Sheffield Health and Social Care NHS
NHS Foundation Trust

OPEN BOARD OF DIRECTORS
8 February 2017

Item: 4ii

TITLE OF PAPER	Staffing Capacity and Capability Report, Monthly Return: 1st – 31st December 2016
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 NHS Choices and Trust websites, 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 requirements on publishing monthly staffing data
TIMETABLE FOR DECISION	February 2017 Board of Directors
LINKS TO OTHER KEY REPORTS/ DECISIONS	▫ 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
LINKS TO THE NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES ETC	NHS Outcomes Framework HSE ❑ MH Act ❑ Equality ❑ NHS Constitution: Patients ❑ Public ❑ Staff ❑
IMPLICATIONS FOR SERVICE DELIVERY & 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	26th January 2017

SUMMARY REPORT

Report to: **Open Board of Directors**

Date: **8 February 2017**

Subject: **Staffing Capacity and Capability, Monthly Return: 1st – 31st Dec 2016**

From: **Liz Lightbown, Executive Director of Nursing, Professions and Care Standards**

Authors: **Liz Lightbown & Giz Sangha, Deputy Chief Nurse/Acting Clinical Director, Acute & In-patient Care**

1. Purpose

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

2. Summary

The 1st – 31st December 2016 report was published on the Trust's website on the 13th January 2017 and reported to Unify, in compliance with the National Quality Board (NQB) 2013 and NHS England reporting requirements.

Planned Staffing Levels

Currently staffing levels are determined by a combination of historical funded establishment, commissioning specifications, professional judgement, Service User need, current/available budgets, Meridian productivity work (Acute) and Health Education England Learning Disability Competency Framework, and relevant NQB resources.

On the 21st December 2016, NHS Provider Trust Directors of Nursing received a letter, "Safe, Sustainable and Productive Staffing improvement resources – for review". (Appendix 3) The Learning Disability directorate are already using the Health Education England developed Staffing Competency Framework to support their staffing review. The Staffing Capacity & Capability Operational Group will review the resources.

Work in the Learning Disability Directorate to review registered nurse staffing has progressed with completion of the business case in December. This was reviewed at a January Business Planning Group and approval given to staff the inpatient ward with 2 registered nurses per day shifts for the remainder of the 16/17 financial year. Work in forensic services to review nurse staffing & leadership is taking place and a revised staffing model is being developed. This will be submitted to the Business Planning Group for consideration / approval by March 2017.

<u>E-Rostering Project</u>

<u>Health Roster</u>
The e-rostering project continues to progress with installation of the Health Roster software completed and staff training for Health Roster taking place across all in-patient wards.

<u>Safe Care Module</u>
The E-Rostering System Administrator in collaboration with a Senior Operational Manager & Assistant Clinical Director (Acute & In-patient Directorate) has continued to work with Allocate throughout December to implement the E- SafeCare Module (measures patient acuity & dependency).

Safe Care requires the ward to be effectively using the Health Roster module first. Implementation commenced in August 2016 with training during September 2016 for Ward / Deputy Ward Managers. The anticipated completion date for full rollout by the end of December 2016 has been revised (due to the promotions / departure of the E-rostering Project Lead & Project Support Officer in December). The revised completion date is March 2017 (due to recruitment/capacity).

Staffing Capacity & Capability Operational Group: Future Intentions

During January – March 2017 the Terms of Reference of the current Staffing Capacity & Capability Group will be fully reviewed as part of a wider review of other existing groups working on Agency, Bank and E-Rostering. The overall aim is to establish a more effective governance & delivery system (structures, processes & outcomes) to deliver the required outcomes.

<u>Three key outcomes</u>:
1. Deliver smarter, more effective & integrated working across Clinical Staffing, Human Resources & Workforce & Finance
2. Ensure delivery in line with:
    a. NHS Improvement's (NHSI) Good Practice Guide: Rostering (June 2016)
    b. National Quality Boards (NQB) Safe, Sustainable & Productive Staffing (updated July 2016)
    c. National requirements on Bank & Agency Caps.
3. Improve governance & delivery: Align existing groups into one overarching governance group 'Safer Staffing Group' with combined responsibility for delivering on: Safe Staffing; E-Rostering; & Bank & Agency Usage (as required run task & finish / delivery sub -groups).

