OPEN BOARD OF DIRECTORS
12 April 2017

TITLE OF PAPER	Staffing Capacity and Capability Report, Monthly Return 1st – 28th February 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	April 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 ▫ Good Practice Guide: Rostering – June 2016
LINKS TO THE NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES ETC	NHS Outcomes Framework HSE ❑ MH Act ❑ Equality ❑ BME ❑ Disability Legislation ❑ NHS Constitution: Staff Rights ❑ Service users' Rights ❑ Public's Rights ❑ Principles ❑ Values ❑
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	N/A
CONSIDERATION OF LEGAL ISSUES	N/A

Authors of Report	Giz Sangha
Designation	Deputy Chief Nurse/Acting Clinical Director Acute & Inpatient Care
Date of Report	27th March 2017

SUMMARY REPORT

Report to:	**Open Board of Directors**
Date:	**12 April 2017**
Subject:	**Staffing Capacity and Capability, Monthly Return: 1ˢᵗ – 28ᵗʰ February 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

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

2. Summary

The 1ˢᵗ – 28th February 2017 report was published on the Trust's website on the 10ᵗʰ March 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 in-patient wards and in February, on day shifts, seven wards, Burbage, Endcliffe, Forest Lodge Rehabilitation, Maple, Forest Close Bungalow 1a, Stanage and Firshill Rise had registered nurse fill rates below 90% (73.9% - 89.3%) and on night shifts two wards, Burbage and Forest Lodge Rehabilitation had registered nurse fill rates below 90% (64.6 - 81.9%).

The key reasons for the staffing shortfalls against plan were 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 and Deputy Ward Managers 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. However, it will be recorded in the new E-rostering plan along with other professionals input in due course.

In the Learning Disability Ward although the staffing % for registered nurses on the day shift appeared low at 75.0% against plan, this actually represents an increase in registered nurse staffing, compared to previous reports, as the ward was and continues to operate on two registered nurses per shift. This meant every shift was covered by one nurse and over three quarters of the time by two nurses. In addition the Assistant Clinical Director had a routine presence on the Ward, which was not recorded.

The level of risk regarding safer staffing is currently being re-assessed. Clinical Nurse Managers and Assistant Clinical Directors visited the wards daily to review governance structures for accurate safer staffing recording.

E-Rostering Project

The lead responsibility for implementation of E-rostering is led by the Human Resources Director. However, the Deputy Chief Nurse commenced a review of the governance systems in E-rostering to mitigate risk due to several staff changes (starters & leavers) in the E-rostering project. The work on Safer Staffing will then be overseen by the newly recruited Deputy Director of Nursing: Staffing & Workforce Development, due to commence in post in April 2017.

Safer Staffing Group

The Terms of Reference for the Safer Staffing Group have been reviewed as part of a wider review of other existing groups working on Agency, Bank and E-Rostering. The overall aim was to establish a more effective governance and delivery system, including structures, processes and outcomes, to deliver the required outcomes, which has been completed.

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 Appendix 1.

3. Next Steps

▫ Safer Staffing governance review commenced in March 2017, to be completed by May 2017.
▫ E-Rostering and SafeCare module rollout to be completed by May 2017.
▫ Review of ward manager accountability / understanding for rostering management as per "Good Rostering Practice Guidance by NHS Improvement by end April 2017.
▫ Produce a performance dashboard for safer staffing reports.
▫ Establish an effective recruitment, retention & nurse rotation programme to more effectively manage nurse vacancies and turnover.

4. Required Actions

▫ Members are asked to receive and note the February 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, the Unify system should then upload to NHS Choices. This is being addressed by the Director of Corporate Governance and Director Information Management & 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

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Working Age Acute Admission Wards

Stanage Ward

The average fill rate for Registered Nurses against the day shift was 89.3% and Night shift at 98.2.0%.

The fill rate for unregistered staff against the day shift was 155.8% and Night shift at 229.1%.

The fill rates for registered day / night shift were reduced due to:
- Staff sickness (16 working days).
- Maternity Leave (8 days).

The fill rates for unregistered day / night shifts were higher due to:
- Increased clinical activity requiring 1:1, enhanced and intermittent observations of service users, including undertaking observations in a general hospital ward and providing additional nursing support for a reduced mobility patient on Stanage ward.
- To ensure continued safe delivery of RESPECT interventions

There was 1 episode of seclusion and 3 low staffing incidents reported. The ward took 13 admissions and completed 10 discharges. The length of stay (LOS) was 38.5 (untrimmed) and 44.7 at month end.

