

## BOARD OF DIRECTORS MEETING (Open)

Date: 9 May 2018

Item Ref: 05ii

<b>TITLE OF PAPER</b>	<b>Safer Staffing Report: Monthly Return 1<sup>st</sup> - 31<sup>st</sup> March 2018</b>
<b>TO BE PRESENTED BY</b>	Giz Sangha, Deputy Chief Nurse on behalf of Liz Lightbown Executive Director of Nursing, Professions and Care Standards
<b>ACTION REQUIRED</b>	To receive the report and note publication on the Trust website in compliance with the National Quality Board (NQB) 2013 requirements.

<b>OUTCOME</b>	Board Members are informed about March's 2018's Ward Staffing.
<b>TIMETABLE FOR DECISION</b>	May 2018 Meeting
<b>LINKS TO OTHER KEY REPORTS/ DECISIONS</b>	<ul style="list-style-type: none"> <li>▫ NHS improvement June 2016: Good Practice Guide: Rostering.</li> <li>▫ NQB, Edition 1, January 2018: Safe, sustainable and productive staffing – An improvement resource for learning disability services.</li> <li>▫ NQB, Edition 1, January 2018: Safe, sustainable and productive staffing – An improvement resource for mental health.</li> </ul>
<b>STRATEGIC AIM STRATEGIC OBJECTIVE</b>	Quality & Safety A1 02: Deliver safe care at all times
<b>BAF RISK NUMBER &amp; BAF DESCRIPTION</b>	A102i. Failure to deliver safe care due to insufficient numbers of appropriately trained staff.
<b>BAF RISK NUMBER &amp; BAF DESCRIPTION</b>	A102ii. Inability to provide assurance regarding improvement in the safety of patient care.
<b>LINKS TO NHS CONSTITUTION &amp; OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC</b>	Compliance with CQC Registration / Regulation Requirements.
<b>IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT</b>	Inability to provide safe staffing levels is a risk to patient care. Increased patient acuity and dependency may require additional staff and funding.
<b>CONSIDERATION OF LEGAL ISSUES</b>	Inability to meet Regulatory Care Requirements may affect the Trust's CQC ratings and Terms of Authorisation.

<b>Authors of Report</b>	Liz Lightbown and Giz Sangha
<b>Designation</b>	Executive Director of Nursing, Professions and Care Standards Deputy Chief Nurse
<b>Date of Report</b>	24 April 2018

## SUMMARY REPORT

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**Report to:** BOARD OF DIRECTORS MEETING

**Date:** 9 May 2018

**Subject:** Safer Staffing Report, Monthly Return: 1<sup>st</sup> – 31<sup>st</sup> March 2018

**Presented by:** Giz Sangha, Deputy Chief Nurse on behalf of Liz Lightbown  
Executive Director of Nursing, Professions and Care Standards

**Authors:** Liz Lightbown Executive Director of Nursing, Professions & Care Standards  
& Giz Sangha, Deputy Chief Nurse

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### 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 1<sup>st</sup> – 31<sup>st</sup> March 2018 report was published on the Trust's website on the 16<sup>th</sup> April 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%: Maple Ward, Psychiatric Intensive Care Unit (PICU), Forest Close Ward 1; Forest Close Ward 2; Forest Lodge (Assessment), Forest Lodge (Rehabilitation), G1 and Firhill Rise (Learning Disability).
- Three wards had registered nurse fill rates above 85%: Burbage Ward 89%, Forest Close Ward 1a, 96.6% and G1 (Dementia) 90.5%.
- Two Acute Wards had registered nurse fill rates below 78.0%: Dovedale (Older Adults) 75.3% and Stanage Ward 77.8%.

