Board of Directors – Public

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<tr><td>SUMMARY REPORT</td><td>Meeting Date:
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Report Title:	**Safe Staffing mid- year Review and Declaration December to July 2022**
Author(s):	Simon Barnitt, Head of Nursing
Accountable Director:	Beverley Murphy, Director of Nursing, Professions and Operations
Other meetings this paper has been presented to or previously agreed at:	Quality Assurance Committee, 14/09/2022
Key points/ recommendations from those meetings	The committee were assured we have an evidence-based process to assess safer staffing ratios for inpatient services and are compliant with CQC and National Quality Board Guidance in relation to safer staffing.
	The committee took moderate assurance that we have the available staff to fill planned staffing rotas. A risk was highlighted and discussed about the availability of registered nurses in acute services.

Summary of key points in report

A Safer Staffing was received by the Board January 2022, this is a six month / mid-year report to meet requirements. The report explains how SHSC complies with the requirements of NHS England, the CQC, and the NQB Guidance in relation to the "Hard Truths" response to the Francis Inquiry. Where a gap in compliance reported in January, this gap has now closed and has been achieved through completing a safe staffing review using an evidence based tool along with recommencing reporting safer staffing information on the SHSC website.

SHSC is engaged in many activities aimed at supporting it to build a safe and sustainable workforce.

Demonstration of compliance is achieved through a description of the work that has taken place since the safe staffing review completed in December 2021 with regards to ward-based nurse staffing levels in the Organisation and a forward plan for the next 6 months.

Assurance is provided regarding maintaining safe staffing levels and understanding the impact where this has not been achieved. The actual numbers of registered nurses, against the planned registered nurses is shown and reports a ~90% from Dec 21 – June 22 with a range of compliance of 92 – 98% on daytime periods and 85 – 93% at night. We know that as well as the staff captured a range of registered nurses including Matrons and Ward Managers will be mitigating the risks of shortfalls in registered nursing. We benchmark favourably in the number of registered professional hours available per patient per day – also know as Care Hours per patient day (CHPPD).

Any shift that is reported as not having the required planned number of nurses may be incident reported and the impact on patient care considered. There are no harms in care to report associated with short staffing although the impact my have been on patient experience, such as cancelled leave.

The report details a significant over reliance on Health care support workers at both daytime and night-time shifts. This requires leadership action which has been put in place.

The revised staffing model has not yet been implemented due to a series of delays, until such time ward managers and modern matrons have the freedom to increase the staffing numbers to that deemed required to meet the care needs of the service users, this is evident in the monthly reporting.

Recommendation for the Board/Committee to consider:

Consider for Action		Approval		Assurance	X	Information	

The Board of Directors is asked to receive the Safe Staffing mid-year Review and Declaration which provides assurance against the requirement to monitor and publish its minimum safe staffing levels in line with CQC and National Quality Board requireemnts.

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

	Yes		No	
Covid-19 Recovering effectively	Yes		No	X
CQC Getting Back to Good – Continuing to improve	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

	Yes		No		
Care Quality Commission Fundamental Standards	Yes	X	No		
Data Security and Protection Toolkit	Yes		No	X	
Any other specific standard?		X			National Quality Board Standards

Have these areas been considered ?   YES/NO | If Yes, what are the implications or the impact? If no, please explain why

	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		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	
Sustainability	Yes		No	X	

Section 1: Analysis and supporting detail

Background

1.1 In line with the National Quality Board guidance issued in November 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)", the Organisation is required to consider staffing capacity and capability. In addition, the Organisation 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 we are 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 the Organisation 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 2021 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 1.1 evidence-based workforce planning 1.2 professional judgement 1.3 compare staffing with peers	**Right Skills** 2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention	**Right Place and Time** 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 2021 includes:

1.6 A complete skill mix review was undertaken by the Chief of Nursing: Professions & Operations, Director of Quality and the Heads of Nursing who spent time designing 'a perfect ward' based on the annual review along with available evidence in relation to recruitment and retention and in a way that supports the People Plan.

1.7 The 'perfect ward' was designed to meet the Mental Health Optimum Staffing Tool (MHOST) recommended staffing numbers for all wards.

1.8 The 'perfect ward' was designed to provide a pathway through nursing roles, from band 2 Health Care Support Worker to band 8a Advance Clinical Practitioner, allowing each role to work at the highest end of their competency. The pathway includes 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. Band 4 Nurse Associates were underutilised and therefore the agreed establishment for these posts has been reviewed with a reduction in some areas along with implementing the role into other areas.

