

BOARD OF DIRECTORS MEETING (Open)

Date: 11 October 2017

Item Ref: 6 ii

TITLE OF PAPER	Safer Staffing Report: Monthly Return 1 st - 31 st Aug 2017
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 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	October 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 ▫ 30th June 2017 letter from NHS Improvement Safe, Sustainable and Productive Staffing improvement resources – for review ▫ Rostering & Care Hour per Patient Day (CHPPD) Data Collection Template Guidance – August 2017
LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES	Strategic Objectives A1 01 Quality & Safety; A1 02 Quality & Safety; & A2 02 People. BAF Risk 1.4: Compliance with CQC Registration / Regulation Requirements.
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	N/A
CONSIDERATION OF LEGAL ISSUES	N/A

Authors of Report	Liz Lightbown & Giz Sangha
Designation	Executive Director of Nursing, Professions & Care Standards & Deputy Chief Nurse/Acting Clinical Director Acute & Inpatient Care
Date of Report	3 October 2017

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

Date: 11 October 2017

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

Presented by: Liz Lightbown, Executive Director of Nursing, Professions & Care Standards

Authors: Liz Lightbown, Executive Director of Nursing, Professions & Care Standards and 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 August 2017 report was published on the Trust's website on the 8th September 2017 and reported to Unify, in compliance with the National Quality Board (NQB) 2013 and NHS England reporting requirements. See Appendices 1 & 2.

Registered Nurse Staffing Levels

Staffing levels are determined by a combination of: professional judgement; current / available budgets; Meridian productivity work; Service User need; commissioning specifications; Health Education England Learning Disability Competency Framework and relevant NQB resources.

Executive Summary

Of the Trust's twelve in-patient wards, in August on day shifts:

- 2 wards had registered nurse fill rates above 90%: Bungalow 1a (Rehabilitation) & Forest Lodge (Forensic Assessment).
- 5 wards had registered nurse fill rates above 100%: Dovedale (Older Adult Acute Admission) Bungalows 1 & 2 (Rehabilitation); Assessment & Treatment Service (Learning Disability); and G1 (Dementia).

- 5 wards had registered nurse fill rates between 69.6 % - 84.3%: Endcliffe (Psychiatric Intensive Care Unit); Forest Lodge (Forensic Rehabilitation) Burbage (Acute); Stanage (Acute); & Maple (Acute & Health Based Place of Safety, HBPOS).

On night shifts, nine wards had registered nurse fill rates above 90 % with three wards below: Maple 68.8%; Burbage 85.9%; and Forest Lodge (Forensic Rehabilitation) 88.2%

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Lower fill rates were due to vacancies and some sickness absence.

Medical Staffing Summary

Clinical and Service Directors have 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 yet nationally reportable in Mental Health & Learning Disability services as they are for registered nurses and clinical support workers.

The Safer Staffing Group continues to work towards Multi-Disciplinary Team (MDT) staffing reports and the Medical Directorate continues to improve systems to capture data on 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 (RCP) Centre for Quality Improvement (CQI) including recommendations around staffing in areas such as Inpatient Rehabilitation, Older Adult mental health services and Adult Inpatient Learning Disability. The RCP CQI 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.

The table below shows actual staffing levels in in-patient areas against establishment during August 2017:

Grade	Establishment (WTE)	Fill at sample point (WTE)	%age
Consultant	9.6	7.7	80%
Higher Trainees	4.0	2.8	70%
Core Trainees	3.0	2.1	71%
Foundation Trainees	8.0	6.1	76%
Specialty Doctors	3.0	2.1	71%

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

Ward Managers are required to keep their rosters up-to-date in real time and publish their rotas eight weeks in advance.

Processes are in place to enable staffing establishments to be managed on a shift-by-shift basis. The clinical nurse managers review service user flow daily at the beginning and end of the day and a daily bed management/gatekeeping function managed by senior nurses has been established. Where required staff are moved to wards with lower staffing and / or higher clinical activity.

Staff report low staffing concerns (via the Safeguard incident reporting system) and these are escalated to the Deputy Chief Nurse for oversight, action and follow up.

Other professional groups, working on the Wards as part of the Multi-disciplinary Team (MDT) (Doctors, Allied Health Professionals and Psychologists) attend wards daily and contribute towards safer staffing levels.

Assurance Statement

Effectively staffing the wards remains a constant challenge. Shift by shift redeployment action is undertaken by senior nurses as required to ensure sufficient resilience and that the wards are sufficiently staffed and able to meet service user demand. The Executive Director of Nursing, Professions & Care Standards and Deputy Chief Nurse can provide assurance that daily management & redeployment as required is happening, however it remains very challenging, particularly in the Acute wards, with occupancy ranging between 92 – 98 %.

