BOARD OF DIRECTORS MEETING (Open)

Date: 11th July 2018   **Item Ref:**   7 ii b

TITLE OF PAPER	Safer Staffing Report: Monthly Return 1st - 31st May 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 May 2018 Ward Staffing.
TIMETABLE FOR DECISION	11th July 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 <u>BAF Risk</u>: A102i. <u>BAF Description</u>: Failure to deliver safe care due to insufficient numbers of appropriately trained staff. <u>BAF Risk</u> No: A102ii. <u>BAF Description</u>: Inability to provide assurance regarding improvement in the safety of patient care.
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	21 June 2018

SUMMARY REPORT

Report to:	**BOARD OF DIRECTORS MEETING**
Date:	**11th July 2018**
Subject:	**Safer Staffing Report, Monthly Return: 1st – 31st May 2018**
Presented by:	**Liz Lightbown, Executive Director of Nursing, Professions and Care Standards**
Authors:	**Liz Lightbown & Giz Sangha, Deputy Chief Nurse**

1.   Purpose

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

2.   Summary

The 1st – 31st May 2018 report was published on the Trust's website on the 14th June 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**:

- Five wards had Registered Nurse (RN) fill rates above 100%: Psychiatric Intensive Care Unit (PICU), Forest Close Wards 1& 2; Forest Lodge (Assessment) and Firshill Rise (Learning Disability).

- Five wards had RN fill rates above 90%: Dovedale (Older Adults) 94.6%; Maple Ward 90.4%; Forest Close Ward 1a 96.2%; Forest Lodge (Rehabilitation) 94.1% and G1 (Dementia) 91.4%

- Two wards had RN fill rates above 80% Stanage Ward 84.6% and Burbage Ward 89.0%.

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

- Six wards had RN fill rates above 100%: Psychiatric Intensive Care Unit (PICU), Forest Close Wards 1 & 2; Forest Lodge (Assessment) Forest Lodge (Rehabilitation) and Firshill Rise.

- Four wards had RN fill rates above 90%: Burbage Ward 99.4%; Stanage Ward 93.5; Forest Close Ward 1a 93.5% and G1 Dementia 98.0%.

- One Ward had a RN fill rate above 80%: Maple 80.6%

- One Ward had a RN nurse fill rate below 70% Dovedale (Older Adults) 64.7%,

The lower fill rate on Dovedale Ward was due to two RNs on phased return & 1.8 WTE RN Vacancies. The Ward / Deputy Ward Managers covered the staffing gap. Interviews to recruit RNs were successful with start dates pending.

RN Vacancies

Acute Wards: The Band 5 vacancy for acute wards & PICU was 23% in May (16.5 WTE). In September 2018 six new RNs commence. The vacancy rate has slightly increased from April due to internal movements, promotion and an RN leaving.

Table 1: RN Vacancy Rates: Acute Care Wards

May 2018	Acute Ward Vacancies		New Starters Band 5	New Starters Band 6	Starting
	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	

2018	Jan	Feb	Mar	Apr	May
Overall %	23%	24.7%	18%	20%	23%

Table 2: RN Vacancy Rates: Rehabilitation Wards

May 2018	Rehabilitation Ward Vacancies		New Starters Band 5	New Starters Band 6	Starting
Forest Close	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: RN Vacancy Rates: Forensic Wards

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 (1 x RN Band 5 commenced May 2018)

May 2018	Forest Lodge Ward Vacancies		New Starters Band 5	New Starters Band 6	Starting
Forest Lodge	**Band 6**	**Band 5**			
Rehabilitation	1	0	0	0	Recruiting / TBC
Assessment	0	0	0	0	
Total	1	0	0	0	

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 & 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 4: In Patient Staffing Levels v's Establishment (May'18):

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

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.

<u>Core Trainee</u> – training between foundation training and medical specialty training (2 yrs).

<u>Higher Trainee</u> – specialty training leading to ability to apply for consultant posts.

<u>Specialty and Associate Specialist:</u> non-training roles, the doctor has at least four years postgraduate training, two of those in a specialty.

Patient Demand, Staffing Capacity & Bed Management

Effectively staffing the wards remains challenging as patient demand (acuity & dependency levels) remains high particularly on the Acute Care Wards. Staffing capacity is reviewed on a shift-by-shift basis by Ward Managers & Senior Nurses and where clinically required additional clinical support workers are utilized to support effective management of demand and where / if required staff may be temporarily redeployed for periods to other clinical areas. The Senior Nurses & 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 & manage presenting service user demand & beds.

