

BOARD OF DIRECTORS MEETING (Open)

Date: 14th February 2018

Item Ref: 07iia

TITLE OF PAPER	Safer Staffing Report: Monthly Return 1 st - 30 th November 2017
TO BE PRESENTED BY	Liz Lightbown, Executive Director of Nursing, Professions & Care Standards
ACTION REQUIRED	To receive the report and note publication on the Trust website, in compliance with the National Quality Board (NQB) 2013 requirements.
OUTCOME	Board Members are informed about November 2017's Ward Staffing.
TIMETABLE FOR DECISION	February 2018 Meeting
LINKS TO OTHER KEY REPORTS/ DECISIONS	<ul style="list-style-type: none"> ▫ National Quality Board (NQB) July 2013: How to ensure the right people, with the right skills are in the right place at the right time. A guide to nursing, midwifery and care staffing capacity and capability. ▫ NQB July 2016: Supporting NHS provider to deliver the right staff, with the right skills, in the right place at the right time. Safe, sustainable and productive staffing . ▫ NHS improvement June 2016: Good Practice Guide: Rostering.
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	<p>Strategic Aim: Quality & Safety Strategic Objectives A1 02: Deliver safe care at all times</p> <p>BAF Risk: A102i BAF Description: Failure to deliver safe care due to insufficient numbers of appropriately trained staff.</p> <p>BAF Risk No: A102ii BAF Description: Inability to provide assurance regarding improvement in the safety of patient care.</p>
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Compliance with CQC Registration / Regulation Requirements.
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Inability to provide safe staffing levels is a risk to patient care. Increased patient acuity and dependency may require additional staff and funding.
CONSIDERATION OF LEGAL ISSUES	Inability to meet Regulatory Care Requirements may affect the Trust's CQC ratings and Terms of Authorisation.

Authors of Report	Liz Lightbown & Giz Sangha
Designation	Executive Director of Nursing, Professions and Care Standards Deputy Chief Nurse
Date of Report	16th January 2018

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

Date: 14th February 2018

Subject: Safer Staffing Report, Monthly Return: 1st – 30th November 2017

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

Authors: Liz Lightbown & Giz Sangha, Deputy Chief Nurse

1. Purpose

<i>For Approval</i>	<i>For a collective</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 – 30th November 2017 report was published on the Trust's website on the 11th December 2017 and reported to Unify, in compliance with the National Quality Board (NQB) 2013 and NHS England reporting requirements. See Appendices 1 and 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 twelve in-patient wards on **day shifts**:

- Six wards had registered nurse fill rates above 100%: Forest Close Ward 1; Forest Close Ward 2, Forest Close Ward 3, Forest Lodge (Assessment), Firshill Rise (Learning Disability); and G1 (Dementia).
- Two wards had registered nurse fill rates above 90%: Forest Lodge Rehabilitation (96.6%) & Dovedale Ward (94.6%)
- Four Acute Wards had registered nurse fill rates below 90% & between 71.0% - 87.2%: Endcliffe (Psychiatric Intensive Care Unit); Burbage; Stanage; and Maple (hosts the Health Based Place of Safety).

Of the twelve in-patient wards on **Night shifts**:

- Four wards had registered nurse fill rates above 100%: Forest Close Ward 2; Forest Close ward 3, Forest Lodge (Assessment), & Burbage Ward.
- Four wards had registered nurse fill rates above 90%: Stanage (Acute); Forest Lodge Ward 1; Forest Lodge (Rehabilitation) and Firshill Rise (Learning Disability).
- Four wards had registered nurse fill rates between 78.3% - 88.3%; Endcliffe (Psychiatric Intensive Care Unit); Maple (Acute & Health Based Place of Safety, HBPOS); Dovedale (Older Adults) and G1 (Dementia)

Lower fill rates on the acute wards were due to a combination of longer term sickness absence and higher levels of short term sickness absence particularly on Maple Ward. Sickness absence was managed by deploying experienced regular, bank and/or agency registered and unregistered staff to wards.

