



SOMERSET PARTNERSHIP NHS FOUNDATION TRUST

SAFER STAFFING

Report to the Trust Board – 16 September 2014

Sponsoring Director:	Director of Nursing and Patient Safety. Chief Operating Officer.
Author:	Director of Nursing.
Purpose of the report:	Report of the progress of implementing the new Safer Staffing establishments for all in-patient wards in June and July 2014.
Key Issues and Recommendations:	<p>On 27 May 2014 the Board approved new staffing establishments for each ward in line with national guidance. An additional £1.3m investment in staffing was agreed to support the recruitment of additional registered nurses and health case assistants.</p> <p>On 9 June 2014, each ward moved to staff the wards in line with the new staffing levels recognising that the additional recruitment of staff would take time, and there would be an increased reliance on temporary staffing in the interim.</p> <p>Throughout June 2014 community hospital beds were temporarily closed with 64 closed by 1 July 2014 and this rose to 71 beds by 21 July 2014. These were agreed with the CCG and were a mix of 17 beds to achieve the agreed recommended registered nurse ratios, 40 beds to meet the cost improvement programme and 14 transitional beds to support additional nurse recruitment. The impact was closely monitored on a daily basis by the Trust, CCG, acute trusts and social care, and only when there was confidence that the bed closures could be sustained - were the beds formally closed and the staffing levels reduced accordingly. At all times community hospitals have retained twenty empty buffer beds across the county.</p> <p>In June 2014, 14 wards had a fill rate of less than 80%, in July 2014 this had improved with only 11 wards having a fill rate of less than 80%.</p>

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	<p>The main reason why wards failed to meet the new staffing levels was twofold – for wards where the number of beds was reducing, they risk assessed and decided that they could manage on a reduced number of staff – for other wards where they were dependent on the recruitment of additional staff, they tried to fill the gaps with temporary staffing.</p> <p>For each shift they continued to report the actual versus recommended staffing level and where there was a variance - - they assessed the impact.</p> <p>Where wards have achieved the new staffing levels, the impact for staff and patients has been considerable with positive feedback and improved performance beginning to be noted. Where this has not been possible – the wards are continuing to report pressures but have assured the Trust that safety has not been compromised.</p>
Actions required by the Board:	The Trust board is asked to discuss the report.

SOMERSET PARTNERSHIP NHS FOUNDATION TRUST**SAFER STAFFING REPORT: JULY 2014****1. PURPOSE**

- 1.1 This report explains how well the Somerset Partnership's community hospital wards and mental health inpatient wards achieved the recommended staffing levels in July 2014. This is known as the 'fill rate'.
- 1.2 This is split down further in the appendices to the report, to show the fill rates for each ward, showing registered nurses and for health care assistants separately, for early shifts, late shifts, and night shifts.
- 1.3 In May 2014, the Board approved new staffing establishments for each ward based upon guidance issued by NHS England¹, which shows that there is a link between having the right number of staff with the right skills on the ward, and the quality of the care delivered to patients. Staffing levels for registered nurses and health care assistants have been defined specifically for every shift on each of the Trust's wards, and full details can be found on the Trust website.
- 1.4 The first report in May 2014 showed the percentage of shifts for each ward where the numbers of registered nurses and health care assistants were the same as or higher than the historical establishment levels.
- 1.5 On 9 June 2014, the Trust implemented its new recommended staffing levels on all wards. This resulted in a change to the staffing levels in many of the wards and particularly an increase in registered nurse hours. In order to achieve this, the Trust identified a need to recruit an additional 46 registered nurses and 30 health care assistants. It is important however to note that the new enhanced staffing levels have been agreed to allow more time to care, time to talk and time to listen and does not imply that the historical staffing levels were unsafe.
- 1.6 In line with the majority of organisations, Somerset Partnership is now actively recruiting to additional nursing posts required to meet the new staffing establishments. Until such time as recruitment is complete the Trust has agreed a number of actions in order to achieve enhanced staffing levels. This includes the following :
- temporary closure of beds;
 - use of temporary staff including bank and agency staff;

¹ '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'

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- completion of a risk assessment for each shift where staffing level was below 80% of the new recommended level.
- 1.7 By 1 July 2014, 63 community hospital beds had been temporarily closed and this rose to 71 beds by 21 July 2014. These were a mix of 17 beds to achieve the agreed recommended registered nurse ratios, 40 beds to meet the cost improvement programme and 14 transitional beds to support additional nurse recruitment. These temporary bed closures were agreed with Somerset Clinical Commissioning Group with the impact closely monitored on a daily basis, and only when there was confidence that the bed closures could be sustained - were the beds formally closed and the staffing levels formally reduced accordingly. At all times twenty community hospital buffer beds were retained across the county.
- 1.8 By 1 July 2014, three beds had been closed on the older people's mental health wards together with three beds at St Andrews. This was in line with the agreed ratio and transitional bed agreements
- 1.9 Further details about safer staffing can be found on the Trust's public website:

http://www.sompar.nhs.uk/patients/ward_staffing

2. RECOMMENDED AND ACTUAL STAFFING LEVELS FOR JULY 2014

- 2.1 The total number of wards meeting the new recommended staffing levels improved in July 2014 with only 11 wards having a fill rate of less than 80% as opposed to 14 in June 2014. A summary table detailing the fill rate for all wards is attached in Appendix One. This information can also be found on the Trust website.
- 2.2 The reported fill rate in July 2014 continues to reflect a position of reduced bed occupancy in a number of wards who were working towards temporary bed closure and, in most cases this offset the requirement for additional staff. The August 2014 data will therefore be the first reported month where all of the agreed temporary bed closures will be in place and the staffing establishments re-set in accordance with the reduced bed compliment .
- 2.3 Wards which were affected by reduced bed occupancy prior to temporary bed closure during July 2014 were Dene Barton -Lydeard Ward who had less than five patients for the majority of the month prior to full closure, Wincanton - who had a reducing number of patients throughout the month until met the agreed 14 beds over two wards.

- 2.4 Eleven wards did not meet the new recommended staffing levels. A summary table is attached in Appendix Two. This details the reason for the shortfalls for each ward, the action taken, and any impact.
- 2.5 The main reasons why staffing levels were below the recommended levels during the month were:
- reduced bed occupancy so staff not required;
 - unfilled vacancy – either existing or to an additional post identified within the new safer staffing establishment;
 - long term sickness.
- 2.6 Recruitment to the additional 46 registered nurse and 30 health care assistants agreed under Safer Staffing remains the main reason for shortfall in staffing for eight wards. The Trust continues to recruit staff and has now agreed a proactive national campaign to be launched in September. In the interim a block contract with an agency has been secured, work to promote effective rostering, management of sickness absence and the implementation of E-rostering continue.
- 2.7 The main action taken locally to ensure the wards were staffed in line with the recommended levels were:
- risk assessed – no further action required;
 - use of temporary staff (bank or agency);
 - requested support from other department / area

3. QUALITY EFFECTIVENESS AND SAFETY TRIGGER TOOL

- 3.1 The key findings arising from the monthly returns from Somerset Partnership NHS Foundation Trust's community hospital wards and mental health wards, in respect of the criteria contained within the Quality Effectiveness and Safety Trigger Tool, are as follows:
- all wards submitted a return for July 2014, with the exception of Wessex ward and Lydeard ward, which are currently closed;
 - the highest score reported by any ward was 9pts, the same as recorded in June 2014.
 - no wards reached the trigger level of 12pts, signifying that the hospital will be required to submit an action plan covering the concerns highlighted by their reporting template.

