

Board of Directors

28 November 2019

Paper title:	Safer Staffing Review	Agenda item 18
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Purpose of the report		
The purpose of this report is to provide an update on the current situation regarding safer staffing on the inpatient wards as required from the November 2013 National Quality Board (NQB) update on safer staffing levels.	For approval	
	For discussion	X
	For information	X

Executive summary		
<p>There is a requirement that all NHS organisations will take an annual report to their Board regarding their nursing and midwifery staffing. There are six themes which include ten expectations that organisations must meet in relation to safer staffing reviews; these are outlined below in appendix 1. Previous papers to the Trust have provided the full background to the safer staffing agenda and as the NQB now recommend that an annual report is provided to the board following a staffing review, this paper provides an update for the period May 2019- October 2019. Whilst national reporting requirements require Trusts to identify whether required staffing levels were being met, the lack of a national tool for mental health services has provided limited assurance. A tool has now been launched in with the intention of embedding it within services during 2019, however licensing issues have caused a delay in the Trust implementation, which have now been resolved.</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	State below 'Yes' or 'No'	If yes please set out what action has been taken to address this in your paper
	NO	

Recommendation
<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> • Receives assurance that the analysis demonstrates current staffing levels are providing the cover needed to deliver safe patient care • Understands the increasing levels of acuity within inpatient areas and ongoing recruitment and development plans • Support the continuing development of a roll out plan for the safe care module and MHOST

Strategic vision				
Please mark those that apply with an X				
Providing excellent quality services and seamless access	Creating the best place to work	Supporting people to live to their fullest potential	Financial sustainability growth and innovation	Governance and well-led
X	X	X		

Care Quality Commission domains				
Please mark those that apply with an X				
Safe	Effective	Responsive	Caring	Well Led
X	X	X	X	

Relationship to the Board Assurance Framework (BAF)	The work contained with this report links to the following strategic risk(s) as identified in the BAF: <ul style="list-style-type: none"> • BAF 2293
Links to the Corporate Risk Register (CRR)	The work contained with this report links to the following corporate risk(s) as identified in the CRR: <ul style="list-style-type: none"> • Risk 1831 • Risk 2151
Compliance and regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: <ul style="list-style-type: none"> • National Quality Board • Regulation 12 safe care and treatment] • Regulation 17 governance

Safer Staffing –Mental Health Inpatient Wards

1. Background and Context

In response to the Hard Truths Commitments, the National Quality Board (NQB) issued guidance on the publication of staffing numbers and reporting mechanisms for Trusts in relation to monthly and six-monthly reports to the Board. Originally the six-monthly report, was required to be presented and discussed at Trust Board meetings and should include a more detailed analysis of establishments across all wards. The NQB has now recommended that this is an annual requirement. This report was provided to the board in May 2019 and this paper provides an update and a summary of staffing statistics from May 2019 to October 2019.

The Trust Board continues to receive bi-monthly updates via the safer staffing dashboard which includes actual numbers of staff on duty, reasons for any gaps, actions being taken to address the gaps and the impact on quality and safety. The staffing levels have been displayed within each unit/ward on a daily basis from April 2014. Daily Lean Management occurs on all wards, where staffing levels are discussed, and solutions are explored where mitigation cannot occur appropriate escalation takes place

Work continues to progress within BDCFT to explore staffing levels and their relationship to acuity, increased engagement, bed occupancy and activity on wards. The e-Rostering system (including the bank & agency booking module) is now embedded across all inpatient services; with a dashboard of monthly key performance indicators on auto rostering levels and bank and agency usage being produced. Acute Inpatient services hold weekly auto-roster meetings where roster compliance, roster rules, skill mix and staffing levels are discussed, reviewed and changes made where required and agreed.

During 2019 a safer staffing review took place and following a Care Quality Commission (CQC) inspection, further work has been undertaken as part of a Kaizen event in relation to e-Rostering in October.

Since April 2019 unfilled shifts and 'red breach' shifts (where a shift has no qualified nurse cover) are reported out to the Service Managers for Inpatient services as part of Daily Lean Management processes. This is to ensure that there is rapid escalation, oversight and mitigation in place to manage shift shortfalls and associated quality and safety issues.

