



Rotherham Doncaster
and South Humber
NHS Foundation Trust

Safe Staffing 6 Month Review and Declaration

1 January 2017 - 30 June 2017

Declaration Structure

- National Context and Requirement
- Declaration in two parts:
 1. Look back and review of safer staffing levels for 1 January 2017 - 30 June 2017
 2. Review of baseline establishments for each ward

National Context and Requirement



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In November 2013, NHS England published: ***How to Ensure The Right People, With The Right Skills, Are In The Right Place At The Right Time - A Guide to Nursing, Midwifery and Care Staffing Capacity and Capability.*** (NHSE 2013) this set out the expectations of 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.

In July 2016 the National Quality Board published: ***‘Supporting NHS provider to deliver the right staff, with the right skills, in the right place at the right time – Safe Sustainable and productive staffing’.*** This publication builds on the 2013 guidance taking into account both the need to balance quality and financial objectives.

1. Review of safer staffing levels for 1 January 2017 - 30 June 2017

- **Process of safe staffing oversight:**
 - Establishments set for each ward.
 - Staffing levels managed on a day to day basis – each shift RAG rated at ward level.
 - Ward manager oversight of safe staffing levels on a day to day basis, action taken at this level to prevent staffing levels being unsafe and to eliminate RED shifts.
 - Weekly reports to Modern Matron for oversight and necessary action.
 - Monthly reports to the *Trust Clinical Staffing Review Group*.
 - *Acuity and Dependency* Escalation process in place for all wards.

RED rated shifts are those where, using a local assessment, it is identified that 'The planned staffing levels have not been met or the dependency has increased, and a RISK to patient safety is mitigated'

- **Escalation process**

- Matters of concern raised from the ward and service through the Care Group to the Care Group Director.
- Monthly reports received and reviewed by the *Clinical Staffing Review Group*.
- Areas reporting RED shifts and submitting IR1s triangulated and appropriate actions undertaken.

- **Monthly Reporting of staffing levels**

- Monthly reports published on Trust public website.
- Reported monthly to Quality Committee.
- Update provided to Board of Directors through Quality Committee Report.

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An IR1 is an 'Electronic Incident Form'. This is completed for all incidents regardless of whether any harm occurred. An incident is described as: 'any event which has given rise to potential or actual harm or injury...'

Trust Wide Themes

- 31 shifts were rated as RED, out of a total 12,489 shifts for all wards across the period - 0.24% of total shifts to cover all wards. This is an overall increase of 8 RED shifts across the Trust from previous 6 months.
- 47 IR1s submitted across the period in relation to staffing concerns - 0.38% of the total shifts required. This represents an increase of 25 IR1s from the previous 6 months.
- 2 identified hotspots – Skelbrooke and Goldcrest, these two wards identified the majority of the RED rated shifts. Each RED rated shift was reviewed in depth and contingency plans put in place on each occasion.
- No patient safety/serious incidents occurred during the period 1 January 2017 - 30 June 2017 as a result of staffing issues.

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2. Review of baseline establishments for each ward

Methodology

- Reviews undertaken in May/June 2017.
- Review team – led by Director of Nursing, including - Clinical Lead, Nursing and Quality, HR, Finance.
- Reviewed data – Workforce, Quality (Patient Safety), Finance.

Key Messages

- Variation in staffing levels for similar ward areas.
- Variation in psychological and AHP provision across the wards.
- Drift in practice across the wards.
- Impact of Trust policies i.e. falls.
- Historical, flexible working arrangements.
- Changes to the acute mental health pathway and acuity.

Assurance level on establishment review

Substantial Assurance: Controls are operating satisfactorily and objectives are being met - there are no concerns about the minimum staffing levels that have been set.

Partial Assurance: Controls are operating however there are some weaknesses and objectives are not always being met - There are some minor issues with regards to the safer staffing levels set.

No Assurance: Controls do not appear to be operating and objectives are not being met - there are significant concerns about the safer staffing levels that require a service review.

The areas of no assurance have also been identified through monthly reports to the Quality Committee and updates to Board of directors.

SUBSTANTIAL ASSURANCE	PARTIAL ASSURANCE	NO ASSURANCE
<ul style="list-style-type: none"> • Emerald Lodge • Coral Lodge • Gold crest • Amber Lodge ISU • Amber Lodge R&R • Jubilee Close • Danescourt Residential Care • Bosworth • Cusworth • Osprey • Sandpiper • St John's Hospice • Skelbrooke – days 	<ul style="list-style-type: none"> • Hawthorne • Hazel • Windermere • Coniston • Mulberry • Laurel • Ferns • Glade • Brambles • Magnolia • Kingfisher - days 	<ul style="list-style-type: none"> • New Beginnings • S136 Suites • Skelbrooke – nights • Kingfisher – nights

Immediate Actions

- Following review of baseline establishments a paper detailing areas of partial and no assurance presented to the Operational Managers Meeting for immediate action.
- Care Groups Directors leading immediate changes and on-going action to respond to the areas with no assurance on the baseline establishments and against the recommendations made for all areas.

Risks and Immediate Mitigation

- **New Beginnings**
 - Additional staff are employed above the establishment to ensure safe staffing levels are met.
- **Acute Mental Health Pathway (S136 suites: Skelbrooke/Kingfisher)**
 - Since establishments were set there has been significant changes to the demands on the acute care pathway.
 - The Section 136 suites are staffed from within the PICU/ward establishment and additional staff are used to off set Section 136 activity.
 - Additional staff are being recruited and rostered to address the immediate

Declaration

1. Look back review of safer staffing levels for 1 January 2017 - 30 June 2017

No patient safety/serious incidents occurred during the period 1 January 2017 - 30 June 2017 as a result of staffing issues.

2. Review of baseline establishments for each ward

- Following a detailed establishment review an assurance opinion has been provided for all wards.
- Immediate mitigation is in place for wards that have no assurance.
- Recommendations have been made for action on wards where substantial assurance cannot be provided.
- A detailed work plan is underway for each ward, actions reported through operational governance process, to the executive management team and to the Quality Committee.