

BOARD OF DIRECTORS MEETING (Open)

Date: 11 July 2018

Item

07ii a

TITLE OF PAPER	Safer Staffing Report: Monthly Return 1 st - 30 th April 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 April 2018 Ward Staffing.
TIMETABLE FOR DECISION	July 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>Strategic Aim: Quality & Safety</p> <p>Strategic Objectives A1 02: Deliver safe care at all times</p> <p><u>BAF Risk</u>: A102i.</p> <p><u>BAF Description</u>: Failure to deliver safe care due to insufficient numbers of appropriately trained staff.</p> <p><u>BAF Risk No</u>: A102ii.</p> <p><u>BAF Description</u>: Inability to provide assurance regarding improvement in the safety of patient care.</p>
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Compliance with CQC Registration / Regulation Requirements.
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 Giz Sangha
Designation	Executive Director of Nursing, Professions and Care Standards Deputy Chief Nurse
Date of Report	15 June 2018

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

Date: 11 July 2018

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

Presented by: 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

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 1st – 30th April 2018 report was published on the Trust's website on the 16th May 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**:

- Eight wards had registered nurse fill rates above 100%: Burbage Ward, Psychiatric Intensive Care Unit (PICU), Forest Close Ward 1; Forest Close Ward 2; Forest Close Ward 1a; Forest Lodge (Assessment), Forest Lodge (Rehabilitation), and Firshill Rise (Learning Disability).
- One ward had registered nurse fill rates above 95%: Maple Ward 96.2%.
- One ward had registered nurse fill rates above 80%: G1 (Dementia)

- Two Acute Wards had registered nurse fill rates below 80.0%: Dovedale (Older Adults) 78.8% and Stanage Ward 79.7%. – This is still a slight increase from previous month's reporting.

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

- Six wards had registered nurse fill rates above 100%: Psychiatric Intensive Care Unit (PICU), Forest Close Ward 1; Forest Close Ward 2; Forest Close Ward 1a; Forest Lodge (Rehabilitation) and Firshill Rise.
- Three wards had registered nurse fill rates above 96.9%: Burbage Ward 99.9%; Stanage Ward 96.9 and Forest Lodge (Assessment) 97.8%.
- Three wards had registered nurse fill rates between below 79.2%; Dovedale (Older Adults) 51.7%, Maple (Acute & Health Based Place of Safety, HBPOS) 72.2%; and G1 (Dementia) 77.2%.

Lower fill rates on Dovedale (Older Adults) were due to two nurses on phased return to work, after long term illnesses; one staff member needed to take five days carer leave and two staff took planned leave for surgical procedures. A new starter commenced duty but could only work 30 hours towards the end of April.

The staffing shortages were mitigated by the Ward / Deputy Ward managers working into the staffing ratio. The ward is carrying 1.8 WTE vacancies and interviews have been setup for 22nd May 2018.

Maple Ward and G1 were short staffed due to short term sickness and carrying vacancies, interviews have been setup, through the band 5 rolling programme.

Nurse Vacancies on Acute Wards

The overall vacancy rates in acute care wards fluctuate due to starters / leavers per month:

Jan	Feb	Mar	Apr
23%	24.7% (delayed new starter)	18%	20%

The April Vacancy Rate for Band 6 is 10.6%.

The April Vacancy Rate for Band 5 is 23%.

The Total Vacancy Rate is 20%.

Table 1: Vacancy / Recruitment Breakdown Per Acute Care Ward

March 2018	Acute Ward Vacancies		New Starters Band 5	New Starters Band 6	Anticipated New Starters Per Month
	Band 6	Band 5			
Burbage	0.5	- 3.9	2	0	Sept (2) 2018
Stanage	1.3	3.5	1	0	
Maple	0	6.6	0	0	
Dovedale	1	1.8	1	0	Sept 2018
Endcliffe	0	1.4	0	0	
TOTAL	- 3	- 14.60	4	0	

