

SUMMARY REPORT BOARD OF DIRECTORS MEETING PART 1		Agenda Item No:	
		November 2015	
Report title:	Safer Staffing Report		
Executive Lead:	Andy Brogan, Executive Director Clinical Governance & Quality		
Report Author(s):	Sarah Browne, Deputy Director of Nursing		
Report discussed previously at:	Quality Committee		
Level of Assurance:	Level		
	1		
	2		✓
	3		

Purpose of the Report		
To provide the Executive Team with the monthly safer staffing report	Approval	✓
	Discussion	
	Information	✓

Recommendations / Action Required
<ol style="list-style-type: none"> Note the contents of this report Review and approve report to go to Board of Directors Identify any further work required to be taken forward.

Summary of Key Issues
<p>The key issues:</p> <ul style="list-style-type: none"> Monthly shift by shift information required as part of the delivery of the Hard Truths commitments Fill rates are based on the revised staffing levels following the board review of establishments in November and active recruitment is ongoing New twice daily teleconference call in place covering South Essex Mental Health Services Hot spots for fill rates are outlined but no safety concerns have been identified There has been an ongoing reduction in agency usage

Relationship to Trust Strategic Priorities	
SP 1: Quality Services	✓
SP 2: Quality Leadership & Workforce	
SP 3: Sustainability of Service Provision	✓
SP 4: Innovative & Transformational Approach to Efficiency and Effectiveness	

Relationship to the Board Assurance Framework	
Are any existing risks in the Board Assurance Framework affected?	Yes
If yes, insert relevant risk	If fill rates are not achieved for safer staffing

	there is a safety and reputational risk for the Trust
Do you recommend a new entry to the Board Assurance Framework is made as a result of this report?	No

Corporate Impact Assessment OR Board Statements: Assurance(s) against:	
Impact on CQC Regulation Standards, Commissioning Contracts, Trust Annual Plan & Objectives	✓
Data Quality Issues	
Involvement of Service Users/ Healthwatch	
Communication and Consultation with stakeholders required	
Service Impact/Health Improvement Gains	✓
Financial Implications	Capital £ Revenue £ Non Recurrent £
Governance Implications	✓
Impact on Patient Safety /Quality	✓
Impact on Equality & Diversity	
Equality Impact Assessment (EIA) Completed?	No

Acronyms / Terms used in the report	
SI	Serious Incident
NHS	National Health Service
Beds	Bedfordshire
SEECHS	South East Essex Community Health Services
WECHS	West Essex Community Health Services
CMHT	Community Mental Health Team
MH	Mental Health
COD	Cause of Death
RCA	Root Cause Analysis

Supporting Documents &/or Further Reading
NA

Executive Lead
Andy Brogan Executive Director Mental Health, Executive Nurse

**Agenda Item
Board of Directors
November 2015**

SOUTH ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

MONTHLY SHIFT BY SHIFT STAFFING REPORT

1.0 PURPOSE OF REPORT

The purpose of this report is to provide Board of Directors with the monthly shift by shift information required as part of the delivery of the Hard Truths commitments associated with publishing staffing data regarding nursing, midwifery and care staff.

2.0 OVERVIEW

A monthly report to Board containing details and summary of planned and actual staffing on a shift-by-shift basis is part of the Hard Truths commitments.

As discussed in previous reports, the information returned to the central collection captures the identified staffing required for each shift in relation to the number of patients on the ward and the dependency of the patients, allowing flexing of the staffing required. This information continues to be reviewed on a weekly basis via teleconference call with lead nurses and senior managers to identify any hotspots from the previous week, any mitigations and actions taken to ensure safe staffing as well as discuss any concerns for the following week.

Twice daily teleconference calls continue for South Essex Mental Health Inpatient areas led by senior managers (Director or Associate Director of Mental Health) with matrons of the wards to review each ward. The purpose of this call is to identify staffing on the wards, reviewing use of agency and bank staff as well as the dependency of the ward to enable identification of any areas of concern and to move staff if required to support wards. The call also looks forward to shifts to ensure appropriate night cover and weekend cover with a clear process for escalation if required. A SitRep is circulated to the Chief Executive and senior staff identified above.

The following section details the dashboard covering each ward reported via Unify alongside agreed quality indicators. This information is reported through the safer staffing database on the intranet which has now been rolled out to all ward areas across the trust to enable review by managers as live reporting as well as detail further information covering, bank and agency usage as well as the level of observations required. Further information has also now been included within the intranet section to record if bank staff are permanent staff and whether bank and agency staff are known to the wards.

