

BOARD OF DIRECTORS MEETING (Open)

Date: Wednesday 12 July 2017

Item Ref: 8 ii

TITLE OF PAPER	Safer Staffing Report: Monthly Return 1 st - 31 st May 2017
TO BE PRESENTED BY	Giz Sangha, on behalf of Liz Lightbown, Executive Director of Nursing, Professions and Care Standards
ACTION REQUIRED	Members are asked to receive and note the monthly report, acknowledging the current issues relating to staffing establishments and safer staffing levels Members are asked to note publication of this report on the Trust website, in compliance with the National Quality Board (NQB) 2013 requirements on safe staffing
OUTCOME	Board Members are assured the Trust is meeting the National Quality Board (NQB) requirements on publishing monthly staffing data
TIMETABLE FOR DECISION	July 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 OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES	Strategic Objective 1: Improving the Quality and Efficiency of Services. BAF Risk 1.4: Compliance with CQC Registration / Regulation Requirements. NHS Outcomes Framework
IMPLICATIONS FOR SERVICE DELIVERY AND 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	27 June 2017

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

Date: 12th July 2017

Subject: Safer Staffing Report, Monthly Return: 1st – 31st May 2017

Presented by: Giz Sangha, on behalf of
Liz Lightbown, Executive Director of Nursing, Professions & Care Standards

Author: Giz Sangha, Deputy Chief Nurse/Interim Clinical Director, Acute & In-patient Care

1. Purpose

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

2. Summary

The 1st – 31st May 2017 report was published on the Trust's website on the 14th June 2017 and reported to Unify, in compliance with the National Quality Board (NQB) 2013 and NHS England reporting requirements. See Appendices 1a and 1b.

Planned Staffing Levels (Nursing)

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. In May, on day shifts, six wards: Dovedale, Bungalow 1a, Bungalow 2 & Forest Lodge Assessment, Forest Lodge Rehabilitation & G1wards had registered nurse fill rates at above 92%. Of these, four wards had a fill rate above 100%.

Six wards had a fill rate below 92%. (75.7% - 89.4%) in Acute Care (Burbage, Maple, Stange, Endcliffe), Rehabilitation (Bungalow 1) & Learning Disability (Firshill Rise) This is an improvement on the March / April return, as the aforementioned wards are evidencing an increase in fill rates.

The key reasons for the staffing shortfalls against plan on days were due to vacancies & unplanned sickness and absence.

On night shifts, all wards had registered nurse fill rates above 90%.

May has seen an improvement in registered nurse fill rates in Forensic Rehabilitation / Assessment and on the Learning Disability Ward, although the staffing % for registered nurses on the day shift was 88.8%, this is an improvement from April (69.9%), against an increase in the planned staffing to two registered nurses per shift and ensured every shift was covered by one registered nurse.

Medical Staffing Summary

The Board of Directors requested that the Executive Medical Director provide a summary of the Trust position with regard to Medical Staffing to support this paper. Medical staffing levels are not subject the level of scrutiny applied to nurse staffing and there are no requirements to report to the National Quality Board. However, the Safer Staffing Group is working towards Multi-disciplinary Team (MDT) staffing reports.

Clinical and Service Directors confirmed that, similarly to nurse staffing, current staffing levels have been arrived at based on historical levels, professional judgement, service users' needs and budgets. Medical staffing levels are not prescribed as they are for nursing and the tools and frameworks that support determining nursing staffing levels are not available for medical staffing.

NHS Improvement suggests that medical staffing is an area for development / research, but adds that this is a complex area where many factors combine to determine the staff numbers/mix needed to deliver therapeutic mental healthcare. There is, however, guidance available from the Royal College of Psychiatrists Centre for Quality Improvement including recommendations around staffing in areas such as inpatient rehabilitation, older adults mental health services and adult inpatient learning disabilities. The RCPsych CCQI also recommends that staffing levels and skill mix should be reviewed every 12 months.

Factors affecting medical staffing levels include:

- Recruitment and retention of non-training grade staff
- The need for training posts at different grades
- Trainees allocated to SHSC and training vacancies
- Availability of approved supervisors.

