

BOARD OF DIRECTORS MEETING (Open)

Date: 13 September 2017

Item Ref: 7 ii b

TITLE OF PAPER	Safer Staffing Report: Monthly Return 1 st - 31 st July 2017
TO BE PRESENTED BY	Liz Lightbown, Executive Director of Nursing, Professions and Care Standards
ACTION REQUIRED	Members are asked to receive and note the monthly report, acknowledging the current issues relating to staffing establishments and safer staffing levels Members are asked to note publication of this report on the Trust website, in compliance with the National Quality Board (NQB) 2013 requirements on safe staffing
OUTCOME	Board Members are assured the Trust is meeting the National Quality Board (NQB) requirements on publishing monthly staffing data
TIMETABLE FOR DECISION	September 2017 Board of Directors
LINKS TO OTHER KEY REPORTS/ DECISIONS	<ul style="list-style-type: none"> ▫ 4 August 2015 Letter from Chief Nursing Officer – Next steps in guidance for safe staffing ▫ NQB (NHS England) Staffing Capacity and Capability (2013) ▫ Monthly reports submitted to the Executive Directors Group and Board of Directors ▫ 13 October 2015 Letter from Monitor - Safe Staffing and Efficiency ▫ 21 December 2016 Letter from NHS Improvement - Safe, Sustainable and Productive Staffing improvement resources – for review ▫ Good Practice Guide: Rostering – June 2016 ▫ 30th June 2017 letter from NHS Improvement Safe, Sustainable and Productive Staffing improvement resources – for review ▫ Rostering & Care Hour per Patient Day (CHPPD) Data Collection Template Guidance – August 2017
LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES	Strategic Objectives A1 01 Quality & Safety; A1 02 Quality & Safety; & A2 02 People. BAF Risk 1.4: Compliance with CQC Registration / Regulation Requirements.
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	N/A
CONSIDERATION OF LEGAL ISSUES	N/A

Authors of Report	Liz Lightbown & Giz Sangha
Designation	Deputy Chief Nurse/Acting Clinical Director Acute & Inpatient Care
Date of Report	1 September 2017

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

Date: 13 September 2017

Subject: Safer Staffing Report, Monthly Return: 1st – 31st July 2017

Presented by: Liz Lightbown, Executive Director of Nursing, Professions & Care Standards

Author: Liz Lightbown & Giz Sangha, Deputy Chief Nurse/Interim Clinical Director, Acute & In-patient Care

1. Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
		✓			

2. Summary

The 1st – 31st July 2017 report was published on the Trust’s website on the 15th August 2017 and reported to Unify, in compliance with the National Quality Board (NQB) 2013 and NHS England reporting requirements. See Appendices 1 & 2.

Registered Nurse Staffing Levels

Staffing levels are determined by a combination of: professional judgement; current / available budgets; Meridian productivity work; Service User need; commissioning specifications; Health Education England Learning Disability Competency Framework and relevant NQB resources.

Executive Summary

Of the Trusts twelve in-patient wards, in July on day shifts four wards:

- Had registered nurse fill rates above 92%: Dovedale (Older Adult Acute); Bungalow 1a (Rehabilitation); Forest Lodge Assessment; & Forest Lodge Rehabilitation (Forensic).
- Had registered nurse fill rates above 100%: Bungalow 1; Bungalow 2 (Rehabilitation); Firshill Rise (Learning Disability); and G1 (Dementia).

- Had registered nurse fill rates below 86.0 % (85.9%-72.6%): Endcliffe (Psychiatric Intensive Care Unit); Burbage (Acute); Stanage (Acute); & Maple (Acute & Health Based Place of Safety, HBPoS).

On night shifts, nine wards had registered nurse fill rates above 90 % with three wards below: Maple 77.4%; Burbage 88.1%; and Dovedale 89.1%.

Lower fill rates were due to vacancies and some short term sickness absence.

Maple Ward staff experienced a very serious violent assault in July resulting in two nursing staff requiring inpatient hospital treatment. This affected staffing fill rates. Appropriate debriefing, care and support were provided for acute care staff affected. A number of measures were approved by the Executive including: a temporary short term closure of the HBPoS; authority given to the Ward Manager to determine if any other bed closures were necessary and recommend to the Executive (no bed closures were in fact made); and an agreed temporary increase / review of bank pay rates.

Despite some very significant challenges the acute ward senior nurses sensibly redeployed staff to wards with lower staffing levels & high clinical activity to cover immediate short term sickness and vacancies and utilised experienced clinical support workers to enhance ward staffing capacity.