E-Rostering Project

The Health roster and the Safecare Module training & rollout are completed. During September / October focus will be on embedding practice and monitoring governance of the use of systems.

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 Performance Dashboard for Safer Staffing Reports continues to be improved and is attached for your reference. See Appendix 2.

Recruitment & Retention:

Due to successful recruitment campaigns new registered nurses have commenced duty during September and further staff are due to commence in October 2017.

3. Next Steps

- 3.1 Complete Review of Rehabilitation & Forensic Wards Registered Nurse Staffing Levels.
- 3.2 Continue to work towards being able to report on Bank, Agency & Vacancy Rates & Leave as part of the Safer Staffing Reports
- 3.3 Continue to attend the new regional (North East & Yorkshire & Humber) Nurse led Safer Staffing Group & share learning
- 3.4 Support newly registered nurses in their Preceptorship Programmes.

4. Actions

- 4.1 Members are asked to receive and note the August 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.

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:

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Giz.Sangha@shsc.nhs.uk

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

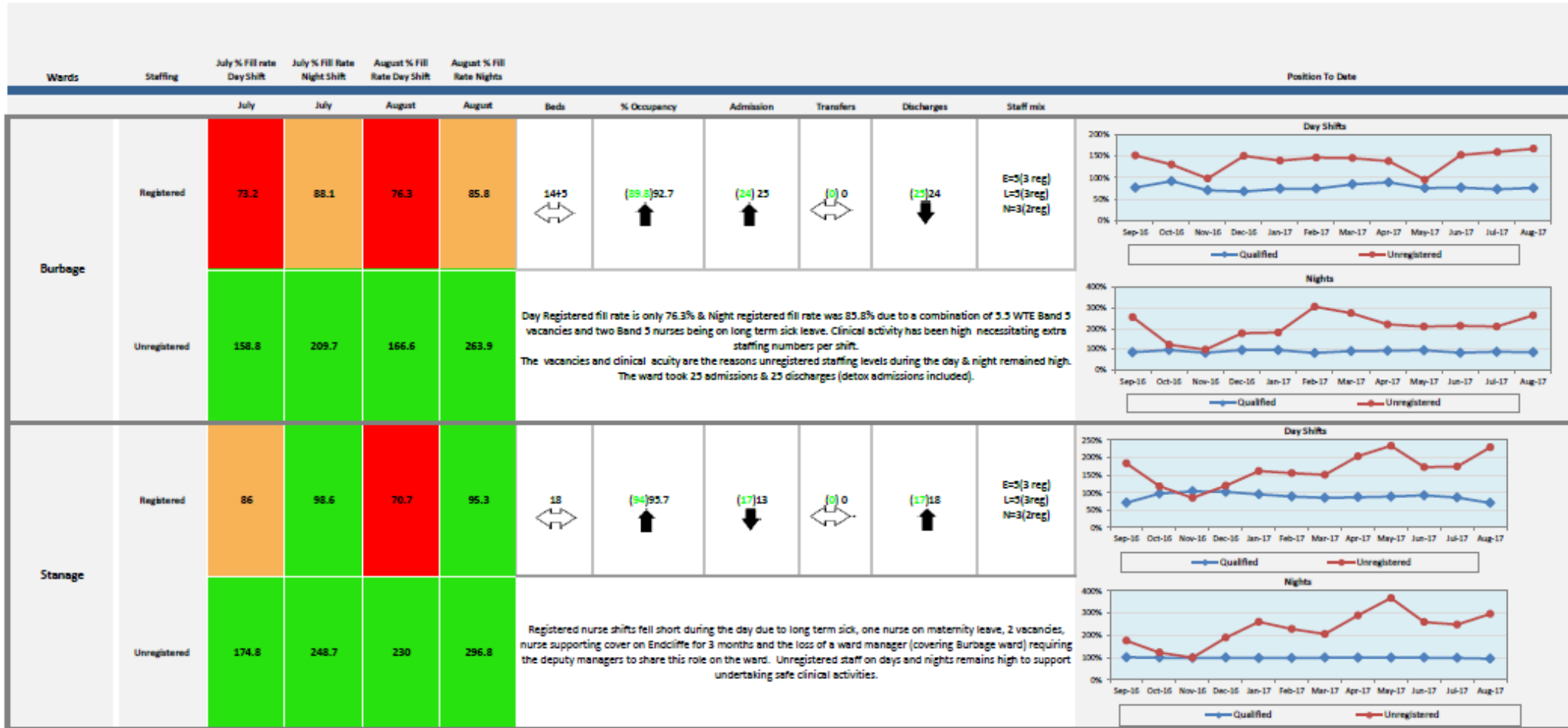
Tel: 0114 271 6713

Ward – Day and Night Figures for August 2017

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	76.3%	166.6%	85.9%	263.9%
Dovedale	102.2%	222.0%	98.4%	322.6%
Maple	72.8%	136.3%	68.8%	290.3%
Stanage	70.7%	230.0%	95.3%	296.8%
PICU	69.6%	169.0%	91.9%	188.7%
REHABILITATION				
Bungalow 1	130.8%	94.4%	100.0%	125.8%
Bungalow 1a	98.6%	92.6%	100.0%	98.4%
Bungalow 2	103.2%	97.0%	100.0%	96.8%
FORENSIC				
Forest Lodge Assessment	98.3%	113.2%	103.6%	116.9%
Forest Lodge Rehab	84.3%	96.3%	88.2%	106.6%
DEMENTIA				
G1	107.8%	91.3%	93.2%	101.4%
LEARNING DISABILITIES				
Firshill Rise	158.7%	145.0%	96.8%	235.8%

Safer Staffing Performance Dashboard – August 2017

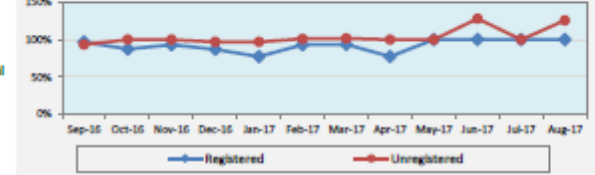
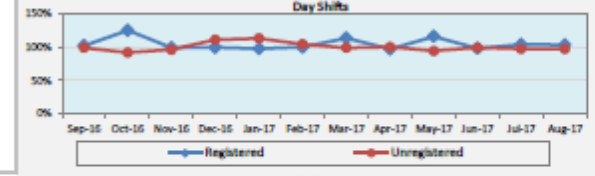
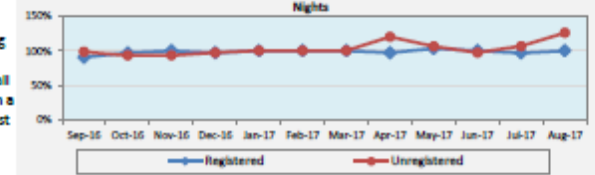
