

BOARD OF DIRECTORS MEETING (Open)

Date: 14th November 2018

Item Ref: 07

TITLE OF PAPER	Safer Staffing Report: Monthly Return 1st – 30th September 2018
TO BE PRESENTED BY	Liz Lightbown, Executive Director of Nursing, Professions & 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 September 2018 Ward Staffing
TIMETABLE FOR DECISION	November 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><u>Strategic Aim:</u> Quality & Safety.</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	Deputy Chief Nurse

Date of Report	15 th October November 2018
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SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

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

**Authors: Liz Lightbown Executive Director of Nursing, Professions and 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

The safer staffing data for the 1st – 30th September 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

At / Above 100% Dovedale; Forest Close Wards 1 & 2; Forest Lodge Rehabilitation; & Firhill Rise

At / Above 90%: Stanage; Forest Lodge Assessment; & G1

At / Above 80%: Burbage; Psychiatric Intensive Care Unit (PICU); & Forest Close Ward 1a

Below 70%: Maple 56.3%;

Maple Ward low fill rate was due to a high level of sickness absence, four Registered Nurses are on long term sick leave, two of whom will be on phased return and are due back working full time by the end of October 2018 and another RN is on maternity leave.

Registered Nurse (RN) Fill Rates Night Shifts

At / Above 100%: Firshill Rise; Forest Close 2; & Forest Lodge Rehabilitation

At / Above 90%: Burbage; Stanage; Psychiatric Intensive Care Unit (PICU); Forest Close Wards 1 & 1a; Forest Lodge Assessment; & G1

At/ Above 80%: Maple 82.1%;

Below 80%: None

Below 70%: Dovedale 60.6%;

Dovedale Ward low fill rate was due to a combination of sickness, annual leave, maternity leave and phased return to work.

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	84.4 ↓	220.9 ↑	96.8 ↓	360.0 ↓
Dovedale	101.2 ↑	213.8 ↓	60.6 ↓	360.6 ↓
Maple	56.3 ↓	301.5 ↑	82.1 ↑	525.0 ↑
Stanage	91.8 ↑	258.6 ↓	93.7 ↑	416.7 ↑
Psychiatric Intensive Care Unit (PICU)				
Endcliffe Ward	83.9 ↓	240.7 ↓	95.7 ↓	305.0 ↓
REHABILITATION				
Forest Close Ward 1	126.7 ↓	91.0 ↑	96.7 ↓	106.8 ↑
Forest Close Ward 2	106.7 ↓	96.5 ↓	100.0 ↑	103.5 ↓
Forest Close Ward 1a	84.2 ↑	88.6 ↓	93.3 ↓	93.3 ↓
FORENSIC Low Secure				
Forest Lodge Assessment	93.0 ↓	101.7 ↑	99.7 ↓	99.9 ↑
Forest Lodge Rehab	102.1 ↑	96.5 ↓	100.0 ↓	102.9 ↑
DEMENTIA Admission				
G1	92.4 ↑	86.2 ↓	99.9 ↑	101.3 ↓
LEARNING DISABILITY Assessment & Treatment				
Firshill Rise	189.0 ↑	119.3 ↑	120.8 ↑	189.0 ↑

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	5.47	28.24%
Dovedale (18)	19.37	3.26	16.83%
Maple (17+ 2 x Health Based Place of Safety HBPOS)	25.34	8.14	28.15%
Stanage (18)	19.37	4.64	32.12%
Psychiatric Intensive Care Unit (PICU)			
Endcliffe (10)	17.34	0.54	3.11%
REHABILITATION			
Forest Close Ward 1 (8)	6.56	+0.54 (over)	-
Forest Close Ward 2 (8)	6.56	+2.14(over)	-
Forest Close Ward 1a (14)	10.20	0.30	2.94%
FORENSIC Low Secure			
Forest Lodge Assessment (11)	10.95	0.25	2.28%
Forest Lodge Rehabilitation (11)	9.32	0.22	2.36%
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. 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.

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) to ensure understanding of and responsibility for E-rostering has been scheduled by the Executive Director of Nursing for all Directors, Corporate staff, Care Network Directors, Deputies, SOMs and Ward Managers & will take place on 12th December.

