

BOARD OF DIRECTORS MEETING (Open)

Date: 14th March 2018

Item Ref: 5ii

TITLE OF PAPER	Safer Staffing Report: Monthly Return 1 st - 31 st January 2018
TO BE PRESENTED BY	Liz Lightbown, Executive Director of Nursing, Professions & Care Standards
ACTION REQUIRED	To receive the report and note publication on the Trust website in compliance with the National Quality Board (NQB) 2013 requirements.

OUTCOME	Board Members are informed about January's 2018's Ward Staffing.
TIMETABLE FOR DECISION	March 2018 Meeting
LINKS TO OTHER KEY REPORTS/ DECISIONS	<ul style="list-style-type: none"> ▫ National Quality Board (NQB) July 2013: 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. ▫ NQB July 2016: Supporting NHS provider to deliver the right staff, with the right skills, in the right place at the right time. Safe, sustainable and productive staffing. ▫ NHS improvement June 2016: Good Practice Guide: Rostering.
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	<p>Strategic Aim: Quality & Safety</p> <p>Strategic Objectives A1 02: Deliver safe care at all times</p> <p>BAF Risk: A102i</p> <p>BAF Description: Failure to deliver safe care due to insufficient numbers of appropriately trained staff.</p> <p>BAF Risk No: A102ii</p> <p>BAF Description: Inability to provide assurance regarding improvement in the safety of patient care.</p>
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Compliance with CQC Registration / Regulation Requirements.
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Inability to provide safe staffing levels is a risk to patient care. Increased patient acuity and dependency may require additional staff and funding.
CONSIDERATION OF LEGAL ISSUES	Inability to meet Regulatory Care Requirements may affect the Trust's CQC ratings and Terms of Authorisation.

Authors of Report	Liz Lightbown & Giz Sangha
Designation	Executive Director of Nursing, Professions and Care Standards Deputy Chief Nurse
Date of Report	6 th March 2018

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

Date: 14th March 2018

Subject: Safer Staffing Report, Monthly Return: 1st – 31st January 2018

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

Authors: Liz Lightbown & Giz Sangha, Deputy Chief Nurse

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 January 2018 report was published on the Trust’s website on the 15th February 2018 and reported to Unify, in compliance with the National Quality Board (NQB) 2013 and NHS England reporting requirements. To note this month, Unify was in the process of being closed down so all returns have been moved to another portal, named “NHS Digital”. See Appendices 1 and 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 twelve in-patient wards on **day shifts**:

- Seven wards had registered nurse fill rates above 100%: Forest Close Ward 1; Forest Close Ward 2, Forest Close Ward 3, Forest Lodge (Assessment), Forest Lodge (Rehabilitation), G1 (Dementia) and Firshill Rise (Learning Disability).
- Two wards had registered nurse fill rates above 93%: Maple Ward (97.1%) and Endcliffe (93.4%) (Psychiatric Intensive Care Unit)
- Three Acute Wards had registered nurse fill rates between 68.0% - 84.6 %, Burbage Dovedale (Older Adults) and Stanage Ward.

Of the twelve in-patient wards on **Night shifts**:

- Seven wards had registered nurse fill rates above 100%: Forest Close Ward 1; Forest Close Ward 2, Forest Close Ward 3, Firshill Rise (Learning Disability), Forest Close (Assessment), Endcliffe (Psychiatric Intensive Care Unit) and Stanage Ward.
- Two wards had registered nurse fill rates above 90%: Forest Lodge (Rehabilitation) and Burbage Ward.
- Three wards had registered nurse fill rates between 72.7% - 80.8%; Maple (Acute & Health Based Place of Safety, HBPoS); Dovedale (Older Adults) and G1 (Dementia).

Lower fill rates on Dovedale (Older Adults) were due to deploying staff to high clinical areas (Burbage ward) as part of an agreed rotation plan & due to long term sickness. G1 (Dementia) had lower fill rates due to short term sickness absence. Sickness absence was managed by deploying experienced regular, bank and/or agency registered and unregistered staff to wards.