1.9 The 'perfect ward' was designed in such a way as to ensure that experienced ward staff at band 6 are available at the times when we know there are increased incidents resulting from increased use of bank and agency members, such as outside of 9-5 hours and at the weekends.

1.10 The 'perfect ward' considered the high level of physical health comorbidities and has incorporated the skills of the Advanced Clinical Practitioners within each ward.

1.11 The funded establishment for each inpatient ward has been fully costed by the directorate finance leads and through slight adjustments is cost neutral.

1.12 The headroom for inpatient wards has been fully reviewed by the directorate accountants in terms of requirements for training and utilising sickness absence data, this has led to a decrease in the overall figure from 29% to 25.56% for registered staff and 26.05% to 22.82% for unregistered staff.

1.13 Monthly eRoster Support and Challenge meetings have been strengthened and continue to be chaired by the responsible Head of Nursing and eRoster manager.

1.14 The Recruitment and Retention Group is making progress within its work streams to optimise recruitment opportunities, and to look at how the Organisation can best retain its staff.

1.15 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 re requisite for the Nurse Associate training programme. We are also supporting candidates on to the Registered Nurse Apprenticeship programme.

1.16 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.

1.17 SHSC has supported centralised nursing recruitment via a dedicated lead, we have reviewed our advertising to be attractive to potential talent along with a more responsive and timely approach to recruitment. 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.

1.18 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.

Plan for next 6 months:

1.19 The implementation of the recommended funded establishment increases from the Safe Staffing Review.

1.20 Implementation of the revised headroom within ward budgets and the eRoster system.

1.21 Implementation of the revised skill mix model and development of workforce plans to support this model.

1.22 Work will progress with Human Resources and Staff Side to develop the pathway to enable the uplift of the Health Care Support Worker roles from Band 2 to Band 3 positions.

1.23 Work will be undertaken to continue to support and develop the role of Nursing Associates within SHSC to fully utilise this role within the inpatient wards.

1.24 SHSC has committed to the International Recruitment Programme to support Inpatient Nurse vacancies and anticipates the first cohort early next year.

1.25 A review of the eRoster system and its functionality is to be undertaken to ensure it is fully optimised, this must include removal of any blocks to effective and efficient rostering such as duty and roster rules.

1.26 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.

1.27 A review of the pilot of 12 hour shift patterns will be undertaken with a view to further expansion or reverting back to a 3 shift system.

1.28 Clinical skills training is to be provided to staff as per the agreed training needs analysis.

1.29 Further exploration and understanding of the staffing requirements for ward G1 is required following MHOST results that were variable on each of the scoring periods. Continuing to understand the requirements for G1 does not preclude it from adopting the revised model suggested in the perfect ward, the work required relates to establishment setting.

Section 2: Risks

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

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

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.

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 'perfect ward' skill mix.

3.1.2   The process undertaken in this skill mix review and resulting model has been discussed within the Chief Nursing Officers Safer Staffing Fellowship programme and was considered a positive approach, a regular progress update has been requested by this group.

3.1.3   A dedicated recruitment resourcing lead has been implemented to support inpatient teams' recruitment of nursing and health care support workers. Several national and international recruitment fairs have been attended, including Dubai and Ireland, with a positive conversion rate.

3.1.4   7 international recruitment interview sessions have taken place with 15 offers for mental health nurses and 2 for general nurses, the commencement of these nurses will depend on successful completion of the required entrance exams and are expected from the beginning of 2023.

