

Board of Directors - Public

SUMMARY REPORT

Meeting Date:
Agenda Item:

27 September 2023
15

Report Title:	Safe Staffing Biannual Review and Declaration December to July 2023		
Author(s):	Simon Barnitt, Head of Nursing		
Accountable Director:	Salli Midgley Executive Director for Nursing, Professions and Quality		
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	People Committee Quality Assurance Committee	
	Date:	12 September 2023 13 September 2023	
Key recommendations from those meetings	points/ from	Future reporting to include retention of preceptee nurses and retention/turnover on inpatient wards. Noted that this reports on nursing establishments only in direct care and not the wider staffing aligned to inpatient services.	

Summary of key points in report

The following should be noted:

SHSC fully complies with the requirements of NHS England, the CQC, and the NQB Guidance in relation to the “Hard Truths” response to the Francis Inquiry. Compliance has been achieved through completing a safe staffing review using an evidence-based tool along with monthly reporting of nursing safer staffing information for inpatient wards only on the external website.

SHSC is engaged in many activities aimed at supporting it to build a safe and sustainable workforce, which are reported through People Committee and into Trust Board.

Demonstration of compliance is achieved through a description of the work that has taken place following the full safe staffing review completed in December 2022 with regards to ward-based nurse staffing levels. A description of the delays associated with implementing elements of the review is provided along with a forward plan for the next 6 months.

Assurance is provided regarding the processes for maintaining safe staffing levels however this paper also acts to alert the Board in relation to the impact where safe staffing numbers have not been achieved or where the resolution has reduced quality.

Following the review in December 2022 the following has been achieved.

- Baseline staffing numbers increased on 3 wards (Burbage, Dovedale 2 and Ward G1)
- Over 70% of Healthcare Support workers uplifted to Band 3
- All but two Band 7 senior nurse Practitioners recruited to the wards (Endcliffe and Forest Lodge)

remain)

- Fifteen newly appointed nurses have received the recruitment premium.
- Funded establishments now represented correctly within each ward budget.
- 46 HCSW's and 17 Internationally educated nurses have been recruited to the inpatient areas from January – August 2023 via the centralised recruitment function.
- We have over recruited to preceptorship posts including a quality Improvement Fellowship programme with a confirmed 33 new starters from October 23 to February 2024.
- Daily critical staffing meetings have been commenced which include quality checks such as experienced nurse in charge for the shift, numbers of RESPECT and ILS trained staff, Band 3 minimum numbers.
- An escalation process is now in place for Bank and Agency bookings including a cascade from lower to higher tier agencies.
- A weekly summary of quality and safety measures is now provided to the director of Nursing, alongside which a monthly dashboard has been devised containing key performance, quality, and safety indicators.

Recommendation for the Board/Committee to consider:

Consider for Action		Approval		Assurance	X	Information	X
----------------------------	--	-----------------	--	------------------	----------	--------------------	----------

The Board of Directors are asked to receive the Safe Staffing Biannual Review and Declaration which provides assurance against the processes in place and alerts the Board in relation to the impact where safe staffing numbers have not been achieved or where the resolution has reduced quality.

Please identify which strategic priorities will be impacted by this report:

Recover services and improve efficiency	Yes	X	No	
Continuous quality improvement	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		<i>Safely staffing wards aligned to fundamental standards for the assessment and treatment of patients</i>
Data Security and Protection Toolkit	Yes		No	X	
Any other specific standard?		X			National Quality Board Standards Mental Health Legislation requirements for the management of detained patients

Have these areas been considered ? YES/NO

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, Engagement and Experience	Yes	X	No		Failure to provide adequate staffing with the right skills, in the right place, at the right time may compromise the quality of care delivered by the Organisation.
Financial (revenue & capital)	Yes	X	No		The provision of safe minimum staffing has an

					impact on finance, particularly through the use of bank and agency staff to cover gaps in rotas.
Organisational Development /Workforce	Yes	X	No		Working with low staffing levels, high levels of temporary staff or additional hours over a prolonged period may have an adverse impact on staff wellbeing.
Equality, Diversity & Inclusion	Yes		No	X	
Legal	Yes		No	X	
Environmental sustainability	Yes		No	X	

Section 1: Analysis and supporting detail

Background

- 1.1 In line with the National Quality Board guidance (2013), and to assist provider organisations to fulfil their commitments as outlined in “Hard Truths: The Journey to Putting Patients First (Department of Health 2013)”, SHSC is required to consider staffing capacity and capability within inpatient services. In addition, SHSC is required to meet the National Quality Board (NQB) 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 (2016)’. The 2016 guidance provides a set of expectations for nursing and midwifery care staff, and an expectation that organisations measure and improve patient outcomes, people productivity and financial sustainability.
- 1.2 This report provides assurance to the Board that SHSC is compliant with the requirements of NHS England, the CQC Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18, the National Quality Board Guidance in relation to the Hard Truths response to the Francis Inquiry.
- 1.3 Demonstration of compliance is achieved through a description of the work that has taken place since the last 6-month Safe Staffing Review with regards to ward-based nurse staffing levels in SHSC and a forward plan for the next 6 months.
- 1.4 The format of this report follows the NQB Guidance published in July 2016 in so far as it outlines progress following the December 2022 Safe Staffing Review relating to the right staff, with the right skills, in the right place, at the right time.