Nurse Vacancies on Acute Wards

The registered nurse vacancy / gap analysis for the acute wards has been completed. The Actual Funded Establishment (AFE) for the 5 acute wards is:

- 22 WTE x Band 6 Registered Nurses
- 70 WTE x Band 5 Registered Nurses

The January vacancy rate for Band 6 = 5 WTE (23%)
 The January Vacancy Rate for Band 5 = 17.3 WTE (24.7%)
 The Total Deficit = 22.31 WTE (24.2%) Registered Nurses

The January Vacancy Rate remains the same as December 2017 as new starters are awaiting DBS checks, therefore were unable to commence duty.

The Trust-wide Rolling Recruitment Programme continues and there are eight Band 8 newly Registered Nurses due to commence in, February, March, April and September 2018 on completion of their registration and DBS Checks, which still leaves the wards short of their AFE.

Table 1: Vacancy / Recruitment Breakdown Per Ward

	January 2017 Vacancies			New Starters Band 5	New Starters Band 6	Anticipated New Starters Per Month
	Band 6	Band 5	Band 2			
Burbage	- 1	- 4.1	1.39	4	0	March (2) Sept (2) 2018
Stanage	- 1	-4.1	0.39	2	0	March / April 2018
Maple	0	- 3.5	0	1	0	Sept 2018
Dovedale	- 1	- 1.11	1.47	1	0	Sept 2018
Endcliffe	- 2	- 1.11	- 3.37	0	0	
TOTAL	- 5	- 13.92	0.77	8	0	

Nurse Retention and Recruitment Plan

Since the last report the band 5 rolling recruitment programme continues to be successful with two further band 5 nurses being recruited and further interviews setup for February 2018.

A detailed nurse recruitment implementation plan is being progressed by the Executive Director of Nursing, Deputy Director of Human Resources, Deputy Chief Nurse, Associate Clinical Director & Deputy Director of Nursing (Operations), supported fully by NHSI colleagues.

There are 4 key areas of particular focus:

Working with existing staff to improve retention	Monitor attrition rates to increase retention in high turnover areas	Outline strategies to increase attraction to the Trust as an employer of choice	New roles and career paths established
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An update of the detailed plan will be provided to Executive Director Colleagues in April 2018.

Agency / Bank Usage

The Agency and Off Payroll Management Group, chaired by the Corporate Transformation Lead, is monitoring agency and bank usage per ward and developing procedures to address overspends per ward area. Production of an agency reduction plan and trend reports on agency use for services / units have commenced, and shared with the new Senior Operational Managers (SOM).

Unregistered Staff Usage

A focused piece of work has commenced to look at the usage of unregistered staff per ward. It is accepted that this is related to higher acuity on wards and to cover sickness / absence and lack of recruitment of registered nurses. Focused recruitment to acute wards is underway.

Medical Staffing Summary

Associate Clinical and Associate Directors have confirmed that current medical staffing levels are determined by a combination of historical staffing levels, available budgets, professional judgement and service users' needs.

Medical staffing levels are not yet reportable, nationally, for Mental Health & Learning Disability services as they are for registered nurses and clinical support workers. 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 (CCQI) 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.

The Safer Staffing Group continues to work towards Multi-Disciplinary Team (MDT) staffing reports and the Medical Directorate continues to improve systems to capture data on medical staffing.

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
- The availability of approved supervisors

Table 2: In-Patient Medical Staffing Actual versus Establishment January 2018

Grade	Establishment (WTE)	Fill at sample point (WTE)	Percentage
Consultant	9.6	7.9	82%
Higher Trainees	4.0	2.9	73%
Core Trainees	3.0	2.4	80%
Foundation Trainees	8.0	5.6	73%
Specialty Doctors	3.0	2.2	73%

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.

Safety Huddles on Wards

Safety Huddles continue on the wards to help Multi-Disciplinary Teams (MDT) prioritise direct service user care and focus on patient safety. They provide the opportunity at each shift change / handover to discuss any patient safety concern / incident / event that has occurred looking at how the event happened and how to prevent recurrences.

All wards have safety champions in place who ensure safety huddles are happening to enable effective risk management of service users / safer staffing ratios per ward. Where required staff are moved to wards with lower staffing and / or higher clinical activity to manage patient safety.

