

EDG: 02.03.17
Item: 2iv

OPEN BOARD OF DIRECTORS 8th March 2017

Open BoD: 08.03.17
Item: 6ii

TITLE OF PAPER	Staffing Capacity and Capability Report, Monthly Return 1 st – 31 st January 2017
TO BE PRESENTED BY	Liz Lightbown, Executive Director of Nursing, Professions & 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 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	March 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
LINKS TO THE NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES ETC	<p>NHS Outcomes Framework</p> <p>HSE <input type="checkbox"/> MH Act <input type="checkbox"/> Equality <input type="checkbox"/> BME <input type="checkbox"/> Disability Legislation <input type="checkbox"/></p> <p>NHS Constitution: Staff Rights <input type="checkbox"/> Service users' Rights <input type="checkbox"/> Public's Rights <input type="checkbox"/> Principles <input type="checkbox"/> Values <input type="checkbox"/></p>
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	N/A
CONSIDERATION OF LEGAL ISSUES	N/A

Authors of Report	Liz Lightbown and Giz Sangha
Designation	Executive Director of Nursing, Professions & Care Standards Deputy Chief Nurse/Acting Clinical Director Acute & Inpatient Care
Date of Report	1 st March 2017

SUMMARY REPORT

Report to: Open Board of Directors
Date: 8th March 2017
Subject: Staffing Capacity and Capability, Monthly Return: 1st – 31st January 2017
From: Liz Lightbown, Executive Director of Nursing, Professions & Care Standards
Authors: Liz Lightbown, Executive Director of Nursing, Professions & Care Standards
 Giz Sangha, Deputy Chief Nurse/Acting 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 – 31st January 2017 report was published on the Trust’s website on the 15th February 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), Health Education England Learning Disability Competency Framework and relevant NQB resources.

Executive Summary:

The Trust has twelve inpatient wards and in January, on day shifts, four wards, Burbage, Endcliffe, Forest Lodge Rehabilitation & Firshill Rise had registered nurse fill rates below 90% (61.6% - 77.1%) & on night shifts three wards, Forest Close Bungalow 2, Forest Lodge Rehabilitation and Maple had registered nurse fill rates below 90% (77.4 - 81.7%).

The key reasons for the staffing shortfalls against plan (described in more detail per ward below) are due to: vacancies; unplanned sickness/absence; attendance for mandatory training; annual leave; and turnover.

Despite the reported ward fill rates, registered nurse numbers are managed on a daily basis by the in-patient Senior Nurses and Directorate Senior Management Team. Nurses are redeployed to areas of higher clinical activity and / or where wards may be short of a registered nurse. If required additional cover is also provided by the Assistant Clinical Director and Senior Nurses, who visit the wards daily and spend clinical time supporting wards ‘hands on’. If required, Senior Nurses will work a part /full shift and on occasion have taken charge of a ward.

This additional skilled clinical input is not currently recorded on the system (it will be recorded in the new E-rostering plan along with other professionals input in due course).

The Acting Clinical Director Acute & Inpatient Directorate / Deputy Chief Nurse has provided assurance that despite the on-going clinical & staffing challenges the Wards have been managed to maintain safe staff levels in difficult circumstances.

In the Learning Disability Ward although the staffing % for registered nurses on the day shift appears low at 77.4% against plan, this actually represents an increase in registered nurse staffing (compared to previous reports) as the ward is now operating on two registered nurses per shift and it means every shift has been covered by one nurse and over three quarters by two nurses. In addition the Assistant Clinical Director has a routine presence on the Ward (not currently recorded).

There are significant challenges to registered nurse recruitment and retention, across all wards, particularly in securing sufficient numbers of new staff into the organisation and in managing vacancies which arise as / when ward based staff move into community posts, within SHSC or move elsewhere. There is a particular challenge currently in Learning Disability Nursing and Forensic & Rehabilitation.

Proactive work, led by the Deputy Chief Nurse has commenced with Human Resource colleagues to address recruitment / retention & attrition rates to ensure a systematic Trust-wide approach to recruitment & retention.

The level of risk regarding safer staffing is currently being re-assessed.

E-Rostering Project

Health Roster

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.

