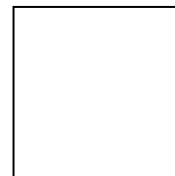


**TRUST BOARD January 25<sup>th</sup> 2018**



**Inpatient staffing – Six monthly establishment review January 2018**

**1. Introduction**

- 1.1 All NHS Trusts are required to regularly review staffing to ensure that the budgeted and actual staffing establishment and the distribution of staff meet expectations for maintaining safe patient care.
- 1.2 The Leicestershire Partnership NHS Trust (LPT) establishment review is undertaken on a six monthly basis and sets out the progress underway in each service to ensure that the Trust has sufficient nursing capacity and capability and highlights key actions that need to be progressed to ensure safer staffing standards are maintained. The six monthly review is supported by the Trust Board monthly safer staffing report.
- 1.3 In line with the National Quality Board (NQB) <sup>1</sup> and NHS England (NHSE) requirements<sup>2, this</sup> paper summarises progress with the safer staffing work streams nationally and presents the six monthly update of the work that is taking place within LPT to review nurse staffing establishments across the inpatient wards within the Trust.

**2. Aim**

- 2.1 This paper provides a progress update following the July 2017 staffing review and outlines the national changes and progress to date locally, highlighting any emerging risks and their impact on the Trust.

**3. Recommendations**

**3.1 The Trust Board is asked to:**

- i. Receive and consider the information and related risks highlighted within this report.
- ii. A further submission of the six monthly staffing establishment review and progress will be presented to Trust Board in July 2018.

**DISCUSSION**

**4. The National Overview**

- 4.1 The Lord Carter Review <sup>3</sup>(February 2016) *Operational productivity and performance in English acute hospitals: Unwarranted variations*- highlighted the importance of ensuring that workforce and financial plans are consistent in order to optimise delivery of clinical quality and use of resources. Lord Carter's report recommended a new metric, Care Hours per Patient Day (CHPPD) as the first step in developing a single consistent way of recording and reporting staff deployment.

- 4.2 The main recommendations of the Carter review are being implemented through a number of work streams including Clinical Productivity, Procurement, Medicines Optimisation, Corporate Services, Getting it Right First Time (GIRFT) and the development of the Model Hospital Portal.
- 4.3 Currently all acute trusts report monthly Core Hours Per Patient Day (CHPPD) data to NHS Improvement (NHSi) to support the creation of a national picture of how nursing staff are deployed and enable trusts to benchmark with other trusts at speciality level. Work to implement CHPPD reporting across non- acute providers is underway and LPT are actively involved in piloting the approaches to data collection.
- 4.5 NHSi has continued to coordinate work to develop safer staffing improvement resources for a range of care settings. The resources for Mental Health, District Nursing and Learning Disabilities have been published and reviewed by lead nurses to ensure that the most up to date approaches are being used within current reviews.
- 4.6 Since July 2017 a draft improvement resource to help standardise safe, sustainable and productive staffing decisions in urgent and emergency care has been published for review.
- 4.7 NHSi also issued a toolkit for ' Making effective use of staff banks' in December 2017 and this has been utilised to review the LPT bank arrangements and ensure that best practice for effective utilisation of bank staff is being followed.

## 5. The Local Position

- 5.1 Key principles that have underpinned the LPT safer staffing establishment reviews have utilised a broad approach which takes account of outcomes for patients. The framework used locally reflect the NQB direction and capture the three key aspects of 'right staff', 'right skills' and 'right place and time'.
- 5.2 A summary of planned staffing ratios across the Trust is attached in Appendix 1 Average fill rates against planned staffing are above 90%, and temporary staff utilisation is above 30%.The staffing fill rates from July 2017 to December 2017 are detailed below

Trust wide	DAY		NIGHT		Temp Workers%
	% of actual vs total planned shifts RN	% of actual vs total planned shifts care HCSW	% of actual vs total planned shifts RN	% of actual vs total planned shifts care HCSW	
Jul 17	99.6%	190.7%	101.0%	177.5%	30.7%
Aug 17	99.6%	186.7%	101.2%	173.0%	31.9%
Sept 17	97.9%	193.7%	101.4%	175.0%	31.1%
Oct 17	93.9%	196.9%	99.4%	182.2%	30.2%
Nov 17	98.1%	199.3%	100.2%	191.0%	30.7%
Dec 17	98.9%	196.1%	99.1%	185.0%	30.2%
<b>Average</b>	<b>98%</b>	<b>194%</b>	<b>100%</b>	<b>180.6%</b>	<b>30.6%</b>

Temporary staffing usage is variable and higher rates of temporary workers are utilised in Mental Health Services for Older People (MHSOP) wards and Adult Mental Health (AMH) and Learning Disabilities (LD) services. Healthcare Support Worker (HCSWs) fill rates remains high across the Trust and are routinely supporting cover for vacancies, sickness and increased patient acuity.

