

Trust Board	C2 / Attachment 1
Executive Committee:	B2 / Attachment 1

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:	ref TB/16/17/091
Report to:	Trust Board
Meeting Date:	29 March 2017

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 February 2017. This paper seeks approval to amend the current reporting arrangements for Safe Sustainable Staffing to reflect recently published draft national guidance.
Summary of Key Issues:	<ul style="list-style-type: none"> This paper provides details of inpatient staffing level fill rates during February 2017. The 3 divisions report over 100% 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. An even position is noted for this month. A revised reporting arrangement for six monthly reviews and monthly reports is described. 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"> Note the nursing inpatient staffing levels for the month of February 2017. Approve the proposed reporting arrangements for safe sustainable staffing to reflect recently published draft national guidance.

Next Steps: <i>(Subject to recommendation being accepted)</i>	
--	--

Trust Board	C2 / Attachment 1
Executive Committee:	B2 / Attachment 1

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) <i>(providing further detail in the report)</i>
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 <i>(financial or staffing)</i>	<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 <i>(if it does please click the appropriate ones below)</i>			
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 <i>(if appropriate)</i>				
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: <i>(only include reference to the highest level framework / register)</i>	<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 1
Executive Committee:	B2 / Attachment 1

MERSEY CARE NHS FOUNDATION TRUST

Safer Staffing Report

PURPOSE

1. The purpose of this report is to provide a briefing to the executive committee on the nursing inpatient staffing levels for the month of February 2017.
2. This paper seeks approval to amend the current reporting arrangements for Safe Sustainable Staffing to reflect recently updated national guidance.

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 (Trust wide)

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	
*Dec	94%	113%	96%	120%	109%
*Jan	97%	114%	98%	121%	110%
*Feb	93%	112%	94%	123%	108%

*Percentages include the specialist LD division staffing figures.

Trust Board	C2 / Attachment 1
Executive Committee:	B2 / Attachment 1







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 and both divisions report an improved position. Table 2 refers.

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	
Dec	91%	99%	90%	106%	97%
Jan	79%	87%	81%	97%	86%
Feb	92%	97%	88%	102%	96%

6. As requested by the local and secure division the percentage of occasions when less staff than clinically required is mapped. The divisions report no change from the previous month.

Table 3 - Percentage of occasions

	Less staff than clinically required %	Trend
LOCAL		
December	22%	
January	23%	
February	23%	
SECURE		
December	34%	
January	30%	
February	30%	

Trust Board	C2 / Attachment 1
Executive Committee:	B2 / Attachment 1

PROPOSED NEW REPORTING ARRANGEMENTS

7. NQB safe staffing improvement resource Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time - Safe, Sustainable and Productive Staffing was published on 6th July 2016.
<https://www.england.nhs.uk/ourwork/part-rel/nqb/>
8. In supporting Providers of NHS services to implement the NQB expectations, NHS Improvement are leading the national programme to develop setting-specific safe and sustainable staffing improvement resources in key areas including mental health settings. The Draft resource is now published for an engagement period between March 15th and April 28th.
9. The guidance articulates Trust Boards accountability in respect of Safe Sustainable Staffing and recommends that the Board should have processes in train to provide assurance that the right staff with the right skills are in the right place at the right time. Table 1 summarises.

TABLE 1

Safe, Effective, Caring, Responsive and Well- Led Care		
Measure and Improve		
-patient outcomes, people productivity and financial sustainability- -report investigate and act on incidents (including red flags) - -patient, carer and staff feedback-		
-implement Care Hours per Patient Day (CHPPD) - develop local quality dashboard for safe sustainable staffing		
Expectation 1	Expectation 2	Expectation 3
Right Staff 1.1 evidence based workforce planning 1.2 professional judgement 1.3 compare staffing with peers	Right Skills 2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention	Right Place and Time 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency

10. The guidance recommends that two papers a year should be presented to the Boards
 - An Annual Strategic Staffing Review, and
 - A comprehensive staffing report to the board after six months, to confirm that the workforce plans are still appropriate and are being achieved.
11. Details of what the assurance that Board will need to receive can be found in the guidance and is summarised in appendix A.

