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| REPORT TO THE SENIOR MANAGEMENT COMMITTEE | |
| Date | |
| Agenda Item | |
| Title | Safer Staffing Monthly Exception Report May 2019 (April 2019 data) |
| Author(s) | Ria Osborne – Safer Staffing Lead |
| Sponsoring Director | Paula Hull – Director of Nursing and Allied Health Professionals |

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| Purpose & Action Required | <p>The purpose of this report is to provide the monthly exception report for May 2019 (April 2019 data) in relation to data submissions for Safer Staffing.</p> <p>The Senior Management Committee is requested to receive the exception report Safer Staffing for May 2019 and to recommend any escalations for inclusion in Trust Board report.</p> |
| Executive Director Overview | <p>Safer Staffing exception reporting directly to the Senior Management Committee prior to Trust Board is occurring in order to provide opportunity for fuller internal discussion and subsequent shorter exception based reporting to Trust Board.</p> <p>NHSI requirement is that Safer Staffing data must be reviewed by Committees which include both the Director of Nursing and Medical Director. There must also be clarity of reporting process and where responsibility for action resides.</p> <p>April 2019 data shows 3 hospital sites reporting as red in the national publication data:</p> <ul style="list-style-type: none"> • Elmleigh Hospital • Hollybank • Western Community Hospital <p>9 inpatient red flag incidents together with resulting themes have been identified for April 2019.</p> |
| Previously considered by: | N/A |

| Strategic Priorities this paper supports: | | |
|---|-------------------------------------|---|
| Quality | <input checked="" type="checkbox"/> | Provide good quality care People are able to access the care they need, when they need it |
| People | <input checked="" type="checkbox"/> | Increased recruitment and retention of staff, leading to a more stable workforce Staff feel involved, motivated and proud to work at Southern Health The size, shape and skills of our workforce can meet current and future care needs of the people we serve |
| Transformation | <input checked="" type="checkbox"/> | Patients have better access, experience, and outcomes as a result of transformed, joined up services Expansion and improvement of specialised mental health services for adults and young people are well underway |
| Money | <input checked="" type="checkbox"/> | Make every penny count towards patient care and service improvement |
| Does this impact any Board Assurance Framework / Corporate Risks | | <p>SR1: There is a risk that we provide poor quality or ineffective care resulting in serious harm.</p> <p>SR2: There is a risk that we fail to continually improve the services provided by the Trust to deliver better outcomes.</p> <p>SR4: There is a risk that we fail to maintain and develop confidence in SHFT as a care provider.</p> <p>SR5: There is a risk that we do not maintain & develop specialised services in a way that benefits patients.</p> <p>SR6: There is a risk that we cannot retain and attract sufficient and skilled staff.</p> <p>SR8: There is a risk that we fail to deliver medium & long-term financial sustainability.</p> |

Safer Staffing Monthly Exception Report – May 2019

Purpose

The purpose of this report is to provide the Senior Management Committee (SMC) with the exception report for May 2019 (April 2019 data) presented within the overall data submissions for safer staffing in line with national reporting requirements.

Background

Reporting to NHS England and NHS Choices commenced in June 2014.

Narrative has been provided to inform the SMC where professional judgement decisions have been applied to improve staffing levels in inpatient units as required for this period where staffing levels have fallen below 80% establishment fill for shifts.

1. Inpatient exception report (for the period 1st April to 30th April 2019)

1.1 - Off framework agency use is included within data unless specified otherwise.

13 wards, 3 sites, were reported in the national publication data set as red in April. Fill rates for inpatient wards are detailed below;-