For a one week period in Q1 2017/18 a survey was carried out of actual staffing levels against establishment:

Grade	Establishment (WTE)	Fill at sample point (WTE)	%age
Consultant	9.6	8.2	85.4%
Higher Trainees	6.0	2.7	45.0%
Core Trainees	2.0	3.6	180.0%
Foundation Trainees	11.0	9.0	81.8%
Specialty Doctors	3.0	2.3	76.7%

Higher trainee – specialty training leading to ability to apply for consultant posts.

Core trainee – two year part of the training programme between foundation training and medical specialty training.

Foundation trainee – previously known as pre-registration house officer and senior house officer. These are the two years immediately after medical school in which the trainee completes 3 rotations of four months in each year. Successful completion results in full GMC registration.

Specialty and associate specialist - non-training roles where the doctor has at least four years of postgraduate training, two of those being in a specialty.

Escalation and Assurance

Processes are in place to enable staffing establishments to be managed on a shift-by-shift basis.

The Assistant Clinical Directors, Clinical Nurse Managers, Ward Managers and their teams routinely monitor shift-to-shift staffing levels, including the use of agency / bank staffing solutions, seeking to manage immediate deficits in staffing by re-deploying staff to areas of clinical risk.

All Ward Managers are expected to keep their rosters up-to-date in real time and publish their rotas eight weeks in advance. To assist in this process and ensure daily compliance, Clinical Nurse Managers are now using of electronic iPad's for assurance purposes.

The clinical nurse managers review service user flow daily at the beginning and end of the day. The Assistant Clinical Director meets with the Bed Co-ordinator daily, to ensure the bed state is updated and an identified senior member of staff has a daily rota to manage gate keeping of beds.

Other professional groups, whilst working on the Wards as part of the wider Multi-disciplinary Team (MDT) including Doctors, Allied Health Professionals and Psychologists are not currently captured in the safer staffing level fill rates on E-rostering, though they attend wards daily and contribute towards safer staffing levels. In due course the intention is to incorporate all MDT members on to the E-rostering system.

The Executive Director of Nursing, Professions & Care Standards has ensured a system of escalation is in place. Senior Nurses have direct access to their Assistant & Service & Clinical Directors to escalate any staffing level concerns as required & to ensure support for Ward Managers and those with responsibility for staffing decisions. Where staffing pressures cannot be managed by Directors, this is escalated to the Deputy Chief Nurse.

Staff routinely complete Risk Management (Safeguard) forms in order to monitor registered nurse low staffing concerns.

Assurance Statement

Whilst staffing wards remains a challenge, in light of the daily actions being taken by senior nurses, and the continued monitoring of ward fill rates, the Executive Director of Nursing, Professions & Care Standards & Deputy Chief Nurse can provide assurance that there is sufficient resilience and that the wards are safely staffed and able to meet service user demand.

Additional nursing care (e.g. ward manager & assistant clinical director) in-put and other MDT members who provide clinical care is not yet recorded via E-Rostering.

E-Rostering Project

The Health roster is in place for all 12 in-patient wards. Ward Manager training for E-Rostering management as per Good Rostering Practice Guidance by NHS Improvement has been completed in May 2017.

The Safecare Module training & rollout commenced in June 2017. Rules are being implemented to measure Care Hours Per Patient Day (CHPPD), this will take place in August 2017.

Bank / Agency Use

In the next Safer Staffing Report, agency / bank use will be included to reflect staffing levels on wards.

Nurse Led Safer Staffing Group

The Safer Staffing Group meets monthly to ensure staffing requirements are reviewed as part of a wider review of other existing groups working on Agency, Bank and E-Rostering. The overall aim is to provide assurance that effective governance and delivery systems are in place to monitor, deliver and assure that the required staffing outcomes are in place. The use of a system to “clock in /out” of wards will be explored with Allocate to capture allied health professionals, discharge co-ordinators attending the ward.

The Performance Dashboard for Safer Staffing Reports continues to be improved and is attached for your reference. See Appendix 1b.

