

<b>REPORT TO THE SENIOR MANAGEMENT COMMITTEE</b>	
<b>Date</b>	17/07/2019
<b>Agenda Item</b>	
<b>Title</b>	Safer Staffing Monthly Exception Report July 2019 (June 2019 data)
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<b>Purpose &amp; Action Required</b>	<p>The purpose of this report is to provide the monthly exception report for July 2019 (June 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 July 2019 and to recommend any escalations for inclusion in Trust Board report.</p>
<b>Executive Director Overview</b>	<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 &amp; AHPs and Medical Director. There must also be clarity of reporting process and where responsibility for action resides.</p> <p>June 2019 data shows 2 hospital sites reporting as red in the national publication data due to RN and CSW fill rates falling below 80% over the month. Further details are provided in section 3. These sites were:</p> <ul style="list-style-type: none"> <li>• Elmleigh Hospital</li> <li>• Western Community Hospital</li> </ul> <p>Elmleigh and Western Community have featured in national data for the last 5 months.</p> <p>23 inpatient red flag incidents together with resulting themes have been identified for June 2019.</p>

<b>Previously considered by:</b>	N/A
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<b>Strategic Priorities this paper supports:</b>		
<b>Quality</b>	<input checked="" type="checkbox"/>	Provide good quality care People are able to access the care they need, when they need it
<b>People</b>	<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
<b>Transformation</b>	<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
<b>Money</b>	<input checked="" type="checkbox"/>	Make every penny count towards patient care and service improvement
<b>Does this impact any Board Assurance Framework / Corporate Risks</b>		<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 &amp; 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 &amp; long-term financial sustainability.</p>

## Safer Staffing Monthly Exception Report – July 2019 (June 2019 data)

### 1. Purpose

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

### 2. 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 and ensure safety of our patients, as required for this period where staffing levels have fallen below 80% establishment fill for shifts.

### 3. Inpatient Wards

#### 3.1 Inpatient Wards Exception Report (for the period 1<sup>st</sup> June to 30<sup>th</sup> June 2019)

Off framework agency use is included within data unless specified otherwise. 8 wards, 2 sites, were reported in the national publication data set as red in June;-

Hospital Site name	Ward Name	Data by Ward				Data by Site (nationally reported)			
		Average fill rate RN Staff (%) DAY	Average fill rate CSW staff (%) DAY	Average fill rate RN staff (%) NIGHT	Average fill rate CSW staff (%) NIGHT	Average RN fill rate (%) as a site DAY	Average CSW fill rate (%) as a site DAY	Average RN fill rate (%) as a site NIGHT	Average CSW fill rate (%) as a site NIGHT
Moorgreen hospital	Willow Ward	88.8%	178.4%	94.5%	218.7%	88.8%	178.4%	94.5%	218.7%
Antelope house	Saxon Ward	101.2%	124.1%	107.0%	100.0%	88.5%	136.1%	110.7%	129.8%
	Trinity Ward	75.0%	136.4%	117.2%	133.8%				
	Hamton Ward PICU	92.5%	149.0%	107.9%	155.8%				
Elmleigh	Elmleigh Inpatient	70.3%	110.9%	69.0%	157.9%	70.3%	110.9%	69.0%	157.9%
Forest lodge	Forest Lodge	101.3%	98.0%	100.0%	100.5%	101.3%	98.0%	100.0%	100.5%
Hollybank	Hollybank	97.0%	98.5%	113.4%	101.1%	97.0%	98.5%	113.4%	101.1%
Melbury lodge	Kingsley Ward	137.5%	116.6%	81.7%	188.4%	103.3%	109.8%	91.3%	157.2%
	Mother & Baby Unit	82.2%	119.4%	96.1%	145.1%				
	Stefano Olivieri Unit	78.8%	93.8%	100.4%	106.8%				
Parklands hospital	Beechwood Ward	96.5%	100.9%	100.0%	185.2%	83.2%	127.1%	89.9%	153.4%
	Elmwood Ward	100.3%	127.6%	96.7%	189.1%				
	Hawthorns 1	76.5%	144.5%	66.1%	140.1%				
	Hawthorns 2	70.3%	130.5%	95.7%	105.5%				
	Ashurst Ward	0.0%	0.0%	0.0%	0.0%				

