

BOARD OF DIRECTORS MEETING (Open)

Date: 10th April 2019

Item Ref: 7

TITLE OF PAPER	Safer Staffing Report: Monthly Return 1st – 28th February 2019
TO BE PRESENTED BY	Liz Lightbown, Executive Director of Nursing and Professions
ACTION REQUIRED	To receive the report and note publication on the Trust's website in compliance with the National Quality Board (NQB) 2013 requirements.

OUTCOME	Board Members are informed about February 2019 Ward Staffing
TIMETABLE FOR DECISION	April 2019 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><u>Strategic Aim: Quality & Safety.</u></p> <p><u>Strategic Objectives A1 02:</u> Deliver safe care at all times</p> <p><u>BAF Risk: A102i.</u> "Failure to deliver safe care due to insufficient numbers of appropriately trained staff".</p> <p><u>BAF Risk No: A102ii.</u> "Inability to provide assurance regarding improvement in the safety of patient care".</p> <p><u>Corporate Risk No 3831</u> Registered Nurse Vacancies</p>
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Compliance with CQC Registration / Regulation Requirements for Safer Staffing.
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 and Brenda Rhule
Designation	Executive Director of Nursing and Professions and Deputy Chief Nurse
Date of Report	2 nd April 2019

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

Subject: Safer Staffing Report Monthly Return, 1st – 28th February 2019

Authors: Liz Lightbown Executive Director of Nursing and Professions
Brenda Rhule, 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>
				✓	Assurance

2. Summary

Data and Publication

The safer staffing data for the 1st – 28th February 2019 was published on the Trust's website on the 4th March 2019 and reported to Unify, in compliance with the National Quality Board (NQB) 2013 and NHS England reporting requirements.

Registered Nurse (RN) 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
- Relevant National Quality Board (NQB) Safer Staffing resources.

The Performance Dashboard below is an integrated ward staffing report, which affords the opportunity for greater analysis and questions, to better understand what is happening on each ward in terms of their patient demand (currently bed numbers and occupancy) and corresponding staffing performance (Actual Funded Establishment, AFE, Fill Rates, Vacancies, Sickness Absence and use of Bank/Agency).

February 2019 Performance Dashboard

Specialty	Category	Ward	Beds	Occupancy %	Fill Rate Day Shift (Registered) %	Fill Rate Day Shift (Unregistered)	Fill Rate% Night Shift (Registered)	Fill Rate% Night Shift (Unregistered)	Actual Funded Establishment (RN)	RN Vacancy %	RN Sickness Absence %	RN Bank %	RN Agency %
Acute	Working Age Adults / Substance Misuse	Burbage	19	104.70%	93.76%	213.79%	100.00%	428.57%	19.37	20.91%	5.45%	5.57%	4.59%
		Maple	17	94.33%	103.44%	440.74%	95.24%	915.54%	25.34	21.86%	2.38%	1.66%	4.99%
		Stanage	18	96.23%	87.92%	377.49%	98.63%	659.46%	19.37	15.33%	12.80%	3.49%	5.81%
		Total	54	98.61%									
	Older Adults	Dovedale	18	92.46%	97.26%	192.18%	89.29%	263.57%	19.37	1.34%	14.11%	3.90%	0.00%
PICU	Endcliffe	10	95.00%	84.04%	371.21%	102.32%	493.66%	17.34	15.80%	5.26%	8.59%	9.38%	
Dementia		G1	16	93.08%	80.35%	99.04%	97.93%	120.02%	15.13	24.52%	9.72%	8.40%	10.08%
Forensic	Assessment	Forest Lodge	11	67.86%	100.56%	90.38%	100.00%	95.30%	10.95	8.24%	6.07%	8.33%	3.70%
	Rehabilitation	Forest Lodge	11	79.22%	104.27%	84.98%	100.00%	100.00%	9.32	8.24%	2.76%	4.61%	0.00%
	Grand Total	22	73.54%										
Learning Disability	ATS	Firshill Rise	7	69.39%	173.19%	119.61%	107.14%	162.50%	5.55	0.00%	5.68%	10.39%	24.68%
Rehabilitation	Ward 1	Forest Close 1	8	93.75%	129.13%	112.53%	100.00%	100.94%	6.06	0.00%	5.17%	3.97%	0.00%
	Ward 1a	Forest Close 1a	14	71.43%	93.92%	94.90%	100.89%	96.52%	9.70	0.00%	3.97%	1.72%	0.00%
	Ward 2	Forest Close 2	8	84.38%	114.75%	109.09%	100.00%	100.00%	6.06	0.00%	4.52%	3.08%	0.00%
	Grand Total	30	80.83%	105.21%	192.16%	99.28%	294.67%	165.05	9.68%	6.49%	5.30%	5.26%	

Performance Dashboard Summary

Bed Occupancy is based on the established / reported bed numbers per ward. Where occupancy is over 100% this is due to the use of additional beds.

Overall the Working Age Adult Acute wards managed occupancy at 98.61%, however Burbage ward was over occupied again at 104.70%.

All the other wards achieved occupancy below 100%:

- Psychiatric Intensive Care Unit (PICU) Endcliffe 95%
- G1 Dementia 93.08%
- Older Adult Acute (Dovedale) 92.46%
- Rehabilitation 80.83%
- Forensic 73.54%
- Learning Disability 69.39%

Registered Nurse (RN) Fill Rates: There was a slight overall deterioration in fill rates in February primarily accounted for by Stanage Ward day rate (due to an increase in sickness absence) & Dovedale night rate.

