

# Board of Directors - Public

## SUMMARY REPORT

Meeting Date: 27 March 2024

Agenda Item: 11

<b>Report Title:</b>	<b>Safe Staffing Biannual Review and Declaration July - December 2023</b>	
<b>Author(s):</b>	Simon Barnitt, Head of Nursing Rehabilitation and Specialist Directorate	
<b>Accountable Director:</b>	Salli Midgley, Executive Director of Nursing, Professions and Quality	
<b>Other meetings this paper has been presented to or previously agreed at:</b>	<b>Committee/Tier 2 Group/Tier 3 Group</b>	Executive Management Team (EMT) Quality Assurance Committee People Committee
	<b>Date:</b>	7 March 2024 - Executive Management Team (EMT) 13 March 2024 – Quality Assurance Committee (QAC) 12 March 2024 – People Committee (PC)
<b>Key points/recommendations from those meetings</b>	EMT : Board to note that additional work is being led by DoN to improve the current skill mix. People Committee : significant discussion about the issues leading to incorrect use of rostering and the lack of adherence to the establishment set out in 2023. Discussion that action is already in progress as detailed in the paper. Quality Committee : above discussion noted and welcomed.	

### Summary of key points in report

The Organisation complies with the requirements of NHS England, the CQC, and the National Quality Board (NQB) safe staffing guidance. Compliance has been achieved through completing a safe staffing review using an evidence-based tool, the monthly reporting of safer staffing information on the organisation's website, and biannual safer staffing board reports from 2022.

This report presents the outcomes of the third full review of safer staffing requirements within our inpatient wards covering the period from January to December 2023 and a forward plan for the next 6 months.

Demonstration of compliance is achieved through a description of the work that has taken place since the previous full safe staffing review (December 2022) and 6 monthly update (August 2023) with regards to ward-based nurse staffing levels in the Organisation. Due to the secondment of the safer staffing lead to the Electronic Patient Record (EPR) programme, community services have been deferred and will be included in future reviews.

From the information available, Board should receive this report with the following guidance:

#### Assure

- The Organisation continues to comply with the requirements of NHS England, the CQC, and the NQB Guidance
- 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). BAF 24 notes that Responsible Clinician vacancies requires focus, however notes that the recruitment initiatives have been successful over the past year particularly for registered nurse preceptee's and Healthcare Support Workers having been supported by the introduction of a centralised recruitment lead.

- SHSC has engaged in several initiatives which are aimed at building a safe and sustainable workforce through the development of new roles, international recruitment, and a career pathway approach to employing HCSW's.
- The `nursing plan` provides a focus on the professional group and key opportunities and deliverables to support the workforce.
- A thorough review of available data analysed within the establishment review process shows little evidence of correlation between staffing levels and recorded patient safety issues. Board should be assured that since the last establishment review and uplift there have been no serious or moderate incidents impacting on patient care or safety related to lack of staff as outlined in the establishment review.
- Board are reminded that reviews of the use of restrictive practices and incidents takes place daily, no alerts have arisen through incident review and that with the staffing model in place the progress to reduce restrictive practice has been significant, attracting national interest. This is a factual data driven, regular report that demonstrates staffing is safe and able to drive good practice.
- There is evidence that the `organisation` and leadership of nursing care has a significant impact on patient safety and staff wellbeing. This can be seen through the introduction of safety huddles to address falls in older peoples services which has had a positive impact.
- There are anecdotal verbal reports that suggest quality of care has been occasionally impacted due to cancelled or delayed activity such as escorted leave from the ward and medication administration, however these have not been reported as incidents. The nursing leadership will work with the ward staff to remind them of the need to report any issues in relation to staffing that impact patient care. Any patient safety staffing issues that are reported via the incident system are investigated at the request of the Director of Nursing. None have been upheld under scrutiny from Matrons and Heads of Nursing.
- Board will also be aware that there are a number of methods to assess for unsafe care including fundamental standards of care visits, patient experience reporting and the independent advocates and cultural advocates working into the inpatient wards. Whilst issues are reported from time to time, there are no systematic themes that indicate any specific ward does not have an establishment to deliver quality patient care.