3.1.5   Centralised recruitment via the dedicated lead has led to the appointment of 32 HCSW's for inpatient wards since January 2022. New interview, and recruitment processes have also shortened the recruitment time. Staffing levels across the organisation are improving.
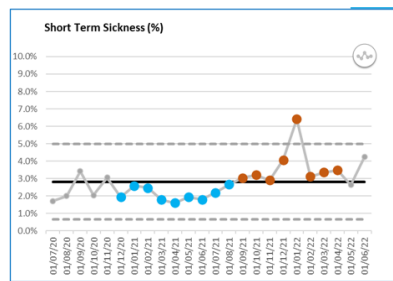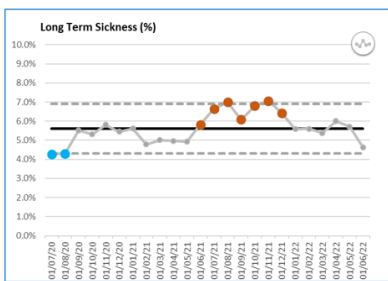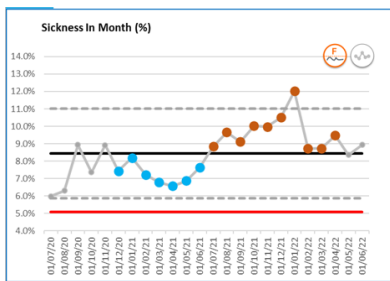
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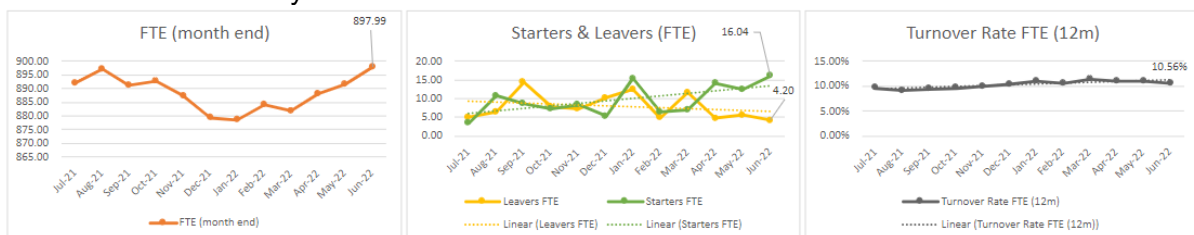
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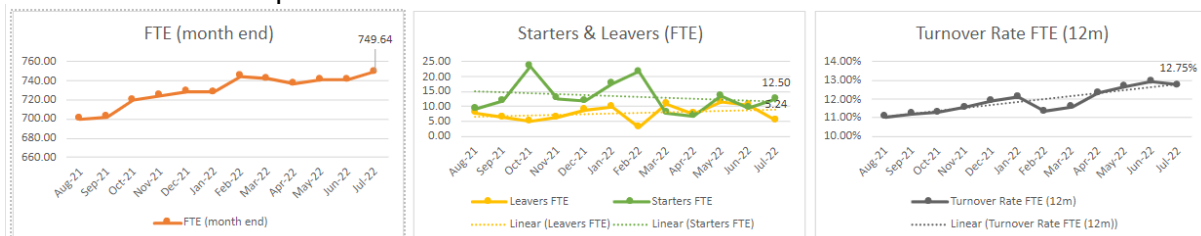
3.1.6   Dedicated Human Resourse support has been provided to areas via drop in sessions and a reduction in long term sickness has been noted. The spike in short term sickness relates to a wave of Covid 19 at the beginning of the year.

Acute and Community

Sickness In Month (%)

Long Term Sickness (%)

Short Term Sickness (%)

Rehabilitation and specialist Services

Sickness In Month (%)

Long Term Sickness (%)

Short Term Sickness (%)
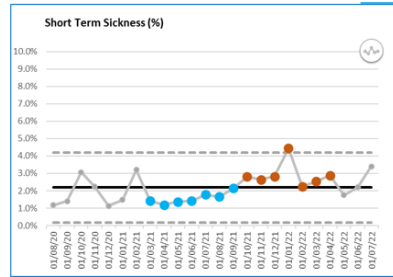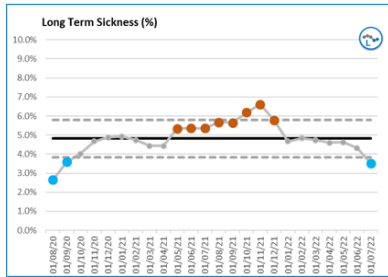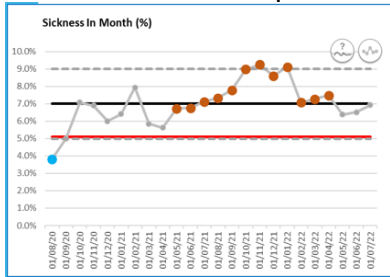
3.1.7 SHSC has an excellent preceptorship programme which has been praised within the ICS and used as an exemplar. The next cohort of preceptee's have been recruited with an anticipated 45 commencing over the next 4 months, the start dates are staggered as new registrants have had differing amounts of 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 SHSC 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.

3.2.1 Examples of staff opportunities are:

- A preceptorship programme for staff who are undertaking new roles in SHSC, 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, (Ward Managers Development programme, Matrons development, NHS Leadership Academy, Compassionate Leadership Course)

- Access to Nursing Associate and Registered Nurse training, via Apprenticeship funding.

- Access to the Professional Nurse Advocate programme with an ambition to have one PNA in every clinical team.

- Investment in the Advanced Clinical Practitioner course with the ambition of having an ACP for every two inpatient wards.

- Leadership Development Forum for leaders and managers who are at Band 8a and above focusing on a range of topics and workshops.

- Service Manager and General 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.
- A monthly Nursing Council to discuss pertinent issues for nursing.

