NHS
Rotherham Doncaster and South Humber
NHS Foundation Trust

SAFE STAFFING: 6 MONTH REVIEW AND DECLARATION
1st July 2019 – 31st December 2019

EXECUTIVE SUMMARY

This report is intended to provide assurance to the Board that the Trust is compliant with the requirements of NHS England, the CQC, and the NQB Guidance https://www.england.nhs.uk/wp-content/uploads/2013/04/nqb-guidance.pdf in relation to the Hard Truths response to the Francis Inquiry. Demonstration of compliance is achieved through a description of the work that has taken place since the last 6 month declaration report with regards to ward based nurse staffing levels in the Trust and an analysis of staffing, patient safety, patient experience and financial information.

The work that has been completed since the last report includes:

- The completion of the Annual Strategic Safe Staffing Reviews by the Director of Nursing and Allied Health Professions (DoN).

- The Trust's bed-based services are no longer manually reporting their fill rates and the data is being taken directly from E-roster.

- There is now a written process for the reporting of safe staffing fill rates in the Trust which is contained within the Safer Staffing Handbook.

- Progress is being made with the optimisation of E-roster to support the Trust meeting the required NHSI Level 1 by March 2021. This is being led by the Programme Management Office.

- The Director of Nursing and Allied Health Professionals (DoN) has undertaken a series of staff engagement events and surveys in order to develop the Nursing and AHP professional strategy for the Trust, which will be launched in early 2020.

- The Recruitment and Retention Steering Group continues to meet and is making progress within its work streams to optimise recruitment opportunities, and to look at how the Trust can best retain its staff.

From the information available, it can be concluded that:

- 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 in a number of activities which are aimed at supporting the organisation to build a safe and sustainable workforce.

- Through analysis of the available data in this report, and that provided on a monthly basis via the Safer Staffing Reports, there are no correlations between staffing levels and patient safety issues, however it is acknowledged that, on a

some occasions, there has been a detrimental impact on the quality of patient care such as s17 leave having to be deferred / delayed due to the availability of staff.

- 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.

The next 6 month period will see the following next steps being undertaken:

- The implementation of the recommendations from the Safe Staffing Reviews that were undertaken.

- The establishment of Safe Staffing meetings between the Care Groups and the Director of Nursing.

- Work beginning to include non-nursing staff onto E-roster so that they can be reported on and included in safe staffing figures. The revised establishments have been fully reflected on e-roster following the reviews.

- Work will begin on reviewing the safer caseloads within the Trust's Community Services and a paper outlining this work will be developed for the Trust Board.

- The Trust's Nursing and AHP Professional Strategy will be launched in early 2020 with an implementation plan.

- Work will be undertaken to identify the role of Nursing Associates within the Trust.

- The Trust will undertake a review into a "grow your own" approach to professional training across the professional groups.

1. 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 improve patient outcomes, people productivity and financial sustainability. This report provides assurance to the Board, following the 6-monthly review (1 July - 31 December 2019), 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. STRATEGIC CONTEXT

This report is linked to the following Trust Strategic Ambitions

Ref	Description
1	Be a leading provider of co-ordinated mental and physical healthcare services for people of all ages.
4	Develop a healthcare workforce which is equipped to provide the highest level of clinical care.

This report is linked to the following Trust Strategic Risks:

Ref	Description
1	If we do not deliver / achieve BAU, then the Trust may not achieve its (newly stated) Strategic Ambitions
2	If we do not have staff with the right skills in the right place at the right time, then the delivery of safe and affective care may be compromised.
5	If there is a loss of workforce or patient and carer engagement, then there may be an adverse impact on the quality and safety of services and damage to the Trust's reputation.