Ravenswood house	Lyndhurst Ward	90.2%	109.4%	97.4%	131.5%	83.0%	96.7%	96.9%	104.0%
	Malcolm Faulk Ward	77.8%	95.1%	93.0%	102.4%				
	Mary Graham Ward	82.0%	105.6%	101.3%	100.3%				
	Meon Valley Ward	87.5%	107.0%	100.2%	98.6%				
	Ashford Unit	80.1%	80.1%	100.0%	94.4%				
Southfields	Beech Ward	118.4%	83.2%	100.4%	102.0%	111.6%	96.1%	99.2%	105.9%
	Cedar Ward (Southfield)	98.9%	94.5%	100.3%	100.0%				
	Oak Ward	117.7%	111.8%	96.9%	115.8%				
Bluebird house	Moss Ward	0.0%	0.0%	0.0%	0.0%	117.4%	111.3%	116.0%	103.4%
	Stewart Ward	115.1%	102.0%	140.1%	101.7%				
	Hill Ward	121.1%	124.3%	91.6%	105.3%				
Leigh house	Leigh House	102.4%	154.2%	93.4%	150.9%	102.4%	154.2%	93.4%	150.9%
Gosport war memorial hospital	Ark Royal Ward	90.6%	91.6%	93.3%	211.0%	105.6%	97.1%	100.9%	151.6%
	Sultan Ward	116.7%	97.7%	98.4%	110.4%				
	Poppy Ward	121.7%	95.1%	111.6%	135.2%				
	Rose Ward	96.5%	108.7%	101.6%	197.1%				
Petersfield hospital	Cedar Ward (Petersfield)	73.6%	99.6%	89.0%	112.0%	82.6%	100.4%	94.5%	108.1%
	Rowan Ward	94.5%	101.5%	100.0%	100.3%				
Fordingbridge	Ford Ward	90.3%	82.4%	98.4%	103.3%	90.3%	82.4%	98.4%	103.3%
Lymington New Forest hospital	Deerleap Ward	104.8%	111.5%	167.2%	93.6%	95.4%	117.1%	107.9%	106.3%
	Longbeech Ward	92.2%	134.6%	94.5%	147.4%				
	Medical Admissions Unit	94.2%	87.2%	97.0%	85.2%				
	Wilverley Ward	94.2%	174.4%	97.0%	95.6%				
Romsey hospital	Chichester/ Nightingale Ward	101.2%	93.1%	93.2%	197.0%	101.2%	93.1%	93.2%	197.0%
Alton community hospital	Anstey Ward	93.7%	89.0%	90.0%	90.3%	93.7%	89.0%	90.0%	90.3%
Western community hospital	Berrywood Ward	85.0%	81.2%	98.8%	142.2%	90.3%	79.8%	96.9%	85.6%
	Beaulieu Ward	95.6%	79.2%	94.9%	70.0%				

### **3.1a) Red sites and shifts**

#### ***Elmleigh Hospital - Registered Nurse day and night shifts***

During the month of June, Elmleigh's Registered Nurse fill rates fell below planned levels during the day and night shifts. Cover was mitigated with additional unregistered workers covering gaps in registrant shifts and this skill mix change did not affect patient care. Bank and Agency is being used to cover 5.6wte RN vacancies.

#### ***Western Community Hospital, Beaulieu – Health Care Support Worker day shifts***

Beaulieu ward currently have a high complexity caseload. This has resulted in gaps of unregistered staff availability during the day and night shifts throughout June. To mitigate this, unregistered staff have been shared from Berrywood, however these staff moves have not been reflected in HealthRoster and so are incorrectly showing that HCSW staff fill is inadequate for Beaulieu for June. The team have been asked to ensure that all staff moves/sharing is recorded in HealthRoster moving forward to facilitate accurate reporting.

### **3.1b) Additional fill rate comments**

There are a number of instances where shift fills are showing blue and exceeding 150% fill rate for HCSWs. This can usually be attributed to increasing HCSW staff in times of RN shortfall or with increased acuity or caseload complexity. For example, a night shift could be funded for one HCSW worker, if this is doubled to two, to cover RN gaps or increased workload, this could push the fill rate up to, (and over) 200%, depending on the instances of this throughout the month.

Romsey Hospital blue flagging is as a result of a CQC requirement due to the layout of the ward to mitigate safety issues. The ward has increased their numbers at night to 2 + 2, so one over their establishment. Their roster template will require updating in light of this and should reflect in reporting moving forward.

Where skill mixes have been adjusted on a longer term basis, this will be reviewed by the safer staffing team to consider impact on patient safety and experience, and whether

In instances where increases are permanent, roster templates will require updating to ensure accurate reporting.

