Dorset HealthCare NHS
University NHS Foundation Trust

SIX MONTHLY REVIEW OF INPATIENT NURSE STAFFING ESTABLISHMENT: ENSURING SAFE STAFFING
Part 1 Board Meeting 30 September 2015

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Purpose of Report	This paper forms the six month review of nurse staffing in line with the commitment requested by the National Quality Board (2013). This paper focuses on the nursing reviews that have taken place in the last six months with reference to national changes and guidance from NICE, NHS England and Monitor (Foundation Trust Regulator). The paper includes the staffing data relevant for this reporting period. This is the fourth staffing report to the Board.
Recommendation	The Board is asked to consider and note: • The work undertaken to date and the ongoing work to further understand inpatient staffing levels and in community mental health and district nursing services. • The acuity/dependency in the Community Hospital Inpatients and Older Peoples Mental Health Units from the application of the Safer Staffing Tool. • The need to further consider and review the funded establishment of the OPMH organic wards. • Compliance in meeting the national monthly submission of staffing data through the Unify2 system and posting this information on NHS Choices and on the Trust Internet. • Monitoring of our planned and actual nurse staffing levels has been reported on a monthly basis to the Trust's Executive Quality and Clinical Risk Group. • The dependence on bank and agency staffing to meet our staffing shortfalls which poses an operational and financial challenge; however, it is being strategically supported and managed. It is envisaged that the introduction of e-rostering will strengthen and improve off duty planning; safer staffing levels and have a positive impact on variable pay expenditure.
Engagement and Involvement	
Previous Committee/s Dates	February 2015 Board Meeting

Monitoring and Assurance Summary

This report links to the	▪ We will deliver high quality, safe patient care

following Strategic Objective(s)	▪ We will support staff to innovate and improve care ▪ We will work with partners to deliver joined up care closer to home ▪ We will remain a high performing organisation

I confirm that I have considered each of the implications of this report, on each of the matters below, as indicated:	**Yes**	**Any action required?**	
		Yes Detail in report	**No**
All three Domains of Quality	✓		
Board Assurance Framework	✓		✓
Risk Register	✓		✓
Legal / Regulatory	✓		✓
People / Staff	✓	✓	
Financial / Value for Money / Sustainability	✓	✓	
Information Management &Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓

EXECUTIVE SUMMARY

The Trust is required to undertake a review of staffing establishments every six months. This is the fourth report to the Board following the initial paper in February 2014 recommending safe staffing levels of the inpatient units. It fulfils the expectation of the National Quality Board requirements for the Trust in relation to safe nurse staffing sections 1,5,6 and 7 (see Appendix1). During the year monthly staffing reports have continued to be presented to the Executive Quality and Risk Group and the Quality Governance Committee informing them of the Trust's ongoing nursing staff situation.

The paper highlights the work to date to review, monitor and agree safe staffing levels on our inpatient wards (mental health and community/intermediate care beds). The major focus of this report is the Community Hospital Wards as the Trust has now undertaken three rounds of the Safe Staffing Tool, including the Care Contact Time which has been used to inform the recommendations within this report.

The Additional funding of £430,715 for Community Hospital inpatient wards Jersey, Guernsey wards (Alderney Hospital), Langdon and Ryeberry wards (Bridport Hospital) and Radipole ward (Westhaven Hospital) approved by the Board in February 2015 has now been used to increase the nursing establishment.

Key Points:

- The Trust has continuously worked to establish a position on safe staffing using various methods to capture both numbers of patients per nurse, planned and actual staffing by registered and non-registered nurses on a daily basis and acuity/dependency levels. There are no nationally defined minimum safe staffing levels for community or intermediate care inpatient units. This is also the case for Mental Health services although NICE Guidance on safe staffing of mental health wards was expected in the autumn. Professional judgement alongside any recognised tools for acuity continue to be utilised.

- Since the report to the Board in February 2015 further work has been undertaken relating to staffing levels and acuity for all physical health wards and three older peoples organic mental health wards.

- The Community Hospital wards have established safe staffing levels partly through using the Safer Nursing Care Tool and by professional judgement and consideration of the other skills available to the wards, e.g. Occupational Therapy and Physiotherapy. The fourth review took place from 13th July to 7th August 2015. The initial results show six wards where the nursing requirements exceed the funded establishment. Once all results are interpreted a separate paper will outline overall findings and be presented to a future Executive Risk and Clinical Quality Group meeting.

- Three organic Older People's Mental Health wards (Chalbury, St Brelades and Herm) and the two functional Older People's Mental Health wards Alumhurst and Melstock have been included in the Safer Staffing Tool exercise for the period mentioned above.

- During May and June 2015 two wards (Flaghead Unit, May 2015 and Haven Ward June 2015) have been closed – one temporarily. The staff working on these wards

were redeployed thus assisting staffing levels on other wards. Haven reopened after a refurbishment in late August with the staff returning to this Unit.

- The additional 16 intermediate/rehabilitation care beds at St Leonard's Community Hospital (Canford Ward) to support the winter pressures on the Acute Hospital Trusts has remained open to date. The ward is reporting planned and actual staff on a shift by shift basis as with all the other wards.

- On 4th June 2015 the government suspended NICE (the National Institute for Health and Care Excellence) from producing further guidance on safe staffing levels in the NHS. Simon Stevens, Chief Executive NHS England has requested Jane Cummings, Chief Nurse NHS England, to incorporate nurse workforce planning into the 5 year forward plan initiatives.

- At the same time the NHS Mental Health Staffing Framework and the Acute Mental Health Multiplier tool were launched. The Framework focuses on mental health inpatient care, and was commissioned as part of the NHS England's 'Compassion in Practice programme'. The framework provides support in seeking organisational assurance and describes how to complete a workforce analysis. The mental health staffing framework is focused on:

    - psychological rather than physical care
    - personal and user behavioural risks
    - giving less emphasis to environmental risks or infection control.

- A separate paper is being prepared outlining the impact of implementation of the framework within our mental health wards. This report will be presented to a future Board meeting.

