Safe Staffing

6 Month Review and Declaration
1 July 2017 – 31 December 2017

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RDaSH leading the way with care

Contents

INTRODUCTION

In line with the National Quality Board Guidance issued in November, 2013 and in order to assist provider organisations to fulfil their commitments as outlined in "Hard Truths: The Journey to Putting Patients First (Department of Health 2013)", the Trust is required to consider staffing capacity and capability. In addition the Trust is required to meet the National Quality Board (NQB) guidance, *'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 (2016)'*. The 2016 guidance provides a set of expectations for nursing and midwifery care staff; and an expectation that Trusts' measure and improves patient outcomes, people productivity and financial sustainability. This report provides assurance to the Board following the 6 monthly review (1 July 2017 – 31 December 2017) of nurse staffing as required to meet the recommendations of the Government's "Hard Truths" (Nov 2013) response to the Mid-Staffordshire Public Inquiry and the NQB 2016 guidance.

The format of this report follows the NQB Guidance published in July 2016 in that it outlines: the right staff, with the right skills, in the right place, at the right time.

Expectation 1	Expectation 2	Expectation 3
Right Staff	**Right Skills**	**Right Place and Time**
1.1 evidence-based workforce planning	2.1 mandatory training development and education	3.1 productive working and eliminating waste
1.2 professional judgement	2.2 working as a multi-professional team	3.2 efficient deployment and flexibility
1.3 compare staffing with peers	2.3 recruitment and retention	3.3 efficient employment and minimising agency

2. CONTEXT

Work across the Trust to have appropriate oversight of safer staffing levels has two key components:
1. The identification of minimum staffing levels for each inpatient ward across the trust and the review of staffing levels on an annual basis.
2. The monitoring of fill rates of nurses against the minimum staffing levels set on a shift by shift, week by week and monthly basis, with appropriate oversight, scrutiny and actions against the fill rates, this is reported to the Quality committee on a monthly basis.
3. The safe staffing work stream is divided into the following areas:
   a. **Strategic** – implementing guidance, NQB standards, NHS Improvement (NHSI) guidance, setting and agreeing minimum staffing levels, acuity and dependency, escalation procedures
   b. **Operational** – e-rostering, weekly data submissions, responding to deficiencies and acuity, completing monthly reports
   c. **Quality Assurance** – monthly report to the Quality Committee, 6 month review and declaration to the Quality Committee / Board of Directors

The Clinical Staffing Review Group (CSRG) for inpatient services has continued to meet on a monthly basis to review data in relation to staffing levels, serious incidents, incident reports and other patient safety / experience information to identify the impact of staffing levels on patient care outcomes. The group also collaborates with other areas of the Trust to work on associated actions such as recruitment and retention of staff, flexibilities of staff deployment and rostering, and staff training. This group will be reviewed in line with wider Trust governance and a greater focus on Care Group oversight will be formally implemented through the next months.

The Trust has been engaged in a national programme in this 6 month period with NHSI to provide data in relation to Care Hours Per Patient Day (CHPPD).

3. TRIANGULATED APPROACH TO STAFFING DECISIONS

3.1 Right Staff

The NQB Guidance requires Trust Boards to ensure there is sufficient and sustainable staffing capacity and capability to provide safe and effective care to patients at all times, across all care settings. In addition, boards should ensure that there is an annual strategic staffing review, with evidence that this is developed using a triangulated approach that takes account of all healthcare professional groups and is in line with financial plans.

3.1.1 Safer staffing review

The previous 6 month declaration December 2016 – June 2017, included the Trust annual strategic staffing review. The Minimum Safe Staffing Levels for all of the Trust's bed based services were reviewed and collated in a single document. These staffing levels are the ones that are consistently used to measure the Trust's staffing performance for both national and local reporting.

The action plans developed by the Care Groups following the annual strategic staffing review are progressing and minimum safer staffing levels are being re-evaluated, these will change for some wards. Any changes will be overseen by the Trust Governance process.

The previous staffing review and declaration identified that there was limited assurance in the following bed based services with regards to minimum safe staffing levels:

1. New Beginnings
2. Skelbrooke Ward - PICU
3. Kingfisher Ward on nights - PICU
4. Section 136 suites

The Care Groups have been working on action plans based on the findings of the previous review and declaration and some progress has been made. Interim actions to ensure the wards remain safe are also in place through the temporary increase of minimum staffing numbers. Further work is ongoing and progress on this will be

reported through the Trust Governance structure and be included in the next annual strategic staffing review.

