

BOARD OF DIRECTORS MEETING (Open)

Date: 8th May 2019

Item Ref: 7

TITLE OF PAPER	Safer Staffing Report: Monthly Return 1st – 31st March 2019
TO BE PRESENTED BY	Liz Lightbown, Executive Director of Nursing and 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 March 2019 Ward Staffing
TIMETABLE FOR DECISION	May 2019 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></p> <p><u>Strategic Objectives A1 02:</u> Deliver safe care at all times</p> <p><u>BAF Risk: A102i.</u> "Failure to deliver safe care due to insufficient numbers of appropriately trained staff".</p> <p><u>BAF Risk No: A102ii.</u> "Inability to provide assurance regarding improvement in the safety of patient care".</p> <p><u>Corporate Risk No 3831</u> Registered Nurse Vacancies</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	Executive Director of Nursing and Professions and Deputy Chief Nurse
Date of Report	2 nd May 2019

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

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

**Authors: Liz Lightbown Executive Director of Nursing and Professions
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

Data and Publication

The safer staffing data for the 1st – 31st March 2019 was published on the Trust's website on the 16th April 2019 and reported to Unify, in compliance with the National Quality Board (NQB) 2013 and NHS England reporting requirements.

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.

The Performance Dashboard below is an integrated ward staffing report, which affords the opportunity for greater analysis and questions, to better understand what is happening on each ward in terms of their patient demand (currently bed numbers and occupancy) and corresponding staffing performance (Actual Funded Establishment, AFE, Fill Rates, Vacancies, Sickness Absence and use of Bank/Agency).

March 2019 Performance Dashboard

Ward Analysis - 01-March-2019 To 31-March-2019													
Specialty	Category	Ward	Beds	Occupancy %	Fill Rate% Day Shift (Registered)	Fill Rate% Day Shift (Unregistered)	Fill Rate% Night Shift (Registered)	Fill Rate% Night Shift (Unregistered)	Actual Funded Establishment (RN)	RN Vacancy %	RN Sickness Absence %	RN Bank %	RN Agency %
Acute	Working Age Adults / Substance Misuse	Burbage	19	96.10%	103.13%	131.10%	95.16%	186.50%	19.37	20.91%	3.90%	2.19%	2.19%
		Maple	17	100.95%	94.92%	198.90%	88.17%	196.80%	25.34	21.86%	3.20%	3.64%	1.82%
		Stanage	18	96.77%	76.85%	264.20%	101.25%	339.50%	19.37	20.50%	5.80%	5.14%	3.56%
		Total	54	97.85%									
	Older Adults	Dovedale	18	94.44%	98.08%	207.60%	95.16%	138.20%	19.37	1.34%	9.60%	2.28%	0.00%
PICU	Endcliffe	10	96.77%	86.87%	282.00%	104.44%	143.80%	17.34	18.11%	3.10%	12.95%	8.99%	
Dementia		G1	16	92.54%	107.12%	114.71%	97.33%	141.28%	15.13	24.52%	6.30%	11.82%	9.55%
Forensic	Assessment	Forest Lodge	11	59.53%	100.58%	95.04%	100.32%	97.85%	10.95	1.45%	7.90%	18.87%	1.26%
	Rehabilitation	Forest Lodge	11	77.42%	99.26%	95.84%	100.00%	100.89%	9.32	1.22%	4.70%	4.94%	1.23%
	Grand Total	22	68.48%										
Learning Disability	ATS	Firshill Rise	7	55.76%	159.66%	96.37%	103.23%	144.07%	5.55	0.00%	17.45%	8.64%	27.78%
Rehabilitation	Ward 1	Forest Close 1	8	91.13%	115.17%	104.97%	100.00%	114.50%	6.06	6.06%	5.40%	1.55%	0.00%
	Ward 1a	Forest Close 1a	14	53.69%	95.29%	93.99%	101.13%	100.58%	9.70	1.03%	1.30%	8.47%	4.76%
	Ward 2	Forest Close 2	8	84.27%	109.34%	95.93%	97.50%	100.52%	6.06	0.00%	1.60%	3.31%	0.83%
	Grand Total	30	71.83%	98.02%	148.38%	98.64%	196.20%	163.56	9.75%	5.32%	6.98%	5.16%	

Performance Dashboard Summary

Bed Occupancy is based on the established / reported bed numbers per ward. Where occupancy is over 100% this is due to the use of additional beds.