- The Trust is compliant in meeting the national expectation of submitting staffing data through the Unify system and posting this information on NHS Choices. This is also posted on the Trust website. The latest data at the time of producing this report (July 2015) indicates where the average fill rate for registered nurses falls short of 100% there is an over establishment of non-registered nurses. The data also identifies where the fill rate is above 100%. This is due to patients requiring additional support and a higher ratio of nurses to support their needs. The Executive Dashboard at the end on this report shows a summary of the wards falling below thresholds between February and July 2015. See Appendix 3

- During the period covered by this report work is ongoing to progress the transition from using the local RAG Tool to full reliance on the E-rostering system to generate the monthly staffing report. The revised date for the monthly staffing report to be compiled using the e-rostering system is September 2015 (August data). The first staffing report using e-rostering data will presented to Executive Quality and Risk Group in October 2015.

- The Board is asked to consider this information and the work that is ongoing to further understand the staffing requirements of the wards using the evidence based tools, professional judgement and other data as it becomes available.

- A quality priority for 2015/16 is to understand the staffing requirements for our community services, specifically Community Mental Health Teams and District Nursing Team and this work is in progress. Additionally specific work has taken

place within the Health Visitor workforce to agree caseload sizes according to deprivation and geography. This being implemented in line with the health visitor call to action programme.

1. BACKGROUND

1.1 Following a number of high profile national reviews and reports it is clear that a key determinant of high quality care is having the right staff with the right skills and competencies to meet patient needs. This paper outlines the ongoing work to ensure that the Trust is both aware of current staffing levels and has information to determine if these are the correct levels to deliver safe care.

1.2 This is the fourth report to Board. This report aims to update the Board on progress made since the third report and to outline recommendations for the future. The Trust is required to undertake a review of staffing establishments every six months.

1.3 Since the first report to the Board in February 2014, an additional investment of just under £1.2 million has been made to staffing across our inpatient wards.

1.4 The paper looks at all inpatient areas across the Trust and the focus for recommendations is within the Community Hospitals and Older People's Mental Health wards.

2. PREVIOUS REVIEWS

2.1 The Trust provides inpatient services for elderly care rehabilitation / medicine and mental health patients across 32 wards with a capacity of up to 535 beds. See Appendix 2.

2.2 Current ward staffing for all inpatient units is illustrated in Appendix 2.

2.3 The first two staffing reports highlighted a need for investment in staffing within our mental health inpatient wards. The last (third) report outlined the need to invest in the Trust's physical health wards. On all previous occasions the Board agreed with the recommendations and the finances made available to recruit to the areas identified. To date the allocated funds have been used to increase staffing levels.

3. REVIEW OF THE RECOMMENDED STAFFING LEVELS

3.1 Recognising the significant challenge to retain staff and attract new staff to the Trust has a strong focus on Human Resources workforce development, retention and recruitment. Different approaches have been taken including relocation expenses, attending job fairs, radio advertising and advertising in various publications. The Trust is also working alongside other local trusts to look at joint recruitment initiatives. The staffing challenge to the Trust is recognised as a risk and included in the Board Assurance Framework/Corporate Risk Register.

3.2 The National Institute for Health and Care Excellence (NICE) states that having more than eight patients to one nurse on a ward in the day should act as a trigger for checking if care was being compromised. This guidance was issued in July 2014 and was targeted at adult inpatient wards in acute hospitals.

3.3 The planned series of guidance for other care settings has been suspended Simon Stevens Chief Executive NHS England. An announcement by NHS England explained a review of the approach to setting safe staffing levels means that the work to secure safe levels of staffing in A&E departments and in mental health and community settings is likely now to be taken forward as part of NHS England's wider programme of work to help the NHS deal with the challenges it is facing over the next few years.

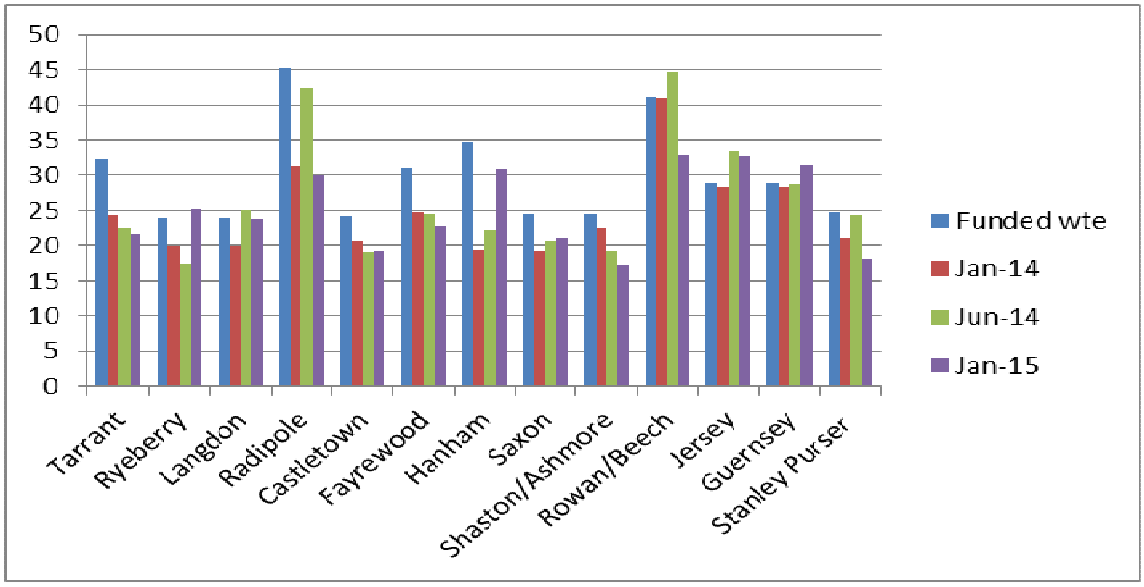
3.4 There is no particular definitive guidance or recommendation about safe staffing levels to which we can refer. For this reason, a number of national and local methods have been used for the Trust to provide a broad approach, including:

- Benchmarking against other organisations
- Reference to national guidance from professional bodies e.g. National Institute for Health and Care Excellence(NICE), National Quality Board
- Safer Nursing Care Tool Acuity/Dependency Staffing Multiplier
- Care Contact Clock time
- The local RAG Tool
- Review of e-Rostering data
- Review of ward quality metrics
- Mental Health Framework
- Local feedback and clinical professional judgment