Safe, Effective, Caring, Responsive and Well-Led Care		
Measure and Improve		
- patient outcomes, people productivity and financial sustainability - - report investigate and act on incidents (including red flags) - - patient, carer and staff feedback -		
- Implementation Care Hours per Patient Day (CHPPD) - - develop local quality dashboard for safe sustainable staffing -		
Expectation 1	Expectation 2	Expectation 3
Right Staff	Right Skills	Right Place and Time
1.1 evidence-based workforce planning 1.2 professional judgement 1.3 compare staffing with peers	2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention	3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency

- 1.5 The NQB guidance states that Boards should ensure 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.

The work that has been completed following the full safe staffing review in December 2022 includes:

- 1.6 The continued implementation of the skill mix review undertaken in 2022 which was based on the annual evidence-based staffing review along with available evidence in relation to recruitment, retention and staff feedback in a way that supports the People Plan.
- 1.7 The 2022 skill mix review included, and was budgeted for, the implementation of Advanced Clinical Practitioners on each ward. On further review the planned model of working within the ward safe staffing numbers did not align with the four pillars of advanced practice of the ACP role. As such the model was changed to include a senior clinical staff member at Band 7, this being a senior nurse practitioner. This has delayed the full implementation as has taken time to work through not implementing ACP's and has required the creation of a job and role description for the senior nurse practitioner.
- 1.8 Recruitment has been mostly completed for the Senior Nursing Practitioners within each ward apart from Endcliffe ward and Forest Lodge where recruitment is ongoing.
- 1.9 The further exploration and understanding of the staffing requirements for ward G1 was completed and baseline staffing agreed in line with the Mental Health Optimum Staffing Tool (MHOST) recommended staffing numbers.
- 1.10 The increase of baseline staffing numbers on 3 wards (Burbage, Dovedale 2 and Ward G1) in line with the Mental Health Optimum Staffing Tool (MHOST) recommended staffing numbers completed in December 2022.
- 1.11 The skill mix review was designed to provide a pathway through nursing roles, from band 2 Health Care Support Worker to band 7 Senior Nursing Practitioner, allowing each role to work at the highest end of their competency. The pathway included uplifting the majority of Health Care Support Workers to Band 3 with the remaining band 2 posts utilised as the entry point for the career development pathway.
- 1.12 The Healthcare Support worker uplift programme has been a huge success with standardised job descriptions, defined knowledge, skills and experience and career pathways agreed. The uplift programme is reaching its conclusion with over 70% of existing support workers uplifted from June to August and several more pending.
- 1.13 The HCSW uplift programme has also caused delays to the implementation of the skill mix review due to the requirement to undertake an organisational change process including joint consultative forum agreement, engagement events, consultation, and the uplift process itself.
- 1.14 Band 4 Nurse Associates were underutilised and therefore the agreed establishment for these posts was reviewed with a reduction in some areas along with implementing the role into other areas.
- 1.15 Across all wards there are currently 10 vacancies for nurse associates which are being recruited to this year to start the 2-year training programme in 2024, this is in excess of the usual planned trainees in order to plan to fill all posts in the future. The trainee nurse associates are recruited internally including from the flexible workforce (bank).
- 1.16 The funded establishment for each inpatient ward has been fully costed by the directorate finance leads and applied to the ward budgets.
- 1.17 The change to the funded establishment has also included the revised headroom for inpatient wards being a decrease in the overall figure from 29% to 25.56% for registered staff and 26.05% to 22.82% for unregistered staff.
- 1.18 Monthly eRoster Support and Challenge meetings have been strengthened and continue to be chaired by the responsible Head of Nursing and eRoster manager.