Overall the three Working Age Adult Acute wards managed occupancy at 97.85%, with Maple reporting occupancy at 100.95%. Other Wards recorded occupancy levels of:

- Psychiatric Intensive Care Unit (PICU) 96.8%
- Older Adult Acute (Dovedale) 94.4%
- G1 Dementia 92.5%
- Rehabilitation 71.83% (a decrease of 9%)
- Forensic 68.48% *
- Learning Disability 55.76% (a decrease of 13.59%).

* Forest Lodge Assessment Ward is undergoing building works to refurbish the seclusion room to ensure it meets regulatory standards. There are currently 5 beds in use and 6 beds out of action; the patients have been either discharged or transferred to Forest Lodge Rehabilitation Ward. The staffing levels have increased due to the escorting of the workmen through locked doors and providing extra group activities due to the increased noise levels from the work being undertaken. The seclusion room refurbishment is due to be completed on 13th May 2019 when the Ward will reopen to admissions.

Registered Nurse (RN) Fill Rates: Overall fill rates were at 98% in March.

Stange day fill rate was 77% for March compared to 80% in February, due to an increase in vacancies. Night fill rates for Maple were 88% due to short term sickness.

Day Shifts > 100%:

Acute: Burbage

Forensic: Forest Lodge Assessment

Learning Disability: Firshill Rise

Rehabilitation: Forest Close Wards 1 & 2

Dementia: G1

> 90%:

Acute: Maple and Dovedale

Rehabilitation: Forest Close 1a

Forensic: Forest Lodge Rehabilitation

> 80%:

Psychiatric Intensive Care Unit (PICU): Endcliffe

> 70%:

Acute: Stange

Night Shifts > 100%:

Acute: Stanage

PICU: Endcliffe

Learning Disability: Firshill Rise

Rehabilitation: Forest Close Wards 1 and 1a

Forensic: Forest Lodge Assessment and Forest Lodge Rehabilitation

> 90%:

Acute: Burbage, Dovedale

Rehabilitation: Forest Close 2

Dementia: G1

> 80%:

Acute: Maple

Unregistered Fill rates: The reason for the exceedingly high fill rates for unregistered staff in the five acute wards has been identified.

For example: Maple Wards budgeted / authorised Actual Funded Establishment (AFE) for Health Care Support Workers (HCSW) is 1 x HCSW per night shift. However the Acute Care wards were given authorisation to 'temporarily' over recruit and to increase their HCSW numbers, and now they roster for 3 x HCSW per night shift.

The fill rate was being reported against the AFE budgeted plan of 1 x HCSW rather than the 'temporary AFE' plan of 3 per night shift, hence the % fill rates reported were exceedingly high.

The 'temporary AFE' has now been adjusted for the acute care wards to reflect the temporary authorisation to increase their HCSW numbers.

Whilst there is an overall reduction in fill rates against the temporary planned numbers, this has not eliminated the requirement for further additional staff due to the high use of 1:1 observations and in some cases 2:1 and 3:1 including for some patients receiving care in the Acute Trust, some vacancies and sickness absence.

Work to understand the wards' clinical practice in the use of observations is required. We plan to understand and determine the:

- Clinical need / level of psychotherapeutic care being provided through observations.
- Actual numbers of hours allocated to observations.
- Whole Time Equivalent (WTE) utilized in observations, and
- Whether / if / how we could use this resource for more multi-professional psychotherapeutic care (see CQC Brief Guide Attachment 1).

In addition, end of year Annual Leave was exceedingly high in some areas due to staff changes, pre booked annual leave and a lack of planning. Work is scheduled with the Ward Managers to ensure more effective staff planning via E-rostering.