During the six months being reported on 27,105 shifts were required to ensure safer staffing in inpatients with an extra 7,380 shifts required for specialising (24.22% above baseline requirements – this is an increase from the previous 6 months of 0.36% from 23.86%). No shift was recorded as non-compliant to minimum staffing requirements within this period. From the overall baseline requirements 37% of shifts were filled by bank or agency (10,216 shifts) due to vacancy/sickness, this is a 7% increase (30%) from the number of shifts in the previous 6-month period.

Safer Staffing incident reporting electronic forms (IREs) are reported on a monthly basis to the safer staffing steering group and provided to the Heads of Nursing. a clear narrative from service leads is provided and lessons learned are put in place promptly and effectively and recorded in the minutes.

In total there were 146 staff shortage IREs reported for that period across inpatient wards. The Assessment and Treatment unit were the highest reporters with 43 (up from 35 in the previous six months) incidents reported and Bracken ward were the 2nd highest reporting 23 incidents. The Dementia Assessment Unit were the 3rd highest reporting 19 (a reduction of 16) incidents. The highest reporting month was September 2019 with 53 IREs & the lowest reporting month was July 2019, with 11 IREs having been reported. All IRE's were mitigated by staff and managers transferring staff, utilising bank and agency or receiving support from the intensive home treatment team. There were no red breach shifts during May to October 2019.

During a recent e-Rostering improvement event the codes being used on e-Rostering have been reviewed as it was discovered that some codes had been used incorrectly. It is therefore envisaged we should soon be able to provide a more accurate figure on the different reasons why additional duties are requested.

It is important to note that safer staffing data does not include staff that are available on the ward for other patient and non-patient activities, such as Ward Managers, Clinical Managers, Advanced Nurse Practitioners, Occupational Therapists, Psychological Therapists, Ward Housekeepers and Medical Staff as this is not currently a national reporting requirement. From February 2019 however, NHS Improvement commenced a piece of work to include Allied Health Professional roles as part of the safer staffing figures and this is now included in the Care Hours Per Patient Day data that is submitted monthly. There also needs to be some clarity given around whether the nursing associates can be included as they will be a registered workforce. Our first cohort qualifies in January 2020, and this will be determined by the Safer Staffing Group.

2. Labour

2.1 Labour Turnover

The Trust 12-month rolling labour turnover rate is currently 13.00% with the Acute Inpatient service currently recording above the Trust average at 18.22% (more than likely due to the Care Closer to Home project and recruitment to different roles over the last 6 months) and Specialist Inpatient Services showing a slight increase to 11.87% but below Trust average. The table below shows a breakdown of current staff in post, internal movements, leavers, and recruitment over the 6-month period by nursing and support staff across the wards.

Service		Establishment WTE	Staff in Post WTE	More than 5 Years	More than 2 Years	6 Months to 2 Years	0-6 months	Leavers WTE	Internal
							(i.e. recruitment in the last 6 months)		Movement WTE
Acute Inpatients	Nursing Staff	88.6	63.55	3.64	16.76	30.15	13	23.44	6.4
	Support Staff	128.79	121.76	13.92	21.36	65.84	20.64		
	Allied Health Professionals	21	19.96	0.96	3	7	9		
Specialist Inpatients	Nursing Staff	58.25	58.56	13.03	20.2	14.9	10.43	9.2	9
	Support Staff	105.17	100.83	36.17	18.5	33.36	12.8		
	Allied Health Professionals	9.00	5.7	3.8	1	1.9	0		
TOTAL		410.81	370.36	71.52	80.82	153.15	65.87	32.64	15.4

Table 1: Data as at October 19 – with leavers and internal movement data from May 2019 to October 2019

The table also shows internal movements, and a breakdown of the staff in post in terms of length of time in post. The detail on the length of service in role, also demonstrates the amount of recruitment undertaken in the last 6 months with the number being in post 0-6 months having increased by over 10% since the previous period. This has resulted in a significant shift of staff working in post for 2 years or more, from over 66% down to less than 50% in this 6 month period.

Vacancies on the Inpatient wards continue to be a challenge, recruitment has improved significantly over the last 6-month period following the Care Closer to Home recruitment campaigns. Although the Trust remains aware of the national shortage of band 5 registered nurses due to a reduction in training places, monitoring over the last 6 months, shows that there has been an increase in successful recruitment to band 5 posts across the services, and the Trust vacancy rate has shown a steady decrease over the period.