Table 2: Vacancy / Recruitment Breakdown Per Forest Close Rehabilitation Wards

April 2018	Rehabilitation Ward Vacancies		New Starters Band 5	New Starters Band 6	Anticipated New Starters Per Month
	Band 6	Band 5			
Ward 2	0	0	0	0	
Ward 1a	1	0	0	1	Sept 2018
Total	1	0	0	1	

Table 3: Vacancy / Recruitment Breakdown for Forensic Services (Forest Lodge)

The registered nurse vacancy / gap analysis for Forest Lodge has been completed. The Actual Funded Establishment (AFE) for the wards is:

- 4.32 WTE x Band 6 Registered Nurses
- 15.95 WTE x Band 5 Registered Nurses

Recruiting one band 6 nurse in rehabilitation due to a retirement in March 2018 & band 5 nurse due to commence in May 2018.

April 2018	Forest Lodge Ward Vacancies		New Starters Band 5	New Starters Band 6	Anticipated New Starters Per Month
	Band 6	Band 5			
Rehabilitation	1	0	0	0	
Assessment	0	0	0	0	
Total	1	0	1	0	

Community Staff AFEs and Vacancies

Funded establishments & vacancies for the Community Teams is being collated by the Associate Clinical Directors (Chris Wood & Jonathan Mitchell).

Agency / Bank Usage

The Bank, Agency and E-rostering Steering Group chaired by Guy Hollingsworth (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 is shared with the Senior Operational Managers (SOMs), Associate Directors (Debbie Horne & Richard Bulmer) & Associate Clinical Directors & the Deputy Director of Nursing (Tony Bainbridge) on a monthly basis.

Medical Staffing Summary

Associate Directors & Associate Clinical 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 April 2018:

Grade	Establishment (WTE)	Fill at sample point (WTE)	Percentage
Consultant	10.0	9.2	92
Higher Trainees	4.0	2.8	70
Core Trainees	2.8	1.8	64
Foundation Trainees	8.2	6.1	74
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 specialty.

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 Associate Clinical Directors & Deputy Director of Nursing for oversight, action and follow up.

Other health professions work on the wards as part of the Multi-Disciplinary Team (MDT) and contribute towards staffing levels (not currently recorded on E-rostering).

Escalation and Assurance

Processes are in place to enable staffing establishments to be managed on a shift-by-shift basis. The Senior Nurses & Associate Clinical Directors review service user flow daily at the beginning and end of the day and there is a daily bed management/gatekeeping function managed by senior nurses.

Assurance Statement

Effectively staffing the wards remains extremely challenging as demand is very high indeed particularly on the Acute Care Wards.

Shift-by-shift staff redeployment is undertaken by senior nurses to ensure sufficient resilience & staffing levels per ward along with the senior operations bed management system in place to manage presenting service user demand. The Executive Director of Operations, the Medical Director & Executive Director of Nursing, Professions & Care Standards can provide assurance that bed management & staff redeployment to manage demand is happening.

At times capacity to meet demand means some clinical activities are re-prioritized by the Ward Manager, Consultant Psychiatrist & the Multidisciplinary Team and this can on occasion affect some planned clinical activity.

E-Rostering Project

Enhanced training & data cleansing across every Ward & Nursing Home is being undertaken by

the E rostering lead, supported by the Deputy Director of Nursing.

A Roster Calendar with clear “publish” dates and dates by which “all remaining unfilled shifts” should be sent to ‘Bank’ has been shared with all Ward Managers and Senior Operational Managers (SOM’s) There are weekly meetings with Ward Managers to oversee performance & engender operational responsibility & accountability for compliance with the E-Rostering Policy in practice.

A new Rostering Operational Performance Report (ROPR) per ward is being used to better understand performance alongside a new E Rostering (check, confirm & challenge) User Group led by the Deputy Director of Nursing to support improvement & drive effective operational delivery of e-rostering at Ward level.

Safer Staffing Group

The Safer Staffing Group has been revised & is now chaired by the Executive Director of Nursing and is focused on: (1) production on an Integrated (Safer Staffing) Performance Dashboard; and (2) oversight of E-rostering delivery.

The current Performance Dashboard for Safer Staffing Reports is attached at Appendix 2.