Day Shifts > 100%:

Acute: Maple

Forensic: Forest Lodge Assessment and Forest Lodge Rehabilitation

Learning Disability: Firshill Rise

Rehabilitation: Forest Close Wards 1 & 2

> 90%:

Acute: Burbage and Dovedale

Rehabilitation: Forest Close 1a

> 80%:

Acute: Stanage

Psychiatric Intensive Care Unit (PICU) Endcliffe

Dementia: G1

Night Shifts > 100%:

PICU: Endcliffe

Learning Disability: Firshill Rise

Rehabilitation: Forest Close Wards 1a

> 90%:

Acute: Burbage, Maple and Stanage

Dementia: G1

Forensic: Forest Lodge Assessment and Forest Lodge Rehabilitation

Rehabilitation: Forest Close 1 and 2

> 80%:

Dementia: G1

Sickness Absence: The overall sickness absence rate across the 12 wards improved in February down to 6.49% (from 8.04%) and was just below the Trust average for February at 6.67%.

Three wards Stanage (12.8%) Dovedale (14.11%) & G1 (9.72%) had very high sickness absence rates. Four wards had much lower sickness absence rates: Maple (2.38%); Forensic Rehabilitation; (2.76%); & Rehabilitation Wards 1a (3.97%) & 2 (4.52%).

Sickness absence is affecting RN fill rates with the apparent exception of Forensic, Learning Disability & Rehabilitation Ward 1.

RN Vacancies: overall vacancies decreased in February to 9.68% (from 12.40%)

Whilst recruitment to Band 5 vacancies continues to improve two areas have higher combined Band 5 & 6 vacancy rates: Working Age Adult Acute Care (18.5%) and Dementia (24.52%).

The rolling recruitment programme continues with Ward Managers working with senior nurses to continue to try to address vacancies.

Stanage Ward Adult Acute: had a RN vacancy rate of 15.33% (Band 5 & 6) and an increased sickness absence rate of 12.80%. This is a combined 'gap' of 28.13% in available RN's however the gap in RN fill rate against plan for days was 12%. 9.30% of RN shifts were covered by Bank & Agency Nurses accompanied by an exceedingly high use of Health Care Support Workers at 704.08%.

G1 Dementia: had a vacancy rate of c 25% the highest of all the wards, high sickness absence at 9.72% with 18.68% of RN shifts covered by Bank/Agency staff.

Use of Bank/Agency: overall is marginally down compared to January.

Use was highest in those areas struggling with vacancies / recruitment & retention and sickness absence: notably: Dementia 18.48%; PICU 17.97%; and Learning Disability 35.07%.

Firshill Rise Ward Learning Disability: Had a reported occupancy rate of just under 70%, no RN vacancies and a sickness absence rate of 5.5%. Fill rates for RN days were 73% above plan and for nights 7% above plan with 10.39% RN Bank and 24.68% RN Agency being used. Further analysis is required to understand why.

Actual Funded Establishments (AFE's) Reviews: These were completed for the Five Adult Mental Health Acute Care Wards using the National Quality Board Improvement Resource for Mental Health Services & the E-Rostering Safe Care (Acuity and Dependency) module and were incorporated into the Trust's Financial Plan considered by the Executive Directors Group & Finance Investment & Performance Committee in March 2019.

E-Rostering Performance

Training and data cleansing per ward and nursing home continues.

At the monthly E-Rostering Confirm and Challenge meetings it is evident that each ward is progressing despite being at different stages of implementing E-rostering, work continues to achieve consistent practice across all wards and nursing homes.

Risk Management and Escalation

Staff report an occurrence of low staffing as an incident via the Safeguard incident reporting system, these were 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. Incident data for February saw an increase in the numbers reported relating to low/er staffing levels.

Patient Demand, Staffing Capacity and Bed Management

Staffing capacity continues to be reviewed on a shift-by-shift basis by Ward Managers and Senior Nurses and where clinically required additional clinical support workers were utilised to support effective management of demand and where/if required staff could be temporarily re-deployed for periods to other clinical areas.

The Band 7 Senior Nurses provided 24/7 senior nursing leadership and management across the acute care pathway and supported improved patient flow and management across the whole mental health system. With support of their Deputy and Associate Clinical Directors they ensure ongoing 24/7 bed management and more effective gatekeeping.

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 and 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 1: In Patient Staffing Levels v's Establishment (February 2019):

Grade	Establishment (WTE)	Fill at sample point (WTE)	Percentage
Consultant	10.0	9.0	90
Higher Trainees	3.0	2.5	83
Core Trainees	4.8	4.0	83
Foundation Trainees	7.0	4.6	66
Specialty Doctors	3.0	2.3	77

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

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

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.

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.

3. Next Steps

- 3.1 Complete production of a fully automated Integrated Performance Dashboard for safer staffing with Allocate.
- 3.2 Deputy Chief Nurse and Deputy Director of Nursing to support each Ward to utilise their Safer Staffing information to analyse, understand and more effectively manage their ward's safer staffing performance.
- 3.3 Review and apply relevant aspects of the NICE Guidance for Safer Staffing in Acute (Physical Health) settings.

4. Required Actions

- 4.1 Members are asked to receive and note the February 2019 monthly report.
- 4.2 Members are asked to note publication of this report on the Trust's website in compliance with the NQB 2013 requirements on safe staffing.

5. Monitoring Arrangements Via Monthly

- 5.1 E- Rostering Confirm and Challenge meetings.
- 5.2 Safer Staffing Group.
- 5.3 Care Network Governance Meetings.
- 5.4 Director of Operations Performance report to the EDG.
- 5.5 Safer Staffing Reports to the Executive Directors Group & Board of Directors.

6. Contact Details

For further information please contact:

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