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. Allied Health Professions & Psychologists & 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.

High Support Worker Fill Rates:

Detailed analysis of the underlying reasons for the very high rates of support workers being used in the Acute Care Wards is being undertaken, led by the Deputy Director of Nursing Operations (Tony Bainbridge) & the new Deputy Chief Nurse (Brenda Rhule). An update on findings and any actions taken will be reported to the September Board.

Safety Huddles on Wards

Safety Huddles are used by the Ward Multi-Disciplinary Teams (MDT) to help 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 may have occurred, looking at how the event happened and how to prevent recurrences. Each ward has a safety champion who takes responsibility to ensure safety huddles are happening to support effective risk management of service users.

Risk Management & 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 & Deputy Director of Nursing for oversight, action and follow up.

Safer Staffing Group

The Safer Staffing Group revised in January'18, is chaired by the Executive Director of Nursing & focused on: (1) production on an Integrated (Safer Staffing) Performance Dashboard; and (2)

oversight / drive of E-rostering performance & delivery. The current Performance Dashboard for Safer Staffing per Ward is attached at Appendix 2.

E-Rostering Performance

Enhanced training and data cleansing in each Ward & Nursing Home commenced in April 2018, led by the E rostering lead & supported by the Deputy Director of Nursing (Operations) expected completion is by early October.

E- Roster compliance requirements & standards have been issued / set for Wards / Ward Managers & Senior Operational Managers. There are weekly meetings with Ward Managers to oversee their Ward performance & engender operational understanding, responsibility, ownership & accountability for compliance with the E-Rostering Policy in practice.

A new Rostering Operational Performance Report (ROPR) has been produced and is being used to better understand & improve each ward's performance.

A new E Rostering (check, confirm & challenge) User Group led by the Deputy Director of Nursing has been introduced to enable improvement & drive effective operational delivery of e-rostering by each Ward.

Agency / Bank Usage

The Bank, Agency and E-rostering Steering Group is monitoring agency and bank 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 & the Deputy Director of Nursing on a monthly basis.

Nursing Leadership: High Level Plan:

Senior Nursing Leadership arrangements are in place & work is in hand to address: Bank & Agency Usage; E-Rostering Implementation; and Recruitment & Retention. A high level plan outlining these is attached at Appendix 3.

Executive Assurance Statement:

The Executive Director of Operations, the Medical Director & 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; & staff redeployment, to effectively manage service user demand are in place & happening.

3. Next Steps

3.1 Continue to improve operational understanding, ownership & delivery of E – rostering at Ward level.
3.2 Complete production of a fully integrated Performance Dashboard for Safer Staffing.
3.3 Detailed analysis of high utilization of Support Worker rates in Acute Care & action required to address.

4.   Required Actions

4.1   Members are asked to receive and note the May 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 Safer Staffing Group
5.2   Via monthly Care Network Governance Meetings
5.3   Via Monthly Director of Operations Performance report to the EDG
5.4   Monthly Safer Staffing reports to the Executive Directors Group and Board of Directors.

6.   Contact Details

For further information please contact:

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

Ward: Day and Night Fill Rates for May 2018

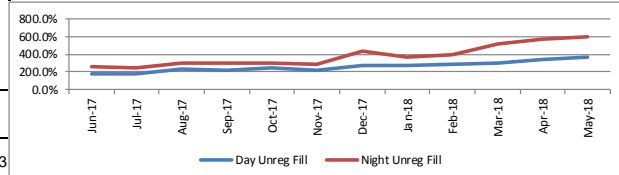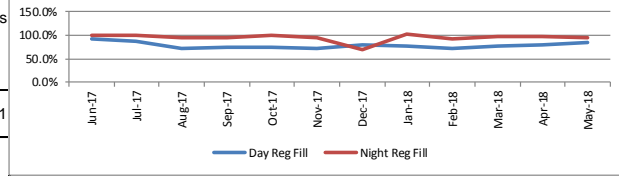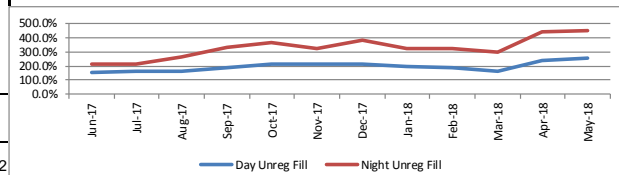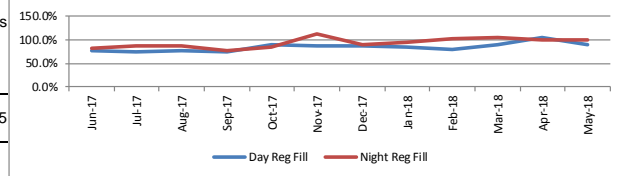| Ward name	Day		Night	
	Average fill rate Registered Nurses (%)	Average fill rate Care Staff (%)	Average fill rate Registered Nurses (%)	Average fill rate Care Staff (%)
ACUTE				
Burbage	89.0 ↓	253.7 ↑	99.4 ↓	448.5 ↑
Dovedale	94.6 ↑	187.6 ↑	64.7 ↑	332.6 ↑
Maple	90.4 ↓	207.5 ↓	80.6 ↑	487.1 ↓
Stanage	84.6 ↑	365.8 ↑	93.5 ↓	603.4 ↑
PICU	104.4 ↓	219.2 ↓	105.1	304.8 ↓
REHABILITATION				
Forest Close Ward 1	116.4 ↓	97.1 ↓	100.0 ↔	97.4 ↑
Forest Close Ward 2	100.0 ↓	99.2 ↑	116.1 ↓	93.8 ↑
Forest Close Ward 1a	96.2 ↓	97.0 ↑	93.5 ↓	101.7 ↑
FORENSIC				
Forest Lodge Assessment	104.1 ↓	102.6 ↑	110.6 ↑	96.8 ↓
Forest Lodge Rehabilitation	94.1 ↓	96.9 ↑	100.0 ↓	100.2 ↑
DEMENTIA				
G1	91.4 ↑	104.6 ↑	98.0 ↑	103.1 ↓
LEARNING DISABILITY				
Firshill Rise	197.1 ↑	119.7 ↓	142.9 ↑	191.2 ↓

RAG Rating

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

Safer Staffing Performance Dashboard – May 2018

Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift		Ward	Beds	Occupancy	Admissions	Transfers	Dischages
	Apr-18		May-18								
Registered	104.9%	99.9%	89.0%	99.4%	May	Burbage	14	123.3%	17	0	15
	Apr-18		May-18								
Unregistered	235.0%	443.7%	253.7%	448.5%	April	Burbage	14	116.9%	12	0	12

Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift		Ward	Beds	Occupancy	Admissions	Transfers	Dischages
	Apr-18		May-18								
Registered	79.7%	96.9%	84.6%	93.5%	May	Stanage	18	110.8%	15	1	11
	Apr-18		May-18								
Unregistered	335.5%	573.5%	365.8%	603.4%	April	Stanage	18	104.6%	14	0	13

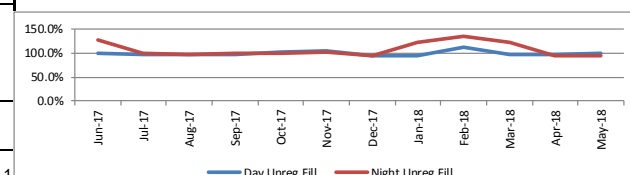| Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift		Ward	Beds	Occupancy	Admissions	Transfers	Dischages
	Apr-18		May-18								
Registered	96.2%	72.2%	90.4%	80.6%	May	Maple	17	114.6%	28	3	27
	Apr-18		May-18								
Unregistered	211.2%	526.7%	207.5%	487.1%	April	Maple	17	107.5%	27	0	25