3. Next Steps

- Continue to improve operational understanding, ownership & delivery of E – rostering at Ward level.
- Complete production of a fully integrated Performance Dashboard for Safer Staffing (exact date TBC).

4. Required Actions

- 4.1 Members are asked to receive and note the April 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 monthly Care Network Governance Meetings
- 5.2 Via Monthly Director of Operations Performance report to the EDG
- 5.3 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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Tel: 0114 271 6713

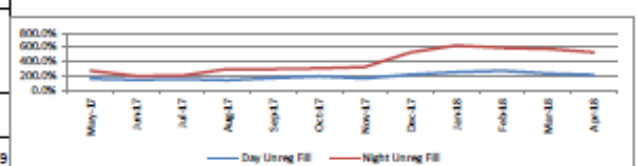
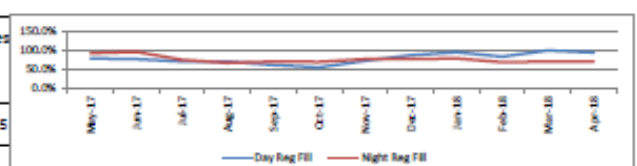
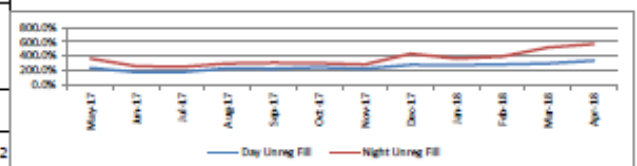
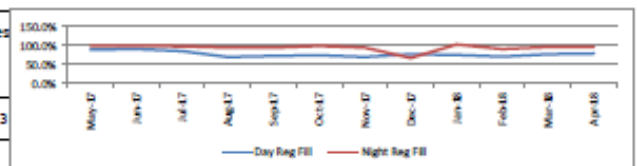
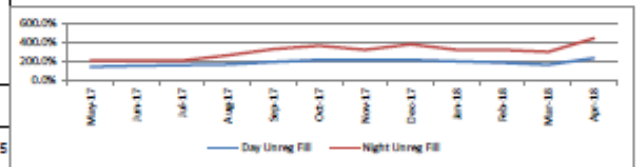
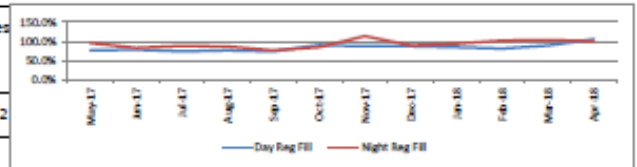
Ward – Day and Night Figures for April 2018

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 (%)
ACUTE				
Burbage	104.9 ↑	235.0 ↑	99.9 ↓	443.7 ↑
Dovedale	78.8 ↑	184.2 ↓	51.7 ↓	320.0 ↓
Maple	96.2 ↓	211.2 ↓	72.2 ↑	526.7 ↓
Stanage	79.7 ↑	335.5 ↑	96.9 ↓	573.5 ↑
PICU	116.8 ↑	268.7 ↓	100.3 ↑	372.8 ↓
REHABILITATION				
Forest Close Ward 1	133.7 ↑	100.4 ↓	100.0 ↔	97.3 ↑
Forest Close Ward 2	110.4 ↑	96.7 ↓	123.3 ↑	93.3 ↓
Forest Close Ward 1a	106.2 ↑	90.5 ↑	101.3 ↑	98.3 ↑
FORENSIC				
Forest Lodge Assessment	110.9 ↑	97.3 ↑	97.8 ↓	101.7 ↑
Forest Lodge Rehabilitation	101.4 ↑	95.6 ↓	100.2 ↓	96.8 ↓
DEMENTIA				
G1	82.0 ↓	102.9 ↑	79.2 ↑	105.3 ↓
LEARNING DISABILITY				
Firshill Rise	186.8 ↑	136.0 ↓	100.0 ↑	233.5 ↓

