

BOARD OF DIRECTORS MEETING (Open)

Date: 12th September 2018

Item Ref: 8ii

TITLE OF PAPER	Safer Staffing Report: Monthly Return 1 st – 31 st July 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 July 2018 Ward Staffing.
TIMETABLE FOR DECISION	12 th September 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 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, Deputy Chief Nurse
Designation	Deputy Chief Nurse
Date of Report	5 th September 2018

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

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

Authors: Liz Lightbown Executive Director of Nursing, Professions & 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 1st-31st July 2018 report was published on the Trust's website on the 14th August 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

7 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 National Quality Board (NQB) Safer Staffing resources.

Executive Summary

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

- Four wards had Registered Nurse (RN) fill rates above 100%: Forest Close Ward 2; Forest Lodge (Assessment); Forest Lodge (Rehabilitation) and Firshill Rise (Learning Disability).
- Three wards had RN fill rates above 90%: Psychiatric Intensive Care Unit (PICU) 90.3%; Forest Close Ward 1a 99.6% and G1 95.2%.
- Three wards had RN fill rates above 80%: Stanage Ward 87.1%; Burbage Ward 81.4% and Dovedale 89.5%.
- One ward had a Registered Nurse (RN) fill rate below 80%: Maple Ward 78.8%.
- One ward had Registered Nurse (RN) fill rates below 70%: Forest Close Ward 1 49.1%.

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

- Five wards had Registered Nurse (RN) fill rates above 100%: Psychiatric Intensive Care Unit (PICU), Forest Close Ward 1a; Forest Lodge (Assessment) Forest Lodge (Rehabilitation) and Firshill Rise.
- Three wards had Registered Nurse (RN) fill rates above 90%: Burbage Ward 93.6%; Stanage Ward 90.2% and Forest Close Ward 2 93.5%.
- One Ward had a Registered Nurse (RN) fill rate above 80%: Maple 81.7%.
- Three wards had a Registered Nurse (RN) fill rate below 80%: Forest Close Ward 1 77.4%, Dovedale Ward 73.3% and G1 72.8%

RN Vacancies

Acute Wards: The Band 5 RN vacancy rate was 18.5 WTE (25%) in July 2018. A combination of Bank and Agency Nurses are used to cover RN vacancies.

Table 1: RN Vacancy Rates: Acute Care Wards

July 2018	Acute Ward Vacancies	
	Band 6	Band 5
Burbage	1	5
Stanage	0	5
Maple	0	7
Dovedale	1	1.5
Endcliffe	1	0
TOTAL	3	18.5

2018	Jan	Feb	Mar	Apr	May	June	July
Overall %	23%	24.7%	18%	20%	23%	23%	25%

Table 2: RN Vacancy Rates: Rehabilitation Wards

July 2018	Rehabilitation Ward Vacancies		New Starters Band 5	New Starters Band 6	Starting
	Band 6	Band 5			
Forest Close					
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

July 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	

Nurse Recruitment, Retention and Establishing Career Pathways

Nurse Consultants

4 new Nurse Consultants commenced in post during August

Already In Post:

Nurse Consultant Learning Disability: Community Intensive Support Service /ATS

Nurse Consultant Acute Care: Intensive Home Based Treatment Team

New in Post:

Nurse Consultant Acute Care x 2: Acute Inpatient Adult Mental Health (/ Community)

Nurse Consultant: Community Recovery

Nurse Consultant: Single Point of Access (SPA)

Advancing Clinical Practice (ACP)

4 Nurses were recruited during August to commence the Masters level ACP and will qualify as Advanced Nurse Practitioners in 2019/2020

3 will undertake their ANP practice training in 3 Acute Inpatient Wards.

1 will undertake their ANP practice training in the new Psychiatric Decisions Unit (PDU) 24/7 Urgent & Emergency Mental Health Care.

Newly Qualified Nurses

A full review of the Preceptorship Package & development of an effective Preceptorship Rotation Programme is underway.

Trainee Nursing Associates (TNA's)

In July / August the Workforce Planning, Business Planning and Executive Directors Group approved 16 TNA Places. Training for this cohort is for 2 years and commences in December 2018. Qualified Nurse Associates will be regulated by the Nursing & Midwifery Council (NMC).

TNA posts will significantly widen access and participation:

- (i) By enhancing the existing Health Care Support Worker (HCSW) workforce through the provision of a career pathway from HCSWs to Nurse Associate, and
- (ii) Widen access and participation to Registered Nursing as the TNA provides an opportunity for qualified NA's to further progress to attain a Registered Nurse (RN) qualification (4 years in total).

Enable graduate RNs to more effectively fulfill their RN responsibilities by working up / rather than having to 'work down'.

