

BOARD OF DIRECTORS MEETING (Open)

Date: 13th March 2019

Item Ref: 6

TITLE OF PAPER	Safer Staffing Report: Monthly Return 1st – 31st January 2019
TO BE PRESENTED BY	Liz Lightbown, Executive Director of Nursing, Professions and Care Standards
ACTION REQUIRED	To receive the report and note publication on the Trust's website in compliance with the National Quality Board (NQB) 2013 requirements.

OUTCOME	Board Members are informed about January 2019 Ward Staffing
TIMETABLE FOR DECISION	March 2019 Meeting
LINKS TO OTHER KEY REPORTS/ DECISIONS	<ul style="list-style-type: none"> ▫ NHS improvement June 2016: Good Practice Guide: Rostering. ▫ NQB, Edition 1, January 2018: Safe, sustainable and productive staffing – An improvement resource for learning disability services. ▫ NQB, Edition 1, January 2018: Safe, sustainable and productive staffing – An improvement resource for mental health.
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	<p><u>Strategic Aim: Quality & Safety.</u></p> <p><u>Strategic Objectives A1 02:</u> Deliver safe care at all times</p> <p><u>BAF Risk: A102i.</u> "Failure to deliver safe care due to insufficient numbers of appropriately trained staff".</p> <p><u>BAF Risk No: A102ii.</u> "Inability to provide assurance regarding improvement in the safety of patient care".</p> <p><u>Corporate Risk No 3831</u> Registered Nurse Vacancies</p>
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Compliance with CQC Registration / Regulation Requirements for Safer Staffing.
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 and Brenda Rhule
Designation	Executive Director of Nursing & Deputy Chief Nurse
Date of Report	6 th March 2019

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

Subject: Safer Staffing Report Monthly Return, 1st – 31st January 2019

Authors: Liz Lightbown Executive Director of Nursing, Professions & Care Standards & Brenda Rhule, 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>
				✓	Assurance

2. Summary

Data and Publication

The safer staffing data for the 1st – 31st January 2019 was published on the Trust's website on the 12th February 2019 and reported to Unify, in compliance with the National Quality Board (NQB) 2013 and NHS England reporting requirements.

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
- Relevant National Quality Board (NQB) Safer Staffing resources.

The Performance Dashboard below is an initial presentation of a more integrated ward staffing report, which affords the opportunity for greater analysis and questions, to better understand what is happening on each ward in terms of their patient demand (currently bed numbers and occupancy) and corresponding staffing performance (Actual Funded Establishment, AFE, Fill Rates, Vacancies, Sickness Absence and use of Bank/Agency).

Further work is required to fully address / answer / provide assurance in respect of the “so what are we doing about the matters identified” question(s) and in due course to incorporate acuity and dependency, patient outcomes and staff experience measures into the report .

Performance Dashboard

Specialty	Category	Ward	Beds	Occupancy %	Fill Rate% Day Shift (Registered)	Fill Rate% Day Shift (Unregistered)	Fill Rate% Night Shift (Registered)	Fill Rate% Night Shift (Unregistered)	Actual Funded Establishment (RN)	RN Vacancy %	RN Sickness Absence %	RN Bank %	RN Agency %
Acute	Working Age Adults / Substance Misuse	Burbage	19	101.70%	95.62%	212.25%	95.16%	380.32%	19,37	22.04%	10.20%	4.60%	2.87%
		Maple	17	96.77%	105.87%	303.82%	97.85%	596.77%	24,34	21.86%	6.00%	2.20%	4.20%
	Older Adults	Stanage	18	103.05%	99.31%	297.93%	93.55%	509.68%	19,37	20.50%	6.73%	3.00%	2.00%
		Total	54	100.60%									
	PICU	Endcliffe	10	92.90%	79.53%	329.85%	98.39%	416.77%	17,34	15.80%	8.45%	7.07%	7.42%
Dementia		G1	16	88.31%	81.66%	94.46%	95.90%	116.75%	15,13	24.98%	8.59%	6.34%	6.34%
Forensic	Assessment	Forest Lodge	11	64.81%	99.62%	96.16%	96.77%	98.76%	10,95	2.28%	5.48%	21.05%	1.32%
	Rehabilitation	Forest Lodge	11	74.19%	103.31%	95.31%	100.00%	104.17%	9,32	2.36%	5.90%	5.95%	0.00%
		Grand Total	22	69.50%									
Learning Disability	ATS	Firhill Rise	7	75.58%	163.22%	109.86%	125.81%	159.68%	5,55	24.32%	5.69%	12.57%	25.14%
Rehabilitation	Ward 1	Forest Close	8	99.19%	161.82%	96.74%	100.00%	100.39%	6,06	0.00%	10.47%	0.00%	0.00%
	Ward 1a	Forest Close	14	78.34%	102.13%	85.38%	123.25%	80.96%	9,70	9.29%	7.36%	3.33%	0.48%
	Ward 2	Forest Close	8	97.58%	124.15%	96.99%	100.00%	100.92%	6,06	0.00%	5.14%	0.00%	0.00%
		Grand Total	30	89.03%	109.71%	167.12%	101.50%	239.13%	165,05	12.40%	8.04%	5.65%	4.14%