- 1.19 The Recruitment and Retention Group is making progress within its work streams to optimise recruitment opportunities, and to look at how SHSC can best retain its staff.
- 1.20 A recruitment premium has been applied for newly appointed nurses which is in line with our neighbouring partners, fifteen nurses have received this in this reporting period.
- 1.21 We continue to develop our 'grow your own' schemes including introducing a Level 2 NVQ apprenticeship in care for all Band 2 Non-Registered Nurses, an opportunity to improve / harness skills and to promote the Trainee Nurse Associate programme (TNA). We have supported candidates interested in the TNA programme to undertake their functional skills / GCSE maths and English as this is a prerequisite for the Nurse Associate training programme. We are also supporting candidates on to the Registered Nurse Degree Apprenticeship programme.
- 1.22 The Managers of those areas with high absence rates are being provided with additional support from Human Resources to review sickness absence management compliance, and to support staff back to work where possible.
- 1.23 SHSC has supported centralised nursing recruitment via a dedicated lead. As part of improving recruitment and retention SHSC has undergone marketing campaigns including attendance at national and international recruitment events to ensure SHSC is an employer of choice both locally and nationally. 46 HCSW's and 17 Internationally educated nurses have been recruited to the inpatient areas from January – August 2023.
- 1.24 The recruitment of internationally educated nurses is currently paused due to the over recruitment of newly qualified nurses from the UK universities and consideration of our responsibilities as part of the Global Health Economy.
- 1.25 We have over recruited to preceptorship posts including a quality Improvement Fellowship programme with a confirmed 33 new starters from October 23 to February 2024. The nurse associate vacancies in several areas have supported this over recruitment in the knowledge these posts will not be filled for 2 years whilst training and therefore allowing a limited cost pressure for these additional posts.
- 1.26 The NQB required safe staffing reporting on the organisations public facing website was recommenced in January 2022 and now incorporates a Head of Nursing assurance check prior to publication.
- 1.27 A review of the eRoster system and its functionality has been undertaken to ensure it is fully optimised, including removal of any blocks to effective and efficient rostering such as duty and roster rules.
- 1.28 The mental health Optimum Staffing Tool multipliers have been purchased that are applied to the SafeCare system allowing the live staffing requirements based on the acuity and dependency scores of the service users. We are awaiting this being applied to the system.
- 1.29 The pilot of 12-hour shift patterns has been further expanded to all acute wards.
- 1.30 Daily critical staffing meetings have been commenced which include quality checks such as experienced nurse in charge for the shift, numbers of RESPECT and ILS trained staff, Band 3 minimum numbers.
- 1.31 An escalation process is now in place for Bank and Agency bookings where safe staffing requirements have not been met on the ward. This process includes a cascade for lower to higher tier agencies.
- 1.32 A weekly summary of quality and safety measures is now provided to the director of Nursing, alongside which a monthly dashboard has been devised containing key performance, quality, and safety indicators. The monthly dashboard will be presented in the Integrated Performance and Quality Review (Appendix 1).
- 1.33 The continued use of flexible workers has been required due to high vacancy rates and acuity in several areas. It has not been possible to recruit outside of newly qualifying staff from the university, several recruitment campaigns have been

unsuccessful. It is anticipated that flexible workforce spend will reduce as a result of the over recruitment of preceptee's into inpatient areas, this will however take time as the preceptee's require developing into to the role particularly as they have had reduced exposure to clinical environments due to studying during covid.

Plan for next 6 months:

- 1.34 Over recruitment of preceptorship nurses will be embedded within our inpatient wards and selected community teams. Often there is an attrition from the programme as graduates opt to return to their home county rather than stay in Sheffield which may reduce the number expected.
- 1.35 A Band 5 rotation programme is to be piloted in Rehabilitation and Forensic services which is to lead into a band 5 to 6 development programme over a 30-month period.
- 1.36 Recruitment to the trainee nurse associate posts has been below the level required, 5 per year, agreement provided to recruit to all currently vacant posts. Noting that those recruited in October 23 will qualify March 2026.
- 1.37 Work will continue to support and develop the role of Nursing Associates within SHSC to fully utilise this role within the inpatient wards including the Head of Nursing facilitating a national learning set on the role of the nurse associate.
- 1.38 The Band 2 to 3 uplift programme will reach its conclusion with all those be eligible and interested having commenced at Band 3 with clear roles and responsibilities.
- 1.39 The HCSW induction pack, preceptorship approach and core competency document will be developed and in place across the organisation.
- 1.40 The entry level post of Band 2 will have a socially responsible method of recruitment from within our local communities working with voluntary, community and social enterprise groups.
- 1.41 SHSC will consider its approach to the live review and analysis of safe staffing levels to support patient acuity and clinical situations through the SafeCare Live solution.
- 1.42 The centralised recruitment team are to complete targeted recruitment alongside Ward Managers to support new recruits to be clear about the area they are applying for. This hybrid model of recruitment combines the best elements of ward manager and centralised recruitment.
- 1.43 Consideration of the continuation of centralised recruitment as currently the team are on a one-year contract ending in March 2024.
- 1.44 The next staffing review is to include the community mental health teams, an independent review via a consultancy will be completed for the nursing homes. As there is no evidence-based tool for these teams safe staffing will be based on a review of quality measures alongside professional judgement.
- 1.45 The review of the preceptorship booklet and required competencies for newly qualified nurses on starting in the organisation. As a legacy of covid, the nurses qualifying appear to be less prepared and skilled deemed to be as a result of the reduced placement hours during covid. There is a requirement to upskill on starting and a competency booklet is to be implemented to support this transition.
- 1.46 There is a need to improve the service and support offered to the flexible workforce who engage with SHSC. There continues to be a need to use agency nurses who, in the majority of cases, have not undergone SHSC training and do not have access to the systems required. This will be somewhat alleviated by the implementation of RIO however systems are to be developed to support agency nurses to have both competence and confidence in practice and systems within SHSC.