### **Advise**

- Many wards are routinely utilising excess staffing above that of their agreed baseline establishments, there are a number of factors that have led to this position :
  - Poor rostering skills and compliance with required absence/leave ratios
  - Flexible working agreements impacting particularly on night staffing
  - Clinical care observations
  - Supernumerary shifts being allocated
  - Lack of adherence to required clinical work ratios for registered nurses
  - Lack of multi disciplinary working to support patients on 1:1 care
- Analysis via the Mental Health Optimum Staffing Tool (MHOST) suggests that additional staffing is required on Dovedale 1 night shifts based on the acuity & dependency levels of the patients. An adjustment to the staffing levels over day and night shifts will be undertaken to

address this specific requirement. No cost implication is expected.

- Analysis of the MHOST results, the ward leadership team professional judgement meetings, and regional / national benchmarking suggests that the majority of wards have less than the registered nurse (RN) care hours available to be deemed to be a 'quality ward when the lens is applied to staff working clinical shifts only, however there is an array of RN hours available to the shift work team including ward manager, discharge co-ordinators, discharge facilitators, Advanced Clinical Practitioners, Flow Co-ordinators. Rebasing of the additional roles into the review of safer staffing is required to provide a balanced picture. This rebasing will also positively impact the RN to HSW ratios.
- In addition, it should be noted that the current ward staffing models include the capacity to provide at least 1 x 1:1 observation of patients, in some teams this is 2 observations. The increase to support this was made up of HSW staff; this has also contributed to the perspective that the ratio of RN to HSW is low. Work is commencing to review the additional hours available and move to a pool model of support staff which is funded, rather than sitting in the establishments and skewing the ratios.
- It should also be noted that nationally, 2 RNs per shift on an acute ward is the norm. Only PICU and very specialist wards have higher levels of RNs as routine in England. (SHSC PICU is based on 3 RN per shift model).
- SHSC introduced Nursing Associates as a registered support role to the 2 RN model, however this is not reflected in the final report as they do not substitute for RNs. A review of the impact of Nursing Associates will take place in 2024.
- Environmental aspects within two wards continue to be an issue as these require one staff member per shift. These observations are undertaken by HSWs built into the establishment. A factor which skews the ratio of RN: HSW for clinical care. This will be addressed when the final acute ward decants from Longley centre and the additional staffing ceases. The other ward will continue with an environmental staff member on duty.

### **Assurance on work in progress**

- The process for implementing and removing enhanced observations is currently under review to support a dynamic multidisciplinary shared risk-taking approach. Work has commenced with a pilot on Endcliffe and Maple wards led by the Senior Matron. This will positively impact the use of enhanced observations which are a restrictive practice and staff intensive.
- A review of the scope of practice with clear role and responsibility guidance is required for new roles that have been implemented, specifically the roles of Senior Nurse Practitioner and Nursing Associate reviewed in relation to their fidelity to the perfect ward approach agreed in the 2021/2 clinical establishment review.
- An in-depth review of the impact of 12-hour shift working has commenced alongside which will be a review of the nursing models in use across the inpatient services.
- The capability of RN's qualifying, who have trained during the period of covid, is deemed to be lower than that of previous cohorts and this group are requiring additional development, a review of the preceptorship programme and additional support arrangements has commenced with the Preceptorship leadership.

In summary, the Director of Nursing has initiated further work to consider the conclusions from the Safer Staffing lead for SHSC. In conjunction with the Director of Operations these will be taken forward through the leadership structure with a Task and Finish Group. No additional investment is requested for the inpatient services, as noted above any adjustments to the establishment will be through review of the additional roles and Multi disciplinary team working in addition to the introduction of a nursing model to support delivery of care.