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	4.6	66
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 September 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

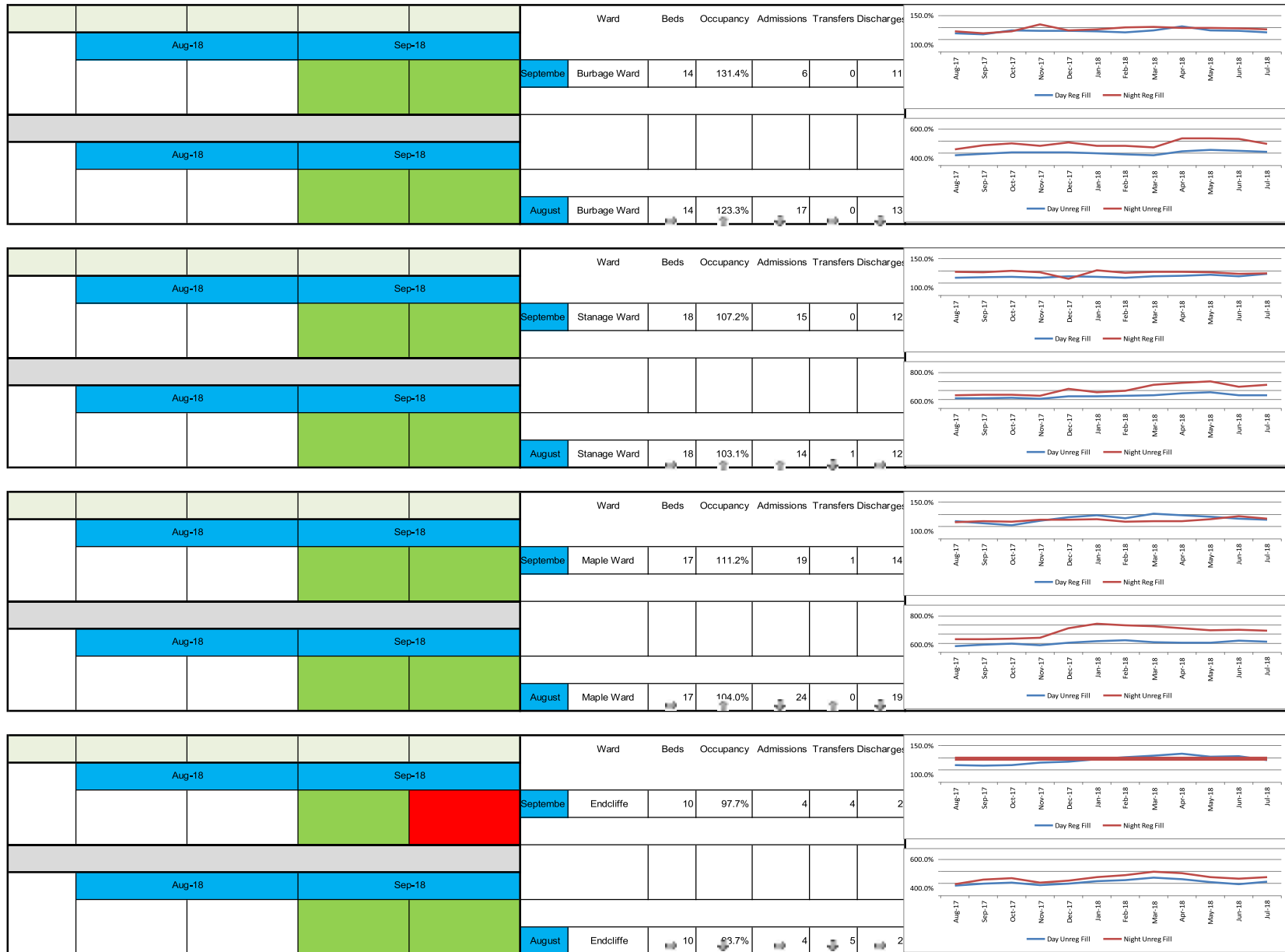
- 5.1 The four weekly E- Rostering Confirm and Challenge meetings.
- 5.2 Monthly Safer Staffing Group.
- 5.3 Monthly Care Network Governance Meetings.
- 5.4 Monthly Director of Operations Performance report to the EDG.
- 5.5 Monthly Safer Staffing reports to the Executive Directors Group and Board of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

6. Contact Details

For further information please contact:

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					Ward	Beds	Occupancy	Admissions	Transfers	Discharge	
	Aug-18	Sep-18									
					Septembe	Dovedale 1	18	96.5%	3	1	2
	Aug-18	Sep-18									
					August	Dovedale 1	18	85.3%	5	0	4
	Aug-18	Sep-18									
					Septembe	Forest Close 1A	14	77.4%	1	3	1
	Aug-18	Sep-18									
					August	Forest Close 1A	14	62.7%	0	1	2
	Aug-18	Sep-18									
					Septembe	Forest Close 1	8	96.7%	1	0	0
	Aug-18	Sep-18									
					August	Forest Close 1	8	79.4%	1	0	0
	Aug-18	Sep-18									
					Septembe	Forest Close 2	8	84.2%	1	1	1
	Aug-18	Sep-18									
					August	Forest Close 2	8	70.6%	1	0	1