Section 2: Risks

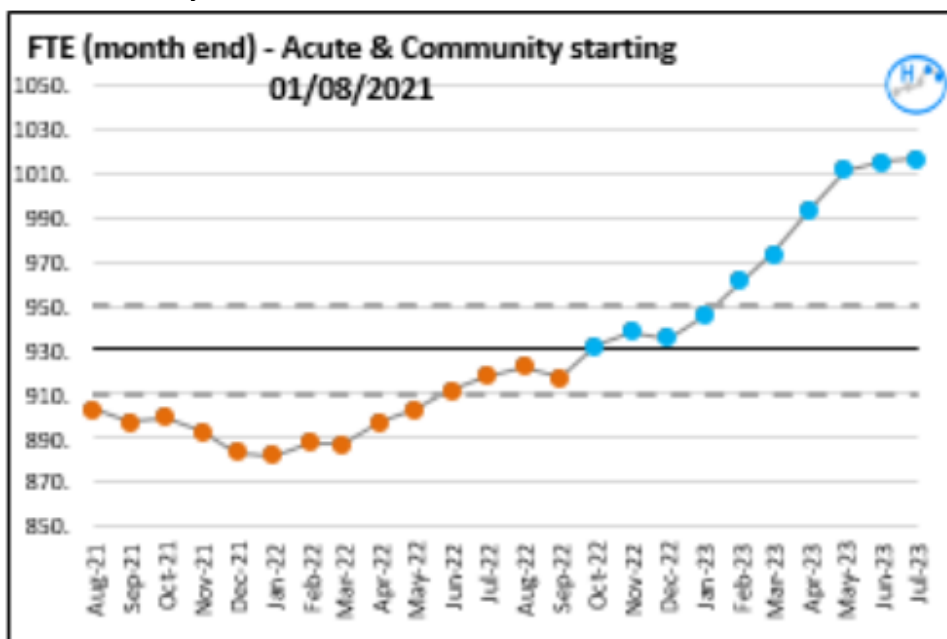
- 2.1 There is a risk that we are unable to retain the new graduates recruited to preceptorship posts, the preceptorship team will keep the preceptee's engaged and support onboarding arrangements.
- 2.2 There is a risk that safe staffing will not be achieved due to the short- and long-term sickness rates. Staff have been asked to work excess hours to ensure safe staffing is achieved and are exhausted.
- 2.3 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.
- 2.8 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.
- 2.9 Despite achieving safe staffing numbers in the vast majority of cases there remains a risk of poor quality of care due to the continued use of agency nurses who lack the knowledge and experience of SHSC inpatient wards. The use of agency staff is now monitored via the daily critical staffing huddle and weekly retrospective review specifically where working with other non-regular or inexperienced nursing staff (Appendix 1)

