

BOARD OF DIRECTORS MEETING (Open)

Date: 8 November 2017

Item Ref: 8ii

TITLE OF PAPER	Safer Staffing Report: Monthly Return 1 st - 30 th Sept 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	November 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.
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	N/A
CONSIDERATION OF LEGAL ISSUES	N/A

Authors of Report	Liz Lightbown & Giz Sangha
Designation	Executive Director of Nursing, Professions & Care Standards & Deputy Chief Nurse/Acting Clinical Director Acute & Inpatient Care
Date of Report	30 th October 2017



SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

Date: 8 November 2017

Subject: Safer Staffing Report, Monthly Return: 1st – 30th September 2017

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

Author: Liz Lightbown & Giz Sangha, Executive Director of Nursing, Professions & Care Standards & 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 – 30th Sept 2017 report was published on the Trust’s website on the 16th October 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 September on **day shifts**:

- Five wards had registered nurse fill rates above 100%: Forest Close Bungalow 1; Bungalow 2, Forest Lodge (Assessment); Firshill Rise (Learning Disability); and G1 (Dementia).
- Two wards had registered nurse fill rates above 95.0% at Forest Close: Bungalow 1a & Forest Lodge (Rehabilitation)

- The Five acute wards had registered nurse fill rates between 63.3% - 76.7%: Endcliffe (Psychiatric Intensive Care Unit); Burbage (Acute); Stanage (Acute); Dovedale (Older Adults) & Maple (Acute & Health Based Place of Safety, HBPoS).

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

- Five wards had registered nurse fill rates above 100 %: Forest Close Bungalow 1; Bungalow 2, Bungalow 3, Forest Lodge (Assessment) & Forest Lodge (Rehabilitation).
- Four wards had registered nurse fill rates above 90 %: Stanage (Acute Care), Endcliffe (Psychiatric Intensive Care Unit); Firshill Rise (Learning Disability) & G1 (Dementia).
- Three Acute wards had registered nurse fill rates between 72.2% - 80.1%; Burbage, Maple & Dovedale (older adults)

Lower fill rates in Acute Care are due to vacancies, some short term sickness absence, some related to assaults by service users and release of staff to take up jobs following reconfiguration (the release date had already been delayed).

Trust-wide recruitment via a rolling programme is taking place and the registered nurse vacancy / gap analysis for the acute wards has been completed and further recruitment is underway.

A separate report of the outcome & the plan to address acute nursing vacancies and retention will be taken to the Executive Directors Group (EDG) by the Deputy Chief Nurse in December 2018.

Medical Staffing Summary

Clinical and Service 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
- Availability of approved supervisors.

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

Grade	Establishment (WTE)	Fill at sample point (WTE)	%age
Consultant	9.6	7.7	80%
Higher Trainees	4.0	2.9	73%
Core Trainees	3.0	2.3	76%
Foundation Trainees	8.0	5.6	70%
Specialty Doctors	3.0	2.1	70%

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

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 challenging particularly in Acute and Learning Disability .

E-Rostering Project

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

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

In September of the 12 inpatient wards, one Ward (Maple Acute & Health Based Place of Safety, HBPOS) was not embedding the roster properly in line with the E-rostering guidance / recording all staff working on the ward / planning shifts in advance. This was related to a change in recruiting a new administrator / clinical activity and incompleteness of tasks.

To address this issue additional support has been put into place, training for the new administrator taken place and oversight of the system by a senior nurse based at Fulwood to support the ward manager. Maple ward is compliant at the time of writing this report. To mitigate this issue arising again due to staff changes, compliance is being checked weekly for assurance.

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.

To note in this months reporting, the chair of the bank / agency group has been invited to attend the November safer staffing meeting. Work-streams relating to bank, agency, safer staffing have been separate and all chairs of these meetings agree we need to triangulate key findings, have closer working practices and review requirements going forward. Agency / Bank expenditure is available but reported in via other routes, so not included in this report.

The Performance Dashboard for Safer Staffing Reports continues to be improved and is attached for your reference. See Appendix 2. The visual display of this dashboard will be reviewed for October data reporting (December Board).

Recruitment & Retention

Due to successful recruitment campaigns new registered nurses have commenced duty during September & are working through their Preceptorship programmes. The wards proactively move staff to ensure experienced / non-experienced staff are working together. This is to ensure safe learning, daily support giving, and reflection of their new role and for resilience. Further staff are due to commence in October 2017

3. Next Steps

- 3.1 Support new registered nurses in Preceptorship Programme & continue with positive Recruitment practices & plans
- 3.2 Narrative on utilisation of clinical support worker ratios will be added to future reports.

4. Actions

- 4.1 Members are asked to receive and note the September 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 September 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	73.4%	192.0%	76.5%	330.0%*
Dovedale	76.7%	199.6%	80.1%	183.3%*
Maple	63.3%	167.1%	72.2%	293.6%*
Stanage	73.7%	225.7%	95.0%	306.8%*
PICU	68.6%	194.9%	96.8%	263.8%*
REHABILITATION				
Forest Close Ward 1 (Bungalow 1)	118.6%	92.6%	100.4%	96.7%
Forest Close Ward 2 (Bungalow 2)	108.5%	97.8%	100.0%	100.0%
Forest Close Ward 3 (Bungalow 1a)	93.9%	94.5%	100.0%	100.1%
FORENSIC				
Forest Lodge Assessment	111.9%	96.6%	101.9%	100.1%
Forest Lodge Rehabilitation	95.0%	96.7%	100.6%	100.0%
DEMENTIA				
G1	106.9%	82.4%	99.0%	96.9%
LEARNING DISABILITY				
Firhill Rise	179.1%	153.8%	97.4%	250.9%*