The report considers the fill rate on the revised staffing levels following the board review of establishments in November last year. As discussed over the past months Essex Mental Health Services have been showing a lower than expected fill rate within some of the wards although this has improved from earlier in the year. The report also details the percentage of bank and agency staff known to the ward areas, detailing that the staff are generally known to the units.

Committee members can be reassured that through the twice daily teleconference calls and monitoring of incidents there have been no safety concerns identified on these wards, and

the site manager and matrons have supported wards when required to cover, whilst active recruitment is underway

The Trust continues to advertise vacancies actively including Nursing Times, Irish Nursing Times, NHS Jobs, along with social media sites such as Facebook and Twitter. A number of new nurses have started within the Trust; some of these were students who are still awaiting PIN numbers to come through to work as registered nurses. We plan to continue to attend recruitment fairs as well as continue to take forward the active recruitment campaign. A number of further workstreams are also in place to review staffing including reducing agency staffing as well as monitoring and review of vacancies.

The individual report and dashboard now identifies hot spots and emerging risks as discussed at last month's Quality Committee with assurance given regarding safety throughout the report.

The following two pages contain the dashboards for both September and October to allow comparison of data which shows an ongoing reduction in overall usage of agency but in particular within mental health inpatient areas.

3.0 DASHBOARD

OCTOBER																			
WARD NAME	Location	N° OF BEDS OPEN	Occupancy Rate (including leave days)	STAFF (WTE Contracted)	Vacancy Rate	Day		Night		% Appraised in previous 12 months	% Bank Use	% Bank Staff Used Permanent or Known	% Agency Use	% Agency Used Known	FALLS Moderate & Severe	PRESSURE ULCERS	HCAIs	Sickness Rate	Long Term Sickness Rate
						FILL RATE Registered	FILL RATE Unregistered	FILL RATE Registered	FILL RATE Unregistered										
TARGET:						≥90%	≥90%	≥90%	≥90%										
ESSEX MENTAL HEALTH INPATIENT SERVICES																			
Basildon MHAU	Basildon	20	85.3%	27.3	-19.6%	99.5%	98.6%	100.0%	100.0%	66.7%	37.4%	95.7%	4.3%	100.0%	0	0	0	5.6%	1.6%
Beech (Rochford)	Rochford	24	90.2%	21.8	10.9%	99.2%	99.6%	96.4%	100.0%	27.3%	34.0%	93.9%	1.7%	87.5%	0	0	0	6.2%	0.0%
Cedar Ward Essex		24	109.8%	19.6	10.8%	100.0%	97.7%	98.2%	100.7%	91.7%	54.3%	100.0%	1.7%	91.3%	0	0	0	7.7%	0.0%
Clifton Lodge	Westcliff	35	79.9%	18.2	12.8%	95.7%	98.9%	92.6%	99.5%	84.0%	46.8%	99.8%	10.4%	95.2%	0	0	0	9.6%	2.8%
Gloucester	Basildon	25	99.9%	20.5	13.7%	99.3%	99.4%	100.0%	100.0%	92.9%	22.4%	96.9%	3.7%	81.3%	0	0	0	2.1%	0.0%
Grangewater	Basildon	28	68.7%	20.7	18.5%	100.8%	97.5%	101.6%	100.0%	86.7%	29.4%	96.2%	13.5%	80.3%	0	0	0	10.0%	0.0%