### **3.2 Inpatient wards use of temporary staffing**

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 Safer Staffing policy recommends night shifts are filled by substantive staff in the first instance, however agency use is often driven by high staff vacancies, in which case substantive staff numbers may be too low to cover night shifts for a 24/7 service. Last minute sickness absence and inability to fill the shift from NHSP bank also escalates agency use.

The below wards triggered in the month of June:-

Site	Unit	Staff Group	Shift	Substantive	Bank MPH	Bank BO	Agency
<b>ANTELOPE</b>	<b>Hamton Ward PICU</b>	<b>Registered</b>	<b>Night</b>	0.2%	3.1%	1.5%	<b>95.1%</b>
	Hamton Ward PICU	Unregistered	Night	18.0%	2.8%	79.2%	0.0%
	Saxon Ward	Registered	Night	21.2%	5.2%	14.1%	<b>59.5%</b>
	Trinity Ward	Registered	Night	17.8%	24.5%	4.2%	<b>53.5%</b>
	Trinity Ward	Unregistered	Night	48.6%	3.2%	48.2%	0.0%
<b>BLUEBIRD HOUSE</b>	<b>Hill Ward</b>	<b>Registered</b>	<b>Night</b>	23.9%	5.6%	16.6%	<b>53.8%</b>
<b>MOORGREEN</b>	<b>Willow Ward</b>	<b>Registered</b>	<b>Day</b>	32.4%	7.7%	5.7%	<b>54.1%</b>

### ***Hamton Ward PICU – Registered, night shifts***

Bank and agency cover 12.4wte vacancies (across both registered and unregistered) and an additional 3.7wte unavailability in June due to sickness and other leave. Hamton has a number of Band 2 – Band 5 new starters between June 2019 and March 2020, to help address the existing vacancies and further leavers in coming months. There are ongoing formal recruitment plans in place across the site. Net resourcing impact: -13.5%.

### ***Hill Ward, Registered, night Shifts***

Hill Ward confirmed that they have two long term placement (LTP) agency block shift-bookers who work the night shifts currently which is why Hill ward has flagged this month, combined with some annual leave and sickness absence of substantive staff (1.0wte unavailability). As they are LTP nurses, and are familiar with the ward and processes this is not felt to be a safety concern. Net resourcing impact: -31.7%.

### ***Willow Ward – Registered, day shifts***

Bank and Agency cover 17.3wte vacancies (across both registered and unregistered) and an additional 3.3wte unavailability in June due to sickness and other leave. Net resourcing impact: -7.0%.

### **3.3 Inpatient staffing red flag incidents**

The below table provides additional information regarding red flag incidents for June 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
Bluebird - Stewart	1	Staffing levels not matched to patient need.
Ark Royal	5	Staffing levels not matched to patient need.
Poppy Ward	1	Staffing levels not matched to patient need.
Leigh House	1	Staffing levels not matched to patient need.
Romsey Chichester	1	Staffing levels not matched to patient need.
Petersfield - Cedar	1	Staffing levels not matched to patient need.
Fordingbridge - Ford	1	Staffing levels not matched to patient need.
Antelope - Trinity	1	Staffing levels not matched to patient need.
Antelope - Saxon	2	Staffing levels not matched to patient need. Only 1 member of staff sufficiently trained.
Lymington - Longbeech 1	1	Staffing levels not matched to patient need.
Berrywood	1	Staffing levels not matched to patient need.

Red flag staffing incidences are almost always as a result of last minute sickness or instances of emergency leave (Ark Royal) which cannot be mitigated. It is likely these may result in some delays to care but rarely impact on the wider safety of the unit.

All staffing red flags submitted via Ulysses are immediately and automatically escalated to the relevant Divisional Director. Once a month all those submitted are reviewed for attribution and direct link to staffing levels for inclusion in this report. Where there are safety concerns, the individual incidents are flagged to the Divisional Director or relevant Senior Management to review them for further action or consideration of impact. For staffing levels that do not match patient need, this is explored via the Acuity and Dependency measure only, 6 monthly.

Where staffing red flags have been raised in 3 consecutive months, the safer staffing team will seek assurances regarding recruitment plans and investigate potential long-term placements.

