

BOARD OF DIRECTORS MEETING (Open)

Date: 11th September 2019

Item Ref: 7 a

TITLE OF PAPER	Safer Staffing Report: Monthly Return 1st - 30th June 2019
TO BE PRESENTED BY	Liz Lightbown, Executive Director of Nursing and Professions
ACTION REQUIRED	To receive the report and note publication on the Trust's website in compliance with the National Quality Board (NQB) 2013 requirements.

OUTCOME	Board Members are informed about June 2019 Ward Staffing
TIMETABLE FOR DECISION	11 th September 2019
LINKS TO OTHER KEY REPORTS/ DECISIONS	<ul style="list-style-type: none"> ▫ NHS improvement June 2016: Good Practice Guide: Rostering. ▫ NQB, Edition 1, January 2018: Safe, sustainable and productive staffing – An improvement resource for learning disability services. ▫ NQB, Edition 1, January 2018: Safe, sustainable and productive staffing – An improvement resource for mental health.
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	<p><u>Strategic Aim: Quality & Safety.</u></p> <p><u>Strategic Objectives A1 02: Deliver safe care at all times</u></p> <p><u>BAF Risk: A102i. "Failure to deliver safe care due to insufficient numbers of appropriately trained staff".</u></p> <p><u>BAF Risk No: A102ii. "Inability to provide assurance regarding improvement in the safety of patient care".</u></p> <p><u>Corporate Risk No 3831 Registered Nurse Vacancies</u></p>
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Compliance with CQC Registration / Regulation Requirements for Safer Staffing.
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Inability to provide safe staffing levels is a risk to patient care. Increased patient acuity and dependency may require additional staff and funding.
CONSIDERATION OF LEGAL ISSUES	Inability to meet Regulatory Care Requirements may affect the Trust's CQC ratings and Terms of Authorisation.

Authors of Report	Brenda Rhule
Designation	Deputy Chief Nurse
Date of Report	31 st July 2019

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

Subject: Safer Staffing Report Monthly Return, 1st – 31st June 2019

Author: 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 1st – 30th June 2019 was published on the Trust's website on the 11th July 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.

June 2019 Performance Dashboard

Specialty	Category	Ward	Beds	Occupancy %	Fill Rate% Day Shift (Registered)	Fill Rate% Day Shift (Unregistered)	Fill Rate% Night Shift (Registered)	Fill Rate% Night Shift (Unregistered)	RN			HCSW			Actual Funded Establishment (RN)	RN Vacancy %	RN Sickness Absence %	RN Bank %	RN Agency %
									E	L	N	E	L	N					
Acute	Working Age Adults / Substance Misuse	Burbage	19	101.75%	109.85%	128.15%	91.83%	191.08%	3	3	2	3	3	2	19.34	11.69%	2.17%	0.30%	1.19%
		Maple	17	96.08%	87.32%	141.44%	93.33%	143.33%	4	4	3	3	3	3	26.01	12.34%	5.94%	0.82%	5.74%
	Stanage	18	95.37%	94.49%	180.33%	93.39%	243.42%	3	3	2	3	3	2	19.34	28.65%	5.28%	2.46%	5.28%	
	Total	54	97.84%																
	Older Adults	Dovedale	18	95.56%	94.39%	196.67%	75.08%	310.67%	3	3	2	3	3	2	19.69	31.39%	11.95%	0.00%	0.00%
PICU	Endcliffe	10	83.67%	74.07%	280.07%	101.72%	189.73%	4	4	2	3	3	5	20.81	24.07%	4.57%	6.79%	4.64%	
Dementia		G1	16	92.08%	111.89%	142.62%	91.57%	163.56%	2	2	2	5	5	4	16.13	27.96%	2.69%	12.68%	3.76%
Forensic	Assessment	Forest Lodge	11	60.91%	101.10%	91.61%	100.00%	101.11%	2	2	1	3	3	3	10.31	12.08%	5.22%	9.15%	5.23%
	Rehabilitation	Forest Lodge	11	91.82%	93.14%	95.05%	90.17%	110.00%	2	2	1	2	2	1	8.78	14.18%	3.54%	14.29%	3.40%
	Grand Total	22	76.36%																
Learning Disability	ATS	Firshill Rise	7	80.95%	185.44%	132.10%	100.00%	222.33%	2	2	2	4	4	3	10.95	56.16%	5.62%	6.81%	27.75%
Rehabilitation	Ward 1	Forest Close 1	8	60.83%	107.39%	107.47%	100.00%	99.74%	1	1	1	2	2	1	6.47	0.00%	4.79%	3.33%	0.00%
	Ward 1a	Forest Close 1a	14	74.29%	93.61%	100.08%	100.00%	105.57%	2	2	1	3	3	2	10.49	4.67%	4.61%	4.61%	0.00%
	Ward 2	Forest Close 2	8	88.33%	113.68%	93.06%	101.52%	97.14%	1	1	1	2	2	1	6.47	22.72%	9.15%	4.11%	0.00%
	Grand Total	30	74.44%	105.53%	140.72%	94.88%	164.81%								174.79	20.49%	5.46%	5.44%	4.75%