- 5.3 The Trust wide inpatient staffing vacancies average from July 2017 to December 2108 is detailed below and highlights an ongoing increase in RN vacancies across inpatient services.

Trust Total	Vacant posts	
	RN	HCSW
July 2017	97.7	51
August 2017	112	50
September 2017	106	50
October 2017	115	52
November 2017	111	49
December 2017	122	50
<b>Average</b>	<b>111</b>	<b>50</b>

- 5.4 Recruitment remains challenging and work programmes are ongoing to support recruitment and retention, absence management and continuous review of workforce including new roles to enhance skill mix and increase patient facing time.
- 5.5 All directorates regularly undertake staffing reviews and each service area continues to utilise the newly published frameworks and a range of approaches to review the staffing establishment.
- 5.6 LPT is actively involved in a number of improvement projects with NHSi:
- i. The CPPHD daily activities data collection pilot with both mental health and physical health community services. The initial reporting template has been shared with participants for review and consideration of next steps. The data collection has been completed for this and currently NHSi are looking at the reporting framework for this information and how it could be published.
  - ii. E-rostering 90 day Rapid Improvement Programme provides a structure for learning and action and engages 23 cohort trusts in making real, system-led changes in how they use their e-rostering system leading to improvements in care delivery and financial savings with a better use of existing resources.
  - iii. Mental Health Observations and Engagement improvement programme which commenced in July 2017 with an initial focus on baseline data, patient and carer information and awareness of observation duties. The next phase includes a different observation information gathering process, staff training and review system

5.7 LPT has also signed up to be involved in the National Demand and Capacity Programme which will look at how effective demand and capacity management can support mental health and community trusts to improve their operational productivity and efficiency.

## **6. Community Health Services (CHS)**

6.1 The CHS inpatient service consists of MHSOP and Community Hospitals.

6.2 Over the last 6 months the main 'hot spot' areas for community hospitals have been St Lukes Ward 1 & 3, Clarendon and Beechwood and Feilding Palmer Ward due to vacancies. Safer staffing is maintained through cross site cover and significant use of temporary staff.

6.3 Snibston Ward at Coalville has seen an improvement in meeting its planned shifts overall, the ward flex the number of staff across the day shifts to meet the needs of the patients. The ward is planned to have 3 registered nurses at night, however due to sickness, vacancies and cover across wards, at times the ward runs with two RNs which meets safer staffing requirements.

6.4 The risk in having to utilise an increasingly transient workforce is being felt not only at these wards but across the other community hospital wards/sites. It is necessary to move substantive staff from their community hospital base to ensure the appropriate level of expertise is available to deliver safe, consistent care across all wards. This results in an increased requirement to utilise non substantive staff at the other community hospital sites which increases the risk to across the CHS wards.

6.5 The potential risks associated with increased reliance on temporary workers and the impact on the quality and effectiveness of patient care and patient and staff experience are monitored through CHS service line governance groups. Key actions across all service areas include:

- ✓ Proactively identification of safer staffing risks on a shift by shift basis with matrons signing off all e-rosters
- ✓ Review of patient experience feedback, nurse sensitive indicator data and to ensure quality and patient safety is not impacted.
- ✓ Daily acuity and dependency measurement continues on Nerve centre.

6.6 In MHSOP, Kirby and Welford Wards have been exceptions for skill mix met with a period of particular deficits on night shifts. MHSOP have minimal vacancies and are working to support wellbeing and reduce sickness. This situation has been addressed through the use of 'off framework agency' should the ward fall short of the required RN staffing ratio for night shifts and LPT Bank or other Agency not being able to fill.

6.7 CHS are undertaking a continuous review of workforce development and support to ensure that staff have the right skills to care for the acuity and dependency of patients including new roles to enhance skill mix.

