

REPORT TO THE TRUST BOARD

Date of Meeting:	30 July 2015
Title of Report:	Six Month Safer Staffing Review
Presented by:	Mark Dinwiddy Interim Executive Director of Nursing
Author of Report:	Carol Sylvester-Deputy Director of Nursing
Date:	July 2015
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Purpose / Intent of Report:	<ul style="list-style-type: none"> For information and discussion
Executive Summary:	<p>This paper outlines the performance of the Trust in relation to the National Quality Board expectation <i>“The Board:</i></p> <ul style="list-style-type: none"> <i>Receives an update containing details and summary of planned and actual staffing on a shift-by-shift basis</i> <i>Is advised about those wards where staffing falls short of what is required to provide quality care, the reasons for the gap, the impact and the actions being taken to address the gap</i> <i>Evaluates risks associated with staffing issues</i> <i>Seeks assurances regarding contingency planning, mitigating actions and incident reporting</i> <i>Ensures that the Executive Team is supported to take decisive action to protect patient safety and experience</i> <i>Publishes the report in a form accessible to patients and the public on their Trust website (which could be supplemented by a dedicated patient friendly ‘safe staffing’ area on a Trust website)”.</i> <p>The paper describes the escalation process in place to manage nurse staffing levels. It also outlines that results of the planned vs actual nurse staffing levels during the data collection period 1st January 2015 to June 30th 2015.</p> <p>The report will detail additional quality indicators in addition to planned and actual staffing data across the 6 month period for all Trust inpatient areas.</p> <p>The report will additionally detail the ongoing review of the acuity assessments to revise baseline establishment, skill mix, ward manager supervisory and clinical status .</p>
Which Strategy Priority does this relate to?	<ul style="list-style-type: none"> Customer Focus Strategy Clinical Strategy Governance Strategy Workforce Strategy Financial Strategy
How does this impact on patients or the public?	
Relationship with Annual Objectives	Supports the delivery of the Trust’s Annual Objectives and the delivery of high quality care
Risk / Legal Implications:	Delivery of safe staffing is a key requirement to ensuring that the Trust complies with National Policy direction

Resource Implications:	
Equality and Diversity Implications:	Supports the delivery of accessible and responsive services
Relationship with Assurance Framework [Risk, Control and Assurance]	Supports the Trust's Assurance Framework and Risk Management Processes
Recommendations:	<ul style="list-style-type: none"> • That the Board note and discuss the contents of this report • The Board will continue to receive regular assurance in respect to staffing levels going forward

REPORT TO TRUST BOARD

Date of meeting:	30 July 2015
Report title:	Safe Staffing – 6 Monthly Report
Executive Lead:	Mr Mark Dinwiddy – Interim Director of Nursing and Quality
Author:	Miss Carol Sylvester – Deputy Director of Nursing
Presented by:	Mr Mark Dinwiddy – Interim Director of Nursing and Quality

1. Executive Summary

This report details the actions currently being taken to ensure that adequate staffing levels are achieved to keep service users safe within North Staffordshire Combined Healthcare Trust in-patient services. The report also provides assurances that the Trust meets the requirements set out by the National Quality Board (NQB) and NHS England in relation to reporting on ward daily staffing levels.

From June 2014 nursing and care staffing capacity and capability has been discussed at public board meetings on a 6 monthly basis. The report will include workforce information, comprising of the number of actual staff hours, compared to the planned staffing level, during the previous six months. Where there are shortfalls in staffing, managers deploy additional staffing from temporary staffing (bank) and deploy agency and overtime in exceptional circumstances. On a monthly basis the board receive an exception report on wards staffing levels most recently presented in a dashboard style format detailing nursing staff fill rate in addition to quality sensitive indicators including sickness, PDR, training, incident, complaint and occupancy data. This data will be displayed on the Trust website in accordance with the National Quality Board (NQB & NHS England, 2013) requirements.

Each ward throughout the Trust has displayed information about the registered nurses and care staff present on each ward on each shift therefore ensuring this information is available to patients and the public

This report provides an overview of safer staffing metrics for the period January 2015 to June 2015 including planned and actual fill rate for registered nurses and care staff, a range of quality indicators, narrative detailing exception reporting and mitigating actions taken.

The report will detail planning to progress the recommendations from the safer staffing acuity review undertaken in 2014 in establishment uplift in addition to progress in recruitment to vacant posts.

2. National Context

Nationally, considerable discussion has taken place regarding the impact nursing staffing levels have on the quality and safety of patient care.