In order to provide assurance with regards to the actions that have been taken, and are continuing to be implemented the annual strategic staffing review of these wards will commence in March 2018.

The key highlights from the action plans to report are:

- Available care hours have been increased, at no additional cost, by the review of historical flexible working agreements and the implementation of new shift start and finish times in the Doncaster physical health wards.
- There has been an introduction of additional roles to the some areas such as pharmacy technicians, Health and Wellbeing Practitioners and band 3 health care assistants to increase registered nursing care hours that are available.
- Successful recruitment into vacant posts and rolling programmes of recruitment across the Trust.
- Reviews of staffing establishments against budgets to ensure affordability.
- Temporary increases in staffing to support the Trust's s136 suites which have no identified staffing establishment until the acute mental health pathway review is completed.

The action plans and implementation for each Care Group are led by and overseen by the Deputy Chief Operating Officer/Doncaster Care Group Director.

3.1.2 Local reporting and oversight

The Trust has an established process for the oversight and monitoring of staffing levels on a daily, weekly and monthly basis, including:
- The use of e-rostering and a paper based system of reporting each shift to collate staffing levels against agreed minimum staffing levels. An agreed methodology is in place incorporating both the electronic and paper rostering systems to gather the staffing information in a systematic manner.
- A Trust RAG system is in place to identify the assessment of safe staffing levels and acuity and dependency on each shift. This is identified by shift and reported to the ward manager in real time.
- The implementation of the Trust 'acuity and dependency profiles' document, that identifies minimum staffing level and the process for ward staff to follow to escalate concerns and secure additional staff.
- The ward managers' report centrally on a weekly basis
- The information is collated to support analysis of ward staffing and is reported in a monthly safe staffing report to the quality committee.

3.1.3 Clinical Staffing Review Group (CSRG)

The trust holds a monthly CSRG meeting to review key data against the staffing levels. The data supplied by each ward area in terms of fill rates against anticipated, minimum safe staffing levels is reviewed, along with patient safety data and incident reports, all of which are discussed to obtain a clear understanding of the causes of

shifts that were not rated as green, to pick up any Trust wide themes and trends and to identify any risk areas that are emerging so that these can be escalated.

The wards report staffing in 2 ways: the national reporting framework and a locally agreed framework. The national reporting is based on the fill rates of actual nursing staff on shift against those that were predicted / required. No other factors are taken into consideration.

The locally agreed framework is a triangulated approach that allows for professional judgement to be exercised. When using the local framework for rating shifts, managers will consider bed occupancy rates, other staff who were supporting the delivery of care, ie managers and other professional disciplines and the acuity / dependency of the ward.

In terms of the local Trust reporting, the numbers of red rated shifts reported by ward areas for the period 1 July 2017 – 31 December 2017, are slightly higher than the previous 6 month review (1 January 2017 – 30 June 2017) by 3. Although the numbers of red rated shifts are slightly higher, there is a significant downward trend in the last 3 months of reporting.

The Adult Mental Health Unit in Doncaster has frequently reported red rated shifts using the local Trust tool and the Care Group management team have temporarily increased the staffing establishment until a sustainable solution is identified and implemented. This was as a result of the establishment review undertaken in the previous 6 month period.

In the last Staffing Review and Declaration Report, the number of shifts rated locally as red was 31. In this reporting period the total number of red rated shifts was 36.

Each Care Group has oversight of the monthly staffing fill rates and the triangulation of the patients' safety data through the Safer Staffing Report being discussed at the Quality and Safety Governance Meetings.

Many of the wards are currently reporting levels of maternity leave higher than those considered average and used for annual budget setting. This is currently being reviewed by operational managers, finance managers and human resources managers to identify potential solutions.

In the reporting period, there has been a 6 fold increase in the number of IR1s that have been submitted across the Trust in relation to 1 Registered Nurse taking charge across 2 ward areas. These are detailed in the figure 2 below.

TIME PERIOD	1 April 2016 – 31 March 2017	1 April 2017 – 31 December 2017
NUMBER OF IR1s SUBMITTED	2	17

Fig 2: Number of IR1s submitted 1 April 2016 - 31 December 2017

The rationale for this is considered to be as a result of an increase in staff reporting these incidents rather than an increase in occurrence, largely due to the discussion undertaken at the annual strategic staffing review held as part of the 6 month declaration presented in July 2017, where staff were encouraged to report all safer staffing concerns through IR1's alongside other escalation processes.