Recommendation for the Board/Committee to consider:						
Consider for Action		Approval	x	Assurance	x	Information
<p>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 potential areas for scrutiny and have a plan to undertake this.</p> <p>Board should be assured that there are no reports or indications that staffing is not `safe`, indeed progress against the quality objectives and related strategies within the wards demonstrates delivery of good care.</p> <p>It should be noted that benchmarking with other Trusts indicates that SHSC staffing levels overall are higher than some Trusts. The skill mix % is impacted due to increasing HSW time in 2023, the skill mix is also exclusively positioned to reflect nursing establishment, within mental health services a much richer multidisciplinary team make up is required to deliver holistic care. This includes registered allied health professionals, psychologists, pharmacists and medics.</p> <p>Board is asked to receive this paper, noting the further work required which is being led by the Director of Nursing, Professions and Quality. This will report back through to Board in the 6 monthly update.</p>						
Please identify which strategic priorities will be impacted by this report:						
Effective Use of Resources				Yes	x	No
Deliver Outstanding Care				Yes	x	No
Great Place to Work				Yes	x	No
Ensuring our services are inclusive				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.
Sustainability	Yes	x	No		No implications or impact.



## 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 Board 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 (Jan – December 2023).
- 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.

Safe, Effective, Caring, Responsive and Well-Led Care		
<p><b>Measure and Improve</b></p> <ul style="list-style-type: none"> <li>- patient outcomes, people productivity and financial sustainability -</li> <li>- report investigate and act on incidents (including red flags) -</li> <li>- patient, carer and staff feedback -</li> </ul>		
<ul style="list-style-type: none"> <li>- Implementation Care Hours per Patient Day (CHPPD) -</li> <li>- develop local quality dashboard for safe sustainable staffing -</li> </ul>		
Expectation 1	Expectation 2	Expectation 3
<p><b>Right Staff</b></p> <ul style="list-style-type: none"> <li>1.1 evidence-based workforce planning</li> <li>1.2 professional judgement</li> <li>1.3 compare staffing with peers</li> </ul>	<p><b>Right Skills</b></p> <ul style="list-style-type: none"> <li>2.1 mandatory training, development and education</li> <li>2.2 working as a multi-professional team</li> <li>2.3 recruitment and retention</li> </ul>	<p><b>Right Place and Time</b></p> <ul style="list-style-type: none"> <li>3.1 productive working and eliminating waste</li> <li>3.2 efficient deployment and flexibility</li> <li>3.3 efficient employment and minimising agency</li> </ul>

- 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 a biannual basis based on the Mental Health Optimum Staffing Tool (MHOST) alongside a review of 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: TRIANGULATED 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 (establishment) reviews were undertaken in January 2023 with each inpatient service line and were attended by the Head of Nursing, General Manager, Modern Matron, Ward Manager, 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 discussed the data with a particular focus on patient safety, experience, and quality of care.
- 2.1.3 This is the third iteration of this process following training in 2021 by NHSE in the methodology. For the purpose of the 2023/4 review patient acuity and dependency recording was analysed from two agreed times, 21 days in March and 21 days in September 2023. The recording of acuity data is embedded into ward practice and allows for the two data collection periods.
- 2.1.4 The process for the Safe Staffing (establishment) reviews has been revised to align with the 'Professional Judgement Framework', (Saville, et al. 2023).
- 2.1.5 The Director of Nursing and Head of Nursing, met to discuss the analysis and agree outcomes of the review for each area prior to writing this report.

### 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. There is also specific focus for acute and picu services through People Committee due to lower levels of compliance and outstanding CQC actions.
- 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, in conjunction with the Heads of Nursing has launched the Nursing Plan (2023 – 2026) to promote a sustainable workforce into the future, the strategy consists of four priorities for nursing.
- Deliver the highest standards of professional practice.
  - Ensuring person centred care through continuous improvement
  - Inspire and support professional development across nursing roles and structures.
  - Attract and retain a diverse nursing workforce by being an employer of choice in the region.

The nursing plan has key deliverables for the coming years and is tracked via a monthly update from action owners within Nursing Plan meetings.