| Hospital Site name | Ward Name | Data by Ward | | | | Data by Hospital Site (nationally reported) | | | |
|--------------------|--------------------|--------------------------------|---------------------------------|--------------------------------|---------------------------------|---|-------------------------------------|------------------------------------|-------------------------------------|
| | | DAY | DAY | NIGHT | NIGHT | DAY | DAY | NIGHT | NIGHT |
| | | Average fill rate RN Staff (%) | Average fill rate CSW staff (%) | Average fill rate RN staff (%) | Average fill rate CSW staff (%) | Average RN fill rate (%) as a site | Average CSW fill rate (%) as a site | Average RN fill rate (%) as a site | Average CSW fill rate (%) as a site |
| MOORGREEN HOSPITAL | Willow Ward | 92.0% | 171.3% | 98.6% | 165.2% | 92.0% | 171.3% | 98.6% | 165.2% |
| RAVENSWOOD HOUSE | Ashford Unit | 89.2% | 74.6% | 101.3% | 97.8% | 87.7% | 97.8% | 98.3% | 99.4% |
| ANTELOPE HOUSE | Saxon Ward | 97.6% | 123.6% | 220.2% | 111.5% | 87.9% | 135.7% | 190.2% | 121.4% |
| | Trinity Ward | 73.6% | 151.8% | 171.2% | 134.1% | | | | |
| | Hamton Ward PICU | 95.4% | 132.8% | 181.8% | 118.6% | | | | |
| ELMLEIGH | Elmleigh Inpatient | 85.9% | 103.0% | 58.8% | 167.1% | 85.9% | 103.0% | 58.8% | 167.1% |
| FOREST LODGE | Forest Lodge | 98.2% | 100.8% | 100.1% | 100.0% | 98.2% | 100.8% | 100.1% | 100.0% |
| HOLLYBANK | Hollybank | 77.6% | 96.9% | 100.3% | 100.4% | 77.6% | 96.9% | 100.3% | 100.4% |
| MELBURY LODGE | Kingsley Ward | 141.5% | 94.1% | 66.8% | 156.7% | 105.3% | 101.3% | 83.7% | 123.9% |
| | Mother & Baby Unit | 81.1% | 118.9% | 103.6% | 102.0% | | | | |
| PARKLANDS HOSPITAL | Hawthorns 1 | 79.3% | 152.3% | 66.2% | 161.6% | 84.8% | 126.5% | 91.1% | 158.0% |
| | Hawthorns 2 | 79.0% | 116.7% | 101.7% | 107.0% | | | | |
| RAVENSWOOD HOUSE | Ashurst Ward | | | | | | | | |
| | Lyndhurst Ward | 93.9% | 102.9% | 100.0% | 101.7% | 87.7% | 97.8% | 98.3% | 99.4% |

| | | | | | | | | | |
|-------------------------------|------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|
| | Malcolm Faulk Ward | 69.5% | 106.1% | 96.7% | 98.8% | | | | |
| | Mary Graham Ward | 98.1% | 108.2% | 100.0% | 100.1% | | | | |
| | Meon Valley Ward | 97.0% | 106.2% | 96.9% | 100.1% | | | | |
| SOUTHFIELDS | Beech Ward | 171.6% | 107.1% | 100.8% | 101.7% | | | | |
| | Cedar Ward (Southfield) | 108.7% | 97.8% | 100.9% | 108.4% | 119.8% | 102.9% | 100.5% | 103.3% |
| | Oak Ward | 93.1% | 107.4% | 99.9% | 100.0% | | | | |
| BLUEBIRD HOUSE | Moss Ward | | | | | | | | |
| | Stewart Ward | 110.0% | 95.7% | 139.6% | 101.9% | 107.3% | 113.0% | 118.2% | 134.8% |
| | Hill Ward | 103.3% | 145.2% | 96.9% | 200.6% | | | | |
| LEIGH HOUSE | Leigh House | 109.3% | 160.0% | 99.9% | 181.8% | 109.3% | 160.0% | 99.9% | 181.8% |
| GOSPORT WAR MEMORIAL HOSPITAL | Ark Royal Ward | 89.7% | 104.8% | 98.3% | 189.3% | 100.3% | 102.9% | 98.5% | 135.6% |
| | Sultan Ward | 117.9% | 110.2% | 101.8% | 113.3% | | | | |
| PETERSFIELD HOSPITAL | Cedar Ward (Petersfield) | 78.5% | 112.7% | 93.5% | 110.3% | 85.5% | 109.5% | 95.9% | 109.2% |
| | Rowan Ward | 94.5% | 105.3% | 98.4% | 107.1% | | | | |
| FORDINGBRIDGE | Ford Ward | 102.2% | 90.1% | 98.8% | 100.3% | 102.2% | 90.1% | 98.8% | 100.3% |
| LYMINGTON NEW FOREST HOSPITAL | Deerleap Ward | 109.7% | 121.3% | 151.0% | 101.5% | | | | |
| | Longbeech Ward | 94.1% | 147.3% | 99.5% | 111.7% | | | | |
| | Medical Admissions Unit | 87.7% | 91.4% | 95.5% | 95.0% | 95.2% | 125.6% | 107.6% | 107.4% |
| | Wilverley Ward | 93.9% | 181.4% | 103.8% | 135.2% | | | | |
| ROMSEY HOSPITAL | Chichester/ Nightingale Ward | 99.6% | 99.0% | 90.9% | 213.6% | 99.6% | 99.0% | 90.9% | 213.6% |
| ALTON COMMUNITY HOSPITAL | Anstey Ward2 | 94.2% | 96.8% | 88.6% | 103.3% | 94.2% | 96.8% | 88.6% | 103.3% |
| GOSPORT WAR MEMORIAL HOSPITAL | Poppy Ward | 101.6% | 98.5% | 95.2% | 128.0% | 100.3% | 102.9% | 98.5% | 135.6% |
| | Rose Ward | 95.0% | 104.1% | 98.3% | 131.0% | | | | |
| MELBURY LODGE | Stefano Olivieri Unit | 80.0% | 95.6% | 98.7% | 103.6% | 105.3% | 101.3% | 83.7% | 123.9% |
| PARKLANDS HOSPITAL | Beechwood Ward | 93.3% | 104.1% | 96.7% | 143.9% | 84.8% | 126.5% | 91.1% | 158.0% |
| | Elmwood Ward | 92.8% | 127.5% | 99.2% | 194.3% | | | | |
| WESTERN COMMUNITY | Berrywood Ward | 68.1% | 99.5% | 100.0% | 80.7% | 68.1% | 99.5% | 100.0% | 80.7% |