Of the incidents reported from 1 April 2017, 7 were in relation to Amber Lodge who identified having 1 Registered Nurse across the 2 wards. This had been specifically raised at the establishment review and reported in the previous 6 month review 1 January 2017 – 30 June 2017. As a consequence of the increase in reporting a specific establishment review will be undertaken within quarter 4 2017/18. The outcome of which will be reported though the trust governance processes.

3.1.4 National reporting

In the 6 month period covered by this report, there has been an improvement in the performance across the Trust in meeting its minimum safe staffing levels.

Analysis of this data has identified that there are some inpatient areas that face on-going challenges to provide minimum safe staffing levels and frequently record red rated shifts in the national report. These are:

- **Skelbrooke Ward** – Doncaster PICU
- **Coral Lodge** – Doncaster Adult Mental Health Locked Rehabilitation
- **Mulberry House** – North Lincs Adult MH
- **Hawthorn Ward** – Doncaster Physical Health
- **Magnolia Ward** – Doncaster Neuro-Rehabilitation
- **Brambles Ward** – Rotherham Older Adult MH

As a result, these wards have rolling programmes of recruitment in place and have made a number of changes in order to release care hours. Some examples of these initiatives are the creation of other professional roles to enhance care delivery, the review of historical flexible working agreements and a change to shift patterns.

Members of the CSRG have been working alongside the Human Resources Directorate on an NHSI initiative that seeks to improve the recruitment and retention of staff and there are a number of work streams being developed in order to improve recruitment and retention across the Trust. Each Care Group has its own recruitment and retention lead and a plan in place which is based on local need.

3.2 Right Skills

The NQB guidance states that Boards should ensure that clinical leaders and managers are appropriately developed and supported to deliver high quality, efficient services and that there is a staffing resource that reflects a multi-professional team approach. Decisions about staffing should be based on delivering safe, sustainable and productive services. In addition, clinical leaders should use the competencies of the existing workforce to the full, further developing and introducing new roles as

appropriate to their skills and expertise, where there is an identified need or skills gap.

All new starters in the Trust are provided with a corporate Trust induction and a local, service based induction. The corporate induction includes the elements of Mandatory and Statutory Training (MAST) that are essential to their role.

Each Care Group reviews its compliance with staff MAST on a monthly basis at its People and Strategy Governance Meeting. Reports on compliance are provided by the RED Centre team. Where areas of non-compliance are identified, staff are targeted to ensure they undertake the required training.

In addition to MAST, the Trust has a number of training and continuous professional development opportunities for staff to enhance the skills of the workforce. Some of these are summarised below:

- A **preceptorship programme** for staff who are undertaking new roles in the Trust as well as being in place for newly qualified professionals.
- **Clinical skills training** which diversifies staff roles for both professionally qualified staff and support staff. Examples of this are undertaking physical diagnostic tests in mental health areas.
- **Leadership Development Forum** for leaders and managers who are at Band 8a and above. These are chaired by the Chief Operating Officer and focus on a range of topics and workshops.
- Access to **accredited training** through universities in a range of subjects that are both clinical and leadership based.
- **Job specific training** that aims to provide practitioners with the required tools to undertake their roles effectively and using evidence based best practice.

The Trust has also introduced a number of new roles into its inpatient workforce in order to enhance the quality of care that is provided and promote an extended multi-disciplinary approach. Some examples of this are outlined below:

Pharmacy Technicians have been introduced to Mulberry House and Laurel Ward as a new initiative. The role of these posts is to administer prescribed medications, to work with service users to support informed treatment choices and to advise the multi-disciplinary team (MDT) about prescribing and medicines issues. These posts were introduced in July 2017 and early evaluation has demonstrated a reduction in medicines related incidents.

Rehabilitation Assistants have also been introduced as an alternative to the traditional health care assistant. These staff have a broad range of skills across a nursing, occupational therapy and physiotherapy discipline and support the recovery of patients in a number of settings.

Some mental health wards have introduced **Physical Health and Wellbeing Practitioner**s who support the delivery of holistic care on the inpatient wards. Their roles involve taking blood, undertaking diagnostic testing, supporting the development of physical health and wellbeing care plans. These roles also support

the Care Groups to achieve their CQUIN targets in relation to physical health and wellbeing.