#### 4. Integrated Services Division – Community Teams

##### 4.1 Integrated Services Division – Community Teams Exception Report

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

Team	Registered fill rate	Unregistered fill rate	Combined fill rate	Net Resourcing Impact
Andover 1 ICT	81.94%	61.74%	71.84%	5.4wte vacancies. 3.9wte unavailability. Net resource 29% under.
Avon Valley ICT	56.59%	70.98%	63.79%	3.8wte vacancies. 3.4wte unavailability. Net resource 32.6% under.
Basingstoke Town East ICT	47.77%	117.94%	82.85%	
Basingstoke Town West ICT	73.43%	120.79%	97.11%	8.5wte vacancies. 1.7wte unavailability. Net resource 34.0% under.
Chandlers Ford ICT	95.03%	96.66%	95.84%	
Eastleigh Town ICT	24.37%	91.43%	57.90%	14.2wte vacancies. 0.0wte unavailability. Net resource 41.9% under.
Fareham 1 ICT	86.97%	100.96%	93.97%	
Fareham 2 ICT	93.96%	78.87%	86.42%	0.4wte vacancies. 1.4wte unavailability. Net resource 7.8% under.
Gosport 1 ICT	93.66%	110.68%	102.17%	
Gosport 2 ICT	102.24%	73.81%	88.02%	0.4wte vacancies. 1.8wte unavailability. Net resource 10.6% under.
Havant ICT	76.29%	124.78%	100.53%	0.2wte vacancies. 2.2wte unavailability. Net resource 9.9% under.
Hayling ICT	98.96%	92.30%	95.63%	
Hythe & Waterside ICT	98.67%	114.07%	106.37%	
Lymington ICT	118.23%	75.11%	96.67%	2.2wte vacancies. 2.3wte unavailability. Net resource 21.9% under.
New Milton ICT	94.20%	88.49%	91.35%	
Petersfield ICT	96.40%	63.03%	79.71%	2.7wte vacancies. 3.4wte unavailability. Net resource 25.4% under.
Romsey ICT	106.22%	71.82%	89.02%	1.1wte vacancies. 2.0wte unavailability. Net resource 13.0% under.
Rural East ICT	116.45%	63.32%	89.88%	-0.4wte vacancies. 1.3wte unavailability. Net resource 7.2% under.
Rural West ICT	50.40%	164.15%	107.28%	1.5wte vacancies. 1.0wte unavailability. Net resource 18.9% under.
Southern Parishes ICT	78.81%	56.55%	67.68%	3.1wte vacancies. 2.4wte unavailability. Net resource 13.5% under.
Totton ICT	50.94%	60.18%	55.56%	2.4wte vacancies. 1.7wte unavailability. Net resource 9.9% under.
Waterlooville ICT	71.84%	81.01%	76.43%	2.1wte vacancies. 1.9wte unavailability. Net resource 20.1% under.
Winchester City ICT	83.27%	94.61%	88.94%	
Winchester Rural East ICT	112.42%	56.14%	84.28%	2.7wte vacancies. 0.0wte unavailability.



				Net resource 7.2% under.
Winchester Rural North ICT	109.59%	55.41%	82.50%	0.0wte vacancies. 0.2wte unavailability. Net resource 2.1% under.
Winchester Rural South ICT	81.67%	61.65%	71.66%	1.6wte vacancies. 3.4wte unavailability. Net resource 24.0% under.

9 community teams show as below their planned hours for registered staff for the month of June. Of these 9, the table shows that 4 of these teams increased their unregistered staff fill, presumably to mitigate shortfall as far as possible and level out the combined staff rate (all of these 4 teams who adapted their skill mix achieved 82.9% - 107.2% combined fill rate).

Similarly, of the 13 teams who show as below their planned hours for unregistered staff, 6 teams are above their planned hours for registered staff, again going some way to balancing the combined fill rate (these 6 teams range from 82.5% - 96.6% combined fill rate).

In total, only 4 of the 26 ICT teams were within the range of 80 – 100% fill rate across their registered and unregistered staff in June. Despite this, no staffing incidents were logged in June for the integrated services division community teams.

Rostering problems may contribute to or exacerbate reporting figures.