Ward Staffing Level Fill Rates:

The total staffing percentage known as the 'fill rate' is reported on a ward-by-ward basis for planned versus actual shifts. Shortfalls and additional staffing are recorded by registered nurse and unregistered staff for both day and night duty (Appendices 1 & 2).

Working Age Acute Admission Wards

Stanage Ward
The average fill rate for Registered Nurses against the day shift was 101.9% and Night shift at 100.0%.
The fill rate for unregistered staff against the day shift was 119.7% and Night shift at 190.3%.

The fill rates for registered day / night shift are on target due to:
- Successful nurse recruitment
- Reduced nurse sickness.

The fill rates for unregistered day / night shifts were higher due to:
- Increased clinical activity requiring 1:1 / intermittent and 2:1 observations.
- Ensuring safe delivery of RESPECT interventions

One additional unregistered staff member was rostered on duty to support registered nurses to deliver safe care and the use of one additional staff member takes the % unregistered staffing ratio over 100%. The ward reported 4 episodes of seclusion, 34 incidents on the safeguard system (under various categories), took 12 admissions & completed 11 discharges in December 2016.

Burbage Ward
The average fill rate for Registered Nurses against the day shift was 68.4% and night shift 96.5%. The fill rate for unregistered staff against the day shift was 149.8% and Night shift at 177.4%.

The fill rate for registered day shift was low due to:

- Short term sickness & cover for annual leave & training. On these shifts there were two registered nurses (rather than the planned three) the ward was temporarily safely covered by utilising additional experienced unregistered support staff.

The fill rates for unregistered staff on day / night duty were higher due to:
- Cover for registered nurse annual leave & mandatory training
- Increased clinical activity requiring 1:1 / intermittent (10 minute) and 2:1 observations

The ward took 22 admissions, of which 10 were for detoxification, completed 20 discharges (10 detoxifications). The ward had a length of stay of 29 days untrimmed (24 untrimmed). There were 33 reported incidents on the safeguard system (under various categories), of which 5 were of physical assault to either staff or patient to patient and one seclusion took place; the other incidents were managed using RESPECT techniques.

Maple Ward
The average fill rate for Registered Nurses against the day shift was 96.1% and night shift was 81.7%.
The fill rate for unregistered staff against the day shift was 118.5% and Night shift at 225.8%.

The fill rates for registered staffing on the night shifts were lower than plan due to:
- Staff sickness & planned annual leave which was covered by unregistered support staff.

The fill rates for unregistered staffing on day / night shifts were higher due to:
- Increased clinical activity requiring 1:1 / intermittent (10 minute) & 2:1 observations
- Ensuring safe delivery of RESPECT interventions
- One additional unregistered staff member was rostered on day shifts to support registered nurses to deliver safe care & two on the night shift.

The ward took 17 admissions and completed 15 discharges. As Maple ward houses the two 136 beds (place of safety) it was noted that 34 place of safety assessments took place, which was the highest number of assessments in 2016. Given this demand and increase in police bringing patients to the ward, this meant that frequently 2 people were in the suite at once which had a significant impact on clinical activity and constant / enhanced observations which are not captured within the

general ward activity. Most patients were handcuffed on arrival, and brought to the ward later in the day, hence the increased staffing levels at night.

Older People's Acute Admission Ward

Dovedale Ward
The average fill rate for Registered Nurses on the day shift was 86.3% and the night shift was 100.0%.
The fill rate for unregistered staff against the day shift was 118.0% and Night shift at 112.9%.

The fill rates for registered staffing on days were lower due to:
- Staff Sickness.
- 0.8 staff vacancy

The fill rates for unregistered staff on day / night duty were higher due to:
- 0.3 over establishment. A review of support worker / administrative roles is underway with a completion date of 31st March 2017.

Table 1 Acute beds per Ward: available/actual bed nights used, % bed occupancy & staffing ratio per shift.