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- the average score of 4.8pts per ward was an increase on the average recorded in June 2014.
- the number of wards reporting both a high vacancy rate and a high sickness absence rate in July 2014 was ten, an increase on eight reported in June 2014.

3.2 Further details are included in Appendix Three.

3.3 A summary of the comments submitted by individual wards, as part of their monthly reports, is included as Appendix A.

4. RECOMMENDATION

4.1 The Board is asked to note the report and to:

- consider any risks associated with staffing issues;
- confirm that it has assurance that plans are in place to:
 - prevent shortfalls wherever possible;
 - take any necessary actions;
 - report any incidents which happen because of gaps in staffing;
- confirm that it has assurance that the Trust's Executive Team is supported to take action so that patients receive and experience safe, high quality care.

DIRECTOR OF NURSING AND PATIENT SAFETY

Safer Staffing Compliance Rates

Reporting period 1 to 31 July 2014

SOMERSET PARTNERSHIP NHS Foundation trust

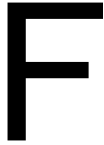
Safer Staffing Compliance Rates

Reporting Period 1 to 31 July 2014

Per DOH Submission Standards

Site Name	Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Ash Ward	96.8%	107.4%	50.0%	203.2%
Bridgwater	85.5%	98.5%	97.8%	100.0%
Burnham-on-Sea	96.8%	95.5%	95.2%	98.4%
Chard	68.3%	106.5%	100.0%	85.5%
Crewkerne	69.4%	113.4%	95.2%	104.8%
Dene Barton - Luke	80.5%	85.6%	101.6%	88.7%
Dene Barton - Lydeard	50.0%	28.6%	50.0%	42.9%
Frome	89.1%	95.2%	93.5%	103.2%
Holford	112.2%	100.0%	98.4%	104.3%
Magnolia	98.4%	101.6%	91.9%	121.0%
Minehead	95.2%	95.5%	72.6%	93.5%
Pyrland Ward 1	112.9%	98.9%	95.2%	100.0%
Pyrland Ward 2	97.8%	153.2%	96.8%	168.8%
Rowan	105.4%	79.6%	100.0%	103.2%
Rydon	80.0%	114.1%	79.0%	135.5%
Shepton Mallet	72.0%	84.9%	100.0%	50.0%
South Petherton	74.7%	116.1%	100.0%	100.0%
St Andrews	97.6%	133.3%	98.4%	71.0%
Wellington	87.9%	96.0%	100.0%	93.5%
West Mendip - Abbey	96.8%	110.5%	64.5%	167.7%
West Mendip - Cathedral	88.7%	103.2%	100.0%	67.7%
Williton	61.7%	96.4%	95.2%	63.4%
Willow	83.0%	187.1%	100.0%	101.6%
Wincanton - Athlone	109.7%	106.5%	100.0%	74.2%
Wincanton - Hadspen	60.5%	187.1%	50.0%	135.5%
TRUSTWIDE	85.1%	105.7%	90.0%	100.3%

	100%+
	>=80% and <100%
	<80%



SOMERSET PARTNERSHIP NHS Foundation trust
Safer Staffing Compliance Rates
Reporting Period 1 to 31 July 2014
Per DOH Submission Standards

Site Name	Nurse Staffing Cover		HCA Staffing Cover		Reason	Action	Impact	Comments (to be signed off by HOD)
	Day	Night	Day	Night				
Ash Ward		50.0%		203.2%	Long Term Sickness . Reduced Bed Occupancy - staff not required	Replaced RMN with HCA on night duty	None reported	2 empty beds in July
Chard	68.3%		106.5%		Awaiting recruitment to additional safer staffing posts	Temporary staff used , staff redeployed to Chard	None reported	Recruitment Underway
Crewkerne	69.4%		113.4%		Awaiting recruitment to additional safer staffing posts	Temporary staff used .	Reduced time to care	Additional staff recruited , due to start in August and September
Dene Barton - Lydeard	50.0%	50.0%	28.6%	42.9%	Bed occupancy significantly reduced in July reducing to one patient.	No action required	None reported	Planned bed reduction
Minehead	95.2%	72.6%		93.5%	Awaiting recruitment to additional safer staffing posts. Reduced bed occupancy	Temporary staff used	None reported	Recruitment Underway
Rydon	80.0%	79.0%		135.5%	Awaiting recruitment to additional safer staffing posts. Night duty affected	Replaced RMN with HCA on night duty	None reported	Recruitment Underway
Shepton Mallet	72.0%	100.0%	84.9%		Reduced bed occupancy so staff not required	No action required	None reported	Early Supported Discharge in place
South Petherton	74.7%	100.0%	116.1%		Awaiting recruitment to safer staffing vacancies	Block contract with agency secured plus short term redeployment	None reported	Recruitment Underway
West Mendip - Abbey	96.8%	64.5%		167.7%	Awaiting recruitment to safer staffing vacancies	Temporary staff used. Replaced RGN with extra HCA on night duty	None reported	Recruitment Underway
Williton	61.7%	95.2%	96.4%		Awaiting recruitment to safer staffing vacancies . Short term sickness and reduced bed occupancy in July	Temporary staff used where needed	None reported	Recruitment Underway
Wincanton - Hadspen	60.5%	50.0%	187.1%	135.5%	Bed occupancy reduced in July therefore staffing requirement reduced .	Replaced RGN with HCA.	None reported	Recruitment Underway