Hadleigh Unit	Basildon	20	57.5%	21.2	13.2%	94.1%	100.9%	82.8%	103.6%	26.7%	48.8%	100.0%	6.4%	100.0%	0	0	0	16.4%	4.7%
Maple	Rochford	24	98.5%	22.9	17.7%	100.0%	98.4%	97.1%	100.0%	50.0%	37.6%	100.0%	7.0%	100.0%	0	0	0	9.2%	5.0%
Mayfield	Rochford	24	104.8%	21.2	22.8%	98.4%	98.3%	98.2%	100.0%	90.5%	49.6%	98.8%	2.3%	80.0%	0	0	0	11.1%	0.0%
Meadowview	Thurrock	24	85.7%	29.0	18.4%	100.0%	98.9%	100.0%	100.0%	87.5%	39.5%	100.6%	1.8%	50.0%	0	0	0	9.0%	0.0%
Mountnissing Ct	Mountnissing	22	79.2%	24.1	4.1%	99.1%	97.9%	98.3%	94.7%	85.0%	39.8%	93.3%	4.6%	75.0%	0	0	0	8.3%	0.0%
Rawreth Court	Rayleigh	35	48.8%	34.2	0.8%	97.5%	99.7%	100.0%	100.0%	82.4%	14.9%	100.0%	0.2%	0.0%	0	0	0	0.4%	0.0%
Westley	Basildon	28	41.0%	6.0	76.3%	100.0%	100.0%	96.9%	101.1%	100.0%	73.6%	100.0%	4.9%	77.8%	0	0	0	0.0%	0.0%
CAMHS SERVICES																			
Poplar Adolescent Unit	Rochford	12	108.6%	22.9	15.5%	87.4%	104.7%	100.0%	109.7%	78.9%	50.4%	98.6%	2.5%	78.6%	0	0	0	3.9%	2.5%
FORENSIC SERVICES																			
Alpine	Brockfield	13	86.8%	17.1	19.7%	93.5%	105.6%	101.5%	105.6%	93.8%	58.1%	99.4%	2.1%	45.5%	0	0	0	8.5%	5.6%
Aurora	Brockfield	12	97.0%	10.1	27.8%	104.8%	95.9%	100.0%	100.0%	90.0%	46.1%	98.2%	1.2%	0.0%	0	0	0	0.9%	0.0%
Causeway	Brockfield	16	90.3%	23.4	5.5%	86.3%	105.6%	108.8%	98.9%	68.4%	31.7%	100.7%	0.0%	-	0	0	0	10.1%	0.0%
Dune	Brockfield	15	94.2%	16.9	11.7%	97.6%	102.4%	100.0%	100.0%	100.0%	25.7%	95.5%	0.0%	-	0	0	0	0.8%	0.0%
Forest	Brockfield	15	93.3%	15.6	11.2%	98.4%	106.3%	100.0%	100.0%	93.3%	21.3%	98.3%	0.0%	-	0	0	0	7.0%	6.4%
Fuji	Brockfield	12	95.2%	25.5	18.8%	98.4%	98.5%	93.4%	103.9%	75.0%	39.8%	100.0%	2.1%	91.7%	0	0	0	3.7%	0.0%
Lagoon	Brockfield	15	97.2%	19.1	15.4%	98.5%	100.4%	97.1%	101.9%	78.6%	54.3%	100.0%	1.1%	83.3%	0	0	0	11.1%	0.0%
Robin Pinto Unit	Luton	16	94.4%	19.2	7.0%	100.0%	118.3%	100.0%	112.3%	38.5%	17.9%	92.2%	1.1%	0.0%	0	0	0	6.2%	0.0%
Woodlea Clinic	Bedford	10	100.0%	21.1	-5.4%	113.9%	98.4%	106.5%	96.8%	90.0%	33.2%	92.9%	28.3%	100.0%	0	0	0	4.9%	0.0%
LEARNING DISABILITY SERVICES																			
Heath Close	Billericay	14	74.9%	22.9	-4.7%	98.6%	95.0%	100.0%	100.0%	95.5%	37.6%	86.0%	1.2%	42.9%	0	0	0	1.8%	0.1%
COMMUNITY HEALTH SERVICES																			
Cumberlege IC Centre	Rayleigh	22	96.0%	23.6	25.5%	93.5%	99.1%	100.0%	102.9%	50.0%	10.5%	12.8%	18.6%	15.7%	0	0	1	0.6%	0.0%
Avocet	Saffron Walden	19	91.0%	21.0	22.5%	100.8%	92.4%	100.0%	96.8%	59.3%	3.5%	57.1%	27.3%	49.1%	1	0	0	2.0%	2.0%
Beech (St Margarets)	St Margarets Epping	10	92.0%	23.7	19.5%	99.2%	98.4%	100.0%	100.0%	43.5%	9.2%	0.0%	5.3%	0.0%	0	0	0	6.7%	0.0%
Plane	St Margarets Epping	22	93.0%	27.8	10.2%	99.2%	99.2%	100.0%	97.8%	69.2%	2.6%	0.0%	5.5%	0.0%	0	0	0	3.7%	0.0%
Poplar	St Margarets Epping	22	91.0%	24.5	22.5%	100.0%	99.6%	98.4%	100.0%	52.0%	8.1%	0.0%	5.9%	0.0%	0	0	0	14.4%	7.2%
The Archer Unit	Bedford	20	81.5%	39.1	-25.2%	98.4%	99.2%	100.0%	98.4%	100.0%	1.0%	20.0%	3.0%	26.7%	0	0	0	9.1%	4.5%
TRUST INPATIENT TOTAL		598	79.1%	101.6	13.3%	97.2%	99.5%	95.5%	101.6%	74.2%	34.0%	95.9%	5.6%	67.8%	1	0	1	6.7%	1.5%