3.2.2 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.

3.3   Workforce utilization

3.3.1 Analysis of the monthly staffing returns highlights that all wards (with the exception of Forest Lodge) are consistently going above their planned staffing for HCSW's. The table below provides the planned and 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 is a snapshot of actual staffing and does not demonstrate the mitigations taken to maintain safe staffing.
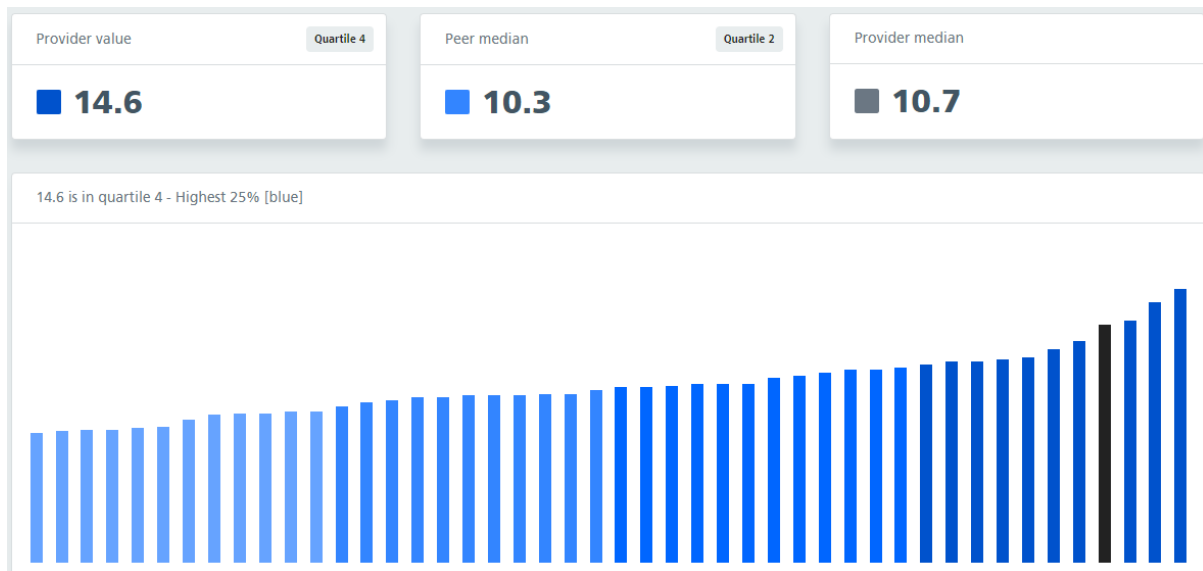
	Day Shift		Night Shift	
	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)
Dec-21	93%	155%	90%	194%
Jan-22	93%	141%	88%	182%
Feb-22	98%	140%	90%	184%
Mar-22	92%	135%	93%	183%
Apr-22	93%	149%	89%	200%
May-22	94%	148%	91%	196%
Jun-22	92%	149%	85%	192%

3.3.2 Forest lodge is the only area that has below 100% for both registered and non-registered actual staffing on a regular basis, this is due to the number of vacancies for both registered and non-registered staff. Recruitment is ongoing and attempts made to cover with both Bank and Agency staff have only been partially successful.
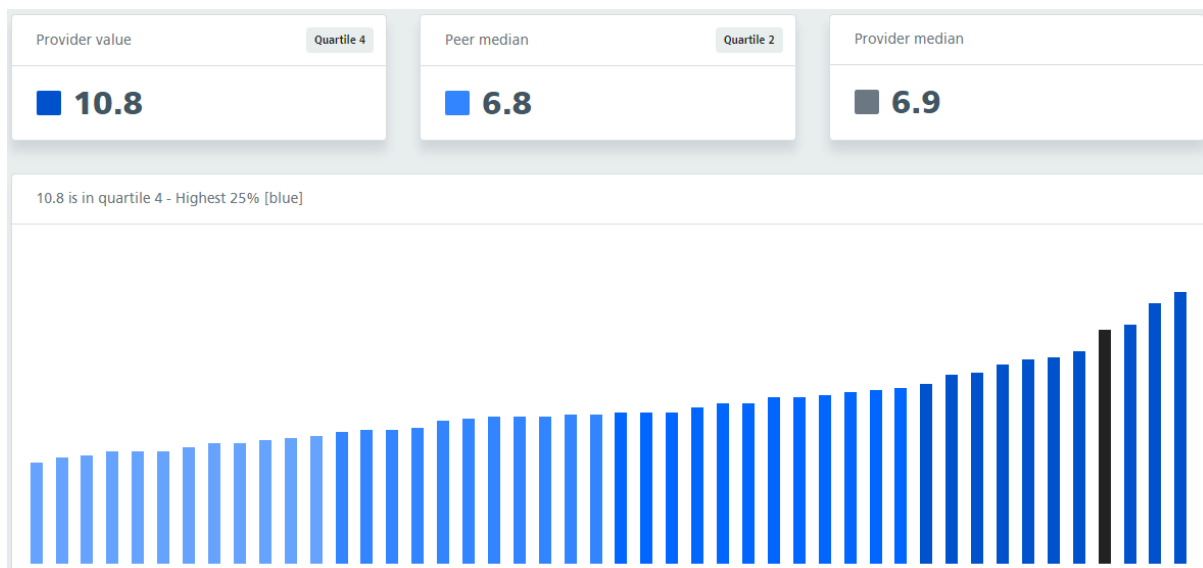
3.3.3 The planned and actual staffing is submitted to NHSI and reported on via the Model Hospital as Care Hours Per Patient Day (CHPPD), the Model Hospital provides a benchmark against other similar organisations. The organisation is in the top 25% for both registered and non-registered CHPPD.

