

## BOARD OF DIRECTORS MEETING (Open)

Date: 10<sup>th</sup> July 2019

Item Ref: 5a

<b>TITLE OF PAPER</b>	<b>Safer Staffing Report: Monthly Return 1<sup>st</sup> – 30<sup>th</sup> April 2019</b>
<b>TO BE PRESENTED BY</b>	Brenda Rhule, Deputy Chief Nurse on behalf of Liz Lightbown, Executive Director of Nursing and Professions
<b>ACTION REQUIRED</b>	To receive the report and note publication on the Trust's website in compliance with the National Quality Board (NQB) 2013 requirements.

<b>OUTCOME</b>	Board Members are informed about April 2019 Ward Staffing
<b>TIMETABLE FOR DECISION</b>	10 <sup>th</sup> July 2019
<b>LINKS TO OTHER KEY REPORTS/ DECISIONS</b>	<ul style="list-style-type: none"> <li>▫ NHS improvement June 2016: Good Practice Guide: Rostering.</li> <li>▫ NQB, Edition 1, January 2018: Safe, sustainable and productive staffing – An improvement resource for learning disability services.</li> <li>▫ NQB, Edition 1, January 2018: Safe, sustainable and productive staffing – An improvement resource for mental health.</li> </ul>
<b>STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER &amp; DESCRIPTION</b>	<p><u>Strategic Aim: Quality &amp; Safety.</u></p> <p><u>Strategic Objectives A1 02:</u> Deliver safe care at all times</p> <p><u>BAF Risk: A102i.</u> "Failure to deliver safe care due to insufficient numbers of appropriately trained staff".</p> <p><u>BAF Risk No: A102ii.</u> "Inability to provide assurance regarding improvement in the safety of patient care".</p> <p><u>Corporate Risk No 3831</u> Registered Nurse Vacancies</p>
<b>LINKS TO NHS CONSTITUTION &amp; OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC</b>	Compliance with CQC Registration / Regulation Requirements for Safer Staffing.
<b>IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT</b>	Inability to provide safe staffing levels is a risk to patient care. Increased patient acuity and dependency may require additional staff and funding.
<b>CONSIDERATION OF LEGAL ISSUES</b>	Inability to meet Regulatory Care Requirements may affect the Trust's CQC ratings and Terms of Authorisation.

<b>Authors of Report</b>	Liz Lightbown and Brenda Rhule
<b>Designation</b>	Executive Director of Nursing and Professions and Deputy Chief Nurse
<b>Date of Report</b>	4 <sup>th</sup> July 2019

## SUMMARY REPORT

**Report to:** BOARD OF DIRECTORS MEETING

**Subject:** Safer Staffing Report Monthly Return, 1<sup>st</sup> – 30<sup>th</sup> April 2019

**Authors:** Liz Lightbown Executive Director of Nursing and Professions  
Brenda Rhule, Deputy Chief Nurse

### 1. Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
				✓	Assurance

### 2. Summary

#### Data and Publication

The safer staffing data for the 1<sup>st</sup> – 30<sup>th</sup> April 2019 was published on the Trust's website on the 16<sup>th</sup> May 2019 and reported to Unify, in compliance with the National Quality Board (NQB) 2013 and NHS England reporting requirements.

#### **Registered Nurse (RN) Staffing Levels**

Staffing levels are determined by a combination of:

- Professional judgment
- Current / available budgets
- Meridian productivity work
- Service User need
- Commissioning specifications
- Health Education England Learning Disability Competency Framework
- Relevant National Quality Board (NQB) Safer Staffing resources.

This month's dashboard includes the updated Planned Fill rates per shift E (Early) L (Late) and N (Night) for Registered Nurses (RNs) and Health Care Support Workers (HCSWs) following the agreed uplift in staffing establishments.