Risk Management

Staff report low staffing concerns, via the Safeguard incident reporting system and these are escalated to the Senior Operational Managers (SOM) and if required 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.

Escalation and Assurance

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.

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 that 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 challenging, particularly on the Acute Care Wards.

E-Rostering Project

A Roster Calendar with clear “publish” dates and dates by which “all remaining unfilled shifts” should have been sent to ‘Bank’ has been shared with all Ward Managers and Senior Operational Managers (SOM’s) to ensure full compliance with the Rostering Policy.

Executive Nurse Led Safer Staffing Group

The Safer Staffing Group has been revised; from January – June 2018 will focus on ensuring: E-Rostering is effectively embedded in all wards; and integrated performance reporting (of all required data) for safer staffing (at Ward and Director level) is fully established.

The Performance Dashboard for Safer Staffing Reports continues to be improved and is attached for your reference at Appendix 2.

Recruitment and Retention

The wards proactively move staff to ensure experienced / non-experienced staff are working together. This is to ensure safe learning, daily support giving, and to enable new starters to reflect on their new role and for resilience.

3. Next Steps

- 3.1 A new integrated Safer Staffing Performance report is being developed, jointly with Human Resources and Finance colleagues. The anticipated completion date for this is June 2018.

4. Actions

- 4.1 Members are asked to receive and note the January 2018 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 now chaired by the Executive Director of Nursing.

5.2 Monthly reports are submitted to the Executive Directors Group and Board of Directors.

5.3 Via the Effective Staffing Committee chaired by the Director of Human Resources

6. Contact Details

For further information please contact:

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Ward – Day and Night Figures for January 2018

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	84.6% ↓ (2.3%)	200.3%	93.4%	322.6%
Dovedale	68.0% ↓ (7.4%)	186.6%	72.7% ↓ (3.4%)	222.6%
Maple	97.1%	246.2%	80.8% ↑ (2.3%)	627.3%
Stanage	75.5% ↓ (2.7%)	273.4%	103.2%	365.7%
PICU	93.4%	239.5%	100.0%	308.6%
REHABILITATION				
Forest Close - W1	114.4%	103.9%	100.3%	116.1%
Forest Close – W2	124.5%	94.2%	103.4%	122.3%
Forest Close - W3	104.4%	94.0%	100.0%	104.1%
FORENSIC				
Forest Lodge Assessment	102.8%	108.2%	102.5%	103.0%
Forest Lodge Rehabilitation	104.0%	95.1%	96.8%	97.7%
DEMENTIA				
G1	109.9%	102.2%	79.3% ↓ (16%)	133.9%
LEARNING DISABILITY				
Firhill Rise	151.3%	118.0%	100.0%	173.2%

RAG Rating

Green 90% and Above
Amber 81 – 89.9%
Red Less than 80%

Safer Staffing Performance Dashboard – January 2018

Wards	Staffing	December % Fill Rate Day Shift	December % Fill Rate Night Shift	January % Fill Rate Day Shift	January % Fill Rate Night Shift	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date
		Dec-17	Dec-17	Jan-18	Jan-18							
Burbage	Registered	86.94	88.39	84.6	93.4	14+5 ↔	(99.8)98.5 ↓	(20) 20 ↔	(1) 1 ↔	(19)20 ↑	E=5(3 reg) L=5(3reg) N=3(2reg)	
	Unregistered	214.42	380.65	200.3	322.6							
Stange	Registered	78.24	68.15	75.5	103.2	18 ↔	(100.5)105.73 ↑	(11)15 ↑	(0) 1 ↑	(14)11 ↓	E=5(3 reg) L=5(3reg) N=3(2reg)	
	Unregistered	277.73	434.03	273.4	365.7	lower fill rates due to short term sickness absence.						