- 6.8 A cohort of trainee Assistant Practitioners are due to complete their training in March 2018. The pilot of Nurse Associates commenced and recruitment of a second cohort is currently underway.
- 6.9 The service has recruited four Medicines Administration Technicians; Clarendon, Coalville Ward 1 within Community Hospitals and Kirby and Welford within MHSOP. These are ward based roles to support with drug administration, self-management, patient education and general medicine management.
- 6.10 Challenges with recruitment of staff and permanent RN cover remain and the directorate continues to look at a range of options to reduce the use of agency across the Trust and directorate including implementation of recruitment and retention premiums. The implementation of the recruitment and retention strategic plan is ongoing and includes targeted events, rolling adverts, attendance at national recruitment fairs, open days and local recruitment fairs.
- 6.11 MHSOP Inpatient Services have successfully recruited to all Ward matron vacancies. Both the Evington and Bennion Centre have full time Senior Inpatient Matrons with a wealth of knowledge and skill in mental health and care of older adults. This has provided a visible, senior clinical leader to support professional development and to implement new ways of working across the service.
- 6.12 CHS have continued to review and implement a number of retention strategies including;
- ✓ In-house RN (Band 6) development programmes
  - ✓ Simply the best awards for community hospital staff
  - ✓ Development programme for new to the organisation and newly qualified staff (building on the trust preceptorship programme)
  - ✓ A three year staff development plan for MHSOP focusing on supporting staff with opportunities to enhance core mental health skills and physical health skills.
  - ✓ An agreed Recruitment and Retention Scheme for RN's
  - ✓ Participation in the UHL/LPT graduate nurse rotation programme for the frail older person
  - ✓ Bespoke Dementia training through Worcester University and collaboration with DeMontfort University to develop Recovery and Psychosocial Intervention skills
  - ✓ Implementation of well- being strategies to support staff health and satisfaction
- 6.13 Priority actions for the next 6 months include:
- Application of LPTs recruitment and retention schemes
  - Task and finish group to review eRoster
  - Continued review of the medicines administration technician role through action learning
  - Recruitment of Band 6 night sisters to increase clinical leadership, supervision and support at night

- Safe, sustainable and productive staffing review in Community Hospitals using the National Quality Board framework to ensure that we have the right staff with the right skills in the right place and time. Including new roles such as Nursing Assistant Practitioners, Nursing Associates and Medicines Administration Technicians.
- Repeat a 4 week acuity and dependency data collection using the adapted Shelford Safer Nursing Care Tool

## **7. Adult Mental Health & Learning Disability Services (AMH/LD)**

7.1 The Adult Mental Health Inpatient services consist of:

- The Bradgate Unit (eight wards - Ashby, Aston, Beaumont, Bosworth, Heather, Thornton and Watermead plus Belvoir Psychiatric Intensive Care Unit)
- Learning Disabilities (three short break homes and the Agnes Unit)
- Complex Care (five inpatient wards and one Huntington's Disease unit)
- One Low Secure Forensic ward

### **AMH/LD- Bradgate Unit**

7.2 Attracting and retaining qualified nurses' remains a challenge for this area. All Bradgate Unit wards continue to utilise high numbers of temporary workers to support RN vacancies, sickness absence and maternity cover.

7.3 Over the last six months AMH/LD have progressed the implementation of the new staffing model. Plans to address nursing recruitment, reduce use of temporary workers and ensure the provision of a stable and skilled workforce are under implementation. This continues to be a priority for the Directorate and new workforce sub groups have been established to explore a range of new options.

7.4 The new 6 bedded female Psychiatric Intensive Care Unit (PICU) has opened on Griffin ward at the Hershel Prins site. Staffing levels are above planned levels due to acuity of patients on the unit. To date temporary worker utilisation has been above 40 %.

### **AMH/LD-Adult Learning Disability Services**

7.8 Temporary workers continue to be used to ensure individualised care is maintained on the Agnes Unit. A review is underway of learning disability short break homes and the way the service is currently provided.

## **8 AMH/LD- Complex Care Services/ Low Secure Services**

8.1 The Willows and Stewart House have met the thresholds for safer staffing. Temporary staffing levels have been above 30% to cover short long term absences and support for high levels of patient acuity.

8.2 A review of Rehabilitation Services staffing using the new NQB Quality Board staffing tools has been completed and a revised staffing model is being considered by the service in February 2018.

8.3 The directorate is planning to undertake further staffing reviews using the new NQB Quality Board staffing tools across the following areas:

- Acute, PICU and Low Secure Services.
- LD Assessment and Treatment Services.
- Crisis Resolution and Home Treatment Team and the Community Mental Health Teams.