The Care Quality Commission (CQC) and NHS England issued guidance to support implementation of the requirements set out in the National Quality Board (NQB) report “How to ensure the right people, with the right skills, are in the right place at the right time” and the Government’s commitments set out in “Hard Truths: The Journey to Putting Patients First”. Further guidance was issued by the CQC and NHS England in March 2014 regarding the publishing of staffing data.

The Berwick report made a clear recommendation that healthcare organisations should ensure that staff are present in appropriate numbers to provide safe care at all times (2013).

The Keogh report highlighted further concerns regarding staffing levels. The review teams that visited the 14 trusts found inadequate numbers of nursing staff in a number of ward areas, particularly out of hours – at night and at the weekend. This was compounded by an over-reliance on non-registered support staff and temporary staff (bank) (2013).

The Mid Staffordshire public inquiry final report stated that evidence presented suggested that the Trust did not have reliable figures for its nursing establishments and that the decline in skills and standards was associated with inadequate staffing levels (2013).

3. Context in North Staffordshire Combined Healthcare Trust

NSCHT provides in-patient care across 13 inpatient wards supporting people with mental health, learning disabilities.

Registered nurses and health care assistants provide 24hour support and care to patients 7 days a week 365 days a year.

Adequate staffing levels on inpatient units are vital in providing interventions which support the patient's recovery. In addition the wards require multi-disciplinary support and interventions.

Ward staffing currently consists of substantive staff hours supplemented by bank staff that are used to backfill shortfalls in substantive staff availability due to sickness, vacancies and secondment. In addition, bank staff are required to meet the additional needs of patients with complex needs and support peaks in workflow.

Planned staffing levels have been achieved predominantly by substantive staff and additionally, bank staff as required.

Common strategies employed to enable wards to maintain Safe Staffing levels, include:

- Risk Assessment of the current acuity/dependency levels of the patients on the ward to determine the appropriate level of staffing needed.
- Ward Managers working clinically, either full shifts, part shifts or extra shifts to provide clinical cover (though it is noted that this is not routinely captured in the Unify data)
- Substantive members of ward staff providing extra hours or shifts to help with cover.

To ensure the provision of safe, high quality services, current staffing establishments and skill mix are required to be reset to ensure the provision of safe, high quality care and to ensure that nurses will be enabled to have the capacity to increase time spent with patients to provide direct care, they will have the capacity to fulfil indirect care requirements and they will be able to take breaks, undertake supervision and education.

The Trust are progressing a review of current registered to care staff ratio. We will progress a review of baseline establishments for nursing staff proposing a ratio of 50:50 registered nurse to care staff. This ratio acknowledges the wider multi-disciplinary input in the delivery of patient care including occupational therapists, activity workers, physiotherapy and nurse practitioners over and above the Unify data submission for Band 2 to 6 registered and care staff.

4. Inpatient Safer Staffing Fill Rate and Quality Metrics January 2015 to June 2015

RAG rating >90% GREEN <90% AMBER <80% RED

Ward 1	Performance (% planned vs actual)		Overall fill rate%	RAG Rating	Ratio Qual v Care	Occupancy Excluding Home LVE	Occupancy Including Home LVE	Sickness %	Stat/Mand	PDR %	Incident Rate	S.I.
Month	Reg Staff %	Care Staff %										
January	105.95	161.2	186.5	GREEN		84%	106%	10.11	*	79	40	0
February	107.3	99	103	GREEN		97%	99%	6.88	73	74	51	0
March	106	82	94	GREEN		91%	99%	7.23	74	93	64	1
April	116	92.2	104.1	GREEN		92%	95%	12.03	72	93	117	1
May	88.3	101.2	94.75	GREEN		89%	101%	9.01	79	86	52	1
June	113.9	95	104.4	GREEN	48%	84%	89%	3.50	85	86	52	0

Ward 2	Performance (% planned vs actual)		Overall fill rate%	RAG Rating	Ratio Ratio Qual v Care	Occupancy Excluding Home LVE	Occupancy Including Home LVE	Sickness %	Stat/Mand	PDR %	Incident Rate	S.I.
Month	Reg Staff %	Care Staff %										
January	90.55	100	95.25	GREEN		85%	102%	6.90	*	85	25	0
February	87.5	136.3	111.75	GREEN		78%	88%	5.93	83	85	15	0
March	95.12	131.5	113.05	GREEN		94%	100%	6.91	78	84	19	1
April	92.9	152	122.7	GREEN		92%	103%	6.09	73	83	20	1
May	97.2	118.5	107.85	GREEN		89%	95%	12.36	74	79	17	1
June	103.4	105.3	104.3	GREEN	51%	88%	99%	15.67	78	75	19	0