Trust Board	C2 / Attachment 1
Executive Committee:	B2 / Attachment 1

12. Whilst there is no requirement to produce a monthly report on Safe Sustainable Staffing, the Trust will continue to provide summary data on Safe Sustainable Staffing through a revised Safe Sustainable Staffing Quality Dashboard which reflect the Trust's Model of Quality (STEEEP). Appendix B displays a sample dashboard report.
13. Each clinical area will receive a safe sustainable dashboard which will reflect the metrics relevant to staffing levels reporting. This commenced in March 2017. The dashboard will be displayed and discussed at monthly team meetings.
14. Each clinical division will receive an overarching report for monitoring and discussion.
15. A Trust wide dashboard will be analysed and reported to the Executive Committee via Care at a Glance.

SERVICE CHANGES

16. The guidance identifies that there should be a team or service-level review following any significant service change or where significant quality or workforce concerns have been identified.

MONITORING

17. 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.
 - d) An escalation flow chart has been developed to support clinical teams to report and address any staffing concerns.
 - e) The Board will receive an annual strategic staffing review and a comprehensive staffing report after six months to confirm that the workforce plans are still appropriate and are being achieved.

RECOMMENDATIONS

18. The Committee is asked to:
 - a) Note the nursing inpatient staffing levels for the month of February 2017.
 - b) Approve the proposed reporting arrangements for safe sustainable staffing to reflect recently published draft national guidance.

RAY WALKER
EXECUTIVE DIRECTOR OF NURSING
March 2017

Trust Board	C2 / Attachment 1
Executive Committee:	B2 / Attachment 1

Appendix A

Safe Sustainable Staffing - Board Reporting

The Board will seek assurance that:

Right Staff

1. The organisation has systems to monitor staffing requirements (acuity and demand) and that this is measured and reviewed against actual team staffing levels
2. There is an agreed process for escalating issues that are impacting on safe and sustainable staffing
3. Staffing reports take account of local contextual variables which impact on safe delivery of services
4. The annually agreed "headroom" percentage uplift reflects organisational needs and is deliverable
5. Clinical leaders and managers have sufficient allocated time to carry out their supervisory and leadership role effectively
6. The annual review of safe sustainable staffing references benchmarking data that the organisation has access to (both internal and external)

Right Skills

1. That there are processes in place to identify, analyse and implement evidence based practice across services
2. Where new models of care are developed there is a clear plan for organisational development support to enable such change to take place safely (see NHSI leadership framework for system leadership competencies)
3. That there is an evidence based approach within the organisation, to support effective team working
4. That the organisation has systems and processes in place to promote staff well-being and prevent fatigue and burnout
5. The organisation has a clear strategy for the retention of staff, which should include a clear articulation of learning and development opportunities for all staff groups that there are strategic plans for attraction recruitment, and retention of staff aligned with the workforce plan

Right Place, Right Time

1. There are standard approaches across services to prevent unwarranted clinical variation in service provision
2. Technology is available to staff to undertake their duties safely and efficiently and effectively
3. Quality improvement methodology is embedded and enable clinical teams to identify waste and makes changes at service level to improve quality
4. That shift patterns and E-rostering are regularly reviewed to support the efficient delivery of care and treatment
5. Thresholds for the use of bank and agency staffing are set, monitored and responded to
6. Service models and staffing deployment reflect demand, including seasonal or other variation (across seven day services where appropriate)

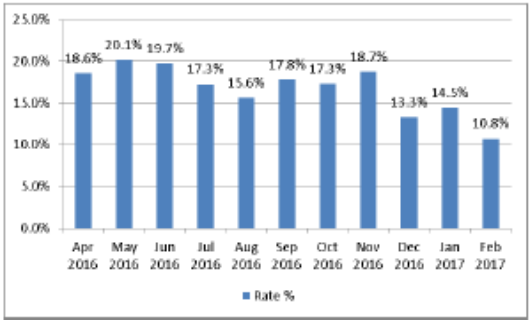
Trust Board	C2 / Attachment 1
Executive Committee:	B2 / Attachment 1