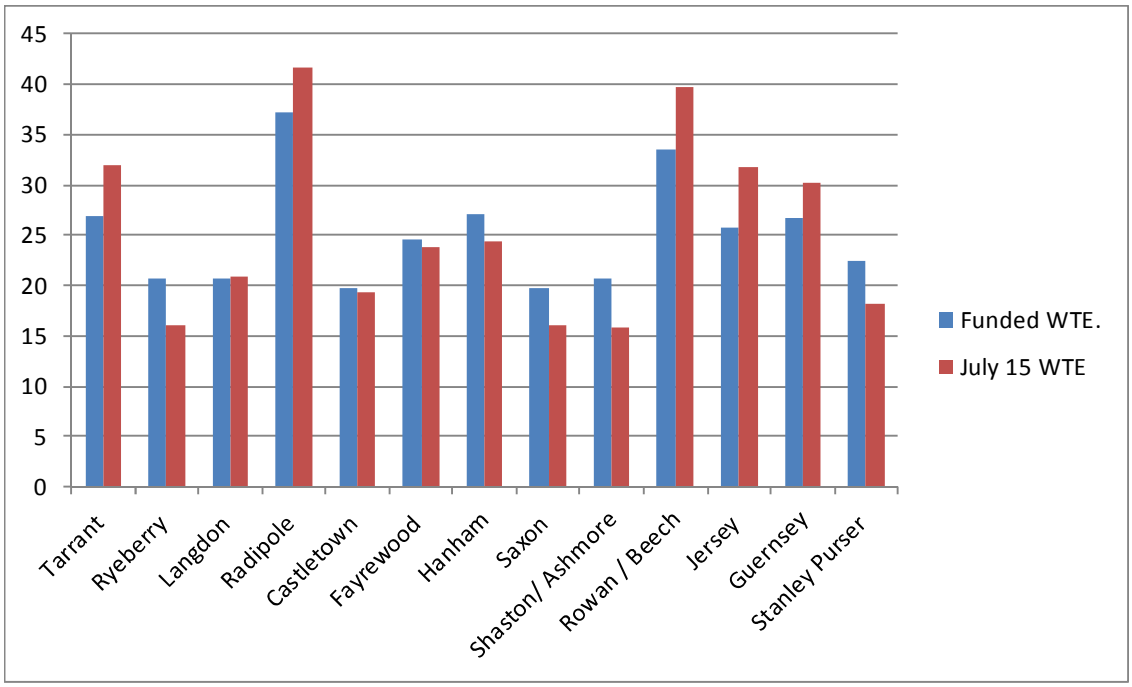
Acuity/Dependency Review

3.5 The graphs below highlight the level of acuity/dependency from January 2014 to July 2015 as determined from the Safer Staffing Tool review.

Graph One Funded Establishment and Establishment Based on Acuity/Dependency – Jan 2014, June 2014 & Jan 2015 (previously reported)



Graph Two Funded Establishment and Establishment Based on Acuity/Dependency – July 2015



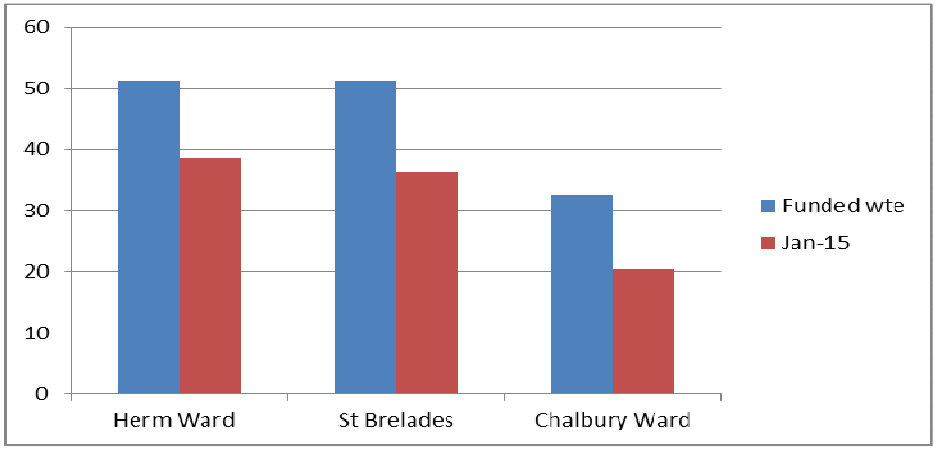
3.6 Graph 2 shows the results for the most recent Safe Staffing review period 13th July to 7th August 2015. What is evident from this data is that there are five wards where the nursing requirements exceed the funded establishment:

- Tarrant (Blandford Hospital)
- Radipole (Bridport Hospital)
- Jersey (Alderney Hospital)
- Guernsey (Alderney Hospital) and
- Rowan/Beech (Yeatman Hospital)

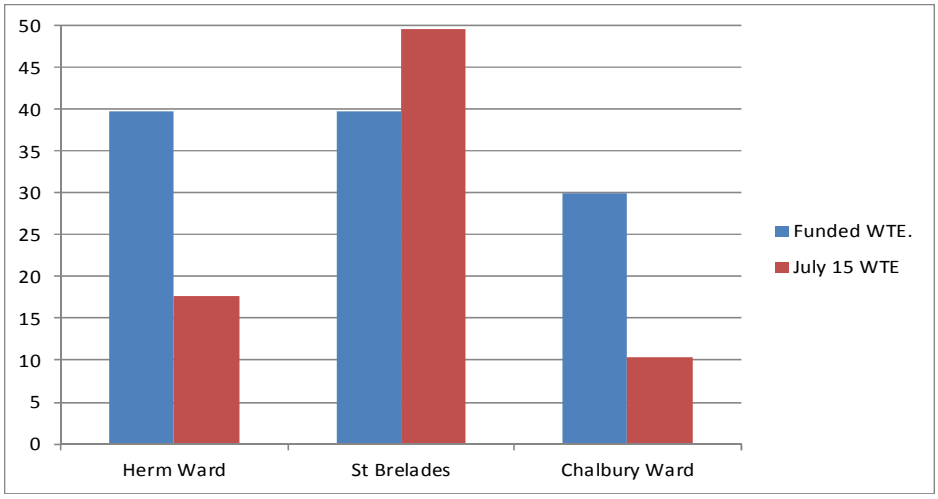
3.7 Further analysis is required to understand what has changed over the reporting period particularly as three of these wards received additional investment in staffing based on the last staffing review (February 2015).