Section 3: Assurance

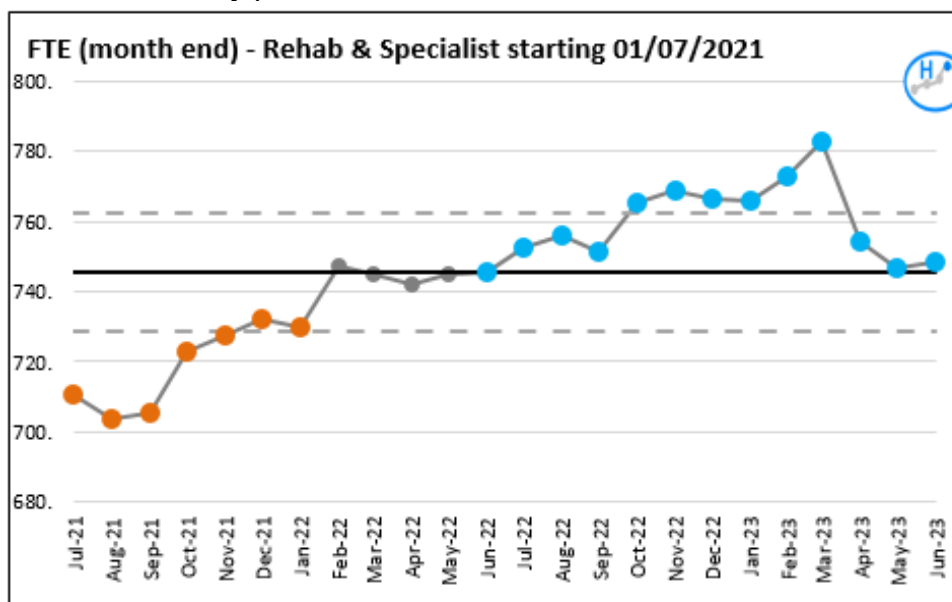
3.1 Workforce Planning

- 3.1.1 The recommendations for staffing numbers 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 to develop the ward skill mix. 2
- 3.1.2 The dedicated recruitment resourcing lead has continued to support inpatient teams' recruitment of nursing and health care support workers.
- 3.1.3 17 internationally educated nurses have been appointed, 10 adult nurses and 7 mental health, 15 of whom have passed the required OSCE exam and are working into the nursing homes. The international nurses have required significant pastoral support and help with living arrangements but are settling in well. The Deputy Head of Human Resources and the Nurse Recruitment Lead have been requested to write a paper on the financial impact of international nurse recruitment and to evaluate the original business case.
- 3.1.4 Centralised recruitment via the dedicated lead has led to the appointment of 46 HCSW's for inpatient wards since January 2023. Revised interview, and recruitment processes have also shortened the recruitment time. Staffing levels across SHSC are improving.
- 3.1.5 Full Time Equivalent (FTE) data shows an increase in the overall staffing numbers.

Acute and Community



Rehabilitation and specialist
(the reduction in the early part of 2023 was due to the closure of Buckwood View)



3.1.6 SHSC is an excellent preceptorship programme which has been praised within the ICS and used as an exemplar. The next cohort of preceptee's have been recruited with an anticipated 33 commencing over the next 4 months, the start dates are staggered as new registrants have had differing amounts of time to make up due to the effects of the pandemic on their study.

3.2 Competent and capable workforce

3.2.1 All new starters in 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.

3.2.2 SHSC has a Trust Wide Nursing Plan that has been coproduced with all levels of the nursing workforce from across the organisation. The plan has four key priorities with a strategic action plan behind each one providing a multitude of opportunities for nursing plan fellows to engage in.

Priority One:	Deliver the highest standards of professional practice
Priority Two:	Ensuring Person Centred Care through Continuous Improvement
Priority Three:	Inspire and support professional development across nursing roles and structures
Priority Four:	Attract and retain a diverse nursing workforce by being an employer of choice in the region

3.2.3 Examples of further staff opportunities include.

- 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, in 2022/23 there have been 6 nurses trained as Non-medical Prescribers and 2 nurses trained in advanced physical health assessment via the APACS course.
- Internal and external leadership courses for all levels of staff, (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, there are currently 13 qualified PNA's in the organisation.
- Investment in the clinical career pathway of Nurses with the introduction of the Senior Nurse Practitioner on each inpatient ward.
- 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 including a revised supervision policy.
- 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.
- A bimonthly Nursing Council Day to discuss pertinent issues for nursing including action towards the Nursing Plan.

3.2.4 Each Clinical Directorate reviews its training compliance monthly within 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.

3.3 Workforce utilization

3.3.1 Analysis of the monthly staffing returns highlights that all wards are consistently going above their planned staffing for HCSW's. The table below provides the actual staffing percentages for registered and non-registered staff 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 registered nurse planned staffing. This table of actual staffing and does not demonstrate the mitigations taken to maintain safe staffing. Those shifts with over 150% or below 80% actual staffing have been highlighted.