NHS Improvement (NHSI) New National Reporting Requirements

Notification was received from NHSI on the 21st August 2017 of a new data collection and reporting requirement for mental health providers for Care Hours Per Patient Day (CHPPD). We are being asked to collect data from 4th September 2017 for one month with a submission date of 6th October 2017.

This new requirement follows on from work in the Acute sector where CHPPD has already been introduced as the principle measure for reporting safer staffing and is being extended to include medics. It is NHSI's intention that CHPPD should include other care settings, such as Mental Health and Community and be extended to encompass multi professional groups.

Currently there are 23 Mental Health & Community Provider Trusts undergoing Carter productivity work. In February & March 2017 these 'Carter' Trusts were part of a pilot CHPPD data collection and reporting exercise, testing the applicability of the CHPPD metric in Mental Health and Community.

Following analysis of the initial pilot data, an amended CHPPD collection is now being extended across all community and mental health inpatient wards in England and a one off data collection and reporting requirement has been requested.

The data template and guidance has been sent to Executive Nurses. The documents have been designed to facilitate the collation of data to allow for analysis of planned and actual staffing levels, staff groups rostered, and the patient demand placed upon a ward.

There is the potential to add Allied Health Professions (AHPs) within this data collection, as feedback from the Carter Trusts has highlighted that in some wards AHPs form part of the core team. For this submission, we will submit for data for Nurses & Support Workers. We will submit data on AHP's in due course.

The data collection will cover each day between Monday 4th September 2017 and Sunday 1st October 2017. Relevant colleagues in Information Management Systems & Technology (IMST) and Human Resources are working with Senior Nursing colleagues to support the data collection and reporting.

Completed data must be submitted back to NHS Improvement by Friday 6th October 2017 via e-mail to nhsi.sectordevelopment@nhs.net.

All providers will be required to routinely report on CHPPD from 1st April 2018 onwards, it is therefore our intention to continue to collect the data internally, each month in preparation for April 2018.

Medical Staffing Summary

Clinical and Service Directors have confirmed that, similarly to nurse staffing, current staffing levels have been arrived at based on historical levels, professional judgement, service users' needs and budgets. Medical staffing levels are not prescribed as they are for nursing and the tools and frameworks that support determining nursing staffing levels are not available for medical staffing. The Safer Staffing Group continues to work towards Multi-disciplinary Team (MDT) staffing reports and the Medical Directorate is developing systems to capture data on medical staffing.

NHS Improvement suggests that medical staffing is an area for development / research, but adds that this is a complex area where many factors combine to determine the staff numbers/mix needed to deliver therapeutic mental healthcare. There is, however, guidance available from the Royal College of Psychiatrists Centre for Quality Improvement including recommendations around staffing in areas such as inpatient rehabilitation, older adults mental health services and adult inpatient learning disabilities. The RCPsych CCQI also recommends that staffing levels and skill mix should be reviewed every 12 months.

Factors affecting medical staffing levels include:

- Recruitment and retention of non-training grade staff
- The need for training posts at different grades
- Trainees allocated to SHSC and training vacancies
- Availability of approved supervisors.

The table below shows actual staffing levels in in-patient areas against establishment during July 2017:

Grade	Establishment (WTE)	Fill at sample point (WTE)	%age
Consultant	9.6	8.4	88%
Higher Trainees	4.0	2.8	70%
Core Trainees	3.0	0.8	27%
Foundation Trainees	8.0	6.1	76%
Specialty Doctors	3.0	2.3	77%

Higher trainee – specialty training leading to ability to apply for consultant posts.
Core trainee – two year part of the training programme between foundation training and medical specialty training.
Foundation trainee – previously known as pre-registration house officer and senior house officer. These are the two years immediately after medical school in which the trainee completes 3 rotations of four months in each year. Successful completion results in full GMC registration.
Specialty and associate specialist - non-training roles where the doctor has at least four years of postgraduate training, two of those being in a specialty.

Escalation and Assurance

Ward Managers are required to keep their rosters up-to-date in real time and publish their rotas eight weeks in advance.

Processes are in place to enable staffing establishments to be managed on a shift-by-shift basis. The clinical nurse managers review service user flow daily at the beginning and end of the day and a daily bed management/gatekeeping function managed by senior nurses has been established. Where required staff are moved to wards with lower staffing and / or higher clinical activity.

Staff report low staffing concerns (via the Safeguard incident reporting system) and these are escalated to the Deputy Chief Nurse for oversight, action and follow up.

Other professional groups, working on the Wards as part of the Multi-disciplinary Team (MDT) (Doctors, Allied Health Professionals and Psychologists) attend wards daily and contribute towards safer staffing levels.