Wards	Staffing	December %	December %	January %	January %	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date	
		Fill Rate Day Shift	Fill Rate Night Shift	Fill Rate Day Shift	Fill Rate Night Shift							Qualified	Unregistered
		Dec-17	Dec-17	Jan-18	Jan-18								
Maple	Registered	89.35	78.5	97.1	80.8	17 +2 ↔	(99.2)100.57 ↑	(14)15 ↑	(0)3 ↑	(13)17 ↑	E=6(4 reg) L=6(4reg) N=4(3reg)		
	Unregistered	214.73	528.55	246.2	627.3								
Endcliffe	Registered	83.33	100.48	93.4	100	10 ↔	(89)87.74 ↓	(4)5 ↑	(6)5 ↓	(6)3 ↓	E=6(3 reg) L=6(3reg) N=4(2reg)		
	Unregistered	194.98	250.03	239.5	308.6								

Wards	Staffing	December % Fill Rate Day Shift	December % Fill Rate Night Shift	January % Fill Rate Day Shift	January % Fill Rate Night Shift	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date	
		Dec-17	Dec-17	Jan-18	Jan-18							Qualified	Unregistered
Dovedale	Registered	76.11	76.13	68	72.7	18	(105.9)101.79	(5)5	(3)2	(7)8	E=5(3 reg) L=5(3reg) N=3(2reg)		
	Unregistered	163.97	206.45	186.6	222.6	Lower fill rates on Dovedale (Older Adults) were due to deploying staff to high clinical areas (Burbage ward) as part of an agreed rotation plan & due to long term sickness							
Forest Close Ward 3	Registered	110.37	100	104.4	100	14	(101.4)98.62	(0)1	(1)1	(0)1	E=5(2 reg) L=5(2reg) N=3(1reg)		
	Unregistered	94.62	100	94	104.1								

Wards	Staffing	December %	December %	January %	January %	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date	
		Fill Rate Day Shift	Fill Rate Night Shift	Fill Rate Day Shift	Fill Rate Night Shift							Registered	Unregistered
		Dec-17	Dec-17	Jan-18	Jan-18								
Forest Close Ward 1	Registered	132.48	97.2	114.4	100.3	8	(88.31)77.02	(1)1	(1)1	(3)2	E=3(1 reg) L=3(1reg) N=2(1reg)		
	Unregistered	104.63	111.77	103.9	116.1								
Forest Close Ward 2	Registered	126.59	102.11	124.5	103.4	8	(102)100	(0)0	(0)0	(0)0	E=3(1 reg) L=3(1reg) N=2(1reg)		
	Unregistered	95.42	94.89	94.2	122.3								

Wards	Staffing	December %	December %	January %	January %	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date
		Fill Rate Day Shift	Fill Rate Night Shift	Fill Rate Day Shift	Fill Rate Night Shift							
		Dec-17	Dec-17	Jan-18	Jan-18							
Forest Lodge Assessment	Registered	103.46	98.87	102.8	102.5	11	(107.3)108.8	(0)0	(0)0	(0)1	E=5(2 reg) L=5(2reg) N=3(1reg)	
	Unregistered	99.6	100.11	108.2	103							
Forest Lodge Rehabilitation	Registered	111.89	96.77	104	96.8	11	(87.7)90.03	(0)3	(0)0	(2)0	E=4(2 reg) L=4(2reg) N=2(1reg)	
	Unregistered	86.77	102.9	95.1	97.7							

Wards	Staffing	December %	December %	January %	January %	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date
		Fill Rate Day Shift	Fill Rate Night Shift	Fill Rate Day Shift	Fill Rate Night Shift							
		Dec-17	Dec-17	Jan-18	Jan-18							
Firshill Rise	Registered	174.46	100	151.3	100	8 ↔	(73)72.98 ↓	(2)1 ↓	(0)0 ↔	(0)2 ↑	E=5(1 reg) L=5(1reg) N=3(1reg) 1 * unreg 9 - 5 Reg altered as of 15 th May 2017 to 1 per shift with aspiration of 2	
	Unregistered	133.75	225.4	118	173.2							
G1	Registered	112.37	95.29	109.9	79.3	16 ↔	(96.4)91.73 ↓	(7)1 ↓	(0)0 ↔	(5)7 ↑	E=6(3 reg) L=6(3reg) N=5(2reg)	
	Unregistered	95.7	121.53	102.2	133.9							