SEPTEMBER																			
WARD NAME	Location	N° OF BEDS OPEN	Occupancy Rate (including leave days)	STAFF (WTE Contracted)	Vacancy Rate	Day		Night		% Appraised in previous 12 months	% Bank Use	% Bank Staff Used Permanent or Known	% Agency Use	% Agency Used Known	FALLS Moderate & Severe	PRESSURE ULCERS	HCAIs	Sickness Rate	Long Term Sickness Rate
						FILL RATE Registered	FILL RATE Unregistered	FILL RATE Registered	FILL RATE Unregistered										
TARGET:						≥90%	≥90%	≥90%	≥90%										
ESSEX MENTAL HEALTH INPATIENT SERVICES																			
Basildon MHAU	Basildon	20	76.5%	25.3	-10.8%	89.3%	100.9%	93.5%	102.1%	92.0%	41.2%	103.2%	7.5%	90.0%	0	0	0	6.7%	4.7%
Beech (Rochford)	Rochford	24	88.1%	21.8	10.9%	100.0%	98.7%	100.0%	98.7%	60.0%	27.8%	98.5%	9.8%	72.9%	0	0	0	7.4%	0.0%
Cedar Ward Essex	Rochford	24	99.4%	18.6	15.4%	96.3%	100.0%	98.3%	100.0%	42.9%	47.8%	96.0%	9.2%	89.7%	0	0	0	7.1%	0.0%
Clifton Lodge	Westcliff	35	78.5%	19.2	8.1%	93.3%	99.7%	70.2%	108.1%	85.7%	43.0%	103.0%	13.9%	90.7%	0	0	0	7.0%	5.6%
Gloucester	Basildon	25	102.3%	20.5	13.7%	95.1%	97.8%	89.7%	100.0%	85.7%	28.1%	95.1%	6.4%	67.9%	0	0	0	0.3%	0.0%
Grangewater	Basildon	28	76.1%	19.7	22.4%	97.1%	103.2%	100.0%	98.6%	88.9%	23.0%	100.9%	23.6%	89.7%	0	0	0	3.6%	0.0%
Hadleigh Unit	Basildon	20	60.7%	21.2	13.2%	99.2%	98.8%	91.5%	103.0%	94.1%	43.3%	101.5%	17.0%	98.4%	0	0	0	9.8%	4.8%
Maple	Rochford	24	95.9%	23.3	16.3%	99.2%	97.8%	94.7%	98.8%	80.0%	43.7%	97.6%	12.8%	105.5%	1	0	1	10.4%	5.4%
Mayfield	Rochford	24	91.7%	21.2	22.8%	100.8%	100.0%	100.0%	101.0%	95.5%	48.3%	99.7%	5.3%	100.0%	0	0	0	12.4%	1.7%
Meadowview	Thurrock	24	84.7%	28.1	20.9%	100.0%	100.0%	100.0%	100.0%	86.7%	20.9%	89.0%	0.5%	0.0%	0	0	0	2.3%	0.0%
Mountnessing Ct	Mountnessing	22	74.7%	23.4	6.9%	92.1%	100.0%	98.3%	101.6%	57.1%	25.9%	95.3%	8.8%	86.0%	0	0	0	2.9%	0.0%
Rawreth Court	Rayleigh	35	52.0%	34.2	0.8%	88.3%	102.0%	96.6%	101.1%	85.3%	15.6%	103.1%	0.0%	-	0	0	0	0.6%	0.0%
Westley	Basildon	28	52.7%	6.0	76.3%	98.4%	99.2%	100.0%	100.0%	100.0%	70.6%	97.7%	12.1%	93.2%	0	0	0	0.0%	0.0%
CAMHS SERVICES																			
Poplar Adolescent Unit	Rochford	12	100.3%	23.9	26.6%	85.8%	102.9%	96.7%	99.3%	38.9%	50.2%	100.8%	3.9%	50.0%	0	0	0	5.0%	3.3%
FORENSIC SERVICES																			
Alpine	Brockfield	13	90.8%	16.7	21.6%	99.2%	109.5%	98.3%	106.7%	93.8%	46.8%	101.1%	1.0%	25.0%	0	0	0	6.1%	3.7%
Aurora	Brockfield	12	98.6%	10.5	25.0%	103.3%	100.0%	100.0%	100.0%	54.5%	50.0%	98.3%	0.0%	-	0	0	0	4.9%	0.0%
Causeway	Brockfield	16	91.3%	23.1	6.5%	81.0%	102.7%	100.0%	101.1%	72.2%	40.4%	106.0%	0.5%	0.0%	0	0	0	18.5%	10.2%
Dune	Brockfield	15	96.7%	17.9	6.5%	94.1%	102.4%	100.0%	101.7%	100.0%	30.4%	102.0%	0.6%	0.0%	0	0	0	2.0%	0.0%
Forest	Brockfield	15	90.9%	14.6	16.9%	96.7%	108.2%	103.0%	96.5%	73.3%	21.3%	93.1%	0.0%	-	0	0	0	9.1%	6.6%
Fuji	Brockfield	12	97.8%	24.5	21.9%	94.2%	100.8%	64.4%	110.7%	81.3%	44.3%	100.0%	0.6%	133.3%	0	0	0	1.4%	0.0%
Lagoon	Brockfield	15	100.0%	17.4	23.1%	89.1%	115.1%	86.7%	135.8%	73.3%	61.6%	100.0%	1.1%	60.0%	0	0	0	25.0%	14.9%
Robin Pinto Unit	Luton	16	93.8%	18.8	8.7%	102.5%	127.8%	100.0%	114.1%	76.9%	30.0%	99.0%	0.6%	0.0%	0	0	0	8.2%	0.0%
Woodlea Clinic	Bedford	10	100.0%	22.1	-10.3%	114.1%	93.4%	100.0%	100.0%	47.4%	33.5%	103.8%	23.5%	100.0%	0	0	0	10.5%	0.0%
LEARNING DISABILITY SERVICES																			
Heath Close	Billericay	14	64.0%	24.1	-10.2%	100.0%	96.3%	100.0%	99.2%	82.6%	46.6%	61.8%	2.2%	50.0%	0	0	0	7.1%	5.7%
COMMUNITY HEALTH SERVICES																			
Cumberlege IC Centre	Rayleigh	22		23.6	25.5%	99.2%	98.6%	100.0%	100.0%	90.9%	10.7%	15.2%	22.7%	21.4%	0	0	0	0.6%	0.0%
Avocet	Saffron Walden	19	89.0%	19.6	27.7%	95.1%	94.9%	98.3%	95.0%	63.3%	4.8%	15.8%	20.6%	28.0%	0	0	0	0.0%	0.0%
Beech (St Margarets)	St Margarets Epping	10	90.0%	23.7	22.2%	99.2%	98.8%	100.0%	100.0%	73.9%	8.6%	0.0%	3.6%	0.0%	0	0	0	5.5%	0.0%
Plane	St Margarets Epping	22	94.0%	28.8	10.4%	100.0%	99.8%	100.0%	100.0%	77.8%	5.2%	0.0%	5.4%	0.0%	0	0	0	2.6%	1.9%
Poplar	St Margarets Epping	22	95.0%	25.5	19.4%	99.2%	97.9%	98.3%	100.0%	66.7%	7.6%	0.0%	7.4%	0.0%	0	0	0	13.8%	9.2%
The Archer Unit	Bedford	20	69.7%	19.0	39.1%	100.0%	97.9%	100.0%	100.0%	100.0%	1.1%	20.0%	8.4%	25.0%	0	0	0	6.1%	2.0%
TRUST INPATIENT TOTAL		598		622.8	19.1%	96.3%	100.3%	95.2%	102.3%	77.6%	33.0%	94.5%	8.2%	71.6%	1	0	1	6.7%	2.8%