## 5. Community Mental Health Teams

### 5.1 Community Mental Health Teams Exception Report

Team	Registered fill rate	Unregistered fill rate	Combined fill rate	Net Resourcing Impact	Red Flags
Andover and Winchester	78.99%	111.67%	95.33%	0.5wte vacancies. 1.4wte unavailability.	
Bordon and Petersfield	82.76%	87.83%	85.30%		
Central Southampton	145.46%	116.93%	131.20%		
East Southampton	126.07%	65.81%	95.94%	0.9wte vacancies. 2.7wte unavailability.	
Eastleigh & Romsey	62.28%	44.24%	53.26%	1.3wte unavailability due to sickness.	
Fareham and Gosport	95.29%	62.40%	78.84%	2.2wte vacancies. 2.5wte unavailability.	
Havant and Waterlooville	92.69%	75.56%	84.12%	2.8wte vacancies. 3.1wte unavailability.	
New Forest	99.51%	141.40%	120.45%		
North Area	106.94%	115.10%	111.02%		
West Southampton	124.75%	121.38%	123.06%		1

Two CMHTs were below planned hours for the month of June for registered staff. For Andover and Winchester this was mitigated by increasing the fill rate for unregistered staff (111.67%).

Three other CHMTs were below planned hours for unregistered staff, however due to sufficient registered fill rates, their combined fill rates were largely 80% and over.

Rostering problems may contribute to or exacerbate reporting figures. Repeated flagging as red will prompt review, encouragement for red flag incident reporting and support to mitigate moving forward.

Eastleigh & Romsey reporting will be investigated further by the safer staffing team.

## 5.2 Community Mental Health Teams - Red Flags

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

Team	Number of Incidents	Detail
South Area - AMHT	2	Crisis lounge closed due to staffing levels
Winchester CMHT - OPMH	1	Shortage of admin staff therefore outstanding dictated letters.
East Area - AMHT	1	Unable to contact medic therefore sent patient to QAH.
West Southampton CMHT - OPMH	1	No OPMH locum consultant available.

## 6. 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. Across all teams in the Trust, for substantive posts only, there are the following vacancies (correct at the time of reporting). For comparison, May data is also included.

Band/Role	WTE vacancy (June)	WTE vacancy (May)
B6 RN	48.4	58
B5 RN	179.1	170
B3 HCA	40.0	36
B2 HCA	107.3	113

The Trust's Retention Action Plan is currently undergoing review by the Retention Steering Group. This action plan will be reviewed in due course by the Safer Staffing team to consider Nursing-specific activities that can be explored and supported moving forward.

Vacancies in Nursing and the associated reasons, action plans and feedback are reported through and addressed via the relevant workforce committees.

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.

In light of both the national climate of reduced Registered Nurse availability and ward wte vacancies, 23 beds are currently closed in 5 sites across the Trust to mitigate staffing and safety issues.

At risk teams are highlighted on the risk register – Risk#576, reviewed monthly and updated for escalation.

## **7. Next Steps and Priorities for 2019**

Rostering review was launched in January 2019 and is ongoing. An efficiency programme has been developed following this diagnostic review. The first focus area was run rate variation on last year's spend, followed by annual leave planning. The next focus will be a deep dive into overtime and unused hours.

There will also be a deep dive into red flag reporting trends (specifically in light of team vacancies) across the integrated services division community teams.

Continued emphasis on effective rostering to improve staffing utilisation and productivity in line with Lord Carter's recommendations has now commenced. Including tailored formal training on safe and effective utilisation of staff, in collaboration with the HealthRoster team. Meetings are ongoing with teams where elements of their rostering have highlighted anomalies during audits, with ongoing training needs identified and trust-wide bulletin messages issued to echo the need for efficient and effective rostering.

Further refine the acuity and dependency measurement process within community settings and apply these to develop a greater picture of the staffing situation.

Reduction of non-framework agency spend, reduce reliance on bank and agency staff and reduce agency expenditure in line with NHSI target via a number of routes and initiatives. An on-framework agency Soleus is being trialled at Antelope house as an option to mitigate substantial off-framework agency spend. The trial has been agreed for three months and is approaching the final stage. Evaluation of outcomes of this trial and impact on off-framework will be undertaken in due course, with the potential to extend this trial if necessary. Use of non-framework agency is closely monitored and regularly reviewed, with ongoing development of robust processes to regulate and reduce usage.

Long-term placements (LTPs) of Bank and Agency staff are encouraged as a more sustainable and pro-active approach to staffing shortfalls. There are currently around 65 LTPs ongoing across the Trust which usually vary between 3 and 6 months in duration, with recruitment ongoing in parallel. The Safer Staffing team liaise with NHSP when LTP are considered to be a suitable option.

Continuing to embed Safer Staffing within SHFT and ensure continued alignment to the latest National Quality Board guidance. An audit will be undertaken in due course to review both inpatient and community team compliance against the Safer Staffing Policy and processes.

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.

## **8. Recommendation**

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