| | | | | | | | | | |
|----------|---------------|--|--|--|--|--|--|--|--|
| HOSPITAL | Beaulieu Ward | | | | | | | | |
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Elmleigh Hospital - Registered Nurse night shifts

During the month of April, Elmleigh's Registered Nurse fill rates fell below planned levels during the night shifts. Night shift cover was mitigated with additional unregistered workers covering gaps in Registrant shifts and this skill mix change did not appear to affect patient care. Bank and Agency is being used to cover 4.3wte RN vacancies.

Hollybank – Registered Nurse day shifts

During the month of April, Hollybank's Registered Nurse fill rates fell below planned levels. This is a small team with a funded wte of 22.8 and a current 2.2wte RN vacancy.

Western Community Hospital, Berrywood Ward – Registered Nurse day shifts

Berrywood ward continue to have a higher than funded complexity of caseload. This has resulted in gaps of Registered staff availability during the day shifts throughout April. To mitigate this, senior clinical staff have been covering Registrant duties.

1.2 Inpatient wards temporary staffing fill rates

Wards using over 50% temporary staff trigger as Safer Staffing concerns and this is followed up with senior clinical leaders for the service to ensure no additional recruitment support is required, whether long lines of work can be employed to ensure consistency of care is delivered and to monitor the impact of this mix. The following wards triggered in the month of April:-

| Site | Unit | Staff Group | Shift | Substantive | Bank MPH | Bank BO | Agency | Comments |
|--------------------|--------------------------|--------------|-------|-------------|----------|---------|--------------|--|
| ANTELOPE HOUSE | Hampton Ward PICU | Registered | Night | 20.2% | 12.6% | 6.9% | 60.3% | Bank and Agency covered 10 wte vacancies. Net resourcing: -10.4% |
| | Hampton Ward PICU | Unregistered | Night | 40.9% | 7.5% | 51.6% | 0.0% | |
| | Saxon Ward | Registered | Night | 39.2% | 1.2% | 19.4% | 40.2% | |
| | Trinity Ward | Registered | Night | 39.7% | 18.1% | 12.6% | 29.6% | |
| MOORGREEN HOSPITAL | Willow Ward | Registered | Day | 30.5% | 12.8% | 4.9% | 51.8% | Bank and Agency covered 13.9wte vacancies and an additional 2.5 unavailability (sickness). Net resourcing: -8.8% |
| | Willow Ward | Unregistered | Day | 46.2% | 4.2% | 17.6% | 32.1% | |
| | Willow Ward | Registered | Night | 29.2% | 31.1% | 6.9% | 32.9% | |
| | Willow Ward | Unregistered | Night | 29.9% | 4.6% | 65.1% | 0.5% | |

Two wards had the highest level of Agency fill during the month of April, down from five in March:-

- Hampton Ward PICU and Willow Ward.