Burbage Ward

The average fill rate for Registered Nurses against the day shift was 73.9% and night shift 81.9%.

The fill rate for unregistered staff against the day shift was 145.6% and Night shift at 304.6%.

The fill rate for registered day / night shift was low due to:
- Agreed study leave cover and short term sickness. On these shifts there were two registered nurses (rather than the planned three).

The ward has appointed two WTE and one part time band 5 nurses. One nurse had commenced induction and the bank registered nurse would continue duty until the new nurses formally commenced their shifts in April 2017.

The fill rates for unregistered staff on day / night duty were higher due to:
- Cover for registered nurse planned study leave and short term sick cover.
- Increased clinical activity requiring 1:1 (5 patients this month) and 2:1observations (2 patients)

The ward took 13 admissions and completed 18 discharges. There were 6 instances of seclusion and 5 new sickness episodes noted. The length of stay (LOS) was 48.9 (untrimmed) and 48.7 at month end.

Maple Ward

The average fill rate for Registered Nurses against the day shift was 86.6% and night shift was 95.2%.

The fill rate for unregistered staff against the day shift was 118.0% and Night shift at 139.3%.

The fill rates for registered staffing on the night shifts were lower than plan due to:
- Staff sickness (22%) and planned annual leave (69%), early commencement of maternity leave, mandatory training (7%) some of 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 across shifts / intermittent (10 minute observations.
- Ensuring safe delivery of RESPECT interventions.

The ward took 12 admissions and completed 9 discharges. As Maple ward houses the two 136 beds (place of safety) it was noted that 24 place of safety assessments took place and there were 4 seclusions.

The length of stay (LOS) was 47.5 (untrimmed) and 39.7 at month end.

During the day shifts the band 7 clinical nurse manager and the band 6 discharge co-ordinator were available on the ward, but were not reflected in the safer staffing numbers; however, they do participate in the clinical management of patients ensuring the ward remains safe.

Older People's Acute Admission Ward

Dovedale Ward
The average fill rate for Registered Nurses on the day shift was 93.6% and the night shift was 92.3%.

The fill rate for unregistered staff against the day shift was 137.2% and Night shift at 96.5%.

The fill rates for registered staffing on days were lower due to:
- Short term 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 was underway with a completion date of 31st March 2017.

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	504	525	104.2	Early = 5 Afternoon = 5 Night = 3	3 3 2	2 2 1
Burbage	14	392	504	128.6	Early = 5 Afternoon = 5 Night = 3	3 3 2	2 2 1
Maple	17	476	481	101.1	Early = 6 Afternoon = 6 Night = 4	4 4 2	2 2 2
Total Adult Acute	49	1372	1,510	110.1			
Burbage Substance Misuse	5	140	58	41.4			
Grand Total Adult Acute	**54**	**1512**	**1,568**	**103.7**			
Dovedale	18	504	510	101.2	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, 44 admissions and 34 discharges. Clinical activity and acuity remained high with most service users being detained under the Mental Health Act. Bed occupancy ran at 101.1% - 128.6% 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 will be 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 74.6% and against the night shift was 96.6%.

The fill rate for unregistered staff against the day shift was 176.7% and Night shift at 262.9%.

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.

The unregistered staffing ratio was high on night shifts due to:
▫ High clinical activity and seclusion observations

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	280	250	89.3	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 73.8.1% and the night shift was 100.0%.

The fill rate for unregistered staff against the day shift was 101.9% and Night shift at 100.0%.

To mitigate the shortfalls in registered day shifts, the Deputy Ward Manager was moved from Bungalow 1 to Bungalow 1a to provide cover. A preceptorship nurse will commence duty on Bungalow 1a in March 2017.

Bungalow 1:
The average fill rate for Registered Nurses on the day shift was 90.2% and the night shift was 100.0%.

The fill rate for unregistered staff against the day shift was 89.0% and Night shift at 100.0%.

There was a slight reduction in registered/unregistered staffing in February 2017 due to leave being taken. These shifts were covered by the Deputy Ward Manager.

Bungalow 2:
The average fill rate for Registered Nurses on the day shift was 100.0% and the night shift was 92.9%.

The fill rate for unregistered staff against the day shift was 103.7% and Night shift at 100.9%.

There was a shortfall of registered nurse on 2 night shifts, which were covered by agency staff.

The Forest Lodge site has successfully recruited four registered nurses due to commence duty April/May 2017.

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	392	392	100.0	Early = 5 Afternoon = 5 Night = 3	2 2 1	3 3 2
Forest Close 1	8	224	224	100.0	Early = 3 Afternoon = 3 Night = 2	1 1 1	2 2 1
Forest Close 2	8	224	224	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 and associated risks, the Acute Care Management Team continued 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 and 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 95.9% and the night shift was 100.4%.

