Sheffield City Council

Sheffield Health and Social Care NHS
NHS Foundation Trust

Council of Governors: Summary Sheet

5th May 2016
Item No 10b

Title of Paper:	Governor Questions to the Board
Presented By:	Chair, Professor Alan Walker

Action Required:					
For Information		For Ratification		For a decision	
For Feedback	x	Vote required		For Receipt	

To which duty does this refer:

Holding non-executive directors individually and collectively to account for the performance of the Board	x
Appointment, removal and deciding the terms of office of the Chair and non-executive directors	
Determining the remuneration of the Chair and non-executive directors	
Appointing or removing the trust's auditor	
Approving or not the appointment of the trust's chief executive	
Receiving the annual report and accounts and auditor's report	
Representing the interests of members and the public	x
Approving or not increases to non-NHS income of more than 5% of total income	
Approving or not acquisitions, mergers, separations and dissolutions	
Jointly approving changes to the trust's constitution with the Board	
Expressing a view on the Trust's forward plans	
Consideration on the use of income from the provision of goods and services from sources other than the NHS in England	
Monitoring the activities of the Trust to ensure that they are being conducted in a manner consistent with its terms of authorisation and the constitution.	x
Monitoring the Trust's performance against its targets and strategic aims	x

How does this item support the functioning of the Council of Governors?

Putting questions to the Board allows governors an additional measure to hold the Trust to account for its performance and to ensure that the views of governors and members are heard and responded to at the highest level.

Author of Report:	Sam Stoddart
Designation of Author:	Deputy Board Secretary
Date:	April 2016

Question from Councillor Adam Hirst posted at December 2015 Council meeting

Are staffing levels sufficient to enable effective engagement with service users?

Response from Giz Sangha, Deputy Chief Nurse

I have responded to this question from an inpatient ward nursing perspective as currently there are no national guidelines for community nursing services.

To assure that nurse staffing levels are monitored across inpatient and community units, we do record incidents of low staffing in community services and we intend to apply a more systematic, evidence based approach in the community services once we have the E-rostering system in place in all service user units in SHSC.

Since the NQB (NHS England) Staffing Capacity and Capability (2013) document was launched, the Trust developed and refined a robust process to ensure monthly Staffing Capacity and Capability Reports of staffing fill rates on a shift by shift basis (per inpatient unit) are submitted to the Executive Directors Group and Board of Directors. This has enabled us to evaluate staffing capacity and capability over the previous months, and to forecast the likely staffing requirements of wards for the upcoming months. We are working towards extending this work into our community and nursing home settings.

Staffing levels are currently based on a mixture of evidence based tools, (Keith Hurst, Meridian Productivity Tool & Professional Judgements). This is underpinned by monthly discussions with ward managers, service directors and team leaders. If there have been shortages, managers report how they are mitigating this risk and their plan for resolution.

The number of registered nurses and unregistered staff needed depends on service users' care needs/ 1:1 or 2:1 observation levels. In essence staffing wards relies on the acuity of service user care requirements. This changes daily, particularly on the inpatient wards due to admission / discharge rates / seriousness of presenting illness.

After scrutiny of monthly staffing fill rates, professional judgment based on the acuity of service user care needs versus numbers of staff needed is made. The safer staffing work has led to developing new skill mix roles on some wards, based on competency requirements to deliver safe service user care.

The meridian productivity work supported taking into account 'who does what' by systematically recording activities staff carried out, levels of service user observations taking place in hours, physical & mental health care requirements etc. It is clearly demonstrable from this work that the staffing levels are affected by service user acuity needs on a shift by shift basis.

There are no instant solutions to ensuring safe staffing. However the trust has in place escalation processes to ensure service users are cared for safely. This is evidenced in our incident safeguard reporting system whereby staff record instances of all staff shortages and this incident data is scrutinised monthly.

In summary having safe staffing levels on a daily basis relies on many other factors, to enable 'planned' staffing levels to be realised. Staffing is adjusted on a shift by shift basis where possible to meet care needs. Staff are deployed in an effective way to areas of need on a shift by shift basis. In the trust this process is underpinned on good management and leadership, the executive directors and board members investing in and agreeing new staffing models for some wards. This work is ongoing.

I hope this brief description of the work on safer staffing in the Trust offers some explanation that staffing levels are enabling effective engagement with service users. If you would like further clarification, I will be happy to present to Council.

Question from Pat Molloy (and others)

Given the Trust's position of 151st out of 230 trusts in the recently published Learning from Mistakes League Table, and the fact that there are significant concerns about the openness and transparency of the Trust, what assurance can the NEDs give to governors that the Board will be taking action to improve the Trust's position and, more importantly, to ensure that the fairness and effectiveness of procedures for reporting errors, near misses and incidents is robust and that staff have the confidence and security to report unsafe clinical practice?

Brief response provided in Chair's monthly letter to governors. Presentation providing more detail given at Council meeting by Head of Integrated Governance.