Assurance Statement

Effectively staffing the wards remains a constant challenge. Shift by shift redeployment action is undertaken by senior nurses as required to ensure sufficient resilience and the wards are safely staffed and able to meet service user demand. The Executive Director of Nursing, Professions & Care Standards and Deputy Chief Nurse can provide assurance that this is happening, however it remains very tight & it has been a very tough and challenging summer.

E-Rostering Project

The Health roster and the Safecare Module training & rollout are completed. During September / October focus will be on embedding practice and monitoring governance of the use of systems.

Nurse Led Safer Staffing Group

The Safer Staffing Group meets monthly to ensure staffing requirements are reviewed as part of a wider review of other existing groups working on Agency, Bank and E-Rostering. The Performance Dashboard for Safer Staffing Reports continues to be improved and is attached for your reference. See Appendix 2.

Recruitment & Retention:

Due to successful recruitment campaigns new registered nurses will be commencing duty during September and October 2017

3. Next Steps

- 3.1 Complete data collection on CHPPD for each day between Monday 4th September 2017 and Sunday 1st October 2017, as directed by NHS Improvement Guidance.
- 3.2 Executive Directors Group to review Bank pay rates (September 2017).

4. Actions

- 4.1 Members are asked to receive and note the July 2017 monthly report.
- 4.2 Members are asked to note publication of this report on the Trust website in compliance with the National Quality Board (NQB) 2013 requirements on safe staffing.

5. Monitoring Arrangements

- 5.1 Via the Monthly Safer Staffing Group chaired by the Deputy Chief Nurse.
- 5.2 Monthly reports are submitted to the Executive Directors Group and Board of Directors.

6. Contact Details

For further information please contact:

Giz Sangha, Deputy Chief Nurse
Giz.Sangha@shsc.nhs.uk

Liz Lightbown, Executive Director of Nursing, Professions & Care Standards
Liz.Lightbown@shsc.nhs.uk