As part of the 90-day Rapid Improvement programme on Recruitment and Retention; the Trust agreed a 6-month recruitment plan to recruit a further 200 staff to the Staff Bank as part of the aspiration to reduce agency spend to zero. There are ongoing recruitment events in place, and to date the Bank has increased to over 300, with plans in place to ensure the workers begin to pick up regular shifts. Other actions included within the Recruitment and Retention action plan are a further understanding of the reasons for staff leaving our employment, to identify ways to improve the new starter induction experience and further work on the preceptorship programme. A review of the Trust Retire and Return policy and to implement appropriate interventions to help reduce turnover and improve the retention of key staff.

To summarise:

- Across all Inpatient areas there are currently 39 qualified nursing vacancies (27 in the pipeline) and 28 support worker vacancies – including bands 3 and 4 (11 in pipeline). We have active recruitment in place currently including a rolling advert for band 5 nurses
- 18% of new starters leave in the first 12 months, work to support preceptorship is discussed within the paper to address these concerns.
- Highest concentration of labour turnover is band 2's and 5's on Inpatient mental health wards

2.2 Sickness

Acute Inpatient Services have seen a slight decrease in sickness over the last six months from 8.67% (May) to 8.57% recorded in October 2019 (and a low of 3.48% recorded in Sep 19). Long-term sickness cases have continued to reduce; with a slight increase only in October. Therefore; the fluctuation in the sickness rate is mainly attributed to short term sickness cases over this period.

The sickness rate within Specialist Inpatient Services has remained steady over the period at 7.40% in May 2019 and 7.41% as at October 2019. The ward with the highest level of sickness has been the Assessment and Treatment Unit with a high number of staff being on long term sick. These are being addressed through Human Resource processes.

The top three current reasons for sickness across all Inpatient areas are:

- Anxiety Stress and Depression (mainly Long-term cases) – 33%

- Musculo-skeletal Problems (incl. Back problems) (mainly long-term sickness) – 14%
- Cold, Cough, Flu (all short-term sickness) – 10%

Staff members have regular appraisals (for acute inpatients appraisals are 81.4% and 89.4% for other wards) and managers are actively encouraged to consider mental and physical wellbeing as part of the discussion. This offers opportunities to refer in a timely way to the health and wellbeing team in partnership with the member of staff concerned. Staff members have also been signposted to the Mindfulness App which offers a course of mindfulness meditation, in bite-sized ten-minute exercises, delivered through a phone/tablet app or online.

Work on postvention support has commenced with the Head of Nursing and the Head of Psychological Therapies to ensure staff are supported following incidents.

2.3 Bank and Agency

Dependence on both bank staff and agency staff within inpatients remains considerable. This continues to be due to vacancy, sickness and the need for specialising within inpatient areas, particularly acute wards and the DAU whom have seen an increase in acuity. A paper was taken to the Senior Leadership Team in April 2019 to highlight the saving opportunity in moving to zero agency usage for health care support workers (HCSW). The paper identified that by moving away from using agencies to using bank staff the Trust could save up to a total of £585k across all nursing staff groups and £245k for inpatients. The Trust set a CIP for zero agency for Band 2 HCSWs for 2019/20.

Significant work has been undertaken to double the number of bank only HCSWs staff on the bank by recruiting an additional 200 plus staff with regular recruitment days in place to ensure that the Trust has a good supply of high quality HCSWs. There are now over 300 HSCWs registered with the bank as Bank Only workers. However only 100 of these workers have actually worked for the Trust, with an average of nine shifts per worker.

To ensure we are maximising shift bookings from our existing staff bank workers the following actions have been taken:

- *Split Staff Bank Team into operational rostering administration and bank fulfilment administration posts to ensure a focus on fulfilment of shifts.*
- *The Bank Fulfilment Team have implemented new daily KPIs around outbound telephone calls and shifts booked. Daily huddles have been implemented to review progress.*
- *Exploring a collaborative bank with Leeds & York and South West Yorkshire Partnership Trusts.*
- *Reviewing disengagement and compliance processes to ensure that those registered on the bank are working to aid with strategic recruitment planning.*

Many of these actions are driven from the current under-utilisation of Bank workers and the increase in demand. Demand has increased in many wards and within the DAU demand has doubled over the last three months. This is currently being reviewed as part of the DAU Review.