SOMERSET PARTNERSHIP NHS FOUNDATION TRUST

QUALITY, EFFECTIVENESS AND SAFETY TRIGGER TOOL: WARD SUMMARY FOR JULY 2014

Criterion	Ash, Bridgwater	Bridgwater Waverley	Burnham on Sea	Chard	Crewkerne	Dene Barton Luke	Dene Barton Lydeard	Frome	Holford, Taunton	Magnolia, Yeovil	Minehead Exmoor	Pyland, Taunton	Rowan, Yeovil	Rydon, Taunton	Shepton Mallet	St Andrews, Wells	South Petherton	Wellington	Wessex, Bridgwater	West Mendip Abbey	West Mendip Cathedral	Williton	Willow, Bridgwater	Wincanton Athlone	Wincanton Hadspen	Average	June 2014 Score	May 2014 Score	April 2014 Score	March 2014 Score	February 2014 Score	Av. Monthly Score for last Six Months
New or no line manager in post (within last 6 months)					1																	1				0.1	0.1	0.1	0.2	0.2	0.2	0.2
Vacancy rate higher than 3%			3	3	3	3	3	3	3	3		3		3			3	3		3	3	3		3	3	2.0	1.5	1.1	1.0	1.4	1.8	1.5
Unfilled shifts is higher than 6%		2		2				2														2		2		0.4	0.2	0.0	0.1	0.0	0.0	0.1
Sickness absence rate higher than 3.5%	2	2	2	2	2			2	2	2			2	2								2		2	2	1.3	1.3	1.5	1.3	1.6	1.3	1.4
No monthly review of key quality indicators by peers (e.g. peer review or governance team meetings)																										0.0	0.0	0.0	0.0	0.0	0.0	0.0
Planned annual appraisals not performed		2																					2			0.2	0.2	0.0	0.0	0.0	0.0	0.1
No involvement in Trust-wide multi-disciplinary meetings																										0.0	0.0	0.0	0.0	0.0	0.0	0.0
No formal feedback obtained from patients during the month (e.g. questionnaires or surveys)																										0.0	0.0	0.0	0.0	0.0	0.0	0.0
2 or more formal complaints in a month (wards) or 3 or more (A&E or OPD) or 1 or more (CCU & ICU)																										0.0	0.0	0.0	0.0	0.0	0.0	0.0
No evidence of resolution to recurring themes												3														0.1	0.1	0.1	0.1	0.0	0.1	
Unusual demands on service exceeding capacity to deliver (e.g. national targets, outbreak)																										0.0	0.1	0.1	0.3	0.3	0.1	0.1
Hand hygiene audits not performed or compliance level below 95%																										0.0	0.0	0.0	0.1	0.0	0.0	0.0
Cleanliness audits not performed or compliance level below 95%																										0.0	0.0	0.0	0.0	0.0	0.0	0.0
Ward/department appears cluttered and untidy																										0.0	0.0	0.0	0.0	0.0	0.0	0.0
No evidence of effective multidisciplinary/multi-professional team working																										0.0	0.0	0.0	0.0	0.0	0.0	0.0
Ongoing investigation or disciplinary investigation (including RCA's & infection control RCA's)		2	2			2		2				2		2								2		2		0.8	0.6	0.6	0.4	0.3	0.3	0.5
TOTAL	2	8	7	7	6	5	3	9	5	5	0	8	2	7	0	2	7	3		3	5	8	4	4	5	4.8	4.1	3.5	3.5	3.9	3.6	3.9
June 2014 Score	2	4	5	5	6	5	3	9	7	5	0	5	2	7	0	2	5	5		2	0	8	2	6	3	4.1						
May 2014 Score	2	2	2	2	6	4	5	7	3	2	0	7	2	7	0	2	7	5		4	0	4	2	7	3	3.5						
April 2014 Score	2	2	3	3	8	5	5	7	3	2	0	6	2	5	0	2	10	5		0	0	3	2	7	3	3.5						
March 2014 Score	2	2	1	3	6	5	5	7	5	2	3	4	2	5	0	2	9	3		6	4	4	2	5	6	3.9						
February 2014 Score	2	5	1	3	6	5	5	7	7	2	3	2	2	5	3	2	7	3		0	0	4	2	5	6	3.6						
Average Monthly Score for the last Six Months	2.0	3.8	3.2	3.8	6.3	4.8	4.3	7.7	5.0	3.0	1.0	5.3	2.0	6.0	0.5	2.0	7.5	4.0	0.0	2.5	1.5	5.2	2.3	5.7	4.3	3.9						

Denotes wards with a total score of 12 or more
Denotes the highest scoring wards and issues

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QUALITY, EFFECTIVENESS AND SAFETY TRIGGER TOOL COMMENTS ON RETURNS RECEIVED FROM WARDS FOR JULY 2014

Ward	Comments
Ash	Staff have recently returned from long term sickness on sheltered return to work programmes. Number of short term sickness. Have your say meetings held fortnightly where patients can raise issues if they wish. Due to needs of patient care delivery and safety of the ward staffing was increased for a short period of time. Annual appraisals are being completed at present.
Bridgwater Waverley	Appraisals will be completed by end August 2014. One Band 5 Staff Nurse vacancy filled and staff member starting end September 2014. Four other Band 5 leaving, VRFs have gone for approval. RCA for grade 3 and 4 pressure ulceration ongoing. Safer Staffing levels not being met at the present time
Burnham on Sea	1.52 Band 5 and 2.24 Band 2 vacancies. Sickness June 2014 8.84% SIRI undertaken at hospital due to patient falling and sustaining serious injury.
Chard	Our sickness absence rate is 12.3% with one RGN and one HCA on long term sick, with no return to work date. We have managed to achieve two registered nurses for all shifts apart from one, I risk assessed this and covered the shortfall with an HCA to support myself in ensuring patient safety. To achieve two registered nurses at night we have had to use agency cover for the majority of the shifts. To meet with our safer staffing template we have 5 WTE Staff Nurse vacancies, for which we are interviewing on Friday 15 August 2014. We have recruited four HCAs from our bank staff to substantive posts but still have three WTE HCA vacancies outstanding, with a further two HCAs leaving in September 2014.
Crewkerne	Sickness - trained 8% Untrained 4%. There were eight unfilled shifts under new numbers that require six staff during morning shifts, six staff during late shifts and four staff during nights. Staff vacancies two, one newly appointed staff to start August 2014 and one September 2014. Eight shifts where one Registered Nurse on shift. The large majority of early and late shifts are not filled with three Staff Nurses as Safer Staffing asks. Many of these shifts and night also are using agency Staff Nurses to achieve trained on each shift. The other Staff Nurses is being risk assessed and an HCA is being employed via Bank to fill that shortfall. There are currently 4.45 WTE Staff Nurses vacant following the establishment uplift connected with this. This is in addition to the two vacancies for Staff Nurses already being processed.

Ward	Comments
Dene Barton Luke	Five beds temporarily closed on Luke Ward to accommodate Safer Staffing levels and a shortage of band 5 Nurses. Ongoing RCA into a patient fall resulting in a fractured hip nearing completion.
Dene Barton Lydeard	Lydeard Ward temporarily closed due to a shortage of Band 5 Nurses.
Frome Marshfield	Interviews to recruit RGNs continue. Investigation Bacteraemia being undertaken. Action regarding sickness undertaken with HR support.
Holford	<p>[1] Vacancies: One new HCA appointed. New male only advertisement for 2 x HCA/Activity Support Workers went out on 26 July 2014. Shortlisting for 0.4WTE Service Assistant. VRFs to be authorised for 1.0WTE Band 7 vacancy. Staff gender imbalance with a reduction in male staff following recent staff moves - we have created a secondment opportunity, swapping gender with Rydon Ward to counter this and male only advertisement for two vacant posts.</p> <p>[2] We have a Sickness rate 7.48% at end of May 2014 and Rolling 12 month cumulative rate of 4.38%. A number of corporate decisions are impacting on staff morale/anxiety currently. In particular concerns regarding loss of long days from shift pattern options is a worry for those whilst it is not clear if there will be an option to have these supported through individualised flexible working agreements.</p>
Magnolia	<p>Vacancy rate is over 3% due to new safer staffing establishment. Currently have 2.2WTE Staff Nurse vacancies and 0.8 WTE Band 7 vacancy. All posts have been approved, advertised, shortlisted and interviews planned for mid-August 2014. Staffing shortfalls being risk assessed and covered by use of bank, overtime or agency. Sickness absence remains over 3.5%, however is improving. Staff Nurse who was on long term sick returned on 7 July 2014. Service Assistant remains on long term sick but is being managed and supported by HR and Ward Manager. Other sickness in July 2014 was short term and is being managed as per Trust policy. Appraisals were completed by end of June 2014 and training needs identified have been sent to Learning and Development. Monthly staff meetings continue to be facilitated on the Ward and key aspects from Trustwide meetings are fed back to the Ward Team by Ward Manager. Cleanliness and hand hygiene audits both scored over 95%. No complaints received during July and no outbreaks occurred. No RCAs or other investigations currently being undertaken. The Ward is in its final phase of the refurbishment and throughout this</p>