Appendix B

SAMPLE Trust Level - Safe Sustainable Staffing Dashboard Report

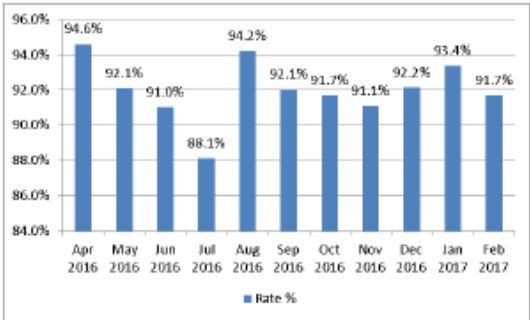
**Safe Sustainable Staffing Report: Mersey Care NHS Foundation Trust
Trust Level (Local, Secure & SpLD Division)**

**SAFE:
Incidents That Resulted in Harm**



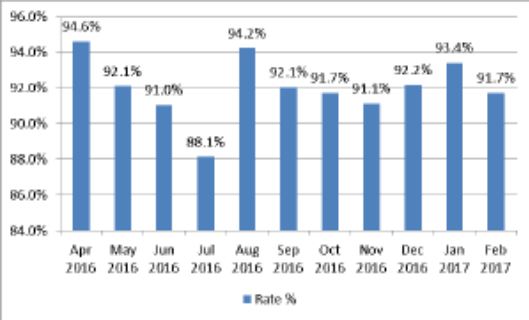
Data Source: Datix

**TIMELY:
Access Services When They Need Them**



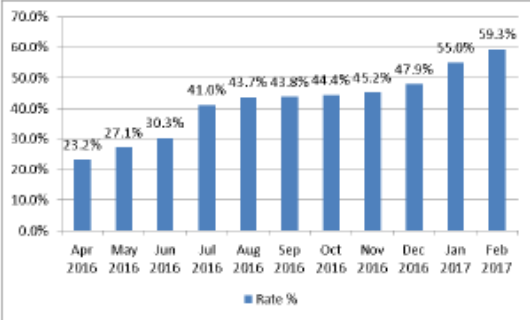
Data Source: Patient Survey

**EFFICIENT:
% of Shifts Filled by Nurses/Planned Est.**



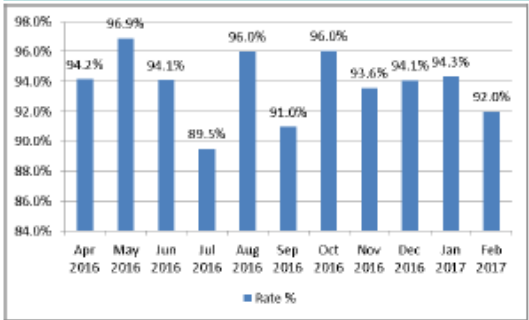
Data Source: Safe Staffing

**EFFECTIVE:
Completion of Mandatory Training**



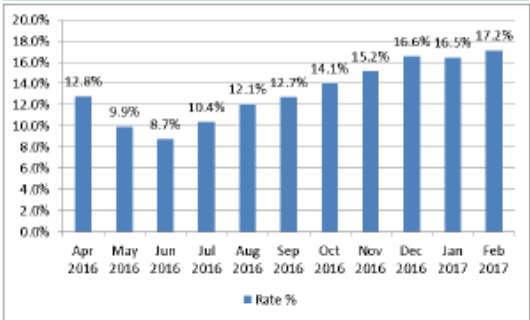
Data Source: Datix

**PERSON CENTRED:
Patient Experience – Feels Safe**



Data Source: Patient Survey

**WELL LED:
Vacancy Rates**



Data Source: ESR

Data extracted from Quality Dashboard via BiT as at Monday, 20 March 2017 (for the previous month)