

Board of Directors Meeting

SUMMARY REPORT

Meeting Date: 26 January 2022
Agenda Item: 19

Report Title:	Safer Staffing – Clinical Establishment Review	
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Accountable Director:	Beverley Murphy, Executive Director of Nursing and Professions	
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	n/a
	Date:	n/a
Key points/ recommendations from those meetings	n/a	

Summary of key points in report

The Director of Nursing, Professions and Operations has previously reported a gap in compliance with the requirements of NHS England, the CQC, and the NQB Guidance in relation to the Hard Truths response to the Francis Inquiry in relation to public reporting of nurse staffing in inpatient areas. Following support from NHSE to train nurse leaders in methodology to conduct Clinical Establishment Reviews a process has been implemented to ensure a robust and reliable review of safer staffing in inpatient services.

This report provides assurance to the Board partial compliance with the requirements and identifies the gap to be addressed and makes clear the next steps. Demonstration of compliance is achieved through a description of the processes implemented to analyse nurse staffing, patient safety, patient experience and financial information.

From the information available, it can be concluded that:

- To comply with the requirements of NHS England, the CQC, and the NQB Guidance with respect to monthly staffing reports reporting we need to recommence reporting on our public facing website.
- Staffing across professional groups in the organisation continues to be one of the areas of highest risk and is demonstrated on the Board Assurance Framework (BAF 0024).
- Recruitment remains an issue for all disciplines, specifically high levels of vacancies are noted for Registered Nurses, Psychology, Occupational Therapy and Nursing Associates and Health Care Support Workers.
- SHSC is engaged in several initiatives which are aimed at building a safe and sustainable workforce through the development of new roles including international recruitment and a

regional approach to employing Health Care Support Workers.

- Through preliminary review of the available data in this report, there appears to be little evidence of correlation between staffing levels and patient safety issues however quality of care is impacted upon via cancelled activity such as escorted leave from the ward. Further analysis is required to examine the data held in more detail to extract any causal issues.
- Many wards are routinely utilising excess staffing above that of their agreed baseline establishments. Analysis via the Mental Health Optimum Staffing Tool (MHOST) suggesting that this additional staffing is required based on the acuity & dependency levels of the patients. We need to better understand the impact of temporary staffing on this position.
- Environmental issues with the wards need be reviewed and considered within the staffing numbers (safety monitor and garden monitor) as these take one staff member per shift on some wards.
- A full review of 12-hour shift working is required, and is in progress, due to the impact on time for supervision, bitesize training and cover required when a cancellation occurs.

Recommendation for the Board/Committee to consider:

Consider for Action	x	Approval		Assurance	x	Information	
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This Safe Staffing Review provides assurance that there is a robust and reliable process in place for reviewing and reporting on safe staffing within our inpatient services, that we have identified the gap in compliance and have a plan to address it.

The Board is asked to receive this report.

Please identify which strategic priorities will be impacted by this report:					
Covid-19 Recovering Effectively			Yes	x	No
CQC Getting Back to Good			Yes	x	No
Transformation – Changing things that will make a difference			Yes	x	No
Partnerships – working together to make a bigger impact			Yes	x	No
Is this report relevant to compliance with any key standards? State specific standard					
Care Quality Commission Fundamental Standards	Yes	x	No		
Data Security and Protection Toolkit	Yes		No	x	
Any other specific standard?	Yes	x			National Quality Board 2016 - Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time.
Have these areas been considered? YES/NO					
				If Yes, what are the implications or the impact? If no, please explain why	
Service User and Carer Safety and Experience	Yes	x	No		If we do not have staff with the right skills in the right place at the right time, then the delivery of safe and effective care may be compromised leading to a substandard experience.
Financial (revenue & capital)	Yes	x	No		The financial implications and recommendations for safe staffing are examined in this paper.
Organisational Development /Workforce	Yes	x	No		The workforce impact on quality of care is highlighted in the paper.
Equality, Diversity & Inclusion	Yes		No	x	The explicit EDI impacts are not discussed in this paper.
Legal	Yes	x	No		Failure to achieve compliance is a breach of the requirements of the Health and Social Care Act.