Work across the Trust to ensure there is appropriate oversight of safer staffing levels has two key components:

i) The identification of minimum staffing levels for each inpatient ward across the Trust, and the review of staffing levels on an annual basis.

ii) 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.

iii) The safe staffing work stream is divided into the following areas:

a. **Strategic** – Implementing guidance, NQB standards, NHS Improvement (NHSI) guidance; and setting and agreeing minimum staffing levels, acuity and dependency, and escalation procedures.

b. **Operational** – E-rostering, monthly data submissions, responding to deficiencies and acuity, and completing monthly reports.

c. **Quality Assurance** – Monthly report to the Quality Committee, 6-monthly reviews, and declaration to the Quality Committee / Board of Directors.

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, Trust Boards should ensure that there is an Annual Strategic Staffing Review, with evidence that this is developed using a triangulated approach; and that it takes account of all the healthcare professional groups, and is in line with financial plans.

In the Trust, the Safe Staffing Reviews are undertaken in each Care Group locality and are attended by the Director of Nursing and Allied Health Professions (DoN), the Deputy Director of Nursing, the Associate Nurse Director with the lead for safe staffing, the Associate Nurse Director for the Care Group, ward-based managers and staff (including the Matron and Ward Managers), a senior Finance representative and a senior HR representative. The methodology is outlined in the Safer Staffing Handbook and looks at a variety of data such as fill rates, bed occupancy levels, budgets and establishments, incidents, performance, quality and patient / staff feedback. This is triangulated and a professional discussion takes place to determine the staff numbers required to meet patient needs. This professional judgement is a crucial part of the decision making process.

Prior to the meeting, the Review members are provided with a range of information (including patient safety and experience data, performance data, staffing data and finance reports). On the day of the Review, the group members discuss the data with a particular focus on patient safety and experience and quality of care.

As the Trust has become more adept at undertaking the reviews, the process has become less time consuming for the clinical areas, and staff have reported an improvement in the format of the meetings.

3.1.1 Annual Strategic Staffing Review Update

A substantive Director of Nursing and Allied Health Professions (DoN) has been in place since July 2019. The Trust's Annual Strategic Safe Staffing Reviews were undertaken in October 2019, led by the DoN.

A Review meeting was held for each of the Trust's wards and was attended by Care Group Leads, HR, and Finance colleagues. A copy of the Terms of Reference for the Review is attached (Appendix 1).

From the information considered by the Review Group, a number of recommendations were made, some of which required immediate action. These urgent actions are outlined below (a full outline of planned ward staffing can be found in appendix 2):

- Where Ward Managers and Matrons are either dropping into ward numbers or providing clinical care, this is to be reflected on E-roster.

- Danescourt is to be removed from safe staffing reports, as this is not a ward.

- Hazel Ward's late shift staffing level change from 1 November 2019

from 1 RN and 2 Support Workers to 2 RNs and 3 Support Workers, recognising that there would be a transition period while additional Registered Nursing posts were being recruited to.

- Windermere Lodge, New Beginnings and Goldcrest develop a sliding scale of staffing based on occupancy levels.

- There be a change for the 2 Trust PICUs to ensure that the minimum safe staffing levels are 2 Registered Nurses on duty at all times.

- There was a general consensus that Ward Managers should aim to spend around 20% of their working time involved in clinical care delivery, and that Band 6 Charge Nurses aim to have around 20% of their working time allocated to leadership work.

These urgent actions were approved by the Executive Management Team and are being implemented by the Care Groups. Where staffing levels have increased, it is recognised that there will be a transitional period while staff are recruited into posts.

The additional recommendations, actions and cross cutting themes from the reviews that require approval are detailed in Appendix 2.

All ward budgets have been amended (in 19-20) and funding increased by £74k to reflect the recommendations made, so that the safe staffing establishments, Health Roster and ward budgets are all aligned.

3.1.2 360 Assurance Audit of Safer Staffing Data – Policy Compliance

The only outstanding action from the 360 Audit is the optimisation of E-roster, which is being managed by the Programme Management Office. The actions that have been completed are:

- The production of written guidance for managers for the reporting of safe staffing which includes a process for validating the data.

- Training for ward managers and matrons on the optimisation of E-roster for the completion of safe staffing fill rates.