CHPPD for registered staff

Provider value	Quartile 4	Peer median	Quartile 2	Provider median	
■ **14.6**		■ **10.3**		■ **10.7**	

14.6 is in quartile 4 - Highest 25% [blue]

CHPPD nonregistered staff

Provider value	Quartile 4	Peer median	Quartile 2	Provider median	
■ **10.8**		■ **6.8**		■ **6.9**	

10.8 is in quartile 4 - Highest 25% [blue]

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   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 now in place.
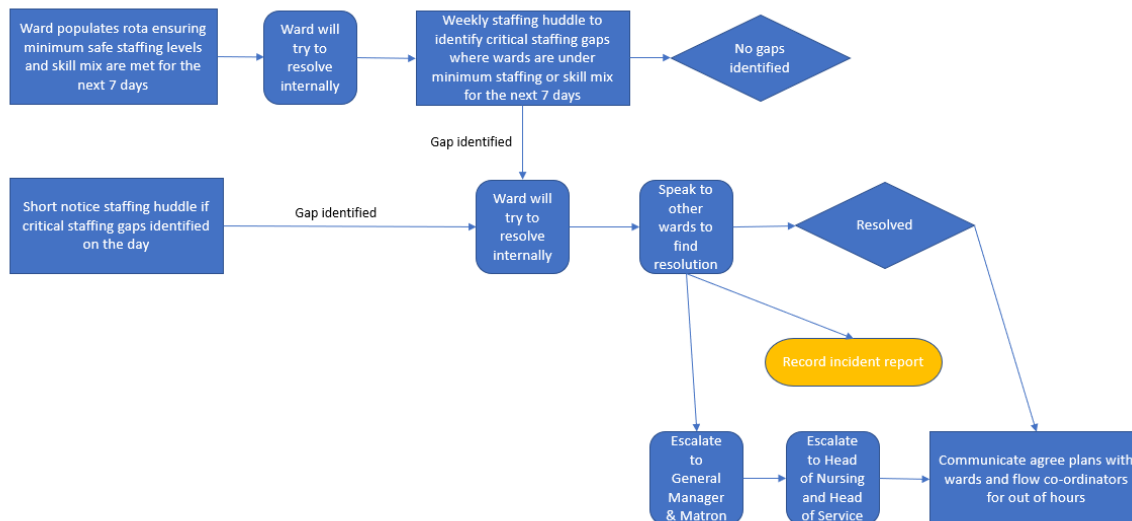
3.3.6   Whilst there is a need to reduce Bank and Agency usage this remains a mitigation for staffing gaps resulting from vacancies and sickness, the bank team with support from the procurement team, have sourced over 30 new framework agencies.

3.3.7   A review of all reported safe staffing incidents over the last 7 months has provided the following information. The short staffing has impacted on patient care causing delays however there does not appear to have been any adverse safety issues.

Month	Number of Incidents	Location
February 2022	4	1 at Maple Ward 3 at Dovedale 2
April 2022	1	Dovedale 2
May 2022	1	Dovedale 2
June 2022	2	1 at Dovedale 2 1 at Stanage Ward
July 2022	4	1 at Endcliffe Ward 1 at Dovedale 2 2 at Stanage Ward

The incidents included cancelled leave and delayed depo administration.

3.3.8   All patient and carer complaints have been reviewed from the last 7 months for inpatient services, there have been no complaints with regards to 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.

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 the organisation 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 are extending 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.

Financial

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