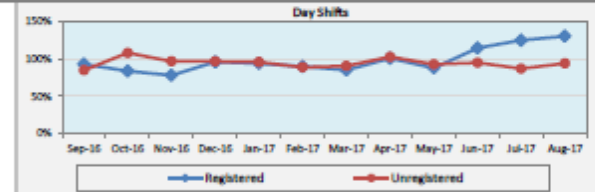
Appendix 2



Wards	Staffing	July % Fill rate	July % Fill Rate	August % Fill	August % Fill	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date
		Day Shift	Night Shift	Rate Day Shift	Rate Nights							
Maple	Registered	72.6	77.4	72.8	68.8	17 +1	(91)94.7	(21)16	(0)0	(20)18	E=6(4 reg) L=6(4reg) N=4(3reg)	
	Unregistered	149.5	200	136.3	290.3	Maple had 15.4 registered nurses available to work due to Long Term Sickness and staffing vacancies (AFE 23.7 band 3 and band 6). High level of sickness due to work related stress/injury following serious incidents occurring on the ward in July. August is typically a month where there is also a high annual leave take up due to it being school holidays and the summer months. Shortfalls were addressed by booking in unregistered staff and ward manager frequently coming into the nursing numbers to support shortfalls.						
Endcliffe	Registered	76.5	94.3	69.6	91.9	10	(84.5)95.2	(3)7	(2)5	(3)1	E=6(3 reg) L=6(3reg) N=4(2reg)	
	Unregistered	223.1	269.4	169	188.7	Nurse Registered numbers were low due to vacancies and unable to ensure 3 registered nurses per shift (managed on two). There were a few shifts on nights where only 1 registered nurse was on duty.						

Wards	Staffing	July % Fill rate	July % Fill Rate	August % Fill	August % Fill	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date
		Day Shift	Night Shift	Rate Day Shift	Rate Nights							
Dovedale	Registered	92.4	89.14	102.2	91.9	18	(99.5)97	(4)2	(0)2	(2)7	E=5(3 reg) L=5(3reg) N=3(2reg)	
	Unregistered	171.6	280.7	222	377.4	The shortfall on nights was due to short term sickness and a registered nurse supporting Burbage ward for 3 months.						
Forrest Close Bungalow 1A	Registered	94.5	100	98.6	100	14	(97.9)97.7	(1)0	(1)0	(0)0	E=5(2 reg) L=5(2reg) N=3(1reg)	
	Unregistered	94.6	100	92.7	98.4	There were three shifts 17th 26th and 27th August which required a registered nurse to cover other bungalows leaving 1 nurse instead of the required 2. Safe staffing levels were maintained on all bungalows due to flexibility of being able to move staff around the site.						