- 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.
  - Internal and external leadership courses for all levels of staff supported by the Florence Nightingale Foundation. (Ward Managers Development programme, NHS Leadership Academy, Compassionate Leadership Course)
  - Access to Nursing Associate and Registered Nurse training, via Apprenticeship funding. Three degree apprentices commenced in October 2023 with a further nine to start and six qualify in 2024. The nursing associate programme has been less successful with only two being recruited to ten places available in 2023.
  - Access to the Professional Nurse Advocate programme with an ambition to have one PNA in every clinical team. A PNA lead has recently been recruited and there are fourteen trained PNA's who have provided restorative supervision sessions over the past year. A quality improvement initiative is to be undertaken to improve the effectiveness of this offer.
  - A Leadership Development Forum for leaders and managers who are at Band 8a and above focusing on a range of topics and workshops, and a development programme for General Managers.
  - 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.
- Provision of a monthly journal club since July 2023, where the club appraise one paper per session. The club have also co-hosted a joint session with CNTW NHS foundation Trust also using the club to celebrate the trusts nursing research by inviting SHSC research nurses who have shared their PhD projects.
- Development of a Nursing Bank Forum to support the professional development and growth of SHSC temporary nursing staffing bank.

2.2.7 Significant work is being undertaken with regards to the development and support offer for the flexible workforce including the permanent recruitment of a nurse lead, regular forums, and a forward plan centred around development and training, support (including post incident), and fostering connection to teams and the trust.

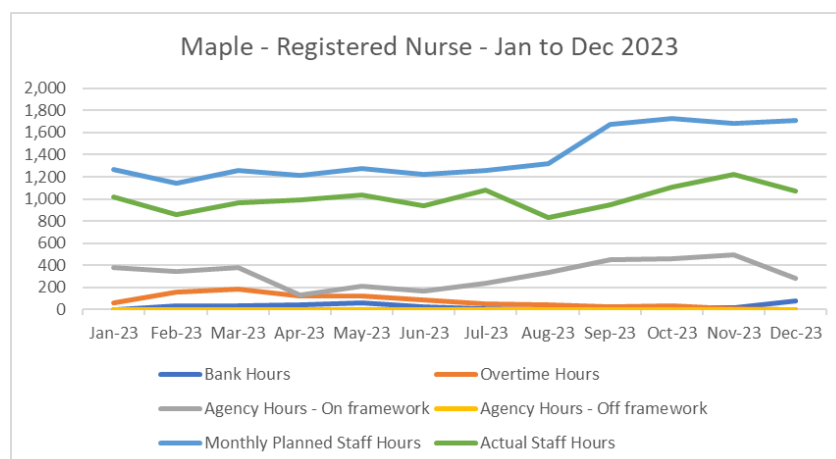
## 2.3 Workforce utilisation

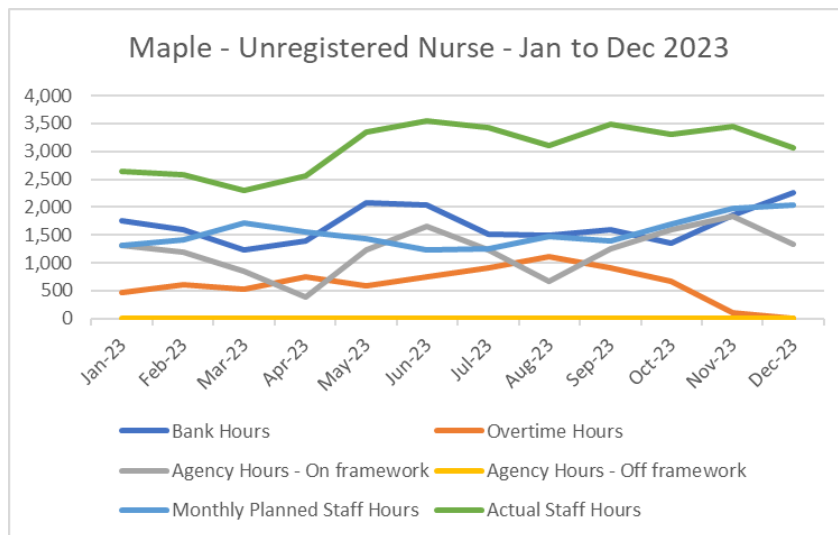
2.3.1 The NQB guidance states that NHS Boards should ensure staff are deployed in ways that ensure patients receive the right care, first time, in the right setting. This will include effective management and rostering of staff with clear escalation policies, from local service delivery to reporting at Board level, if concerns arise

2.3.2 Analysis of the monthly staffing returns has highlighted that the acute and older adult wards are consistently going above their planned staffing as shown in the example below (**figure 1**). As staffing levels are set on an average of the demand it is expected that wards will require additional staffing at times however these wards are utilising a higher than expected number of additional support worker shifts to maintain safety and cover gaps in registered nurse provision, several wards are not meeting their planned registered nurse number.