Nurse Vacancies on Acute Wards

The registered nurse vacancy / gap analysis for the acute wards has been completed. The Actual Funded Establishment (AFE) for the 5 acute wards is:

- 22 WTE x Band 6 Registered Nurses
- 70 WTE x Band 5 Registered Nurses

The November Vacancy Rate for Band 6 = 4 WTE (18%)

The November Vacancy Rate for Band 5 = 17.3 WTE (24.7%)

The total deficit = 21.3 WTE (23%) Registered Nurses

The Trust-wide Rolling Recruitment Programme continues and there are six Band 5 newly qualified Registered Nurses due to commence in January, February and March 2018 on completion of their registration and DBS Checks, which still leaves the ward short of their AFE.

The Table 1: Vacancy / Recruitment Breakdown Per Ward:

	Nov-17 Vacancy			New Starters Band 5	New Starters Band 6	Anticipated new starter month
	Band 6	Band 5	Band 2			
Burbage	-1	-3.3	0.39	3	0	Jan (1) / March (2) 2018
Stanage	-1	-4.1	-0.11	2	0	March 2018
Maple	0	-4.5	1.47		0	Sept 2018
Dovedale	-1	-3.3	0.39		0	Sept 2018
Endcliffe	-1	-2.11	-3.37	1	0	Dec 2018
TOTAL	-4	-17.31	-1.23	6	0	

The new Associate Clinical Director, Chris Wood and Deputy Director of Nursing (Operations) Tony Bainbridge commenced in post in January 2018 and will be working closely with the Executive Director of Nursing and Deputy Chief Nurse, to look at ways to address the shortfall and will report to the Executive Directors Group (EDG) on a Recruitment Plan.

Agency / Bank Usage

The Agency and Off Payroll Management Group, chaired by the Corporate Transformation Lead, is monitoring agency and bank usage per ward and developing procedures to address overspends per ward area. Production of an agency reduction plan and trend reports on agency use for services / units have commenced, to be shared widely in January 2018 with Senior Operational Managers (SOM).

Unregistered Staff Usage

A focused piece of work has commenced to look at the usage of unregistered staff per ward. It is accepted that this is related to higher acuity on wards and to cover sickness / absence and lack of recruitment of registered nurses. Focused recruitment to acute wards is underway and systems are in place to ensure full compliance with the Rostering Policy.

Medical Staffing Summary

Clinical and Service Directors have confirmed that current medical staffing levels are determined by a combination of historical staffing levels, available budgets, professional judgement and service users' needs.

Medical staffing levels are not yet reportable, nationally, for Mental Health & Learning Disability services as they are for registered nurses and clinical support workers. 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 (CCQI) 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.

Table 2: In-Patient Medical Staffing Actual v's Establishment November 2017

Grade	Establishment (WTE)	Fill at sample point (WTE)	Percentage
Consultant	9.6	7.7	80%
Higher Trainees	4.0	2.9	73%
Core Trainees	3.0	2.4	80%
Foundation Trainees	8.0	5.6	73%
Specialty Doctors	3.0	2.1	70%
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.

Safety Huddles on Wards

Safety Huddles have been introduced on all Wards and aim to help Multi-Disciplinary Teams (MDT) prioritise direct patient care and focus on patient safety. They provide the opportunity at each shift change / handover to discuss any patient safety concern / incident / event that has occurred looking at how the event happened and how to prevent recurrences.

All wards have safety champions in place who ensure safety huddles are happening to enable effective risk management of service users / safer staffing ratios per ward. Where required staff are moved to wards with lower staffing and / or higher clinical activity to manage patient safety.

Risk Management

Staff report low staffing concerns, via the Safeguard incident reporting system and these are escalated to the Clinical Nurse Managers and if required 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.

Escalation and Assurance

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.

