BOARD OF DIRECTORS MEETING (Open)

Date: 12th December 2018

Item Ref: | 6

TITLE OF PAPER	Safer Staffing Report: Monthly Return 1st – 31st October 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 October 2018 Ward Staffing
TIMETABLE FOR DECISION	December 2018 Meeting
LINKS TO OTHER KEY REPORTS/ DECISIONS	▫ 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	Strategic Aim: Quality & Safety. Strategic Objectives A1 02: Deliver safe care at all times BAF Risk: A102i. "Failure to deliver safe care due to insufficient numbers of appropriately trained staff". BAF Risk No: A102ii. "Inability to provide assurance regarding improvement in the safety of patient care". Corporate Risk No 3831 Registered Nurse Vacancies
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	Deputy Chief Nurse
Date of Report	4th December 2018

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

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

Authors: Liz Lightbown Executive Director of Nursing, Professions and Care Standards
Brenda Rhule, Deputy Chief Nurse

1. Purpose

For Approval	For a collective decision	To report progress	To seek input from	For information	Other (please state below)
				✓	Assurance

2. Summary

The safer staffing data for the 1st – 31st October 2018 was published on the Trust's website on the 3rd October 2018 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%: Firshill Rise Ward 154%; Dovedale Ward 133%; Forest Close Ward 1 122%; Forest Close Ward 2 115% and Forest Lodge Rehabilitation Ward 104%.

Above 90%: Stanage Ward 98%; Burbage 97%;

Above 80%: Forest Lodge Assessment Ward 89%; Forest Close Ward 1A 88%; and G1 Ward 82%

Below 80%: Maple Ward 76% and Psychiatric Intensive Care Unit 74%

Registered Nurse (RN) Fill Rates Night Shifts

<u>Above 100%:</u> Forest Close Ward 1A 104%; Forest Lodge Assessment Ward 101%.

<u>Above 90%:</u> Forest Close Ward 1 100%; Forest Close Ward 2 100%; Forest Lodge Rehabilitation Ward 100%; Stanage Ward 99%; Burbage Ward 97%; Firshill Rise Ward 97%; G1 Ward 96% and Psychiatric Intensive Care Unit 92%.

<u>Above 80%:</u> Dovedale Ward 87% and Maple Ward 85%.

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	97 ↑	241 ↑	97↑	440 ↑
Dovedale	133 ↑	136 ↓	87 ↑	339 ↓
Maple	76 ↑	311 ↑	85 ↑	616↑
Stanage	98 ↑	280 ↑	99 ↑	411 ↓
Psychiatric Intensive Care Unit (PICU)				
Endcliffe Ward	74 ↓	259 ↑	92 ↓	336 ↑
REHABILITATION				
Forest Close Ward 1	122 ↓	104 ↑	100 ↑	100 ↓
Forest Close Ward 2	115 ↑	98 ↑	100 ↔	100 ↓
Forest Close Ward 1a	88 ↑	90 ↑	104 ↑	111 ↑
FORENSIC Low Secure				
Forest Lodge Assessment	89 ↓	104 ↑	101 ↑	98 ↓
Forest Lodge Rehab	104 ↑	87 ↓	100 ↔	100 ↓
DEMENTIA Admission				
G1	82 ↓	97 ↑	96 ↓	114 ↑
LEARNING DISABILITY Assessment & Treatment				
Firshill Rise	154 ↓	129 ↑	97 ↓	200 ↑

Table 2: Registered Nurse Vacancies by Ward

Ward Specialism, Name and Bed Nos.	Actual Funded Establishment (AFE) RN Bands 5 & 6	Vacancies	Percentage
ACUTE Admission			
Burbage (14 + 5 x Detox))	19.37	2.47	12.75%
Dovedale (18)	19.37	0.06	0.31%
Maple (17+ 2 x Health Based Place of Safety HBPoS)	25.34	6.14	24.23%
Stanage (18)	19.37	4.97	25.66%
Psychiatric Intensive Care Unit (PICU)			
Endcliffe (10)	17.34	1.74	10.03%
REHABILITATION			
Forest Close Ward 1 (8)	6.56	+0.74 (over)	-
Forest Close Ward 2 (8)	6.56	+1.34(over)	-
Forest Close Ward 1a (14)	10.20	+ 0.10(over)	-
FORENSIC Low Secure			
Forest Lodge Assessment (11)	10.95	+0.29 (over)	-
Forest Lodge Rehabilitation (11)	9.32	+0.24 (over)	-
DEMENTIA Admission			
G1(16)	15.13	4.74	31.33%
LEARNING DISABILITY Assessment & Treatment			
Firshill Rise (7)	5.55	+1.45 (over)	-

A combination of Bank and Agency Nurses are used to cover RN vacancies. The Bank, Agency and E-rostering Steering Group is monitoring bank and agency 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 and the Deputy Director of Nursing on a monthly basis. The total RN vacancies for October 2018 is 28.2 wte compared to September 2018 figure of 36.1wte.

