




## Report Summary

Report Purpose:			
Approval/Decision:	x	Assurance:	x
Update	x	Review	x
Discussion	x	Steer	

<b>Agenda Item Ref:</b>	
<b>Report to:</b>	Trust Executive Committee
<b>Meeting Date:</b>	17 October 2019

Report Title					
<b>Safer Staffing - Workforce Report October 2019</b>					
<b>Presented by:</b>	Chris Burford Interim Executive Director of Nursing and Practice				
<b>Report author(s):</b>	Chris Burford Interim Executive Director of Nursing and Practice				
<b>Accountable Director:</b>			<b>Date Approved:</b>		
Chris Burford Interim Executive Director of Nursing and Practice			10 October 2019		
<b>Alignment to the Trust's strategic aims:</b>	Our aims:	To deliver high quality care and treatment	x	To ensure our services are driven by the voices of people who use them	x
		To build a reputation as a recognised centre of excellence and expertise	x	To attract and retain talented people and to create a great place to work, with a shared sense of pride and ambition	x
		To challenge discrimination and stigma, and to champion recovery, inclusion and wellbeing	x	To be an efficient, thriving and successful organisation with a sustainable future	x
<b>Purpose of report:</b>	The Trust is required to report on inpatient staffing levels on a monthly basis – both externally, through the NHS Choices website and internally to the Trust Executive Committee.				
<b>Summary of the key issues:</b>	<p>Safer Wards reporting is included within this report based upon the Ward Dashboards and HealthRoster.</p> <p>Key Performance Indicators based upon CQC domains are actively represented.</p> <p>Time Of In Lieu (TOIL) and Hours Owed To The Trust (HOTTT) have been managed from March 2018 onwards.</p> <p>Ward staffing numbers working below 80% and above 120% establishment – KPI 479 Fill rate of ward shifts.</p> <p>Reasons for staffing numbers below 80% and above 120% for September 2019</p> <p>Care Hours Per Patient Day calculation explained and reported for September 2019 including the Allied Health Professional returns reported to NHS England.</p> <p>KPI 480 Bank and Agency Usage on Ward Shifts during September 2019</p>				
<b>Recommendations:</b>	The Trust Executive Committee receives the Safer Wards report and the Analysis of the data.				

	<p>The board to be assured that inpatient wards are monitored for their safe staffing levels at all times, that when breaches with skill mix are identified; they will be mitigated with a ratio of increased unregistered staff. If a team is understaffed that professional judgement has been applied to ensure safety is paramount, with mitigating actions applied.</p> <p>The Board to be assured of the continued controls implemented by the Safe Staffing Team, including validation of agency requests, agency negotiation and effective rostering of healthcare staff.</p> <p>The Trust Executive Committee are assured that all reporting to NHS England is compliant and reflective of Trust performance.</p>				
<b>Report previously presented to:</b>					
Committee/Group:	Date:	Report title:	Outcome/action:		
None	N/A				
<b>Summary of compliance implications:</b>					
Meeting the National Quality Board requirements and reporting to NHS England					
<b>Does this report provide assurance in respect of a new / existing risk/s?</b>					
Type of risk/s	Existing	Corporate Assurance	x	Risk Register	x
<b>Level of Assurance and trend:</b>   <b>1 to 10</b>					
Significant		Limited		None	
8 					



## Trust Executive Committee

### Safer Staffing Report October 2019

#### 1. Situation

1.1 The Trust is required to report on inpatient staffing levels on a monthly basis – both externally, through the NHS Choices website and internally to the Board. This has been a requirement since June 2014.

1.2 This report is reflective of the National Quality Board guidance published July 2016:

“Staffing Guidance any Guidance applicable to the Services in relation to Staff numbers or skill-mix, including the National Quality Board publication Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time, available at <https://www.england.nhs.uk/wp-content/uploads/2013/04/nqb-guidance.pdf>

#### 2. Background

2.1 The data presented on this report is obtained through the following reports/systems:

HealthRoster

Ward Dashboards

NHS Improvement National Data

2.2 Since April 2018 NHS England has made the reporting of Care Hours per Patient Day (CHPPD) mandatory report as part of the safe staffing uplift per month. The Trust submitted the first set of CHPPD figures 15 May 2018, reporting CHPPD for April 2018.