Key E - Early
L - Late
N - Night

Performance Dashboard Summary

Bed Occupancy

The Working Age Adult Acute wards managed occupancy at 97.84%, an overall decrease of 4.37% from the previous month.

- Older Adults - Dovedale 95.56% increase of 4.34%
- PICU - Endcliffe occupancy 83.67% decrease of 6.65%
- Dementia - G1 92.08% increase 3.37%
- Learning Disabilities - Firshill Rise 80.95% decrease of 5.23%
- Forensic – Forest Lodge Assessment and Rehabilitation 76.36% increase of 11.7%
- Rehabilitation – Forest Close wards 1,1a and 2, 74.44% decrease of 2.01%

Registered Nurse (RN) Fill Rates

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

Sickness Absence

The rate decreased to 5.46% (from 6.31% in May).

The sickness rates and health and well- being for substantive staff are monitored by individual wards management team via the sickness monitoring process and clinical supervision/reflective practice.

The sickness rates and health and well- being for temporary (Bank) staff are monitored by the Bank Staffing team with the ability to access clinical supervision/reflective practice.

RN Vacancies

The rate increased to 20.49% (from 16.54% in May).

Use of Bank/Agency

Firshill Rise 34.56%, Forest Lodge Rehabilitation 17.69% and G1 16.44% are the three highest users of Bank and Agency (RN) combined.

Actual Funded Establishments (AFE's) Reviews

Firshill Rise RN staffing establishment has been reviewed for 2019/20 to ensure 2 RNs per shift and is awaiting confirmation of funding from the Sheffield CCG.

The Shelford Group, Mental Health Optimal Staffing Tool (MHOST) was published in May 2019, which includes Care Hour Per Patient Day (CHPPD), acuity, activity and dependency which will inform future Clinical Establishment Reviews. This tool will be used in conjunction with Safecare data, which is recorded at the handover period of each shift.

A WebEx has been arranged by the Shelford Group on September 2019, which will provide good insight into using the MHOST.

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.

Aimee Hatchman, HR and Workforce Systems and Information Manager was appointed in June 2019 and will have overall responsibility for E-rostering. Aimee will commence in post on 7 October 2019.

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	9.4	9.0	95
Higher Trainees	4.6	3.8	83
Core Trainees	3.6	3.1	87
Foundation Trainees	7.0	5.7	81
Specialty Doctors	3.0	2.3	77

Allied Health Professionals

This is the fourth 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 Day (CHPPD).

Allied Health Professionals on In-patient Services June 2019

Base	Post	AFE	Available Input	Comments
Dovedale	Band 6 OT	1.0	1.0	
	Band 5 OT	0.8	0	Not here at present
	Total Qualified	1.8		
	Band 3 OTA	1.81	1.81	
	Total Unqualified	1.81	1.81	
Firshill Rise ATS				
Firshill Rise ATS	Band 7 OT	0.6	0.6	
	Band 7 SLT	0.3	0.3	
	Total Qualified	0.8	0.8	
Forest Close				
Forest Close	Band 6 OT	1.0	1.0	
	Band 6 OT	1.0	1.0	
	Total Qualified	2.0	2.0	
	Band 4 OTA	1.0	1.0	
	Band 4 OTA	1.0	1.0	
	Band 4 Peer Support Worker	0.8	0.8	
Total Unqualified	2.8	2.8		
Forest Lodge				
Forest Lodge	Band 7 OT	1.0	1.0	
	Total Qualified	1.0	1.0	
	Band 3 OTA	1.0	1.0	
	Band 3 OTA	1.0	1.0	
	Total Unqualified	2.0	2.0	
G1				
G1	Band 6 OT	1.0	1.0	
	Total Qualified	1.0	1.0	
	Band 2 OTA	1.0	1.0	
Total Unqualified	1.0	1.0		

