

BOARD OF DIRECTORS MEETING (Open)

Date: 9th October 2019

Item Ref:

TITLE OF PAPER	Safer Staffing Report: Monthly Return 1st – 31st August 2019
TO BE PRESENTED BY	Liz Lightbown, Executive Director of Nursing & Professions
ACTION REQUIRED	To receive the report and note publication on the Trust's website in compliance with the National Quality Board (NQB) 2013 requirements.

OUTCOME	Board Members are informed about August 2019 Ward Staffing
TIMETABLE FOR DECISION	9 th October 2019
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></p> <p><u>Strategic Objectives A1 02: Deliver safe care at all times</u></p> <p><u>BAF Risk: A102i. "Failure to deliver safe care due to insufficient numbers of appropriately trained staff".</u></p> <p><u>BAF Risk No: A102ii. "Inability to provide assurance regarding improvement in the safety of patient care".</u></p> <p><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.

Author of Report	Liz Lightbown
Designation	Executive Director of Nursing & Professions
Date of Report	23 rd September 2019

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

Subject: Safer Staffing Report Monthly Return, 1st – 31st August 2019

Author: Liz Lightbown Executive Director of Nursing & Professions

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

Data and Publication

The safer staffing data for the 1st – 31st August 2019 was reported to Unify on 5th September 2019, in compliance with the National Quality Board (NQB) 2013 and NHS England reporting requirements and will be published on the Trust's website on the 4th October 2019.

Registered Nurse (RN) Staffing Levels

Staffing levels are determined by a combination of:

- Professional judgment
- 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.

August 2019 Performance Dashboard

Specialty	Category	Ward	Beds	Occupancy %	RN Fill Rate Day Shift %	HCSW Fill Rate Day Shift %	RN Fill Rate Night Shift %	HCSW Fill Rate Night Shift %	RN			HCSW			RN Actual Funded Establishment	RN Vacancy %	RN Sickness Absence %	HCSW Sickness Absence %	RN Bank %	RN Agency %
									E	L	N	E	L	N						
Acute	Working Age Adults / Substance Misuse	Burbage	19	94.6%	90.00%	182.00%	91.00%	269.70%	3	3	2	3	3	2	19.34	11.69%	2.00%	1.74%	0.93%	0.00%
		Maple	17	99.1%	91.00%	144.30%	85.00%	148.40%	4	4	3	3	3	3	26.01	16.19%	6.66%	3.74%	2.14%	1.34%
		Stanage	18	98.4%	103.00%	150.20%	89.00%	230.60%	3	3	2	3	3	2	19.34	23.47%	3.60%	4.27%	5.67%	3.67%
		Sub Total	54	97.37%																
	Older Adults	Dovedale	18	93.7%	101.00%	157.20%	82.00%	215.10%	3	3	2	3	3	2	19.69	14.68%	2.94%	5.27%	3.72%	0.00%
	PICU	Endcliffe	10	94.8%	83.00%	313.40%	90.00%	214.60%	4	4	2	3	3	5	20.81	33.69%	10.28%	9.98%	8.33%	1.45%
Dementia		G1	16	86.7%	96.00%	139.80%	85.00%	150.40%	2	2	2	5	5	4	16.13	34.72%	29.30%	2.69%	14.68%	11.93%
Forensic	Assessment	Forest Lodge	10	78.1%	96.00%	95.80%	97.00%	96.80%	2	2	1	3	3	3	10.31	18.32%	0.90%	13.34%	1.29%	12.26%
	Rehabilitation	Forest Lodge	12	96.0%	99.00%	122.90%	91.00%	200.60%	2	2	1	2	2	1	8.79	18.25%	0.00%	8.87%	22.98%	0.62%
	Sub Total	22	87.02%																	
Learning Disability	ATS	Firshill Rise	7	57.1%	173.00%	110.00%	100.00%	149.00%	2	2	2	4	4	3	10.95	56%	25.78%	22.78%	10.86%	32.57%
Rehabilitation	Ward 1	Forest Close 1	8	79.8%	110.00%	100.30%	117.00%	80.60%	1	1	1	2	2	1	6.47	-45.28%	10.39%	19.31%	4.51%	9.77%
	Ward 1a	Forest Close 1a	14	75.4%	98.00%	97.00%	101.00%	100.60%	2	2	1	3	3	2	10.49	4.67%	1.79%	8.85%	4.84%	0.00%
	Ward 2	Forest Close 2	8	93.6%	110.00%	99.50%	102.00%	98.50%	1	1	1	2	2	1	6.47	22.72%	11.70%	7.46%	9.63%	0.00%
	Sub Total	30	82.9%																	
	Grand Total	157	87.27%	104.17%	142.70%	94.17%	162.91%								174.80	17.43%	8.78%	9.03%	7.47%	6.13%

