

BOARD OF DIRECTORS MEETING (Open)

Date: 13th February 2019

Item Ref: 7b

TITLE OF PAPER	Safer Staffing Report: Monthly Return 1st – 31st December 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's website in compliance with the National Quality Board (NQB) 2013 requirements.

OUTCOME	Board Members are informed about November 2018 Ward Staffing
TIMETABLE FOR DECISION	February 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> <u>Strategic Objectives A1 02: Deliver safe care at all times</u> <u>BAF Risk: A102i. "Failure to deliver safe care due to insufficient numbers of appropriately trained staff".</u> <u>BAF Risk No: A102ii. "Inability to provide assurance regarding improvement in the safety of patient care".</u> <u>Corporate Risk No 3831 Registered Nurse Vacancies</u></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 & Deputy Chief Nurse
Date of Report	25 th January 2019

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

Subject: Safer Staffing Report, Monthly Return, 1st – 31st December 2018

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

Performance Summary:

We are seeing an overall improving picture. For the first time in over a year all twelve inpatient wards achieved occupancy under 100%: The Working Age Adult Acute wards managed occupancy at 96.95%; Older Adult Acute at 92.11% & Psychiatric Intensive Care Unit (PICU) at 95.16%; Dementia 96.77%; Learning Disability 75.12 %; Forensic 79.03%; and Rehabilitation 84.41%.

Positively we saw continuing improvements in the appropriate application & use of E-rostering across all the wards with Maple in particular achieving more 'blue skies' reflected in their improved fill rate for Registered Nurses (RNs) coupled with a positive reduction in RN vacancies (from 26% in November) to 7% (2 RN vacant posts).

Overall vacancy rate for the 12 Wards was 10.9% (Table 2). Progress in recruitment /retention is being made particularly in the acute admission wards 6.15% vacancy rate. The highest vacancy rates were on G1 although December saw an improvement with a reduction by 1 RN vacancy to give a total of 5.5 Whole Time Equivalent (WTE) vacancies (36%) and Ward 1a in Rehab (30%). In the short term shifts for both wards were covered by regular known bank RNs, with RN fill rates for G1 days 88% & nights 92%.The wards are working with senior nurses to address vacancies.

Six full time Band 7 Senior Nurses are now in post providing 24/7 senior nursing clinical leadership & management across the whole acute care pathway (bed based & community) enabling more effective management of patient flow across the whole mental health care system. Directors /Deputies report on the very positive impact they are having.

Incident data for December saw a reduction in the numbers reported relating to low/er staffing levels.

Reviews of Actual Funded Establishments (AFE's) have commenced using the E- Rostering Safe Care (Acuity & Dependency) data.

We still await the publication of the national evidence based tool for safer staffing in mental health services, the Optimum Staffing Tool (OST) which had been expected in November 2018.

Data & Publication:

The safer staffing data for the 1st – 31st December 2018 was published on the Trust's website on the 4th January 2019 and reported to Unify, in compliance with the National Quality Board (NQB) 2013 and NHS England reporting requirements. The current Performance Dashboard for Safer Staffing per Ward is attached at Appendix 1.

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

Registered Nurse (RN) Fill Rates Day Shifts

Above 100%: Dovedale 121%; Stanage 107%; Forest Close Ward 1 164%; Forest Close Ward 2 132%; Forest Close Ward 1a 103% and Firshill Rise 157%

Above 90%: Maple 96%; Forest Lodge Assessment 96% and Forest Lodge Rehabilitation 100%

Above 80%: Burbage 84%; Endcliffe 84% and G1 88%

Registered Nurse (RN) Fill Rates Night Shifts

Above 100%: Firshill Rise 116%

Above 90%: Burbage 92%; Dovedale 99%; Maple 95% Stanage 94%; Endcliffe 98%; Forest Close Ward 1 97%; Forest Close Ward 2 100%; Forest Close Ward 1a 100%; Forest Lodge Assessment 92%; Forest Lodge Rehabilitation 99% and G1 92%

Table 1: Ward Day and Night Fill Rates

Ward Specialism & Name	Day		Night	
	Fill Rate Registered Nurses (%)	Fill Rate Health Care Support Workers (%)	Fill Rate Registered Nurses (%)	Fill Rate Health Care Support Workers (%)
ACUTE Admission				
Burbage	84 ↓	251 ↑	92 ↓	433 ↑
Dovedale	121 ↑	161 ↓	99 ↑	268 ↓
Maple	96 ↑	270 ↓	95 ↑	558 ↑
Stannage	107 ↑	266 ↓	94 ↑	507 ↓
Psychiatric Intensive Care Unit (PICU)				
Endcliffe Ward	84 ↑	329 ↑	98 ↑	419 ↓
REHABILITATION				
Forest Close Ward 1	164 ↑	104 ↑	97 ↓	100 ↑
Forest Close Ward 2	132 ↓	93 ↓	100 ↓	97 ↓
Forest Close Ward 1a	103 ↑	90 ↔	100 ↑	100 ↓
FORENSIC Low Secure				
Forest Lodge Assessment	96 ↑	93 ↓	92 ↓	101 ↑
Forest Lodge Rehab	100 ↑	95 ↓	99 ↓	101 ↑
DEMENTIA Admission				
G1	88 ↔	95 ↑	92 ↓	118 ↓
LEARNING DISABILITY Assessment & Treatment				
Firshill Rise	157 ↓	105 ↓	116 ↑	156 ↓