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Ward	Comments
	the Ward has remained clean and tidy.
Minehead Exmoor	29 Admissions and 19 ambulatory day case admissions during July. Vacancies for 0.8 WTE RGN following Safer staffing review and 1.71 HCA vacancies - Interviews being held at Williton on 4 and 5 August 2014, as 21 shortlisted from 47 applicants. All training completed or booked.
Pyrland	Both wards having been running at full capacity with Continuing Health Care beds being used for assessment patients due to pressure of beds. Community hospitals have been utilised to take recovered patients if appropriate. Nine vacancies include the new Safer staffing vacancies of 10.9 Staff Nurses, three staff newly qualified Staff Nurses have been appointed and due to start September 2014. 4.2 WTE HCAs will be relocated from Wessex to work at Pyrland in line with Safer Staffing. Evidence via the Datix incident reporting system of reoccurring themes of aggression with patients that are cognitively impaired, all staff Preventing and Managing Violence and Aggression Module 3 trained and staff have group clinical supervision with psychology to discuss and debrief on incidents. Awaiting Serious Incident Reported Investigation report relating to fall in June 2014.
Rowan	The sickness rate for June 2014 has now been reported giving cumulative rate of 2.43% in a twelve month period. Interviews for the staff Nurse vacancy have now taken place and the position has been offered to nurse from Birmingham who is looking to relocate to this area. The VRF for the HCSW has been approved by the Execs and interview date has been set for 27 August 2014. We continue to make good progress on mandatory training.
Rydon	<ol style="list-style-type: none"> 1. The ward currently has 3.73 WTE vacancies which are currently being reviewed through the Trusts rolling advertisement which has attracted significant interest. Four newly appointed Staff Nurses will commence employment once in receipt of their PIN number which is likely to be after September 2014. 2. Continued monthly sickness absence remains above 3.5%, though this has significantly reduced over the past month. No staff are currently on long term sickness absence. 3. One member of staff currently suspended pending the outcome of an investigation.
Shepton Mallet	One outstanding full time Staff Nurse vacancy recruited to and due to start end of September 2014. Early Supported Discharge still going well with good feedback

Ward	Comments
	from patients' and carers.
South Petherton	<p>6.2 WTE vacancies for Staff Nurses. 1.0 WTE Staff Nurse unable to administer medications following investigation. This means the ward has a significant Registered Nurse vacancy factor. Especially as the figures for Safer Staffing have been released and we are struggling as a team to cover for one substantive post for RGNs on every shift (Safer Staffing indicates that we should have three). Agency continues to be used despite a reduction in beds to 16. Staff Nurses from other hospitals, bank Staff Nurses and agency are being used to make up the deficit with attention being paid to skill mix. The staff has been required to move their shifts/work extra and often work more than every other weekend. Recruitment continues and one WTE RGN started last month. We had employed another RGN to commence 1 September 2014 but she has since withdrawn and is going to the acute Trust. The most recent advertisement has only one RGN for interview. One HCA vacancy that we are currently running with secondment from Dene Barton Hospital. One WTE HCA was off sick for most of July 2014 and one WTE was on non-clinical duties. Covered with bank and occasional agency. Morale on the ward is slowly improving now that the 1:12 Staff Nurse to patient ratio has been removed. There are still occasions where one nurse does the entire medication round (up to 16 patients) when working with the nurse unable to undertake medicine administration but every effort is made to keep this to a minimum and risk assessments are completed. The situation regarding staffing has been escalated, is discussed regularly with the Head of Division and is being closely monitored with fortnightly risk assessments going to the Deputy Head of Division. The risk is being managed and the Head and Deputy Head of Division are fully aware of the implications of having a small number of permanent trained staff and the continuous work required to keep the ward safely staffed with Registered Nurses. The dependency of the patients at present is high with five being high falls risks, seven being SALT high risk, and requiring full assistance with feeding. Hand Hygiene audit was 100%.</p>
St Andrews	<p>Ongoing work with HR to manage sickness in the team. Also three staff nurses leaving the Ward by the end of August 2014 so will be short on staff. VRFs completed to Head of Division and hopefully this will be approved at the Exec on 5 August 2014 for the recruitment process to</p>

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Ward	Comments
	start.
Wellington	Staffing has been a lot better with the 'Safer Staffing', we are working well with Dene Barton to cover the shortfall in staff to achieve the recommended staffing levels. Sickness has improved a great deal.
Wessex	Temporarily closed.
West Mendip Abbey	One WTE HCA commenced with us week commencing 4 August 2014. One WTE RGN redeployed, VRF awaiting approval. Advertisement out for Mendip Division with closing date of 4 August 2014. Only had one applicant. Sickness continues to be closely monitored and managed.
West Mendip Cathedral	Bed occupancy temporarily reduced to ten beds from 20 as per Safer Staffing. One Staff Nurse and one HCA on long term sick. One Staff Nurse appointed then decided not to come. Part time HCA appointed to start 15 August 2014. Need further four WTE RGNs in order to be at a level to reopen closed beds in line with Safer Staffing levels once authorised to do so.
Williton	One Band 5 starting in August 2014 subject to final pass and receipt of PIN number. One Band 5 commencing 1 September 2014. Interviewing for HCAs and Band 5's 4 and 5 August 2014 in relation to safer staffing requirements - Two HCAs equating to 1.44WTE have moved from Minehead to Williton due to surplus staffing at Minehead following temporary bed closures. New ward sister in post and evident Length of stay showing significant improvement. Unfilled shifts being covered by Bank, excess hours or Agency where possible or deemed necessary following risk assessment. Re disciplinary investigation - 0.8 WTE HCA under investigation and awaiting outcome of hearing on 15 August 2014.
Willow	Willow ward has two full time members of staff off on long term sick. Absence rate is 8.5%. Appraisals booked in.
Wincanton Athlone	Remain working below Safer staffing numbers for trained staff across the hospital. One disciplinary procedure ongoing for member of staff. Unfilled shifts are also balanced and risked assessed across the hospital.
Wincanton Hadspen	Band 7 secondment to Crewkerne. One Band 5 to South Petherton, three HCA secondment across division. Six on Flexible Working policies alongside three x reduction of hours. One Band 5 remaining on long term sick, now 8 months. 1.0 WTE. Further episodes of short sickness seen in month. One HCA long term sick.