Key E – Early
L – Late
N - Night

Performance Dashboard Summary

Bed Occupancy

Occupancy is calculated based on the national KH03 definition (actual numbers in actual beds) and will always be a number at or below 100%.

KH03 does not specifically identify:

- Use of additional beds above the established / commissioned bed numbers.
- Patients who are on leave who remain under the care of the ward whilst on leave.
- Any subsequent need for additional staffing due to increased bed use/leave management.

Use of additional beds, including leave beds, above established /commissioned numbers (and corresponding occupancy) is now being calculated, collated and used by the Clinical Services (as per the Board Performance Report) so that we have a clear picture of actual bed numbers in use and are aware of arrangements in place to address any implications for safe care and any additional staffing levels required.

The nationally recommended occupancy level is 85%.

- Working Age Adult Acute = 97.3%
- Psychiatric Intensive Care Unit (Endcliffe Ward) = 94.8%
- Older Adult Acute (Dovedale Ward) = 93.7%
- Rehabilitation (Forest Close) = 87.8%
- Forensic Low Secure (Forest Lodge) = 87%
- Learning Disability (Assessment & Treatment Service, ATS) = 57%

Progressing Ward Safer Staffing Dashboards is a priority for the new Workforce Information & Systems Manager (E-Rostering Manager) Business & Performance Support Managers and Ward Managers in Quarters 3 and 4.

Registered Nurse (RN) and Health Care Support Worker (HCSW) Fill Rates

The overall RN fill rate increased against plan with improvements on Endcliffe, Maple and Burbage (day shifts) and Endcliffe (night shifts). Maple, Stanage, Dovedale and G1 were outside / below agreed staffing for RNs on nights this month.

Wards were able to maintain safe patient care through the use of additional experienced HCSWs. The combined fill rates for RN & HCSWs were above plan for all the wards. In addition effective use of the roster management and staffing deployment / escalation procedure was managed by the Band 7 Senior Nurse/Professions Flow Co-ordinators, Senior Operational Managers (SOMs) and Deputy Directors.

Sickness Absence

The rate is separated between RN and HCSW.

Five Wards reported low (below 5%) sickness absence for RNs:

1. Burbage
2. Dovedale
3. Forest Lodge x 2
4. Forest Close 1a:
5. Stanage

Four Wards reported low (below 5%) sickness absence for HCSWs:

1. Burbage
2. Maple
3. Stanage
4. G1

Whilst some rates remain high/very high (above 5%) three wards reported rates going down:

Forensic Assessment:

HCSW's 13% (down 4.5%)

Reasons: long term sickness due to depression (bereavement) & planned physical health hospital admission & physical health infections.

Endcliffe:

HCSW 10% (down 1%)

Reasons: physical health, 1 work related injury following a restraint and for mental health (bereavement).

Maple:

RN 6.6% (down 2%)

Reasons: physical health infections and mental health: work related stress following an incident x 2.

Four wards reported deteriorating sickness absence rates as follows:

G1:

RN 29% (increase of 10%)

Reasons: for a combination of physical & mental health. Seven RNs have been off sick from the Ward during August. Whilst not recorded in the staffing establishment the SOM (a RN) the Nurse Consultant and Deputy Director of Nursing continued to provide additional RN input to the ward during this difficult staffing period to maintain safe care. The SOM is being relocated to the Ward full time whilst the RN position is managed & improves. The RN sickness absence was managed / covered via the use of Bank & Agency RNs. The ward had a low reported sickness absence for HCSW (2.7%).

ATS:

RN 25.78% (an increase of 16%)

Reasons: physical health long term sickness /planned surgery, other physical health reasons, & 1 following an assault. The gap due to RN sickness absence has been managed in August through the increased use of Bank and Agency RN staff. The Ward has increased its RN staffing to a minimum of 2RNs per shift and recruitment is underway.