The fill rate for unregistered staff against the day shift was 104.2% and Night shift at 96.0%.

The fill rates for registered / unregistered staff were slightly below 100% due to:
- □ Staff taking annual leave to use their year-end entitlement.
- □ On 11 shifts one registered nurse covered the ward (should be two), due to mandatory training and a period of short term sickness.
- □ Vacant nurse post re-advertised, with a closing date on the 13th March 2017.

Forest Lodge Rehabilitation Ward:
The average fill rate for Registered Nurses against the day shift was 76.7% and the night shift was 64.6%.

The fill rates for registered staff on day / night duty were low due to:
- □ 12 shifts were covered using one registered nurse on duty instead of two. This was due to sickness on the day and mandatory training. Patient care and safety was maintained, using experienced support staff.

- □ There was no registered nurse on duty on nine 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. This was due to long term sickness after an operation.

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	308	260	84.4	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	308	308	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**	**616**	**568**	**92.2**				

Learning Disability

Firshill Rise: Assessment and Treatment Unit (ATU)
The average fill rate for Registered Nurses against the day shift was 75.0% and the night shift was 101.0%. There has been a minimum of 1 registered nurse on all shifts.

The fill rate for unregistered staff against the day shift was 112.2% and Night shift at 143.6%.

The fill rate for registered staff on days was low due to:
- Insufficient registered staff to accommodate two staff on duty per shifts.

This was mitigated by the Ward Manager and Clinical Nurse Manager working into the numbers "hands on" on a 9-5pm shift. Re-deployment of staff from Longley Meadows and advertisement for additional staffing was being progressed by the senior management team.

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.

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 *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*	224	119	53.1	Early = 6 Afternoon = 6 Night = 4	2 2 1	4 4 3	1:2

Dementia

G1 Ward Grenoside Grange
The average fill rate for Registered Nurses against the day shift was 106.2% the night shift was 93.3%.

The fill rate for unregistered staff against the day shift was 97.7% and Night shift at 110.7%.

G1 ward hours marginally increased on some day / night shifts due to patient need. Day hours do not include the Band 6 co-ordinators or the activity co-ordinators who remain an integral element of optimising care. This will be reviewed as part of the E-rostering governance work stream.

Table 6 shows the G1 Beds: available /actual bed nights used, % bed occupancy and 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	448	419	93.5	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 continued to enable Ward Managers and Service/Clinical Directors to use that information to better understand how staffing was affecting patient care, better inform their deployment of staff, undertake skill mix reviews and work towards ensuring wards were more safely/effectively staffed.

Key actions include:

i.   Where possible staff were deployed to wards with higher clinical activity/staffing requirements.

ii. Incident reporting has been embedded in routine practice and senior managers were 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

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 – 28th Feb (Jan 25, 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	3	Staff shortages due to acuity, levels of observation and supporting cover on other ward.
Burbage Ward	3	Staff sickness, annual leave, increased levels of observations on the ward
Firshill Rise	6	Staffed as planned but service user acuity high requiring additional registered / unregistered staff to cover escort to NGH (two staff required) & to cover 10 / 15 minute observation levels on the ward.
Forest Lodge Assessment Ward	1	Agency worker did not attend planned night shift. Safety was maintained as no activities were taking place.
Forest Lodge Rehabilitation Ward	2	There were several shortfalls reported for February 2017, due to short term / long term sickness.& staff vacancy Patient safety was maintained and leaves were slightly delayed (commenced on cross cover shifts).
G1 Ward	1	Low staffing levels to meet acuity on ward.
Total	**16**	

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 (%)
Burbage	73.9%	145.6%	81.9%	304.6%
Dovedale 1	93.6%	137.2%	92.3%	96.5%
Endcliffe Ward	74.6%	176.7%	96.6%	262.9%
Bungalow 1	90.2%	89.0%	100.0%	100.0%
Bungalow 2	100.0%	103.7%	92.9%	100.9%
Forest Lodge Assessment	95.9%	104.2%	100.4%	96.0%
Forest Lodge Rehab	76.7%	93.6%	64.6%	132.1%
Maple	86.6%	118.0%	95.2%	139.3%
Bungalow 1a	73.8%	101.9%	100.0%	100.0%
Stanage	89.3%	155.8%	98.2%	229.1%
Firshill Rise	75.0%	112.2%	101.0%	143.6%
G1	106.2%	97.7%	93.3%	110.7%