SOMERSET PARTNERSHIP NHS FOUNDATION TRUST**SAFER STAFFING REPORT: JUNE 2014****1. PURPOSE**

- 1.1 This report explains how well the Somerset Partnership's community hospital wards and mental health inpatient wards achieved the recommended staffing levels in June 2014. This is known as the 'fill rate'.
- 1.2 This is split down further in the appendices to the report, to show the fill rates for each ward, showing registered nurses and for health care assistants separately, for day and night shifts.
- 1.3 In May 2014, the Board approved new staffing establishments for each ward based upon guidance issued by NHS England², which shows that there is a link between having the right number of staff with the right skills on the ward, and the quality of the care delivered to patients. Staffing levels for registered nurses and health care assistants have been defined specifically for every shift on each of the Trusts wards, and full details can be found on the Trust website.
- 1.4 The first report in May 2014 showed the percentage of shifts for each ward where the numbers of registered nurses and health care assistants were the same as or higher than the historical establishment levels.
- 1.5 On 9 June 2014, the Trust implemented its new recommended staffing levels on all wards. This resulted in a change to the staffing levels in many of the wards and particularly an increase in registered nurse hours. In order to achieve this, the Trust identified a need to recruit an additional 46 registered nurses and 30 health care assistants. It is important however to note that the new enhanced staffing levels have been agreed to allow more time to care , time to talk and time to listen and does not imply that the historical staffing levels were unsafe.
- 1.6 In line with the majority of organisations, Somerset Partnership is now actively recruiting to additional nursing posts required to meet the new staffing establishments .Until such time as recruitment is complete the Trust has agreed a number of actions in order to achieve enhanced staffing levels. This includes the following :
 - temporary closure of beds;
 - use of temporary staff including bank and agency staff;

² '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'

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- completion of a risk assessment for each shift where actual staffing level was below 80% of the new recommended level.

1.7 Further details about safer staffing can be found on the Trust's public website:

http://www.sompar.nhs.uk/patients/ward_staffing

2. RECOMMENDED AND ACTUAL STAFFING LEVELS FOR JUNE

2.1 A summary table detailing the fill rate for all wards is attached in Appendix One. This information can also be found on the Trust website.

2.2 The reported fill rate in June 2014 is a combination of historical staffing levels from 1 to 9 June 2014, new enhanced staffing levels from 9 to 31 June 2014, and a position in six wards where the bed occupancy was reducing in line with the agreed bed closure programme. In most cases this offset the requirement for enhanced staffing with wards moving to a reduced staffing level only once the beds were formally closed.

2.3 Wards which were effected by reduced bed occupancy prior to bed closure during June 2014 were:

Burnham on Sea
Dene Barton
West Mendip
Wincanton
Wellington
Pyrland

2.4 Fourteen wards did not meet the new recommended staffing levels. A summary table is attached in Appendix Two. This details the reason for the shortfalls for each ward, the action taken, and any impact.

2.5 The main reasons why registered nurse staffing levels were below the recommended levels during the month were:

- reduced bed occupancy so staff not required;
- unfilled vacancy – either existing or to an additional post identified within the new safer staffing establishment;
- long term sickness (more than 28 days absence).

2.6 The main reasons why healthcare assistant staffing levels were below the recommended levels during the month were:

- short term sickness;

- reduced bed occupancy so staff not required;
- long term sickness (more than 28 days absence);
- maternity/paternity leave.

2.7 The main actions that were taken to ensure the wards were staffed in line with the recommended levels were:

- risk assessed – no further action required;
- use of temporary staff (bank or agency);
- requested support from other department / area

3. QUALITY EFFECTIVENESS AND SAFETY TRIGGER TOOL

3.1 The key findings arising from the monthly returns from Somerset Partnership NHS Foundation Trust's community hospital wards and mental health wards, in respect of the criteria contained within the Quality Effectiveness and Safety Trigger Tool, are as follows:

- all wards submitted a return for June 2014, with the exception of Wessex ward, which is currently closed;
- the highest score reported by any ward was 9pts, an increase from the 7pts recorded in May 2014.
- no wards reached the trigger level of 12pts, signifying that the hospital will be required to submit an action plan covering the concerns highlighted by their reporting template.
- the average score of 4.1pts per ward was an increase on the average recorded in May 2014.
- the number of wards reporting both a high vacancy rate and a high sickness absence rate in June 2014 was eight, an increase on six reported in May 2014.

3.2 Further details are included in Appendix Three.

3.3 A summary of the comments submitted by individual wards, as part of their monthly reports, is included as Appendix A.

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4. RECOMMENDATION

4.1 The Board is asked to discuss the report and to:

- consider any risks associated with staffing issues;
- confirm that it has assurance that plans are in place to:
 - prevent shortfalls wherever possible;
 - take any necessary actions;
 - report any incidents which happen because of gaps in staffing;
- confirm that it has assurance that the Trust's Executive Team is supported to take action so that patients receive and experience safe, high quality care.

DIRECTOR OF NURSING AND PATIENT SAFETY

SOMERSET PARTNERSHIP NHS Foundation trust

Safer Staffing Compliance Rates

Reporting Period 1 to 30 June 2014

Per DOH Submission Standards

Site Name	Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Ash Ward	90.8%	116.8%	50.0%	203.3%
Bridgwater	79.3%	84.5%	94.4%	98.9%
Burnam-on-Sea	72.6%	86.6%	100.0%	57.7%
Chard	76.2%	98.3%	98.3%	92.3%
Crewkerne	73.2%	100.0%	98.3%	88.5%
Dene Barton - Luke	76.2%	80.7%	98.3%	65.4%
Dene Barton - Lydeard	59.6%	55.4%	57.7%	59.6%
Frome	82.2%	85.0%	80.5%	96.7%
Holford	141.2%	72.2%	101.7%	106.7%
Magnolia	90.0%	100.4%	92.3%	125.0%
Minehead	100.8%	103.2%	63.3%	90.0%
Pyrland Ward 1	130.8%	98.9%	98.1%	110.0%
Pyrland Ward 2	98.1%	151.9%	105.8%	160.0%
Rowan	104.0%	77.2%	100.0%	100.0%
Rydon	84.9%	114.6%	82.5%	132.5%
Shepton Mallet	74.4%	90.7%	100.0%	51.7%
South Petherton	77.5%	103.0%	88.1%	101.7%
St Andrews	95.0%	124.0%	98.3%	78.0%
Wellington	84.6%	79.2%	100.0%	78.8%
West Mendip - Abbey	105.4%	108.3%	67.3%	176.7%
West Mendip - Cathedral	91.3%	86.6%	81.1%	76.7%
Williton	63.5%	101.4%	109.6%	78.4%
Willow	101.7%	131.1%	100.0%	100.0%
Wincanton - Athlone	76.0%	110.2%	100.0%	65.4%
Wincanton - Hadspen	83.3%	109.6%	50.0%	100.0%
TRUSTWIDE	86.7%	98.7%	87.8%	99.2%