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 safely staffed and able to meet Service User demand. The Executive Director of Nursing, Professions & Care Standards and Deputy Chief Nurse can provide assurance that this is happening, however it remains challenging, particularly in the Acute and Learning Disability Directorates

E-Rostering Project

Ward Managers are required to keep their rosters up-to-date in real time and publish their rotas eight weeks in advance. The E-Rostering team, with senior clinical nurse input, continues to embed practice and monitor the accurate use of governance systems.

Executive Nurse Led Safer Staffing Group

The Safer Staffing Group has been revised and from January – June 2018 will focus on ensuring: E-Rostering is effectively embedded in all wards; and integrated performance reporting (of all required data) for safer staffing (at Ward and Director level) is fully established.

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

Recruitment & Retention

The wards proactively move staff to ensure experienced / non-experienced staff are working together. This is to ensure safe learning, daily support giving, and to enable new starters to reflect on their new role and for resilience.

3. Next Steps

- 3.1 A new integrated Safer Staffing Performance report is being developed, jointly with Human Resources and Finance colleagues. The anticipated completion date for this is June 2018.

4. Actions

- 4.1 Members are asked to receive and note the November 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 now chaired by the Executive Director of Nursing.
- 5.2 Monthly reports are submitted to the Executive Directors Group and Board of Directors.
- 5.3 Via the Effective Staffing Committee chaired by the Director of Human Resources

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 – Day and Night Figures for November 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	87.2%	216.0%	113.6%	322.0%
Dovedale	94.6%	162.1%	78.3%	226.7%
Maple	73.9%	160.1%	79.3%	320.0%
Stanage	71.0%	223.6%	95.1%	283.2%
PICU	79.7%	176.5%	88.3%	217.3%
REHABILITATION				
Forest Close - W1	121.9%	107.8%	93.3%	97.1%
Forest Close - W2	108.9%	104.2%	100.9%	101.5%
Forest Close - W3	109.0%	92.3%	100.0%	100.0%
FORENSIC				
Forest Lodge Assessment	118.1%	97.9%	106.0%	105.9%
Forest Lodge Rehabilitation	96.9%	100.5%	93.3%	108.0%
DEMENTIA				
G1	106.7%	98.7%	83.7%	108.4%
LEARNING DISABILITY				
Firhill Rise	188.1%	153.4%	96.8%	243.1%

RAG Rating

Green 90% and Above

Amber 81 – 89.9%

Red Less than 80%

Safer Staffing Performance Dashboard – November 2017

Wards	Staffing	Oct % Fill	Oct % Fill	Nov %	Nov %	Position To Date						
		Rate	Rate	Fill Rate	Fill Rate	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	
		Day Shift	Nights	Day Shift	Nights							
		October	October	November	November							
Burbage	Registered	89.3	120	87.23	113.58	14+5 ↔	(102)97 ↓	(25) 21 ↓	(0) 0 ↔	(26)20 ↓	E=5(3 reg) L=5(3reg) N=3(2reg)	
	Unregistered	216.3	366.1	215.98	322							
Stanage	Registered	74.9	100	74.9	100	18 ↔	(98.4)103.2 ↑	(13)13 ↔	(0) 0 ↔	(11)12 ↑	E=5(3 reg) L=5(3reg) N=3(2reg)	
	Unregistered	241.2	302.8	241.2	302.8						Lower registered staffing related to long term sickness, covered by using experienced unregistered staff.	

Wards	Staffing	Oct % Fill	Oct % Fill	Nov %	Nov %	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date	
		Rate	Rate	Fill Rate	Fill Rate							Qualified	Unregistered
		Day Shift	Nights	Day Shift	Nights							October	October
Maple	Registered	56.4	71.1	56.4	71.1	17 +2 ↔	(93.7)103.5 ↑	(15)13 ↓	(0)0 ↔	(15)12 ↓	E=6(4 reg) L=6(4reg) N=4(3reg)		
	Unregistered	191.8	302.8	191.8	302.8	Lower staffing related to noticeably higher short term sickness than usual, covered by deploying staff in shifts from other units.							
Endcliffe	Registered	68.7	96.9	79.72	88.33	10 ↔	(97.1)99 ↑	(2)3 ↑	(5)5 ↔	(1)2 ↑	E=6(3 reg) L=6(3reg) N=4(2reg)		
	Unregistered	218.1	288.7	176.46	217.25	Lower staffing related to vacancy, new starter commencing in December 2018.							

