

BOARD OF DIRECTORS MEETING (Open)

Date: 12th September 2018

Item Ref: 8i

TITLE OF PAPER	Safer Staffing Report: Monthly Return 1 st - 30 th June 2018
TO BE PRESENTED BY	Liz Lightbown, Executive Director of Nursing, Professions and 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 June 2018 Ward Staffing.
TIMETABLE FOR DECISION	12 th September 2018 Meeting
LINKS TO OTHER KEY REPORTS / DECISIONS	<ul style="list-style-type: none"> ▫ NHS improvement June 2016: Good Practice Guide: Rostering. ▫ NQB, Edition 1, January 2018: Safe, sustainable and productive staffing – An improvement resource for learning disability services. ▫ NQB, Edition 1, January 2018: Safe, sustainable and productive staffing – An improvement resource for mental health.
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	<p>Strategic Aim: Quality & Safety Strategic Objectives A1 02: Deliver safe care at all times <u>BAF Risk:</u> A102i. <u>BAF Description:</u> Failure to deliver safe care due to insufficient numbers of appropriately trained staff. <u>BAF Risk No:</u> A102ii. <u>BAF Description:</u> 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	Brenda Rhule and Liz Lightbown
Designation	Deputy Chief Nurse
Date of Report	5 th September 2018

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

Subject: Safer Staffing Report, Monthly Return, 1st – 30th June 2018

**Authors: Brenda Rhule, Deputy Chief Nurse
Liz Lightbown**

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 - 30th June 2018 report was published on the Trust's website on the 13th July 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**:

- Five wards had Registered Nurse (RN) fill rates above 100%: Psychiatric Intensive Care Unit (PICU); Forest Close Ward 1; Forest Close Ward 2; Forest Lodge (Assessment) and Firshill Rise (Learning Disability).
- Four wards had Registered Nurse (RN) fill rates above 90%: Dovedale 97.0%; Forest Close Ward 1a 92.4% ; Forest Lodge (Rehabilitation) 98.1%; and G1 98.9%.
- Two wards had Registered Nurse (RN) fill rates above 80%: Burbage Ward 85.9% and Maple 82.2%.
- One ward had Registered Nurse (RN) fill rates above 70%: Stanage 77.7%

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

- Four wards had Registered Nurse (RN) fill rates above 100%: Psychiatric Intensive Care Unit (PICU), Forest Close Wards 1; Forest Lodge (Assessment) Forest Lodge and Firshill Rise.
- Five wards had Registered Nurse (RN) fill rates above 90%: Burbage Ward 96.5%; Maple Ward 92.2%; Forest Close Wards 1a 100.0%; Forest Close Ward 2 93.3% and Forest Lodge (Rehabilitation) 97.2%
- One ward had a Registered Nurse (RN) fill rate above 80%: Stanage Ward 88.7%.
- One ward had a Registered Nurse (RN) fill rate below 80%: G1 Ward 78.3%.
- One ward had a Registered Nurse (RN) fill rate below 70%: Dovedale Ward 64.1%.

RN Vacancies

Acute Wards: The Band 5 vacancy for acute wards & PICU was 24.3% in June 2018 (17.6 WTE). In September 2018 six new RNs commence. The vacancy rate has slightly increased from May 2018 due to internal movements, promotion and an RN leaving.

Table 1: RN Vacancy Rates: Acute Care Wards

June 2018	Acute Ward Vacancies		New Starters Band 5	New Starters Band 6	Starting
	Band 6	Band 5			
Burbage	0	4.9	2	0	Sept (2)
Stanage	1	5.1	1	0	
Maple	0	6.9	0	0	
Dovedale	2	0.7	1	0	Sept 2018
Endcliffe	0	0	0	0	
TOTAL	3	17.6	4	0	

2018	Jan	Feb	Mar	Apr	May	June
Overall %	23%	24.7%	18%	20%	23%	24.3%

Table 2: RN Vacancy Rates: Rehabilitation Wards

June 2018	Rehabilitation Ward Vacancies		New Starters Band 5	New Starters Band 6	Starting
	Band 6	Band 5			
Forest Close					
Ward 2	0	0	0	0	
Ward 1a	1	0	0	0	Sept 2018
Total	1	0	0	1	

Table 3: RN Vacancy Rates: Forensic Wards

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

- 4.32 WTE x Band 6 Registered Nurses
- 15.95 WTE x Band 5 Registered Nurses (1 x RN Band 5 commenced May 2018)

June 2018	Forest Lodge Ward Vacancies		New Starters Band 5	New Starters Band 6	Starting
	Band 6	Band 5			
Forest Lodge					
Rehabilitation	1	0	0	0	Recruiting / TBC
Assessment	0	0	0	0	
Total	1	0	0	0	

Medical Staffing Summary

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 reported nationally for Mental Health & Learning Disability services. NHS Improvement suggests that medical staffing is an area for development / research & that it is a complex area where many factors combine to determine the staff numbers/mix needed to deliver therapeutic mental healthcare. There is 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 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.