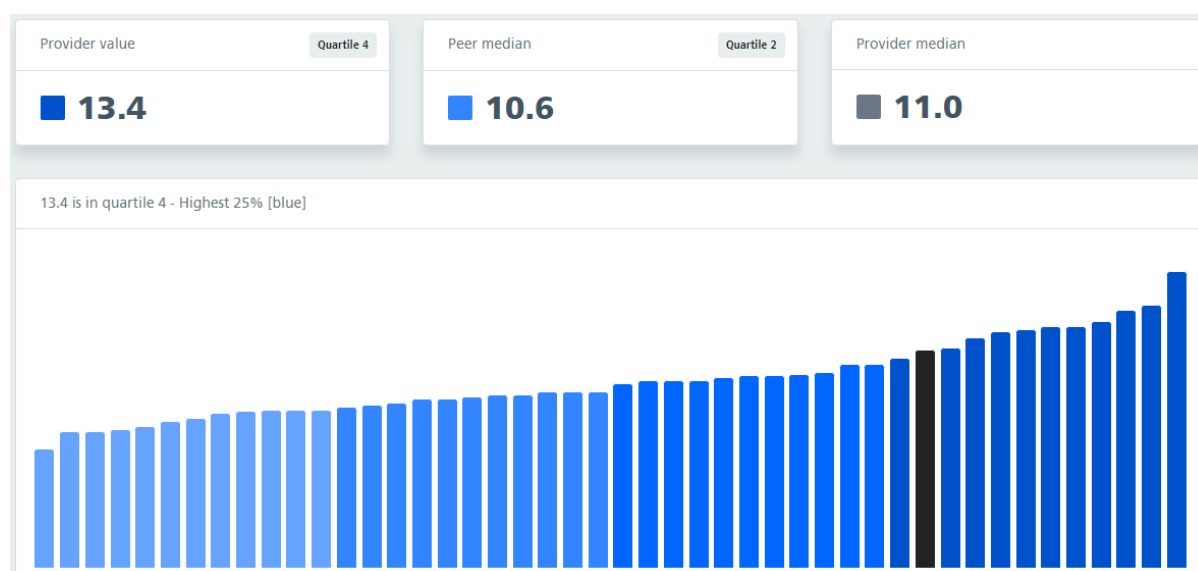
January	RN Day	HCSW Day	RN Night	HCSW night
Burbage	104%	118%	92%	188%
Maple	81%	200%	87%	239%
Dovedale 2	129%	167%	95%	272%
Endcliffe Ward	85%	114%	95%	130%
Dovedale 1	79%	155%	71%	211%
Forest Close Ward 1	124%	120%	99%	155%
Forest Close Ward 2				
Forest Close Ward 3	102%	98%	100%	100%
Forest Lodge Assessment	84%	124%	100%	108%
Forest Lodge Rehab	83%	99%	100%	100%
G1	95%	165%	93%	170%
February	RN Day	HCSW Day	RN Night	HCSW night
Burbage	89%	124%	122%	184%
Maple	75%	182%	96%	216%
Dovedale 2	163%	112%	92%	213%
Endcliffe Ward	80%	135%	95%	165%
Dovedale 1	75%	136%	101%	131%
Forest Close Ward 1	118%	116%	98%	145%
Forest Close Ward 2				
Forest Close Ward 3	95%	103%	100%	100%
Forest Lodge Assessment	80%	127%	100%	109%
Forest Lodge Rehab	75%	115%	100%	100%
G1	102%	159%	91%	177%
April	RN Day	HCSW Day	RN Night	HCSW night
Burbage	105%	120%	112%	195%
Maple	82%	166%	95%	207%
Dovedale 2	116%	141%	101%	234%
Endcliffe Ward	70%	151%	97%	180%
Dovedale 1	105%	137%	95%	139%
Forest Close Ward 1	117%	119%	95%	116%
Forest Close Ward 2	104%	102%	100%	114%
Forest Close Ward 3	100%	94%	97%	102%
Forest Lodge Assessment	98%	128%	100%	99%
Forest Lodge Rehab	92%	93%	100%	117%
G1	110%	162%	106%	194%
May	RN Day	HCSW Day	RN Night	HCSW night
Burbage	98%	128%	103%	202%
Maple	82%	233%	97%	275%
Dovedale 2	97%	152%	111%	224%
Endcliffe Ward	76%	158%	88%	193%
Dovedale 1	97%	140%	97%	110%
Forest Close Ward 1	96%	104%	98%	104%
Forest Close Ward 2	107%	115%	101%	139%
Forest Close Ward 3	95%	103%	100%	101%

Forest Lodge Assessment	87%	121%	100%	105%
Forest Lodge Rehab	100%	120%	100%	143%
G1	108%	157%	104%	200%
June	RN Day	HCSW Day	RN Night	HCSW night
Burbage	99%	175%	108%	253%
Maple	77%	290%	93%	299%
Dovedale 2	103%	199%	97%	254%
Endcliffe Ward	79%	150%	99%	179%
Dovedale 1	100%	155%	94%	132%
Forest Close Ward 1	82%	error	97%	103%
Forest Close Ward 2	129%	118%	103%	111%
Forest Close Ward 3	96%	108%	93%	102%
Forest Lodge Assessment	69%	123%	100%	101%
Forest Lodge Rehab	90%	122%	97%	143%
G1	109%	144%	107%	178%

3.3.2 Forest lodge has historically been the only area that has below 100% for both registered and non-registered actual staffing on a regular basis however recruitment and cover with both Bank and Agency staff have been successful.

3.3.3 The planned and actual staffing is submitted to NHSI and reported on via the Model Hospital as Care Hours Per Patient Day (CHPPD). CHPPD is calculated by adding the total care hours available each day and dividing this by the number of patients at midnight to give the care hours per patient. The Model Hospital provides a benchmark against other similar organisations and the latest results place us in the top 25% for CHPPD demonstrating we have more care hours available to our service users than many providers.