E-Rostering Performance

Training and data cleansing per Ward and Nursing Home continues led by the E rostering administrator and supported by the Deputy Director of Nursing (Operations). Expected completion has been extended due to the workload required and E –Rostering capacity (1 WTE). There will need to be a rolling 'training programme' in place to account for new starters and leavers.

The Deputy Director of Nursing is working with Wards to manage the operational delivery of E-rostering using the Rostering Operational Performance Report (ROPR) and the monthly E Rostering Confirm and Challenge meeting, chaired by the Deputy Chief Nurse commenced in September 2018. It is evident that each ward is at a different stage of implementing E-rostering and there is some way to go to achieve consistent practice across all Wards/homes.

All the identified best practice guidance, following the Carter Review and National E-Rostering Collaborative Report has been reviewed & will be applied in SHSC.

A workshop with Allocate (the E-Rostering provider) has been arranged for 12th December 2018, to ensure understanding of and responsibility for E-rostering has been scheduled by the Executive Director of Nursing for all Directors, Care Network Directors, Deputies, SOMs, Ward Managers and Corporate Colleagues.

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.

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 utilised 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-prioritised by the Ward Manager, Consultant Psychiatrist and the Multi-Disciplinary 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.

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 and 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 in-patient 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.
- The need for training posts at different grades

Table 4: In Patient Staffing Levels v Establishment

Grade	Establishment (WTE)	Fill at sample point (WTE)	Percentage
Consultant	10.0	9.2	92
Higher Trainees	3.0	2.6	85
Core Trainees	4.8	3.9	81
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   Review and report on progress with the recruitment programme for Wards.
3.2   Achieve understanding, ownership and delivery of E-Rostering at Ward level.
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 October 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
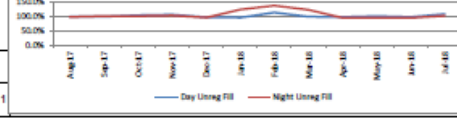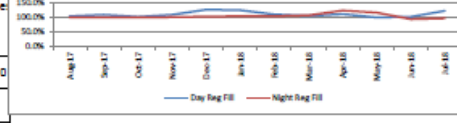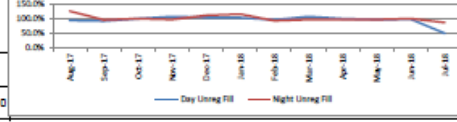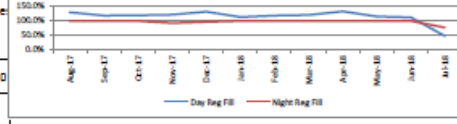
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Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift		Ward	Beds	Occupancy	Admissions	Transfers	Discharges
	Sep-18		Oct-18								
Registered	99.6%	100.0%	97.3%	96.9%	October	Burbage Ward	14	133.2%	11	1	13
	Sep-18		Oct-18				⬆	⬆	⬆	⬆	⬆
Unregistered	105.5%	119.4%	241.2%	440.3%	September	Burbage Ward	14	131.4%	6	0	11

Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift		Ward	Beds	Occupancy	Admissions	Transfers	Discharges
	Sep-18		Oct-18								
Registered	105.8%	103.2%	98.1%	98.6%	October	Stanage Ward	18	111.1%	17	0	14
	Sep-18		Oct-18				⬆	⬆	⬆	➡	⬆
Unregistered	92.1%	100.0%	280.3%	410.6%	September	Stanage Ward	18	107.2%	15	0	12

Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift		Ward	Beds	Occupancy	Admissions	Transfers	Discharges
	Sep-18		Oct-18								
Registered	105.5%	100.8%	76.4%	84.9%	October	Maple Ward	17	103.0%	24	0	24
	Sep-18		Oct-18				⬆	⬇	⬆	⬇	⬆
Unregistered	103.1%	108.9%	311.1%	616.3%	September	Maple Ward	17	111.2%	19	1	14

Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift		Ward	Beds	Occupancy	Admissions	Transfers	Discharges
	Sep-18		Oct-18								
Registered	95.2%	72.8%	73.6%	92.0%	October	Endcliffe	10	96.1%	2	4	2
	Sep-18		Oct-18				⬆	⬇	⬇	➡	➡
Unregistered	95.0%	111.2%	259.0%	335.6%	September	Endcliffe	10	97.7%	4	4	2

Dovedale

Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift
	Sep-18		Oct-18	
Registered	78.8%	81.7%	132.7%	87.1%
	Sep-18		Oct-18	
Unregistered	230.4%	471.1%	135.8%	238.7%