Wards	Staffing	July % Fill rate Day Shift	July % Fill Rate Night Shift	August % Fill Rate Day Shift	August % Fill Rate Nights	Position To Date
Forrest Close Bungalow 1	Registered	125.3	96.8	130.8	100	Beds: 8 % Occupancy: 98.4/98.8 Admission: 0 Transfers: (-1)0 Discharges: (-1)1 Staff mix: E=3(1 reg), L=3(1reg), N=2(1reg)
	Unregistered	87.1	106.5	94.4	125.8	The high RMN ratio to support workers in the day shift is partly accounted by the deputy ward manager including himself in the numbers on early shifts. This is because we were below AFE with support workers (staff moves around site will solve this problem in October). From 9th August to 17th August we increased staffing on all three shifts due to high patient acuity ie 1-1 with section 37/41 patient in hospital also 1-1 with a service user with a high risk of absconction. We used firstly, staff from other bungalows then went to flexi and agency to cover the rest of the shortfalls.
Forrest Close Bungalow 2	Registered	103.9	100	103.2	100	Beds: 8 % Occupancy: 100/102.8 Admission: 0 Transfers: (0)1 Discharges: 0 Staff mix: E=3(1 reg), L=3(1reg), N=2(1reg)
	Unregistered	97.03	100	97	125.8	Shortfalls of registered nurse were covered by staff from another bungalow. This has been recorded as additional duty rather than an actual shift. All shifts were covered safely by oversight of the senior nurse manager.



Wards	Staffing	July % Fill rate Day Shift	July % Fill rate Night Shift	August % Fill Rate Day Shift	August % Fill Rate Nights	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date
		July	July	August	August							
Forrest Lodge Assessment	Registered	96.7	100.2	98.3	103.6	11	(92.1)75.1	(0)2	0	(1)2	E=3(2 reg) L=3(2reg) N=3(1reg)	
	Unregistered	105.9	113.3	113.2	116.9	Assessment Ward worked with 1 registered nurse instead of 2 on 4 shifts. Forrest Lodge has 3 registered nurse vacancies (band 5) and 1 (band 6) vacancy. Band 5 nurses are due to start end September. Band 6 recruited is awaiting start date.						
Forrest Lodge Rehabilitation	Registered	93	96.8	84.3	88.2	11	(100)98.3	(0)1	0	1	E=4(2 reg) L=4(2reg) N=2(1reg)	
	Unregistered	85.8	100	96.3	106.6	The ward was covered using 1 registered nurse instead of 2 on 17 shifts in August. Recruiting bank and agency nurses were unsuccessful. Forrest Lodge has 3 band 3 nurses due to start in September and 1 band 6 awaiting start date. Shortfalls were related to short / long term sickness.						

Wards	Staffing	July % Fill rate	July % Fill Rate	August % Fill Rate	August % Fill Rate	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date
		Day Shift	Night Shift	Rate Day Shift	Rate Nights							
Firshill Rise	Registered	141.2	90.43	158.7	96.8	8	(93.1)94.8	(2)2	0	(1)3	E=5(1 reg) L=5(1reg) N=3(1reg) * unreg 9 - 5 Reg altered as of 15 th May 2017 to 1 per shift with aspiration of 2	
	Unregistered	141.4	261.7	143.6	235.8	<p>Firshill Rise minimum staffing levels are 5, 5.3 and 1 registered nurse on a 9-5 cross over shift. 2 registered nurses per shift expected to be on duty. This has been challenging due to long term sickness & recruitment issues. Throughout August 2 service users have been on 1:1, 1 on 24 hours observations. Staffing levels (unregistered staff) had been increased to support delivery of safe clinical interventions. Preceptorship nurse will be starting in March 18 & further recruit is planned.</p>						
G1	Registered	106.6	96.5	107.8	93.2	16	(93.1)74.4	(4)3	(1)0	(10)3	E=6(3 reg) L=6(3reg) N=5(2reg)	
	Unregistered	100.3	107.4	91.3	101.4	<p>Staffing numbers set at 8:8:8 throughout August. 2 service users on 1:1 throughout 3 night shifts G6</p>						