4.0 HOTSPOTS

The dashboard above shows that the majority of wards in Learning Disability, Secure Services and Community Health Services are above 95%. As discussed in previous months, a recruitment campaign is continuous and being monitored through a number of workstreams. Last month we reported seven wards reporting below our target for safer staffing, 3 of these were hotspots (Clifton, Causeway and Fuji) and 4 were identified as emerging risks (Basildon MHAU, Rawreth, Lagoon and Poplar (CAMHS)).

One ward has moved from hot spot to emerging risks this month

- Causeway

One ward has remained as an emerging risk:-

- Poplar (CAMHS)

Only one ward has been identified as a hotspot this month:-

- Hadleigh

During this time on the wards whilst recruitment is in progress and a number of new staff are starting, site managers are being utilised to support wards alongside the ward managers and matrons to ensure the wards are safe as discussed through the monitoring at the twice daily teleconference calls and SitRep. Within all the wards highlighted as hotspots, there have been no significant concerns in regards to the safety and quality of care on the ward when reviewing clinical incidents and safeguarding reports.

5.0 RECOMMENDATIONS

It is recommended that the Board of Directors:

1. Note the contents of this report
2. Identify any further work required to be taken forward.

6.0 ACTION REQUIRED

The Board of Directors is asked to:

1. Approve the report

Report prepared by

Sarah Browne
Deputy Director of Nursing

On behalf of



Andy Brogan
Executive Director of Mental Health and Executive Nurse