

BOARD OF DIRECTORS MEETING (Open)

Date: 10th October 2018

Item Ref: 8

TITLE OF PAPER	Safer Staffing Report: Monthly Return 1 st - 31 st August 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 August 2018 Ward Staffing
TIMETABLE FOR DECISION	October 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: Quality & Safety.</u> <u>Strategic Objectives A1 02: Deliver safe care at all times</u> <u>BAF Risk: A102i. "Failure to deliver safe care due to insufficient numbers of appropriately trained staff".</u> <u>BAF Risk No: A102ii. "Inability to provide assurance regarding improvement in the safety of patient care".</u> <u>Corporate Risk No 3831 Registered Nurse Vacancies</u></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	24 th September 2018

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

Subject: Safer Staffing Report, Monthly Return, 1st – 31st August 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 - 31st August 2018 was published on the Trust's website on the 13th September 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% Forest Close Wards 1& 2; Forest Lodge Assessment & Rehabilitation; and Firshill Rise

Above 90%: Burbage 94.7%; Dovedale 90.3% and Stanage 90.2%.

Above 80%: Psychiatric Intensive Care Unit (PICU) 87.1% and G1 Ward 85.6%.

Below 70%: Maple Ward 69.7% and Forest Close Ward 1a 66.6%.

Registered Nurse (RN) Fill Rates Night Shifts

Above 100%: Burbage Ward; Forest Close Ward 1a; Forest Lodge Assessment & Rehabilitation Wards; and Firshill Rise.

Above 90%: Psychiatric Intensive Care Unit (PICU) 97.1%; Forest Close Ward 1 96.8% and Ward 2 98.5%

Above 80%: Stanage Ward 81.4%.

Below 80%: Maple Ward 79.6% and G1 Ward 73.9%

Below 70%: Dovedale Ward 68.7%

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	94.7 ↑	191.6 ↓	101.5 ↑	364.5 ↑
Dovedale	90.3 ↑	232.9 ↑	68.7 ↓	413.9 ↑
Maple	69.7 ↓	237.7 ↑	79.6 ↓	451.9 ↓
Stanage	90.2 ↑	270.3 ↓	81.4 ↓	404.7 ↓
Psychiatric Intensive Care Unit (PICU)				
Endcliffe	87.1 ↓	276.6 ↑	97.1 ↓	363.9 ↑
REHABILITATION				
Forest Close Ward 1	140.5 ↑	85.7 ↑	96.8 ↑	103.6 ↑
Forest Close Ward 2	112.1 ↓	106.1 ↓	98.5 ↑	112.9 ↑
Forest Close Ward 1a	66.6 ↓	91.0 ↓	103.6 ↑	119.5 ↑
FORENSIC Low Secure				
Forest Lodge Assessment	105.5 ↔	90.2 ↓	103.8 ↑	97.8 ↓
Forest Lodge Rehabilitation	100.3 ↓	98.2 ↑	103.2	100.8 ↑
DEMENTIA Admission				
G1	85.6 ↓	91.7 ↓	73.9 ↑	109.6 ↓
LEARNING DISABILITY Assessment & Treatment				
Firshill Rise	179.2 ↓	113.1 ↓	113.3 ↑	177.0 ↓

Table 2: Registered Nurse Vacancies by Ward (August Data from Finance)

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	6.39	32.99%
Dovedale (18)	19.37	3.26	16.8%
Maple (17+ 2 x Health Based Place of Safety HBPoS)	25.33	7.13	28.15%
Stanage (18)	19.37	4.64	23.95%
Psychiatric Intensive Care Unit (PICU)			
Endcliffe (10)	17.34	0.54	3.11%
REHABILITATION			
Forest Close Ward 1 (8)	6.56	+2.54 (over)	-
Forest Close Ward 2 (8)	6.56	+ 0.94 (over)	-
Forest Close Ward 1a (14)	10.20	1.10	10.78%
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)	-

Agency / Bank Usage

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.

Detailed analysis of Bank and Agency has been undertaken which identifies:

Ward Registered Nurse (RN) Staffing Vacancies

The vacancy rate is covered primarily by (SHSC employed) Substantive Bank Staff, who work on the wards or in the community and who know the service users.

The proportion of RN Shifts filled by SHSC's 'Substantive Bank Staff' ranges from 85%- 99%, thus providing a level of continuity of care (and this is managed within the requirements of the EU Working Time Directive).