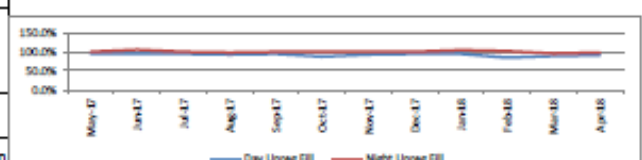
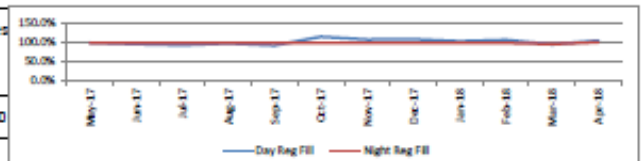
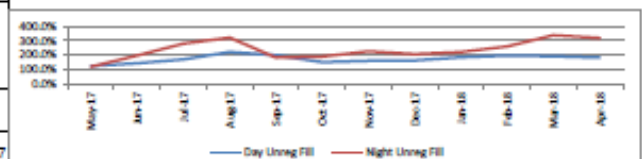
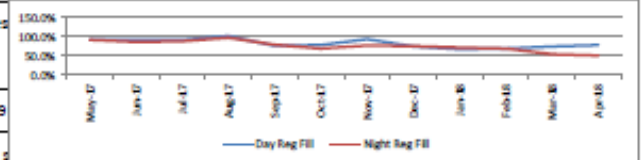
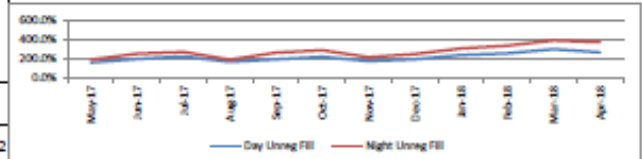
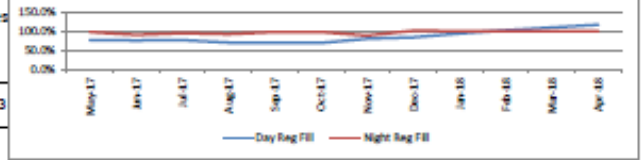
RAG Rating

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

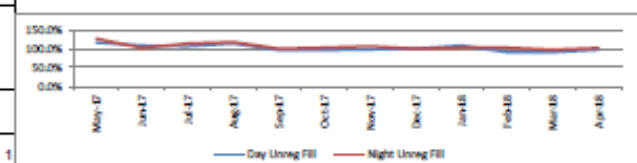
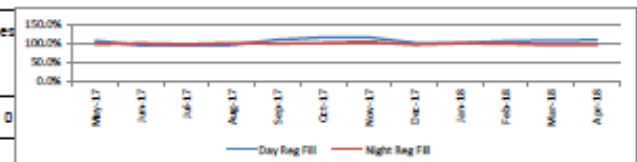
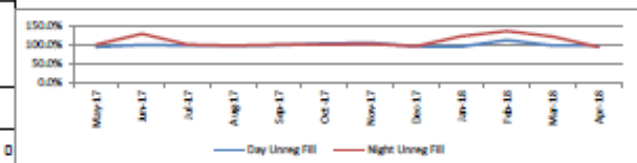
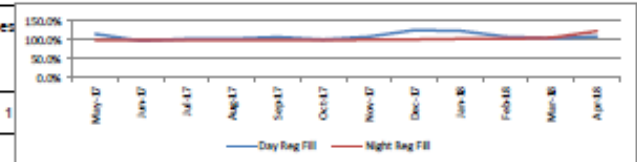
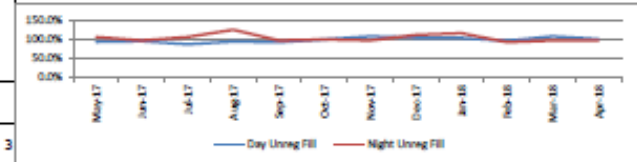
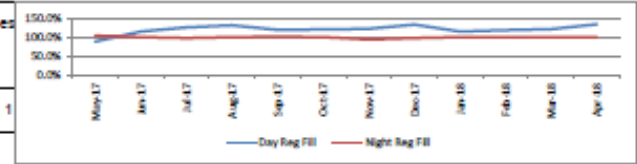
Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift	Ward	Beds	Occupancy	Admissions	Transfers	Discharges	
Registered	Mar-18		Apr-18		April	Burbage	14	116.9%	12	0	12
	89.0%	103.8%	104.9%	99.9%							
Unregistered	Mar-18		Apr-18		March	Burbage	14	112.2%	16	0	15
	165.6%	300.3%	235.0%	443.7%							
Registered	Mar-18		Apr-18		April	Storage	18	104.6%	14	0	13
	77.8%	97.1%	79.7%	96.9%							
Unregistered	Mar-18		Apr-18		March	Storage	18	100.5%	14	0	12
	298.5%	521.7%	335.5%	573.5%							
Registered	Mar-18		Apr-18		April	Maple	17	107.5%	27	0	25
	102.0%	72.0%	96.2%	72.2%							
Unregistered	Mar-18		Apr-18		March	Maple	17	102.7%	24	0	19
	226.6%	578.1%	211.2%	526.7%							



Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift	Ward	Beds	Occupancy	Admissions	Transfers	Discharges	
Registered	Mar-18		Apr-18		April	Endcliffe	10	98.3%	2	7	3
	109.1%	100.2%	116.8%	100.3%							
Unregistered	Mar-18		Apr-18		March	Endcliffe	10	98.4%	3	1	2
	300.4%	392.2%	268.7%	372.8%							
Registered	Mar-18		Apr-18		April	Dovedale	18	100.2%	7	3	9
	75.3%	54.9%	78.8%	51.7%	Longterm sick leave staff on phased return / Carers leave in this month. New s						
Unregistered	Mar-18		Apr-18		March	Dovedale	18	97.7%	5	2	7
	193.4%	339.6%	184.2%	320.0%							
Registered	Mar-18		Apr-18		April	Forest Close 1a	14	100.7%	0	0	0
	96.6%	96.8%	106.2%	101.3%							
Unregistered	Mar-18		Apr-18		March	Forest Close 1a	14	100.0%	0	0	0
	89.0%	95.2%	90.5%	98.3%							



Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift	Ward	Beds	Occupancy	Admissions	Transfers	Discharges	
Registered	Mar-18		Apr-18		April	Forest Close 1	8	96.7%	0	1	1
	120.7%	100.0%	133.7%	100.0%							
Unregistered	Mar-18		Apr-18		March	Forest Close 1	8	93.1%	2	1	3
	108.2%	97.2%	100.4%	97.3%							
Registered	Mar-18		Apr-18		April	Forest Close 2	8	98.3%	0	0	1
	105.0%	106.5%	110.4%	123.3%							
Unregistered	Mar-18		Apr-18		March	Forest Close 2	8	100.0%	0	0	0
	97.4%	121.3%	96.7%	93.3%							
Registered	Mar-18		Apr-18		April	F Lodge Assess	11	100.0%	0	0	0
	109.7%	98.5%	110.9%	97.8%							
Unregistered	Mar-18		Apr-18		March	F Lodge Assess	11	107.6%	0	0	1
	90.6%	97.3%	97.3%	101.7%							



Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift	Ward	Beds	Occupancy	Admissions	Transfers	Discharges		
Registered	Mar-18		Apr-18		April	F LodgeRehab	11	100.0%	0	0	0	
	101.0%	100.6%	101.4%	100.2%								
Unregistered	Mar-18		Apr-18		March	F LodgeRehab	11	93.5%	1	0	0	
	97.6%	99.5%	95.6%	96.8%								
Registered	Mar-18		Apr-18		April	Firshill Rise	7	99.5%	1	1	2	
	179.4%	97.2%	186.8%	100.0%								
Unregistered	Mar-18		Apr-18		March	Firshill Rise	7	100.0%	0	0	0	
	151.5%	252.6%	136.0%	233.5%								
Registered	Mar-18		Apr-18		April	G1	16	82.3%	2	1	4	
	90.5%	73.6%	82.0%	79.2%								
Unregistered	Mar-18		Apr-18		March	G1	16	87.5%	7	0	3	
	102.0%	107.2%	102.9%	105.3%								