The focus going forward is on increasing the utilisation of bank workers – through proactive daily phone-calls by the staff bank team and ensuring that shift availability for all new bank workers is recorded on the roster system. In addition, further analysis will be done to

understand why the number of shifts worked per bank worker is so low; and developing appropriate actions to reduce demand and ensure quality and safety of care. Using more therapeutic interventions for example to reduce the need for specialising.

A task and finish group led by the General Manager and the Assistant General Manager has been established to look at actions to reduce demand and challenge some entrenched behaviours linked to culture, which means that bank workers are reluctant to work in some areas. This work will also include ensuring the roster system is being used optimally and to reduce the numbers of changes to the rosters made locally.

The top three reasons for bank and agency use during the reporting period across the Trust are identified as:

- Specialising (31%) – an decrease from 40% in the last 6-month period
- Vacancy/ backfill (44%) – an increase from 38% in the last 6-month period (however as previously discussed we are now aware that codes have sometimes been incorrectly used)
- Sickness cover (8.5%) – slight decrease from 8.7% over the last 6-month period

2.4 e-Rostering

Effective rostering is key to optimising the substantive workforce and ensuring shifts are filled across the wards and bank and agency is utilised when absolutely necessary. e-Rostering is utilised across all inpatient areas, with an auto roster being generated for 8 weeks at a time and edited by ward managers. Issues with unused hours, duplication and oversite remain with the e-Rostering system as there are still some areas that require ongoing support to ensure that we achieve all the benefits from the system. In order to achieve optimisation of this system, improve roster fill, appropriate staffing mix and reduced cost of agency, A two-day event occurred in November for all ward managers to look at improving their use of the e-Rostering system, and ensure that this was in line with current ward establishments.

The Trust's e-Rostering system also has a module called SafeCare, the functionality of which is two-fold. It links to the main rostering information so that attendance, sickness and redeployment of staff can be executed live and updated automatically back to the main system. Some wards have been trained in the use of this element, and plans are in place to roll this out to all wards by the end of December to support timely deployment of staff to meet presenting needs.

The second element is an acuity tool which tracks the level of clinical need of patients in relation to how many staff are working on shift. Work has been underway nationally to create a standardised calculation for Mental Health the Mental Health Optimal Staffing Tool (MHOST). The MHOST is an easy-to-use, multidisciplinary and evidence based tool that enables ward based clinicians in mental health to assess patient acuity and dependency, required care hours per patient per day and convert this data into a workload index and required whole time equivalent staff to ensure safe staffing levels. To date this has not been available for the Trust due to licensing issues however in October 2019, licensing became available and been approved by the Executive Team to introduce to the system to wards from mid-November 2019. Training will be required but it is envisaged that this can begin immediately and the system be full in use by the end of quarter 3 19/20. This tool will provide the wards, clinical and service managers with the care hours per patient per day therefore

identifying where there are both service and skill gaps or where staff could be redeployed within shift when acuity is less on their substantive ward.

A trial of moving from a 3 to a 2 shift pattern was completed in the Acute Inpatient wards and following consultation this has been rolled out. A further trial is currently underway across most of Specialist inpatients, with plans in place to consult with staff across DAU and ATU with a view to implementing a 2-shift pattern across all these services. This will also help to ensure that the rosters are optimised.

3. Implications/Risk issues

As of the November 2019, there are two risks on the corporate risk register relating to safer staffing. Details are as follows;

Risk 1831 - If the Trust fails to recruit, retain and engage a diverse workforce in the right numbers with the right skills, behaviours and experience to innovate in delivering holistic models of care.

- The Trust will be unable to meet the needs of services users, carers and commissioners in terms of delivering high quality, safe, outcome based, patient focused care and support.
- This in turn will impact on achievement of safer staffing levels, meeting CQC and other regulatory requirements, reducing bank and agency usage and spend and effectiveness in winning tenders where new integrated models of care and working are required.

Risk 2151 - Sudden 'no deal' Brexit from the EU in March 2019 (now extended to January 2020). The implications of a 'no deal' Brexit include:

- Workforce: 5% of NHS workforce and 7% of social care workforce may be affected. However, UK government has committed to allow EU citizens already in the UK to settle here, which should offset majority of this
- Research and innovation: Risks to reduced collaboration with EU (including clinical trials), divergence on regulations, access to innovative treatments and income (including funding for clinical research staff).

