

BOARD OF DIRECTORS MEETING (Open)

Date: 11th April 2018

Item Ref: 6 ii

TITLE OF PAPER	Safer Staffing Report: Monthly Return 1 st - 28 th February 2018
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 February's 2018's Ward Staffing.
TIMETABLE FOR DECISION	April 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</p> <p>Strategic Objectives A1 02: Deliver safe care at all times</p> <p>BAF Risk: A102i</p> <p>BAF Description: Failure to deliver safe care due to insufficient numbers of appropriately trained staff.</p> <p>BAF Risk No: A102ii</p> <p>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	30 th March 2018

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

Date: 11th April 2018

Subject: Safer Staffing Report, Monthly Return: 1st – 28th February 2018

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 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 – 28th February 2018 report was published on the Trust's website on the 14th March 2018 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**:

- Seven wards had registered nurse fill rates above 100%: Psychiatric Intensive Care Unit (PICU) Forest Close Ward 1; Forest Close Ward 2, Forest Close Ward 3, Forest Lodge (Assessment), Forest Lodge (Rehabilitation), and Firshill Rise (Learning Disability).
- Two wards had registered nurse fill rates above 80%: Burbage Ward (80.3%) and Maple ward (85.3).
- Three Acute Wards had registered nurse fill rates between 69.2% - 73.2 % Dovedale (Older Adults) Stanage Ward and G1(Dementia Ward).

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

- Seven wards had registered nurse fill rates above 100%: Forest Close Ward 1; Forest Close Ward 2, Forest Close Ward 3, Burbage Ward, Forest Close (Assessment), Forest Close (Rehabilitation) and Psychiatric Intensive Care Unit (PICU)
- Two wards had registered nurse fill rates above 90%: Firshill Rise (Learning Disability) and Stanage Ward.
- Three wards had registered nurse fill rates between 69.6% - 79.9%; Dovedale (Older Adults), Maple (Acute & Health Based Place of Safety, HBPOS); and G1 (Dementia).

Lower fill rates on Dovedale (Older Adults) were due to deploying staff to high clinical areas (Burbage ward) as part of an agreed rotation plan & due to long term sickness. G1 (Dementia) had lower fill rates due to short term sickness absence. 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 February Vacancy rate for Band 6 = 3 WTE (14%) / (5 WTE (23%) in Jan)

The February Vacancy Rate for Band 5 = 15.51 WTE (22%) / (17.3 WTE (24.7%) in Jan)

The Total Deficit = 18.51 WTE (20.1%) / (22.31 WTE (24.3%) – Jan) Registered Nurses

The February Vacancy Rate has reduced from January 2018, the Trust-wide Rolling Recruitment Programme continues and there are eight newly Registered Nurses due to commence in, March, April and September 2018 on completion of their registration and DBS Checks, which still leaves the wards short of their AFE.

Table 1: Vacancy / Recruitment Breakdown Per Ward

	February 2017 Vacancies			New Starters Band 5	New Starters Band 6	Anticipated New Starters Per Month
	Band 6	Band 5	Band 2			
Burbage	- 1	- 3.1	1.39	4	0	March (2) Sept (2) 2018
Stanage	- 1	-5.1	0.89	2	0	March / April 2018
Maple	0	- 3.9	1.47	1	0	Sept 2018
Dovedale	- 1	- 3.5	0.39	1	0	Sept 2018
Endcliffe	0	- 0.09	- 3.37	0	0	
TOTAL	- 3	- 15.69	0.77	8	0	

Nurse Retention and Recruitment Plan

Since the last report the band 5 rolling recruitment programme continues to be successful with two further band 5 nurses being recruited and further interviews setup for March 2018.

There are 4 key areas of particular focus and an update of the detailed plan will be provided to Executive Director Colleagues in April 2018.

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, and shared with the new 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.

Medical Staffing Summary

Associate Clinical and Associate 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.

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.

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
- The availability of approved supervisors.

The table below shows actual staffing levels in in-patient areas against establishment during February 2018:

Grade	Establishment (WTE)	Fill at sample point (WTE)	Percentage
Consultant	9.6	7.9	82%
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	2.2	73%

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 continue on the wards to help Multi-Disciplinary Teams (MDT) prioritise direct service user 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 Senior Operational Managers (SOM) 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 on the Acute Care Wards.

E-Rostering Project

A Roster Calendar with clear “publish” dates and dates by which “all remaining unfilled shifts” should have been sent to ‘Bank’ has been shared with all Ward Managers and Senior Operational Managers (SOM’s) to ensure full compliance with the Rostering Policy. The Associate Clinical Director and Deputy Director of nursing have met with ward managers in March 2018 to reinforce accountability and compliance with the Rostering policy.