SafeCare Module

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 January to implement the E- SafeCare Module which measures patient acuity and dependency. SafeCare 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 roll-out by the end of December 2016 was revised, due to the promotions/departure of the E-rostering Project Lead and Project Support Officer in December. The revised completion date is March 2017, due to recruitment/capacity.

Safer Staffing Group: Future Intentions

During January-March 2017 the Terms of Reference of the current Safer Staffing 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 and delivery system, including structures, processes and outcomes, to deliver the required outcomes.

Three key outcomes:

1. Deliver smarter, more effective & integrated working across Clinical Staffing, Human Resources and 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, up-dated July 2016.
 - c. National requirements on Bank & Agency Caps.
3. Improve governance and delivery: the existing groups have been aligned into one overarching governance group the Safer Staffing Group, with combined responsibility for delivering on: Safe Staffing; E-Rostering; and Bank & Agency Usage and as required will establish 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 day and night duty, see Appendices 1 and 2.

Working Age Acute Admission Wards

Stanage Ward

The average fill rate for Registered Nurses against the day shift was 95.5% and Night shift at 98.4.0%.

The fill rate for unregistered staff against the day shift was 162.3% and Night shift at 261.3%.

The fill rates for registered day / night shift are reduced due to:

- Staff sickness

The fill rates for unregistered day / night shifts are higher due to:

- Increased clinical activity requiring 1:1, enhanced & intermittent observations of service users
- To ensure continued safe delivery of RESPECT interventions
- Due to a high level of acuity, 4 staff were required on most shifts to observe service users at any one time.

There were 7 episodes of seclusion and 4 low staffing incidents reported. The ward took 16 admissions and completed 15 discharges. The length of stay (LOS) was 44.5 (untrimmed) and 41.7 at month end.

Burbage Ward

The average fill rate for Registered Nurses against the day shift was 74.1% and night shift 96.1%. The fill rate for unregistered staff against the day shift was 139.1% and Night shift at 180.6%.

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

- Short term sickness and cover for annual leave and training. On these shifts there were two registered nurses (rather than the planned three). On 13 other shifts there was 1 registered nurse, rather than the planned 3. 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 and mandatory training
- Increased clinical activity requiring 1:1(9 days)/intermittent (10 minute), and 2:1 observations, Equivalent to 50 days of additional cover across the shifts

The ward took 12 admissions, of which 8 were for detoxification and completed 11 discharges, (9 were for detoxification). The length of stay (LOS) was 22.6 (untrimmed) and 69.9 at month end.

Maple Ward

The average fill rate for Registered Nurses against the day shift was 93.1% and night shift was 81.7%.

The fill rate for unregistered staff against the day shift was 115.0% and Night shift at 225.3%.

The fill rates for registered staffing on the night shifts were lower than plan due to:

- Staff sickness and planned annual leave which was covered by experienced unregistered support staff.

The fill rates for unregistered staffing on day / night shifts were higher due to:

- Increased clinical activity requiring observation levels of 1:1 (68 days of cover across shifts)/ intermittent (10 minute - equivalent 187 days) observations.
- Ensuring safe delivery of RESPECT interventions.

The ward took 11 admissions and completed 12 discharges. As Maple ward houses the two 136 beds (place of safety) it was noted that 29 place of safety assessments took place, (34 in Dec). 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.

The length of stay (LOS) was 46.3 (untrimmed) and 48.5 at month end.

Older People's Acute Admission Ward

Dovedale Ward

The average fill rate for Registered Nurses on the day shift was 91.3% and the night shift was 90.6%.

The fill rate for unregistered staff against the day shift was 148.3% and Night shift at 135.5%.

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:

- 3 over establishment. A review of support worker/administrative roles is underway with a completion date of 31st March 2017.

Acuity increased as one service user required 1:1 observation for the majority of January. Increase in support staff was also required on 2 days per week to facilitate Electro Convulsive Treatment (ECT) escorts.