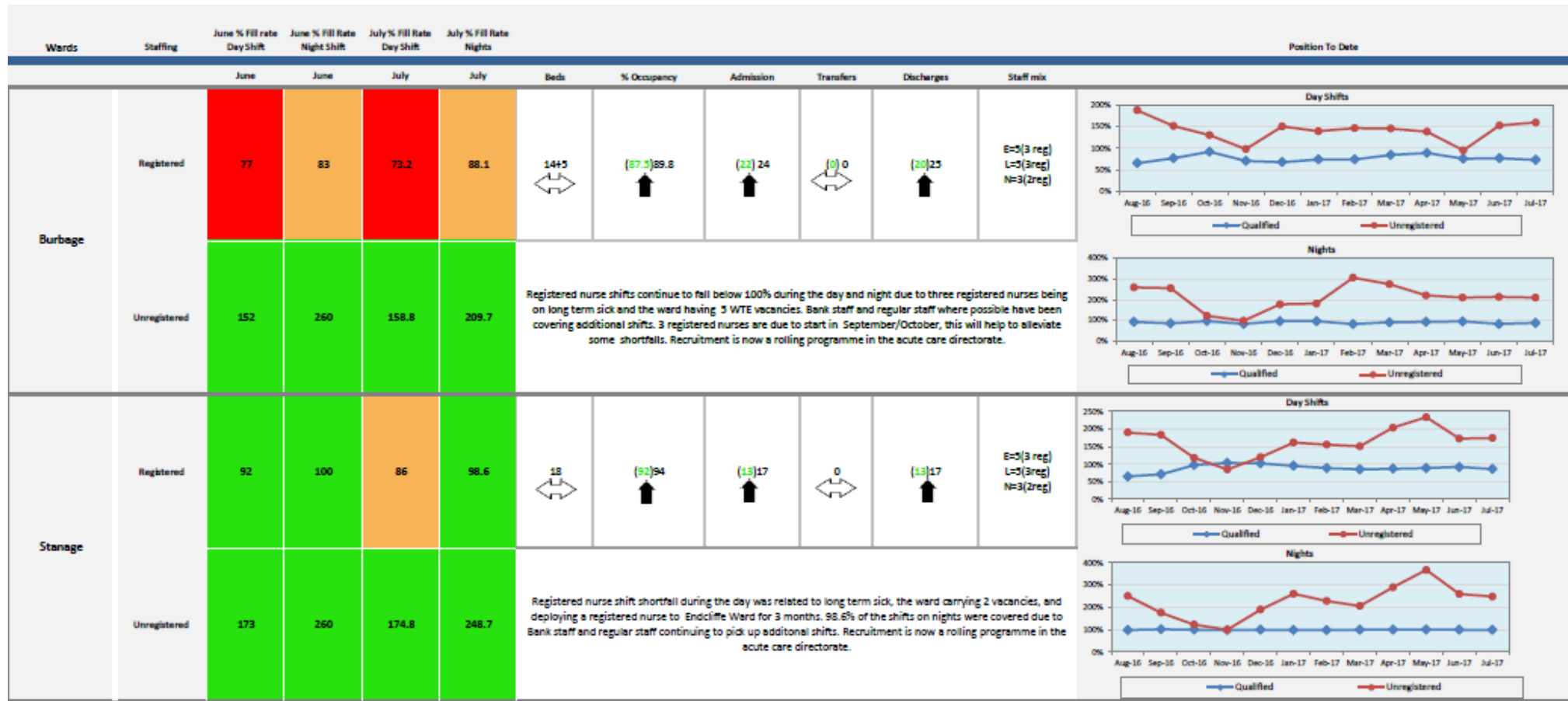
Tel: 0114 271 6713

Ward – Day and Night Figures for July 2017

Ward 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
ACUTE				
Burbage	73.2%	158.8%	88.1%	209.7%
Dovedale	92.4%	171.6%	89.1%	280.6%
Maple	72.6%	149.5%	77.4%	200.0%
Stanage	85.9%	174.7%	98.5%	248.7%
PICU	76.4%	223.1%	94.3%	269.4%
REHABILITATION				
Bungalow 1	125.3%	87.1%	96.8%	106.5%
Bungalow 1a	94.5%	94.6%	100.0%	100.0%
Bungalow 2	103.9%	97.0%	100.0%	100.0%
FORENSIC				
Forest Lodge Assessment	96.7%	105.9%	100.2%	113.3%
Forest Lodge Rehabilitation	93.0%	85.8%	96.8%	100.0%
DEMENTIA				
G1	106.6%	100.3%	96.5%	107.4%
LEARNING DISABILITIES				
Firshill Rise	141.2%	141.4%	90.4%	261.7%

Safer Staffing Performance Dashboard

Appendix 2



Wards	Staffing	June % Fill rate	June % Fill Rate	July % Fill Rate	July % Fill Rate	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date	
		Day Shift	Night Shift	Day Shift	Nights							Day Shifts	Nights
Maple	Registered	79	98	72.6	77.4	17 +1	(92)81	(15)21	(0)0	(17)20	E=6(4 reg) L=6(4reg) N=4(3reg)		
	Unregistered	139	193	149.5	200	<p>Maple ward houses the two 136 beds (Place of Safety). Of the total unavailability for Maple team 38.8% of that was registered nurse unavailability. There was 17.6% annual leave, 9% maternity leave, 7.5% sickness (1 RMN on LTS and 2 RMN's - following assault at work). A total of 89 shifts had registered nurse shortfalls, which were covered using unregistered staff. It should be noted during 8am - 4pm there is a band 6 registered discharge co-ordinator and band 7 ward manager available and on the ward. 3 preceptorship nurses will be joining the ward in September. Current staff in post available to work is 13.4 and AFE is 19.7</p>							
Endcliffe	Registered	75	90	76.5	94.3	10	(71)84.5	(3)3	(2)2	(3)3	E=6(3 reg) L=6(3reg) N=4(2reg)		
	Unregistered	198	254	223.1	269.4	<p>Registered nurse shifts below 100% on day & night due to vacancies (3 registered nurses & 3 unregistered staff) and 3 registered nurses on long term sickness. Due to high clinical acuity staffing needed to be increased to 8,8,8 instead of 7,7,6. Gaps were covered by agency staff (registered band 5 instead of band 6 and unregistered staff, deployment of staff from other acute wards). New starters due to commence in September / October</p>							

Wards	Staffing	June % Fill Rate	June % Fill Rate	July % Fill Rate	July % Fill Rate	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position to Date
		Day Shift	Night Shift	Day Shift	Nights							
Dovedale	Registered	93	87	92.4	89.14	18	(10) 99.5	(6) 4	(0) 0	(3) 2	E=3 (3 reg) L=3 (3 reg) N=3 (2 reg)	
	Unregistered	143	157	171.6	280.7	Registered nurse shortfalls on days / nights related to short term sickness, these were covered using unregistered staff.						
Forrest Close Bungalow 1A	Registered	97	100	94.5	100	14	(9) 97.9	(1) 0	1	(2) 0	E=3 (2 reg) L=3 (2 reg) N=3 (1 reg)	
	Unregistered	95	105	94.6	100	Registered nurse on day shift was 94.5, due to 3 staff during July being on short term sick leave. This was covered by registered staff from other bungalows at Forrest Close or flexi staff. Preceptorship nurse starting in September. Forrest Close site is reviewing staffing levels during September with consideration being given to moving staff formally between Bungalows.						