Section 1: Analysis and supporting detail

1. Background

- 1.1 In 2013, the National Quality Board (NQB) set out 10 expectations and a framework within which organisations and staff should make decisions about staffing that put patients first. In 2016, to support the NHS Five Year Forward View, the NQB released further guidance, ‘Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: Safe, sustainable and productive staffing’.
- 1.2 The NQB guidance requires an organisation’s Boards to ensure there is sufficient and sustainable staffing capacity and capability to always provide safe and effective care to patients, across all care settings. In addition, NHS Boards should ensure that there is an Annual Strategic Staffing Review, with evidence that this is developed using a triangulated approach; and that it takes account of all the healthcare professional groups and is in line with financial plans. To support this there is also a requirement for a 6-month review/
- 1.3 This report provides assurance through a description of the processes implemented with regards to understanding staffing levels through an analysis of staffing, patient safety, patient experience and financial information, for the period of the review (1 July – 31st December 2022).
- 1.4 The format of this report follows the NQB Guidance (2016), in that it outlines: the right staff, with the right skills, in the right place, at the right time.

Expectation 1	Expectation 2	Expectation 3
Right Staff	Right Skills	Right Place and Time
1.1 Evidence-based workforce planning	2.1 Mandatory training, development, and education	3.1 Productive working, and eliminating waste
1.2 Professional judgement	2.2 Working as a multi-professional team	3.2 Efficient deployment and flexibility
1.3 Compare staffing with peers	2.3 Recruitment and retention	3.3 Efficient employment and minimising agency

- 1.5 Work across the organisation to ensure there is appropriate oversight of safer staffing levels has two key components:
- i) The identification of minimum staffing levels for each inpatient ward on an biannual basis based on the Mental Health Optimum Staffing Tool (MHOST) alongside professional judgement and quality measures.
 - ii) The monitoring of fill rates of nurses against the minimum staffing levels set on a shift-by-shift, week-by-week, and monthly basis, with appropriate oversight, scrutiny, and actions against the fill rates (this is reported to the NHS Benchmarking as planned versus actual staffing). The outcome of this is also required to be published on our website.

Section 2: TRAIINGULATED APPROACH TO STAFFING DECISIONS

2.1 Workforce planning

- 2.1.1 The NQB guidance requires Organisation Boards to ensure that there is an Annual Strategic Staffing Review, with evidence that this is developed using a triangulated approach. The Safe Staffing Reviews were undertaken in December 2021 with each inpatient service line and were attended by the Head of Nursing, General Manager, Modern Matron and Ward Managers. Information was provided by a senior Finance representative, the Business and Performance team and a senior eRostering representative. Where possible AHP colleagues were also represented.
- 2.1.2 Prior to the meeting, the Review members were provided with a range of information (including patient safety and experience data, performance data, staffing data and finance reports). On the day of the Review, the group members discuss the data with a particular focus on patient safety, experience, and quality of care.
- 2.1.3 This is the first iteration of this process following training in 2021 by NHSE in the methodology. As SHSC leaders become more adept at undertaking the reviews, the process will become less time consuming for the clinical areas through improvement in the format of the meetings.
- 2.1.4 The Terms of Reference for the Review are contained within the Clinical Establishment Review Policy. A draft policy has been developed in line with the NHSE training and is awaiting ratification.
- 2.1.5 The Heads of Nursing, Director of Quality and Director of Nursing, Professions and Operations are reviewing the skill mix and grading within the nurse establishment with the aim of equity across services to support a consistently high-quality standard of care being delivered as well as clear career pathways.

2.2 Competent and capable workforce

- 2.2.1 The NQB guidance states that Boards should ensure that clinical leaders and managers are appropriately developed and supported to deliver high quality, efficient services, and that there is a staffing resource that reflects a multi-professional team approach. Decisions about staffing should be based on delivering safe, sustainable, and productive services. In addition, clinical leaders should use the competencies of the existing workforce to the full, further developing and introducing new roles as appropriate to their skills and expertise where there is an identified need or gap.
- 2.2.2 All new starters in the organisation are provided with a corporate induction and a local, service-based induction. The corporate induction includes the elements of Mandatory and Statutory Training that are essential to their role.
- 2.2.3 Each Clinical Directorate reviews its training compliance monthly at its Quality and Performance Review. Where areas of non-compliance are identified, staff are supported to ensure they undertake the required training, and the Training Team offers flexible approaches to the provision of education and training.