Executive Nurse Led Safer Staffing Group

The Safer Staffing Group has been revised; 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 and 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

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 February 2018 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:

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Ward – Day and Night Figures for February 2018

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	80.3	184.8	101.7	320.9
Dovedale	69.2	198.0	69.6	261.2
Maple	85.3	267.5	70.2	592.9
Stanage	71.3	282.8	91.3	396.7
PICU	101.8	254.4	100.1	335.3
REHABILITATION				
Forest Close - W1	118.6	96.1	100.0	92.9
Forest Close – W2	109.4	111.7	103.6	136.0
Forest Close - W3	108.2	84.3	100.0	102.0
FORENSIC				
Forest Lodge Assessment	108.4	91.1	101.8	102.7
Forest Lodge Rehabilitation	101.6	86.3	107.5	100.0
DEMENTIA				
G1	73.2	103.4	79.9	114.2
LEARNING DISABILITY				
Firshill Rise	148.7	118.7	96.4	176.6

RAG Rating

Green 90% and Above
Amber 80 – 89.9%
Red Less than 79.9%

Safer Staffing Performance Dashboard – February 2018

Wards	Staffing	January %	January %	February %	February %	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date	
		Fill Rate Day Shift	Fill Rate Night Shift	Fill Rate Day Shift	Fill Rate Night Shift							Day Shifts	Nights
Burbage	Registered	84.56	93.39	80.3	101.7	14+5	(98.5)100	(20)16	(1)0	(20)19	E=5(3 reg) L=5(3 reg) N=3(2 reg)		
	Unregistered	200.34	322.58	184.84	320.89	Two new starters due to commence duty in March 2018							
Stanage	Registered	75.67	103.23	71.3	91.3	18	(105.7)105.6	(15)12	(1)0	(11)9	E=5(3 reg) L=5(3 reg) N=3(2 reg)		
	Unregistered	273.36	365.73	282.77	396.7	New starter due to commence duty in March 2018							

Wards	Staffing	January %	January %	February %	February %	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date		
		Fill Rate Day Shift	Fill Rate Night Shift	Fill Rate Day Shift	Fill Rate Night Shift							Qualified	Day Shifts	Unregistered
Maple	Registered	97.05	80.84	85.3	70.2	17 +2 ↔	(100.6)102.3 ↑	(15)16 ↑	(3)0 ↓	(17)18 ↑	E=6(4 reg) L=6(4r eg) N=4(3r eg)			
	Unregistered	246.17	627.26	267.5	592.86	Short staffing due to short term sickness								
Endcliffe	Registered	93.4	100	101.8	100.1	10 ↔	(87.7)97.5 ↑	(5)0 ↓	(5)5 ↔	(3)1 ↓	E=6(3 reg) L=6(3r eg) N=4(2r eg)			
	Unregistered	239.47	308.63	254.41	335.27									

Wards	Staffing	January %	January %	February %	February %	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date		
		Fill Rate Day Shift	Fill Rate Night Shift	Fill Rate Day Shift	Fill Rate Night Shift							Qualified	Day Shifts	Unregistered
Dovedale	Registered	68.02	72.66	69.2	69.6	18	(101.8)104.8	(5)2	(2)2	(8)5	E=5(3 reg) L=5(3r eg) N=3(2r eg)			
	Unregistered	186.59	222.58	198	261.18	Reduced registered staffing due to long term sickness / vacancies / staff supporting covering an acute care ward.								
Forest Close Ward 3	Registered	104.37	100	108.2	100	14	(98.6)100	(1)0	(1)0	(1)0	E=5(2 reg) L=5(2r eg) N=3(1r eg)			
	Unregistered	93.96	104.07	84.26	102.02									

Wards	Staffing	January %	January %	February %	February %	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date	
		Fill Rate Day Shift	Fill Rate Night Shift	Fill Rate Day Shift	Fill Rate Night Shift							Registered	Unregistered
Forest Close Ward 1	Registered	114.42	100.26	118.6	100	8 ↔	(77)74.6 ↓	(1)1 ↔	(1)1 ↔	(2)1 ↓	E=3(1 reg) L=3(1r eg) N=2(1r eg)		
	Unregistered	103.9	116.13	96.09	92.85								
Forest Close Ward 2	Registered	124.51	103.4	109.4	103.6	8 ↔	(100)100 ↔	(0)0 ↔	(0)0 ↔	(0)0 ↔	E=3(1 reg) L=3(1r eg) N=2(1r eg)		
	Unregistered	94.19	122.34	111.71	136								

Wards	Staffing	January %	January %	February %	February %	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date
		Fill Rate Day Shift	Fill Rate Night Shift	Fill Rate Day Shift	Fill Rate Night Shift							
Forest Lodge Assessment	Registered	102.84	102.5	108.4	101.8	11 ↔	(108.8)109.1 ↑	(0)0 ↔	(0)0 ↔	(1)0 ↓	E=5(2 reg) L=5(2r eg) N=3(1r eg)	Day Shifts
	Unregistered	108.19	103.01	91.09	102.74							
Forest Lodge Rehabilitation	Registered	104.01	96.77	101.6	107.5	11 ↔	(90)89 ↓	(3)1 ↓	(0)0 ↔	(0)1 ↑	E=4(2 reg) L=4(2r eg) N=2(1r eg)	Day Shifts
	Unregistered	95.13	97.74	86.28	100							

Wards	Staffing	January %	January %	February %	February %	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date
		Fill Rate Day Shift	Fill Rate Night Shift	Fill Rate Day Shift	Fill Rate Night Shift							
Firshill Rise	Registered	151.29	100	148.7	96.4+	8 ↔	(73)72.85 ↓	(1)1 ↔	(0)0 ↔	(2)1 ↓	E=5(1 reg) L=5(1r eg) N=3(1r eg) 1*	Day Shifts
	Unregistered	118.01	173.21	118.69	176.56							
G1	Registered	109.94	79.29	73.2	79.9	16 ↔	(91.7)65.4 ↓	(7)1 ↔	(0)0 ↔	(7)1 ↓	E=6(3 reg) L=6(3r eg) N=5(2r eg)	Day Shifts
	Unregistered	102.2	133.89	103.41	114.21							