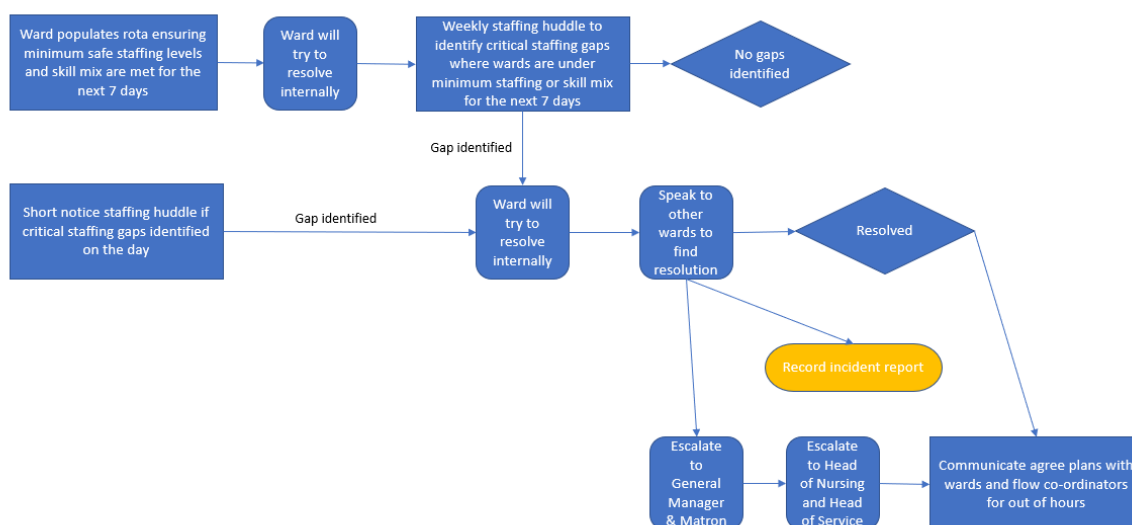
Care hours Per Patient Day – total nursing staff



3.3.4 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 a 6-week lead time. This process has demonstrated improvements in the ability of ward managers to roster effectively and efficiently.

3.3.5 Twice weekly staffing huddles take place within the acute wards which includes staffing for the next 7 days, where short falls of knowledge, skills or experience are noted a resolution is supported at a local level. Where local resolution is not

possible an escalation procedure is in place via a daily critical staffing meeting. This process is currently under review with a new operating procedure to be introduced that supports a greater ownership of ward both the safety and quality aspects of staffing inpatient wards.



3.3.6 Whilst there is a need to reduce Bank and Agency usage this remains a mitigation for staffing gaps resulting from vacancies and sickness, the bank team with support from the procurement team, continue to source new agencies with the majority being at the lowest tier of the framework.

3.3.7 A review of all reported incidents where the cause is recorded as number of staff or if the word ‘Staffing’ is mentioned in the detail for the last 6 months has been completed. The short staffing has impacted on the quality and responsiveness of patient care causing delays, however there does not appear to have been any adverse safety issues.

	Near Miss	Negligible	Minor	Moderate	
Burbage		1	4		5
Maple		3	8	1	12
Dovedale 2	1	3	8	7	19
Endcliffe Ward			5	1	6
Dovedale 1	1	1	1	1	4
Forest Close Ward 1		2		1	3
Forest Close Ward 2		2		1	3
Forest Close Ward 3		1	2		3
Forest Lodge Assessment		4	8		12
Forest Lodge Rehab		1			1
G1		2	1	1	4
	2	20	37	13	72

3.3.7 All patient and carer complaints have been reviewed from the last 6 months for inpatient services, there have been no complaints with regards to, or as a result of, staffing numbers.

Section 4: Implications

Strategic Priorities and Board Assurance Framework

1. Covid-19 - Recovering effectively.
 2. CQC – Continuing to improve.
 3. Transformation - Changing things that will make a difference.
 4. Partnerships – Working together to have a bigger impact.
-
- 4.1 There continues to be a risk of not being able to recruit to the posts required and not retaining staff which will impact on the quality of care. Recruitment campaigns for anything other than preceptee’s have been unsuccessful.
 - 4.2 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 Board Assurance Framework.
 - 4.1 SHSC is engaged in several initiatives which are aimed at supporting to build a safe and sustainable workforce which will provide a career path with more skilled staff in clinical areas.
 - 4.4 Within the reporting period, the directorates have been actively managing their staffing levels and associated risks which have been impacted upon by a resurgence of covid infections for both staff and service users.
 - 4.5 The directorates continue to extend the numbers of multi-professional and diverse roles that enhance patient care and experience, as well as building a sustainable work force.
 - 4.6 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. There does appear to be a correlation between those areas with low RN actual staffing levels and incident data relating to delayed care or reduced quality particularly ward tasks.

Financial

- 4.7 Increasing staffing numbers has a direct and immediate financial cost. The Heads of Service, General Managers and Finance have costed and implemented the 2022 skills mix review recommendations.