Sickness Absence: The overall sickness absence rate across the 12 wards continues to improve & is down to 5.32% (from 6.49%) and was below the Trust average of 5.97%.

The exception was Firshill Rise, 11.72% (from 5.68% in February) where planned long term sickness is being covered by an acting role.

Three wards had a considerable reduction/improvement in sickness absence: Stanage 5.8% (Feb 12.8%), Dovedale 9.6% (Feb 14.11%) & G1 6.3% (Feb 9.72%).

RN Vacancies: overall vacancies remained stable at 9.75%.

Two areas have higher combined Band 5 and 6 vacancy rates: Working Age Adult Acute Care 21.09% and Dementia 24.52%.

The rolling recruitment programme continues with Ward Managers working with senior nurses to continue to try to address vacancies. We are expecting an introduction of around 25 preceptors in September 2019.

Stanage Ward Adult Acute: had a RN vacancy rate of 20.5% (Bands 5 and 6) and a sickness absence rate of 5.8%. This is a combined 'gap' of 26.3% in available RN's, the gap in RN fill rate against plan for days was 23.2%.

8.7% of RN shifts were covered by Bank & Agency Nurses accompanied by an exceedingly high use of Health Care Support Workers at 339.50%. Occupancy was 96.77% and an unprecedented number of service users requiring close/constant observations throughout March.

G1 Dementia: had a vacancy rate of circa 25% the highest of all the wards, sickness absence at 6.3% with 21.37% of RN shifts covered by Bank/Agency staff.

Use of Bank/Agency: overall the use of Agency decreased and use of Bank increased slightly throughout March.

Use was highest in those areas struggling with vacancies / recruitment & retention and sickness absence: notably: Dementia 21.37%; PICU 21.94%; and Learning Disability 23.21%.

Firshill Rise Ward Learning Disability: Had a reported occupancy rate of just under 56%, no RN vacancies and a sickness absence rate of 17.45% Fill rates for RN days were 59.7% above plan and 8.64% RN Bank and 27.78% RN Agency being used. Further analysis is ongoing with a staffing review and acuity analysis. Throughout March Firshill had one patient on 2:1 observations and a further patient on 1:1.

Actual Funded Establishments (AFE's) Reviews: These were completed for the Five Adult Mental Health Acute Care Wards using the National Quality Board Improvement Resource for Mental Health Services & the E-Rostering Safe Care (Acuity and Dependency) module.

The Review has been considered by the Business Planning Group, the Executive Directors Group and will be received at the June Board Sub Committee for Finance, Investment & Performance.

See Attachment 2 - A précis on the national requirements for undertaking Clinical Establishment Reviews and specifically to draw attention to the recommendations for Board at Appendix 1, page 6.

E-Rostering Performance

Training and data cleansing per ward and nursing home continues.

At the monthly E-Rostering Confirm and Challenge meetings it is evident that each ward is progressing, despite being at different stages of implementing E-rostering, work continues to achieve consistent practice across all wards and nursing homes.

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 - Operations for oversight, action and follow-up. Incident data for March saw an increase in the numbers reported relating to lower staffing levels.

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 clinical support workers were utilised to support effective management of demand and where/if required staff could be temporarily re-deployed for periods to other clinical areas.

The Band 7 Senior Nurses provided 24/7 senior nursing 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 ensured ongoing 24/7 bed management and more effective gatekeeping.

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 & 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 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 1: In Patient Staffing Levels versus Establishment

Grade	Establishment (WTE)	Fill at sample point (WTE)	Percentage
Consultant	10.0	9.0	90
Higher Trainees	3.0	2.3	77
Core Trainees	4.8	3.9	81
Foundation Trainees	7.0	4.6	66
Specialty Doctors	3.0	2.3	77

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.

Allied Health Professionals and Psychology Staff

This is the inaugural month of publishing the data from Allied Health Professionals and Psychology Professionals within the In-patient areas. This is the first step to incorporating this information within the staffing data to assist the development of a truly reflective Care Hours Per Patient Per Day.