8 of the TNAs will be based in Acute Inpatient Wards and 8 in the working Age Adult Mental Health Community Services.

Student Nursing

Guaranteed Job Offers: For 3 year undergraduates RN posts will be offered early in their 2nd year and for 2 year post graduates at the end of their first year, subject to subsequent graduation and NMC Registration.

We are introducing Executive and Senior Nursing mentorship and shadowing for Student Nurses.

RN Recruitment

6 new RNs have been recruited and will commence in post in September.

Medical Staffing Summary

Current medical staffing levels are determined by a combination of historical staffing levels, available budgets, professional judgment 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 July 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	2.0	71
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.

Core Trainee – training between foundation training and medical specialty training (2 years).

Higher Trainee – specialty training leading to ability to apply for consultant posts.

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

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 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 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-prioritized by the Ward Manager, Consultant Psychiatrist & the Multidisciplinary 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.

High Support Worker Fill Rates in Acute Inpatient Care

Analysis of the underlying reasons for the very high rates of support workers being used in the Acute Care Wards was undertaken by the Deputy Director of Nursing Operations (Tony Bainbridge) and Deputy Chief Nurse (Brenda Rhule).

The reasons for the continuing and sustained excessive fill rates are primarily due to:

- (i) The sustained over occupancy during the past 12 months at above 100% (and ranging up to circa 130% on occasion).
- (ii) The sustained increase in the number of admissions to Burbage and Stanage Wards.
- (iii) The higher acuity and increasing complexity of service users (acute psychosis and substance misuse) & requiring detention under the MHA.
- (iv) The increased clinical need for and use of enhanced observations due to higher clinical risk.
- (v) RN vacancy rate requiring additional numbers of HCSW to enable the RNs to undertake their RN roles in clinically managing the wards as safely as possible and to more effectively manage the significantly increased clinical workload.
- (vi) Impact on the Acute Inpatient wards of the community reconfiguration and 'in progress' establishment of a 24/7 fully integrated City wide Crisis Resolution & Intensive Home Based Treatment Service.

The Ward Teams have assessed Service Users clinical needs and have made clinical decisions regarding the use of enhanced observations. A much higher, routine & sustained use of 1:1 and 2:1 observations is evident, for example during July on average there were two service users per ward receiving 1:1 care and one service user (from Stanage Ward) was on 2:1 observations 24/7 for over a one month period whilst being nursed at the Northern General Hospital. Endcliffe had one service user who required 2:1 support.

The Crisis & Emergency Care Network has recruited an additional four substantive HCSW per ward in order to support the capacity and the role of the Registered Nurse and 8 TNAs will commence in December.

A full establishment review will be undertaken (planned for within this financial year 18/19) once the E-rostering system is fully embedded in the Acute Care wards and effectively operating.

Safety Huddles on Wards

Safety Huddles are used by the Ward Multi-Disciplinary Teams (MDT) to help prioritise and 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 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 & 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 and 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 and Nursing Home commenced in April 2018, led by the E rostering lead and supported by the Deputy Director of Nursing (Operations) expected completion is by early October.

E- Roster compliance requirements and standards have been issued / set for Wards / Ward Managers & Senior Operational Managers (SOMS). 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. The Rostering Operational Performance Report (ROPR) is being used to better understand and improve each ward's performance and the Deputy Director of Nursing (Operations) is working with each Ward Manager and the SOMs to manage the operational delivery of effective e- rostering by each Ward team.

The new monthly E Rostering Confirm and Challenge meeting, chaired by the Deputy Chief Nurse, commences 13th September. All the identified best practice guidance, following the Carter Review and National E-Rostering Collaborative Report will be applied in SHSC.

A meeting with Allocate (the E-rostering provider) for all Care Network Directors, Deputies, SOMs and Ward Managers responsible for E-Rostering, is being organised by the Executive Director of Nursing.

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 SOMs, Associate Directors, Associate Clinical Directors and the Deputy Director of Nursing on a monthly basis.

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; and staff redeployment, to effectively manage service user demand are in place & happening.

3. Next Steps

- 3.1 Embed operational understanding, ownership & delivery of E-rostering at Ward level.
- 3.2 Complete production of a fully integrated Performance Dashboard for Safer Staffing.