	100%+
	>=80% and <100%
	<80%

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SOMERSET PARTNERSHIP NHS FOUNDATION TRUST								
Safer Staffing Compliance Rates								
Reporting Period 1 to 30 June 2014								
Registered Nurse Exception Report								
Site Name	Nurse Staffing Cover		HCA Staffing Cover		Reason	Action	Impact	Comments (to be signed off by HOD)
	Day	Night	Day	Night				
Ash Ward		50.0%		203.3%	Long term sickness and reduced bed occupancy	Replaced RMN with HCA on night duty	None reported	
Bridgwater	79.3%		94.4%		Norovirus caused short term sickness. Vacancies	Temporary staff used	None reported	Recruitment underway
Burnam-on-Sea	72.6%		100.0%		Reduced bed occupancy so staff not required	No action required	None reported	Beds reduced during June . Down to 14 beds by 1st July
Chard	76.2%		98.3%		Awaiting recruitment to new staffing establishment under Safer Staffing	Temporary staff used	None reported	Recruitment underway
Crewkerne	73.2%		98.3%		Awaiting recruitment to new staffing establishment under Safer Staffing	Temporary staff used	Lack of time	Recruitment underway
Dene Barton - Luke	76.2%		98.3%		Reduced bed occupancy so staff not required	No action required	None reported	Beds reduced during June .
Dene Barton - Lydeard	59.6%	57.7%	57.7%	59.6%	Reduced bed occupancy so staff not required	No action given	None reported	Beds reduced from early June with 50% bed occupancy
Minehead		63.3%		90.0%	Awaiting recruitment to new staffing establishment under Safer Staffing	Temporary staff used	None reported	Recruitment underway
Shepton Mallet	74.4%		100.0%		Reduced bed occupancy so staff not required	No action required	None reported	Early Supported Discharge in place
South Petherton	77.5%		88.1%		Awaiting recruitment to new staffing establishment under Safer Staffing	Temporary staff used	None reported	Replaced RGN with HCA . Recruitment Underway
West Mendip - Abbey		67.3%		176.7%	Awaiting recruitment to new safer staffing establishment. Reduced bed occupancy so staff not required	Temporary staff used	None reported	Replaced RGN with HCA . Recruitment Underway
Williton	63.5%		101.4%		Unfilled vacancy and awaiting recruitment to new safer staffing establishment .	Temporary staff used	None reported	Recruitment underway
Wincanton - Athlone	76.0%		110.2%		Reduced bed occupancy so staff not required	Temporary staff used	None reported	Beds closed during June . Replaced RGN with HCA
Wincanton - Hadspen		50.0%		100.0%	Reduced bed occupancy so staff not required	Temporary staff used	None reported	Beds reduced from 16 to 5 during June . Recruitment underway

SOMERSET PARTNERSHIP NHS FOUNDATION TRUST

QUALITY, EFFECTIVENESS AND SAFETY TRIGGER TOOL: WARD SUMMARY FOR JUNE 2014

Criterion	Ash, Bridgwater	Bridgwater Waverley	Burnham on Sea	Chard	Crewkerne	Dene Barton Luke	Dene Barton Lydeard	Frome	Holford, Taunton	Magnolia, Yeovil	Minehead Exmoor	Pyrford, Taunton	Rowan, Yeovil	Rydon, Taunton	Shepton Mallet	St Andrews, Wells	South Petherton	Wellington	Wessex, Bridgwater	West Mendip Abbey	West Mendip Cathedral	Williton	Willow, Bridgwater	Wincanton Athlone	Wincanton Hadspen	Average	May 2014 Score	April 2014 Score	March 2014 Score	February 2014 Score	January 2014 Score	Average Monthly Score for last Six Months	
New or no line manager in post (within last 6 months)					1																	1			1	0.1	0.1	0.2	0.2	0.2	0.2	0.2	
Vacancy rate higher than 3%			3	3	3	3	3	3	3	3				3			3	3				3				1.5	1.1	1.0	1.4	1.8	1.5	1.4	
Unfilled shifts is higher than 6%								2														2				0.2	0.0	0.1	0.0	0.0	0.0	0.0	
Sickness absence rate higher than 3.5%	2	2	2	2	2			2	2	2			2	2				2					2	2	2	1.3	1.5	1.3	1.6	1.3	1.7	1.5	
No monthly review of key quality indicators by peers (e.g. peer review or governance team meetings)																										0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Planned annual appraisals not performed		2							2																	0.2	0.0	0.0	0.0	0.0	0.0	0.0	
No involvement in Trust-wide multi-disciplinary meetings																										0.0	0.0	0.0	0.0	0.0	0.0	0.0	
No formal feedback obtained from patients during the month (e.g. questionnaires or surveys)																										0.0	0.0	0.0	0.0	0.0	0.0	0.0	
2 or more formal complaints in a month (wards) or 3 or more (A&E or OPD) or 1 or more (CCU & ICU)																										0.0	0.0	0.0	0.0	0.0	0.1	0.0	
No evidence of resolution to recurring themes												3														0.1	0.1	0.1	0.0	0.0	0.0	0.1	
Unusual demands on service exceeding capacity to deliver (e.g. national targets, outbreak)																							2			0.1	0.1	0.3	0.3	0.1	0.1	0.2	
Hand hygiene audits not performed or compliance level below 95%																										0.0	0.0	0.1	0.0	0.0	0.0	0.0	
Cleanliness audits not performed or compliance level below 95%																										0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Ward/department appears cluttered and untidy																										0.0	0.0	0.0	0.0	0.0	0.0	0.0	
No evidence of effective multidisciplinary/multi-professional team working																										0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Ongoing investigation or disciplinary investigation (including RCA's & infection control RCA's)						2		2				2		2			2					2		2		0.6	0.6	0.4	0.3	0.3	0.2	0.4	
TOTAL	2	4	5	5	6	5	3	9	7	5	0	5	2	7	0	2	5	5			2	0	8	2	6	3	4.1	3.5	3.5	3.9	3.6	3.7	3.7

May 2014 Score	2	2	2	2	6	4	5	7	3	2	0	7	2	7	0	2	7	5		4	0	4	2	7	3	3.5
April 2014 Score	2	2	3	3	8	5	5	7	3	2	0	6	2	5	0	2	10	5		0	0	3	2	7	3	3.5
March 2014 Score	2	2	1	3	6	5	5	7	5	2	3	4	2	5	0	2	9	3		6	4	4	2	5	6	3.9
February 2014 Score	2	5	1	3	6	5	5	7	7	2	3	2	2	5	3	2	7	3		0	0	4	2	5	6	3.6
January 2014 Score	2	5	3	3	5	5	7	5	4	5	2	2	2	8	0	2	7	3		0	2	4	2	5	5	3.7
September 2014 Public Board	2.0	3.3	2.5	3.2	5.8	4.8	4.7	7.3	5.0	2.8	1.8	4.3	2.0	6.2	0.5	2.0	7.5	4.0	0.0	2.0	1.0	4.5	2.0	5.8	4.3	3.7