3.8 The staffing review also needs to consider the four reporting periods to see changes in context and whether it is a sustained increase in acuity/dependency or peculiar to this reporting period.

Graph Three Funded Establishment and Establishment Based on Acuity/Dependency – OPMH organic wards Jan 2015



Graph Four Funded Establishment and Establishment Based on Acuity/Dependency – OPMH organic wards July 2015



3.9 Graph one demonstrates that within the OPMH organic wards the funded establishment exceeded the acuity/dependency requirement of the patients. This was the first time this tool was used on these wards and it is recommended to use the tool for at least three reporting cycles before any determinations can be reliably made.

3.10 Graph 2 shows the results from the reporting period 13th July to 7th August 2015. What is evident from this data is that there is one ward where the nursing requirements exceed the funded establishment. (St Brelades). Herm and Chalbury wards highlighted the funding establishment to be far in excess of the acuity/dependence of the patients during the reporting period.

3.11 For the organic older people's wards Chalbury and Herm, the same acuity scoring was applied as for the community hospital inpatient wards. St Brelades Ward,

however, used a revised acuity scoring method that was felt to better reflect their patient group, on the instruction of the Clinical Lead and Specialist Nurse Practitioner OPMHS which has contributed to the changes shown in the graph above.

3.12 The two different scoring methods make it difficult to make comparisons from the graphs above. The wards are currently undertaking an exercise to use a revised tool to analyse acuity and dependency levels. The results are expected in early October 2015.

3.13 The current staffing levels are illustrated in the Appendix 2.

3.14 Additions to some establishments have taken place since the last report following redistribution of budgets and adjustment to bed numbers in two community hospitals. Work continues to realign the staffing budgets and once this is completed regular data from the ledger will be included in the dashboard.

3.15 Nearly all budgets have now been realigned within the ledger as at Month 3 (June) reporting. The Finance Team are now in a period of validation and review and are seeking budget holder sign off. It is hoped for financial commentary to be included in the September monthly staffing report.

3.16 The table below shows the average fill rate for the period Feb 2015 to July 2015 for the Trust sites.

	Day		Night	
Site	**Average fill rate - registered nurses (%)**	**Average fill rate - care staff (%)**	**Average fill rate - registered nurses (%)**	**Average fill rate - care staff (%)**
Alderney	117%	135%	141%	109%
Blandford	112%	99%	101%	125%
Bridport	107%	119%	108%	102%
Fairmile House	127%	133%	110%	108%
Forston	108%	110%	92%	112%
Nightingale House	109%	139%	100%	118%
Kimmeridge Court	117%	139%	101%	130%
Maiden Castle	111%	108%	101%	102%
Oakcroft	109%	90%	**No registered staff at night expected	100%
Pebble Lodge	158%	73%	148%	124%
Portland	100%	106%	88%	127%

	Day		Night	
Site	**Average fill rate - registered nurses (%)**	**Average fill rate - care staff (%)**	**Average fill rate - registered nurses (%)**	**Average fill rate - care staff (%)**
St Anns	112%	113%	102%	115%
St Leonards	101%	100%	99%	98%
Swanage	107%	106%	181%	69%
Victoria Hospital	117%	118%	101%	142%
Wareham Hospital	104%	114%	109%	125%
Westhaven	112%	113%	80%	131%
Westminster	104%	103%	175%	63%
Weymouth Hospital	103%	98%	137%	83%
Yeatman Hospital	102%	122%	108%	99%

3.17 Wards generally meet the determined local staffing levels. However, where there are occasions when the number of registered nurses are lower than expected, the number of non-registered nurses are increased to compensate for this ensuring a safe staff environment exists for patient safety.

3.18 Investments in staffing in 2014/15 have also improved the planned staffing ratios at night however there remains 2 sites, Portland and Westhaven where the percentage of registered nurses is below 90%. On both these sites the number of non-registered nurses was increased to compensate for this. There is ongoing recruitment of registered nurses in these areas and they are difficult areas to recruit to due to location / geography.

4. CARE CONTACT TIME

4.1 The "Safer Staffing: A Guide to Care Contact Time" was issued by the Chief Nursing Officer on the 26 November 2014. The guideline recognises that a range of elements make up the role of the nurse. All of these are important in ensuring that the patient receives the best possible quality of care. NICE guidelines recommend monitoring and action to ensure patients are receiving *'the nursing care and contact time they need'* with the emphasis on *'safe patient care, not the number of available staff'*. There has been much debate regarding the need to go beyond the numbers to determine 'safe' staffing levels.

4.2 It is noted that whilst a significant element of nursing staff time should be spent providing direct care, such as patient hygiene, this needs to be balanced with indirect patient care (meeting family, carer's, liaison meeting and record keeping).

4.3 The guide to Care Contact Time is endorsed by the National Quality Board (NQB). The expectation is for commissioners and providers to optimise nursing, midwifery

