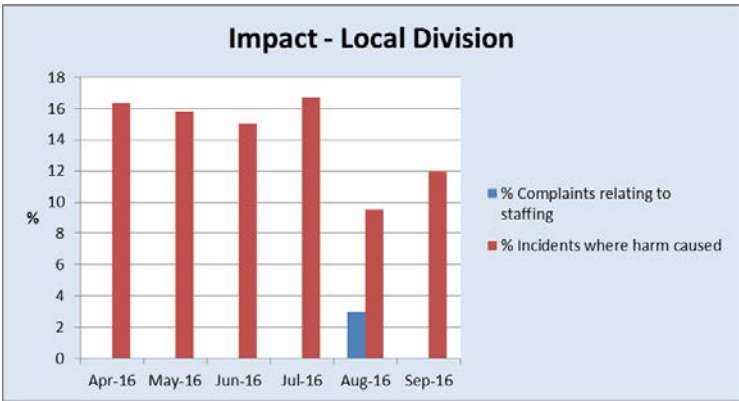
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11. The graphs below highlight the reasons for requesting additional staff from the bank. All divisions report an increase in requests to support vacancies.



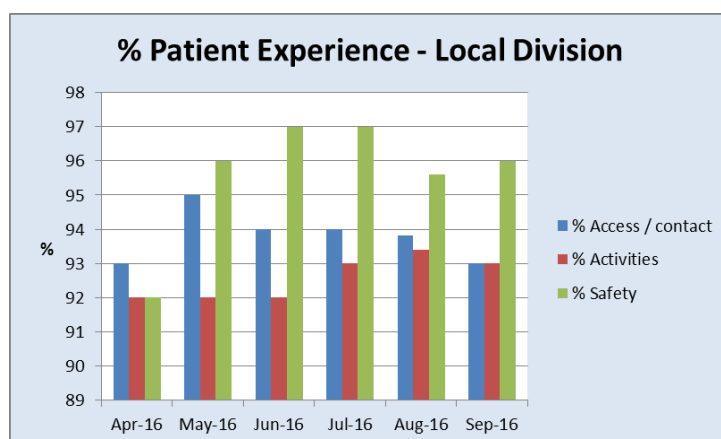
12. The following graphs highlight the percentage of complaints relating to staffing and the percentage of incidents which resulted in harm. The local division and specialist LD division report no complaints relating to staffing, with one complaint in the secure division. The local and secure division report an increase in incidents where harm was caused with a reduction for specialist LD division.

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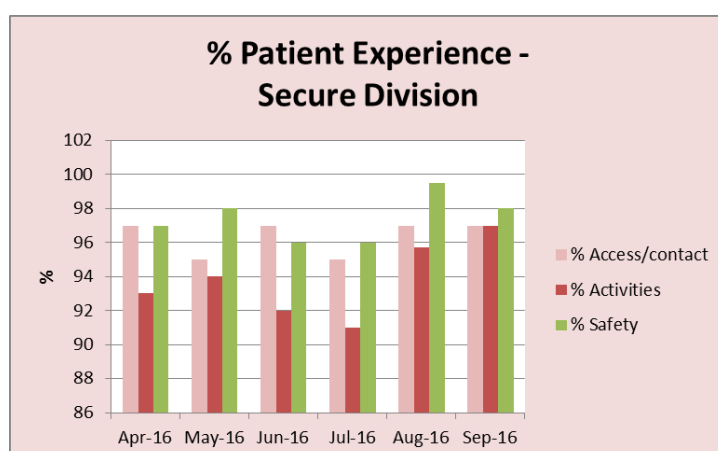


13. The Patient tracker system captures the experience of service users in secure and local division on a monthly basis. The specialist LD Division currently have a different reporting system for patient experience. This is under review.
14. The graphs overleaf highlight patient experience in relation to access to staff, access to activities and overall perception of safety.

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



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MONITORING

15. Staff shortages are actively discussed at many levels in the organisation. In addition to the Executive Committee and Quality Assurance Committee, 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

16. Each division has a detailed action plan and are addressing impact and reasons for shortfall.

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17. The establishment of the Safer Staffing Programme Board was agreed at the August Executive Committee. This forum will outline future work in relation to approaches to mapping and reporting on staffing levels and the systems in place to support safe wards. The future version of this monthly report will be refined and supported by the Quality Dashboard.

RECOMMENDATIONS

18. 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
October 2016

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Appendix A

Clinically required against actual September 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	73.28%	105.84%	96.56%	110.32%
	Allerton	110.83%	111.73%	176.53%	77.00%
	Childwall	94.17%	104.17%	84.93%	111.60%
	Blake	75.00%	107.53%	80.89%	119.28%
	Carlyle	107.50%	83.33%	100.00%	103.43%
	Dickens	100.80%	103.50%	70.69%	110.32%
	Forster	103.23%	82.89%	112.62%	135.54%
	Gibbon	107.44%	82.50%	63.67%	183.49%
	Johnson	82.50%	95.54%	50.79%	182.15%
	Keats	74.89%	109.47%	75.24%	133.57%
	Lawrence	66.67%	113.33%	72.46%	143.30%
	Owen	79.36%	103.72%	109.65%	104.47%
	Ruskin	107.44%	79.52%	65.37%	86.60%
	Shelley	105.00%	82.50%	74.96%	116.82%
	Tennyson	81.22%	97.87%	91.46%	96.57%
	Hawthorn	92.50%	102.08%	100.00%	103.34%
	Ivy	100.88%	99.14%	68.97%	99.19%
	Myrtle	93.97%	106.32%	100.00%	100.00%
	Olive	97.41%	90.23%	100.00%	89.66%
Poplar	112.50%	99.33%	106.78%	94.68%	
Reed Lodge	110.00%	96.67%	100.00%	100.00%	
Total Secure		89.45%	96.98%	84.08%	108.82%

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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	87.19%	95.28%	90.06%	89.29%
	Albert	100.67%	95.93%	100.00%	100.00%
	Brunswick	101.64%	95.86%	100.00%	97.51%
	Harrington	98.44%	89.62%	100.00%	96.45%
	Alt	86.44%	90.08%	96.70%	95.61%
	Dee	100.00%	93.01%	100.00%	96.24%
	Irwell	95.55%	97.59%	100.00%	97.80%
	Morris	99.20%	88.44%	100.00%	95.69%
	Newton	95.69%	86.45%	58.62%	96.71%
	Park/Rowbotham	96.07%	99.65%	112.95%	95.54%
	Heys Court	90.83%	105.56%	93.33%	93.18%
	Acorn Ward	103.25%	88.12%	100.00%	98.00%
	Brain Injury Unit	110.34%	101.62%	100.00%	100.00%
	Oak Ward	85.71%	88.02%	100.00%	102.37%
	STAR Unit	72.44%	104.08%	100.00%	97.06%
	Rehabilitation Centre	97.42%	98.52%	100.00%	100.00%
	Wavertree Bungalow	100.00%	100.00%	100.00%	100.00%
	Windsor Clinic	100.00%	100.00%	100.00%	100.00%
Windsor House	100.00%	87.50%	100.00%	98.50%	
	Local Total	95.75%	95.37%	99.46%	96.70%
	Trust Total	92.13%	96.22%	90.06%	100.52%
	Overall Total	95.52%			