Denotes wards with a total score of 12 or more
Denotes the highest scoring wards and issues

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QUALITY, EFFECTIVENESS AND SAFETY TRIGGER TOOL COMMENTS ON RETURNS RECEIVED FROM WARDS FOR JUNE 2014

Ward	Comments
Ash	Ongoing long term sickness for three staff. Number of short term sickness. Have your say meetings held fortnightly where patients can raise issues if they wish. Due to needs of patient care delivery and safety of the ward staffing was increased for a short period of time. Annual appraisals have been completed.
Bridgwater Waverley	Due to move from old site to new and filling 21 beds in 24hrs, Noro Virus outbreak. Ward Sister having to cover hospital in Matrons absence due to sickness and clinically working on the ward, have been unable to get all appraisals completed within the 3 month period.
Burnham on Sea	1.0 WTE Band 6, 0.59 WTE Band 5 and 2.24 WTE Band 2 vacancies. Sickness May 9.25%
Chard	Our sickness absence rate is 16%, with one Staff Nurse and two HCAs on long term sick. They have not yet got a return to work date. Our vacancy rate is over 3%, we have just recruited four HCAs from the Bank to substantive posts following the review of our establishment for safer staffing. Whilst we have not achieved our establishment of three Registered Nurses for the early and late shifts, we have ensured that we have had two Registered Nurses for all shifts apart from one. A risk assessment was done for this and was backfilled by an HCA to support the Registered Nurse to maintain patient safety.
Crewkerne	Sickness trained 13% Untrained 4%. There were 78 unfilled shifts under new numbers of 664. Staff vacancies two, newly appointed staff to start September 2014. Five Shifts where one RN on shift. New ward sister started 30 June 2014 and two HCAs from Wincanton also started. One started 30 June 2014, and the other one will start on 7 July 2014.
Dene Barton Luke	Five beds temporarily closed on Luke Ward to accommodate safer staffing levels and a shortage of Band 5 nurses. Ongoing RCA into a Patient fall resulting in a fractured hip nearing completion.
Dene Barton Lydeard	Lydeard Ward in the process of temporarily closing due to shortage of Band 5 nurses.
Frome Marshfield	Interviews to recruit RGNs continue. Investigation Bacteraemia being undertaken. Action regarding sickness undertaken with HR and Workforce support. Risk assessment undertaken re staffing.
Holford	[1] Vacancies: Interviews held for three HCA/Activity support Workers and we were unable to fill all posts. Shortlisting for 0.4 WTE Service Assistant. VRFs to be

Ward	Comments
	<p>authorised for 1.0 WTE Band 7 vacancy. Staff gender imbalance with a reduction in male staff following recent staff moves. We have created a secondment opportunity, swapping gender with Rydon ward to counter this.</p> <p>[2] We have a Sickness rate 7.48% at end of May 2014 and Rolling 12 month cumulative rate of 4.38%. As a result of vacancies and a high level constant therapeutic observation, staffing for the rolling duty rosters has been depleted and has resulted in the careful use of temporary staffing solutions.</p>
Magnolia	<p>Sickness rates continue to run at over 3.5%. Full time Staff Nurse on long term sick returns to work 7 July 2014, which is positive. Other short term sickness is being managed and monitored as per Trust policy. Vacancy rates have increased due to implementation of safer staffing and the Ward needing to recruit 2.2 WTE Band 5 Staff Nurses added to having the Band 7 Deputy Manager post also vacant. These posts have VRFs completed and are due to go to the Executives for approval on 7 July 2014. The shortfall in Registered Mental Health Nurse shifts is being covered by bank, overtime and agency staff. All staff in post received their annual appraisal and PDP by the end of June 2014 and training needs record e-mailed to Learning and Development. Monthly staff meetings continue to be facilitated on the ward to feedback information gained at wider Trust meetings. The Ward has received no complaints. Both the hand hygiene audit and cleaning audit scored over 95% in June 2014. Multi-disciplinary working continues in order to facilitate timely discharges aiming to reduce length of stay.</p>
Minehead Exmoor	<p>There have been a total of 28 admissions to Exmoor ward and an additional 16 patients have attended for ambulatory care procedures. Current recruitment vacancies following the implementation of Safer Staffing ratios equate to 0.8hrs RGNs. These will be appointed once the funding for the existing ambulatory care nurse 0.64WTE stops on 1 September 2014. HCAs hours were over the required amount to meet Safer Staffing needs, so two staff 1 x 0.64TWE and 1 x 0.8 WTE volunteered and have since transferred to work at Williton Community Hospital.</p>
Pyrland	<p>Ward 2 has had several challenging patients that have required an increased level of observations through the month. A SIRI (Serious Incident Requiring Investigation) on going following a serious fall in June 2014. Use of agency and bank has been high for the month due to 'safer staffing levels' which has resulted in a change in</p>

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Ward	Comments
	skill mix on Ward 2 and an increase in staff on Ward 1.
Rowan	The sickness rate for May 2014 has now been reported at 4.4% giving us a cumulative rate of 2.43% in a twelve month period. Interviews for the Staff Nurse vacancy have now taken place and the position has been offered to nurse from Birmingham who is looking to relocate to this area. We now have a HCSW vacancy that a VRF has been submitted. We continue to make good progress with mandatory training being reported as being 99.5% compliant from Junes report.
Rydon	<p>1. Two staff nurses who were appointed in April 2014 have withdrawn their applications in June 2014. However, this is balanced against the recruitment of three additional staff nurses from the Trust's recruitment campaign. These new staff nurses will commence employment once in receipt of their PIN Number which is likely to be after September 2014. The ward presently has one staff nurse suspended due to an ongoing investigation, one staff nurse placed with Taunton Assessment Services due to being subject to redeployment on medical grounds.</p> <p>2. Continued monthly sickness absence remains above 3.5%. Though no staff are on long term sickness absence.</p> <p>3. One member of staff currently suspended pending the outcome of an investigation.</p>
Shepton Mallet	The ward has been running well in June 2014, staffing numbers have been adequate and risk assessed to current inpatient numbers. We have been having some issues with getting package of care for patients which are leading to delay in discharges, as they have been reaching capacity in certain areas.
South Petherton	6.2 WTE vacancies for Staff Nurses. 2.0 WTE Staff Nurses long term sick and 1.0 WTE Staff Nurse unable to administer medications following investigation. This means the Ward has a significant Registered Nurse vacancy factor. Especially as the figures for safer staffing have been released and we are struggling as a team to cover for one substantive post for RGNs on every shift (safer staffing indicates that we should have 3). .Agency continues to be used despite a reduction in beds to 16. Staff Nurses from other hospitals, Bank Staff Nurses and Agency are being used to make up the deficit with attention being paid to skill mix. The staff has been required to move their shifts/work extra and often work more than every other weekend. Recruitment continues and 1 WTE RGNs started last week and another starts 1