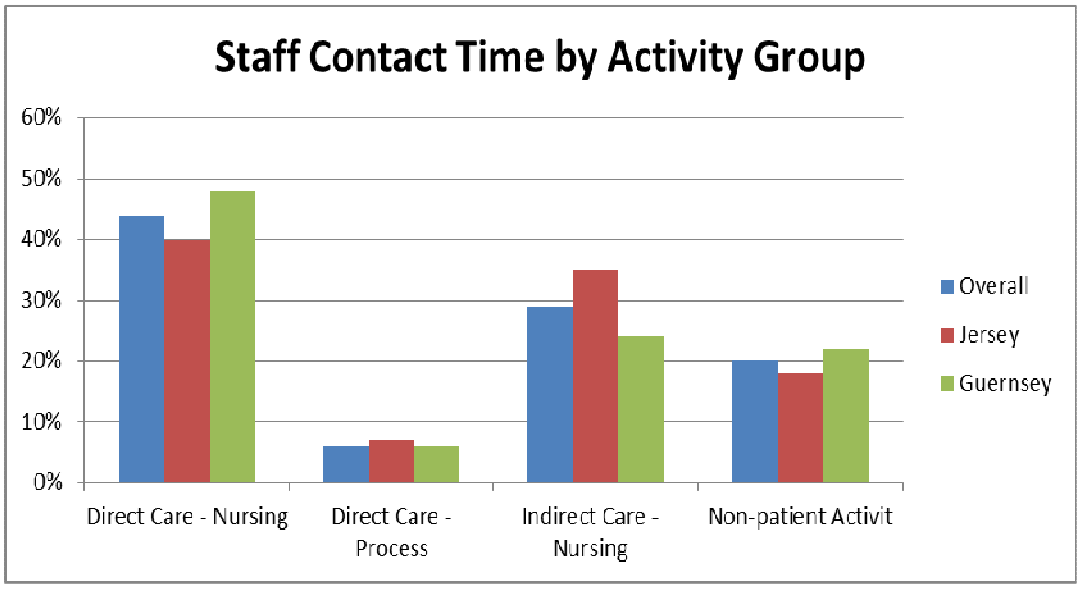
and care staffing capacity and capability so that they can deliver high quality care and the best possible outcomes for their patients is shown at Appendix 1.

4.4 Contact time calculations are now mandatory for all trusts as part of the national contract and are expected to be included in the six monthly Board reports on safer staffing.

4.5 In response to this directive the Trust initiated a pilot on two wards (Jersey and Guernsey) using the care contact clock methodology. The tool was selected after a full review of the options available by the Wessex Directors of Nursing as a collaborative exercise. The Care Contact Clock tool was considered to be the most suitable because a similar template had been previously used in this organisation and staff were acquainted with how to undertake the activity.

4.6 The clock records the amount of direct nursing care and indirect contact care time with patients. The clock captures data relating to all ward staff and their daily activities by five minute periods for their entire shifts. For the pilot period each ward completed 6 hours of activity a day between 24 - 29 August 2015.

4.7 Work is ongoing to analyse the data from the results of the pilot and a separate paper will be produced and presented to a future meeting of the Executive Quality and Clinical Risk Group. However early analysis is shown in the graph below indicating direct patient contact time staff time averaging across both wards at 44%. The national pilot indicated findings of direct nursing care ranged from 35% to 60%.



4.8 A full analysis of the data will provide a detailed report regarding the outcome of this pilot and will be shared in due course.

Next Steps

- evaluate methodology from pilot
- review and strengthen data collection methodology

- consider use on mental health wards and other community inpatient wards
- the findings to be reported within the 6 monthly staffing reports to Trust Board

5. VACANCIES AND RECRUITMENT

5.1 There is still a shortfall nationally of registered mental health nurses (RMN) against a backdrop of all Trusts nationally increasing their establishments. Health Education England is currently reviewing the workforce requirements and provision to increase nurse training places. The Trust has recognised the significant challenges to retain staff and attract new staff and has invested the workforce development plan through active retention and recruitment. Furthermore, the issue of staffing is recognised as a risk and included in the Board Assurance Framework/Corporate Risk Register.

5.2 Details of vacancy figures can be seen on the February to August 2015 Summary at Appendix 2.

5.3 The Older People's Mental Health wards continue to have the highest level of vacancies. The service is exploring creative solutions and utilising temporary staffing where there are gaps. There is also a need to understand the staffing levels required on these wards as they may be staffed to a higher level than required for the acuity/dependency of their patients.

5.4 A total of 36 mental health students, who were on placement with the Trust, were due to qualify from Bournemouth University in September 2015. As a new initiative the Trust offered a guaranteed job to students on successful completion of the programme.

5.5 From the 36 students 19 (53%) have been appointed to substantive posts within the Trust. 6 staff (32%) have gone to OPMH wards

The following table shows the wards where these staff have been appointed to.

Recruited To Ward	Numbers
Alumhurst	2
Dudsbury	3
Seaview	2
St Anns (Other)	3
Melstock	1
Waterston	2
Linden	1
Chalbury	2
Herm	1
Community Teams	2
Total	**19**

5.6 Seven of the students withdrew from this process and ten did not engage for a number of reasons.

5.7 As a result of this process and feedback from the students the Trust has learned valuable insights as to how to improve this process and to potentially retain more of the mental health graduate nurses and this will be developed and improved for 2016.

5.8 The Trust continues to explore and develop creative solutions to workforce recruitment and retention challenges and utilising temporary staffing where there are gaps. There is also a need to understand the staffing levels required particularly on the OPMH wards as they may be staffed to a higher level than required for the acuity/dependency of their patients.