- The staffing data required for the staffing report is now taken directly from E-roster rather than being manually submitted by ward managers.

With regards to the overall optimisation of E-roster, the following progress has been made since the last declaration:

- An Executive Sponsor for the programme was allocated in August 2019.

- The scope of the work to be undertaken was agreed in August 2019.

- A Risk Assessment was completed, and Operational Risk identified regarding the on-going use of paper-based rosters.

- A monthly highlight report on progress has been submitted to the Care Groups since September 2019.

- A Steering Group was established in November 2019.

- An Equality Impact Assessment and QSIA have both been approved.

- A Data Protection Impact Assessment is underway.

- A Business Case was submitted to EMT on 16 December 2019, and was subsequently approved.
- Progress will now continue in line with the plan set out in the Business Case; this will ensure the NHSI Level 1 attainment required by March 2021 is achieved. The programme will be in 2 phases.

3.1.3   Local Reporting and Oversight

The data used to complete the staffing fill rate data for the monthly Safe Staffing Report is extracted directly from E-roster. The data is validated by Ward Managers and Matrons prior to the publication of the reports.

The information contained in the monthly Safe Staffing Report is discussed at the Care Groups' Quality and Safety meetings on a monthly basis. In addition, the reports are also discussed at the Operational Management Meeting (OMM) by the Care Group Directors and the Chief Operating Officer, before being presented to the Quality Committee and then the Board.

Each Care Group is also required to attend a monthly Assurance Meeting with members of the Executive Management Team; staffing is discussed as part of the 'patient safety and quality of care' agenda. Here consideration is given to the impact of staffing concerns across all professional groups, and services within the Care Group are discussed.

Care Group specific extracts from the Safe Staffing Report are also shared with the local Clinical Commissioning Groups (CCGs), and any concerns are discussed at their Quality and Safety Meetings.

Staffing across professional groups in the Trust continues to be one of the areas of highest risk, and is demonstrated on both the Care Groups' and the Corporate Risk Registers.

There is one extreme risk on the Corporate and Doncaster Risk Registers; this relates to staffing concerns. Concerns were identified in October 2019 in relation to the staffing levels at Coral Lodge, which were due to a combination of vacancies and long-term sickness absence in key leadership roles. As a result of the concerns, an escalation meeting was arranged and there is a supportive action plan in place to support the Ward which includes a temporary closure to any new admissions until the staffing situation improves.

The Trust continues to have a Recruitment and Retention Steering Group; this is leading on 14 work streams aiming to enhance opportunities to recruit and retain quality staff. The progress that has been made by this Group has contributed to the reduction of the staffing risks.

3.1.4   National Reporting

Fill rate compliance with the minimum safe staffing levels has been variable across the reporting period. The fill rates are reported on the Trust's public website on a monthly basis, and compliance is reported in the monthly Safer Staffing Report.

Analysis of the reports has highlighted that there are a cluster of wards that

are regularly facing challenges in meeting their staffing fill rates. These are the Adult Mental Health Unit Doncaster, Amber Lodge, Coral Lodge, Hawthorn Ward, Kingfisher, Brambles, Mulberry House and Laurel Ward.

In July 2019, Amber Lodge ISU and Amber Lodge R&R merged into 1 ward.

Although Windermere Lodge regularly reported low fill rates, the bed occupancy level was low throughout the reporting period and they have now implemented a sliding scale of staffing based on occupancy levels.

All Care Groups report that where agency staff cancel shifts, or staff go off sick at short notice, it is difficult to find alternative cover.