3.1 Resource/Finance

This year to date, we have spent £ **2,103, 741** on bank expenditure and, £ 2,703,897 on agency across all staff groups within in patients. The percentage split in cost across inpatients is shown in the table below.

In terms of a percentage split in **usage** for HCSWs only, 2018/19 was a 48% Bank and 52% Agency of hours worked. To date this year there has been a slight shift (despite the increase in demand) to 51% Bank and 49% Agency.

Agency		
Area	YTD Expenditure £'s	Forecast Outturn £'s
Inpatients	1,042,109	1,592,401
Older People/Low secure	1,022,760	1,530,102
Other	639,028	1,244,422
Total	2,703,897	4,366,925

Agency		
Area	YTD Expenditure %	Forecast Outturn %
Inpatients	39%	36%
Older People/Low secure	38%	35%
Other	24%	28%
Total	100%	100%

Bank		
Area	YTD Expenditure £'s	Forecast Outturn £'s
Inpatients	772,081	1,206,417
Older People/Low secure	813,276	1,395,057
Other	518,384	844,472
Total	2,103,741	3,445,946

Bank		
Area	YTD Expenditure %	Forecast Outturn %
Inpatients	37%	35%
Older People/Low secure	39%	40%
Other	25%	25%
Total	100%	100%

4. Progress and Assurances in Place

4.1 e-Rostering

The following governance arrangements are in place to ensure the E-Rostering system is fully optimised and that the staff bank provides a high-quality value for money service that meets the needs of services with any quality and / or financial issues dealt with quickly:

- Monthly meetings are now held with ward managers, Finance, HR, and the rostering team to review roster KPIs to identify hotspot areas, such as recruitment, unused hours, headroom levels, and action/ escalate as appropriate.
- A monthly rostering development group with Clinical Leads and Service Managers is currently being developed to ensure strategic planning of workforce deployment systems and development of systems and processes and will report regularly into the Workforce Transformation and Safer Staffing Steering Groups; and to the Finance Business and Investment Committee as requested.
- Weekly meetings continue to be held locally to support operational workforce planning by reviewing rosters for efficiency and identifying where redeployment of staff could be used to maintain safer staffing levels across all areas. Unused contract hours information is also provided for discussion.
- Performance management reports are produced by roster period (8 weekly) and discussed at the monthly meeting as well as being submitted to the Safer Staffing Steering Group and Care Group Meetings. Currently the use of live reports is being explored via safecare.
- Roster KPIs have been developed for Board, with the first information being submitted for November Board (October information).

4.2 Safer Staffing Review

Following the annual safer staffing review (next due in quarter 4 2020) and the Care Closer to Home Strategic program, the substantive staffing levels revised for the adult acute wards is currently being recruited to and feedback from Ward Managers, Clinical and Service Managers is that such levels are fit for perhaps. The introduction of the MHOST tool will allow us during quarter 4 to measure the staffing levels against acuity, giving a better understanding of safer staffing levels.

Further work and review is now required across the remaining wards which include older peoples (DAU and Bracken), the Assessment and Treatment Unit and the Low Secure Wards.

As part of the Strategic plan for Older People, a clinical model review to include workforce requirements will be undertaken. The same is required for Low Secure. This will include a literature review, benchmarking with the Low Secure provider network and engagement of the clinical teams. The MHOST tool will, once in place in December, will also provide acuity data to support the review.

4.3 Improving new starter experience, retention and future recruitment

4.3.1 InsideOut Preceptorship programme

The 12-month overarching BDCFT Preceptorship Framework (InsideOut) for all newly qualified nurses entering their first registered nurse position post qualification is currently being run for the 2nd year. Cohort 2 was launched on 7th November 2019 with 38 confirmed new starters across BDCFT Nursing Services. Of the 43 staff enrolled on the programme in Cohort 1 from November 2019 four staff have had internal moves from inpatient Mental Health services into Community Mental Health Teams during their first 12 months into post. There have been 2 staff leave the trust during their first 12 months into post from this cohort. There are in addition 12 further staff who joined the trust after November 2019 and hence will complete their 12 month programme between Dec and May 2020.