Table 2: Registered Nurse Vacancies by Ward & Specialism

Ward Specialism & Name	Bed No's.	Actual Funded Establishment (AFE) RN Bands 5 & 6	Vacancies	%
ACUTE Admission				
Burbage	14 + 5 SMU Detox = 19	19.37	2.27	12%
Dovedale	18	19.37	0.06	0.31%
Maple	17 (+ 2 Place of Safety	25.34	1.9	7%
Stanage	18	19.37	1.97	10.17%
Acute Admission Total		100.79	6.2	6.15 %
PICU				
Endcliffe	10	17.34	2.74	15.80%
REHABILITATION				
Forest Close Ward 1	8	6.56	0	0%
Forest Close Ward 2	8	6.56	0	0%
Forest Close Ward 1a	14	10.20	3.10	30.39%
Rehabilitation Total		23.32	3.10	13.29%
FORENSIC Low Secure				
Forest Lodge Assessment	11	10.95	0.25	2.28%
Forest Lodge Rehabilitation	11	9.32	0.22	2.36%
Forensic Total	22	20.27	0.47	2.3%
DEMENTIA Admission				
G1	16	15.13	5.5	36%
LEARNING DISABILITY Assessment & Treatment				
Firshill Rise	7	5.55	0	0%
Grand Total	157	165.05	18.01	10.9%

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.

The workshop with Allocate took place on 12th December 2018 for all Directors, Care Network Directors, Deputies, SOMs, Ward Managers and Corporate Colleagues & was very well attended. The workshop covered the use of Roster Perform which has the ability to produce data to populate an integrated dashboard. Some data still requires manual inputting. The Deputy Chief Nurse is working with Allocate and IMST to identify/progress a solution.

Work on the SafeCare Module for Patient Acuity & Dependency Module is progressing, AFE's commenced and Board reports will start to include such data once data quality is assured.

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. December saw a reduction in the number of reported incidents.

Patient Demand, Staffing Capacity and Bed Management

Improvements to staffing the acute admission wards can be seen in December, the overall vacancy rate has decreased to 6.15%. PICU & Dementia remains challenging with patient demand (acuity & dependency levels) remaining high.

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 redeployed for periods to other clinical areas.

The additional (six in total) Band 7 Senior Nurses, all now in post, provided 24/7 senior nursing leadership & management across the acute care pathway & supported improved patient flow & management across the whole mental health system. With support of their Deputy & Associate Clinical Directors they ensure ongoing 24/7 bed management & 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 3: In Patient Staffing Levels v Establishment

Grade	Establishment (WTE)	Fill at sample point (WTE)	Percentage
Consultant	10.0	9.2	90
Higher Trainees	3.0	2.5	83
Core Trainees	4.8	4.0	83
Foundation Trainees	7.0	4.5	64
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 – 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 and happening.

3. Next Steps

- 3.1 Quality assure SafeCare data & introduce to Board Reports
- 3.2 Review and report on progress with the recruitment programme for wards.
- 3.3 Complete production of a fully integrated Performance Dashboard for safer staffing.

4. Required Actions

- 4.1 Members are asked to receive and note the December 2018 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