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

- Five wards had registered nurse fill rates above 100%: Burbage Ward; Psychiatric Intensive Care Unit (PICU), Forest Close Ward 1; Forest Close Ward 2 and Forest Close (Rehabilitation).
- Four wards had registered nurse fill rates above 90%: Stanage Ward 97.1%; Forest Close Ward 1a, 96.8%; Forest Lodge (Assessment) 98.5% and Firshill Rise (Learning Disability) 97.2%.
- Three wards had registered nurse fill rates between below 77.0%; Dovedale (Older Adults) 54.9%, Maple (Acute & Health Based Place of Safety, HBPOS) 72.0%; and G1 (Dementia) 73.6%.

Lower fill rates on Dovedale (Older Adults) were due to deploying staff to other wards with high clinical need (Burbage ward) as part of an agreed rotation plan and 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 March Vacancy Rate for Band 6 is 9%.

The March Vacancy Rate for Band 5 is 21%.

The Total Vacancy Rate is 18%.

The Vacancy Rate was 23% in January and 24.7% in February 2018.

Four nurses commenced duty in March 2018, two on Burbage Ward, one on Stanage Ward and one on Endcliffe Ward (Psychiatric Intensive Care Unit); one band 6 nurse returned to work after taking maternity leave (Maple Ward). Five new nurses have been offered jobs, start dates to be confirmed. Further candidates have been shortlisted for interviews in April 2018.

**Table 1: Vacancy / Recruitment Breakdown Per Acute Care Ward**

March 2017	Acute Ward Vacancies		New Starters Band 5	New Starters Band 6	Anticipated New Starters Per Month
	Band 6	Band 5			
Burbage	- 1	- 3.1	2	0	Sept (2) 2018
Stanage	- 1	- 5.1	1	0	April 2018
Maple	0	- 3.9	0	0	0
Dovedale	- 1	- 2.5	1	0	Sept 2018
Endcliffe	0	0	0	0	
TOTAL	- 3	- 14.60	4	0	

**Table 2: Vacancy / Recruitment Breakdown Per Rehabilitation Wards**

March 2017	Rehabilitation Ward Vacancies		New Starters Band 5	New Starters Band 6	Anticipated New Starters Per Month
	Band 6	Band 5			
Ward 2	1	0	0	1	May 2018
Ward 1a	2	0	0	2	May / Sept 2018
Total	3	0			

### Community Staff AFEs and Vacancies

Vacancies for the Community Teams will be reported in the June staffing report, as this is being collated by the new Associate Clinical Directors.

### 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 will be shared with the new Senior Operational Managers (SOMs).

### Medical Staffing Summary

Associate Clinical/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.

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 March 2018:**

Grade	Establishment (WTE)	Fill at sample point (WTE)	Percentage
Consultant	9.6	8.0	83%
Higher Trainees	4.0	2.9	73%
Core Trainees	3.0	2.5	83%
Foundation Trainees	8.0	5.8	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 speciality.

### **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, safely staffed wards and 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 met with ward managers 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 as Appendix 2.

### **3. Next Steps**

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

### **4. Actions**

- 4.1 Members are asked to receive and note the March 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:

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 March 2018**

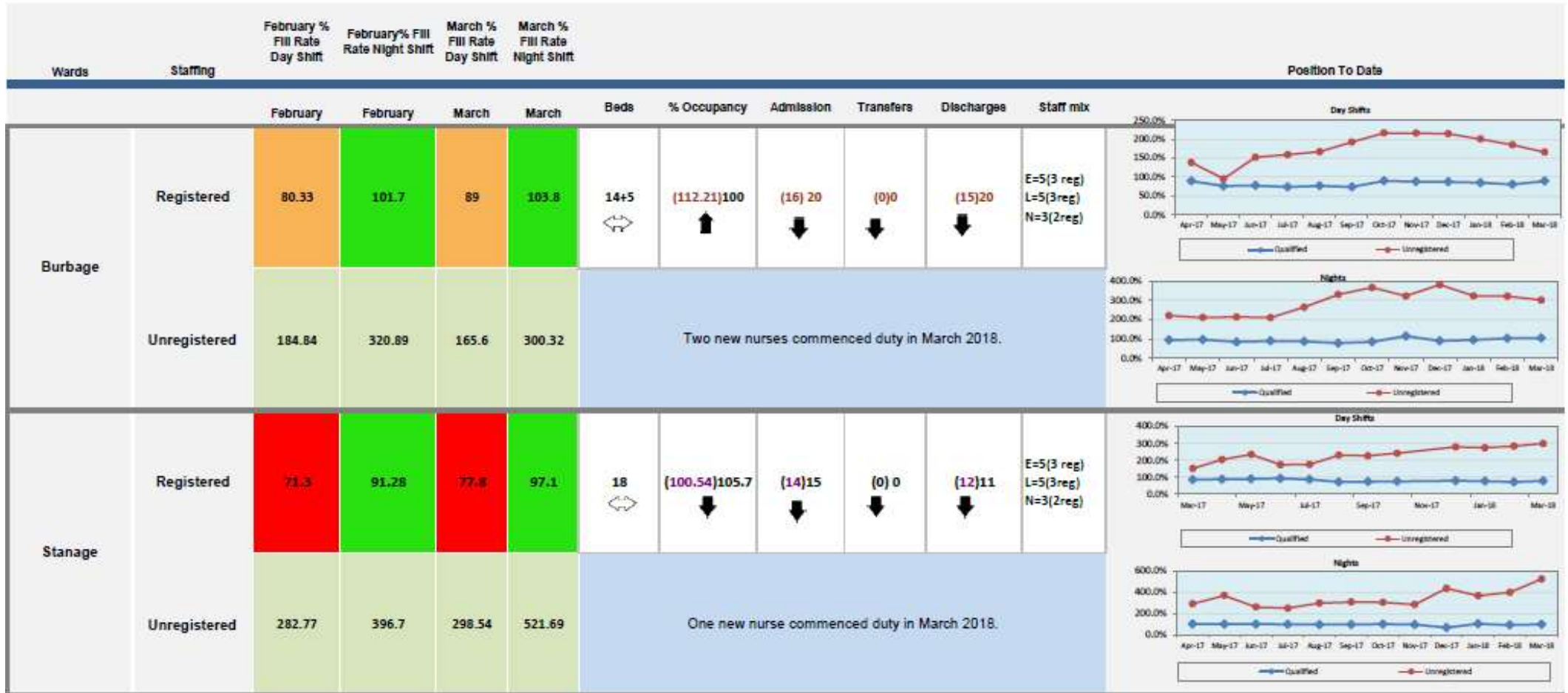
Ward name	Day		Night	
	Average fill rate registered nurses/ midwives (%)	Average fill rate care staff (%)	Average fill rate registered nurses/ midwives (%)	Average fill rate care staff (%)
<b>ACUTE</b>				
Burbage	89.0 ↑	165.6 ↓	103.8 ↑	300.3 ↓
Dovedale	75.3 ↑	193.4 ↓	54.9 ↓	339.6 ↑
Maple	102.0 ↑	226.6 ↓	72.0 ↑	578.1 ↓
Stanage	77.8 ↑	298.5 ↑	97.1 ↑	521.7 ↑
PICU	109.1 ↑	300.4 ↑	100.2 ↑	392.2 ↑
<b>REHABILITATION</b>				
Forest Close Ward 1	120.7 ↑	108.2 ↑	100.0 ↔	97.2 ↑
Forest Close Ward 2	105.0 ↓	97.4 ↓	106.5 ↑	121.3 ↓
Forest Close Ward 1a	96.6 ↑	89.0 ↑	96.8 ↓	95.2 ↓
<b>FORENSIC</b>				
Forest Lodge Assessment	109.7 ↑	90.6 ↓	98.5 ↓	97.3 ↓
Forest Lodge Rehabilitation	101.0 ↓	97.6 ↑	100.6 ↓	99.5 ↓
<b>DEMENTIA</b>				
G1	90.5 ↑	102.0 ↓	73.6 ↓	107.2 ↓
<b>LEARNING DISABILITY</b>				
Firshill Rise	179.4 ↑	151.5 ↑	97.2 ↑	252.6 ↑