The table below highlights the vacancy percentages per ward during the reporting period, and the sickness absence levels per ward for the same period:

WARD	VACANCY FIGURES JULY – DEC 2019	SICKNESS ABSENCE JULY – DEC 2019
Brodsworth	2.53 wte	1.72%
Cusworth	2.3 wte	6.96%
Skelbrooke	7.78 wte	4.18%
Emerald	Over-established by 2.31 wte	7.74%
Coral	5.71 wte	7.45%
Mulberry	1.2 wte	4.64%
Goldcrest	1.04 wte	5.83%
Kingfisher	4.74 wte	5.36%
Osprey	2.75 wte	7.07%
Sandpiper	8.06 wte	5.88%
Hawthorn	1.41 wte	4.32%
Hazel	Over-established by 3.38 wte	8.17%
Magnolia	4.08 wte	5.31%
St John's	Over-established by 0.63 wte	6.12%
Amber Lodge	5.54 wte	9.9%
Jubilee Close	Over-established by 5.6 wte	14.58%
Coniston	3.08 wte	2.66%
Laurel	0.15 wte	3.58%
Brambles	1.04 wte	15.97%
Glade	4.21 wte	7%

Windermere	4.65 wte	6.8%
New Beginnings	2.2 wte	2.87%

Of the 22 wards the Trust provides, 15 have sickness absence levels above the Trust target of 5.1%, which equates to 68%. The Trust currently has a process in place where the managers of those areas are provided with additional support from Human Resources to review sickness absence management compliance, and to support staff back to work where possible.

It should be noted that the vacancy levels are for the whole ward and the staffing that is allocated to it, not just the nurse staffing.

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 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 MAST compliance on a monthly basis at its Finance, Performance, People and Strategy meeting; and can access live compliance data from the Electronic Staff Record (ESR). Where areas of non-compliance are identified, staff are targeted to ensure they undertake the required training and the Training Teams offer flexible approaches to the provision of education and 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. The Training and Education Department is well engaged with the National Apprenticeship Programme, and has good working relationships with all of the surrounding universities (eg: Hull, Lincoln and Sheffield); staff can access higher training at these establishments.

The DoN has also undertaken a consultation with nurses and AHPs across the Trust in order to develop a Professional Strategy to promote a sustainable workforce into the future. A number of consultation events have been held, and the Strategy is due to be published in January 2020. The Medical Director will be undertaking a similar piece of work in relation to Doctors, Pharmacy staff and Psychological Therapists / Psychologists.

Examples of other staff opportunities are:

- 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.

- Leadership courses across the Trust for all levels of staff.

- Access to Nursing Associate and Registered Nurse training, via Apprenticeship funding.

- 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.

- Modern Matron and Service Manager Network, which supports the Trust's managers to explore issues of professional practice and service development.

- Clinical, professional and managerial supervision to support safe clinical practice.

- The introduction of a number of reflective practice for a, including Schwartz Rounds.

- Access to the Grounded Research Team, who support research and service evaluation as well as providing educational sessions and conferences.

- A number of professional conferences that staff can attend, which have both internal and external speakers.

3.3 Right Place and Right Time

The NQB guidance states that Trust 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 level, 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, whilst supporting the development of a flexible workforce able to respond effectively to future patient care needs and expectations.

The Trust has **23 bed-based services**, which 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 2019	13	1	3	0
August 2019	12	0	3	1
September 2019	9	1	2	0
October 2019	9	1	3	0

November 2019	6	2	4	0
December 2019	7	2	2	0

The lowest fill rates across the Trust's bed-based services were reported in July and August 2019, particularly for Registered Nurses on days. This improved from September 2019, which coincided with the newly qualified cohort of Student Nurses taking up Staff Nurse posts in the Trust. The Trust still faces some challenges on nights with the previous levels of 1 registered nurse on most wards as the minimum staffing level and has, at times, resulted in there being 1 RN across more than 1 clinical area. The revised staffing levels will address this, dependent on successful recruitment into the newly established posts.

Since the previous declaration, there has been considerable improvement in the fill rates for support workers on duty across both day and night shifts.

Throughout the reporting period, Windermere has reported fill rates <89.9%. However, it should be noted that bed occupancy levels on the Ward were exceptionally low and additional staffing was not, therefore, required to cover gaps in the rota.