Ward	Comments
	<p>September 2014. One HCA vacancy, One HCA has returned from secondment at Wincanton Hospital. Covered with Bank. Morale on the ward is slowly improving now that the 1:12 staff nurse to patient ratio has been removed. There are still occasions where one nurse does the entire medication round (up to 16 patients) when working with the nurse unable to undertake medicine administration but every effort is made to keep this to a minimum and risk assessments are completed. The situation regarding staffing has been escalated, is discussed regularly with the Head of Division and is being closely monitored with fortnightly risk assessments going to the Deputy Head of Division. The risk is being managed and the Head and Deputy Head of Division are fully aware of the implications of having a small number of permanent trained staff and the continuous work required to keep the ward safely staffed with Registered Nurses. The dependency of the patients at present is high with seven being high falls risks seven being SALT high risk, and requiring full assistance with feeding. Hand Hygiene audit was 100%.</p>
St Andrews	<p>Ongoing work with HR and Workforce to support team to reduce sickness rate. We have unfortunately had about three/four members of staff who have had surgery for different issues such as knee replacements, operations on ankles etc. Two of them have returned to work on a phase return but there is still one person on sick leave. Another member of staff has been booked to go for a knee operation on 14 July 2014 which will add to the current numbers. One person on long term sickness has finally resigned 2 July 2014, so this will reflect in our percentage soon. We will continue to monitor and manage sickness on a monthly basis with HR and Workforce support.</p>
Wellington	<p>I have an approved VRF for 37.5 hours Band 5 and have not recruited into this post. Sickness for Wellington has been a problem and is now improving. The staffing overall has improved as we are matching the safer staffing levels, the effect of this is my bank and agency spend will have increased. Matron and Ward Sister are reviewing options to improve flexibility across the shift pattern that is currently in place.</p>
Wessex	<p>Currently closed</p>
West Mendip Abbey	<p>Sickness continues to be monitored. On Abbey Ward we have one HCA on long term sickness following hip replacement (30hours) and one Staff Nurse currently undergoing redeployment (37.5 hours). We have recruited one full time Staff Nurse to start 4 August 2014</p>

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Ward	Comments
	and one HCA 22.5 hours to commence employment 11 August 2014. Within in the last month Abbey Ward has also had one HCA start contracted to 37.5hours. Safer staffing has made a great improvement in staff moral as well as improving patient care. At times we still struggle especially at night to cover Staff Nurse shifts with a third trained staff nurse.
West Mendip Cathedral	Bed occupancy temporarily reduced to 10 beds from 20 as per safer staffing. Staff moral improved and time spent with patients. One planned Staff Nurse on long term sickness as of this month.
Williton	Interviews held, 0.6WTE Staff Nurse appointed starting 14 July 2014. 1 x Band 5 starting in August 2014, subject to final pass and receipt of PIN Number. In relation to Safer Staffing requirements - Trained Nurse interviews booked for 16 July 2014(four staff all local shortlisted). HCA posts out to advertisement and so far six calls received in relation to these. Two HCAs equating to 1.44WTE have moved from Minehead to Williton due to surplus staffing at Minehead following temporary bed closures. New ward sister in post and evident Length of stay showing improvement. Unfilled shifts being covered by Bank, excess hours or Agency where possible or deemed necessary following risk assessment. Disciplinary investigation - 0.8 WTE HCA under investigation and awaiting outcome of hearing.
Willow	Willow ward has two full time members of staff off on long term sick. Absence rate is 12.32 %.
Wincanton Athlone	Staffing vacancies - 1x 1WTE and 1x 0.8 WTE Band 2 HCA appointed, started 30 June 2014. Continuing to nurse high dependency patient 1to1, with increased staff numbers as necessary. Due for discharge 7 July 2014 which will reduce unusual demands. Ongoing disciplinary of HCA. Some short term sickness noted involving 5 members of staff over the month. All now back to work and awaiting return to work interviews.
Wincanton Hadspen	Ward Sister on fixed term to cover maternity. Interviews 16 June 2014 for a RGN unsuccessful. VRFs placed on hold in line with safer staffing levels. 1x WTE Band 5 remaining on long term sick, now 7 months. Further episodes of short sickness seen in month.

Links to Strategic Themes:	<p>Identify to which of the Somerset Partnership NHS Foundation Trust strategic themes this report relates by including a cross behind the relevant theme(s)</p> <table border="1" data-bbox="660 369 1508 568"> <tr> <td>Quality and Safety</td> <td>X</td> <td>Innovation</td> <td></td> </tr> <tr> <td>Viability and Growth</td> <td></td> <td>Integration</td> <td></td> </tr> <tr> <td>Service Delivery</td> <td>X</td> <td>Culture and People</td> <td>X</td> </tr> </table>	Quality and Safety	X	Innovation		Viability and Growth		Integration		Service Delivery	X	Culture and People	X
Quality and Safety	X	Innovation											
Viability and Growth		Integration											
Service Delivery	X	Culture and People	X										
Links to the Assurance Framework:	<ul style="list-style-type: none"> annual Objective Six – Implementing a rolling review of inpatient nurse establishments to continuously improve the ratios of staffing levels on each ward by shift. 												
Links to the NHS Constitution and Trust Values:	<table border="1" data-bbox="660 819 1508 1028"> <tr> <td>Working together for patients</td> <td>X</td> <td>Compassion</td> <td>X</td> </tr> <tr> <td>Respect and dignity</td> <td>X</td> <td>Improving lives</td> <td></td> </tr> <tr> <td>Commitment to quality of care</td> <td>X</td> <td>Everyone counts</td> <td>X</td> </tr> </table>	Working together for patients	X	Compassion	X	Respect and dignity	X	Improving lives		Commitment to quality of care	X	Everyone counts	X
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Respect and dignity	X	Improving lives											
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Links to CQC Domains:	<p>Identify which of the CQC domains are covered by this report by including a cross behind the relevant domain(s)</p> <table border="1" data-bbox="660 1189 1508 1391"> <tr> <td>Is it safe?</td> <td>X</td> <td>Is it caring?</td> <td>X</td> </tr> <tr> <td>Is it well-led?</td> <td>X</td> <td>Is it effective?</td> <td></td> </tr> <tr> <td colspan="2">Is it responsive to people’s needs?</td> <td></td> <td></td> </tr> </table>	Is it safe?	X	Is it caring?	X	Is it well-led?	X	Is it effective?		Is it responsive to people’s needs?			
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Is it well-led?	X	Is it effective?											
Is it responsive to people’s needs?													
Legal or statutory implications/ requirements:	<p>How to ensure you have 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. NHS England 2013.</p>												
Public/Staff Involvement History:	<ul style="list-style-type: none"> ward staff are actively involved in submitting daily shift performance data together with assessing the impact and risk of any shortfalls. 												
Previous Consideration:	<ul style="list-style-type: none"> the Board approved the Safer Staffing Establishments at the May 2014 Board meeting. 												