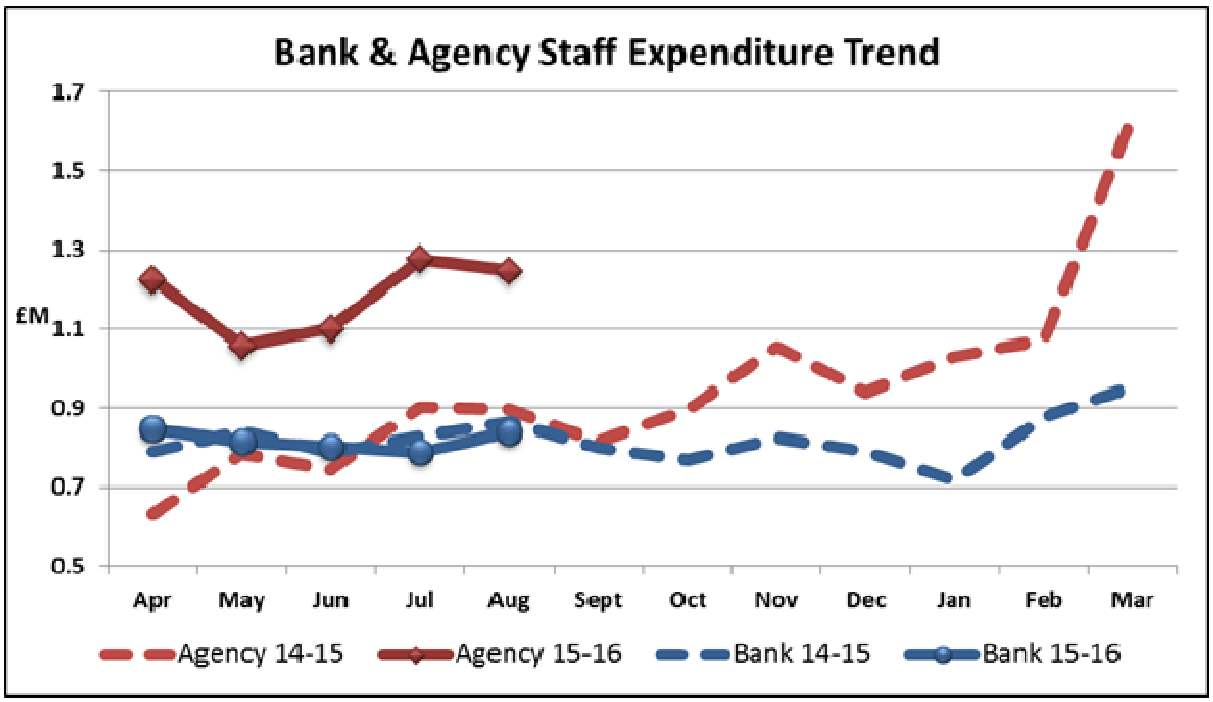
6. BANK AND AGENCY USE

6.1 As mentioned previously, the shortfalls in staffing have been met by the use of bank and agency staff. During the first six monthly of this year there has been a significant increase in the use and costs of bank and agency staff as the following data shows.

Bank and Agency Expenditure Trend

The Finance Department has supplied the following information.

	Agency 14-15	Agency 15-16	Bank 14-15	Bank 15-16
Apr	£633,782	£1,225,708	£790,807	£847,142
May	£783,836	£1,057,317	£842,069	£814,994
Jun	£742,764	£1,100,973	£788,031	£801,882
Jul	£901,806	£1,276,100	£827,535	£787,855
Aug	£897,674	£1,246,237	£864,269	£839,998
Sept	£816,329		£798,883	
Oct	£896,194		£767,848	
Nov	£1,056,594		£825,378	
Dec	£939,953		£789,584	
Jan	£1,028,932		£715,436	
Feb	£1,072,141		£878,634	
Mar	£1,646,698		£954,968	
FY 2014/15	£11,416,703		£9,843,443	
YTD	£3,959,861	£5,906,335	£4,112,711	£4,091,870



6.2 Clearly the escalation in use of bank and agency staff is a cause for concern for the potential adverse impact on quality of care provided to our patients and financially.

6.3 This issue has now come under national scrutiny by Monitor and the NHS Trust Development Authority (TDA). Nationally spending on agencies has increased to the extent that it is one of the most significant causes of deteriorating trust finances and evidence suggests it can be linked to quality concerns.

6.4 The increase use in bank and agency staff is multi-faceted. As a community mental health trust we have experienced increased workforce costs pressures because of shortages of registered mental health nurses and registered general nurses and we are competing with other trusts for a limited supply of these nurses. As a result this has significantly increased agencies' bargaining power. These shortages have been compounded by:

- demand for NHS nurses rising in response to the NHS heightened emphasis on service quality and safety
- the movement towards seven-day access for patients to hospital and GP services increasing demand for nurses
- the rate of nurses leaving the profession rising by 29% over the past two year
- limits to the supply of nurses from UK training and other sources.

6.5 We are working as a Trust to address these issues and the Chief Executive chairs a fortnightly Recruitment and Retention group with the Director of Human Resources and senior managers.

6.6 More recently we have been informed by Monitor that as from 19 October 2015, we will be required to comply with new agency spending rules, namely:

- an annual ceiling for total nursing agency spending for each trust, and
- mandatory use of approved frameworks for procuring agency staff.

6.7 We are also required to meet a reducing trajectory for the use of agency nurses to a maximum of 6% by March 2016. We have submitted the proposed plan and actions to Monitor as to how this could be achieved.

7. WORKFORCE AND DATA QUALITY

Unify2 Return

7.1 All trusts are required to submit information to the Department of Health on a monthly basis regarding planned versus actual inpatient nursing staffing. The submission includes the number of planned hours by ward for the month, split by registered nursing staff and non-registered staff and split by day and night. This provides details of average 'fill rates' per ward to provide a guide on where staffing levels either exceed or are below expected/planned levels. A copy of the return and analysis is included in the monthly staffing report to the Executive Quality and Clinical Risk Group and uploaded on the Trust website.

Monthly Data and Escalation Tool

7.2 Staff input details of staff on duty on a shift by shift basis into the Trust's Ward Monitoring RAG tool. This enables the Trust to collect data and highlight to managers any issues with staffing levels/skill mix. The monthly staffing report to the Executive Quality and Clinical Risk Group includes details of internal significant staffing events, use of agency staff, incidents, complaints and patient friends and family test results. The report also provides additional details of issues and action been taken on wards with less than 85% of shifts in the month staffed to expected levels.

7.3 In the event of a staffing issue the ward complete an adverse incident form to highlight the issue and any potential risks to patient safety. These reports are monitored and reviewed by the Associate Director of Nursing and Quality and contact will be made with the ward to understand the issue emerging as required.

EWTT/QUEST

7.4 The Early Warning Trigger Tool and the expanded version called the Quality, Effectiveness and Safety Trigger Tool (QuESTT) are used within inpatient and community areas. The tools help to identify where there may be a potential for deteriorating standards of care. They are completed by wards on a monthly basis and include a number of questions and a score is derived from the responses given. Each tool has a threshold score at which action should be taken to address the issues identified. The tools include questions relating to staffing i.e. no or new line management, vacancy rates, unfilled shifts, sickness absence, use of 'stranger staff'.

The results are provided to localities to help them identify areas where further support/action may be needed.

Quality Dashboard

7.5 The localities receive monthly quality dashboards which provide details of a large number of metrics both at a locality level and ward level, which allows triangulation of a range of information. These are to be replaced by the new ward/team to board quality metrics as from April 2015.