8.3 AMH/LD directorate have continued to review and implement a number of retention strategies including;

- ✓ Implementation of a new student interview process from January 2018 following planning with Ward Matrons – all students will be offered an interview during their final placement based on values assessment, knowledge discussion and a statement from their final placement mentor. Positions are offered at the end of the day
- ✓ Improved visibility and support for nursing students on the DeMontfort University Mental Health Programme from LPT staff through the establishment of a quarterly meeting with Programme Leads and Lead Nurses/ Senior Matrons to link practice teaching for modules with LPT staff to.
- ✓ A programme of student cohort induction is established at the Bradgate Unit and is being explored for roll out in Rehab and LD. We are working with DMU on promoting the LD Nursing Course.
- ✓ A rotational post has been established between Assertive Outreach and Watermead ward and a rotational post is between inpatient acute, crisis and community/ rehabilitation is under development.
- ✓ The next phase of the NHSI Project on improved patient observation includes implementing a different observation information gathering process, staff training and reviews system during this period.

8.5 AMH/LD priority actions for the next 6 months include:

- Completing the planned staffing reviews across additional services( see 8.3)Evaluate the rotational post between Assertive Outreach and Watermead Ward and consider next steps.
- Implement the rotational post between inpatient acute, crisis and community/ rehabilitation.
- Explore recruitment of MH Practitioners from Allied Health Professional (AHP) groups.
- Develop and implement a workforce plan for current service delivery and ensure this develops alongside the Transformation Project

- Continue to explore staffing models alongside the implementation of the NHSI Observation Project.
- Pilot a Caseload Complexity tool within North West Leicestershire CMHT and consider roll out plans.

## **9. FAMILIES, YOUNG PEOPLE AND CHILDRENS SERVICES (FYPC)**

9.1 There are two inpatient services within this directorate

- I. 15 bedded Eating Disorder Service, for adults (Langley Ward) Bennion Centre, Glenfield.
- II. 10-bedded Children and Adolescent Mental Health Services (CAMHS) Unit (Coalville ward 3).

9.2 The wards in FYPC are highly specialised areas and therefore are reflective of specific staffing requirements. Coalville Ward 3 staffing arrangements are underpinned by requirements covered by relevant Childrens Legislation.

9.3 The FYPC inpatient wards have in place a rolling in house development programme to ensure staff skill and competence in such specialised areas of patient care continues and is essential for all new staff to this area. All regular bank staff to this area have also been included in this training.

9.4 Coalville ward 3 have contributed to the care hours per patient day pilot undertaken by NHSi which will be considered in ongoing staffing reviews

9.5 FYPC have been involved in the workshops to develop the national acuity /safer staffing tool for CAMHS and this involved attendance at a development day to put together acuity levels descriptions specific to the service. This will then feed into the planning for the future clinical model for CAMHS Inpatients and the national tool for staffing review which is awaited.

9.6 Weekly staffing levels are provided to the lead nurse for inpatient units and hotspots escalated to the Deputy Chief Nurse / Chief Nurse. All service lines within FYPC both inpatient and community provide monthly staffing levels, vacancy rates and sickness levels to the lead nurse which informs the monthly Trust Board report.

## **10. Ward 3 Coalville**

10.1 Ward 3 have shown improvement in consistently meeting the recommended staffing levels required for the unit, but still remain to utilise bank staff usage in relation to increased patient acuity, as well as caring for children who are repatriated to other areas whilst awaiting an out of area bed. This increase in staffing is to ensure all service user needs are met safely.

10.2 Funding has been secured for a new build facility for paediatric mental health inpatient provision and further work is underway to establish a robust clinical staffing model for this provision as well as to review its current position , inclusive of the use of apprentice and nurse associate roles.



- 10.3 The nursing leadership model for Ward 3 has been reviewed, a senior matron has been seconded for 12 months to support ward 3 and has commenced into post as of Dec 2017.
- 10.4 A flexible model of shifts continues to be offered within the unit, but monitored in accordance with staff stress levels, long and short term sickness, patient acuity.
- 10.5 The ward is recruiting physical health expertise for the ward and the service has recruited to four rotational posts which will see staff move between ward 3 and the newly launched CAMHS crisis resolution and home treatment team. It is anticipated that this will provide support for staff development, retention of staff, and fluidity across the services.

## **11. Langley Ward**

11.1 Langley Ward is able and is required to operate a safe staffing level of 5:5:3, with a minimum requirement for two RNs to work on each of the day shifts and one on night shifts.

11.2 The safer staffing levels for Langley Ward reflect the specific needs of the patient population, and allow for adequate cover for the routine high intensity tasks required on the ward .The ward utilises a small number of appropriately trained bank nursing staff with eating disorder experience and skills, in the first instance, before requesting bank staff unfamiliar with this client group due to the risks that this may pose.