The increased use of HCSW's is mainly attributable to the levels of enhanced observations. The older adult wards have made progress on reducing these through their work on zonal observations and falls management, the acute wards require further understanding of their approach to engagement observations as the engagement observation levels are suggesting a significant increase in staffing is required. The process for implementing and removing enhanced observations should be reviewed to support a dynamic multidisciplinary positive and shared risk-taking approach.

Figure 1





2.3.3 The analysis of the MHOST results, the ward leadership team professional judgement meetings, and regional / national benchmarking suggests that the acute and older adult wards have less than the registered nurse (RN) care hours available to be deemed to be a 'quality ward'. However this analysis has not included the broader RN capacity that works into the clinical team. The Director of Nursing will work with the safer staffing lead to ensure that the full nursing resource is considered within the safer staffing review going forwards. Comparison with the current data set is not supported by the Director of Nursing.

(Figure 2 Acute Ward, Figure 3 Older Adult Wards).

Figure 2

Adult Acute Inpatient wards								
The MHOST recommended RN Ratio is 54%								
Trust		Beds	Early	Mid	Late	Twilight	Night	RN Ratio
A	M	19	6 (3 RN, 3 HCSW)	1 RN	6 (3 RN, 3 HCSW)	0	4 (2 RN, 2 HCSW)	50%
B	M	16	6 (2 RN, 4 HCSW)	2 RN	6 (2 RN, 4 HCSW)	0	5 (2RN, 3 HCSW)	42%
C	M	20	6 (3 RN, 3 HCSW)	0	6 (3 RN, 3 HCSW)	0	4 (2 RN, 2 HCSW)	50%
SHSC	M	16	7 (2RN, 5 HCSW)	0	7 (2RN, 5 HCSW)	1 HCSW	5 (2RN, 3 HCSW)	32%
A	F	19	8 (5 RN, 3 HCSW)	1 HCSW	7 (5 RN, 2 HCSW)	0	5 (3 RN, 2 HCSW)	65%
B	F	16	6 (2 RN, 4 HCSW)	2 RN	6 (2 RN, 4 HCSW)	0	5 (2RN, 3 HCSW)	42%
C	F	20	6 (3 RN, 3 HCSW)	0	6 (3 RN, 3 HCSW)	0	4 (2 RN, 2 HCSW)	50%
SHSC	F	12	7 (2RN, 5 HCSW)	0	7 (2RN, 5 HCSW)	1 HCSW	5 (2RN, 3 HCSW)	32%

Figure 3

Older Adult Functional								
The MHOST recommended RN Ratio is 47%								
Trust	Gender	Beds	Early	Mid	Late		Night	RN Ratio
A	Mixed	18	6 (3 RN, 3 HCSW)	1 RN	6 (3 RN, 3 HCSW)	0	4 (2 RN, 2 HCSW)	53%
B	Mixed	20	6 (2 RN, 4 HCSW)	2 RN	5 (2 RN, 3 HCSW)	1 HCSW	5 (2 RN, 2 HCSW)	42%
C	Mixed	18	6 (3 RN, 3 HCSW)	0	6 (3 RN, 3 HCSW)	0	4 (2 RN, 2 HCSW)	50%
SHSC	Mixed	16	7 (2RN, 5 HCSW)	0	7 (2RN, 5 HCSW)	0	4 (2RN, 2 HCSW)	33%
Older Adult Organic								
The MHOST recommended RN Ratio is 47%								
Trust	Gender	Beds	Early	Mid	Late		Night	RN Ratio
A	Mixed	18	6 (3 RN, 3 HCSW)	1 RN	7 (4 RN, 3 HCSW)	0	4 (2 RN, 2 HCSW)	56%
B	Mixed	20	6 (2 RN, 4 HCSW)	2 RN	5 (2 RN, 3 HCSW)	1 HCSW	5 (2 RN, 2 HCSW)	42%
C	Mixed	18	7 (3 RN, 4 HCSW)	0	7 (3 RN, 4 HCSW)	0	5 (2RN, 3 HCSW)	42%
SHSC	Mixed	16	8 (2RN, 6 HCSW)	0	8 (2RN, 6 HCSW)	0	7 (2 RN, 5 HCSW)	26%