## April 2019 Performance Dashboard

Specialty	Category	Ward	Beds	Occupancy %	RN Fill Rate% Day Shift	HCSW Fill Rate% Day Shift	RN Fill Rate% Night Shift	HCSW Fill Rate% Night Shift	RN E L N	HCSW E L N	Actual Funded Establishment (RN)	RN Vacancy %	RN Sickness Absence %	RN Bank %	RN Agency %
Acute	Working Age Adults / Substance Misuse	Burbage	19	101.75%	110.41%	137.85%	93.50%	230.00%	3 3 2	3 3 2	19.34	16.86%	6.60%	2.41%	2.14%
		Maple	17	100.78%	101.00%	165.13%	90.00%	187.06%	4 4 3	3 3 3	26.34	24.83%	9.80%	2.31%	2.06%
		Stanage	18	99.63%	93.46%	251.76%	107.25%	355.63%	3 3 2	3 3 2	19.34	26.58%	8.80%	6.42%	2.36%
		<b>Total</b>	<b>54</b>	<b>100.74%</b>											
	Older Adults	Dovedale	18	85.19%	101.56%	141.28%	95.08%	165.25%	3 3 2	3 3 2	19.69	16.15%	12.90%	3.57%	0.00%
	PICU	Endcliffe	10	85.33%	66.01%	277.48%	95.21%	162.45%	4 4 2	3 3 5	20.81	33.69%	3.00%	3.32%	6.27%
Dementia		G1	16	89.17%	121.56%	121.21%	101.13%	146.10%	2 2 2	5 5 4	16.13	29.20%	6.60%	7.02%	8.77%
Forensic	Assessment	Forest Lodge	11	45.45%	101.20%	86.25%	100.00%	97.78%	2 2 1	3 3 3	10.31	8.83%	1.20%	11.84%	0.00%
	Rehabilitation	Forest Lodge	11	78.18%	101.77%	91.87%	96.67%	101.67%	2 2 1	2 2 1	8.78	8.88%	5.70%	12.42%	0.00%
		<b>Grand Total</b>	<b>22</b>	<b>61.82%</b>											
Learning Disability	ATS	Firshill Rise	7	57.62%	174.33%	97.26%	115.38%	165.21%	1 1 1	4 4 3	10.95	47.03%	16.67%	9.52%	25.00%
Rehabilitation	Ward 1	Forest Close 1	8	97.50%	101.78%	104.51%	100.00%	100.34%	1 1 1	2 2 1	6.47	0.00%	5.10%	9.32%	0.00%
	Ward 1a	Forest Close 1a	14	69.29%	103.80%	98.32%	100.00%	100.00%	2 2 1	3 3 2	10.49	0.00%	3.10%	4.26%	0.00%
	Ward 2	Forest Close 2	8	87.50%	128.24%	98.00%	100.00%	106.67%	1 1 1	2 2 1	6.47	0.00%	2.30%	0.00%	0.00%
		<b>Grand Total</b>	<b>30</b>	<b>81.67%</b>	<b>108.76%</b>	<b>139.24%</b>	<b>99.51%</b>	<b>159.84%</b>			<b>175.12</b>	<b>17.67%</b>	<b>6.80%</b>	<b>6.03%</b>	<b>3.88%</b>

Key E - Early  
L - Late  
N - Night

## **Performance Dashboard Summary**

### **Bed Occupancy**

The Working Age Adult Acute wards managed occupancy at 100.74%, an overall increase of 3.11% from the previous month.

Occupancy at Forest Lodge Low Secure Assessment Ward was affected by the seclusion room building works.

### **Registered Nurse (RN) Fill Rates**

The overall fill rate increased against plan, with the exception of Endcliffe.

### **Sickness Absence**

The rate increased to 6.80% (from 5.32% in March).

### **RN Vacancies**

The rate increased to 17.67% (from 9.75% in March), due to an increase in establishment in April (see below).

**Use of Bank/Agency** Overall the use decreased in April.

Firshill Rise, 34.52% and G1, 15.79% are the two highest users of Bank and Agency (RN) combined and both areas have higher than average sickness absence.

### **Actual Funded Establishments (AFE's) Reviews**

Following the undertaking of an AFE Review for the five Adult Mental Health Acute Care Wards, indicative funding of an additional £1.4 million for RN & HCSW posts was identified (not including Allied Health Professions ( AHPs), Psychology or Administration) in the financial plan. The AFE review recommendation was approved by the Finance, Information & Performance Committee (FIPC) of the Board on 24<sup>th</sup> June 2019.