Ward	Beds	Available Bed Nights	Actual Bed Nights	% Bed Occupancy	Shifts	Registered Nurses	Unregistered staff
Stanage	18	558	564	101.1	Early = 5 Afternoon = 5 Night = 3	3 3 2	2 2 1
Burbage	14	434	466	107.4	Early = 5 Afternoon = 5 Night = 3	3 3 2	2 2 1
Maple	17	527	528	100.2	Early = 6 Afternoon = 6 Night = 4	3 3 2	2 2 2
Total Adult Acute	49	1519	1,558	102.6			
Burbage Substance Misuse	5	155	123	79.4			
Grand Total Adult Acute	**54**	**1674**	**1,681**	**100.4**			
Dovedale	18	558	606	108.6	Early = 3 Afternoon = 3 Night = 2	1 1 1	2 2 1

In summary

In the Acute and In-patient Directorate there were 54 beds available, 51 admissions and 46 discharges. Clinical activity and acuity remained high with most service users being detained under the Mental Health Act. Bed occupancy ran at 102.3% across Stanage, Burbage and Maple wards and this was due to the use of leave beds as admissions/discharges did not always run in sync i.e. 1 admission = 1 discharge. The intention is to have admission / discharge running in sync.

Psychiatric Intensive Care Unit (PICU) Endcliffe Ward

The average fill rate for Registered Nurses against the day shift was 73.0% and against the night shift was 95.2%.The fill rate for unregistered staff against the day shift was 175.6% and Night shift at 227.5%.

The registered staffing ratio was low on day shifts due to:
- Two registered nurses being on duty rather than the required 3 (the ward manager / deputy ward manager covered the shortfalls but this is not recorded on the returns).
- Very disturbed in-patients (x3): staff members were moved to another ward for their safety (they were being targeted / assaulted by particular service user/s. Forensic assessments requested. One person is due to transfer to low secure and one to attend court at the end of January 2017.
- Staff sickness (due to assault).
- Registered nurse vacancies.

One additional unregistered staff member was rostered on duty on each shift to support registered nurses to deliver safe care, undertake RESPECT techniques and to allow step down care interventions to take place.

Table 2 PICU: Endcliffe Ward: available/actual bed nights used, % bed occupancy & staffing ratio per shifts.

Ward	Beds	Available Bed Nights	Actual Bed Nights	% Bed Occupancy	Shifts	Registered Nurses	Unregistered staff
Endcliffe Ward	10	310	215	69.4	Early = 6 Afternoon = 6 Night = 4	3 3 2	3 3 2

Open Rehabilitation

Forest Close
Bungalow 1a = 14 male beds,
Bungalow 2 = 8 female beds
Bungalow 3 = 8 female beds
Total beds available = 30

Bungalow 1a:
The average fill rate for Registered Nurses against the day shift was 98.3% and the night shift was 93.5%.
The fill rate for unregistered staff against the day shift was 96.8% and Night shift at 100.0%.

The staffing ratio for Bungalow 1a improved in December 2016. Occasionally registered nurses offered support to staff on other bungalows, hence the slight dip in staffing ratios.

Bungalow 1:
The average fill rate for Registered Nurses on the day shift was 95.5% and the night shift was 96.8%. The fill rate for unregistered staff against the day shift was 96.6% and Night shift at 96.8%.

There was a slight reduction in registered / unregistered staffing due to carers / sick leave being taken.
The shortfalls were covered using staff from other bungalows as and when required.

Bungalow 2:
The average fill rate for Registered Nurses on the day shift was 99.2% and the night shift was 87.1%. The fill rate for unregistered staff against the day shift was 110.6% and Night shift at 96.8%.

The shortfalls in registered nursing were covered by staff from other bungalows; all shifts were covered with one registered nurse. Additional support, if required, was provided by the Deputy Ward Manager / unregistered staff.

A clinical decision was taken to re-deploy registered nurses to cover all bungalows, to ensure effective use of staffing resource, based on the clinical care requirements of service users in each bungalow.

Table 3 Forest Close Beds: available/actual bed nights used, % bed occupancy & staffing ratio per shifts.

Ward	Total Beds	Available Bed Nights	Actual Bed Nights	% Bed Occupancy	Shifts	Registered Nurses	Unregistered staff
Forest Close	30	930	899	96.7	Early = 7 Afternoon = 7 Night = 3	3 3 2	4 4 3

Service User Flow / Bed Management:

To effectively manage demand, staffing capacity & associated risks, the acute care management team continue to work with clinical ward staff to manage service user flow across all in-patient and community care pathways, with a weekly meeting (acute & inpatient, community, rehabilitation & crisis house) to discuss, review & manage:
- Admissions
- Discharges
- Delayed discharges / transfers
- Management of high risk individuals.