Wards	Staffing	Oct % Fill	Oct % Fill	Nov % Fill	Nov % Fill	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date	
		Rate	Rate	Rate	Rate							Qualified	Unregistered
		Day Shift	Nights	Day Shift	Nights								
		October	October	November	November								
Dovedale	Registered	78.67	69.8	94.62	78.33	18	(105)107.8	(2)5	(0)0	(2)4	E=5(3 reg) L=5(3reg) N=3(2reg)		
	Unregistered	150.5	190.5	162.13	226.67	Lower staffing related to vacancy, new starter commencing in Sept 2018. Recruitment is a rolling programme so this may change							
Forest Close Ward 3	Registered	116.3	100	108.98	100	14	(99.5)96.4	(1)1	(0)1	(0)2	E=5(2 reg) L=5(2reg) N=3(1reg)		
	Unregistered	87.45	100	92.29	100								

Wards	Staffing	Oct % Fill	Oct % Fill	Nov %	Nov %	Position To Date						
		Rate	Rate	Fill Rate	Fill Rate	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	
		Day Shift	Nights	Day Shift	Nights							
October	October	November	November									
Forest Close Ward 1	Registered	120.3	100.4	121.85	93.33	8	(114.5)100	(1)0	(0)0	(2)0	E=3(1 reg) L=3(1reg) N=2(1reg)	
	Unregistered	100.2	100	107.8	97.1							
Forrest Close Ward 2	Registered	101.6	100	108.91	100.88	8	(102)100	(3)0	(0)0	(4)0	E=3(1 reg) L=3(1reg) N=2(1reg)	
	Unregistered	102.4	100	104.21	101.54							

Wards	Staffing	Oct % Fill	Oct % Fill	Nov %	Nov %	Position To Date										
		Rate	Rate	Fill Rate	Fill Rate	Oct	Oct	November	November	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	
		Day Shift	Nights	Day Shift	Nights	October	October	November	November							
Forest Lodge Assessment	Registered	118.2	103.8	118.07	106					11	(98.5)↑109.1	(1)↓0	(0)↔0	(0)↔0	E=5(2 reg) L=5(2reg) N=3(1reg)	
	Unregistered	96.3	102.7	97.91	105.94											
Forest Lodge Rehabilitation	Registered	108.4	93.7	96.88	93.33					11	(99.4)↑100	(0)↔0	(0)↔0	(1)↔0	E=4(2 reg) L=4(2reg) N=2(1reg)	
	Unregistered	92.8	107.4	100.46	108											

Wards	Staffing	Oct % Fill	Oct % Fill	Nov %	Nov %	Position To Date										
		Rate	Rate	Fill Rate	Fill Rate	October	October	November	November	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	
		Day Shift	Nights	Day Shift	Nights											
Firshill Rise	Registered	199.1	100.1	188.08	96.83	8	(78.2)76.25	(1)0	(0)0	(2)2	E=5(1 reg) L=5(1reg) N=3(1reg) 1 * unreg 9 - 5 Reg altered as of 15 th May 2017 to 1 per shift with aspiration of 2					
	Unregistered	142.9	259.9	153.37	243.11											

Wards	Staffing	Oct % Fill	Oct % Fill	Nov % Fill	Nov % Fill	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date	
		Rate	Rate	Rate	Rate							Day Shift	Nights
		October	October	November	November								
G1	Registered	99.9	82.3	106.66	83.65	16	(90.7) 35.42	(-2)	(0)0	(-4)	E=6(3 reg) L=6(3reg) N=5(2reg)		
	Unregistered	98.9	110.6	98.7	108.35								