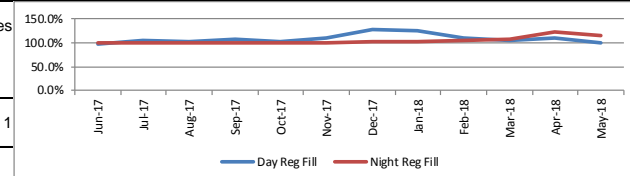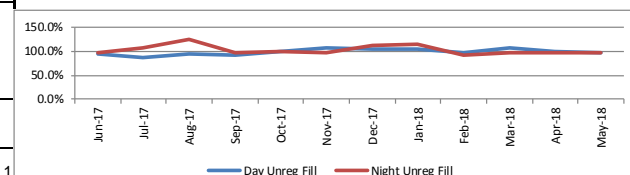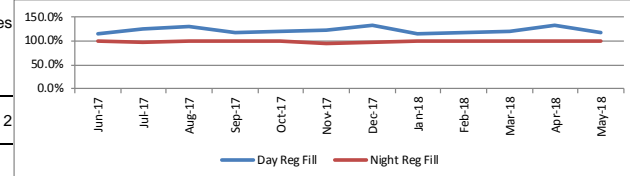| Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift		Ward	Beds	Occupancy	Admissions	Transfers	Dischages	
	Apr-18		May-18									
Registered	116.8%	100.3%	104.4%	105.1%	May	Endcliffe	10	94.8%	4	4	4	
	Apr-18		May-18				➡	⬇	⬆	⬇	⬆	
Unregistered	268.7%	372.8%	219.2%	304.8%	April	Endcliffe	10	98.3%	2	7	3	

Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift		Ward	Beds	Occupancy	Admissions	Transfers	Dischages	
	Apr-18		May-18									
Registered	78.8%	51.7%	94.6%	64.7%	May	Dovedale	18	91.2%	10	1	13	
	Apr-18		May-18				➡	⬇	⬆	⬇	⬆	
Unregistered	184.2%	320.0%	187.6%	332.6%	April	Dovedale	18	100.2%	7	3	9	

Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift		Ward	Beds	Occupancy	Admissions	Transfers	Dischages	
	Apr-18		May-18									
Registered	106.2%	101.3%	96.2%	93.5%	May	Forest Close 1a	14	92.9%	0	1	2	
	Apr-18		May-18				➡	⬇	➡	⬆	⬆	
Unregistered	90.5%	98.3%	97.0%	101.7%	April	Forest Close 1a	14	100.7%	0	0	0	
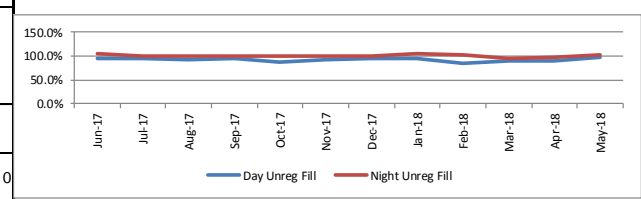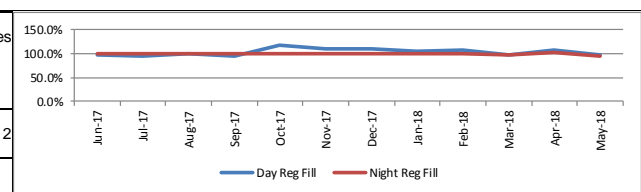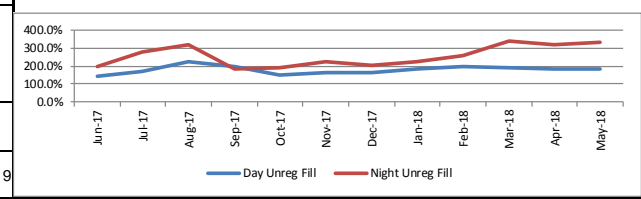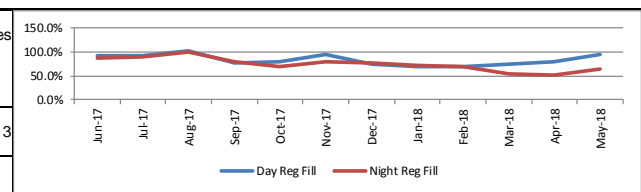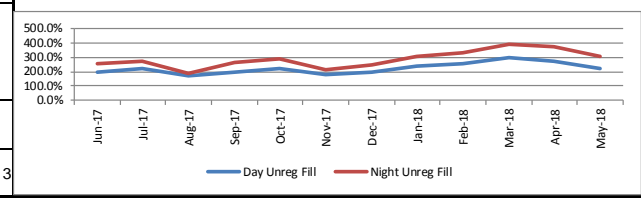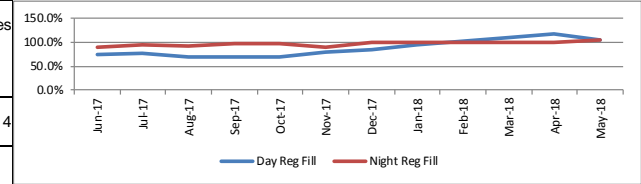
Forest Close 1

Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift		Ward	Beds	Occupancy	Admissions	Transfers	Dischages
	Apr-18		May-18								
Registered	133.7%	100.0%	116.4%	100.0%	May	Forest Close 1	8	81.0%	1	0	2
	Apr-18		May-18								
Unregistered	100.4%	97.3%	97.1%	97.4%	April	Forest Close 1	8	96.7%	0	1	1

Day Reg Fill — Night Reg Fill

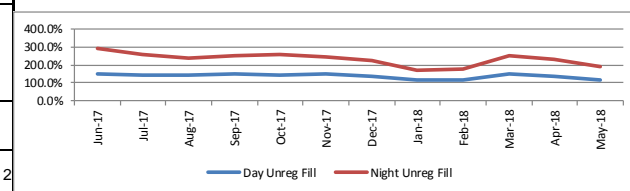Day Unreg Fill — Night Unreg Fill

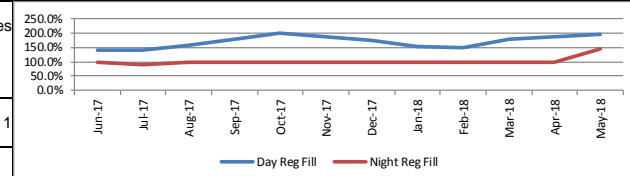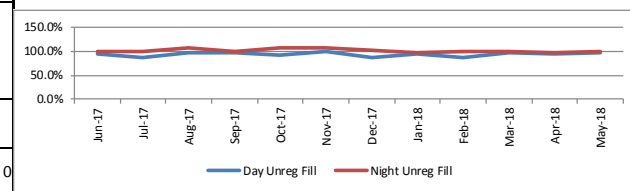## Forest Close 2

Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift		Ward	Beds	Occupancy	Admissions	Transfers	Dischages
	Apr-18		May-18								
Registered	110.4%	123.3%	100.0%	116.1%	May	Forest Close 2	8	93.5%	1	1	1
	Apr-18		May-18								
Unregistered	96.7%	93.3%	99.2%	93.8%	April	Forest Close 2	8	98.3%	0	0	1

Day Reg Fill — Night Reg Fill

Day Unreg Fill — Night Unreg Fill
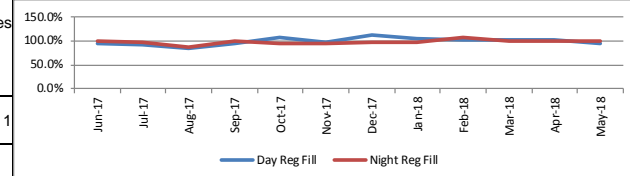
F Lodge Assess

Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift		Ward	Beds	Occupancy	Admissions	Transfers	Dischages
	Apr-18		May-18								
Registered	110.9%	97.8%	104.1%	110.6%	May	F Lodge Assess	11	97.4%	0	0	1
	Apr-18		May-18								
Unregistered	97.3%	101.7%	102.6%	96.8%	April	F Lodge Assess	11	100.0%	0	0	0
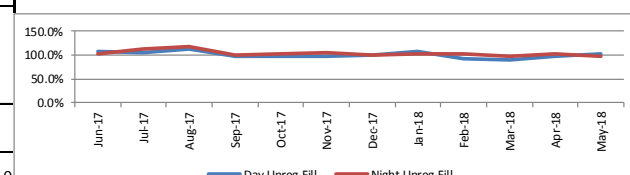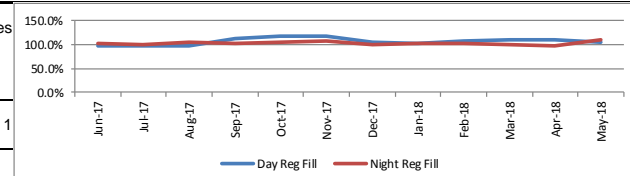
Day Reg Fill — Night Reg Fill