Forensic: Low Secure

Forest Lodge Assessment Ward:
The average fill rate for Registered Nurses against the day shift was 106.9% and the night shift was 97.1%.
The fill rate for unregistered staff against the day shift was 91.4% and Night shift at 98.9%.

The fill rates for registered / unregistered staff were slightly below 100% on nights due to:
- Annual leave being taken
- Short-term sickness

Forest Lodge Rehabilitation Ward:
The average fill rate for Registered Nurses against the day shift was 81.3% and the night shift was 75.2%.
The fill rate for unregistered staff against the day shift was 90.2% and Night shift at 120.2%.

The fill rates for registered staff on day / night duty were low due to
- One registered nurse being on duty instead of two on the early shift (4th, 8th, 14th, 24th, 25th and 27th December 2016).
- One registered nurse being on duty instead of two on the late shift (3rd, 4th, 6th, 7th, 10th, 12th, 13th, 14th, 15th, 16th 19th, 20th, 22nd, 24th, 25th, 30th and 31st December 2016).

- No registered nurse on the night shift (4th, 5th, 9th and 10th December 2016). This shortfall was covered by the registered nurse on assessment ward who took responsibility for two sets of keys and the welfare of 22 patients.
- Peak in annual leave being taken over the festive period.
- Episodes of short term sickness

Despite the above low staffing levels in December 2016, one patient leave was cancelled on one occasion. Patient care and safety was maintained, however the registered nurse was unable to take breaks. Bank / agency staff were not available, the directorate had ensured staff annual leaves were planned, the short term sickness was unavoidable.

Table 4 Forensic Beds per ward: available/actual bed nights used, % bed occupancy & staffing ratio per shifts.

Ward	Beds	Available Bed Nights	Actual Bed Nights	% Bed Occupancy	Shifts	Registered Nurses	Support Workers	Ratio of Registered Nurse to Unregistered staff per Shift
Forest Lodge Assessment	11	341	333	97.7	Early = 5 Afternoon = 5 Night = 4	2 2 1	3 3 3	2 registered 3 unregistered staff = 40:60 split 1 registered 3 unregistered staff = 25:75 split
Forest Lodge Rehabilitation	11	341	341	100.0	Early = 4 Afternoon = 4 Night = 2	2 2 1	2 2 1	2 registered 2 unregistered staff = 50:50 split 1 registered 1 unregistered staff = 50:50 split
Forest Lodge Total	**22**	**682**	**674**	**98.8**				

Learning Disability

Firshill Rise: Assessment & Treatment Unit (ATU)
There is an on-going discrepancy between the reported fill rates (submitted to Unify using E-Rostering) and the actual fill rates manually checked by the Assistant Clinical Director for ATU. During January E-rostering, Senior Nursing and ward staff have worked together to try to determine the reason / cause. At the time of compiling this report it appears there are technical & human factors reasons, with the exact cause still to be fully ascertained.
The fill rates reported to Unify (from E-Rostering) for Registered Nurses against the day shift was 63.9%, however manual fill rates are in fact showing **126% for the day shift.** There has been a

minimum of 1 registered nurse on all shifts. The average fill rate for registered nurses on the night shift was 100.5%.

The fill rate for unregistered staff against the day shift was 128.3% and Night shift at 159.5%. The fill rates were higher due to:
- A service user being on 1:1 observations throughout a 24 hour period for part of the month on PICU Endcliffe Ward requiring support on a daily basis from Firshill Rise staff.
- Cover for long term sickness
- Increased acuity related to clinical activity requiring 1:1 / intermittent observations.

Table 5 ATU beds: available/actual bed nights used, % bed occupancy & the staffing ratio per shifts:

Ward	Beds	Available Bed Nights	Actual Bed Nights	% Bed Occupancy	Shifts	Reg'd Nurses	Support Workers	Ratio of Registered Nurse to Unregistered staff per Shift
Assessment & Treatment Unit (ATU)	7 +1 *One bed is commissioned for use on a cost per case basis by the CCG. Planned staffing on ISS is for 8 beds at all times*	248	180	72.6	Early = 6 Afternoon = 6 Night = 4	1 1 1	5 5 3	1:5

Dementia

G1 Ward Grenoside Grange:
The average fill rate for Registered Nurses against the day shift was 112.0% the night shift was 75.9%.
The fill rate for unregistered staff against the day shift was 85.3% and Night shift at 111.2%.