The proportion of shifts filled by SHSC 'Bank Staff Only' ranges from 1 – 9 %

The proportion of shifts filled by Agency RNs ranges from 0 - 8%. The exception is in the Learning Disability Assessment & Treatment Service where around 20% of shifts are covered by Agency RNs.

Health Care Support Workers (HCSW) Vacancies and Additional Shifts

The proportion of HCSW Vacancy / Additional Shifts filled by Substantive Bank Staff ranges from 60% – 96%.

The proportion of HCSW shifts filled by Bank Staff Only ranges from 4 – 30%.

The proportion of shifts filled by Agency HCSW ranges from 0 - 20% with the Adult Working Age Acute Wards the highest users ranging from 11% – 20%.

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, Care Network Directors, Deputies, SOMs and Ward Managers.

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 August 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.

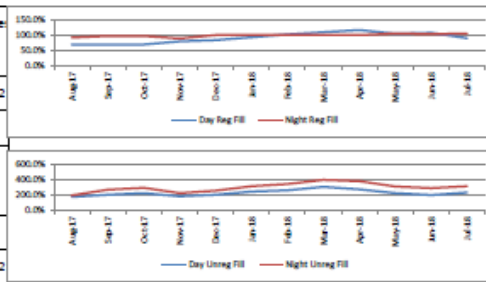
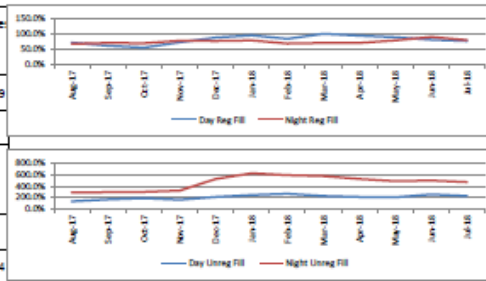
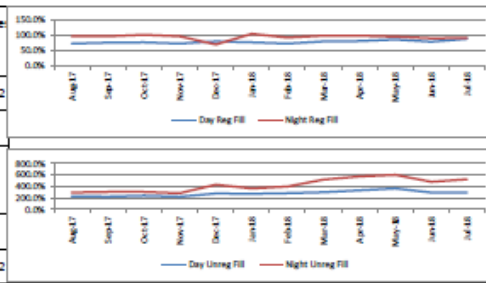
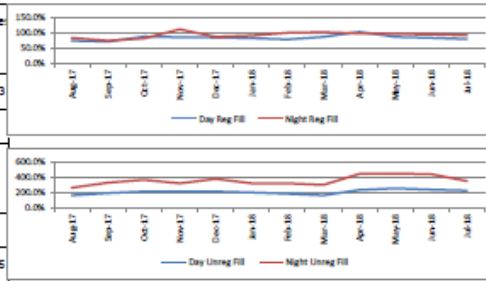
6. Contact Details

For further information please contact:

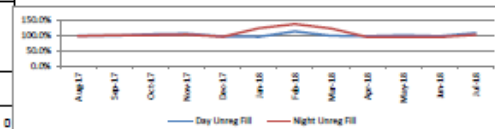
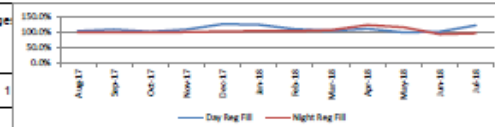
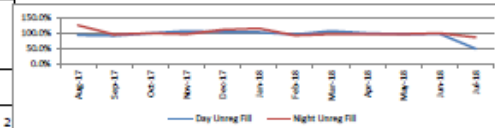
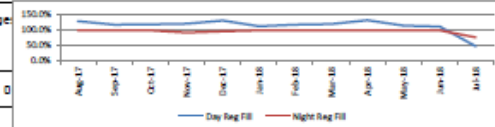
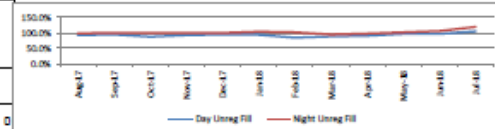
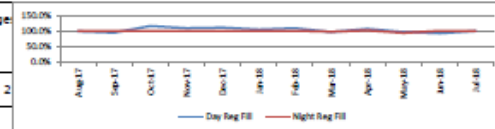
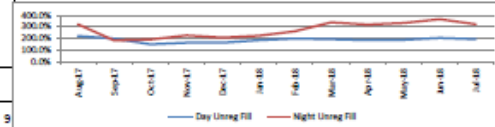
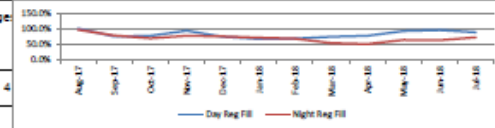
Brenda Rhule, Deputy Chief Nurse
brenda.rhule@shscc.nhs.uk
Tel: 0114 2716705