From the fill rates identified above, the Care Groups are continuing to manage patient and staff safety by having the lowest fill rates on day shifts when there are other MDT members involved in patient care delivery and senior nurses (such as Ward Managers and Matrons) are available.

The reasons for the variances in the fill rates against the number of shifts that were required are discussed at the Care Groups' monthly Quality and Safety Governance meetings, with the reasons with the most impact identified below:

- Vacancies, particularly across the Registered Nurse establishment.
- Short-term sickness absence, usually at short notice.
- Long-term sickness absence.
- Maternity leave.

It is worth observing that, over the course of the reporting 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 a Care Group level. The Quality Dashboards are reviewed by the Care Groups at their Quality and Safety Governance meetings on a monthly basis, and then flow through the Trust's governance structures. They are also shared with the commissioning CCGs.

The Trust is also developing an integrated dashboard that includes performance, safety and quality data in a single report. Once this has been fully implemented it will be shared with the Commissioners.

In addition, the Trust produces a Safer Staffing Report on a monthly basis which 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, and complaints against the staff fill rates). Local extracts from the Safer Staffing Report are shared with the CCGs in that area.

The Executive Management Team also holds a monthly Assurance Review with the Care Groups. All aspects of quality, performance, safety, finance, and staff management are reviewed; and the Care Groups receive an assurance level. Any areas of improvement are identified and monitored at these monthly meetings.

The table below identifies the number of Serious Incidents that occurred per month in the Trust's bed-based services during the reporting period:

Month	Number of Serious Incidents Reported
July 2019	0
August 2019	1
September 2019	0
October 2019	1
November 2019	1
December 2019	0

The above table demonstrates that there were 3 SIs in the Trust's bed-based services during the reporting period. This is a significant decrease since the previous reporting period, when 7 were reported. The numbers of SIs in the Trust's bed-based services are showing a downward trend as outlined below, however in the past 2 years SIs have increased in the first 6 months of the year:

Jan – June 2018 – 9 SIs
July – Dec 2018 – 4 SIs
Jan – June 2019 – 7 SIs
July – Dec 2019 – 3 SIs

As part of the Serious Incident investigation process, staffing issues are considered to identify if they contributed to or caused any of the incidents. None of the incidents above have had staffing levels as a contributory or causal factor, and there is no evidence of the Trust being an outlier in terms of the national SI trends.

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 2019	3
August 2019	7
September 2019	1

October 2019	5
November 2019	2
December 2019	2

As with SIs, all complaints received by the Trust are investigated, with staffing factors being considered where appropriate. No staffing issues have been identified from the investigations undertaken to date.

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 Care Groups review 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 2019	10
August 2019	27
September 2019	16
October 2019	11
November 2019	2
December 2019	8
Total	**74**

There has been a significant decrease in the numbers of IR1s submitted by Care Group staff in relation to staffing levels, and in the concerns raised, since the previous report when 112 had been submitted. This may be, in part, due to a reduction in reporting by Windermere Lodge; it reported every shift that was below the safe minimum staffing level without considering issues such as bed occupancy, patient acuity / dependency etc. Some work was subsequently undertaken with the

Ward, and staff have been supported to make a professional judgement about the safety of each shift, considering a variety of factors.

3.6 Care Hours Per Patient Day (CHPPD)

The Trust continues to provide CHPPD data to NHSI which is a way of benchmarking the number of care hours that patients receive per day on average. As part of the E-roster optimisation programme, future submissions will contain data from other professional groups who directly provide or contribute to patient care.

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

All ward establishments are calculated and funded to include an element of cover to ensure capacity to meet AfC annual leave, sickness levels (up to the Trusts target rate) and MAST/training requirements. For staff absences above this level is it has sometimes proved difficult to manage rotas especially where there is short notice unplanned sickness absence and other unforeseen leave. As there is little flexibility within the Trust to redeploy resources, Bank or Agency staff are often used.

Where agency staff have been used, the Care Groups have raised concerns about their reliability, and this has been addressed by the Executive Director of Finance with the agencies concerned.