Some clinical areas have introduced a higher level **band 3 Nursing Assistant** role for experienced nursing assistants who have higher competency levels than those expected of band 2s. These staff can undertake some supervisory and coordination roles within clinical areas, thus releasing Registered Nursing care hours for more complex care and treatment requirements. These roles were already in place in physical health care settings and are now being shared across other clinical specialties in the Trust.

The use of **Apprentices** has been extended across the Trust and there are apprentices within the bed based services. Apprenticeships can be a gateway to accessing professional training such as pre-registration nurse training which will support the Trust's medium term goal to have sufficient numbers of Registered Nurses in place as we can support Apprentices through pre-registration training and provide them with employment upon qualification.

The Trust has not yet introduced the new, national Associate Nurse or Physicians' Assistant roles as the added benefit they would bring to the Trust and care delivery is currently being assessed.

Whilst the Trust does not currently report on the numbers of non-nursing staff who support the delivery of care in the bed based services, it is planned that these will be incorporated into the reports over the next 6 month period (January – July 2018).

RDaSH commenced a recruitment and retention programme with NHSI in June 2017. The lead director for this programme is the Executive Director of Nursing and Quality. The project is focussed on retention of all clinical staff, with a specific focus on nurse retention, recruitment and turnover rates as this is nationally recognised as one of the highest risk groups that will impact on safe staffing.

The aim of the NHSI project for RDaSH is to achieve a reduction in overall staff turnover from 12.7% to 10.5% over a 12 month period. The way in which this work is being completed is via a coproduced action plan which has highlighted areas of high turnover including:

- District Nursing Services
- Forensic Services
- Inpatient Mental Health Services

Changes in these areas have been explored with staff, managers and clinical leads, and actions have commenced to address issues in order to reduce turnover and improve retention in these high turnover areas, which is then expected to affect overall turnover.

The Trust's Transformation Plan will result in significant changes to the way that it provides community services and the Clinical Pathway work which will support this is underway. A key component of the transformation will be to understand the capacity and capability within community teams to provide safe and effective care.

A core group has been established to recommend what safer caseloads in the community will look like and reporting on this will begin in the next reporting period.

3.3 Right Place and Right Time

The NQB guidance states that Boards should ensure staff are deployed in ways that ensure patients receive the right care, first time, in the right setting. This will include effective management and rostering of staff with clear escalation policies, from local service delivery to reporting at board, if concerns arise. Directors of nursing, medical directors, directors of finance and directors of workforce should take a collective leadership role in ensuring clinical workforce planning forecasts reflect the organisation's service vision and plan, while supporting the development of a flexible workforce able to respond effectively to future patient care needs and expectations.

The Trust has **25 bed based services** who report their staffing fill rates. An analysis of the data is outlined in the table below.

Month	Number of wards reporting fill rates <89.9% on days, Registered Nurses	Number of wards reporting fill rates <89.9% on days, non-professionally qualified staff	Number of wards reporting fill rates <89.9% on nights, Registered Nurses	Number of wards reporting fill rates <89.9% on nights, non-professionally qualified staff
July '17	6	4	2	2
August '17	6	2	2	3
September '17	6	2	1	1
October '17	4	1	1	1
November '17	2	1	2	1
December '17	7	2	1	1

With regards to the shifts that were <89.9% across both nights and days for non-professionally qualified staff, Goldcrest Ward consistently reports red every month. This is due to a difference in their staffing establishment for Registered Nurses against those that are actually in post as they are over established. This results in their Registered Nurse fill rates being consistently >100% and therefore there is no risk associated with this and the additional staff are used to support other areas when required.

Throughout the reporting period, there were no instances on the wards where the fill rates for both Registered Nurses and non-professionally qualified staff fell below 89.9% at the same time. Where there was a shortfall in the numbers of Registered Nurses on duty ward managers increased the numbers of non-professionally qualified staff on duty where possible.

The reasons for the red ratings are discussed at the CSRG, with the reasons with the most impact identified below:

- Vacancies, particularly across the Registered Nurse establishment
- Long term sickness absence
- Short term, intermittent sickness absence
- Maternity leave

It is evident from discussions at CSRG meetings that staff are aware of the escalation procedures with regards to staffing concerns and that they are involving on-call managers in resolving staffing issues out of hours. This has resulted in staff moving more flexibly between wards when required and also across Care Groups to manage risks. The Trust's Learning and Development Team are working with both Human Resources and operational service managers to develop training and competency frameworks that will support this flexible deployment of staff.