Ward 3	Performance (% planned vs actual)		Overall fill rate%	RAG Rating	Ratio Ratio Qual v Care	Occupancy Excluding Home LVE	Occupancy Including Home LVE	Sickness %	Stat/Mand	PDR %	Incident Rate	S.I.
Month	Reg Staff %	Care Staff %										
January	95.1	127.2	111.15	GREEN		93%	107%	14.04	*	93	11	0
February	98.7	143.75	121.2	GREEN		84%	97%	10.79	72	100	14	1
March	94.5	159	126.7	GREEN		89%	99%	8.86	75	100	17	0
April	100.5	104.6	102.55	GREEN		93%	99%	6.27	77	100	6	0
May	109.3	111.2	110.25	GREEN		93%	99%	5.41	76	100	15	1
June	120.4	110.8	115.6	GREEN	51%	90%	99%	4.80	78	95	16	0

- Wards 1, 2 and 3 Adult Inpatient Acute ward data reflects that the ward has maintained planned staffing levels over the 6 month period.
- A Trust wide recruitment drive is currently underway and will address the current vacancies and address a small under fill on registered staff ward 1 to achieve the proposed 50:50 ratio of registered nurses to care staff.
- High acuity in March and April is reflected in an increase in incidents and serious incidents in ward 1 whilst 2 incidents on ward 3 relate to ward closures arising from infection outbreaks.
- Whilst there have been marked reductions in sickness over the reporting period, ward 2 has seen an increase in June.

Older Persons and Neuropsychiatry Inpatient Wards

Ward 4	Performance (% planned vs actual)		Overall fill rate%	RAG Rating	Ratio Ratio Qual v Care	Occupancy Excluding Home LVE	Occupancy Including Home LVE	Sickness %	Stat/ Mand	PDR %	Incident Rate	S.I.
	Reg Staff %	Care Staff %										
Month	Reg Staff %	Care Staff %										
January	74.9	106.8	90.85			33%	34%	0.00	*	50	4	0
February	91.6	119.5	105.5			66%	69%	0.00	*	67	8	0
March	98	82.4	90			67%	69%	1.64	*	66	15	0
April	103.7	84.5	94.1			92%	105%	0.00	85	50	12	0
May	121.5	72.4	96.95			94%	110%	0.00	87	40	8	0
June	103	80.1	91.5		N/A	90%	102%	0.00	92	16	15	1

Ward 5	Performance (% planned vs actual)		Overall fill rate%	RAG Rating	Ratio Ratio Qual v Care	Occupancy Excluding Home LVE	Occupancy Including Home LVE	Sickness %	Stat/ Mand	PDR %	Incident Rate	S.I.
	Reg Staff %	Care Staff %										
Month	Reg Staff %	Care Staff %										
January	94.5	177.65	136.05			94%	99%	4.71	*	100	33	0
February	96.75	155	125.7			93%	101%	4.20	85	100	23	0
March	101.4	99	100.2			92%	104%	4.33	85	96	20	0
April	104.25	130.4	117.3			88%	94%	5.20	88	96	9	0
May	121.1	160.6	140.85			93%	95%	6.83	89	93	26	0
June	104.8	133.8	119.3		43%	86%	94%	2.85	93	92	13	0

Older Persons and Neuropsychiatry Inpatient Wards (continued)

Ward 6	Performance (% planned vs actual)		Overall fill rate%	RAG Rating	Ratio Ratio Qual v Care	Occupancy Excluding Home LVE	Occupancy Including Home LVE	Sickness %	Stat/Mand	PDR %	Incident Rate	S.I.
	Reg Staff %	Care Staff %										
January	107.5	93.5	100.5			90%	94%	11.03	*	97	15	1
February	101.4	99	100.2			94%	94%	12.37	75	100	12	0
March	104.5	87	95.75			93%	95%	6.89	77	94	11	0
April	115.5	80.25	97.8			94%	95%	9.11	77	94	13	0
May	111.9	89	100.45			97%	98%	6.20	77	93	14	0
June	97.2	87.8	92.5		47%	96%	96%	4.58	79	93	31	0