* narrative to be developed on high % clinical support worker utilisation

Safer Staffing Performance Dashboard - September 2017

Appendix 2



Wards	Staffing	August % Fill rate	August % Fill	September % Fill	September % Fill	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date
		Day Shift	Rate Night Shift	Rate Day Shift	Rate Nights							
Maple	Registered	72.3	68.8	63.1	72.2	17 +1	(94.7)93.7	(14)16	(0)1	(18)19	E=6(4 reg) L=6(4reg) N=4(3reg)	
	Unregistered	136.3	290.3	167.1	293.6	Maple ward houses the two 138 beds (Place of Safety). Of the total unavailability for Maple team relates to maternity leave, sickness (1 RMN on LTS and 2 RMN's - following assault at work). The gaps for registered nurse shortfalls 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 based on the ward. 3 preceptorship nurses have commenced duty in September.						
Endcliffe	Registered	95.6	91.9	66.6	96.7	10	(95.2)98	(7)2	(5)4	(1)2	E=6(3 reg) L=6(3reg) N=4(2reg)	
	Unregistered	169	188.7	194.9	263.8	Registered nurse shifts below 100% on day & night due to vacancies (1 band 6 & 5.3 band 5) 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) & by deployment of staff from other acute wards). New starters will commence in October						

Wards	Staffing	August % Fill rate	August % Fill	September % Fill	September % Fill	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date
		Day Shift	Rate Night Shift	Rate Day Shift	Rate Nights							
Dovedale	Registered	102.2	91.9	76.7	80.1	18	97.4	(+)5	(-)0	(-)2	E=5(3 reg) L=3(3reg) N=3(2reg)	
	Unregistered	222	377.4	199.6	183.3	Registered nurse shortfalls on nights related to unforeseen short term sickness, these were covered using unregistered staff.						
Forest Close Ward 3	Registered	96.6	100	93.9	100	14	93.3	(0)0	(0)1	(0)0	E=5(1 reg) L=3(2reg) N=3(1reg)	
	Unregistered	92.7	98.4	94.5	100.1	Forest Close achieved its staffing levels above 90%						

Wards	Staffing	August % Fill rate	August % Fill	September % Fill	September % Fill	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date
		Day Shift	Rate Night Shift	Rate Day Shift	Rate Nights							
Forest Close Ward 1	Registered	130.8	100	118.6	100.4	8	(98.8)103.8	(0)2	(0)1	(0)2	E=3(1 reg) L=3(1reg) N=2(1reg)	
	Unregistered	94.4	125.8	92.6	96.7		Forest Close achieved its staffing levels above 90%					
Forest Close Ward 2	Registered	103.2	100	108.5	100	8	(102.8)104.2	(0)1	(1)1	(0)1	E=3(1 reg) L=3(1reg) N=2(1reg)	
	Unregistered	97	125.8	97.8	100		Forest Close achieved its staffing levels above 90%					

Wards	Staffing	August % Fill rate	August % Fill	September % Fill	September % Fill	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date
		Day Shift	Rate Night Shift	Rate Day Shift	Rate Nights							
Forest Lodge Assessment	Registered	98.3	103.5	111.9	101.2	11	(75.1)93 ↑	(2)1 ↓	(0)1 ↑	(1)0 ↓	E=5(2 reg) L=3(2reg) N=3(1reg)	
	Unregistered	113.2	116.9	96.6	100.1	Forest Lodge achieved its staffing levels above 90%						
Forest Lodge Rehabilitation	Registered	84.3	88.2	95	100.6	11	(88.5)97 ↓	(1)0 ↓	0 ↔	1 ↔	E=4(2 reg) L=4(2reg) N=2(1reg)	
	Unregistered	96.3	106.6	96.7	100	Rehabilitation ward was covered using 1 registered nurse, instead of two on some day shifts. The shortfalls were mitigated by using agency registered staff to cover. The ward had 3 band 5 and 1 band 6 vacancy, these posts were recruited into and all nurses commenced duty in September 2017.						

Wards	Staffing	August % Fill rate	August % Fill	September % Fill	September % Fill	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date
		Day Shift	Rate Night Shift	Rate Day Shift	Rate Nights							
Firhill Rise	Registered	158.7	96.8	179.1	97.4	8	(94.8)87.1	(-)-1	0	(-)-1	E=5(1 reg) L=3(1reg) N=3(1reg) * unreg 9 - 5 Reg altered as of 13th May 2017 to 1 per shift with aspiration of 2	
	Unregistered	143.6	235.8	153.8	250.9	<p>Firhill Rise minimum staffing levels are 0, 0, 0 with 8-0 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. A plan is in place to recruit 2 substantive nurses, (one has been recruited), awaiting start date. Unregistered staffing remains high due to clinical activity levels. 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. To mitigate risks a plan has been agreed with the service & clinical director to block back agency nurses and to recruit them on fixed term.</p>						
G1	Registered	107.8	93.2	106.9	99	16	(74.4)67.5	(-)-4	(+)-1	(-)-3	E=6(3 reg) L=6(3reg) N=3(2reg)	
	Unregistered	91.3	101.4	82.4	96.9	<p>G1 achieved its registered staffing levels above 90%</p>						