Appendix 1

Monthly staffing Dashboard

Organisation Name	New Staff Group	Funded Establishment FTE	Staff in Post FTE	Vacancies FTE	Unavailability Total FTE	Substantive Usage FTE (Actual)	Bank Usage FTE	Agency Usage	Total FTE used for period	Total Variance FTE	Average fill rate - Day (%)	Average fill rate - Night (%)	CHPPD	Overall CHPPD	Demand Template CHPPD	SafeCare Completion Rate %	Bed Occupancy %	Total Complaints	Total Incidents	Patient Safety Incidents	Serious Incidents (3-6)	Suboptimal Staffing Incidents	Red Flag Staffing Incidents	Medication Incidents	Self-Harm Incidents	Pressure Incidents	COVID-19 Incidents
Burbage Ward	RN	14.32	13.1	1.2	4.7	7.8	0.1	1.6	9.5	4.8	101%	101%	3.4														
Burbage Ward	HCSW	18.34	16.9	1.4	5.9	14.6	10.9	8.6	34.1	-15.7	205%	347%	11.4	14.8	10.29		98	0	93	42	4			7	0	0	0
Dovedale 1	RN	14.32	13.0	1.3	3.6	8.3	0.7	0.3	9.3	5.0	96%	100%	3.3														
Dovedale 1	HCSW	21.78	21.0	0.8	9.1	14.9	7.6	11.3	33.8	-12.1	161%	156%	12.2	16.4	12.14		91	0	60	28	2			8	0	0	0
Dovedale 2 Ward	RN	14.32	11.8	2.5	3.8	3.8	0.9	3.7	8.4	6.0	104%	106%	4.0														
Dovedale 2 Ward	HCSW	18.34	13.5	4.9	4.3	10.9	11.9	11.8	34.6	-16.2	257%	356%	15.9	20.0	5.47		93	0	163	91	21			8	48	0	0
Endcliffe Ward	RN	13.49	11.8	1.7	4.2	7.7	0.1	1.3	9.1	4.4	66%	92%	4.9														
Endcliffe Ward	HCSW	26.35	21.5	4.9	9.0	21.1	8.4	9.5	39.0	-12.6	182%	217%	21.0	26.0	17.06		99	0	92	72	12			2	14	0	0
Forest Close 1	RN	9.40	8.7	0.7	3.1	4.0	0.3	0.9	5.2	4.2	116%	100%	3.6														
Forest Close 1	HCSW	9.80	12.2	-2.4	4.6	7.8	0.6	0.4	8.8	1.0	98%	106%	5.3	8.8	5.51		97	0	7	3	1			0	0	0	0
Forest Close 1a	RN	11.43	9.2	2.3	3.0	6.0	0.7	0.1	6.9	4.6	99%	103%	2.9														
Forest Close 1a	HCSW	20.86	18.6	2.3	7.2	12.1	0.5	0.1	12.6	8.2	106%	98%	5.4	8.4	8.24		88	0	22	5	1			1	0	0	0
Forest Close 2	RN	10.32	7.3	3.0	0.7	4.3	0.2	0.9	5.4	5.0	118%	103%	3.7														
Forest Close 2	HCSW	9.49	11.1	-1.6	4.1	7.2	1.1	0.3	8.6	0.9	120%	113%	5.9	9.6	0		95	0	8	7	1			0	5	0	0
Forest Lodge Assessment	RN				4.0	3.9	0.4	1.5	5.8	-5.8	79%	97%	4.3														
Forest Lodge Assessment	HCSW				4.4	10.4	4.4	1.0	15.8	-15.8	117%	101%	10.6	15.8	11.4		77	0	13	2	0			1	0	0	0
Forest Lodge Rehab	RN				3.1	6.4	0.3	0.0	6.7	-6.7	93%	100%	3.5														
Forest Lodge Rehab	HCSW				3.3	5.9	1.1	0.8	7.8	-7.8	105%	105%	3.9	7.4	6.5		88	0	7	1	0			3	0	0	0
G1 Ward	RN	13.32	15.4	-2.1	5.0	10.1	0.5	0.1	10.7	2.6	104%	102%	3.6														
G1 Ward	HCSW	26.37	25.8	0.6	9.9	17.4	8.7	3.1	29.1	-2.8	127%	147%	10.6	14.2	10.08		86	0	45	21	2			5	0	0	0
Maple Ward	RN	14.49	15.8	-1.3	5.8	8.9	0.0	1.5	10.3	4.1	86%	99%	4.7														
Maple Ward	HCSW	23.63	22.8	0.9	7.3	23.1	9.4	7.6	40.1	-16.5	276%	277%	10.3	13.2	9.63		107	0	109	69	8			6	18	0	0
Forest lodge	RN	22.60	17.6	5.0														0	20	3	0	0	0	0	0	0	0
Forest lodge	HCSW	30.21	26.2	4.0																							

Weekly Staffing Report - 28.08.23 to 03.09.23

Ward	Preceptee as NIC	Number of agency NIC with non regular 2 nd RN	Both non familiar R/N's including redeployed.	Number of non regular RN shifts where supernumery regular staff were available	>40% agency as a proportion of safer staffing agreed establishment	>50 % bank and agency of total staffing.	Narrative
FC Ward 1	0	No 2 nd R/N in baselines	0	0	0	0	No issues
FC Ward 1A	0	0	0	0	0	0	No issues
FC Ward 2	0	No 2 nd R/N in baselines	0	0	1	0	>40% agency – X1 N with x1 agency RMN, - shift has 2 staff as baseline
FL Assessment	0	3	0	0	0	0	X3 N with agency RMN and no 2 nd RN, regular worker who has been trained.
FL Rehab	0	No 2 nd R/N in baselines for nights.	0	0	0	0	No issues