5 NEXT STEPS

There are a number of actions to be undertaken in the next 6 month reporting period; these are summarised below:

- The implementation of those recommendations approved from the Annual Strategic Safe Staffing Review.

6. RISKS

The Trust acknowledges the challenges and pressures faced by its inpatient services in terms of recruitment of staff, as well as acuity and dependency of patients. This is evidenced through the monthly Safer Staffing Reports. There are a number of initiatives in place to develop the approach to staffing levels, which are being led via the Recruitment and Retention Strategy Group.

During the reporting period, the Trust had 1 extreme risk relating to staffing issues on its Risk Register, namely maintaining safe staffing levels on Coral Lodge due to sickness absence and vacancy levels.

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.   CONCLUSION

- 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 aware of its risks in relation to the provision of safe staffing levels through its governance and reporting framework. This is evidenced by issues relating to staffing being on the Trust's Risk Registers, both at a corporate and Care Group level.

- The Trust is engaged in a number of activities which are aimed at supporting the organisation to build a safe and sustainable workforce.

- Within the reporting period, the Care Groups have been actively managing their staffing levels and associated risks.

- The Care Groups have been extending the numbers of multi-professional and diverse roles that enhance patient care and experience, as well as building a sustainable work force.

- Through analysis of the available data in this report, and via the monthly Safer Staffing Reports, there are no correlations between staffing levels and patient safety issues.

8.   RECOMMENDATIONS

This 6-montly Safe Staffing Review and Declaration both provide assurance to the Trust Board of Directors that there is a robust and reliable process in place for reviewing and reporting on safe staffing within our bed-based services.

The Trust Board is asked to receive and approve this report.

Appendix 1

1.	**NAME OF COMMITTEE/GROUP**
	SAFE STAFFING REVIEW GROUP
2.	**PURPOSE**
	To review the safe staffing levels across the Trust's bed based services to ensure that they are sufficient to meet patient need and to make recommendations for change where concerns are identified.
3.	**MEMBERSHIP**
	CORE: Director of Nursing and Quality, Deputy Director of Nursing, NL Associate Nurse Director, Administrator
	CARE GROUP SPECIFIC: Care Group Director, Associate Nurse Director, Associate Medical Director, Head of Service, Modern Matron, HR rep, Finance Rep, Patient Safety Rep
4.	**QUORUM**
	The group will be quorate if the following are available: • Director of Nursing • Associate Nurse Director NL • Associate Nurse Director Care Group • Head of Service (where it exists) • Modern Matron • HR rep • Finance rep
5.	**MEETING ARRANGEMENTS** **(FREQUENCY, CHAIR, VENUE, ADMINISTRATIVE SUPPORT ARRANGEMENTS)**
	ONCE PER YEAR PER WARD TO BE HELD IN CLINICAL AREAS CHAIRED BY DIRECTOR OF NURSING ADMIN SUPPORT FROM N&Q
6.	**KEY RESPONSIBILITIES / OBJECTIVES / DUTIES / POWERS**
	1. To review the safe staffing levels of each of the Trust's bed based services through the triangulation of HR, Finance, patient safety, patient experience and quality reports / data 2. To identify whether the current safe staffing levels are sufficient and to determine the levels of assurance that exist to support this position 3. To make recommendations to the Care Group Directors and the Chief Operating Officer regarding safe staffing levels where concerns / risks are identified 4. To provide EMT and the BoD with assurances about the Trust's staffing levels and making recommendations for change 5. To include the information from the staffing reviews into the 6 month staffing declaration

7.	REPORTING ARRANGEMENTS
	The review outcomes will be reported through the following governance structures: • Care Group Quality and Safety Governance Meetings • OMM Quality Meeting • EMT • Quality Committee • Board of Directors
8.	**DATE:**
	FEBRUARY 2018
9.	**REVIEW DATE:**
	FEBRUARY 2019
10.	**DOCUMENT OWNER / RESPONSIBILITY FOR REVIEW (LEAD DIRECTOR):**
	Director of Nursing and Quality