- 2.2.4 In addition to mandatory training, SHSC has several training and continuous professional development opportunities for staff to enhance the skills of the workforce. The Training and Education Department is well engaged with the National Apprenticeship Programme and has good working relationships with all the surrounding universities (e.g.: University of Sheffield and Sheffield Hallam); staff can access higher training at these establishments.
- 2.2.5 The Director of Nursing, Professions and Operations in conjunction with the Heads of Nursing and Director of Quality is undertaking a consultation with nurses across the organisation to develop a Nursing Strategy to promote a sustainable workforce into the future. This has been delayed due to the challenges of sustaining services throughout Covid.
- 2.2.6 Examples of other staff opportunities are:
- A preceptorship programme for staff who are undertaking new roles in the organisation, as well as being in place for newly qualified professionals which links to the Edward Jenner leadership programme.
 - Clinical skills training, which diversifies staff roles for both professionally qualified staff and support staff.
 - External leadership courses for all levels of staff with a plan to develop internal equivalents. (Ward Managers Development programme, NHS Leadership Academy, Compassionate Leadership Course)
 - Access to Nursing Associate and Registered Nurse training, via Apprenticeship funding.
 - Access to the Professional Nurse Advocate programme with an ambition to have one PNA in every clinical team.
 - Investment in the Advanced Clinical Practitioner course with the ambition of having an ACP for every two inpatient wards.
 - Leadership Development Forum for leaders and managers who are at Band 8a and above focusing on a range of topics and workshops.
 - Modern Matron and Service Manager Network and development days, which supports the organisation's managers to explore issues of professional practice and service development.
 - Clinical, professional, and managerial supervision to support safe clinical practice.
 - The introduction of a number of reflective practice initiatives with many being led by psychology colleagues.
 - Access to the Research Team, who support research and service evaluation as well as providing educational sessions and conferences.

2.3 Workforce utilisation

- 2.3.1 The NQB guidance states that NHS Boards should ensure staff are deployed in ways that ensure patients receive the right care, first time, in the right setting. This will include effective management and rostering of staff with clear escalation policies, from local service delivery to reporting at Board level, if concerns arise
- 2.3.2 It is worth observing that, over the course of the reporting period, there were a high number of shifts where staffing levels exceeded the minimum safe staffing levels. This was due to the reported high levels of patient observations, increases in patient acuity and dependency; or to manage specific, clinical situations.

2.3.3 Analysis of the monthly staffing returns has highlighted that there are a cluster of wards that are consistently going above their planned staffing. The example below is from November however the figures are similar each month. The acute and older adult wards are utilising a high proportion of additional support worker shifts to maintain safety and cover gaps in registered nurse provision with several wards not meeting their planned registered nurse planned number. This snap shot of actual staffing does not report on how the gaps in planned registered nursing may have been mitigated by Matrons and Ward Managers who do not make up part of the planned RN number.

Ward name	Day		Night	
	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)
Total	95%	154%	93%	198%
Burbage	76%	187%	99%	243%
Maple	146%	264%	97%	308%
Stanage	87%	175%	89%	295%
Endcliffe Ward	92%	236%	106%	147%
Dovedale 1	98%	168%	73%	279%
Forest Close Ward 1	119%	101%	97%	195%
Forest Close Ward 2	114%	109%	100%	101%
Forest Close Ward 3	108%	105%	97%	145%
Forest Lodge Assessment	74%	89%	94%	97%
Forest Lodge Rehab	91%	66%	91%	107%
G1	86%	175%	83%	239%

2.3.4 The reasons for the variances in the fill rates against the number of shifts that were required are discussed at the Quality and Performance Reviews, the reasons with the most impact are identified below:

- Vacancies, particularly across the Registered Nurse establishment.
- Short-term sickness absence, usually at short notice.
- Long-term sickness absence including Long Covid
- Maternity leave.

The process for looking at the planned and actual staffing requires a focus to ensure we are using our resources to best effect and so that we can assure ourselves that the process will support an efficient approach to deployment. This is currently a gap.