	Ward	Beds	Occupancy	Admissions	Transfers	Discharges
October	Dovedale	18	98.2%	7	1	6
			⬆	⬆	⬆	⬆	⬆
September	Dovedale	18	96.3%	3	1	2

Forest Close 1A

Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift
	Sep-18		Oct-18	
Registered	69.7%	79.6%	87.5%	104.2%
	Sep-18		Oct-18	
Unregistered	237.7%	451.9%	90.5%	111.4%

	Ward	Beds	Occupancy	Admissions	Transfers	Discharges
October	Forest Close 1A	14	90.3%	3	0	1
			⬆	⬆	⬆	⬇	➡
September	Forest Close 1A	14	77.4%	1	3	1

Forest Close 1

Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift
	Sep-18		Oct-18	
Registered	87.1%	90.2%	122.2%	100.4%
	Sep-18		Oct-18	
Unregistered	296.4%	526.2%	104.1%	100.2%

	Ward	Beds	Occupancy	Admissions	Transfers	Discharges
October	Forest Close 1	8	93.2%	0	0	0
			⬆	⬇	⬇	➡	➡
September	Forest Close 1	8	96.7%	1	0	0

Forest Close 2

Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift
	Sep-18		Oct-18	
Registered	94.7%	101.5%	115.2%	100.0%
	Sep-18		Oct-18	
Unregistered	191.6%	364.5%	97.7%	100.0%

	Ward	Beds	Occupancy	Admissions	Transfers	Discharges
October	Forest Close 2	8	89.5%	0	1	0
			⬆	⬆	⬇	➡	⬇
September	Forest Close 2	8	81.7%	1	1	1
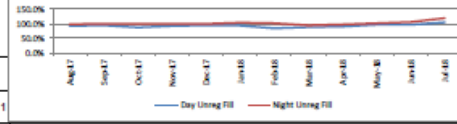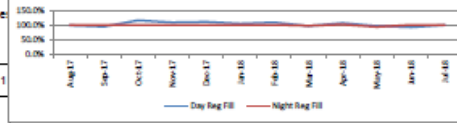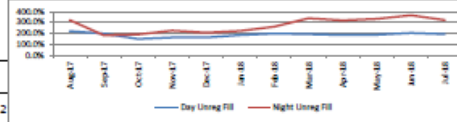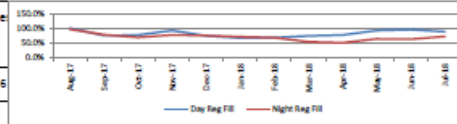
Forest Lodge Assessment

Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift		Ward	Beds	Occupancy	Admissions	Transfers	Discharge
	Sep-18		Oct-18								
Registered	90.2%	81.4%	88.5%	100.6%	October	Forest Lodge Assessment	11	81.2%	1	0	1
	Sep-18		Oct-18				⬆	⬇	⬆	➡	➡
Unregistered	270.3%	404.7%	103.6%	97.5%	September	Forest Lodge Assessment	11	85.2%	0	0	1

Day Reg Fill — Night Reg Fill
Day Unreg Fill — Night Unreg Fill

Forest Lodge Rehab

Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift		Ward	Beds	Occupancy	Admissions	Transfers	Discharge
	Sep-18		Oct-18								
Registered	87.1%	97.1%	104.2%	100.0%	October	Forest Lodge Rehab	11	84.5%	0	0	0
	Sep-18		Oct-18				⬆	⬇	➡	➡	⬇
Unregistered	276.6%	363.9%	87.4%	100.0%	September	Forest Lodge Rehab	11	86.1%	0	0	1

Day Reg Fill — Night Reg Fill
Day Unreg Fill — Night Unreg Fill

Firshill Rise

Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift		Ward	Beds	Occupancy	Admissions	Transfers	Discharge
	Sep-18		Oct-18								
Registered	140.5%	96.8%	153.6%	97.1%	October	Firshill Rise	7	94.5%	0	0	0
	Sep-18		Oct-18				➡	⬆	➡	➡	➡
Unregistered	85.7%	103.6%	129.1%	200.4%	September	Firshill Rise	7	91.4%	0	0	0

Day Reg Fill — Night Reg Fill
Day Unreg Fill — Night Unreg Fill

G1 Ward Grenoside

Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift		Ward	Beds	Occupancy	Admissions	Transfers	Discharge
	Sep-18		Oct-18								
Registered	90.3%	68.7%	82.4%	95.5%	October	G1 Ward Grenoside	16	95.0%	6	1	4
	Sep-18		Oct-18				⬆	⬆	⬆	⬆	⬆
Unregistered	232.9%	413.9%	96.6%	114.0%	September	G1 Ward Grenoside	16	85.6%	4	0	3

Day Reg Fill — Night Reg Fill
Day Unreg Fill — Night Unreg Fill