Table 4: In Patient Staffing Levels v Establishment June 2018

Grade	Establishment (WTE)	Fill at sample point (WTE)	Percentage
Consultant	10.0	9.2	92
Higher Trainees	4.0	2.8	70
Core Trainees	2.8	2.0	71
Foundation Trainees	8.2	6.1	74
Specialty Doctors	3.0	2.2	73

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.

Core Trainee – training between foundation training and medical specialty training (2 years).

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

Specialty and Associate Specialist: non-training roles, the doctor has at least four years postgraduate training, two of those in a specialty.

Patient Demand, Staffing Capacity and Bed Management

Effectively staffing the wards remains challenging as patient demand (acuity and dependency levels) remains high particularly on the Acute Care Wards. Staffing capacity is reviewed on a shift-by-shift basis by Ward Managers and Senior Nurses and where clinically required additional clinical support workers are utilized to support effective management of demand and where / if required staff may be temporarily redeployed for periods to other clinical areas. The Senior Nurses and Associate Clinical Directors review service user flow daily at the beginning and end of the day and there is a 24/7 bed management / gatekeeping function managed by Senior Nurses/Managers/Directors. In addition the Director led, in-patient wide, weekly Bed Management Meeting operates to effectively oversee and manage presenting service user demand and beds.

At times capacity to meet demand means some clinical activities are re-prioritized by the Ward Manager, Consultant Psychiatrist & the Multidisciplinary Team and this can on occasion affect some planned clinical activity. Allied Health Professions and Psychologists and Admin staff work on the wards as part of the Multi-Disciplinary Team (not currently recorded on the E-roster) and contribute towards safe staffing levels.

High Support Worker Fill Rates

Detailed analysis of the underlying reasons for the very high rates of support workers being used in the Acute Care Wards is being undertaken, led by the Deputy Director of Nursing Operations (Tony Bainbridge) & the new Deputy Chief Nurse (Brenda Rhule). An update on findings and any actions taken will be reported to the September Board.

Safety Huddles on Wards

Safety Huddles are used by the Ward Multi-Disciplinary Teams (MDT) to help prioritise and 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 may have occurred, looking at how the event happened and how to prevent recurrences. Each ward has a safety champion who takes responsibility to ensure safety huddles are happening to support effective risk management of service users.

Risk Management and Escalation

Staff report an occurrence of low staffing as an incident via the Safeguard incident reporting system, these are escalated to the Senior Operational Managers (SOM) and if required to the Associate Clinical Directors and Deputy Director of Nursing for oversight, action and follow up.

Safer Staffing Group

The Safer Staffing Group revised in January'18, is chaired by the Executive Director of Nursing and focused on: (1) production on an Integrated (Safer Staffing) Performance Dashboard; and (2) oversight / drive of E-rostering performance and delivery. The current Performance Dashboard for Safer Staffing per Ward is attached at Appendix 2.

E-Rostering Performance

Enhanced training and data cleansing in each Ward and Nursing Home commenced in April 2018, led by the E rostering lead and supported by the Deputy Director of Nursing (Operations) expected completion is by early October.

E- Roster compliance requirements and standards have been issued / set for Wards / Ward Managers and Senior Operational Managers. There are weekly meetings with Ward Managers to oversee their Ward performance and engender operational understanding, responsibility, ownership and accountability for compliance with the E-Rostering Policy in practice.

A new Rostering Operational Performance Report (ROPR) has been produced and is being used to better understand and improve each ward's performance.

A new E Rostering (check, confirm and challenge) User Group led by the Deputy Director of Nursing has been introduced to enable improvement and drive effective operational delivery of E-rostering by each Ward.

Agency / Bank Usage

The Bank, Agency and E-rostering Steering Group is monitoring agency and bank usage per ward and developing procedures, in line with e-roster, to address overspends. Production of an agency reduction plan and trend reports on agency use for clinical services is shared with the Senior Operational Managers (SOMs), Associate Directors, Associate Clinical Directors & the Deputy Director of Nursing on a monthly basis.

Executive Assurance Statement

The Executive Director of Operations, the Medical Director and Executive Director of Nursing, Professions & Care Standards can provide assurance that arrangements for and reviews of: staffing capacity (E –roster); bed management; use of additional staffing; and staff redeployment, to effectively manage service user demand are in place and happening.

3. Next Steps

- 3.1 Continue to improve operational understanding, ownership and delivery of E– rostering at Ward level.
- 3.2 Complete production of a fully integrated Performance Dashboard for Safer Staffing.
- 3.3 Detailed analysis of high utilization of Support Worker rates in Acute Care and action required to address.