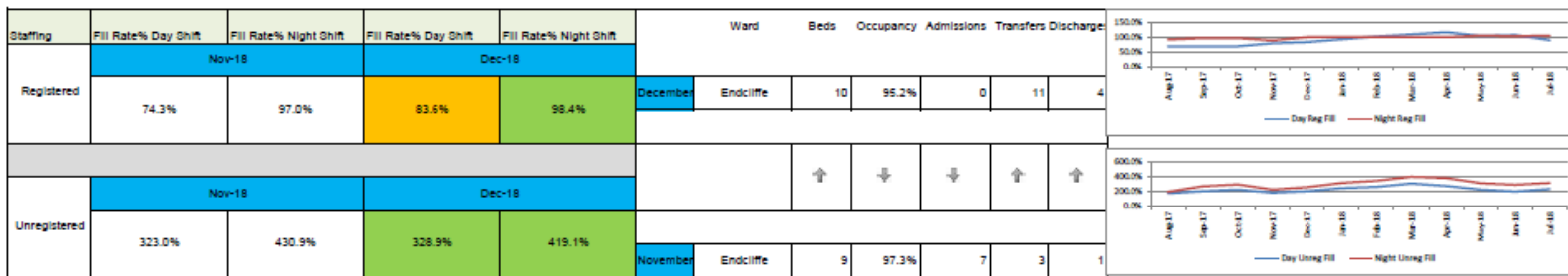
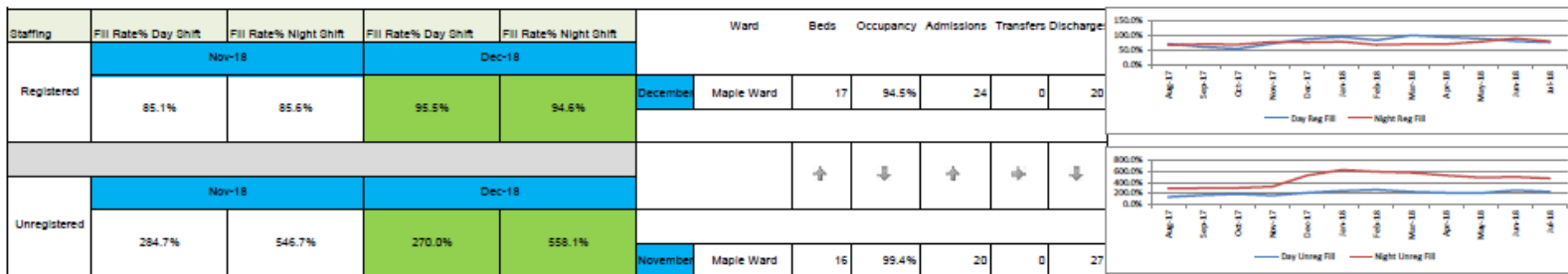
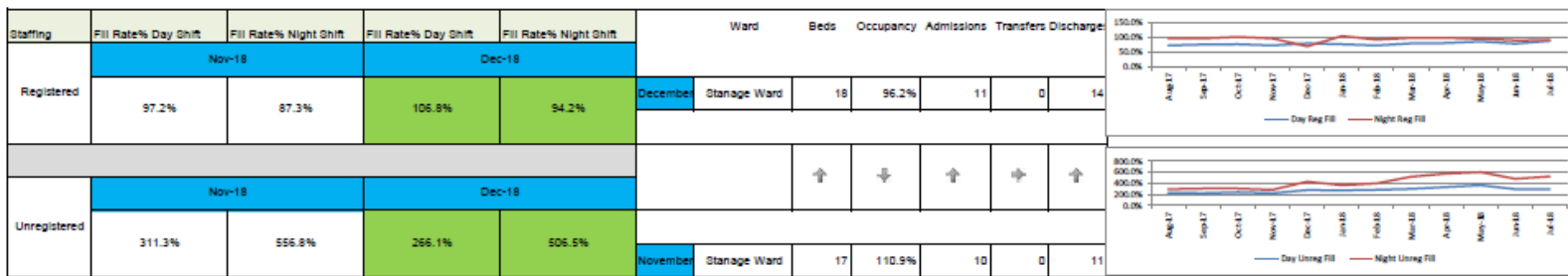
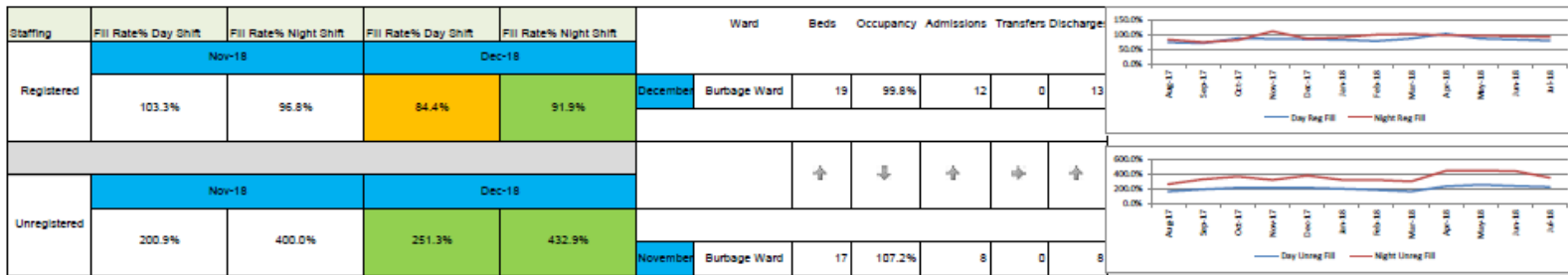
- 5.1 The four weekly E- Rostering Confirm and Challenge meetings.
- 5.2 Monthly Safer Staffing Group.
- 5.3 Monthly Care Network Governance Meetings.
- 5.4 Monthly Director of Operations Performance report to the EDG.
- 5.5 Monthly Safer Staffing reports to the Executive Directors Group and Board of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