8. CONCLUSION AND RECOMMENDATIONS

8.1 The Trust continues to review and monitor the staffing establishments on the inpatient wards and work is progressing to understand the staffing requirements within community nursing teams (mental health, health visiting and district nursing).

8.2 The Trust continues to be challenged with recruitment and retention issues and is constantly working to improve this position.

8.3 The Board is asked to consider and note:

- The work undertaken to date and the ongoing work to further understand inpatient staffing levels and in community mental health and district nursing services.

- The acuity/dependency in the Community Hospitals Inpatient and Older Peoples Mental Health Units from the application of the Safer Staffing Tool.

- The need to further consider and review the funded establishment of the OPMH organic wards.

- Compliance in meeting the national monthly submission of staffing data through the Unify2 system and posting this information on NHS Choices and on the Trust website.

- Monitoring of our planned and actual nurse staffing levels has been reported on a monthly basis to the Trust's Executive Quality and Clinical Risk Group.

- The dependence on bank and agency staffing to meet our staffing shortfalls which poses an operational and financial challenge; however, it is being strategically supported and managed. It is envisaged that the introduction of e-rostering will strengthen and improve off duty planning; safer staffing levels and have a positive impact on variable pay expenditure.

Appendix 1

Dorset HealthCare NHS
University NHS Foundation Trust

National Board Quality Expectations

Expectations	What does this mean in practice?	DHC Position – August 2015
Boards take full responsibility for the quality of care provided to patients, and as a key determinant to quality, take full collective responsibility for nursing, midwifery and care staffing capacity and capability	Includes all aspects of board reporting and monitoring of establishments, actual and day to day staffing levels Emphasis on hours monitoring included as part of the NICE guidance and the requirements for uploading information to NHS Choices	In place - Board report presented monthly since June 2014
Processes are in place to enable staffing establishments to be met on a Shift to Shift basis.	Executive team should ensure that policies and systems are in place, such as eRostering and escalation policies	In place – daily monitoring through staffing meetings in site, eRostering implemented – to consider upgrade to new version of e-Rostering which will include 'safe care' module
Evidence based tools are used to inform nursing, midwifery and care staffing capacity and capability	Use of proven methodologies and triangulation with professional judgement for setting staff levels	In place – Benchmarking, Safer Nursing Care Tool, Contact Care Time and professional judgement utilised as part of the 6 monthly staffing reviews
Clinical and managerial leaders foster a culture of professionalism and responsiveness where staff feel able to raise concerns	Encourages working in well-functioning teams supported by appropriate infrastructure and support model Emphasises need for open culture to report shortfall Staff-side organisations have a role	In place – incidents received, monitored and themed monthly Staffside involved in staffing review groups.
A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments	Directors of Nursing and Quality lead the process of reviewing staffing requirements and ensure that there is a process in place actively involves, matrons, sisters, charge nurses, or team leaders. Also that they work closely with Medical Directors, Directors of Finance, Workforce (HR), Operations and Learning and Development recognising interdependencies between staffing and other aspects of the organisation's functions.	In place – broadened to involve more ward leaders in the review meetings. Also locality Directors and locality managers are involve in ensuring safe staffing establishments
Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties	Recommendation on adequate Headroom (no percentages stipulated) Recommendations on supervisory time for ward leaders (no time stipulated)	The Trust is currently using 23% headroom in the recent realignment of budgets. This may be subject to review. Supervisory time for ward leaders (no time stipulated)
7. Boards receive monthly updates on workforce information, staffing capacity and capability is discussed at public Board meeting at least every six months on the basis of full nursing and midwifery establishment review.	Monthly reports to go to board detailing actual staffing levels against establishment for the previous month – highlighting hotspot areas. Six monthly establishment reviews to go to open board for discussion and debate	In place – Board report presented monthly since June 2014. 6 monthly review - ongoing

Appendix 1

Expectations	What does this mean in practice?	DHC Position – August 2015
8. NHS providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift.	Display information of staff present by shifts clearly and visibly for patients	In place – Revised boards piloted from June 2014. Permanent boards are in place.
9. Providers of NHS services take an active role in securing staff in line with their workforce requirements	Robust recruitment and retention plans need to be in place within the organisation Organisations to work with LETB and others to inform commissioning intensions and future workforce planning	Human Resources Workforce Strategy in place. Robust recruitment and retention plans in place within the organisation.
10. Commissioners actively seek assurance on staffing within the providers with whom they contract.	Commissioners responsible for reviewing provider staffing levels	Not applicable to the Trust.