Recruitment

The Safer Staffing Group is working closely with human resource colleagues & commenced a gap analysis of each ward nurse shortfall to understand the challenges to nurse recruitment. A paper entitled “Registered Nurse Recruitment & Retention” & a presentation was taken to the 14th June Open Board by the Executive Director of Nursing, Professions & Care Standards & Director of HR. A rolling programme of recruitment has commenced overseen by the Deputy Director of Nursing, including offer of employment to third year nursing students on completion of their professional registration / DBS checks.

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 1a.

Effective Staffing Committee

This is an Executive led committee commencing in August 2017.

3. Next Steps

- 3.1 Continue to work jointly with Human Resources on workforce planning & recruitment.
- 3.2 Continue to work on the Workforce Strategy and Delivery Plan led by Human Resources (HR).
- 3.3 Report on agency / bank use - registered & unregistered staff in the September report.
- 3.4 Implement the Allocate Electronic Job Planning System for doctors and the clinical directorates work with Human Resources to review their medical staffing levels, taking advantage of the ability to plan medical staffing in a systematic way. The Executive Medical Director will report to Board in three months to up-date on progress and provide more details on proposals regarding medical staffing.

4. Actions

- 4.1 Members are asked to receive and note the May 2017 monthly report.
- 4.2 Members are asked to note publication of this report on the Trust website in compliance with the National Quality Board (NQB) 2013 requirements on safe staffing.

- 4.3 To note, 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

- 5.1 Via the Monthly Safer Staffing Group chaired by the Deputy Chief Nurse.
5.2 Monthly reports are submitted to the Executive Directors Group and Board of Directors.

6. Contact Details

For further information please contact:

Giz Sangha, Deputy Chief Nurse
Giz.Sangha@shsc.nhs.uk

Liz Lightbown, Executive Director of Nursing, Professions & Care Standards
Liz.Lightbown@shsc.nhs.uk

Tel: 0114 271 6713

Ward name	Day		Night	
	Average fill rate registered nurses/midwives	Average fill rate care staff	Average fill rate registered nurses/midwives	Average fill rate care staff
ACUTE				
Burbage	75.7%	142.9%	95.0%	209.9%
Dovedale	92.7%	124.7%	92.1%	119.5%
Maple	80.9%	153.4%	94.6%	267.7%
Stanage	89.4%	233.5%	100.0%	367.7%
PICU				
Endcliffe Ward	76.3%	161.0%	96.8%	190.3%
REHABILITATION				
Bungalow 1	87.8%	93.2%	103.2%	106.5%
Bungalow 1a	100.5%	94.6%	100.0%	100.0%
Bungalow 2	116.1%	93.5%	100.0%	100.0%
FORENSIC				
Forest Lodge Assessment	108.9%	116.1%	100.0%	126.5%
Forest Lodge Rehab	94.0%	92.0%	96.8%	100.5%
DEMENTIA				
G1	120.2%	93.7%	94.2%	108.5%
LEARNING DISABILITIES				
Firshill Rise	88.8%	161.0%	100.0%	283.1%

Wards	Staffing	April % Fill rate	April % Fill Rate	May % Fill Rate	May % Fill Rate	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date
		Day Shift	Night Shift	Day Shift	Nights							
Burbage	Registered	89	93	76	95	14+3	106% ↑	23 ↔	1 ↑	27 ↑	E=3(3 reg) L=3(3reg) N=3(2reg)	
	Unregistered	138	220	143	210	Registered Nurse shifts continue to fall short of 90% during the day due to unforeseen sickness / vacancies. A higher % was achieved on Nights due to availability of Bank staff.						
Storage	Registered	87	100	89	100	18 ↔	106% ↑	11 ↓	0 ↔	13 ↓	E=3(3 reg) L=3(3reg) N=3(2reg)	
	Unregistered	204	290	234	368	Registered nurse shifts continue to fall short of 90% during the day due to long term sick and 2 vacancies. 100% was again achieved on Nights due to Bank staff and regular staff picking up Bank shifts.						