Wards	Staffing	June % Fill rate	June % Fill Rate	July % Fill Rate	July % Fill Rate	Position To Date						
		Day Shift	Night Shift	Day Shift	Nights	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	
		June	June	July	July							
Forrest Close Bungalow 1	Registered	115	100	125.3	96.8	8	(100)98.4	0	(0)1	(0)1	E=3(1 reg) L=3(1reg) N=2(1reg)	
	Unregistered	95	97	87.1	106.5	<p>All shifts were covered by a registered nurse. The low ratio of support workers is accommodated by a high number of registered nurses. This is due to a lower uptake of annual leave over the July period and as there was a period of 4 days whereby clinical activity required 1-1 in a general hospital setting. This accounts for the night shift showing 106.5%. The night shift registered shows 96.8% and was covered by a registered nurse working a double shift as an emergency. Forest Close site is reviewing staffing levels during September with consideration being given to moving staff formally between Bungalows. This is to ensure parity of staffing between bungalows 1a, 1 & 2. Bungalow 1 has 1.6% vacancy (unregistered staff)</p>					 	
Forrest Close Bungalow 2	Registered	98	100	103.9	100	8	100	0	(0)0	0	E=3(1 reg) L=3(1reg) N=2(1reg)	
	Unregistered	99	128	97.03	100	All shifts were covered by a registered nurse.					 	

Wards	Staffing	June % Fill rate	June % Fill Rate	July % Fill Rate	July % Fill Rate	Position To Date						
		Day Shift	Night Shift	Day Shift	Nights	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	
		June	June	July	July							
Forrest Lodge Assessment	Registered	98	102	96.7	100.2	11	(88)92.1	(3)0	0	(0)1	E=3(2 reg) L=3(2reg) N=3(1reg)	
	Unregistered	108	102	105.9	113.3	The ward was covered using 1 registered nurse, instead of two on 8 shifts in July. Shortfalls were covered using experienced unregistered staff. Forest Lodge currently has 3 registered nurse vacancies at band 5 and 1 band 6. A Band 5 nurse is due to start September & Band 6 nurse also recruited, awaiting start date. Assessment ward has two staff on sickness (registered / unregistered) due to work related injury.						
Forrest Lodge Rehabilitation	Registered	95	100	93	96.8	11	100	0	0	1	E=4(2 reg) L=4(2reg) N=2(1reg)	
	Unregistered	95	100	85.8	100	Rehabilitation ward was covered using 1 registered nurse, instead of two on 12 shifts in July. The shortfalls were mitigated by using agency registered staff to cover. The ward has 3 band 5 nurses due to start in September and 1 band 6 vacancy, which has been recruited to and awaiting start date.						

Wards	Staffing	June % Fill Rate	June % Fill Rate	July % Fill Rate	July % Fill Rate	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date
		Day Shift	Night Shift	Day Shift	Nights							
Firshill Rise	Registered	142	100	141.2	90.43	8	(50)93.1	(0)2	0	(0)1	E=5(1 reg) L=3(1reg) N=3(1reg) * unreg 9 - 5 Reg altered as of 15 th May 2017 to 1 per shift with aspiration of 2	
	Unregistered	148	295	141.4	261.7	<p>Firshill Rise minimum staffing levels are 3, 3.3 with 9-5 cross over using 2 registered nurses per shift. It has been challenging to ensure 2 registered nurses are on shift due to long term sickness and challenges with successful recruitment to temporary posts for a 3 month period. A plan is in place to recruit 2 substantive nurses, (one has been recruited). Unregistered staffing remains high due to unprecedented clinical activity levels. Throughout July 3 service users were on 1:1, 1 on 24 hours, 1 daytime only, 2 16 hours per day (2:1/10 mins, 1:1 night only) complex observations. This accounts for high staffing levels, currently operating on 8,8,7 to ensure patient safety, deliver daily activity, ensure section 17 leave, manage clinical observations and cover for sickness of 3 staff and 1 on authorised absence. To mitigate risks a plan has been agreed with the service & clinical director to block book agency nurses and/or enlist them on flex fixed term contracts. Consideration of moving staff from learning disability community services to inpatient services is also being actioned.</p>						
G1	Registered	114	100	106.6	96.5	16	(10)93.1	(5)4	(0)1	(4)10	E=6(3 reg) L=6(3reg) N=3(2reg)	
	Unregistered	102	114	100.3	107.4	G1 is retaining safe staffing levels, and an improvement on previous monthly reporting.						