The registered/unregistered staff ratios on day/night shifts fluctuated due to:
- Shifts requiring cover after immediate short term sickness notifications.
- 1:1 constant observation requirements.
- Day shifts requiring additional staff of 2 registered / 5 unregistered, to meet care needs.
- Night shifts requiring reduced staff to meet care needs for a 6 day period as acuity of clinical need decreased.

To meet the high level of clinical activity, the planned staffing capacity on the ward can change on a daily basis on each shift, therefore senior clinicians/ward manager review clinical activity versus service user physical/mental health needs per shift and staffing levels are increased if required/reduced as acuity levels settle. The ward manager now proactively manages shortfalls by introduction of a twilight shift (1600-midnight) which supports continuity of care.

Table 6 G1 Beds: available /actual bed nights used, % bed occupancy & staffing ratio per shifts.

Ward	Beds	Available Bed Nights	Actual Bed Nights	% Bed Occu-pancy	Shifts	Registered Nurses	Support Workers	Ratio of Registered Nurse to Unregistered staff per Shift
G1	16	496	429	96.5	Early = 6 Afternoon = 6 Night = 5	3 3 2	3 3 3	50:50 % ratio of Registered: Unregistered staffs early and afternoon 40:60 % ratio Nights Shift allocation = 6:6:5

Summary / Actions Taken to Address Staffing Shortfalls

Staff reporting their shortfalls in a consistent manner to the safeguard system continues to enable Ward Managers and Service and Clinical Directors to use this information to better understand how staffing is affecting patient care, better inform their deployment of staff, undertake skill mix reviews and to work towards ensuring wards are more safely/effectively staffed. Key actions include:

i. Where possible staff were deployed to wards with higher clinical activity/staffing requirements.
ii. Incident reporting is embedded in routine practice and senior managers are alerted to short staffing issues immediately.
iii. Risk Department collate data for the whole month prior to report submissions to NHS Improvement, together with auditing and tracking trends in shortfalls.
iv. Directors were requested to undertake review of registered nurse requirements/consider re-basing of the staffing requirements into the funded establishment and revised commissioning specifications.

Staffing Levels & Reported Incidents

16 incidents related to registered nurses/unregistered staff shortages for in-patient units were reported to the safeguarding incident reporting system in the Trust for the period of 1st – 31st Dec 2016 (Nov = 12, Oct = 18, Sept = 5)

Table 7 below shows a breakdown of incidents per ward for December 2016

Ward	No of Incidents	Reasons – Summarised from Safeguard Reports
Maple Ward	2	Staff shortages due to short term sickness on two occasions, covered using unregistered staff to cover observations.
PICU Endcliffe Ward	1	On one occasion due to staffing levels at Firshill Rise, staff were unable to provide the pre-agreed support to a service user. Short term sickness on Endcliffe ward covered by staff from Stanage ward
Forest Close Bungalow 2	2	Staff member had to go home as their child had been admitted to hospital Patient taken to A&E with escort, leaving the ward short staffed.
G1 Ward	1	Admission delayed from A/E day shift to evening shift due to low staffing numbers.
Firshill Rise Assessment Treatment Unit (ATU)	1	Staff shortage due to acuity of clinical interventions. Unable to cover as no bank / agency staff available.
Forest Lodge Assessment Ward	1	Staff sickness, leaving one registered nurse on duty. Impact was delayed escorts for patients to take leave, staff member unable to take a break. Covered using unregistered staff.

Ward	No of Incidents	Reasons – Summarised from Safeguard Reports
Forest Lodge Rehabilitation Ward	8	There were several shortfalls reported for December 2016, due to short term / long term sickness / annual leave cover. Impacts were on some occasions were unable to facilitate / had to delay escorted leaves, staff unable to take breaks, Unable to cover as no bank / agency staff available. This was mitigated by the ward manager asking registered / unregistered staff to work across shifts / additional hours / going home to have a break and returning to cover if deemed safe to do this after rigorous clinical risk assessment of patient acuity.
Total	16	

3. Next Steps

  i. Review Staffing Capacity & Capability Operational Group as per the Intentions described on pg. 3
  ii. Per Ward include / triangulate HR staffing data on: % sickness absence; % turnover; % training achieved.
  iii. Per Ward include / triangulate additional service user / patient profile data starting with: % detained under the MHA /Informal; Mental Health Act Cluster Data; & Diagnoses
  iv. The Staffing Capacity & Capability Operational Group to review the new NQB resources

4. Required Actions

Members are asked to receive and note the December 2016 monthly report.