Day Unreg Fill — Night Unreg Fill

F LodgeRehab

Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift		Ward	Beds	Occupancy	Admissions	Transfers	Dischages
	Apr-18		May-18								
Registered	101.4%	100.2%	94.1%	100.0%	May	F LodgeRehab	11	99.4%	1	0	1
	Apr-18		May-18								
Unregistered	95.6%	96.8%	96.9%	100.2%	April	F LodgeRehab	11	100.0%	0	0	0

Firshill Rise

Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift		Ward	Beds	Occupancy	Admissions	Transfers	Dischages
	Apr-18		May-18								
Registered	186.8%	100.0%	197.1%	142.9%	May	Firshill Rise	7	99.5%	0	1	1
	Apr-18		May-18								
Unregistered	136.0%	233.5%	119.7%	191.2%	April	Firshill Rise	7	99.5%	1	1	2

G1

Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift		Ward	Beds	Occupancy	Admissions	Transfers	Dischages
	Apr-18		May-18								
Registered	82.0%	79.2%	91.4%	98.0%	May	G1	16	88.5%	4	0	2
	Apr-18		May-18								
Unregistered	102.9%	105.3%	104.6%	103.1%	April	G1	16	82.3%	2	1	4

High Level / Outline Plan to Address Safer Staffing:

What	Purpose / Role	Lead	Attendees	Meets
Safer Staffing Group	<u>Accountability & Performance:</u> <u>Key Outcome:</u> Production of a Safer Staffing Integrated Performance Dashboard per Ward (to Board). <u>Demand:</u> Beds, Occupancy, LoS <u>Capacity:</u> AFE; Vacancy; Sickness; Plan v/s Fill Rates; Bank; & Agency Due September 2018	Exec. Director. Nursing Liz L	• Deputy Director Nursing (Ops) • E-Rostering • Workforce Information Analyst • IMST • Finance	Monthly
Bank, Agency, E-rostering Steering Group	<u>Accountability & Performance:</u> • Understand / Report Usage • Address / Manage/ Reduce Usage • Link to operational e- rostering performance (recent)	Corporate Transformation /Special Projects Lead Guy H	• Dep Dir Nursing • E-Rostering • Workforce Info Analyst • SOMs	Monthly
E-rostering User Group	<u>Accountability & Performance:</u> • Deliver Health Roster: 12 Wards & 3 Nursing Homes (NHSi Good Rostering Guide & effective implementation SHSC E-Rostering policy). • Data Quality • Data Analysis: Using Rostering Operational Performance Report • Operational Understanding, Ownership & Sustainability. • Confirm, Check & Challenge: Each Ward Targets • Ward Reports to Care Network Governance & Performance Meeting	Deputy Director Nursing (Ops) Tony B	• Ward Nurses • Ward Managers • SOMs • E Rostering	6 Wkly
E -Rostering Safe Care Module Work Per Ward	<u>Accountability & Performance:</u> • Ward Performance Report • Acuity & Dependency: Reviewing Acuity; Clinical Variation; 1:1 Activity & Observations • Reviewing Clinical Practice: Care Hours Per Patient Day (CHPPD) Contacts, Nursing Assessment & Accreditation Standards (NAAS). • Understanding Demand • Recruiting Support Workers 4 WTE per Acute Ward • To Do: Manage Capacity • To Do: Assess / Revise Skill Mix • To Do: Review AFE (of RNs & Support Workers	Deputy Director Nursing (Ops) Tony B	• Ward Nurses • Ward Managers • SOMS	Weekly

What	Purpose / Role	Lead	Attendees	Meets
Nurse Directors Senior Management Meeting	Accountability, Performance & Delivery: • Right Nurse, Right Care, Right Time/Place , Right Skills • Produce Metrics for Key Outcomes • E-Rostering: Demand, Capacity; AFE & Skill Mix • Nursing Assessment & Accreditation Standards (NAAS) • Pre & Post Registration Education • Professional Practice Development • Integrated & effective professional / operational infrastructure • Nursing Workforce Development • Nurse Consultant posts • Advancing Clinical Practice • Higher Degree Apprenticeships • Nursing Associates • Recruitment & Retention (increase) • Review Carter Report / Model Hospital & apply appropriately	Liz L	• Deputy Chief Nurse • Deputy Director Nursing (Ops) • Associate Clinical Director (Crisis & Emergency Care)	Every 2 weeks