Base	Post	AFE	Available Input	Comments	
Maple/Endcliffe	Band 7 OT	1.0	1.0		
	Band 6 OT	1.0	1.0		
	Total Qualified	2.0	2.0		
	Band 4 Art Coordinator	1.0	1.0		
	Band 3 STR Worker	0.6	0.6		
	Band 3 OTA	1.0	1.0		
	Band 3 OTA	0.8	0.8		
	Total Unqualified	3.4	3.4		
	Stanage/Burbage				
	Stanage/Burbage	Band 7 OT	1.0	1.0	
Band 6 OT		1.0	1.0		
Band 5 OT		0.4	0.4		
Total Qualified		2.4	2.4		
Band 4 OTA		1.0	1.0		
Band 3 OTA		1.0	1.0		
Total Unqualified	2.0	2.0			

Staff working across different bed based but not working solely on any one area

Post	Base	AFE	Comments
Band 7 Physiotherapy Team Leader	Covers all inpatient sites	0.8	
Band 6 SN PT	Covers all inpatient sites	1.0	Awaiting start date
Band 4 Fitness Instructor	Covers all inpatient sites	0.8	
Band 4 Fitness Instructor	Covers all inpatient sites	1.0	
Band 3 PT Assistant	Covers all inpatient sites	0.8	
Total Qualified		1.8	
Total Unqualified		2.6	

Post	Base	AFE	Comments
Band 6 SN Dietician	Dovedale but works across all patient sites	0.7	
Band 4 Dietetic Assistant	Dovedale but works across all patient sites	0.56	
Total Qualified		0.7	
Total Unqualified		0.56	

In addition the Chaplaincy and Spiritual Care Team also offer input to the in-patient areas including running some group's sessions with OT staff.

Psychological Professionals across the In-patient Wards

Ward	AFE	Grade	Hours Worked	Vacancies	Additional information	Action
Burbage	2.25 days per week 17.5 hrs. Total hrs. 70 per month	Band 8a Clinical Psychologist	70	0	We have 2 staff in this role. 1 member of staff works 2 days a week. 1 member of staff works 3.5 hrs. every 2 weeks running a family therapy clinic	Working with clinical ops to deliver on the therapeutic ward
Stanage	2.25 days per week 17.5 hrs. Total hrs. 70 per month	Band 8a Clinical Psychologist	70	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 18.5 hrs. Total hrs. 74 per month	Band 7 Clinical Psychologist	0	1	This post is vacant. Difficulties with retention due to the configuration and grade of this post. Split across Dovedale	Plans to change to the above model and review capacity and demand within the frame of the therapeutic ward
Endcliffe	3 days per week 22.5 hrs. Total hrs. 90 per month	Band 8a Clinical Psychologist	80	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 2 x Wards	5 days per week 37.5 hrs. Total 156 hrs. per month	Band 8a Clinical Psychologist	80	1	The staff member in this post has split the 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 Total 432 hrs. per month	Band 8a Clinical Psychologist 0.8 wte Band 5 Assistant Psychologist 1.0 wte Band 4 Assistant Psychologist 1.0 wte	432	0	3 staff in post established over the last 5 years. We Been able to draw from the wider staff budget using Band 2 and Band 3 monies to develop assistant psychologist 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 per week 18.5 hrs. Total 74 hrs. per month	Band 7 Clinical Psychologist	0	1	This post is currently split across Maple and Dovedale. Difficulties with retention due to the configuration and grade of this post.	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	7.5	0	This is a tiny resource with very narrow and limited scope of role.	As above.
Firshill ATS	1.5 wte Total 230 hrs. per month	Band 8d Clinical Director/Consultant Clinical Psychologist 0.5 wte Band 5 Assistant Psychologist 1.0 wte	230	0	The Trust has 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 The Demand Templates to be updated by September 2019.
- 3.2 Reset Learning Disability Budgets and Planned Staffing levels in E-Rostering.
- 3.3 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.
- 3.4 Continue work on integrating the multi-professionals into the Safer Staffing Report.
- 3.5 Undertake AFE Reviews for Forensic and Rehabilitation Wards.
- 3.6 Review the Psychotherapeutic care being provided in line with the CQC briefing
- 3.7 Introduction and implementation of MHOST metrics and consistent use of Safecare.

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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