Table 1 shows the Acute Care 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	558	100.0	Early = 5 Afternoon = 5 Night = 3	3 3 2	2 2 1
Burbage	14	434	501	115.4	Early = 5 Afternoon = 5 Night = 3	3 3 2	2 2 1
Maple	17	527	543	103.0	Early = 6 Afternoon = 6 Night = 4	4 4 2	2 2 2
Total Adult Acute	49	1519	1602	105.5			
Burbage Substance Misuse	5	155	112	72.3			
Grand Total Adult Acute	54	1674	1,714	102.4			
Dovedale	18	558	544	97.5	Early = 5 Afternoon = 5 Night = 3	3 3 2	2 2 1

In summary

In the Acute and In-patient Directorate there were 54 beds available, 47 admissions and 47 discharges. Clinical activity and acuity remained high with most service users being detained under the Mental Health Act. Bed occupancy ran at 100% - 115% 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 70.9% and against the night shift was 98.4%.

The fill rate for unregistered staff against the day shift was 169.7% and Night shift at 211.3%.

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).
- Staff sickness (due to assault).
- Registered nurse vacancies.
- During January one service user had been in long term seclusion due to severe on going risk to staff / service users. Forensic assessments had been completed and service user was awaiting transfer to a low secure unit, anticipated transfer date 21/02/2017. Attempts to support this particular service user outside of seclusion were on going, staffing was increased to facilitate this; however this still continued to pose an unmanageable risk to staff / other service users. Excluding this particular service user there has been a median of 1.84 people in seclusion throughout the month. An approximation of increased hours of staffing required to meet this equates to 1368 hours.

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 shows the Psychiatric Intensive Care unit (PICU): Endcliffe Ward: available/actual bed nights used, % bed occupancy and staffing ratio per shifts.

Ward	Beds	Available Bed Nights	Actual Bed Nights	% Bed Occupancy	Shifts	Registered Nurses	Unregistered staff
Endcliffe Ward	10	310	222	71.6	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 96.1% and the night shift was 100.0%.

The fill rate for unregistered staff against the day shift was 93.6% and Night shift at 100.0%.

The staffing ratio for Bungalow 1a remains similar to 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 94.1% and the night shift was 100.0%.

The fill rate for unregistered staff against the day shift was 96.2% and Night shift at 100.0%.

There was a slight reduction in registered/unregistered staffing in January 2017 due leave being taken.

The shortfalls were covered using staff from other bungalows as and when required. Preceptor nurse also commenced duty and an advert for further recruitment of registered nurse has been progressed.

Bungalow 2:

The average fill rate for Registered Nurses on the day shift was 97.5% and the night shift was 77.4%.

The fill rate for unregistered staff against the day shift was 112.8% and Night shift at 96.8%.

There was a shortfall of registered nurse on 2 late shifts, which were covered by offering overtime; this was not reflected in actual hours. The registered nurses also worked cross shifts to optimise consistency of care during higher activity hours to support and enhance patient safety.

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 1A	14	434	430	99.1	Early = 5 Afternoon = 5 Night = 3	2 2 1	3 3 2
Forest Close 1	8	248	244	98.4	Early = 3 Afternoon = 3 Night = 2	1 1 1	2 2 1
Forest Close 2	8	248	248	100.0	Early =3 Afternoon = 3 Night =2	1 1 1	2 2 1

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 attended by Acute & Inpatient, Community, Rehabilitation and Crisis House staff to discuss, review and 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 91.3% and the night shift was 100.1%.

The fill rate for unregistered staff against the day shift was 109.0% and Night shift at 97.1%.

The fill rates for registered / unregistered staff were slightly below 100% due to:

- 7 shifts worked with 1 staff under planned hours due to sickness/ bank staff cancellation / staff development and induction along with an unexpected resignation.

Section 17 leave was cancelled on 1 occasion. There were 20 shifts covered with 1 registered staff rather than 2. The deficits were covered using experienced support staff.

The ward is presently inducting new staff and continues to review its staff skill mix. Patient safety and care was not compromised, as regular support staff covered the ward.

Forest Lodge Rehabilitation Ward:

The average fill rate for Registered Nurses against the day shift was 61.6% and the night shift was 77.4%.

The fill rate for unregistered staff against the day shift was 98.3% and Night shift at 119.4%.

The fill rates for registered staff on day / night duty were low due to:

- On some shifts there was one registered nurse on duty instead of two. This was due to sickness on the day/cancelled shifts by substantive bank staff and due to attendance at mandatory training including in-house away days. Patient care and safety was maintained, using experienced support staff.