Ward 7	Performance (% planned vs actual)		Overall fill rate%	RAG Rating	Ratio Ratio Qual v Care	Occupancy Excluding Home LVE	Occupancy Including Home LVE	Sickness %	Stat/Mand	PDR %	Incident Rate	S.I.
	Reg Staff %	Care Staff %										
January	100.5	111.4	105.95			94%	100%	1.78	*	91	13	2
February	88.8	100	94.4			87%	91%	4.03	83	88	15	2
March	90	93	91.5			82%	88%	6.17	83	88	10	1
April	100.4	96.85	98.6			85%	93%	4.52	85	88	13	0
May	97.7	115.1	106.4			85%	90%	9.38	85	84	12	0
June	105.2	95.8	100.5		44%	89%	96%	7.87	91	84	13	1

- Ward 4,5,6,7, our older persons and neuropsychiatry wards have achieved planned staffing levels over the reporting period.
- It is noted that ward 4, our shared care ward development is undergoing a transition period of establishment setting following the opening of the ward. The ward operated predominantly on a mix of substantive and block booking of temporary staff therefore six month data for training and sickness is being developed.
- Ward 7 has seen an increase in serious incidents reported. There are no emerging links between the incidents and staffing availability.

Substance Misuse Inpatient Ward

EMU	Performance (% planned vs actual)		Overall fill rate%	RAG Rating	Ratio Qual v Care	Occupancy Excluding Home LVE	Occupancy Including Home LVE	Sickness %	Stat/ Mand	PDR %	Incident Rate	S.I.
Month	Reg Staff %	Care Staff %										
January	102.5	98.25	100.35			80%	80%	0.21	*	100	6	0
February	100.5	82.5	91.5			81%	81%	2.52	92	100	9	0
March	99.5	80.8	90.15			80%	80%	8.12	91	100	14	0
April	101.5	83.5	92.5			77%	77%	6.53	85	84	6	0
May	102.5	85.7	94.1			79%	79%	8.16	87	85	10	0
June	108.6	84.6	96.6		54%	80%	81%	8.63	89	81	9	0

- Planned staffing levels have been achieved on the Edward Myers Unit during the reporting period.
- A Trust wide recruitment drive is anticipated to address the current vacancies.
- An over performance in the 50:50 registered to care staff ratio has been achieved.

Learning Disability Inpatient Wards

Assessment and Treatment	Performance (% planned vs actual)		Overall fill rate%	RAG Rating	Ratio Ratio Qual v Care	Occupancy Excluding Home LVE	Occupancy Including Home LVE	Sickness %	Stat/ Mand	PDR %	Incident Rate	S.I.
Month	Reg Staff %	Care Staff %										
January	101.35	110.8	106.05			100%	100%	8.46	*	93	55	0
February	77.5	112	94.7			86%	86%	4.36	95	96	31	0
March	71.65	113.3	92.4			80%	80%	4.30	95	96	17	0
April	80.4	101.4	90.9			82%	82%	6.99	94	93	10	0
May	79.5	106.4	92.95			100%	100%	7.75	93	93	9	0
June	76.6	109.1	92.8		32%	94%	94%	7.62	94	93	16	0

Telford Unit	Performance (% planned vs actual)		Overall fill rate%	RAG Rating	Ratio Ratio Qual v Care	Occupancy Excluding Home LVE	Occupancy Including Home LVE	Sickness %	Stat/ Mand	PDR %	Incident Rate	S.I.
Month	Reg Staff %	Care Staff %										
January	98.45	110.15	104.3			83%	83%	8.11	*	100	18	0
February	80	87.5	83.75			72%	72%	13.18	92	100	25	0
March	80	89.75	84.87			67%	67%	18.13	98	100	27	0
April	81.25	93.4	87.3			75%	75%	10.94	98	100	13	0
May	90.8	90.85	90.8			92%	82%	5.59	97	100	26	0
June	94.05	88	91.0		35%	84%	94%	5.59	96	100	14	0

- Learning Disability inpatient units have seen challenges to achieving planned staffing levels both on Telford Unit and Assessment and Treatment relating to registered staff fill rate however, this has been mitigated by the use of care staff to ensure safer staffing levels.
- The wards, whilst low in actual bed numbers and some under occupancy, acuity remains high predominantly relating to challenging behaviour.
- Ward establishments are undergoing a review process to part of which will include a review of skill mix of registered nurse to care staff.
- Sickness within both ward areas has presented additional challenges to fully covering vacant shifts.