2.3 The mandatory submission of CHPPD hours includes Qualified Nursing and Allied Health Professional, Health Care Assistants and Allied Health professional Assistants shifts planned to be worked and those worked as part of the clinical roster per ward.

#### 3. Assessment

##### 3.1 Safer Wards Report

3.1.1 The Trust has introduced a Safer Ward set of metrics via the Ward Dashboards hosted on the Informatics hub with the aim of reporting the holistic view of wards based upon key performance indicators.

3.1.2 The key performance indicators chosen are aligned with CQC requirements based on Safe, Effective, Caring, Responsive and well led criteria.

3.1.3 The metrics for Safer Wards are enclosed in the following tables. Please note that Ocean View and Moorland View wards merged at the beginning of June 2019 to form a single ward with 24 beds. Thus reducing the bed numbers in North Devon Adult services from 32 down to 24. This action has meant the merging of the two ward staff groups into a single entity. Therefore 21 wards are reported in the following data tables.

3.1.4 Trust Wards Total Unavailability details the percentage of staff that are not able to be rostered onto shifts due to a wide range of reasons, that include, annual leave sickness,

training, maternity, paternity and compassionate leave. Once a ward has an unavailability factor above 33% then the ability to complete a ward roster is compromised as 67% availability is required. Fifteen (15) wards registered an unavailability factor above 33% - 25/08/19 – 21/09/19.

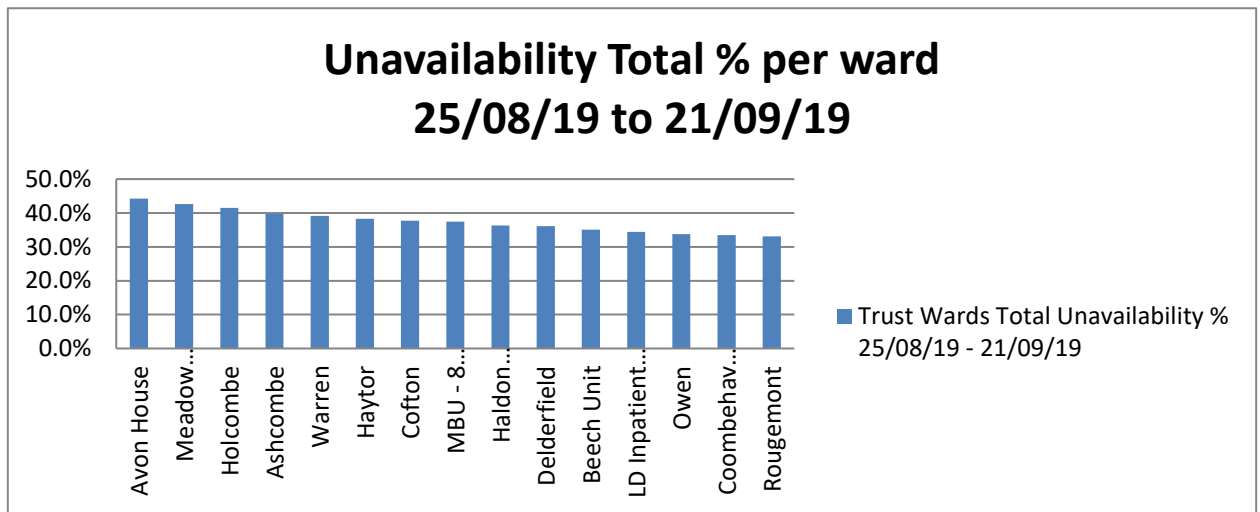


Table 1: Trust Wards Total Unavailability % 25/08/19 – 21/09/19

3.1.5 The most prominent reasons for unavailability are sickness and annual leave. Trust sickness average has been set at a target level of 4%. During the period in question eighteen (18) wards reported a sickness rate higher than 4%, with three (3) wards reporting sickness below 4%