6. Contact Details

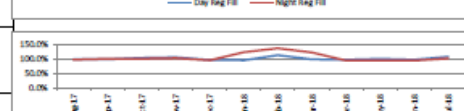
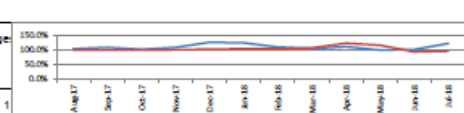
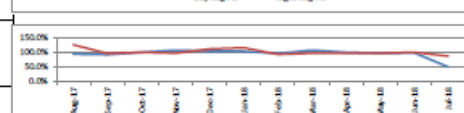
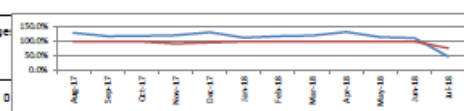
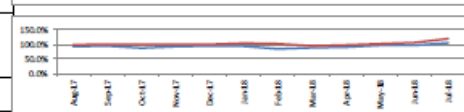
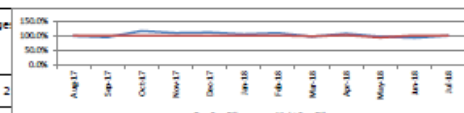
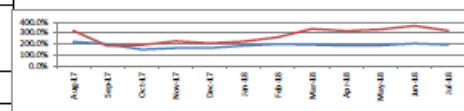
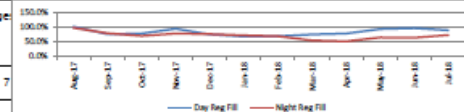
For further information please contact:

Brenda Rhule, Deputy Chief Nurse
brenda.rhule@shscc.nhs.uk
Tel: 0114 2716705

Liz Lightbown, Executive Director of Nursing, Professions & Care Standards
Liz.Lightbown@shsc.nhs.uk
Tel: 0114 271 6713



Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift	Ward	Beds	Occupancy	Admissions	Transfers	Discharge	
Registered	Nov-18		Dec-18		December	Dovedale	18	92.1%	5	3	7
	117.3%	85.8%	120.8%	98.5%							
Unregistered	Nov-18		Dec-18		November	Dovedale	17	97.2%	2	1	5
	179.2%	280.7%	160.8%	267.7%							
Registered	Nov-18		Dec-18		December	Forest Close 1A	14	69.4%	0	0	2
	91.9%	96.7%	102.7%	100.0%							
Unregistered	Nov-18		Dec-18		November	Forest Close 1A	13	80.2%	0	0	2
	89.9%	108.3%	90.0%	100.1%							
Registered	Nov-18		Dec-18		December	Forest Close 1	8	97.2%	0	0	0
	159.2%	106.7%	163.6%	96.8%							
Unregistered	Nov-18		Dec-18		November	Forest Close 1	7	98.3%	0	0	0
	100.6%	90.5%	104.2%	100.4%							
Registered	Nov-18		Dec-18		December	Forest Close 2	8	98.0%	0	1	1
	148.1%	116.7%	132.4%	100.0%							
Unregistered	Nov-18		Dec-18		November	Forest Close 2	7	80.0%	0	1	1
	93.8%	100.0%	93.1%	97.3%							



Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift	Ward	Beds	Occupancy	Admissions	Transfers	Discharge	
Registered	Nov-18		Dec-18		December	Forest Lodge Assessment	11	67.5%	0	0	1
	92.7%	97.3%	96.0%	91.9%							
Unregistered	Nov-18		Dec-18		November	Forest Lodge Assessment	10	70.9%	2	0	2
	95.2%	98.5%	92.7%	101.1%							
Registered	Nov-18		Dec-18		December	Forest Lodge Rehab	11	90.6%	0	0	0
	95.2%	100.0%	100.2%	99.4%							
Unregistered	Nov-18		Dec-18		November	Forest Lodge Rehab	10	90.9%	0	0	0
	96.9%	100.0%	94.5%	100.5%							
Registered	Nov-18		Dec-18		December	Firshill Rise	7	75.1%	0	0	0
	179.7%	100.2%	156.6%	116.1%							
Unregistered	Nov-18		Dec-18		November	Firshill Rise	7	80.0%	0	0	0
	125.1%	195.7%	104.7%	156.0%							
Registered	Nov-18		Dec-18		December	G1 Ward Grenoside	16	96.8%	3	0	3
	87.8%	95.5%	88.4%	92.4%							
Unregistered	Nov-18		Dec-18		November	G1 Ward Grenoside	15	97.3%	4	0	4
	93.0%	118.7%	94.7%	117.7%							