Final confirmation of skill mix deployment / allocation is being agreed, in summary this equates to additional:

#### **Health Care Support Workers (HCSWs)**

- Funding the Health Care Support Workers at Band 3 for Trainee Nursing Associate (TNA) posts (currently 7 posts and for an increase in 2019/20).
- An increase in HCSW on Day Shifts for:
  - Maple, Stanage, Burbage and Dovedale of 2 shifts each (early and late) per ward
- An increase in HCSW on Night Shifts for:
  - Burbage, Stanage and Dovedale of 1 shift each
  - Maple and Endcliffe of 2 shifts each

This represents an equivalent of an additional (circa) 25 - 30 WTE HCSWs required in 19/20.

## Registered Nurses (RNs)

- An additional 3.5 WTE Band 5 RNs for Endcliffe Ward to cover an additional RN every Early and Late shift.
- 1 x Band 6 Deputy Ward Manager for Maple Ward for the Health Based Place of Safety (Section 136 Suite).
- 1 x Band 6 for the MCC Site for Nights.
- Funding for the difference between Band 6 and Band 7 for the trainee Advanced Clinical Practitioner (tACPs) x 3 posts.

Firshill Rise RN staffing establishment has been reviewed for the 2019/20 to ensure 2 RNs per shift. (Not shown on the shift pattern currently, but will appear in the May report).

## **E-Rostering Performance**

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

## **Risk Management and Escalation**

Staff report an occurrence of low staffing as an incident via the Safeguard incident reporting system, these were escalated to the Senior Operational Managers (SOM) and if required to the Associate Clinical Directors and Deputy Director of Nursing for oversight, action and follow-up. Incident data for April saw an increase in the numbers reported relating to lower staffing levels.

## **Patient Demand, Staffing Capacity and Bed Management**

Staffing capacity continues to be reviewed on a shift-by-shift basis by Ward Managers and Senior Nurses and where clinically required, additional clinical support workers were utilised to support effective management of demand and where/if required staff could be temporarily re-deployed for periods to other clinical areas.

The Band 7 Senior Nurses and 1 Senior Occupational Therapist OT (aka Flow Co-ordinators) provided 24/7 senior clinical leadership and management across the acute care pathway and supported improved patient flow and management across the whole mental health system. With support of their Deputy and Associate Clinical Directors they ensure ongoing 24/7 bed management and more effective gatekeeping.

## **Medical Staffing Summary**

### **In-Patient Staffing Levels versus Establishment**

Grade	Establishment (WTE)	Fill at sample point (WTE)	Percentage
Consultant	10.0	9.0	90

Grade	Establishment (WTE)	Fill at sample point (WTE)	Percentage
Higher Trainees	3.0	2.3	77
Core Trainees	4.8	3.9	81
Foundation Trainees	7.0	4.7	67
Specialty Doctors	3.0	2.3	77

## Allied Health Professionals

This is the second month of publishing the data from Allied Health Professionals within the in-patient areas. This is the first step to incorporating this information within the staffing data to assist the development of a truly reflective Care Hours Per Patient Per Day (CHPPD).