Performance Dashboard Summary

Bed occupancy is based on the established / reported bed numbers per ward. Where occupancy is over 100% this is due to the use of additional beds.

Compared with December where all wards achieved occupancy rates under 100% (due to the festive period, an increase in home leave, discharge and lower admission rates) overall the Working Age Adult Acute wards managed occupancy at just over, at 100.60% with Burbage and Stanage over occupied at 101.7% & 103.05% respectively.

All the other wards achieved occupancy below 100%:

- Older Adult Acute (Dovedale) 86.20%
- Psychiatric Intensive Care Unit (PICU) Endcliffe 92.90%
- Dementia 88.31%
- Learning Disability 75.58%
- Forensic 69.50%
- Rehabilitation 89.03%

Registered Nurse (RN) Fill Rates: January continued to see an overall improvement in RN fill rates with the exception of day rates on PICU (79.53%) and G1 Dementia (81.66%).

Day Shifts > 100%:

Acute: Maple and Dovedale

Forensic: Forest Lodge Rehabilitation

Learning Disability: Firshill Rise

Rehabilitation: Forest Close Wards 1,1a & 2

> 90%:

Acute: Burbage and Stanage

Forensic: Forest Lodge Assessment

> 80%:

Dementia: G1

< 80%

Psychiatric Intensive Care Unit (PICU) Endcliffe

Night Shifts > 100%:

Learning Disability: Firshill Rise

Rehabilitation: Forest Close Wards 1,1a and 2

Forensic: Forest Lodge Rehabilitation

≥ 90%:

Acute: Burbage, Maple, Stanage and Dovedale

PICU: Endcliffe

Dementia: G1

Forensic: Forest Lodge Assessment

PICU had a vacancy rate of c 16% for Band 5 and 6 RNs and a sickness absence rate of 8.45% (= 24.5%) which was above the Trust average for January 2019 (7.05%). 14.55% of RN shifts were covered by Bank & Agency Nurses accompanied by an exceedingly high use of Health Care Support Workers c 373%.

G1 Dementia: had a vacancy rate of c 25% the highest of all the wards, high sickness absence at 8.6% with 12.68% of RN shifts covered by Bank/Agency staff.

Sickness Absence: is affecting RN fill rates in in-patient wards with the exception of the Rehabilitation Wards, despite high sickness absence rates for Forest Close Ward 1 (10.47%) and Ward 1a (7.36%) these did not appear to affect their RN fill rates.

Five wards had sickness absence rates between 5 – 6% with Dovedale a clear outlier at 16.49%. In total 6 wards had sickness absence rates higher than the Trust's January average (7.05%) with sickness absence rates ranging from 5.14% – 16.49%

RN Vacancies: overall vacancies have increased for January as all Deputy Ward Manager Band 6 posts have been included in the figures (previously only Band 5 Staff Nurse posts were being reported). Maple Ward has 4 WTE Band 6 vacancies.

Whilst recruitment to Band 5 vacancies continues to improve, three areas have high combined Band 5 and 6 vacancy rates: Adult Acute/PICU (22%) Dementia (24.98%) and Learning Disability (24.32%).

The overall vacancy rate for the 12 Wards was 12.4%.

The rolling recruitment programme continues and the Ward Managers are working with senior nurses to continue to try to address vacancies.