11.3 Further work is underway by the FYPC Nursing Leadership to review, monitor and report safer staffing levels as required to meet patient needs.

- ✓ The Ward 3 clinical staffing model is being developed with stakeholders
- ✓ Community staffing levels continue to be reported monthly, oversight of this is undertaken at local level at the FYPC business day workforce meeting. A caseload weighting tool has been developed for the 0-19 healthy together service which supports the distribution of staff in relation to demand and capacity for the service, this has assisted in proactively staffing areas appropriately.
- ✓ All FYPC service lines are in the process of reviewing their staffing escalation procedures with support from the lead nurse.

11.4 FYPC priority actions for the next 6 months include:

- Active involvement in supporting student associate nurses in clinical areas for the acute trust and will be supporting their own paediatric nurse associates in the Jan 2018 cohort.
- Engagement with local universities and surrounding trusts to review workforce strategies in respect of future recruitment and retention of nursing staff. This

has included a review of student nursing placements to ensure accessibility of services to student to widen their learning experience.

- Learning from the outcomes of the Carter review pilots regarding CHPPD for both inpatient and community settings.
- To continue to develop plans to address nursing recruitment, reduce use of temporary workers and ensure the provision of a stable and skilled workforce. FYPC services have commenced to support Nurse Associates within their service lines.

## **12.0 Conclusion**

The Trust continues to maintain compliance with the NQB expectations and associated deadlines. The safer staffing data is regularly monitored and scrutinised for completeness and performance by the Chief Nurse.

There are ongoing changes through the service transformation plans and these are considered alongside the regular staffing reviews that are undertaken on a monthly basis. All services continue to work to safer staffing risk escalation procedures and safer staffing risks are reviewed on a regular basis.

This report provides the Board with assurance that actions are in place to review safer staffing in line with the expected standards. This review will be repeated six monthly and is due for submission to the Trust Board again in July 2018.

## References

1. National Quality Board (2013): How to ensure the right people, with the right skills, are in the right place at the right time. *A guide to nursing, midwifery and care staffing capacity and capability.*
2. NHS England and The Care Quality Commission (2014) Guidance: Hard Truths commitments regarding the publishing of staffing data.
3. Lord Carter report (February 2016) 'Operational productivity and performance in English acute hospitals: *Unwarranted variations*', An independent report for the Department of Health by Lord Carter of Coles
4. National Quality Board (July 2016): Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time. Safe sustainable and productive staffing...
5. NHS England ( May 2016:Leading Change and adding value- *A framework for Nursing & Midwifery Care Staff*
6. NHS England ( 2015): Mental Health Staffing Framework
7. The Quality Network for Inpatient Child & Adolescent Health Services (QNI-CAMHS) (2015) Service Standards (RCP).
8. CAMHS Benchmarking Report – NHS Benchmarking network (2015)

## Appendix 1 LPT Planned staffing ratios

			Early	Late	Night
CHS Hospitals	1.	FP General	5	4	2
	2.	MM Dalgleish	5	4	3
	3.	Rutland	6	5	3
	4.	SL Ward 1	8	6	4
	5.	SL Ward 3	4	4	2
	6.	CV Ellistown 2	7	4	3
	7.	CV Snibston 1	8	6	4
	8.	HB East Ward	7	6	4
	9.	HB North Ward	8	4	3
	10.	Lough Swithland	6	4	3
	11.	CB Beechwood	6	4	3
	12.	CB Clarendon	7	5	4
CHS MHSOP	13.	BC Kirby	6	5	4
	14.	BC Welford	6	5	4
	15.	EC Coleman	5	5	4
	16.	EC Gwendolen	5	5	4
	17.	EC Wakerley	7	6	5
AMH acute	18.	Ashby	5	5	3
	19.	Aston	5	5	3
	20.	Beaumont	5	5	3
	21.	Belvoir Unit	5	5	4
	22.	Bosworth	5	5	3
	23.	Heather	5	5	3
	24.	Thornton	5	5	3
	25.	Watermead	5	5	3
	26.	Griffin Female PICU	5	5	3
AMH LD	27.	3 Rubicon Close	3	3	2
	28.	Agnes Unit	11	11	6
	29.	The Gillivers	3	3	2
	30.	The Grange	2	2	2
AMH Low secure	31.	HP Phoenix	5	5	3
AMH rehab	32.	SH Skye Wing	6	6	3
	33.	Willows Unit	12	12	12
	34.	ML Mill Lodge (New Site)	6	6	4
FYPC	35.	CV Ward 3	5	5	4
	36.	Langley	5	5	3