Appendix 2

Dorset HealthCare University NHS Foundation Trust

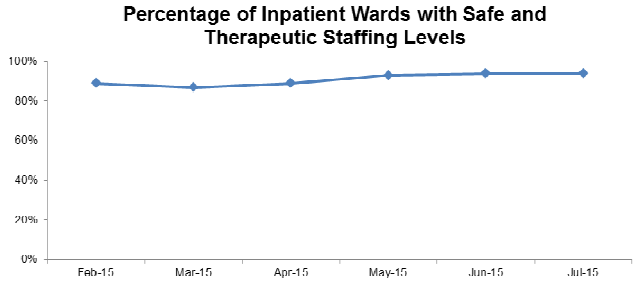
February to July summary

		Bed numbers		Planned Staffing: Registered			Planned Staffing: Unregistered			March to July only				Vacancies (>20% red)			EWTT/QuESTT score							
		Feb report bed numbers	July Report bed numbers	Early	Late	Night	Early	Late	Night	% Black shifts	% red shifts	% green shifts (>95% Green, 85-94% Amber, <85% red)	Bed Occupancy Rate	May-15	Jun-15	Jul-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	% no new harm from patient safety thermometer	% no harm from Mental Health Patient Safety Thermometer
Bournemouth	Oakcroft	2	2							0%	0%	100%	100%	48.0%	47.7%	48.6%								100%
	Pebble Lodge	10	10	2	2	1	3	3	4	0%	6%	94%	69%	13.0%	3.5%	1.0%								88%
	AAU Seaview	14	14	3	4	2	2	3	2	0%	5%	94%	97%	18.0%	2.6%	5.6%								92%
	Alumhurst Ward	20	20	2	2	2	4	4	1	0%	5%	95%	99%	18.0%	6.1%	7.0%							99%	
	Dudsbury Ward	17	16	3	4	1	2	2	3	0%	9%	91%	100%	36.0%	13.4%	16.0%								71%
	Glendinning Unit	9	9	1	1	1	1	1	1	2%	0%	98%	88%	15.0%	4.5%	4.9%								88%
	Harbour Ward	16	16	2	2	1	3	3	2	1%	9%	90%	100%	10.0%	-6.6%	0.0%								81%
	Linden Unit	15	15	2	2	2	2	2	2	0%	24%	76%	96%	14.0%	1.8%	0.0%								88%
	Melstock House	12	11	2	2	1	2	2	2	0%	8%	92%	99%	4.0%	-9.7%	0.0%							100%	
	Nightingale Court	13	13	1	1	1	1	1	1	1%	0%	99%	92%	-14.0%	7.2%	7.6%								82%
	Nightingale House	16	16	2	2	1	4	4	2	0%	14%	85%	93%	10.0%	2.1%	2.6%								99%
	Perinatal	5	5	1	1	1	1	1	1	0%	0%	100%	58%	0.0%	7.0%	4.3%								88%
	Haven Ward (Closed June 2015)	6	6							1%	27%	72%	100%	15.0%										67%
	Waterston AAU	13	13	2	2	2	3	3	2	1%	17%	83%	97%	21.0%	11.4%	15.2%								91%
	Total	168	166							1%	9%	90%	94%	15.0%	4.0%	4.8%							99%	87%
Dorset	Castletown	16	16	2	2	2	3	2	1	0%	15%	85%	93%	19.0%	0.4%	0.4%							100%	
	Langdon Ward	22	22	3	3	2	4	2	1	0%	7%	93%	92%	17.0%	20.8%	18.5%							99%	
	Radipole Ward	34	34	4	4	3	6	4	2	0%	13%	87%	95%	20.0%	14.4%	13.0%							98%	
	Ryeberry Ward	22	16	3	3	2	4	2	1	0%	5%	95%	97%	15.0%	1.6%	6.2%							97%	
	Saxon Ward	16	16	2	2	2	3	2	1	0%	4%	96%	88%	10.0%	-6.0%	0.0%							86%	
	Stanley Purser Ward	15	15	2	2	2	3	2	1	0%	1%	99%	90%	16.0%	7.5%	10.6%							94%	
	Tarrant Ward	24	24	2	2	2	5	4	1	0%	4%	96%	92%	19.0%	14.7%	12.0%							93%	
	Westminster	16	14	2	2	2	3	2	1	0%	3%	97%	92%	8.0%	4.9%	0.3%							100%	
	Willows Unit	30	30	4	4	3	6	4	2	0%	4%	96%	90%	18.0%	11.8%	5.3%							99%	
	Flaghead Unit (Closed May 2015)	10	-							0%	6%	93%	87%	4.0%										86%
	Twynham	12	12	2	2	1	5	5	3	0%	18%	82%	80%	33.0%	26.6%	22.7%								98%
	Total	217	199							0%	7%	93%	91%	16.0%	11.5%	9.4%							97%	95%
Poole	Chalbury Unit	12	12	2	2	2	5	5	3	0%	33%	67%	62%	31.0%	19.2%	21.0%							100%	
	Fayrewood Ward	22	22	2	2	2	5	3	1	0%	5%	95%	79%	13.0%	5.9%	0.0%							98%	
	Canford Ward (winter pressure)	-	16	2	2	2	3	2	1	0%	12%	88%	77%			0.0%							94%	
	Guernsey Ward	25	23	3	3	2	4	2	1	0%	3%	97%	79%	17.0%	10.1%	9.6%							98%	
	Hanham Ward	22	22	2	2	2	4	3	1	0%	2%	98%	78%	20.0%	19.1%	16.9%							100%	
	Jersey Ward	23	25	3	3	2	4	2	1	0%	6%	94%	77%	8.0%	12.9%	13.3%							99%	
	Herm	15	18	3	3	2	6	6	4	0%	4%	96%	55%	13.0%	6.1%	10.3%							97%	
	St Brelades	18	15	3	3	2	6	6	4	0%	14%	86%	83%	11.0%	4.6%	4.7%							97%	
	Kimmeridge Court	6	6	1	1	1	1	1	1	0%	0%	100%	84%	1.0%	18.7%	16.6%								97%
	Total	143	159							0%	9%	91%	75%	17.0%	11.5%	11.0%							98%	97%
	Trustwide total	528	524							0%	8%	91%	87%	16.0%	9.0%	8.3%							97%	88%

N/A RAG Tool

Appendix 3

Executive Dashboard- Summary of Wards Regularly Falling Below Thresholds during February to July 2015

National Data (Unify return)	Internal Reporting Methodology and Scope
5 wards had day or night staffing levels below 100% the largest shortfall being 3%. (Feb- July) • St Brelades Night staffing (97%) • Haven Ward night staffing (98%) • Twynham Ward day staffing (98%) • Canford Ward night staffing (99%) • Chalbury Unity night staffing (98%)	 Three wards had below 85% of shifts staffed to expected levels • Linden Unit (76%) • Haven PICU (72%) • Waterston (83%) • Castletown (85%) • Twynham Ward (82%) • Chalbury Unity (67%)
Wards with more than 1 Black shift from February to July	**Wards with >=5 shifts with greater than 50% of agency staff on duty)-**
○ Glendinning Unit (8) ○ Harbour Ward (8) ○ Nightingale Court (5) ○ Haven PICU (4) ○ AAU Seaview (3) ○ Alumhurst (2) ○ Waterston (2)	• Canford Ward- 45 • Jersey Ward- 14 • Guernsey Ward- 11 • Castletown Ward- 5
Vacancies (ward level data available only from May 2015 onwards)	**Staffing dashboard**
The wards with the highest vacancy rates are for the last 2-3 months are • Oakcroft • Twynham Ward • Chalbury Ward Further details can be seen at Appendix 2	A monthly dashboard is produced as part of the monthly staffing report presented the Trust's Executive Quality and Risk Group. Regarding the QuESTT score there has been no ward that has been consistently rated in the Red or Amber category. Further details can be seen at Appendix 2