4.3.2 Band 5 competencies/local preceptorship pathway

A workstream looking at quality control/assurance that all services have local competencies for their Band 5 nurses commenced in October 2019 within Mental Health services. A task and finish group has been implemented with representation across Inpatient / Community Mental Health services and some shared roles and responsibilities captured for a newly qualified Band 5 nurse working within this field of practice. A generic competency document is being drafted with a view to service specific requirements, training needs and associated competencies to be written, owned and held locally.

There are currently 60 BDCFT Nurse Ambassadors across our 4 nursing specialities, Adult, Children, LD and Mental Health. Continued engagement with schools is planned across the next 12 months and this is now developing to include colleges with regards to delivery of a bespoke 2 hour session around nursing as a career. A Step into Nursing Event full day event has been planned for Saturday 25th January at Bradford City Football stadium and will be aimed at young people of school age making their career choices, student nurses from across the region looking for elective placements and first roles on qualification and existing qualified nurses looking at CPD opportunities or new career choices. A mailshot has been posted to 180 local secondary schools and colleges. Attendance has been secured from the 5 main regional universities who will provide pop up sessions on completing UCAS applications and writing personal statements and there will also be opportunity for services to interview for vacancies on the day. This event will also be official launch of the BDCFT Year of the Nurse celebrations.

4.3.3 Recruitment film for BDCFT Nursing Services

The Nursing Development team have developed a recruitment film for BDCFT Nursing Services aimed at showcasing opportunities for student nurses looking for their first destination post or for qualified staff looking for a new career direction. It has been shared on social media and forwarded to all 5 regional universities for posting on their student communication platforms. The film has been played during face to face engagement sessions with the University and its students and will be utilised by Nurse Ambassadors and during careers fairs across the region. There has also been a shortfall in the number of mental health students enrolled onto the University of Bradford pre-registration nursing programme in Sept 2019. This has potential risk in terms of workforce planning moving forwards and so this film has been forwarded to Leeds Beckett University (who have increased numbers of students on their mental health programmes) to enquire if they would like to access some of our placement provision where capacity can be identified.

<https://vimeo.com/367718049>

4.3.4 BDCFT Stepping Stones programme

The Nursing Development Team continue to work with local/regional Universities to increase BDCFT placement capacity. This has been supported by the introduction of the BDCFT 'Stepping Stones' programme which corresponds with the Nursing and Midwifery Council guidance around education standards, allowing our health care support workers to participate in a supervisory role for students.

This initiative was launched on Friday 8th November with 34 Band 3 and 4 support workers from across BDCFT Nursing Services attending to be trained as Practice Supervision Support roles. Following the training they will then be assigned a first year student nurse to supervise for 6 weeks commencing 25th November. A focus group involving both the students and those new into this role will take place in January. With associated competencies to achieve, the support workers will be registered on an internal database to recognise their distinct role in student supervision. It is anticipated that this new model will enable the Trust to reach its capacity increase of 12% as submitted to Health Education England as students could be allocated to support workers in addition to the standard student who is assigned to a registered nurse mentor.

The Future Nurse Oversight Board has invited presentation of the Stepping Stones initiative on 14th November as an example of a project which has a focus on quality enhancement coupled with potential increase in placement capacity.

<https://www.hee.nhs.uk/our-work/future-nurse-oversight-board-england>

4.3.5 Mental Health Staff Nurse Development Programme

The Mental Health Staff Nurse development programme has launched its second cohort of 11 Band 5 staff in October. A review of the content of cohort 1 has resulted in a slight re-design now including a falls prevention session, diabetes update and enrolment on the M&K online Interpretation of Bloods module.

4.3.6 Nursing Associates

It is anticipated that the trust will have its first graduate Nursing Associates in January 2020 who will have completed a 2 year Nursing Associate Apprenticeship in partnership with the University of Bradford. There are 4 staff (supported from DAU, Oakburn, Clover and Bracken wards) due to complete their programme of study in January and then will have the required end point assessment to complete their apprenticeship in May 2020. A job description with associated competencies is being completed for a generic band 4 Nursing Associate post across nursing services which will be complimented by service specific requirements, training and competencies. A further 11 staff across Mental Health Services and one within Learning Disabilities will qualify in September 2020 and December 2020.