CYP Inpatient Ward

Darwin Centre	Performance (% planned vs actual)		Overall fill rate%	RAG Rating	Ratio Ratio Qual v Care	Occupancy Excluding Home LVE	Occupancy Including Home LVE	Sickness %	Stat/Mand	PDR %	Incident Rate	S.I.
Month	Reg Staff %	Care Staff %										
January	94.15	114.9	104.5			64%	85%	1.79	*	100	11	0
February	92	123	107.5			68%	86%	0.55	91	97	13	0
March	97.5	99.1	98.3			78%	199%	3.55	88	97	49	0
April	92.5	113.75	103.1			74%	100%	4.58	86	97	103	0
May	96.7	97.8	97.25			54%	83%	1.80	87	97	116	0
June	88.6	92.4	90.5		51%	62%	88%	0.00	91	94	62	0

- Planned staffing levels have been achieved on the Darwin Unit across the reporting period.
- The ward have recruited to a number of the current vacancies and awaiting new starters.
- The ratio of 50:50 registered to care staff has been achieved.
- Whilst there have been no serious incidents, the ward has seen a sustained period of high dependence / acuity requiring reliance on availability of the nurse bank to support activity levels.

Rehabilitation Inpatient Services

Florence House	Performance (% planned vs actual)		Overall fill rate%	RAG Rating	Ratio Ratio Qual v Care	Occupancy Excluding Home LVE	Occupancy Including Home LVE	Sickness %	Stat/Mand	PDR %	Incident Rate	S.I.
	Reg Staff %	Care Staff %										
Month												
January	100.5	92.85	96.6			80%	100%	8.33	*	82	14	0
February	91.5	89	90.25			88%	94%	13.84	81	77	13	0
March	111	89.25	100.1			97%	100%	4.98	84	100	11	0
April	116	91	103.5			79%	87%	5.03	90	100	10	0
May	117.25	87.75	102.5			92%	97%	6.33	92	100	12	0
June	109	93.6	101.3		43%	95%	99%	4.79	90	95	15	0

Summers View	Performance (% planned vs actual)		Overall fill rate%	RAG Rating	Ratio Ratio Qual v Care	Occupancy Excluding Home LVE	Occupancy Including Home LVE	Sickness %	Stat/Mand	PDR %	Incident Rate	S.I.
	Reg Staff %	Care Staff %										
Month												
January	86.15	113.8	99.9			89%	100%	14.97	*	91	7	0
February	96	87	91.5			98%	109%	12.83	88	95	9	0
March	104	102.5	103.2			92%	110%	10.36	82	100	14	0
April	98.25	99	98.6			75%	105%	6.56	76	100	8	0
May	107	100.6	103.8			81%	110%	5.95	75	100	32	0
June	98	102	100		50%	92%	102%	5.13	77	100	13	0

- Inpatient rehabilitation services have remained staffed to planned levels across the reporting period.
- Skill mix within the Florence House unit is being reviewed.
- Sickness has seen an overall reduction across both units.

Dragon Square Respite Unit for Children with a Learning Disability

Dragon Square Respite	Performance (% planned vs actual)		Overall fill rate%	RAG Rating	Ratio Ratio Qual v Care	Occupancy Excluding Home LVE	Occupancy Including Home LVE	Sickness %	Stat/Mand	PDR %	Incident Rate	S.I.
	Reg Staff %	Care Staff %										
Month												
January	104.85	92.2	98.35%			55%	55%	0.00	*	100	1	0
February	103.5	91.5	97.5%			76%	76%	0.35	70	97	4	0
March	94.3	93	93.6%			64%	64%	4.04	72	97	8	0
April	95.25%	96.4%	95.8%			83%	83%	2.59	72	97	2	0
May	100%	100%	100%			76%	76%	0.86	85	97	1	0
June	93.1%	92.5%	92.8%		43%	68%	68%	0.00	84	94	2	0

- Dragon Square respite unit has achieved planned staffing levels across the reporting period.
- A review of skill mix and ratio registered nurse to care staff is ongoing.

Summary

The Trust is pleased to report that the monthly Unify data reflects that planned staffing levels have been achieved across all inpatient areas for the majority of the reporting period with variance in the learning disability inpatient service. It is noted that, where shortfall occurs, the ward manager will undertake an increased amount of clinical hours in addition to mitigations of the involvement in care delivery of the wider multidisciplinary team.

In addition to two safer staffing acuity reviews to inform a review of current establishment, the Trust has completed a first review of a number of further indicators to ensure that additional secured monies are allocated according to acuity, occupancy, structure, registered to care staff ratio and will additionally include a number of clinical sessions within the ward manager role to strengthen and enhance clinical leadership across the Trust.

The final model is anticipated for completion in July 2015 with the full involvement and engagement of senior clinical staff in the allocation by commissioner's additional finance identified to support and delivers the recommendations from the safer staffing acuity reviews.

Progress against the review and plans will be reported to the Trust Board September 2015.

Carol Sylvester
Deputy Director of Nursing and Quality

July 2015