- 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:
- Acuity and dependency levels of service users
  - Vacancies, particularly across the Registered Nurse establishment.
  - Short-term sickness absence, usually at short notice.
  - Long-term sickness absence including Long Covid
  - Maternity leave.
- 2.3.5 eRostering support and challenge meetings take place monthly and are chaired by the respective 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 some improvement in the ability of ward managers to roster effectively and efficiently; however recent review by the Director of Nursing has found significant quality issues in the rostering and allocation of leave and mid shifts outside of agreed CER working.
- 2.3.6 The rostering team have undertaken a review of demand templates and rostering practice with each ward throughout 2023 improving the ward managers ability to create effective and efficient rosters.
- 2.3.7 There remains a need to build on this process in order to move to a real time assurance system based on live acuity, dependency, and other metrics such as is available via the SafeCare live system. The MHOST multipliers have been added to the SafeCare system, training was provided in January 2024 by the provider of the system and SafeCare Live is now available on the ward tablets. Building the use of SafeCare into daily safer staffing process is the next step.
- 2.3.8 Bank and agency availability, whilst an improved position, continues to be subject to cancellations and refusal to move from their booked shift to another ward / area. Agency cascade processes have been reviewed with a decrease in agency use and certain areas being 'switched off' due to no longer requiring agency cover. HCSW cascade has been manual since July 2023 with shifts only being sent to agency when no other option is available.
- 2.3.9 The temporary staffing workforce has been cleansed to only include active workers; no further HCSW agency workers are being onboarded due to successful recruitment initiatives in to the bank.
- 2.3.10 The HCSW bank workforce are currently undergoing the equivalent uplift programme to that of the substantive HCSW workforce, from band 2 to band 3, which demonstrates the value of this group and has supported improved morale.

- 2.3.11 There continues to be a lack of consistency with regards to the 'make up' of each ward in terms of the multidisciplinary elements specifically activity co-ordinators and O/T provision.
- 2.3.12 The numbers of Nurse Associates was amended in the 2021 establishment review and is now consistent across the wards however there continues to be issues with attracting and retaining Nursing Associates. Whilst the nurse associate roles may not directly relate to safe staffing, they do impact upon the quality of the care provided. Where nurse associates work on a ward with a baseline of three RN's for the shift the nurse associate is counted as the third RN, given the reduced scope of this role in comparison to an RN this may be a false economy and lead to ineffective use of the RN's.
- 2.3.13 Nursing Associate vacancies have been utilised to support the over recruitment of preceptee nurses due to lack of vacancies in October 2023 for RN's. The over recruitment has now been absorbed into established RN numbers due to attrition and internal promotion creating vacancies.
- 2.3.14 The use of agency staff is a focus for the cost improvement programme, Ward managers, matrons and general managers have been working closely with Heads of Nursing to scrutinise roster fulfilment and additional staffing requests. A weekly agency meeting is reducing some of the additional staffing requests.
- 2.3.15 A monthly safer staffing dashboard was introduced in October 2023 which provides key data to the ward managers who are required to provide a narrative return. The narratives and data are analysed by the Head of Nursing for the service and themes incorporated into the Integrated Performance and Quality Review (IPQR); this includes red flag indicators for safer staffing breaches and patient safety concerns and aims to answer the below five questions.
- What is your current staffing situation?
  - How effectively have you utilised the workforce you have?
  - How well have you achieved your safer staffing levels?
  - What are the quality indicators telling us for this month?
  - How well are you supporting your staff team?