APPENDIX 2

Key

	Increase from previous year
	Decrease from previous year

MINIMUM SAFE STAFFING LEVELS 2019

DONCASTER CARE GROUP

WARD	EARLY QUALIFIED	EARLY UNQUALIFIED	LATE QUALIFIED	LATE UNQUALIFIED	NIGHTS QUALIFIED	NIGHTS UNQUALIFIED
Amber Lodge	2	4	2	4	2	2
Jubilee	1	3	1	3	1	2
Brodsworth	2	2	2	2	1	2
Cusworth	2	2	2	2	1	2
Skelbrooke	2	2	2	2	2	3
Emerald	1	2	1	2	1	2
Coral Lodge	2	2	2	2	1	2
Hawthorne	2	5	2	4	2	2
Hazel	2	5	2	3	1	2
Magnolia	2	4	2	3	2	2
St John's Hospice	3	2	3	2	2	1
New Beginnings	1	2	1	2	1	2
Windermere Lodge	2	3	2	3	1	2
Coniston Lodge	2	2	2	2	1	2

ROTHERHAM CARE GROUP

WARD	EARLY QUALIFIED	EARLY UNQUALIFIED	LATE QUALIFIED	LATE UNQUALIFIED	NIGHTS QUALIFIED	NIGHTS UNQUALIFIED
Kingfisher	2	2	2	2	2	2
Goldcrest	1	2	1	2	1	2
Sandpiper	2	2	2	2	1	2
Osprey	2	2	2	2	1	2
Brambles	2	2	1	3	1	2
Glade	2	3	2	2	1	2

NORTH LINCOLNSHIRE CARE GROUP

WARD	EARLY QUALIFIED	EARLY UNQUALIFIED	LATE QUALIFIED	LATE UNQUALIFIED	NIGHTS QUALIFIED	NIGHTS UNQUALIFIED
Mulberry	2	3	2	3	2	3
Laurel	2	2	2	2	1	3

MINIMUM SAFE STAFFING LEVELS 2017

DONCASTER CARE GROUP

WARD	EARLY QUALIFIED	EARLY UNQUALIFIED	LATE QUALIFIED	LATE UNQUALIFIED	NIGHTS QUALIFIED	NIGHTS UNQUALIFIED
Amber ICU	1	2	1	2	1	2
Amber RR	1	4	1	4	1	2
Jubilee	1	2	1	2	1	2
Brodsworth	2	2	2	2	1	2
Cusworth	2	2	2	2	1	2
Skelbrooke	2	2	2	2	1	2
Emerald	1	2	1	2	1	2
Coral Lodge	2	2	2	2	1	2
Hawthorne	2	5	2	4	2	2
Hazel	2	5	1	4	1	2
Magnolia	2	4	2	3	1	2
St John's Hospice	3	2	3	2	2	1
New Beginnings	1	2	1	2	1	2
Windermere Lodge	2	2	2	2	1	2
Coniston Lodge	2	2	2	2	1	2
Danes Court	1	2	1	2	1	1

ROTHERHAM CARE GROUP

WARD	EARLY QUALIFIED	EARLY UNQUALIFIED	LATE QUALIFIED	LATE UNQUALIFIED	NIGHTS QUALIFIED	NIGHTS UNQUALIFIED
Kingfisher	2	2	2	2	1	3
Goldcrest	1	2	1	2	1	2
Sandpiper	2	2	2	2	1	2
Osprey	2	2	2	2	1	2
Brambles	2	2	1	3	1	2
Glade	2	3	2	2	1	2

NORTH LINCOLNSHIRE CARE GROUP

WARD	EARLY QUALIFIED	EARLY UNQUALIFIED	LATE QUALIFIED	LATE UNQUALIFIED	NIGHTS QUALIFIED	NIGHTS UNQUALIFIED
Mulberry	2	3	2	3	2	3
Laurel	2	2	2	2	1	3