All inpatient staff rotas are managed by the E-roster system and ward managers have been working with Human Resources to ensure that the clinical areas are using the system in the most effective way. The use of the E-roster system to manage the nursing bank was implemented, however there were some complexities identified with the process. As a result the process was refined and a number of wards are now piloting the new process with a view to rolling this out across the Trust. This will save time both in terms of allocating shifts to bank staff and the reporting of staffing fill rates which is currently undertaken manually.

It is worth observing that over the course of the review period, there were a number of shifts where staffing levels exceeded the minimum safe staffing levels. This was due to high levels of patient observations, increases in patient acuity and dependency or to manage specific, clinical situations.

3.4 Patient Outcomes, People Productivity and Financial Sustainability

The NQB Guidance states that Boards will need to collaborate across their local health and care system, with commissioners and other providers, to ensure delivery of the best possible care and value for patients and the public.

The Trust produces a Quality Dashboard on a monthly basis that provides evidence in relation to quality indicators, patient safety indicators, patient experience and other data. The dashboard is produced at both an overall and Care Group level. The Quality Dashboards are reviewed by the Care Groups at their Quality and Safety Governance meetings on a monthly basis and the dashboards then flow through the Trust's governance structures.

The Trust also produces a Safer Staffing Report on a monthly basis that goes through the same governance structures. This report provides triangulation of some of the data from the Quality Dashboards such as Serious Incidents, patient safety issues, complaints against the staff fill rates.

The table below identifies the number of Serious Incidents that occurred per month in the Trust's bed based services during the reporting period. The definition of a serious incident includes incidents of significant harm to patients such as self-harm,

unexpected death, grades 3 and 4 pressure ulcers and falls where major harm occurs.

Month	Number of Serious Incidents Reported
July '17	2
August '17	0
September '17	2
October '17	1 linked to 3 wards
November '17	1
December '17	2

All of the above incidents were investigated and staffing factors were considered in order to identify if they caused or contributed to the incident. In all of the cases, there were no causal or contributory factors identified that related to staffing.

The table below shows the number of complaints that were received per month in the Trust's bed based services during the reporting period.

Month	Number of Complaints Received
July '17	4
August '17	3
September '17	6
October '17	10
November '17	4
December '17	3

As with Serious Incidents, all complaints received by the Trust are investigated. Staffing factors are considered where appropriate and no staffing issues have been identified from the investigations.

3.5 Reporting, investigating and acting on incidents

The NQB Guidance advises NHS providers to follow best practice guidance in the investigation of all patient safety incidents, including root cause analysis for serious incidents. As part of the systematic approach to investigating incidents, providers should consider staff capacity and capability, and act on any issues and contributing factors identified. The CSRG meeting reviews all IR1s that have been submitted in relation to staffing to ensure that the Matrons / Ward Managers have reviewed them and taken any remedial action that may be required. The outcomes are included in the monthly Safer Staffing Report.

All IR1s are included on the Trust's overarching Quality Dashboard and also on the Care Group specific Quality Dashboards along with other data in relation to clinical audit, medicines management, falls, pressure ulcers, infection prevention and control performance and incidents of restraint and seclusion amongst others. These, along with the Safer Staffing Report are discussed and reviewed at the monthly Quality and Safety Governance meetings. Any risks are escalated by the Care Group Directors to the Chief Operating Officer (COO) through the weekly Operational Management Meeting (OMM).

The number of IR1s submitted by ward areas in relation to staffing concerns are outlined in the table below.

Month	Number of IR1s Submitted
July '17	8
August '17	14
September '17	10
October '17	6
November '17	7
December '17	9
Total	**54**

The number of IR1 reports submitted in relation to staffing in the previous declaration was 47.

The main reason for the IR1 submission were to highlight that there was inadequate staffing for a particular shift and that escalation procedures had been implemented. As previously discussed, there was also a significant increase in the number of IR1s being submitted in relation to 1 Registered Nurse taking charge of 2 ward areas.

3.6 Care Hours Per Patient Day (CHPPD)

During the reporting period, the Trust participated in a national data collection exercise undertaken by NHSI in relation to Care Hours per Patient Day (CHPPD) . Data was submitted from each ward area between 4th September 2017 and 1st October 2017.