### Allied Health Professionals on In-patient Services April 2019

Base	Post	AFE / WTE	Available input	Comments
<b>Dovedale</b>				
<b>Older Adults</b>	Band 6 Senior OT	1.00	1.00	
	Band 5 OT	0.80	0.00	Off sick no backfill so a gap in service
	<b>Total Qualified</b>	<b>1.80</b>	<b>1.00</b>	
	Band 3 OT Assistant	1.81	1.81	
	<b>Total Unqualified</b>	<b>1.81</b>	<b>1.81</b>	
<b>Stanage and Burbage</b>				
	Band 7 Clinical Lead OT	1.00	1.00	
	Band 6 Senior OT	1.00	1.00	
	Band 5 OT	0.40	1.00	
	<b>Total Qualified</b>	<b>2.40</b>	<b>3.00</b>	
	Band 4 Activity Co-ordinator	1.00	0.50	Was off sick for half the month
	Band 3 OT Assistant	1.00	1.00	
	<b>Total Unqualified</b>	<b>2.00</b>	<b>1.50</b>	
<b>Maple and Endcliffe</b>				
	Band 7 Clinical Lead OT	1.00	1.00	
	Band 6 Senior OT	1.00	1.00	
	<b>Total Qualified</b>	<b>2.00</b>	<b>2.00</b>	
	Band 4 Activity Co-ordinator	1.00	0.00	Off sick following serious assault. No backfill
	Band 3 Support Time and Recovery Worker	0.60	0.60	
	Band 3 OT Assistant	1.80	1.80	
	<b>Total Unqualified</b>	<b>3.40</b>	<b>2.40</b>	

Base	Post	AFE / WTE	Available input	Comments
<b>Forest Close</b>				
	Band 6 Senior OT	2.00	2.00	
	<b>Total Qualified</b>	<b>2.00</b>	<b>2.00</b>	
	Band 4 Activity Co-ordinator	2.00	2.00	Part of the nursing team
	Band 3 Peer Support Worker	0.80	0.80	Works as activity assistant on nursing budget. Post under review.
	<b>Total Unqualified</b>	<b>2.80</b>	<b>2.80</b>	
<b>Forest Lodge</b>				
	Band 7 OT Clinical Lead	1.00	0.00	New appointee started 29 <sup>th</sup> April. For most of the month no OT in post and no backfill. Some minimal input from Forest Close OTs has been provided. Forest Lodge service users significantly affected by lack of person in post
	<b>Total Qualified</b>	<b>1.00</b>	<b>0.00</b>	
	Band 3 Activity Assistant	2.00	2.00	
	<b>Total Unqualified</b>	<b>2.00</b>	<b>2.00</b>	
<b>G1</b>				
	Band 6 Senior OT	1.00	1.00	
	<b>Total Qualified</b>	<b>1.00</b>	<b>1.00</b>	
	Band 2 Activity Assistants	2.00	2.00	Part of the nursing budget
	<b>Total Unqualified</b>	<b>2.00</b>	<b>2.00</b>	
<b>Firshill Rise</b>				
<b>ATS</b>	Band 7 Senior OT	0.60	0.60	
	Band 7 Senior Speech and Language Therapist	0.30	0.30	
	<b>Total Qualified</b>	<b>0.90</b>	<b>0.90</b>	
<b>ALL WARDS</b>	<b>GRAND TOTALS</b>	<b>25.11</b>	<b>22.41</b>	

### Allied Health Professionals Working Across In patient Wards: Physiotherapy & Dietetics

Base	Physiotherapy Posts	AFE / WTE	Comments
Based at Dovedale and works across in-patient sites	Band 7 Physiotherapy Team Leader	0.80	Works across all in-patient areas
	Band 6 SN PT	0.80	
	<b>Total Qualified</b>	<b>1.60</b>	

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

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



## Psychological Professionals Across the In-patient Wards April 2019

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

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

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

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

### **Executive Assurance Statement**

The Executive Director of Operations, the Medical Director and Executive Director of Nursing and Professions can provide assurance that arrangements for and reviews of: staffing capacity (E –Roster); bed management; use of additional staffing; and staff redeployment, to effectively manage service user demand are in place.

### **3. Next Steps**

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

### **4. Required Actions**

- 4.1 Members are asked to receive and note this report.
- 4.2 Members are asked to note publication of this report on the Trust’s website in compliance with the NQB 2013 requirements on safe staffing.

## **5. Monitoring Arrangements Via Monthly**

- 5.1 E- Rostering Confirm and Challenge meetings.
- 5.2 Safer Staffing Group.
- 5.3 Care Network Governance Meetings.
- 5.4 Director of Operations Performance report to the EDG.
- 5.5 Safer Staffing Reports to the Executive Directors Group and Board of Directors.

## **6. Contact Details**

For further information please contact:

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