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

Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift	Ward	Beds	Occupancy	Admissions	Transfers	Discharge	
Registered	Jul-18		Aug-18		August	Burbage	14	129.7%	17	0	13
	81.4%	93.6%	94.7%	101.5%							
Unregistered	Jul-18		Aug-18		July	Burbage	14	114.1%	11	1	15
	226.6%	351.6%	191.6%	364.5%							
Registered	Jul-18		Aug-18		August	Stanage	19	107.2%	14	1	12
	87.1%	90.2%	90.2%	81.4%							
Unregistered	Jul-18		Aug-18		July	Stanage	18	105.6%	10	0	12
	296.4%	526.2%	270.3%	404.7%							
Registered	Jul-18		Aug-18		August	Maple	17	111.8%	24	0	19
	78.8%	81.7%	69.7%	79.6%							
Unregistered	Jul-18		Aug-18		July	Maple	17	102.1%	21	1	24
	230.4%	471.1%	237.7%	451.9%							
Registered	Jul-18		Aug-18		August	Endcliffe	10	100.3%	4	5	2
	90.3%	105.3%	87.1%	97.1%							
Unregistered	Jul-18		Aug-18		July	Endcliffe	10	96.5%	3	6	2
	227.0%	306.9%	276.6%	363.9%							



Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift	Ward	Beds	Occupancy	Admissions	Transfers	Discharge	
Registered	Jul-18		Aug-18		August	Dovedale	18	89.8%	5	0	4
	89.5%	73.3%	90.3%	69.7%							
Unregistered	Jul-18		Aug-18		July	Dovedale	18	93.5%	7	1	9
	193.9%	322.8%	232.9%	413.9%							
Registered	Jul-18		Aug-18		August	Forest Close 1a	14	85.7%	0	1	2
	99.6%	100.0%	66.6%	103.6%							
Unregistered	Jul-18		Aug-18		July	Forest Close 1a	14	98.6%	0	1	0
	105.5%	119.4%	91.0%	119.5%							
Registered	Jul-18		Aug-18		August	Forest Close 1	8	80.7%	1	0	0
	49.1%	77.4%	140.5%	96.8%							
Unregistered	Jul-18		Aug-18		July	Forest Close 1	8	55.2%	1	0	2
	49.9%	87.4%	85.7%	103.6%							
Registered	Jul-18		Aug-18		August	Forest Close 2	8	81.9%	1	0	1
	122.7%	96.8%	112.1%	96.5%							
Unregistered	Jul-18		Aug-18		July	Forest Close 2	8	95.6%	0	0	0
	107.1%	100.5%	106.1%	112.9%							



Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift	Ward	Beds	Occupancy	Admissions	Transfers	Discharge	
Registered	Jul-18		Aug-18		August	F Lodge Assess	11	97.7%	2	0	2
	105.5%	100.8%	105.5%	103.8%							
Unregistered	Jul-18		Aug-18		July	F Lodge Assess	11	92.1%	2	0	1
	103.1%	108.9%	90.2%	97.8%							
Registered	Jul-18		Aug-18		August	F Lodge Rehab	11	95.3%	2	0	1
	105.8%	103.2%	100.3%	103.2%							
Unregistered	Jul-18		Aug-18		July	F Lodge Rehab	11	96.8%	0	0	1
	92.1%	100.0%	98.2%	100.8%							
Registered	Jul-18		Aug-18		August	Firshill Rise	7	98.2%	1	0	2
	191.5%	112.9%	179.2%	113.3%							
Unregistered	Jul-18		Aug-18		July	Firshill Rise	7	88.9%	1	0	0
	120.1%	195.2%	113.1%	177.0%							
Registered	Jul-18		Aug-18		August	G1	16	87.5%	5	0	5
	95.2%	72.8%	85.6%	73.9%							
Unregistered	Jul-18		Aug-18		July	G1	16	89.7%	4	0	2
	95.0%	111.2%	91.7%	109.6%							