Forest Close

HCSW's 11.8% (increase of 0.8%)

This is an overall stable position with a slight improvement on 1 ward and slight deterioration in 2 wards. Reasons: a combination of physical & mental health.

Endcliffe

RN 10% (increase of 1.5%)

Reason: Physical Health, Stress and Bereavement

Forest Lodge Rehabilitation

HCSW 8.87%

Reason: one person with long term absence following bereavement

Dovedale

HCSWs 5.27% (an increase of 4.5%)

Reasons: on going long term poor physical health of staff redeployed to the Ward.

Sickness absence is being proactively managed by Senior Nurse(s) SOMS and HR.

New Sickness Workbooks have been issued to Trust Managers which include:

- Trust wide Sickness Absence (last 12 months)
- Ward /Team current month's Sickness Absence
- Ward /Team rolling 12 Months Sickness Absence
- Absence Triggers for each cost centre

The new data provides all the sickness information for managers to be able to implement the Promoting Attendance & Managing Sickness Absence Policy. It provides access to trigger information thereby supporting managers to understand their sickness absence and providing tools to effectively manage attendance /absence with the aim to reduce sickness (and improve patient care/outcomes).

Regular planned meetings between the Trusts Sickness Absence lead, HR Partners and Senior Operational Managers (SOMs) have commenced to discuss their Sickness Absence Data and to identify what support, coaching and training is required for SOMs and Ward/Team Managers.

HR Advisors (HRA) are continuing to taking forward the Trust Top 30 sickness cases and the Trusts Sickness Advisor is directly involved in cases where an employee has had more than 8 episodes of sickness in a rolling period of 12 month.

HRA's continue to work with Managers dealing with long term sickness cases to ensure all necessary support is considered and cases are managed appropriately.

The sickness rates for Bank staff are managed and monitored by the Bank Staffing Team.

RN Vacancies

The rate decreased to just over 17% (down 6.5%) for all wards.

July Board received a thorough and detailed report and presentation on the extensive work being undertaken to attract, recruit and retain RNs.

ATS (56%) and G1 34% (a decrease of 10%) continue to hold the highest vacancy rates.

G1 and ATS will each have a new (RN) trainee Advanced Clinical Practitioner (tACP) following eleven successful appointments made in August (start date January 2020).

Some of the vacancy factor will be offset when the new preceptor Nurses commence in post with a record number (circa 30) newly qualified nurses accepting job offers, a high proportion will commence in the inpatient wards during September.

A new Modern Matron (8a) Registered Nurse Learning Disability (RNLD) has been appointed to provide Nursing Management & Leadership across the whole Learning Disability Care Pathway: Community LD Team; Community Intensive Support Service; and ATS Inpatient Ward.

Use of Bank/Agency

Overall use of Bank staff, offsetting RN vacancies/sickness absence and to meet patient need increased in August to 7.5% (up 2.75%) and Agency increased slightly to just over 6% (up 0.8%).

The Acute wards reported a combined decrease in Agency use of 5%.

Forest Lodge Assessment Ward reported an increase in Agency use of 10%, due to HCSW sickness absence.

ATS remained the highest user of Bank and Agency (RN) combined at a very high 43%. G1 reported a combined total of 26 % an increase of 2.5%.

Actual Funded Establishment (AFE) Reviews

The demand template for the Learning Disability Ward was updated in line with the increased staffing for RN following the AFE Review.

The next in patient areas to be reviewed will be Rehabilitation and Forensic.

The national Web Ex on implementation of the newly published Mental Health Optimal Staffing Tool (MHOST) took place on 13/9/19. Further dates are scheduled.

MHOST is used to calculate Care Hours Per Patient Day (CHPPD) Acuity and Dependency and staffing requirements. It will be used to help inform Clinical Establishment Reviews (CERs).

The Executive Director of Nursing, Director of Operations and clinical colleagues from all professions are holding a workshop in Q3 to agree the arrangements for implementing CERs.

