

BOARD OF DIRECTORS MEETING (Open)

Date: 11th September 2019

Item Ref: 7b

TITLE OF PAPER	Safer Staffing Report: Monthly Return 1st – 31st July 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 July 2019 Ward Staffing
TIMETABLE FOR DECISION	11 th September 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	30 th August 2019

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

Subject: Safer Staffing Report Monthly Return, 1st – 31st July 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 July 2019 was reported to Unify on 8th August, 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 5th September 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.

This month's dashboard includes the updated Planned Fill rates per shift E (Early) L (Late) and N (Night) for Registered Nurses (RNs) and Health Care Support Workers (HCSWs) following the establishment reviews and the agreed uplift in staffing establishments in Acute Care and Learning Disability and Dementia.

July 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	98.30%	86.32%	132.97%	95.73%	174.27%	3	3	2	3	3	2	19.34	11.69%	1.62%	1.16%	0.89%	0.00%
		Maple	17	97.53%	79.71%	181.61%	93.55%	176.34%	4	4	3	3	3	3	26.01	23.88%	8.63%	11.67%	2.81%	5.06%
	Stanage	18	98.57%	90.30%	153.18%	97.23%	198.39%	3	3	2	3	3	2	19.34	33.82%	7.23%	1.88%	1.69%	6.10%	
	Sub Total	54	98.13%																	
	Older Adults	Dovedale	18	93.19%	110.20%	161.78%	87.42%	235.48%	3	3	2	3	3	2	19.69	11.07%	2.29%	0.75%	4.29%	0.00%
PICU	Endcliffe	10	89.35%	68.14%	294.27%	67.98%	199.81%	4	4	2	3	3	5	20.81	24.07%	8.56%	11.09%	4.41%	7.46%	
Dementia		G1	16	93.75%	93.25%	129.82%	90.40%	134.50%	2	2	2	5	5	4	16.13	45.32%	19.33%	4.42%	10.92%	13.10%
Forensic	Assessment Rehabilitation	Forest Lodge	10	74.80%	99.07%	92.82%	100.40%	102.15%	2	2	1	3	3	3	10.31	13.00%	1.00%	17.80%	7.05%	1.92%
		Forest Lodge	12	95.70%	89.12%	103.80%	100.00%	151.77%	2	2	1	2	2	1	8.78	13.10%	1.16%	3.76%	6.75%	1.84%
	Sub Total	22	85.25%																	
Learning Disability	ATS	Firhill Rise	7	79.72%	161.19%	136.44%	101.37%	170.78%	2	2	2	4	4	3	10.95	56.16%	9.70%	21.79%	9.33%	27.98%
Rehabilitation	Ward 1	Forest Close 1	8	68.95%	110.52%	103.50%	100.00%	103.88%	1	1	1	2	2	1	6.47	29.82%	3.32%	19.64%	0.00%	0.00%
	Ward 1a	Forest Close 1a	14	71.89%	104.62%	92.31%	100.00%	100.40%	2	2	1	3	3	2	10.49	4.67%	1.79%	6.24%	4.10%	0.00%
	Ward 2	Forest Close 2	8	92.34%	106.71%	106.57%	101.47%	120.94%	1	1	1	2	2	1	6.47	22.72%	3.51%	8.38%	4.41%	0.00%
	Sub Total	30	77.73%																	
		Grand Total	157	87.84%	99.93%	140.76%	94.63%	155.73%							174.79	24.11%	10.29%	9.05%	4.72%	5.29%

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 (& corresponding occupancy) is now being calculated, collated & used by the Clinical Services (as per the Board Performance Report). It is important we have a clear picture of actual bed numbers in use and that there are arrangements in place to address any implications for safe care and any additional staffing levels required.

The (very long standing) nationally recommended occupancy level is 85%.

- Working Age Adult Acute = 98%
- Older Adult Acute (Dovedale Ward)= 93%
- Psychiatric Intensive Care Unit (Endcliffe Ward)= 89%
- Forensic Low Secure (Forest Lodge) = 85%
- Learning Disability (Assessment & Treatment Service, ATS) = 80%
- Rehabilitation (Forest Close) = 77%

Work to progress Ward level Safer Staffing Dashboards will be a priority for the new Workforce Information & Systems Manager (E-Rostering Manager) Business & Performance Support Managers and Ward Managers in Quarter 3.

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

The overall fill rate increased against plan with the exception of the working Age Adult Acute Wards: Burbage, Maple & Endcliffe (day shifts) & Dovedale & Endcliffe (night shifts) who were below / outside agreed staffing levels 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, SOMs and Deputy Directors.

Sickness Absence

The rate in July has been separated between RN & HCSW and there are some significant changes in sickness rates by ward during July.