Wards	Staffing	April % Fill rate	April % Fill Rate	May % Fill Rate	May % Fill Rate	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date
		Day Shift	Night Shift	Day Shift	Nights							
Maple	Registered	88	98	81	95	17 +1	111%	18	1	17	E=6(4 reg) L=6(4reg) N=4(3reg)	
	Unregistered	138	200	153	268	Registered nurse shifts were below 90% due to short term sickness / parenting and study leave being taken. These were covered using experienced unregistered staff.						
Endcliffe	Registered	80	96	75	95	10	92%	2	5	1	E=6(3 reg) L=6(3reg) N=4(2reg)	
	Unregistered	207	272	161	190	Registered nurse shifts were below 80% due to vacancies / short term sickness. Registered staff were deployed from other acute wards to cover at high acuity times to ensure continuity of care. Experienced unregistered staff were also used to support the 2 registered nurses on the ward on some shifts (should be 3).						

Wards	Staffing	April % Fill rate	April % Fill Rate	May % Fill Rate	May % Fill Rate	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date
		Day Shift	Night Shift	Day Shift	Nights							
		April	April	May	May							
Dovedale	Registered	87	90	93	92	18	104%	3	3	3	E=5(3 reg) L=5(3reg) N=3(2reg)	
	Unregistered	134	120	125	120	Registered nurse shifts were below 90% due to short term sickness, this was covered by registered bank staffing,						
Forrest Close Bungalow 1A	Registered	87	93	101	100	14	99.5	0	1	2	E=5(2 reg) L=3(2reg) N=3(1reg)	
	Unregistered	106	102	95	106	Registered nurse shifts were below 90% due to short term sickness / carer leave. Unregistered staff worked cross shifts to enable recovery programmes and escorts to take place.						

Wards	Staffing	April % Fill rate	April % Fill Rate	May % Fill Rate	May % Fill Rate	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date	
		Day Shift	Night Shift	Day Shift	Nights							Day Shifts	Nights
		April	April	May	May							Day Shifts	Nights
Forrest Close Bungalow 1	Registered	101	97	88	103	8	94.8	0	0	0	E=3(1 reg) L=3(1reg) N=2(1reg)		
	Unregistered	103	120	93	106	Registered nurse shifts were below 90%, this equates to the shift not being covered due to short term sickness. This is an improvement on previous months.							
Forrest Close Bungalow 2	Registered	97	77	116	100	8	100	0	1	0	E=3(1 reg) L=3(1reg) N=2(1reg)		
	Unregistered	100	100	94	100	All registered nurse shifts were covered, this is an improvement on previous months.							

Wards	Staffing	April % Fill rate	April % Fill Rate	May % Fill Rate	May % Fill Rate	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date
		Day Shift	Night Shift	Day Shift	Nights							
		April	April	May	May							
Forrest Lodge Assessment	Registered	107	100	109	100	11	73.6	2	0	1	E=5(2 reg) L=5(2reg) N=3(1reg)	
	Unregistered	136	132	116	127	Registered nurse shifts were covered 100% / above due to acuity levels. This is an improvement on previous months.						
Forrest Lodge Rehabilitation	Registered	94	87	94	97	11	100.3	0	0	1	E=4(2 reg) L=4(2reg) N=2(1reg)	
	Unregistered	86	97	92	100	Registered shifts were 94% - 97%, this is an improvement on previous months.						

Wards	Staffing	April % Fill rate	April % Fill Rate	May % Fill Rate	May % Fill Rate	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date	
		Day Shift	Night Shift	Day Shift	Nights							Day Shifts	Nights
Firhill Rise	Registered	69	107	89	100	8	81.9	0	0	0	E=3(1 reg) L=3(1reg) N=3(1reg) * unreg 9 - 5 Reg altered as of 15 th May 2017 to 1 per shift with aspiration of 2		
	Unregistered	152	260	161	283	Registered nurse shifts (day) were below 90% due to long term sickness / vacancies.							
G1	Registered	108	82	120	94	16	92.3	5	0	9	E=6(3 reg) L=6(3reg) N=5(2reg)		
	Unregistered	86	105	94	108	Registered nurse shifts were 120% (days) - 94% (night)- due to high clinical activity. This is an improvement on previous months.							