Reviews of Actual Funded Establishments (AFE's) have commenced using the E- Rostering Safe Care (Acuity and Dependency) and are due for reporting/consideration by the Executive Directors Group in March 2019.

Use of Bank/Agency: was highest in those areas struggling with vacancies / recruitment / retention and sickness absence: notably, Dementia, 12.68%, PICU 14.49% and in Learning Disability, 37.71%.

Forest Lodge Assessment Ward used 21% RN Bank staff to achieve higher fill rates despite a relatively low vacancy rate of 2.28 % and sickness absence at 5.48% and it had the lowest reported occupancy of any ward at 64.81%. This raises questions about patient acuity and dependency and the Ward's use of the E-Roster, all of which requires further analysis to understand why the high use of Bank RN over and above the RN AFE, vacancy and sickness absence rate (of circa 11%).

E-Rostering Performance

Training and data cleansing per ward and nursing home continues.

At the monthly E-Rostering Confirm and Challenge meetings it is evident that each ward is progressing despite being at different stages of implementing E-rostering, work continues to achieve consistent practice across all wards and nursing homes.

Work on the SafeCare Module for Patient Acuity and Dependency Module is progressing, AFE's commenced and Board reports will start to include such data once data quality is assured.

Risk Management and Escalation

Staff report an occurrence of low staffing as an incident via the Safeguard incident reporting system, these were escalated to the Senior Operational Managers (SOM) and if required to the Associate Clinical Directors and Deputy Director of Nursing for oversight, action and follow-up. Incident data for January saw an increase in the numbers reported relating to low/er staffing levels.

Patient Demand, Staffing Capacity and Bed Management

Staffing capacity continues to be reviewed on a shift-by-shift basis by Ward Managers and Senior Nurses and where clinically required additional clinical support workers were utilised to support effective management of demand and where/if required staff could be temporarily re-deployed for periods to other clinical areas.

The Band 7 Senior Nurses provided 24/7 senior nursing leadership and management across the acute care pathway and supported improved patient flow and management across the whole mental health system. With support of their Deputy and Associate Clinical Directors they ensure ongoing 24/7 bed management and more effective gatekeeping.

Medical Staffing Summary

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 reported nationally for Mental Health and Learning Disability services. NHS Improvement suggests that medical staffing is an area for development / research and that it is a complex area where many factors combine to determine the staff numbers/mix needed to deliver therapeutic mental healthcare. There is 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 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 1: In Patient Staffing Levels v's Establishment (January 2019)

Grade	Establishment (WTE)	Fill at sample point (WTE)	Percentage
Consultant	10.0	9.1	91
Higher Trainees	3.0	2.5	83
Core Trainees	4.8	4.0	83
Foundation Trainees	7.0	4.8	69
Specialty Doctors	3.0	2.5	83

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.

Core trainee – two year part of the training programme between foundation training and medical specialty training.

Higher trainee – specialty training leading to ability to apply for consultant posts.

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.

Executive Assurance Statement

The Executive Director of Operations, the Medical Director and Executive Director of Nursing, Professions & Care Standards can provide assurance that arrangements for and reviews of: staffing capacity (E –Roster); bed management; use of additional staffing; and staff redeployment, to effectively manage service user demand are in place.

3. Next Steps

- 3.1 Complete production of a fully automated Integrated Performance Dashboard for safer staffing with Allocate.
- 3.2 Deputy Chief Nurse and Deputy Director of Nursing to support each Ward to utilise their Safer Staffing information to analyse, understand and more effectively manage their wards safer staffing performance.
- 3.3 Review and apply relevant aspects of the NICE Guidance for Safer Staffing in Acute (Physical Health) settings.
- 3.4 Determine patient outcome and staff experience data to be collected.

4. Required Actions

- 4.1 Members are asked to receive and note the January 2019 monthly report.
- 4.2 Members are asked to note publication of this report on the Trust's website in compliance with the NQB 2013 requirements on safe staffing.

5. Monitoring Arrangements Via Monthly

- 5.1 E- Rostering Confirm and Challenge meetings.
- 5.2 Safer Staffing Group.
- 5.3 Care Network Governance Meetings.
- 5.4 Director of Operations Performance report to the EDG.
- 5.5 Safer Staffing Reports to the Executive Directors Group & Board of Directors.

6. Contact Details

For further information please contact:

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