4. Required Actions

- 4.1 Members are asked to receive and note the June 2018 monthly report.
- 4.2 Members are asked to note publication of this report on the Trust's website in compliance with the National Quality Board (NQB) 2013 requirements on safe staffing.

5. Monitoring Arrangements

- 5.1 Via monthly Safer Staffing Group.
- 5.2 Via monthly Care Network Governance Meetings.
- 5.3 Via Monthly Director of Operations Performance report to the EDG.
- 5.4 Monthly Safer Staffing reports to the Executive Directors Group and Board of Directors

6. Contact Details

For further information please contact:

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0114 271 6705

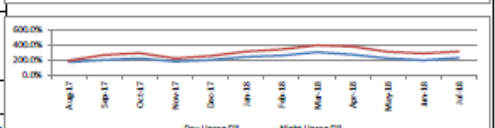
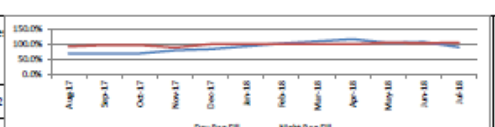
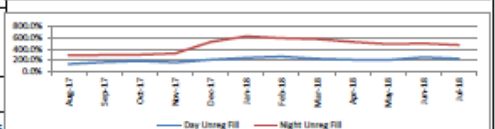
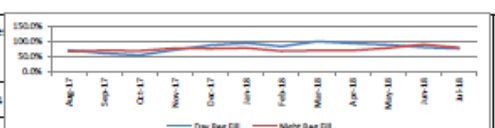
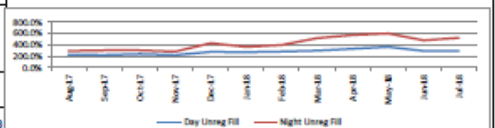
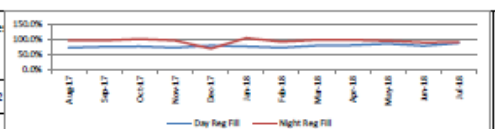
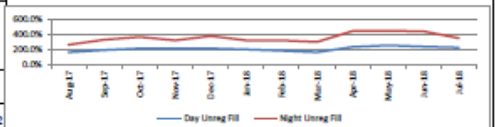
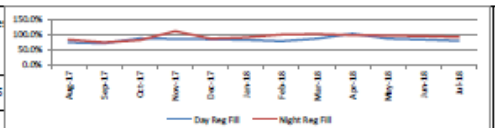
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Ward – Day and Night Figures for June 2018

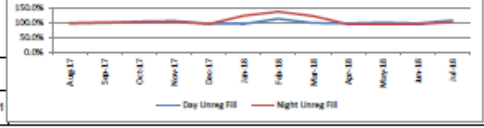
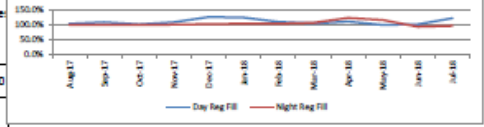
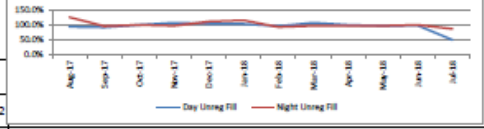
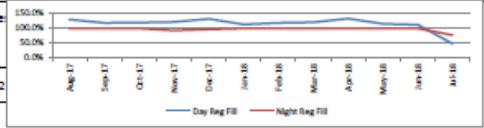
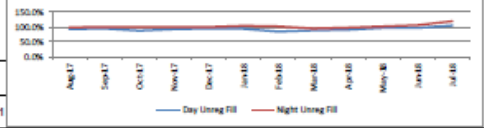
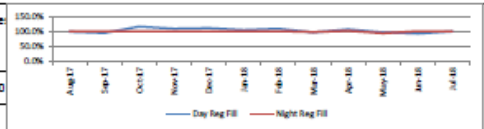
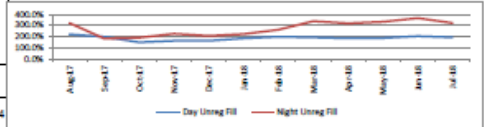
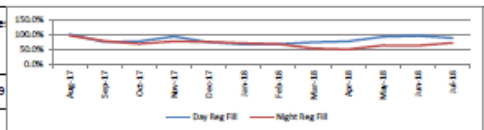
WARD NAME	DAY		NIGHT	
	Average fill rate registered nurses/ midwives (%)	Average fill rate care staff (%)	Average fill rate registered nurses/ midwives (%)	Average fill rate care staff (%)
ACUTE				
Burbage	85.9 ↓	240.7 ↓	96.5 ↓	440.0 ↓
Dovedale	97.0 ↑	205.7 ↑	64.1 ↓	366.7 ↑
Maple	82.2 ↓	255.4 ↑	92.2 ↑	500.0 ↑
Stanage	77.7 ↓	294.2 ↓	88.7 ↓	480.0 ↓
PICU	107.5 ↑	192.7 ↓	103.4 ↓	282.6 ↓
REHABILITATION				
Forest Close Ward 1	112.6 ↓	98.1 ↑	100.3 ↑	100.0 ↑
Forest Close Ward 2	102.0 ↑	96.9 ↓	93.3 ↓	93.3 ↓
Forest Close Ward 1a	92.4 ↓	96.9 ↓	100.0 ↑	106.5 ↑
FORENSIC				
Forest Lodge Assessment	102.2 ↓	102.3 ↓	102.2 ↓	99.1 ↑
Forest Lodge Rehabilitation	98.1 ↑	98.3 ↑	97.2 ↓	106.7 ↑
DEMENTIA				
G1	98.9 ↑	103.4 ↓	78.3 ↓	109.7 ↑
LEARNING DISABILITY				
Firshill Rise	185.8 ↓	126.3 ↑	143.4 ↑	191.7 ↑