1.3 Inpatient staffing red flag incidents

The below table provides additional information regarding red flag incidents for April 2019 for all inpatient areas. Within this report, red flag information is detailed at a level that

provides an overview. Additional information relating to any impact to patients will be detailed within Quarterly Divisional Quality and Governance reports. Actions identified will be monitored within Divisions to ensure themes reported within red flag incidents are addressed.

| Ward/Team | Number of Incidents | Detail |
|-------------------------|---------------------|---|
| Ark Royal | 1 | Staffing levels not matched to patient need. |
| Southfield - Cedar Ward | 1 | Unable to facilitate section 17 leave due to staff shortages. |
| Bluebird - Stewart Ward | 1 | Unable to facilitate section 17 leave due to staff shortages. |
| Sultan Ward | 1 | Staffing levels not matched to patient need. |
| Rose Ward | 1 | Staffing levels not matched to patient need. |
| Lymington - MIU | 3 | Staffing levels not matched to patient need. |
| Lymington - MAU | 1 | Staffing levels not matched to patient need. |

2. Integrated Services Division – Community Teams Exception Report

2.1 For community teams, fill rates are determined by comparing the planned roster numbers with the 'actual' worked numbers of staff on duty.

| Team | Registered Nurse Fill Rate | Unregistered Nurse Fill Rate | Combined Fill Rate | Net resourcing impact | Red Flag Incidents |
|----------------------------------|----------------------------|------------------------------|--------------------|---|--------------------|
| Andover 1 ICT S00486 | 131.18% | 61.77% | 96.47% | | |
| Avon Valley ICT S00468 | 81.57% | 72.34% | 76.95% | 6.4wte vacancies and 3.5wte staff unavailable for work. | |
| Basingstoke Town East ICT S00439 | 43.74% | 128.73% | 86.23% | | 1 |
| Basingstoke Town West ICT S00438 | 80.33% | 120.10% | 100.22% | | |
| Chandlers Ford ICT S00466 | 145.75% | 116.04% | 130.90% | | |
| Eastleigh Town ICT S00495 | 61.02% | 103.51% | 82.27% | | |
| Fareham 1 ICT S00521 | 107.41% | 120.13% | 113.77% | | |
| Fareham 2 ICT S00522 | 123.84% | 43.47% | 83.65% | | |
| Gosport 1 ICT S00523 | 109.33% | 106.76% | 108.04% | | |
| Gosport 2 ICT S00524 | 113.20% | 90.81% | 102.00% | | |
| Havant ICT S00542 | 82.25% | 100.69% | 91.47% | | |
| Hayling ICT S00544 | 101.75% | 107.67% | 104.71% | | |
| Hythe & Waterside ICT S00470 | 107.76% | 118.54% | 113.15% | | |
| Lymington ICT S00472 | 170.71% | 105.39% | 138.05% | | |
| New Milton ICT S00473 | 137.03% | 79.77% | 108.40% | | |
| Petersfield ICT S00541 | 100.99% | 82.07% | 91.53% | | |
| Romsey ICT S00487 | 118.68% | 90.93% | 104.80% | | |
| Rural East ICT S00440 | 103.26% | 37.01% | 70.13% | 3wte staff unavailable for work. | |
| Rural West ICT S00437 | 70.67% | 142.56% | 106.62% | | |
| Southern Parishes ICT S00467 | 144.48% | 68.33% | 106.40% | | |
| Totton ICT S00469 | 61.60% | 47.53% | 54.57% | 2.0wte staff unavailable for work | |
| Waterlooville ICT S00543 | 90.70% | 87.96% | 89.33% | | |
| Winchester City ICT S00483 | 109.74% | 69.77% | 89.76% | | |
| Winchester Rural East ICT S00498 | 90.83% | 32.34% | 61.59% | 0.7wte | |

| | | | | | |
|-----------------------------------|---------|--------|--------|----------------|--|
| | | | | unavailability | |
| Winchester Rural North ICT S00497 | 125.68% | 56.80% | 91.24% | | |
| Winchester Rural South ICT S00484 | 123.53% | 76.28% | 99.90% | | |

4 community teams show as below planned hours for the month of April.