4. Required Actions

- 4.1 Members are asked to receive and note the July 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: Via

- 5.1 New Monthly E Rostering Confirm and Challenge meetings from 13th September 2018.
- 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@shsc.nhs.uk
Tel: 0114 271 6705

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

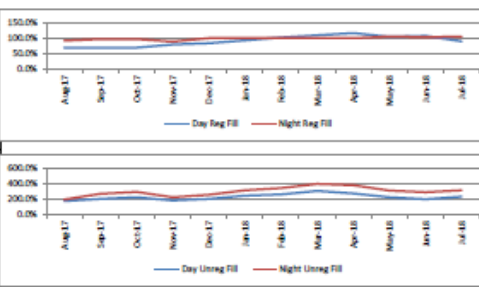
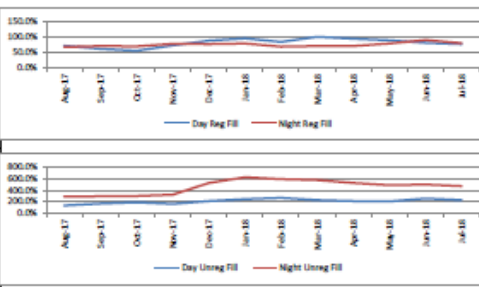
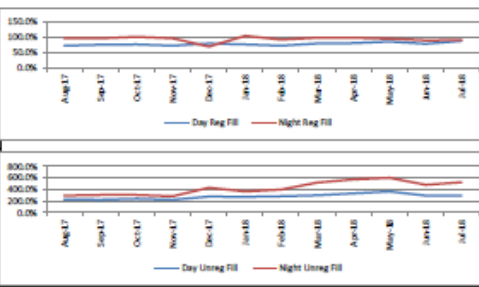
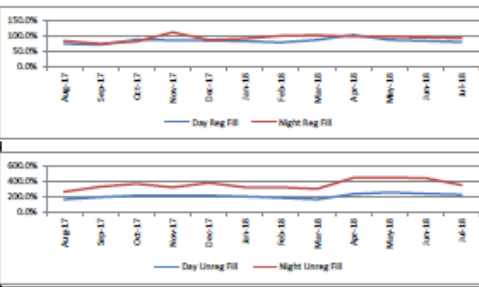
Ward – Day and Night Figures for July 2018

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	81.4 ↓	226.6 ↓	93.6 ↓	351.6 ↓
Dovedale	89.5 ↓	193.9 ↓	73.3 ↑	322.8 ↓
Maple	78.8 ↓	230.4 ↓	81.7 ↓	471.1 ↓
Stange	87.1 ↑	296.4 ↑	90.2 ↑	526.2 ↑
PICU	90.3 ↓	227.0 ↑	105.3 ↑	306.9 ↑
REHABILITATION				
Forest Close Ward 1	49.1 ↓	49.9 ↓	77.4 ↓	87.4 ↓
Forest Close Ward 2	122.7 ↑	107.1 ↑	96.8 ↑	100.5 ↑
Forest Close Ward 1a	99.6 ↑	105.5 ↑	100.0 ↔	119.4 ↑
FORENSIC				
Forest Lodge Assessment	105.5 ↑	103.1 ↑	100.8 ↓	108.9 ↑
Forest Lodge Rehabilitation	105.8 ↑	92.1 ↓	103.2 ↑	100.0 ↓
DEMENTIA				
G1	95.2 ↓	95.0 ↓	72.8 ↓	111.2 ↑
LEARNING DISABILITY				
Firshill Rise	191.5 ↑	120.1 ↓	112.9 ↓	195.2 ↑