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

Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift	Ward	Beds	Occupancy	Admissions	Transfers	Discharge	
Registered	Jun-18		Jul-18		July	Burbage	14	114.1%	11	1	15
	85.9%	96.5%	81.4%	93.6%							
Unregistered	Jun-18		Jul-18		June	Burbage	14	122.6%	11	0	12
	240.7%	440.0%	226.6%	351.6%							
Registered	Jun-18		Jul-18		July	Stanage	18	105.6%	10	0	12
	77.7%	88.7%	87.1%	90.2%							
Unregistered	Jun-18		Jul-18		June	Stanage	18	114.3%	15	0	13
	294.2%	480.0%	296.4%	526.2%							
Registered	Jun-18		Jul-18		July	Maple	17	102.1%	21	1	24
	82.2%	92.2%	78.8%	81.7%							
Unregistered	Jun-18		Jul-18		June	Maple	17	115.9%	24	0	26
	255.4%	500.0%	230.4%	471.1%							
Registered	Jun-18		Jul-18		July	Endcliffe	10	96.5%	3	6	2
	107.5%	103.4%	90.3%	105.3%							
Unregistered	Jun-18		Jul-18		June	Endcliffe	10	94.7%	2	4	2
	192.7%	282.6%	227.0%	306.9%							



Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift	Ward	Beds	Occupancy	Admissions	Transfers	Discharge	
Registered	Jun-18		Jul-18		July	Dovedale	18	93.5%	7	1	9
	97.0%	64.1%	89.5%	73.3%							
Unregistered	Jun-18		Jul-18		June	Dovedale	18	89.4%	5	2	4
	205.7%	366.7%	193.9%	322.8%							
Registered	Jun-18		Jul-18		July	Forest Close 1a	14	99.6%	0	1	0
	92.4%	100.0%	99.6%	100.0%							
Unregistered	Jun-18		Jul-18		June	Forest Close 1a	14	90.0%	1	3	1
	96.9%	106.5%	105.5%	119.4%							
Registered	Jun-18		Jul-18		July	Forest Close 1	8	55.2%	1	0	2
	112.6%	100.3%	49.1%	77.4%							
Unregistered	Jun-18		Jul-18		June	Forest Close 1	8	69.6%	0	1	2
	98.1%	100.0%	49.9%	87.4%							
Registered	Jun-18		Jul-18		July	Forest Close 2	8	95.6%	0	0	0
	102.0%	93.3%	122.7%	96.8%							
Unregistered	Jun-18		Jul-18		June	Forest Close 2	8	90.8%	1	0	1
	96.9%	93.3%	107.1%	100.5%							



Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift	Ward	Beds	Occupancy	Admissions	Transfers	Discharge	
Registered	102.2%	102.2%	105.5%	100.8%	July	F Lodge Assess	11	92.1%	2	0	1
Unregistered	102.3%	99.1%	103.1%	108.9%	June	F Lodge Assess	11	89.4%	1	0	0
Registered	98.1%	97.2%	105.8%	103.2%	July	F Lodge Rehab	11	96.8%	0	0	1
Unregistered	98.3%	106.7%	92.1%	100.0%	June	F Lodge Rehab	11	99.7%	0	0	0
Registered	185.8%	143.4%	191.5%	112.9%	July	Firshill Rise	7	88.9%	1	0	0
Unregistered	126.3%	191.7%	120.1%	195.2%	June	Firshill Rise	7	89.5%	0	0	1
Registered	98.9%	78.3%	95.2%	72.8%	July	G1	15	89.7%	4	0	2
Unregistered	103.4%	109.7%	95.0%	111.2%	June	G1	15	93.5%	4	0	4