- There was no registered nurse on duty on six night shifts, leaving one registered in the Forensic Unit with responsibility for two sets of keys and the welfare of 22 patients. Two experienced unregistered support staff covered the ward on these shifts. There was a usually high amount of registered nurse sickness (337 hours in total) in this month. One of these was for planned surgery. To accommodate unexpected sickness staff reduced annual leave uptake

Table 4 shows the Forensic Beds per ward: available/actual bed nights used % bed occupancy and 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	278	81.5	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	335	98.2	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	613	89.9				

Learning Disability

Firshill Rise: Assessment and Treatment Unit (ATU)

The fill rates reported to Unify (from E-Rostering) for Registered Nurses against the day shift was 77.1%. There has been a minimum of 1 registered nurse on all shifts.

The average fill rate for registered nurses on the night shift was 103.3%.

The fill rate for unregistered staff against the day shift was 110.9% and Night shift at 182.5%. The fill rates were higher due to:

- 2 service users on 1:1 observations throughout a 24 hour period for much of the month and a further service user on 2:1 in communal areas to maintain service users /staff safety.
- Cover for long term sickness.
- Incident investigation.
- Ward manager and ACD hours have been included in the registered fill rates to enable safer staffing and to support proactive treatment plans.

Table 5 shows the 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 <i>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</i>	248	155	62.5	Early = 6 Afternoon = 6 Night = 4	2 2 1	4 4 3	1:2

Due to the high service user acuity, the staffing model for the remainder of 2016/17 (this financial year) will consist of a 9-5 cross cover shift over the planned numbers tabled above. This will show as an increase in fill rate as planned shifts have as yet not been amended, but will be adjusted in the new financial year.

Dementia

G1 Ward Grenoside Grange:

The average fill rate for Registered Nurses against the day shift was 105.6% the night shift was 94.0%.

The fill rate for unregistered staff against the day shift was 95.3% and Night shift at 111.9%.

The registered/unregistered staff ratios on day/night shifts fluctuated due to:

- Care co-ordinators both of whom are registered nurses are not reflected in the registered fill rates as they have been traditionally classed as “supernumerary”. They are integral staff members of the nursing work force. This accounted for a minimum of 150 hours in duty not accurately reflected in the past months.
- The ward will be taking on a re-deployed support staff to support the care model and reduce bank spend commensurately.

Table 6 shows the G1 Beds: 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
G1	16	496	440	88.7	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 and Reported Incidents

25 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 Jan (Dec 16, Nov = 12, Oct = 18, Sept = 5)

Table 7 below shows a breakdown of incidents per ward for January 2017

Ward	No of Incidents	Reasons – Summarised from Safeguard Reports
Stanage Ward	4	Staff shortages due to acuity and levels of observation.
Forest Close Bungalow 2	1	Agency worker did not arrive, cross cover required.
G1 Ward	1	Staffed as planned but service user required x2 staff escort to A & E due to level of distress. Limited activity on ward during this period, service user returned to ward after discussion to minimize distress and enable ward to return to required establishment.
Forest Lodge Assessment Ward	4	Staff sickness and vacancy leaving one registered nurse on duty on 8 occasions. Impact was delayed escorts for patients to take leave, staff members unable to take a break. Covered using unregistered staff.
Forest Lodge Rehabilitation Ward	10	There were several shortfalls reported for January 2017, due to short term / long term sickness / annual leave cover and staff vacancy. 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.
Dovedale	5	Low staffing levels to meet acuity on ward.
Total	25	

3. Next Steps

- i. Safer Staffing governance review to commence March 2017, to be completed by May 2017.
- ii. E-Rostering and SafeCare module rollout to be completed by May 2017.
- iii. Review of ward manager accountability / understanding for rostering management as per "Good Rostering Practice Guidance by NHS Improvement by end April 2017.
- iv. Produce a performance dashboard for safer staffing reports.
- v. Establish an effective recruitment, retention & nurse rotation programme to more effectively manage nurse vacancies and turnover.
- vi. Full risk assessment being undertaken by the Deputy Chief Nurse.