**RAG Rating**

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

Safer Staffing Performance Dashboard – March 2018

Appendix 2





Wards	Staffing	February % Fill Rate Day Shift	February % Fill Rate Night Shift	March % Fill Rate Day Shift	March % Fill Rate Night Shift	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	Position To Date	
		February	February	March	March							Day Shifts	Nights
Maple	Registered	85.3	78.24	102	72	17 +2	(102.66)100.6	(24)15	(0)0	(19)17	E=6(4 reg) L=6(4reg) N=4(3reg)		
	Unregistered	267.5	592.86	226.56	578.06	Shortage of staffing due to short term sickness & one Nurse returned after taking maternity leave.							
Endcliffe	Registered	101.81	100.09	109.1	100.2	10	(98.39)87.7	(3)5	(1)5	(2)3	E=6(3 reg) L=6(3reg) N=4(2reg)		
	Unregistered	254.41	335.27	300.43	392.18	One new nurse commenced duty in March 2018.							

Wards	Staffing	February %	February %	March %	March %	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
Dovedale	Registered	69.22	69.64	75.3	54.9	18	(97.67)101.8	(5)5	(2)2	(7)8	E=5(3 reg) L=5(3reg) N=3(2reg)		
	Unregistered	198	261.18	193.44	339.6	Reduced staffing due to long term sickness and supporting acute care wards.							
Forest Close Ward 1a	Registered	108.15	100	96.6	96.8	14	(100.0)100	(1)0	(0)0	(0)0	E=5(2 reg) L=5(2reg) N=3(1reg)		
	Unregistered	84.26	102.02	89.02	95.16								

Wards	Staffing	February %	February %	March %	March %	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	118.58	100	120.7	100	8	(93.15)77.0	(2)1	(1)1	(3)2	E=3(1 reg) L=3(1reg) N=2(1reg)		
	Unregistered	96.09	92.85	108.22	97.2								
Forest Close Ward 2	Registered	109.41	103.57	105	106.5	8	(100)100	(0)0	(0)0	(0)0	E=3(1 reg) L=3(1reg) N=2(1reg)		
	Unregistered	111.71	136	97.35	121.29								

Wards	Staffing	February %	February %	March %	March %	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
Forest Lodge Assessment	Registered	108.39	101.79	109.7	98.5	11	(107.62)108.8	(0)0	(0)0	(1)1	E=5(2 reg) L=5(2reg) N=3(1reg)		
	Unregistered	91.09	102.74	90.61	97.35								
Forest Lodge Rehabilitation	Registered	101.62	107.5	101	100.6	11	(93.55)90	(1)3	(0)0	(0)0	E=4(2 reg) L=4(2reg) N=2(1reg)		
	Unregistered	86.28	100	97.59	99.52								

Wards	Staffing	February % Fill Rate Day Shift	February % Fill Rate Night Shift	March % Fill Rate Day Shift	March % Fill Rate Night Shift	Position To Data						
		February	February	March	March	Beds	% Occupancy	Admission	Transfers	Discharges	Staff mix	
Firshill Rise	Registered	148.71	96.43	179.4	97.2	8	(100.0)73.0	(7)1	(0)0	(3)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	<p>Day Shifts</p>
	Unregistered	118.69	176.56	151.52	252.58							<p>Nights</p>
G1	Registered	73.18	79.94	90.5	73.6	16	(87.50)91.7	(7)7	(0)0	(3)7	E=6(3 reg) L=6(3reg) N=5(2reg)	<p>Day Shifts</p>
	Unregistered	103.41	114.21	101.97	107.15	Reduced staffing due to shaort term sickness and maternity leave.						<p>Nights</p>