## Section 3: Annual Strategic Staffing Review Update

### 3.1 Update on previous actions.

- 3.1.1 The clinical establishment review December 2022 and subsequent skill mix and headroom review were applied to ward budgets throughout 2023. These changes were not within the existing financial envelope and as yet are not fully recurrently funded.
- 3.1.2 The skill mix review was designed to provide a pathway through nursing roles, from band 2 Health Care Support Worker, allowing each role to work at the highest end of their competency. The uplift programme for inpatient Health Care Support Workers from band 2 to band 3 was undertaken from April to October 2023 with over 80% of the existing HCSW's being uplifted.
- 3.1.3 A lead was recruited for the support worker pathway and a working group has developed the recruitment, onboarding, induction, development, and career pathways for this group. The pathway lead was funded by NHSE for one year which ended in December 2023, the role was extended to March 2024 using underspend however this funding is due to cease.

- 3.1.4 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 Nursing 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 programme and additional academic skills sessions have also been provided, in spite of this the numbers applying are very low with only two recruited to ten places in 2023 . The Registered Nurse Apprenticeship programme remains popular with nine commencing the programme in 2024 and six qualifying.
- 3.1.5 Work has commenced to support and develop the role of Nursing Associates within the Organisation to fully utilise this role within the inpatient wards. A scope of practice document has been produced utilizing the work of Devonshire Partnership NHS Trust incorporating extended practice in medication, assessment, and the Mental Health Act. The Head of Nursing lead for this group also cofacilitated a webinar with NHSE on the role of the Nurse Associate.
- 3.1.6 The Organisation has supported centralised nursing recruitment via a dedicated lead which has managed to recruit to most inpatient healthcare support worker vacancies.
- 3.1.7 Nursing posts remain difficult to recruit outside of preceptorships arrangements. Seventeen international nurses have commenced in the organisation primarily within our care homes and opportunities for career progression are being explored and supported including interview preparation, mentoring, a rotation programme with competencies to support progression.
- 3.1.8 A band 7 clinical lead role, the senior nurse practitioner, was unilaterally supported within the winter 2022 establishment review and has been implemented with the majority of the wards having recruited to this role. Now in post the scope, roles and responsibilities of the senior nurse practitioner require review to ensure they are meeting their intended purpose.
- 3.1.9 The daily ward safe staffing huddle has been strengthened and identifies staffing issues for the coming week, a critical staffing situation report, and action log is circulated which covers all inpatient areas.
- 3.1.10 Bank rates of pay were increased to the top of each band in December 2022 to incentivise and increase internal staffing cover arrangements which is known to be of better quality than agency. The uplift programme for bank HCSW's to become a band 3 has commenced in 2023 and is supported by the work and team who have completed the substantive HCSW staff uplift.

### **3.2 Inpatient Ward Establishment reviews January to December 2023**

- 3.2.1 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 (using the revised methodology), and quality metrics such as incidents, vacancies, retention, sickness, training, supervision, and service user feedback, to develop the ward establishment.
- 3.2.2 The wards for which the MHOST establishment review, the NHSI safe staffing analysis and professional judgement suggest low assurance and therefore an increase in the nursing establishments is necessary are:

**Dovedale 1 – an increase in the night staffing to five staff (2 RN's, 3 HCSW's).** This was based on the acuity and dependency levels during the night shift remaining consistently high requiring five staff, and a generally accepted reduction of two from the day shift rather than the current three less staff on duty.

**Forest Lodge Assessment Ward – an increase in the qualified staff from one to two on the night shift only.** This will be a change from HCSW to RN and will become 2 RN's and 2 HCSW's. Funding will be requested from the provider collaborative to support this change.

**Burbage, Dovedale 2, Dovedale 1 and Ward G1 – an increase in the qualified staffing baseline for the day shift from two to three RN's on duty** based on the analysis completed as per previous sections in this report. As noted this will be reviewed as there is existing resource particularly in the discharge co-ordinator roles that are currently not being considered in the safer staffing report.

**Forest Lodge Unit – an increase in the ward RN support for ward round and discharge co-ordination.** Forest Lodge is not part of the scope to move to three RN's on the day shift however does have a significant demand with respect to ward round and discharge planning which frequently requires the RN to escort the service user of the unit. It is recommended that a 9-5 shift be available five days per week to support this, funding will be requested from the provider collaborative.

Whilst an increase on Maple Ward was indicated in the night shift to six staff (2 RN's, 4 HCSW's), this will be paused until the ward moves have taken place. Following the move it is anticipated that Maple will move to the same staffing model as Burbage ward when it moves to Dovedale 2.