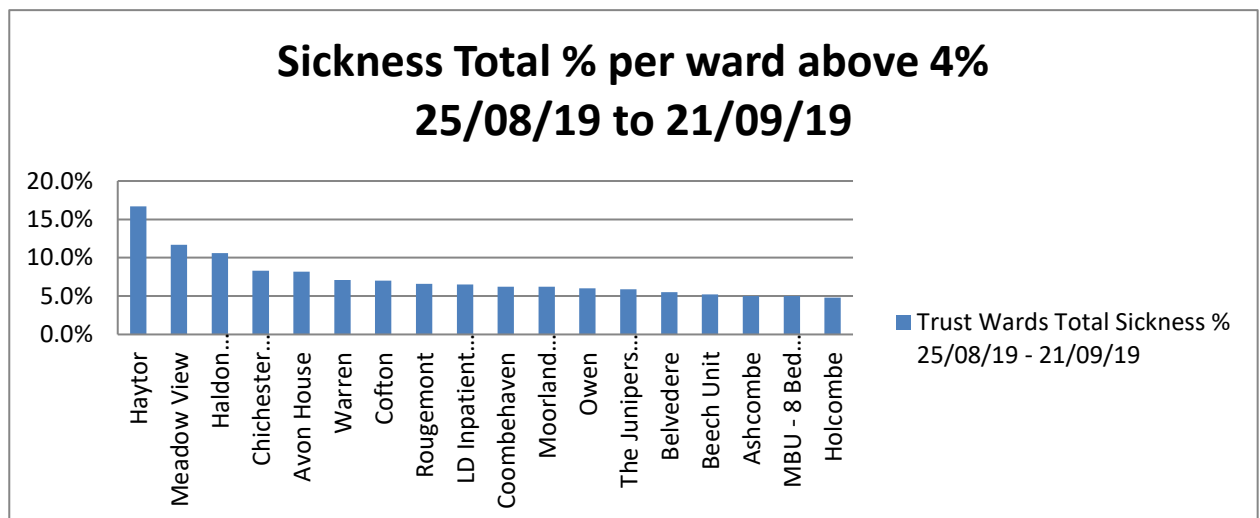


Table 2: Trust Wards Total Sickness % 25/08/19 – 21/09/19

3.1.6 Annual leave average amounts taken per 4 week period should fall within an 11% – 18% range to ensure effective use of leave averaged over a 12 month period. Six (6) wards allocated 18+% of leave, ensuring a lower availability of staff for their respective rosters. One (1) ward granted less than 11% of leave during this 4 week period.