The Trust has recently received the report from NHSI and therefore detailed analysis will be undertaken, however the report provides the following information to the Trust:

1. Rostering and CHPPD
2. Average daily CHPPD benchmark compared to other wards of the same type
3. Staff group benchmark – Average daily CHPPD and % of staff who were substantive, bank and agency

From April 2018 there will be a requirement for all NHS Trusts to collect CHPPD data as part of Unify. Work will commence in the Trust to confirm that the majority of the data can be supplied by E-roster.

Data collection will begin in April 2018 with the first report going into Model Hospital in September 2018 and there will be a requirement to verify the data 6 monthly. Initially, the data collected will be for nursing staff with a roll out to other professional groups at a later date.

The Trust has also made recent contact with other similar Trusts to undertake benchmarking of minimum safe staffing levels. This will require further exploration to identify contextual information such as the geographic location of the ward, its proximity to other wards and environmental factors. This work will progress as part of the next strategic staffing review.

4. IMPLICATIONS

4.1 Compliance with the CQC Fundamental Standards

No direct risks or implications to patient safety or CQC compliance from the staffing data have been identified in this 6 monthly report.

4.2 Financial / Value for Money

It has been identified previously that there is no spare capacity in nursing establishments as they have been planned for maximum efficiency.

The physical health wards in Doncaster have released care hours by reviewing historical, flexible working arrangements and introducing a new shift system. The managers report that this has released a substantial amount of additional care hours with no additional costs.

The adult mental health wards in Doncaster and Rotherham have increased their staffing establishments as an interim measure until a sustainable solution is identified.

5. NEXT STEPS

As identified throughout the report, there are a number of actions to be undertaken in the next 6 month reporting period and these are summarised below.

1. To undertake a strategic staffing establishment review of all of the Trust's bed based services which will commence in April 2018. This will include:
   a. An examination of the progress made since the last review
   b. An evaluation of new clinical posts that have been introduced
   c. Review of the changes to the minimum staffing levels as a consequence of the actions or identified as part of the establishment review.
   d. The wards that had limited assurance in the last staffing establishment review will begin their next strategic staffing review in March 2018.
2. To explore how the Trust can begin to report on the wider multi-professional staff groups that support care delivery in a consistent manner.
3. To continue to develop the safer caseloads agenda across community services and identify a reporting framework for this.
4. To roll out E-roster for bank shifts across the Trust following the current pilot in readiness for CHPPD submissions.
5. To explore how the Trust can report on shifts where staffing is higher than the minimum safe staffing levels and how this can be measured in terms of its financial impact.
6. To continue to support the Trust's Recruitment and Retention Improvement Programme.
7. That the review of maternity leave cover progresses with some potential solutions identified.
8. To roll out the Hurst Acuity and Dependency tool across the Trust where appropriate.

9. To review and implement the new NHSi resources 'Safe Sustainable Staffing Guidance'
   a. An improvement resource for learning disability services
   b. An improvement resource for mental health
   c. An improvement resource for the district nursing service
10. Review of the acuity and dependency tool

6. RISKS

The Trust acknowledges the challenges and pressures faced by its inpatient services in terms of recruitment of staff along with acuity and dependency of patients. This is evidenced through the monthly Safer Staffing Reports and the continuation of the Trust to report red rated shifts. There are a number of initiatives in place to develop the approach to staffing levels such as the Recruitment and Retention Improvement initiative, the Care Groups' staffing action plans and the implementation of new clinical roles.

Through the triangulation of the information available in the Trust, it can be identified that there were no patient safety risks or incidents incurred as a result of staffing levels.

7. CONCLUSIONS

- The Trust continues to comply with the requirements of NHS England, the CQC and the NQB Guidance in relation to the Hard Truths response to the Francis Inquiry.
- The Trust is engaged with national programmes which are aimed at supporting the Trust to build a safe and sustainable workforce.
- Within the reporting period, the Care Groups have been actively managing their staffing levels and increasing the number of care hours available at no additional cost to the Trust.
- The Care Groups have been developing a number of innovative and diverse roles that enhance patient care and experience as well as building a sustainable work force.
- There are a number of initiatives that the Trust has planned over the next 12 month period, such as the introduction of Nursing Associates to further build on sustainable staffing development. The Nursing Associate role will provide new routes into pre-registration nurse training.
- Through analysis of the available data in this report, and monthly via the Safer Staffing Reports, there are no correlations between staffing levels and patient safety issues.
- No patient safety/serious incidents occurred during the period 1 July – 31 December 2017 as a result of staffing issues.

8. RECOMMENDATIONS

The Board of Directors is asked to note the 6 month safer staffing declaration.