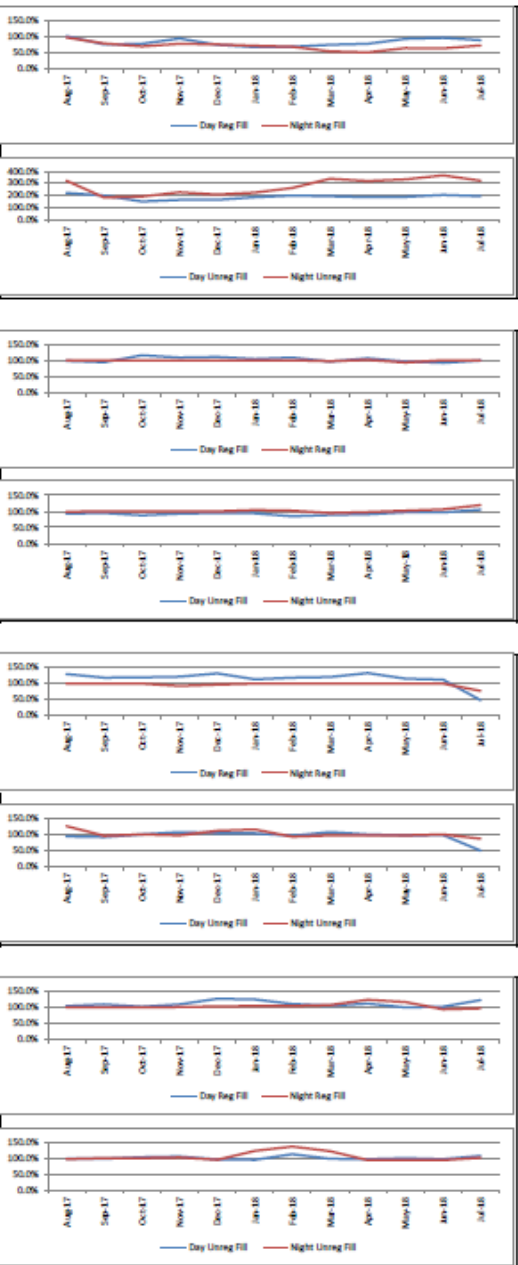
RAG Rating

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	Discharge	
Registered	Jun-18		Jul-18		July	Burbage	14	114.1%	11	1	15
	85.9%	95.5%	81.4%	93.6%							
Unregistered	Jun-18		Jul-18		June	Burbage	14	122.6%	11	0	12
	240.7%	440.0%	226.6%	351.6%							
Registered	Jun-18		Jul-18		July	Stanage	18	105.6%	10	0	12
	77.7%	88.7%	87.1%	90.2%							
Unregistered	Jun-18		Jul-18		June	Stanage	18	114.3%	15	0	13
	294.2%	480.0%	296.4%	526.2%							
Registered	Jun-18		Jul-18		July	Maple	17	102.1%	21	1	24
	82.2%	92.2%	78.8%	81.7%							
Unregistered	Jun-18		Jul-18		June	Maple	17	115.9%	24	0	26
	255.4%	500.0%	230.4%	471.1%							
Registered	Jun-18		Jul-18		July	Endcliffe	10	96.5%	3	6	2
	107.5%	103.4%	90.3%	105.3%							
Unregistered	Jun-18		Jul-18		June	Endcliffe	10	94.7%	2	4	2
	192.7%	282.6%	227.0%	306.9%							



Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift	Ward	Beds	Occupancy	Admissions	Transfers	Discharge	
Registered	Jun-18		Jul-18		July	Dovedale	18	93.5%	7	1	9
	97.0%	54.1%	89.5%	73.3%							
Unregistered	Jun-18		Jul-18		June	Dovedale	18	89.4%	5	2	4
	205.7%	366.7%	193.9%	322.8%							
Registered	Jun-18		Jul-18		July	Forest Close 1a	14	98.6%	0	1	0
	92.4%	100.0%	99.6%	100.0%							
Unregistered	Jun-18		Jul-18		June	Forest Close 1a	14	90.0%	1	3	1
	96.9%	106.5%	105.5%	119.4%							
Registered	Jun-18		Jul-18		July	Forest Close 1	8	55.2%	1	0	2
	112.6%	100.3%	49.1%	77.4%							
Unregistered	Jun-18		Jul-18		June	Forest Close 1	8	69.6%	0	1	2
	98.1%	100.0%	49.9%	87.4%							
Registered	Jun-18		Jul-18		July	Forest Close 2	8	95.6%	0	0	0
	102.0%	93.3%	122.7%	96.8%							
Unregistered	Jun-18		Jul-18		June	Forest Close 2	8	90.8%	1	0	1
	96.9%	93.3%	107.1%	100.5%							



Staffing	Fill Rate% Day Shift	Fill Rate% Night Shift	Fill Rate% Day Shift	Fill Rate% Night Shift	Ward	Beds	Occupancy	Admissions	Transfers	Discharge	
Registered	Jun-18		Jul-18		July	F Lodge Assess	11	92.1%	2	0	1
	102.2%	102.2%	105.5%	100.8%							
Unregistered	Jun-18		Jul-18		June	F Lodge Assess	11	89.4%	1	0	0
	102.3%	99.1%	103.1%	108.9%							
Registered	Jun-18		Jul-18		July	F LodgeRehab	11	96.8%	0	0	1
	98.1%	97.2%	105.8%	103.2%							
Unregistered	Jun-18		Jul-18		June	F LodgeRehab	11	99.7%	0	0	0
	98.3%	106.7%	92.1%	100.0%							
Registered	Jun-18		Jul-18		July	Firshill Rise	7	88.9%	1	0	0
	185.8%	143.4%	191.5%	112.9%							
Unregistered	Jun-18		Jul-18		June	Firshill Rise	7	89.5%	0	0	1
	126.3%	191.7%	120.1%	195.2%							
Registered	Jun-18		Jul-18		July	G1	16	89.7%	4	0	2
	98.9%	78.3%	95.2%	72.8%							
Unregistered	Jun-18		Jul-18		June	G1	16	93.5%	4	0	4
	103.4%	109.7%	95.0%	111.2%							