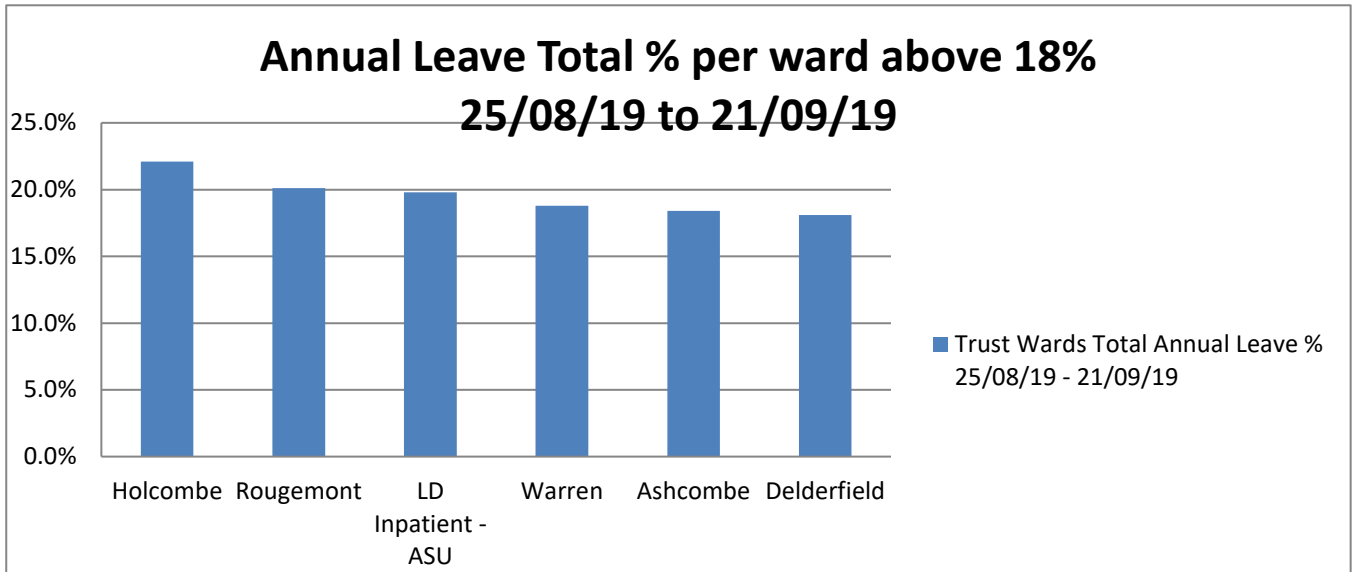


Table 3: Trust Wards Total Annual Leave % 25/08/19 – 21/09/19

3.1.7 The use of bank and Agency as part of the staffing numbers for wards is measured against the maximum 30% criteria for fill rates per month. Wards above 30 % fill rate for temporary staffing rate as a red rating, Six (6) wards achieved this rating. Bank and agency are used to cover vacancies, sickness and short term unavailability's. All wards used bank or agency staff during 25/08/19 – 21/09/19.

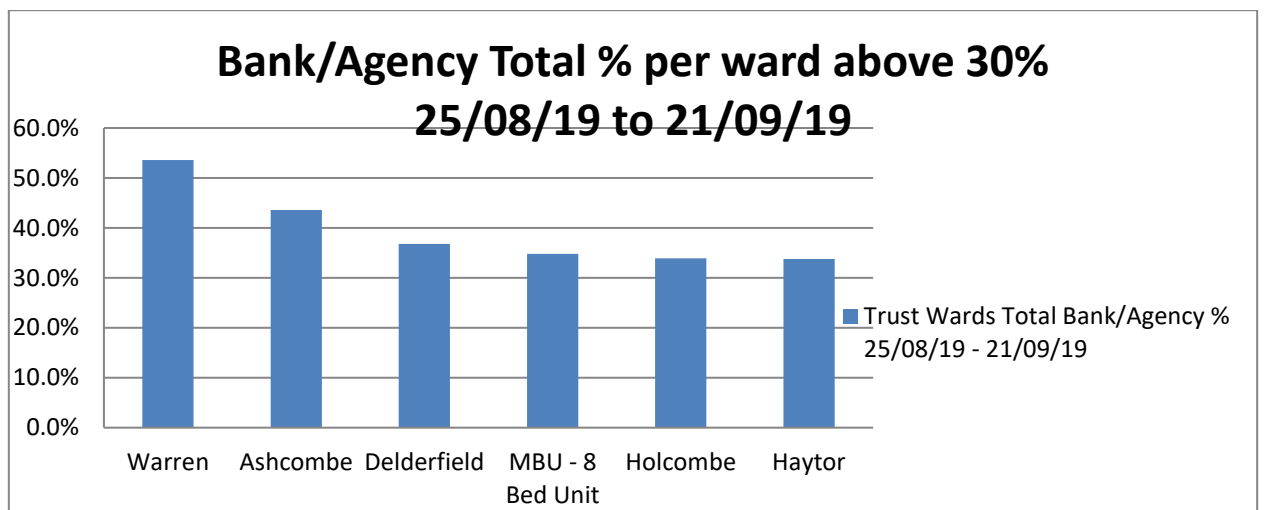


Table 4: Trust Wards Total Bank/Agency % 25/08/19 – 21/09/19

3.1.8 Study leave is an unavailability that has to occur to ensure the staff teams are competent within their professional roles and are applying the most current patient care models. Due to the Training course schedules and the varying dates that staff are required to attend courses the percentage of ward staff attending courses varies significantly. The allocation of staff available for training within each month is 5%. Therefore wards with more than 5% of staff on training courses will lower their availability for clinical rostering. The table below illustrates wards with training rates above 5%:

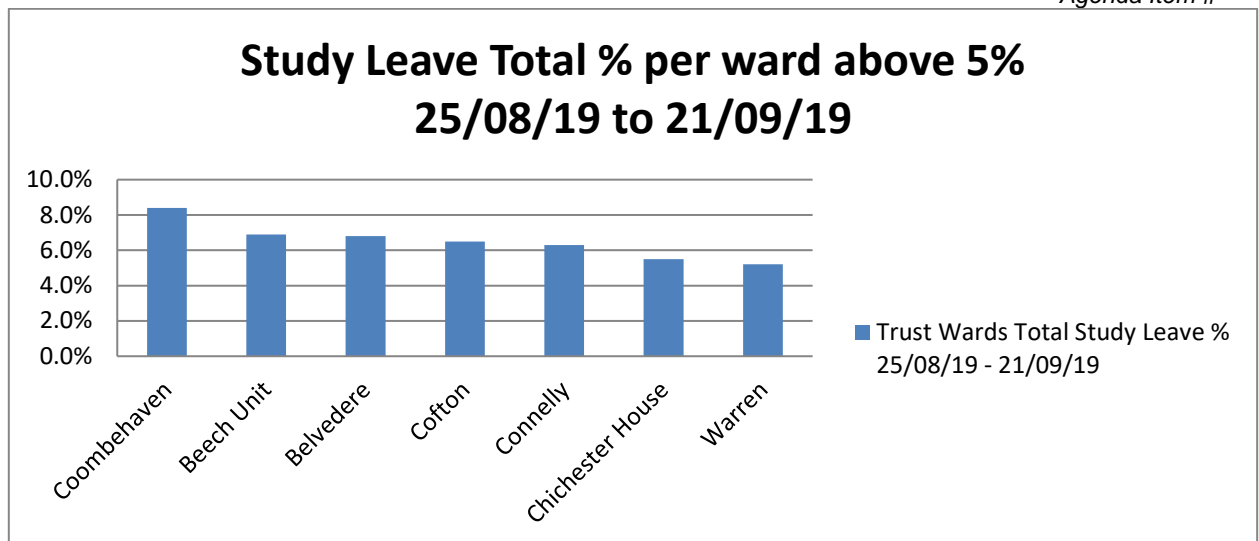


Table 5: Study Leave Total% per ward above 5% 25/08/19 to 21/09/19

- 3.1.9 From March 2018 Directorate Governance Boards have received a Safer Staffing Report highlighting areas of concern and issues regarding Time of in Lieu (TOIL), Hours Owed to the Trust (HOTTT) and Annual Leave status. The purpose of these reports is to ensure that staff is given TOIL as part of the roster after it has been accrued in line with Trust policy. That HOTTT – unworked contracted hours are worked or repaid back to the Trust. With annual leave it is to ensure each ward is aware of the amounts of leave taken, what leave is planned and how much balance is remaining – to ensure annual leave is used within the financial year it has been granted.
- 3.1.10 Each Directorate started the 2019/20 financial year with a TOIL balance carried forward from 2018/19, these balances should have been cleared during April 2019 to reset the totals to 0 balance. This occurred sporadically, so staff carried forward time owed to them that will impact staff availability during 2019/20.
- 3.1.11 TOIL balances fluctuate through the financial year as the needs of the service may require staff to work over their contracted hours during periods of high acuity, with the promise that the time can be taken back at a later date. The table below illustrates TOIL balances, the totals have increased from March 2019 to October 2019 by 291.52 hours. If TOIL is not returned to staff as time off, then the hours have to be paid at plain time which is a cost pressure against the budget.