Table 2: Allied Health Professionals on In-patient Services March 2019

Base	Post	AFE/WTE	Comments
Dovedale – Older Adults			
	Band 6 Senior OT	1.00	
	Band 5 OT	0.80	
	Total Qualified	1.80	
	Band 3 OT Assistant	1.81	
	Total Unqualified	1.81	
Stanage and Burbage			
	Band 7 Clinical Lead OT	1.00	
	Band 6 Senior OT	1.00	
	Band 5 OT	0.40	
	Total Qualified	2.40	
	Band 4 Activity Co-ordinator	1.00	
	Band 3 OT Assistant	1.00	
	Total Unqualified	2.00	
Maple/Endcliffe			
Maple	Band 7 Clinical Lead OT	1.00	
Maple and Endcliffe	Band 6 Senior OT	1.00	
	Total Qualified	2.00	
Maple and Endcliffe	Band 4 Activity Coordinator	1.00	
Maple	Band 4 Support Time and Recovery Worker	0.60	
Maple	Band 3 OT Assistant	1.80	
	Total Unqualified	3.40	
Forest Close			
	Band 6 Senior OT	2.00	
	Total Qualified	2.00	
	Band 4 Activity Coordinator	2.00	From the nursing team/budget
	Band 3 Peer Support worker	0.80	
	Total Unqualified	2.80	
Forest Lodge			
	Band 7 OT Clinical Lead	1.00	Appointed awaiting start date
	Total Qualified	1.00	
	Band 3 Activity Assistant	2.00	Work as activity assistants on nursing budget. Posts under review.
	Total Unqualified	2.00	
G1			
	Band 6 Senior OT	1.00	
	Total Qualified	1.00	
Firshill Rise ATS			
	Band 7 Senior OT	0.60	
	Band 7 Senior Speech and Language Therapist	0.30	
	Total Qualified	0.90	

Table 3: Allied Health Professionals Working Across Different Bed-Based Services, but Not Working Solely in Any One Area

Physiotherapy and Dietetics

Base	Physiotherapy Posts	AFE/WTE	Comments
Based at Dovedale and works across in-patient sites	Band 7 Physiotherapy Team Leader	0.80	Works across all in-patient areas
	Band 6 SN PT	0.80	
	Total Qualified	1.80	
	Band 4 Fitness Instructor	1.80	
	Band 3 PT Assistant	0.80	
	Total unqualified	2.60	
Base	Dietetics Posts	AFE/WTE	Comments
Dovedale but works across in patient sites	Band 6 Senior Dietician	0.70 (AFE is 0.80)	Has been doing 0.70 for last 2 years and wishes to be Permanent
	Total Qualified	0.70	
Dovedale but works across in patient sites	Band 3 Dietetic Assistant	0.62 (AFE is 0.43)	Looking to increase Band to 0.40 to reflect needs of post. Currently going through A4C process. Likely will be 0.60 in future.
	Total unqualified	0.62	

In addition, the Chaplaincy and Spiritual Care Team also offer in-patient to the In-patient areas, including running some group sessions with Occupational Therapy Staff.

Table 4: Staffing Report for Psychological Professionals Across the In-patient Wards March 2019