Wards achieving low levels of sickness absence for both RNs and HCSWs are Burbage, Forest Lodge Rehab & Dovedale where there has been a significant improvement.

Significant increases are reported as follows:

Forensic Assessment: HCSW's 18%

Reasons: long term sickness due to depression (bereavement) & planned physical health hospital admission & short term absence due to a car accident & physical infections.

Endcliffe: RN = 8% & HCSW 11%

Reasons: physical health due to planned surgery, chest infection; Gastro Intestinal; 1 work related injury following a restraint and for mental health (bereavement).

Maple: RN 9%

Reasons: physical health: elective admission; pregnancy related; & Gastro Intestinal and mental health: work related stress following an incident x 2.

G1: RN 19%

Reasons: for a combination of physical & mental health. Whilst not recorded in the staffing establishment the SOM (a RN) the Nurse Consultant and Deputy Director of Nursing have provided additional RN input to the ward during this difficult staffing period to maintain safe care.

ATS: RN 10% & 19% HCSW

Reasons: physical health long term sickness, planned surgery & shingles and short term for physical health reasons and 1 following an assault.

Forest Close: HCSW's 11%.

Reasons: a combination of physical & mental health.

New Sickness Workbooks are being 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 & Senior Operational Managers (SOMs) are being arranged to discuss their Sickness Absence Data and to identify what support, coaching and training is required for SOMs & 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 & monitored by the Bank Staffing Team.

RN Vacancies

The rate increased to 24% (a further increase from June 20%). This is primarily due to a significant increase on G1 Ward and known & planned internal turnover due to promotions and staff movement to expanding / new teams/services coming in to effect in July. Some of the vacancy factor will be offset in September when the new preceptor Nurses commence in post. We have secured a record number of newly qualified nurses accepting job offers.

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

A very successful trainee Advanced Clinical Practitioner (tACPs) selection programme was run in August (11 recruited) and we anticipate additional RN staff joining the Trust in due course along with more trainee Nursing Associates in both Mental Health & Learning Disability.

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; & ATS Inpatient Ward.

Use of Bank/Agency

Overall use of Bank staff, offsetting RN vacancies/sickness absence & meet patient need dropped in July to under 5% whilst use of Agency increased slightly to just over 5%.

All areas remain relatively stable in their use of Bank/Agency with the exception of G1 which saw a significant increase (by 10%) to address ward vacancies & sickness absence.

Forest Lodge saw a good reduction in their use of Bank & Agency in July (over 5%) whilst ATS remains the highest user of Bank and Agency (RN) combined at a very high 37%.

Actual Funded Establishments (AFE's) Reviews

The demand templates for the Acute Care Wards have been updated in line with the increased staffing for HCSW & RN following the AFE Review.

The next in patient areas to be reviewed include G1, Forensic & Rehabilitation.

The newly published Mental Health Optimal Staffing Tool (MHOST) will be used to calculate Care Hours Per Patient Day (CHPPD) Acuity, Activity and Dependency and help inform future Clinical Establishment Reviews (CERs). A national Web Ex on implementation is scheduled for 13/9/19.

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 key priorities will be to:

- i. Assess our current performance against the national E-rostering Attainment Levels.
- ii. Develop a delivery plan as we work towards the national standard of 90% staff / service coverage.

- iii. Drive improvements in our application of the required standards & policy.
- iv. Improve data quality & reporting from Ward (Dashboard) to Board, in line with all NHSI requirements for Safe Sustainable & Productive Staffing.
- v. Integrate all Professions onto the in-patient Health E-Roster.
- vi. Introduce Reporting on Care Hours Per Patient Day (CHPPD).

The Business Case for the Allocate E-rostering Cloud based Insight Reporting Management System was completed in August and its introduction should make a significant contribution & improvement to our workforce E-Rostering management & 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 July remained stable at 21 incidents (compared to June 20 & 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 (July 2019). There is no change from June'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 an increase of two Band 5 Occupational Therapists recruited to Forest Close Rehabilitation Wards taking the overall funded establishment (c 26 WTE across 12 Wards). A Business Case to increase AHP capacity is being produced & 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 & 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 to significantly increase capacity is being produced & is expected to Business Planning Group (BPG) in September.

In addition we are taking part in a national trailblazer programme to introduce Band 5 Clinical Associate Psychologists (1 year Postgraduate Training) to enhance our provision of psychologically informed assessment, treatment, care & support and to enhance our workforce capacity & capability, who will be recruited from the large pool of psychology graduates who struggle to get into clinical training (excess demand v's ltd. 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 The Demand Templates for LD to be updated by September 2019.
- 3.2 Undertake AFE Reviews for Dementia, Forensic and Rehabilitation Wards.
- 3.3 Introduction and implementation of MHOST metrics and consistent use of Safecare.

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:

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