2.3.5 eRostering support and challenge meetings take place monthly and are chaired by the Head of Nursing. Rosters are reviewed against set parameters with the ward managers and matrons prior to being approved with 6 weeks lead time. This process has demonstrated improvements in the ability of ward managers to roster effectively and efficiently. AS noted above, we need to build on this process in order we move to a real time assurance system.

2.3.6 Bank and agency availability along with cancellations and refusal to move from their booked shift was identified as an ongoing issue.

2.3.7 There appears to be a lack of consistency with regards to the 'make up' of each ward in terms of the multidisciplinary team specifically activity co-ordinators, the budgeted numbers of band 6 staff and numbers of budgeted Nurse Associates. Whilst these roles may not directly relate to safe staffing, they do impact upon the quality of the care provided.

Section 3: Annual Strategic Staffing Review Update

The ward establishment reviews conducted in September and November that suggest a increase in the nursing establishments is necessary are:

Dovedale 2 (Burbage Ward)
Maple Ward
Dovedale 1 ward.

Further analysis is underway including the need to understand the impact of temporary staffing and in the interim the wards continue to plan staffing according to the clinical need on a daily basis. It is also useful to note that two of the wards utilise a staff member each shift to assure safety due to environmental issues.

The ward establishment reviews conducted in September and November that suggest some change in the nursing establishment is necessary is:

Endcliffe Ward

It is suggested that more nursing time is required during the day and less at night. This is being considered further as well as the impact of temporary staffing and the changes in leadership.

The ward establishment reviews conducted in September and November that suggests the nursing establishment is appropriate to need are:

Stanage Ward

Ward G1

Forest Close wards 1, 1a and 2

Forest Lodge wards for Assessment and Rehabilitation

These wards will continue to adjust the planned staffing numbers on a daily basis to meet need. Further consideration also needs to be given to the environmental challenges that require planned staffing to be deployed to manage risk.

3.1 General recommendations and next steps

The staffing model recommendations are to be provided to the Heads of Service and General Managers for consideration as to how to achieve safe staffing including utilisation of the multidisciplinary team.

From the information considered by the Review Group, several general recommendations were made which are outlined below:

- There was a consensus that Ward Managers should aim to spend around 20% of their working time involved in clinical care delivery, and that Band 6 Charge Nurses should be budgeted to have around 40% of their working time allocated to leadership work. This was in place in most wards.

- The skills and knowledge that Advanced Clinical Practitioners have developed through the ACP programme are highly suited to inpatient wards therefore it is being considered how we best use these roles to support high quality care.
- There is variance in the availability of AHP and Psychology resource. Some wards have shared occupational therapy and psychology; this was deemed not to be successful in most cases as it was apparent that often one ward consumed time available over another.
- A review of Occupational Therapy provision to support evening and weekend working with dedication personnel per ward is underway. A way to include Allied Health professionals who are completing shift work within the safer staffing numbers should be explored.
- A full review of the 12-hour shift pattern currently trialled on Maple is required prior to introduction into other areas as not all staff are in support of the change to these working arrangements. The loss of the handover period has impacted on the ability to provide supervision and bitesize training and therefore staffing models should consider this. However, for some staff this option is very popular and can support a good work life balance.
- A 'grow our own' approach to Health Care Support workers is in development with the plan to provide a pathway from band 2 to band 3 and band 3 to band 4. The majority of HCSW's have completed the National Care Certificate.
- There is budget for Nurse Associates in most of the ward reviews however only 2 had nurse associates in place. It was felt that the role and responsibilities require further refinement to support retention in these roles. We have seen a high turnover of staff in these roles as wards are not utilising the role and expertise to maximum effect.
- Oversight and assurance via monthly safe staffing meetings across all inpatient areas should be commenced along with a safe staffing steering group. The organisation would benefit from the introduction of a dedicated resource for safer staffing.

