

BOARD OF DIRECTORS MEETING (Open)

Date: 13th November 2019

Item Ref: 8

TITLE OF PAPER	Safer Staffing Report: Monthly Return 1st – 30th September 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	13 th November 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> <u>Strategic Objectives A1 02: Deliver safe care at all times</u> <u>BAF Risk: A102i. "Failure to deliver safe care due to insufficient numbers of appropriately trained staff".</u> <u>BAF Risk No: A102ii. "Inability to provide assurance regarding improvement in the safety of patient care".</u> <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	5 th November 2019

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

Subject: Safer Staffing Report Monthly Return, 1st – 30th September 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 September 2019 was reported to Unify on 14th October 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 8th November 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.

September 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	96.74%	76.50%	187.30%	97.00%	259.80%	3	3	2	3	3	2	19.34	16.86%	1.50%	5.19%	1.99%	0.00%	
		Maple	18	97.35%	86.70%	139.20%	135.00%	211.50%	4	4	3	3	3	3	26.01	12.38%	2.20%	2.34%	3.25%	2.44%	
	Stanage	19	98.58%	82.80%	194.20%	60.00%	161.80%	3	3	2	3	3	2	19.34	26.58%	9.57%	6.12%	9.52%	1.70%		
	Sub Total	56	97.56%																		
	Older Adults	Dovedale	18	92.59%	98.10%	163.10%	80.10%	234.80%	3	3	2	3	3	2	19.69	14.68%	2.08%	13.90%	2.14%	0.00%	
	PICU	Endcliffe	10	97.33%	56.60%	269.30%	98.30%	164.80%	4	4	2	3	3	5	20.81	24.07%	5.33%	9.42%	5.41%	0.00%	
Dementia		G1	16	78.12%	90.80%	132.40%	80.10%	149.90%	2	2	2	5	5	4	16.13	28.52%	25.27%	5.87%	17.06%	8.06%	
Forensic	Assessment	Forest Lodge	10	90.33%	97.60%	96.00%	99.90%	96.70%	2	2	1	3	3	3	10.30	13.08%	0.93%	2.19%	9.33%	8.67%	
	Rehabilitation	Forest Lodge	12	88.61%	94.70%	101.80%	100.00%	150.40%	2	2	1	2	2	1	8.79	13.01%	7.06%	4.93%	12.00%	8.00%	
	Sub Total	22	85.78%																		
Learning Disability	ATS	Firshill Rise	7	84.76%	148.80%	122.20%	96.80%	154.40%	2	2	2	4	4	3	10.95	56.16%	30.20%	12.87%	9.20%	20.25%	
Rehabilitation	Ward 1	Forest Close 1	8	88.33%	116.60%	93.70%	101.80%	101.00%	1	1	1	2	2	1	6.47	-14.37%	9.44%	8.50%	2.46%	10.66%	
	Ward 1a	Forest Close 1a	14	83.57%	104.40%	98.00%	100.00%	98.80%	2	2	1	3	3	2	10.49	14.20%	1.57%	5.17%	4.97%	0.00%	
	Ward 2	Forest Close 2	8	89.58%	125.80%	93.10%	102.60%	104.90%	1	1	1	2	2	1	6.47	7.26%	0.59%	13.89%	10.08%	0.00%	
	Sub Total	30	87.16%																		
	Grand Total	159	90.49%	98.28%	140.86%	95.97%	157.40%							174.79	17.70%	10.29%	7.53%	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 (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 = 97.5%
- Psychiatric Intensive Care Unit (Endcliffe Ward) = 97%
- Older Adult Acute (Dovedale Ward) = 93%
- Rehabilitation (Forest Close) = 87%
- Forensic Low Secure (Forest Lodge) = 86%
- Learning Disability (Assessment & Treatment Service, ATS) = 85%
- Dementia (G1) = 78%

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

RN fill rates were stable overall except in the adult acute care wards where the fill rates were outside / below agreed staffing for RNs on days this month: Endcliffe 56.6%, Burbage 76.5 %, Stanage 83% and Maple 87%. Endcliffe Ward worked with 2 RNs for just under half their day shifts and staff from Burbage were moved to support & cover clinical need elsewhere.

Fill rates were outside / below agreed staffing for RNs on nights this month in three wards: Stanage 60%; Dovedale 80%; & G1 80%.

The wards were able to maintain safe patient care through the use of additional experienced HCSWs and additional experienced Senior Nurses (Consultant, Senior Operational Managers & trainee Advanced Clinical Practitioners) not currently included in the fill rates.

During September, October & November, 42 new preceptor RNs commenced in post across the inpatient wards, they will positively contribute to RN fill rates and improved staffing establishments. During September & October 12 new Trainee Nursing Associates (TNAs) commenced in post, again contributing to the establishment of a more stable workforce.