4. Required Actions

- Members are asked to receive and note the January 2017 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. This is being addressed by the Directors of Corporate Governance and Information Management s & Systems Technology (IMST)

5. Monitoring Arrangements

- Via the Monthly Safer Staffing Group.
- Monthly reports are submitted to the Executive Directors Group and Board of Directors.

6. Contact Details

For further information please contact:

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Hospital Site name	Ward name	Main 2 Specialities on each ward		Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
		Speciality 1	Speciality 2	Registered		Care Staff		Registered		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
				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								
MICHAEL CARLISLE CENTRE	Burbage	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	1373.5	1017.83	984.5	1369.75	620	596	310	560	74.1%	139.1%	96.1%	100.6%				
MICHAEL CARLISLE CENTRE	Dovedale 1	715 - OLD AGE PSYCHIATRY	715 - OLD AGE PSYCHIATRY	1386	1273.63	930	1379	620	561.67	310	420	91.3%	148.3%	90.6%	136.5%				
THE LONGLEY CENTRE	Endcliffe Ward	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	1377	975.67	1364.23	2298.7	620	610	620	1310	70.9%	169.7%	96.4%	211.3%				
FOREST CLOSE	Bungalow 1	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	894.5	653.37	927	891.9	305.67	305.67	305.67	305.67	94.1%	98.2%	100.0%	100.0%				
FOREST CLOSE	Bungalow 2	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	463.5	461.9	930	1049	305.67	236.6	305.67	296	97.5%	112.6%	77.4%	96.6%				
FOREST LODGE	Forest Lodge Assessment	712 - FORENSIC PSYCHIATRY	712 - FORENSIC PSYCHIATRY	884.5	807.17	1364	1476.5	310	310.25	930	903	91.3%	109.0%	100.1%	97.1%				
FOREST LODGE	Forest Lodge Rehab	712 - FORENSIC PSYCHIATRY	712 - FORENSIC PSYCHIATRY	927	570.83	899	883.33	310	240	310	370	61.6%	98.3%	77.4%	119.4%				
THE LONGLEY CENTRE	Maple	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	1832.5	1706.52	915.5	1082.5	930	760	309.5	790	93.1%	115.0%	81.7%	266.3%				
FOREST CLOSE	Bungalow 1a	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	919.5	883.5	1393.5	1304.27	305.67	305.67	611.73	611.73	96.1%	98.6%	100.0%	100.0%				
MICHAEL CARLISLE CENTRE	Stonage	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	1386	1323.5	917.5	1469.5	620	610	310	610	96.5%	162.3%	96.4%	261.3%				
INTENSIVE SUPPORT SERVICE	Finhill Rise	700- LEARNING DISABILITY	700- LEARNING DISABILITY	901.5	696	1834	2034	310	320.25	620	1131.75	77.1%	110.9%	103.3%	182.5%				
GRENSIDE GRANGE	G1	715 - OLD AGE PSYCHIATRY	715 - OLD AGE PSYCHIATRY	926	977.5	2536	2417.5	620	583	1472.5	1647	106.6%	96.3%	94.0%	111.9%				
TOTALS				13060.5	11336.42	14975.23	17646.96	5677.61	5439.71	6415.47	9155.36								

Site Name	Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
	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								
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	2077.5	1988.77	3250.5	3245.17	917.61	848.54	1223.47	1213.6	95.7%	99.8%	92.5%	99.2%	0	-	-	-
FOREST LODGE	1811.5	1378	2253	2359.83	620	550.25	1240	1279	76.1%	104.7%	88.8%	102.7%	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	-	-	-
GRENSIDE GRANGE	926	977.5	2536	2417.5	620	583	1472.5	1647	105.6%	95.3%	94.0%	111.9%	0	-	-	-
HURLFIELD VIEW	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
INTENSIVE SUPPORT SERVICE	901.5	695	1834	2094	310	320.25	620	1131.75	77.1%	110.9%	103.3%	182.5%	0	-	-	-
MANSFIELD VIEW	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
MICHAEL CARLISLE CENTRE	4154.5	3614.96	2832	4238.25	1860	1767.67	930	1790	87.0%	149.7%	95.0%	192.5%	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	3209.5	2681.19	2269.73	3351.2	1550	1370	929.5	2100	83.5%	147.6%	88.4%	225.9%	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	-	-	-