There is no planned cohort for January 2020 with the University of Bradford in light of a proposal to consider a 5 year pathway from September 2020 with an alternative programme provider. Leeds Teaching Hospitals Trust will be launching their 'Future You' pathway on 23rd January which involves a partnership programme with Leeds Beckett and the Open University. This 5 year pathway includes a 2 year Nursing Associate Apprenticeship programme, 12 month consolidation in practice period and then opportunity to enrol on a bridging programme of 18 months duration to become a Registered Nurse/Registered Mental Health Nurse (Leeds Beckett or Open University) Children's Nurse/Learning Disability Nurse (via the new Open University pre registration programmes being launched in 2020). There is also opportunity for a 4 year Nurse Apprenticeship for entry into the 4 defined fields of nursing.

Leeds Teaching Hospitals are open for other organisations to join them in accessing this pathway framework to ensure sustainability and cohort numbers moving forward and the official launch event in January will provide further information around this process. This will also involve a partnership approach to shared placement provision across the organisations where appropriate and agreed.

4.4 The Care Closer to Home transformation project

Following the previous safer staffing paper, the care closer to home transformation project is well underway with the functional medical model now in place. Occupational Therapists are all in post within in patients as is the Psychological Therapists however further work is underway regarding Dietetics and Physiotherapy.

A focus is now underway to review the community element of this project and the requirements for a developed workforce. This includes further exploration around the use of volunteers, community pharmacists and people with lived experience to enhance the recovery offer. A business case is currently being developed to be submitted by the end of November 2029, to be presented to the senior leadership Team.

5 Monitoring

The Safer Staffing Steering Group continues to ensure that a full staffing analysis is achieved, reporting requirements are met and updates from the workforce planning meetings are provided. This is chaired by the Director of Nursing, Professions and Care Standards.

Staffing levels across all wards are assessed daily and at each shift and the mitigation of risks and contingency planning takes place involving an adopted protocol of escalation.

Such actions include:

- Moving staff between wards to ensure that all wards have safe staffing levels and response to short-term crisis is effective and fluid
- Ward managers and nurse practitioners reschedule their duties to work on the ward
- Re-adjustment of priorities for meetings/training
- Regular review of staff rosters including asking staff to change shift patterns and use of flexible rostering
- Ongoing review of incidents by Safer Staffing Steering Group to identify trends and themes
- Triangulation of different data to provide clarity and assurance
- Rota's are now completed 6 weeks in advance to allow for appropriate band allocation when required.
- The safer staffing steering group have asked for a review to be undertaken around the completion of IREs to ensure there is a consistent approach and recognition and understanding of the term Breech.
- Daily Lean Management reports are presented daily to the service managers
- Heads of nursing receive weekly staffing reports

6 Risk Issues Identified

Risk	Likelihood High/Medium/Low	Implication	Mitigation
Staffing analysis will show that current staffing levels require increasing due to cover requirements for specialising, sickness and vacancies	Medium	Patient and staff safety may be inadvertently compromised	Baseline staffing levels reviewed on wards
National shortage of Band 5 registered nurses		Increase in external scrutiny if staffing ratios not seen as safe. Potential negative media coverage. Impact on individual teams where vacancies arise Increase in complaints and negative patient experience	E-Rostering development group to continue to review roster rules, use of SafeCare and implementing MHOST efficient roster processes In-house bank system expanded

7. Next Steps

- SafeCare roll-out and analysis of data over November and December 2019 and introduction of the use of the MHOST tool.
- 12 and a half hour shift consultation process for Specialist inpatients has been initiated with a timescale for completion by the end of January 2020.
- Recruitment for the Care Closer to Home to continue
- Actions from the 2 Day rostering workshop to be completed in November 2019.

- The reviews undertaken by both Human Resources, operations, nursing and Finance (including the headroom analysis) will influence and support a further review during quarter 3 & 4 of staffing resources

8. Monitoring and review

Monthly updates will continue to be provided to Trust Board in the form of the safer staffing template, detailing WTE registered and non-registered staff on the ward against required numbers.

The monthly safer staffing steering group will continue to drive this agenda and continue to look for other opportunities to benchmark and work with other similar organisations.

9. Timescales/Milestones

The Board will receive the next annual report in May 2020.