The 24/7 roster management, staffing deployment and, where required, escalation procedure was used by the Band 7 Flow Co-ordinators (Senior Nurses/Professions) Senior Operational Managers (SOMs) and Deputy Directors to provide effective oversight of staffing needs, undertake redeployment as /if required and to safely manage the inpatient staffing system.

Sickness Absence

Combined sickness absence is stable at 17.8%. There has been a 1.5% increase in RN sickness absence in September & a decrease in HCSWs of 1.5%. Despite this decrease 9 wards reported 5% + sickness absence rates amongst HCSWs

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

1. Burbage
2. Maple
3. Dovedale
4. Forest Lodge Assessment
5. Forest Close 1a:
6. Forest Close 2

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

1. Maple
2. Forest Lodge Assessment
3. Forest Lodge Rehabilitation

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

G1:

RN 25% (down 4%)

Reasons: for a combination of physical & mental health. The RN sickness absence was managed / covered via the use of Bank & Agency RNs. Senior RN's have returned to work.

Forest Close Ward 1:

RNs 9.44% (down 1%)

Three wards reported deteriorating sickness absence rates as follows:

ATS:

RN 30.20% (an increase of 4%)

Reasons: continuing physical health long term sickness /planned surgery & other physical health reasons. The gap due to RN sickness absence has been managed through the use of Bank and Agency RN staff and the redeployment of a Nurse Consultant (not counted in the fill rate) to provide additional clinical care & leadership. The Ward has increased its RN staffing to a minimum of 2RNs per shift and whilst recruitment is underway no new RNs have been commenced in post as yet.

Stanage:

RN 9.57% (an increase of 6%)

Reasons: due to physical health.

Forensic Rehabilitation:

RN 7.06% (an increase of 7.06%)

Reasons: for a combination of physical health and 1 following an assault.

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

RN Vacancies

The rate remained stable at just over 17.7% or 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 28% (a decrease of 6%) 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 as the 42 new preceptor Nurses commencing in post during September, October & November.

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

Across the ICS work is underway between Trusts, Health Education England (HEE) & the Higher Education Institutes (HEIs) to increase undergraduate training capacity for RNLDs (Registered Nurse Learning Disability). Within SHSC we are increasing our undergraduate student nurse capacity and are working on introducing the Higher Degree Apprenticeship for RNLDs and TNA's for LD.

Use of Bank/Agency

Overall use of Bank staff, offsetting RN vacancies/sickness absence and to meet patient need decreased in September to 4.72% (down 2.8%) and Agency decreased slightly to 5.3% (down 0.8%).

ATS remained the highest user of Bank and Agency (RN) combined at a high 30% (a decrease of 12%) G1 reported a combined total of 25% (a decrease of 1.5%).

Clinical Establishment Reviews (CERs)

A briefing for Directors and Deputies in Clinical Services and a workshop on implementing CERs have taken place in August & October.

The next inpatient areas to be reviewed will be the Rehabilitation and Forensic Wards. A plan for how to utilize the new Mental Health Optimal Staffing Tool (MHOST) and to undertake a CER will be produced by the clinical services led by the Associate Deputy Director, Director of Psychology & Deputy Director of Nursing.

MHOST is used to understand / create patient profiles (based on need as defined by the persons level of acuity and dependency) and in turn determine staffing establishment requirements (i.e. numbers grade, skill mix, clinical competencies) to meet service user's needs. MHOST will be used to help inform Clinical Establishment Reviews (CERs).

E-Rostering Performance

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

- i. Lead Implementation of the MHOST with clinical services.

- 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 health care Professions and qualified Nursing Associates onto the in-patient Health E-Roster.
- viii. Introduce Reporting on Care Hours Per Patient Day (CHPPD).

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 September was 21 (August 28, 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 Establishment. There is no reported change from August'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 January 2020. 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).

Further work is being undertaken on the Business Case regarding how this will be financed and it is planned this will come back to a January Business Planning Group.

In addition, we are taking part in a National Trailblazer Programme to introduce Band 5 Clinical Associate Psychologists (one year Postgraduate Training). This will enhance our provision of psychologically informed assessment, treatment, care and support and to enhance our workforce capacity and capability, staff 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 The HR Systems & Workforce Information Manager to work with colleagues in clinical & corporate services to implement MHOST and develop a process for Clinical Establishment Reviews.
- 3.2 Undertake CER(s) in Forensic and Rehabilitation Wards.
- 3.3 Commence work on a new Safer Staffing Report for Wards & Board to be presented at the February or March Board.

4. Required Actions

Members are asked to:

- 4.1 Receive and note this report.
- 4.2 Note publication of this report on the Trust's website in compliance with the NQB 2013 requirements on safe staffing.
- 4.3 Agree that the next Safer Staffing Integrated Performance Dashboard will be incorporated into the Trust Performance report in December to permit resource/capacity to focus on producing the new report for February/March.

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