Directorate	TOIL Opening Balance March 2019	TOIL Opening Current October 2019	Increase/Decrease	RAG Rating
Adult	1338.18	1308.10	-30.08	↓
OPMH	839.93	843.15	3.22	↑
Secure	331.87	636.14	304.27	↑
Specialist	330.64	344.75	14.11	↑
Total	2840.62	3132.14	291.52	↑

Table 5: Trust Directorate TOIL balances March 2019 – October 2019

- 3.1.12 HOTTT balances fluctuate through the financial year as staffs work a variety of shifts as part of the hybrid model of working. This may mean that staff under work their contracted hours, therefore managers have to ensure their staff comply with their work contracts and complete extra shifts. The table below illustrates HOTTT balances at March 2019 to October 2019. Overall the total HOTTT hours have increased from 4414.02 hours to 4969.91 hours, an increase of 555.89 hours over the 8 month period. This is due to existing errors on rosters, wards not utilising HealthRoster fully and staff missing shifts within their contracted hours.

Directorate	HOTTT Opening Balance March 2019	HOTTT Opening Current October 2019	Increase/Decrease	RAG Rating
Adult	2614.63	2606.30	-8.33	↓
OPMH	316.27	318.08	1.81	↑
Secure	1304.87	1640.98	336.11	↑
Specialist	178.25	404.55	226.30	↑
Total	4414.02	4969.91	555.89	↑

Table 6: Trust Directorate HOTTT balances March 2019 – October 2019

3.1.13 The Inpatient HealthRoster Engagement day held 6 September 2019 discussed the impact of correct reporting upon Safe Staffing and effective roster management for wards. Eight wards have received visits from the Safe Staffing team to review and audit the rosters to ensure compliance with Trust Policy and effective rostering rules. The wards include: Owen, Chichester, Haytor, Delderfield, Russell, Moorland View, Beech and Haldon.

3.1.14 Initial review and audit of the eight wards have highlighted input errors and different understanding regarding the initial build of rosters. TOIL and HOTTT hours have been checked, with the input errors corrected to ensure correct balances are reported. Each ward will receive an audit visit every 6 months to ensure compliance with the rostering rules.

3.1.15 Remaining thirteen (13) wards are booked for their review and audit during October 2019, with all wards completed by 1 November 2019. This will ensure the figures reported for November 2019 are correct.

## 3.2 NHS England Safe Staffing Report

3.2.1 Safe Staffing returns are measured within a defined parameter of below 80% and above 120% for each skill mix, on days and on nights. Wards reporting above and below these parameters are highlighted red on the report for fewer than 80% and yellow on the report for over 120% – see **Appendix A** for details.

3.2.2 Ward returns within the defined 80% - 120% parameters are defined as safe due to balanced skill mix.

3.2.3 Reasons for falling below 80% are due to the following factors:

High Vacancy Factor, especially qualified staff

High Sickness Rates

Imbalanced Skill Mix when building the roster

3.2.4 Reasons for staffing above 120% are:

Increased Ward Complexity including enhanced levels of supportive engagement at 1:1 or 2:1 above the agreed ward establishment, this causes an immediate increase in staffing numbers.

Opening of Extra Care Areas

Wards admitting patients above set numbers

Imbalanced Skill Mix

During September 2019 Six (6) inpatient wards reported combined average staffing rates above 120% - **see Appendix A**. Zero (0) wards reported a combined staffing ratio below 80% during September 2019.

### 3.3 Skill Mix Ratios

3.3.1 Ten wards (10) have been under staffed with qualified staff, backfill with unqualified staff ensured Safe Staffing numbers where maintained for seven (7) of the wards. When the two aggregate scores are added together they will exceed the 80% minimum for total staff on the ward – **See Appendix B**. Three (3) wards (Cofton – 70.39%, Connelly – 73.76%, and Holcombe – 73.90%) achieved less than 80% minimum staffing on day shifts during September 2019. One (1) ward (Cofton – 49.48% achieved less than 80% minimum staffing on night shifts during September 2019

### 3.4 Care Hours per Patient Day

3.4.1 Care Hours per Patient Day (CHPPD) are reported within the same template as Safe Staffing numbers – see **Appendix B**. During September 2019 one (1) wards (Owen 1.7) recorded Qualified CHPPD hours under the minimum 2 hours per day.