Ward	AFE	Grade	No in post	Vacancies	Additional information	Action
Burbage	2.25 days per week 17.5hrs	Band 8a Clinical Psychologist	2.25 days per week	0	We have 2 staff in this role- 1 member of staff works 2 days a week – 1 member of staff works 3.5hrs every 2 weeks running a family therapy clinic	Working with clinical ops to deliver on the therapeutic ward
Stanage	2.25 days per week 17.5hrs	Band 8a Clinical Psychologist	2.25 days per week	0	The staff are configured in the same way as above	Working with clinical ops to deliver on the therapeutic ward
Maple	2.5 days per week 18.5hrs	Band 7 Clinical Psychologist	2.5 days per week	0	This staff member is leaving the Trust at the end of March to move to a full time band 8a post on 1 ward in Chesterfield. The band 7 role is a newly qualified post difficulties with recruitment and retention due to the configuration and grade of this post.	Plans to change to the above model & review capacity and demand within the frame of the therapeutic ward
Endcliffe	3 days per week 22.5 hrs	Band 8a Clinical Psychologist	2.5days	1	This post is being covered by the Clinical Psychologist on Forest Close. Difficulties with recruitment due to part time hours of the post.	Post out to recruitment. Working with clinical ops to deliver on the therapeutic ward
Forest Lodge x 2 Wards	5 days per week 37.5 hrs	Band 8a Clinical Psychologist	2.5 days	1	The staff member in this post has split his post to cover the gap on Endcliffe Ward. post holder covering the 2 wards has a new post.	Post out to recruitment. Working with clinical ops to deliver on the therapeutic ward
Forest Close 3 x Wards	2.8 wte	Band 8a Clinical Psychologist Band 5 Assistant Psychologist Band 4 Assistant Psychologist	0.8 wte 1.0 wte 1.0 wte	0	3 staff in post -established over the last 5 years. We have been able to draw from the wider staff budget using band 2 and band 3 monies to develop assistant psychologists roles. This has enabled a psychological stepped care model -using staff in an efficient and effect way to deliver on the therapeutic ward.	Working with clinical ops to develop this further introducing the AC/RC multidisciplinary role *. Expand clinical leadership
Dovedale	2.5 days 18.5hrs	Band 7 Clinical Psychologist	2.5 days 18.5 hrs	0	This post is currently split across Dovedale and Maple – as above the staff member is leaving the Trust.	Plans to reconfigure this post to link with G1 older adults HTT and CMHT. Working with clinical ops to deliver on the therapeutic ward
G1	1 day per week 7.5 hrs	Band 8a Clinical Psychologist	1 day 7.5 hrs	0	This is a tiny resource with very narrow and limited scope of role.	As above
Firshill ATS	1.5 wte	Band 8d Clinical Director/Consultant Clinical Psychologist Band 5 Assistant Psychologist	0.5 days per week 1.0 wte	0	The Trust have broader plans in place in relation to ATS	Clinical Director working with clinical ops to develop the plan

** AC/RC Approved and Responsible Clinician role –the Mental Health Act changed in 2008 allowing Clinical Psychologists, Nursing and AHP's to train as AC/RC to offer patients choice regarding the most appropriate qualified staff member to take on this role.*

This is a small staff group thinly spread across the Wards, the equivalent of 2 full time members of staff across Burbage, Stanage, Maple and Endcliffe. Despite this staff have been able to establish a psychological frame for the work delivering good quality care and outcomes for service users with positive feedback from carers, family members and staff when they are seen.

We have been able to build an integrated team of psychological therapy staff who can deliver a stepped care model and work as part of the MDT at Forest Close. The two assistant psychologists deliver lower level psychological interventions, group work through the recovery college and support the nursing teams to deliver psychologically informed care plans. The qualified Psychologist is able to work with the service users presenting with more complex needs delivering Psychological formulation, work with staff teams, the leadership team, team governance and supervision.

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 Adjust the Acute Care Wards E –rostering Temporary AFE.
- 3.2 Up-date the Planned Staffing Levels Per Shift, Per Ward.
- 3.3 Update the Demand Templates once funding is Authorised.
- 3.4 Reset Acute Care Ward Budgets and Planned Staffing levels in E-Rostering once funding is authorised.
- 3.5 Undertake a clinical review of the use of observation of patients, the WTE utilised and whether / if / how we could use this resource for more multi-professional psychotherapeutic care.
- 3.6 Progress work on integrating the multi-professionals into the Safer Staffing Report.
- 3.7 Undertake AFE Reviews for Forensic and Rehabilitation Wards.
- 3.8 Review the Psychotherapeutic care being provided in line with the CQC briefing

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 Executive Directors Group.
- 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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