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. However, this report does not appear on the NHS Choices website. The Internal Auditors were unable to locate it on the NHS Choices website. Following the Trust uploading its required data to Unify, Unify system should then upload to NHS Choices. An update on progress to address will be provided in the January 2017 report.

5. Monitoring Arrangements

Via the Monthly Staffing Capacity & Capability Operational Group

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

6. Contact Details

For further information please contact:
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Sheffield Health and Social Care NHS FT - December 2016

Appendix 1

| Hospital Site name | Ward name | Main 2 Specialties on each ward | | Day Registered midwives/nurses | | Day Care Staff | | Night Registered midwives/nurses | | Night Care Staff | | Day Average fill rate - registered nurses/ midwives (%) | Day Average fill rate - care staff (%) | Night Average fill rate - registered nurses/ midwives (%) | Night Average fill rate - care staff (%) | Care Hours Per Patient Day (CHPPD) | | | |
		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours					Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
MICHAEL CARLISLE CENTRE	Burrage	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	1384.5	947.25	962.5	1442.25	620	596	310	550	68.4%	149.9%	96.5%	177.4%				
MICHAEL CARLISLE CENTRE	Dovesone 1	715 - OLD AGE PSYCHIATRY	715 - OLD AGE PSYCHIATRY	1395	1204.17	900	1097	620	620	310	350	86.3%	119.0%	100.0%	112.9%				
THE LONGLEY CENTRE	Enscotte Ward	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	1383	1009.5	1350	2304.25	620	590	620	1410.5	73.0%	175.6%	95.2%	227.5%				
FOREST CLOSE	Bungalow 1	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	697.5	666	927	895.62	305.87	296	305.87	296	95.5%	96.6%	96.0%	96.0%				
FOREST CLOSE	Bungalow 2	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	465	461.23	927	1025	305.87	266.4	305.87	296	99.2%	110.6%	87.1%	96.0%				
FOREST LODGE	Forest Lodge Assessment	712 - FORENSIC PSYCHIATRY	712 - FORENSIC PSYCHIATRY	914.5	977.30	1353.75	1237.25	310	301	930	919.5	106.9%	91.4%	97.1%	98.9%				
FOREST LODGE	Forest Lodge Recov	712 - FORENSIC PSYCHIATRY	712 - FORENSIC PSYCHIATRY	906	736.5	935	843.08	310	233	310	372.5	81.3%	90.2%	75.2%	120.2%				
THE LONGLEY CENTRE	Maple	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	1833.3	1762.05	918	1007.5	930	760	310	700	96.1%	119.5%	81.7%	225.8%				
FOREST CLOSE	Bungalow 1a	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	913.5	897.63	1392	1347.77	305.87	286.13	611.73	611.73	96.3%	96.0%	93.5%	100.0%				
MICHAEL CARLISLE CENTRE	Stenage	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	1387.5	1414.17	923.5	1105	620	620	310	590	101.9%	119.7%	100.0%	190.3%				
INTENSIVE SUPPORT SERVICE	Firvale Rise	700 - LEARNING DISABILITY	700 - LEARNING DISABILITY	918	586.5	1050	2374.25	310	311.5	620	988.75	63.9%	120.3%	100.5%	159.5%				
GRENOSIDE GRANGE	G1	715 - OLD AGE PSYCHIATRY	715 - OLD AGE PSYCHIATRY	931	1042.30	2537.5	2165	620	470.5	1472.5	1638	112.0%	85.3%	75.9%	111.2%				
TOTALS				13126.8	11704.91	15014.25	17003.97	5877.61	5352.53	6415.97	8722.96								