The next 6-month period will see the following steps being undertaken:

- Recommencement of a monthly staffing report extracted directly from eRoster which is validated by Ward Managers and Matrons prior to publication on the organisation website from February 22.
- Specific recruitment drives for each profession, for nursing a lead has been recruited and several recruitment fairs are to be attended.
- The organisation's Nursing and AHP Professional Strategy will be launched with an implementation plan.
- Work will be undertaken to identify the role and responsibilities of Nursing Associates within the organisation and provide a career pathway to improve retention within inpatient services.
- The organisation will undertake a review into a "grow your own" approach to professional training across the professional groups beginning with Health Care Support Workers. Strengthening of the Preceptorship offer in collaboration with the ICS preceptorship programme.
- Continued investment in the national Professional Nurse Associate (PNA) training programme with the intention of having a minimum of one per team.
- Determining how we best position Advanced Clinical Practitioners (ACP's) to support the delivery of high-quality care.
- The production of written guidance for managers for the reporting of safe staffing which includes a process for validating the data.

- Implementation and training for ward managers and matrons on the optimisation of E-roster for the completion of safe staffing fill rates via the SafeCare eRoster module.
- Establishment of a safe staffing steering group.
- A business case for the expansion of eRostering to community teams (submitted).
- The clinical establishment review process to be built upon to provide safe staffing information within clinical directorate meetings monthly and to support the biannual overview report.
- A review of the Bank Staff handbook and expectations to support the requirement to move between areas as required.

Section 4: Risks

There is a risk that we are unable to recruit into the vacant posts due to lack of availability of registrants and the reputation of the organisation following the 2021 CQC report.

There is a risk that safe staffing will not be achieved due to the current and future effects of the pandemic specifically short- and long-term sickness rates. Staff have been asked to work excess hours to ensure safe staffing is achieved and are exhausted.

There is a risk that without specific input into this program of work and recommendations safe staffing will not be the priority it needs to be due to ongoing organisational pressures.

There are several initiatives in place or in train to develop the approach to staffing levels. These initiatives do not have a single point of reporting and therefore there is a risk that the safe staffing agenda may be lost.

Section 5: Assurance

5.1 Benchmarking & Triangulation

The recommendations are based upon the MHOST which is a nationally endorsed evidenced based tool for understanding the care hours required to support service users based on their acuity and dependency. The data provided via the MHOST was reviewed alongside professional judgement and quality metrics such as incidents, vacancies, retention, sickness, training, supervision, and service user feedback.

The safe staffing review is to be completed at 6 monthly intervals within which the impact of previous recommendations will be reviewed.

5.2 Engagement

Service users were not directly approached with regards to this process on this occasion however as the process develops the service user engagement strategy should be utilised to develop the approach.

Within the clinical establishment review meeting ward managers, matrons and the general manager were asked to provide information on any complaints, concerns and investigations that related to safe staffing. Service user feedback gained with regards to the experience of care was also discussed.

Section 6: Implications

6.1 Strategic Priorities and Board Assurance Framework

1. Covid-19 Recovering Effectively.
2. CQC – Getting back to Good
3. Transformation - Changing things that will make a difference
4. Partnerships – Working together to have a bigger impact

There continues to be a risk of not being able to recruit to the posts required and no retaining staff which will impact on the quality of care.

SHSC does not fully comply with the requirements of NHS England, the CQC, and the NQB guidance in relation to the “Hard Truths” response to the Francis Inquiry as it is not publishing safe staffing information.

SHSC is aware of its risks in relation to the provision of safe staffing levels through its governance and reporting framework. This is evidenced by issues relating to staffing being on the organisation’s BAF.

SHSC is engaged in several initiatives which are aimed at supporting the organisation to build a safe and sustainable workforce.

Within the reporting period, the directorates have been actively managing their staffing levels and associated risks.

The directorates are extending the numbers of multi-professional and diverse roles that enhance patient care and experience, as well as building a sustainable work force.

Through analysis of the available data in this report, and via the monthly Safer Staffing Reports, there are no known correlations between staffing levels and patient safety issues.

6.2 Financial

Increasing staffing numbers has a direct and immediate financial cost. The Heads of Service, General Managers and Finance have costed the impact of the recommendations.

6.3 Compliance - Legal/Regulatory

No direct risks or implications to patient safety, or CQC compliance from the staffing data have been identified in this 6-monthly report.

The organisation is required to publish its staffing figures monthly which it is not currently achieving.