E-Rostering Performance

The new Workforce Systems and Information Manager (E-Rostering Manager) Aimee Hatchman commences in post 7th October and her key priorities are:

- i. Lead Implementation of the MHOST.
- ii. Lead implementation of improved Ward to Board Reporting following introduction of the new E-rostering Allocate Insight (Cloud based) Reporting Management System. *
- iii. Assess our current performance against the national E-rostering Attainment Levels.
- iv. Develop a delivery plan as we work towards the national standard of 90% staff / service coverage.
- v. Drive improvements in our application of the required standards and policy.
- vi. Improve data quality & reporting from Ward (Dashboard) to Board, in line with all NHSI requirements for Safe Sustainable and Productive Staffing.
- vii. Integrate all Professions onto the in-patient Health E-Roster.
- viii. Introduce Reporting on Care Hours Per Patient Day (CHPPD).

* Approval of the Business Case for the Allocate E-rostering Cloud based Insight Reporting Management System was achieved in August. Its introduction should make a significant contribution & improvement to our workforce E-Rostering management and reporting.

Risk Management and Escalation

Staff report an occurrence of low staffing as an incident via the Safeguard incident reporting system, these were 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. Inpatient Incident data for August remained stable at 28 incidents (compared to July 21, June 20 and May 22) and were recorded as having a negligible or minor impact on the service reporting the incident.

Patient Demand, Staffing Capacity and Bed Management

Staffing capacity continues to be reviewed on a shift-by-shift basis by Ward Managers and Senior Nurses and where clinically required, additional health care support workers were utilised to support effective management of demand and where/if required staff were temporarily re-deployed for periods to other clinical areas.

The Band 7 Senior Nurses and 1 Senior Occupational Therapist OT (Flow Co-ordinators) provided 24/7 senior clinical leadership and management across the acute care pathway and supported improved patient flow and management across the whole mental health system. With support of their Deputy and Associate Clinical Directors they ensure ongoing 24/7 bed management and more effective gatekeeping.

Medical Staffing Summary

In Patient Staffing Levels v's Establishment. There is no change from July's data.

Grade	Establishment (WTE)	Fill at sample point (WTE)	Percentage
Consultant	10.0	9.0	90
Higher Trainees	3.0	2.2	73
Core Trainees	4.8	3.9	81
Foundation Trainees	7.0	4.7	67
Specialty Doctors	3.0	2.3	77

Allied Health Professionals across the In-patient Wards

There was no increase in establishment (c 26 WTE across 12 Wards). A Business Case to increase AHP capacity is being produced and is expected to Business Planning Group (BPG) by October. The Bank service is now offering AHP Assistant roles to cover vacancies /sickness and the plan is to extend this to qualified AHPs.

Work is being undertaken with Education Training & Development to widen access to apprenticeships into the Allied Health Professions and there is a need to offer a suitable tACP opportunity for AHPs. The senior AHP Clinical Leaders are responsible for progressing this along with a review of need for AHP Consultant posts.

Psychological Professionals across the In-patient Wards

There was no change in the overall funded establishment (c 8 WTE across 12 Wards).

A Business Case went to Business Planning Group (BPG) in September and is due back regarding how this will be financed in October /November, with a plan to bring to November FIPC.

In addition, we are taking part in a National Trailblazer Programme to introduce Band 5 Clinical Associate Psychologists (1 year Postgraduate Training). This will enhance our provision of psychologically informed assessment, treatment, care and support and to enhance our workforce capacity and capability, who will be recruited from the large pool of psychology graduates who struggle to get into clinical training (excess demand versus limited supply).

Executive Assurance Statement

The Executive Director of Operations, the Medical Director and Executive Director of Nursing and Professions 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.

3. Next Steps

- 3.1 Work with the new Workforce Systems & Information Manager to prioritise implementation of MHOST.
- 3.2 Improve Ward to Board Reporting.
- 3.3 Agree a system wide approach to undertaking CERs.
- 3.4 Undertake AFE Reviews for Forensic and Rehabilitation Wards.

4. Required Actions

- 4.1 Members are asked to receive and note this 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 Monthly

- 5.1 E- Rostering Confirm and Challenge meetings.
- 5.2 Safer Staffing Group.
- 5.3 Care Network Governance Meetings.
- 5.4 Director of Operations Performance report to the EDG.
- 5.5 Safer Staffing Reports to the Executive Directors Group and Board of Directors.

6. Contact Details

For further information please contact:

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