Appendix 2

Site Name	Day — Registered midwives/nurses — Total monthly planned staff hours	Day — Registered midwives/nurses — Total monthly actual staff hours	Day — Care Staff — Total monthly planned staff hours	Day — Care Staff — Total monthly actual staff hours	Night — Registered midwives/nurses — Total monthly planned staff hours	Night — Registered midwives/nurses — Total monthly actual staff hours	Night — Care Staff — Total monthly planned staff hours	Night — Care Staff — Total monthly actual staff hours	Day — Average fill rate registered nurses/midwives (%)	Day — Average fill rate - care staff (%)	Night — Average fill rate - registered nurses/midwives (%)	Night — Average fill rate - care staff (%)	CHPPD — Cumulative count over the month of patients at 23:59 each day	CHPPD — Registered midwives/nurses	CHPPD — Care Staff	CHPPD — Overall
ARBOURTHORNE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
BEECH HILL	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
BEIGHTON HOSPITAL	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
BOLE HILL RESIDENTIAL HOME	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
BRAESIDE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
CASTLE MARKET BUILDING	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
CENTENARY ANNEXE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
FIRST START NURSERY	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
FOREST CLOSE	2076	2025.06	3246	3268.39	917.61	848.53	1223.47	1203.73	97.5%	100.7%	92.5%	98.4%	0	-	-	-
FOREST LODGE	1820.5	1713.83	2288.75	2080.33	620	534	1240	1292	94.1%	90.9%	86.1%	104.2%	0	-	-	-
FOX HILL	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
GREENACRES	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
GRENOSIDE GRANGE	931	1042.38	2537.5	2165	620	470.5	1472.5	1638	112.0%	85.3%	75.9%	111.2%	0	-	-	-
HURLFIELD VIEW	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
INTENSIVE SUPPORT SERVICE	918	586.5	1850	2374.25	310	311.5	620	988.75	63.9%	128.3%	100.5%	159.5%	0	-	-	-
MANSFIELD VIEW	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
MICHAEL CARLISLE CENTRE	4167	3565.59	2816	3644.25	1860	1838	930	1490	85.6%	129.4%	98.8%	160.2%	0	-	-	-
MILLBROOK	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
NORTHERN GENERAL HOSPITAL	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
OAKWOOD YPC	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
PRESIDENT PARK	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
PSYCHIATRIC OUT PATIENTS	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
RIVERMEAD UNIT	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
ROYAL HALLAMSHIRE HOSPITAL	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
SHIRLE HILL	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
ST GEORGE'S COMMUNITY BASE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
THE LONGLEY CENTRE	3216.3	2771.55	2276	3471.75	1550	1350	930	2110.5	86.2%	152.5%	87.1%	226.9%	0	-	-	-
THE YEWS	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
THORNLEA	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
WAINWRIGHT CRESCENT	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
WATHWOOD HOSPITAL	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-

NHS Improvement

BY EMAIL

21 December 2016

NHS Provider Trust Directors of Nursing

Dear colleagues

Safe, Sustainable and Productive Staffing improvement resources – for review

The draft improvement resources for learning disability services and acute adult inpatient services will be available from 21 December 2016 for comment. These resources are for your board to consider, and we are seeking your feedback on them through an impact questionnaire available on our website for both acute adult inpatient services and learning disability services.

These resources align with the National Quality Board's (NQB) improvement resource, *Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time - safe, sustainable and productive staffing*, published in July 2016.

To help providers of NHS services implement NQB's expectations, we are leading the national programme to develop setting-specific safe, sustainable and productive staffing improvement resources for:

- acute adult inpatient services
- learning disability services
- mental health services
- maternity services
- children's services
- urgent and emergency care
- community nursing.

These are at different stages of development, but each will be available on our website for review and comment during staged engagement periods. The engagement period for learning disability services and acute adult inpatient services begins on 21 December and ends on 3 February 2017.

If you would like more information about the programme or have any questions, please contact Mark Radford, Director of Nursing – Improvement, Mark.Radford2@nhs.net or Laura MacLean, Project Manager, NHS Improvement laura.maclean5@nhs.net
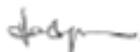
Yours sincerely

Ruth May

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       Hilary Garrett, Director of Nursing & Deputy Chief Nursing Officer (NHS England)
       Jane Clegg, Acting Regional Chief Nurse – London (NHS England)
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       Lynne Wigens, Regional Chief Nurse – Midlands & East (NHS England)
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