- 3.2.3 The wards for which the MHOST establishment review, the NHSI safe staffing analysis and professional judgement suggest adequate or good assurance and therefore safe staffing is in place are:

**Endcliffe Ward**

**Forest Close wards 1, 1a and 2**

**Forest Lodge Rehabilitation Ward**

- 3.2.4 **Forest Close Ward 2 to reduce their incorporated 1:1 enhanced observation to zero** due to the additional care requirements noted on female only wards, and the low staffing numbers on this ward, the staffing should be increase immediately on increasing observation levels. This requires further scrutiny of staffing available due to the significant number of supernumerary senior nurses currently not rostered into the establishment on this unit.
- 3.2.5 Further analysis is required understand the impact of temporary staffing in relation to quality and safety, the recommended staffing increases do not meet the staffing levels currently in use via bank and agency. Further work is required to understand the use of engagements and observations as a patient safety mitigation tool to reduce risks of harm to patients.
- 3.2.6 It should also be noted that two wards (maple and DD1) utilise a staff member each shift to assure safety due to environmental issues such as garden access, access to trees (ligature anchor points) and safety checks. Further consideration needs to be given to the environmental challenges that require planned staffing to be deployed to manage risk and whether use of nursing support hours is an appropriate use of nursing time.



### 3.3 General recommendations and next steps

- 3.3.1 The recommendations from this review will be discussed in the senior nurse leadership group with oversight from the Director of Nursing, Professions and Quality. It is likely that a Safer Staffing Group Task and finish group will be set up to progress specific pieces of work arising from this latest report.
- 3.3.2 The next 6-month period will see the following steps being undertaken:
- The capability of RN's qualifying, who have trained during the period of covid, is deemed to be lower than that of previous cohorts and this group are requiring additional development, the preceptorship programme and additional support arrangements will be reviewed and enhanced to account for this.
  - Use of 12-hour shifts is not mandated across the wards as it is imperative that staff are attracted to flexible working arrangements. The value of Long Days including the impact on quality, training, supervision, and morale should be reviewed to ensure the attractiveness to the workforce is not unduly impacting on the quality of the care provided. An in-depth review of the impact of 12-hour shift working will be completed alongside a review of the nursing models in use across the inpatient services.
  - The uplift of bank healthcare support workers to Band 3 within inpatient wards will be concluded.
  - The Band 7 senior nurse practitioner role was implemented following repeated concerns with regards to the lack of clinical leadership and support for junior RN's on the wards. This role will be reviewed in relation to its fidelity to the perfect ward approach agreed in the 2021/2 clinical establishment review.
  - Continued investment in the national Professional Nurse Associate (PNA) training programme with the intention of having a minimum of one per team.
  - The SafeCare Live system will be implemented and used within daily staffing reviews.
  - The process and policy for implementing and removing enhanced observations will be reviewed, ratified, and implemented to support a dynamic multidisciplinary positive and shared risk-taking approach.

## Section 4: Risks

- 4.1 There is a risk that we are unable to recruit into the vacant posts due to lack of availability of registrants now and in the future owing to the impact of the pandemic on nursing numbers, and the spotlight the strike action has brought to the conditions of nursing more generally.

## 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.

The Director of Nursing has requested a broader comparison set to align ward staffing levels.

## 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

- Effective use of resources.
- Deliver outstanding care.
- Great place to work.
- Ensuring our services are inclusive.

There continues to be a risk of not being able to recruit to the nursing posts required and not retaining staff which will impact on the quality of care. (Inpatient healthcare support worker roles are now mostly recruited to via the centralised recruitment process).

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, however it is clear that this has not been effectively overseen and further efficiencies can be driven through scrutiny.

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

The safer staffing review has been completed but requires further scrutiny to ensure that all resources are considered and utilised to support any changes in establishment and skill mix. The impact of incorrectly used staffing resources gives significant financial risk to the organisation, in addition overstaffing units leads to increased risks of patient safety issues arising due to lack of clarity and role confusion. There are no anticipated cost increases for safer staffing across the inpatient areas aligned to this staffing review.

### 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 achieving having recommenced January 2021.