3.4.2 CHPPD hours are based on the acuity levels of individual patients admitted to inpatient wards. The purpose of this measure is to ensure patients are receiving the recommended hours per day support from staff to aid their recovery. Current CHPPD levels are an average of patients per day admitted to the ward at 23:59, multiplied by the number of days in the month. This figure is divided by the number of hours worked by clinical staff.

$$\frac{\text{Number of Patients} \times \text{Days in the month}}{\text{Hours worked by clinical staff}} = \text{Care Hours per Patient Day}$$

3.4.3 The Trust has access to the Model Hospital a set of national statistics for CHPPD. These figures are published from 14<sup>th</sup> of each month; therefore due to the current scheduling of TEC the national data set is reported 3 months behind current reporting schedules. See **Appendix C – CHPPD Data Metrics from the Model Hospital May 2019**.

3.4.4 Of 6 NHS Mental Health Trusts that cover the South West Region (Excluding Livewell) in May 2019, Devon Partnership Trust ranked 5th for CHPPD.

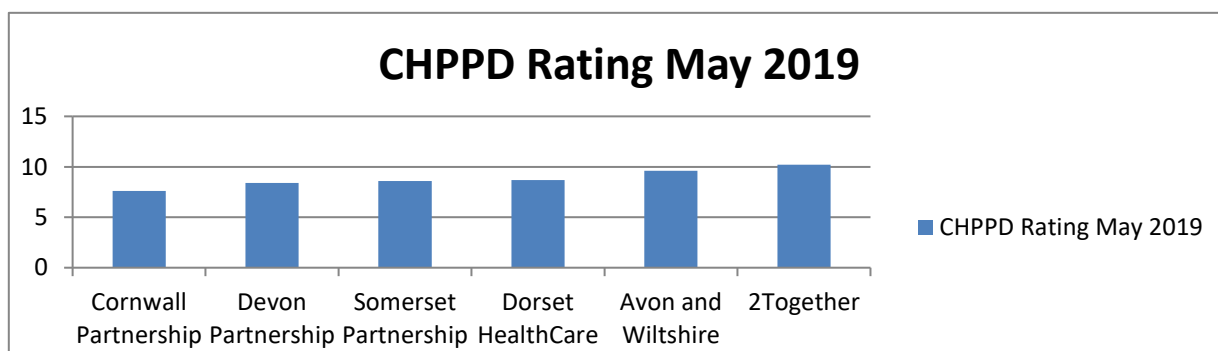


Table 7 Overall CHPPD May 2019 South West Mental Health Trusts

### 3.5 The Model Hospital

3.5.1 The data metrics for the Model Hospital include a wide range of topics including Board Level Oversight, Workforce Analytics, Corporate Services, Clinical Service Lines and Clinical Support Services. Each of the dashboards can be drilled down from Trust level to ward/team level. This information should be used to target areas of improvement across multiple disciplines and at each level of Trust performance.



- 3.5.2 The Model Hospital has been provided as a means of benchmarking Trusts against each other's performance data. This allows Trusts that target improvement within individual services to discuss improvement strategies with Trusts that have a proven track record of positive change and delivery. It also allows a modicum of competitiveness to occur between Trusts.
- 3.5.3 DPT has set a local peer group comprising the following Trusts to allow benchmarking via the Model Hospital, Cornwall Partnership, Somerset Partnership, Dorset HealthCare University, Avon and Wiltshire, and 2Together (Gloucestershire). With all six Trust located in the geographical South West and all providing Mental Health inpatient services.

**4. Recommendations:**

- 4.1 The Trust Executive Committee receive the Safer Wards report and the analysis of the data.
- 4.2 The board to be assured that inpatient wards are monitored for their safe staffing levels at all times, that when breaches with skill mix are identified; they will be mitigated with a ratio of increased unregistered staff. If a team is understaffed that professional judgement has been applied to ensure safety is paramount, with mitigating actions applied.
- 4.3 The Board to be assured of the continued controls implemented by the Safe Staffing Team, including validation of agency requests, agency negotiation and effective rostering of healthcare staff.
- 4.4 The Trust Executive Committee are assured that all reporting to NHS England is compliant and reflective of Trust performance.

**Compiled by:**

Chris Burford – Interim Executive Director of Nursing and Practice

**Presented by:**

Chris Burford – Interim Executive Director of Nursing and Practice

**Date:**

11 October 2019