Totton and Winchester ICTs have flagged for the previous four months with understaffing issues.

2.2 - Community Team Red Flags

Two red flag staffing incidents were logged during April.

| Ward/Team | Number of Incidents | Detail |
|----------------------|---------------------|--|
| HV - Farnborough | 1 | New birth visit breached by 1 day due to staff shortages. |
| Basingstoke East CCT | 1 | Staffing levels not matched to patient need. Wound care needs not being met. |

2.3 - Community Mental Health Teams Exception Report

| Team | Registered Nurse Fill Rate | Unregistered Nurse Fill Rate | Combined Fill Rate | Net Resourcing Impact | Red Flag Incidents |
|-------------------------------|----------------------------|------------------------------|--------------------|-----------------------|--------------------|
| CMHT Andover and Winchester | 97.53% | 108.69% | 103.11% | | |
| CMHT Bordon and Petersfield | 82.04% | 86.67% | 84.35% | | |
| CMHT Central Southampton | 149.74% | 106.73% | 128.24% | | 1 |
| CMHT East Southampton | 108.93% | 63.01% | 85.97% | | |
| CMHT Eastleigh & Romsey | 83.51% | 47.58% | 65.55% | 1.2wte unavailability | |
| CMHT Fareham and Gosport | 97.98% | 72.08% | 85.03% | | |
| CMHT Havant and Waterlooville | 116.23% | 80.51% | 98.37% | | |
| CMHT New Forest | 89.47% | 132.67% | 111.07% | | |
| CMHT North Area | 57.81% | 99.70% | 78.75% | 4.9wte unavailability | |
| CMHT West Southampton | 129.74% | 151.27% | 140.50% | | |

Two CMHTs were below planned hours for the month of April, however Eastleigh have now flagged for 5 consecutive months with Registered Nurse gaps.

2.4 - Community Mental Health Teams - Red Flags

One red flag staffing incident was logged during April which is detailed below. Red flag incidents occur when staffing levels or skill mix impacts service delivery:-

| Ward/Team | Number of Incidents | Detail |
|-------------------|---------------------|---|
| South Area - AMHT | 1 | Closure of crisis lounge due to staff sickness. |

3 Risks and issues

Continuing to source appropriate staffing to meet the requirements of SHFT inpatient units and community teams in line with workforce plans, and the national climate of reduced Registered Nurse availability.

Under the leadership of the Director and Deputy Director of Nursing to reduce temporary staffing and eliminate non-framework agency use whilst maintaining safer staffing levels and complying with NHS Improvement (NHSI) agency rules.

4 Next Steps and Priorities for 2019

Rostering review was launched in January 2019 and an efficiency programme has been developed following this diagnostic review. The focus in January was run rate variation on last years spend. The focus for February and March was AL planning. The focus in Q1 will be a deep dive into overtime.

Continued focus on effective rostering to improve staffing utilisation and productivity in line with Lord Carter's recommendations has now commenced. It is anticipated that this project will run until March 2019.

Further refine the acuity and dependency measurement process within community settings.

Reduction of non-framework agency spend, reduce reliance on bank and agency staff and reduce agency expenditure in line with NHSI target.

Continue to embed Safer Staffing within SHFT and ensure continued alignment to the latest National Quality Board guidance, accompanied by an audit of compliance against the Safer Staffing Policy which is due for renewal by September 2019.

Continuations of work to develop new roles linked to new models of care to ensure a pipeline of appropriately trained staff are available.

Exploration of the Aneurin Bevan Caseload Management Tool within AMH, LD and OPMH in support of safe caseloads.

Further triangulation of teams in intensive support, workforce issues and quality metrics.

5 Recommendation

The Senior Management Committee is requested to receive the exception report Safer Staffing for May 2019 (April 2019 data), and to recommend any escalations for inclusion in Trust Board exception report.