

**TRUST BOARD – 25 APRIL 2019**

**SAFE STAFFING – MARCH 2019 REVIEW**

**Introduction/Background**

1. This report will provide an overview of the nursing safe staffing during the month of March 2019, triangulating productivity, workforce metrics, quality and outcomes linked to Nurse Sensitive Indicators (NSIs) and patient experience feedback.
2. Part one refers to inpatient areas and part two relates to community teams.
3. Actual staff numbers compared to planned staff numbers are collated for each inpatient area. A summary is available in Appendix 1.

**Aim**

1. The aim of this report is to provide the Trust Board with assurance that arrangements are in place to safely staff our services with the right number of staff with the right skills at the right time. Including an overview of staffing hot spots, potential risks and actions to mitigate the risks, to ensure that safety and care quality are maintained.

**Recommendations**

1. The Trust Board is recommended to receive assurance that processes are in place to monitor and ensure the inpatient and community staffing levels are safe and that patient safety and care quality are maintained.

**Trust level highlights for March 2019**

* The total number of Trust wide Registered Nurse (RN) vacancies reported this month is 173.85 w.t.e posts (115.21 inpatients and 58.64 community). This is a decreased position this month by 26.15 w.t.e RN posts.
* The total number of Trust wide Health Care Support Worker (HCSW) vacancies reported this month is 79.84w.t.e. posts (57.2 in-patients and 22.64 community). This is an increased position this month by 6.42 w.t.e posts.
* As of the 1 April 2019 there are 42.41 w.t.e candidates (31.41 RNs and 11.0 HCSWs) in the recruitment pipeline, expected to join the Trust over the next few months.
* Collaborative work to address nursing vacancies continues, including; joint working with both Leicester and DeMontfort University to retain newly registered nurses at the point of completion, participation in local and national recruitment fairs, rolling adverts, internal and UHL rotation programmes and continued development of new roles and commitment to a ‘grow our own’ strategy including nursing associates.
* Deployment of the first cohort of nursing associates; eight of the ten first nursing associates have registered with the Nursing and Midwifery Council and commenced their Trust Preceptorship programme. A Quality Impact Assessment (included in the board information pack) has been completed in line with NHSI Developing Workforce Safeguards in conjunction with a generic LLR job description. To further support deployment a Scope of Practice Policy for the role is in the final stages of development and a further 25 clinical policies are to be updated to include this new role.
* Temporary worker utilisation rate slightly increased this month by 0.6%; reported at 33.2%. Utilisation is associated with vacancies and sickness and increases in patient acuity and dependency requiring additional staff to maintain quality of care and patient safety.
* Agency usage remains at 3.5%, sustained position since January 2019, reduced from 3.9% in December 2018.
* There are nine hotspot inpatient areas across the Trust, five of the nine did not meet the threshold for planned staffing at all times and four of the nine are hot spots linked to the higher use of temporary workers to achieve staffing safely. There are also nine community team hot spots areas across CHS and FYPC.
* Where inpatient staffing actual fill rate is at less than 80% and or 50% substantive staff are utilised this is a moderate risk, referred to as a ‘tipping- point’ indicating a Lead Nurse review of staffing establishments and staff deployment.
* Where community teams are considered a hot spot, staffing and case-loads are reviewed and risk assessed across teams using patient prioritisation models to ensure appropriate action is taken.
* The total Trust CHPPD average (including ward based AHPs) is reported at 10.36 in March 2019, with a range between 5.0 (Skye Wing) and 34.5 (Agnes Unit). The wide variation in range reflects the diversity of services, complex and specialist care provided across the Trust. Analysis of the CHPPD has not identified wide variation at service level indicating that staff are being deployed productively across services.
* In consideration of ensuring staff have the ‘right skills’, a high level overview of clinical training, appraisal and supervision for triangulation is presented. As of the 1 April 2019 Trust wide;
  + Appraisal is at 91.6% - rated Green.
  + Clinical supervision is at 79.2% - rated Amber with robust action plans in place
  + Clinical mandatory training for substantive staff rated Green with the exception of; MAPPA Disengagement and High risk, SCIP – UK, Dementia Capable Care and Mental Health Act Nursing all Amber with robust actions in place
  + Clinical mandatory training for bank only workers; only two of the eighteen clinical mandatory topics are rated Green. All bank only workers have been written to remind them of their responsibilities to ensure that they are up to date with all mandatory training. The Trust Professional Standards Group is developing a risk based approach to stopping bank only staff working clinically if they are non-compliant with topics, given the high proportion of temporary staff utilised across services and the need to ensure that they have the right skills.
* A review of the Trust’s NSIs and patient feedback has not identified any correlation between staffing and impact to quality and safety of patient care/outcomes.

**Part One – In-patient Staffing**

1. The overall trust wide summary of planned versus actual hours by ward for registered nurses (RN) and health care support workers (HCSW) in March 2019 is detailed below:

|  | **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** |
| Jan 19 | 103.2% | 205.1% | 107.8% | 187.2% | 30.2% |
| Feb 19 | 103.2% | 202.4% | 108.0% | 184.6% | 32.6% |
| **Mar 19** | **101.4%** | **209.6%** | **108.1%** | **184.6%** | 33.2% |

Table - Trust level safer staffing

1. Overall the planned staffing levels were achieved across the Trust. The increased fill rates for the percentage of actual HCSWs reflects the high utilisation and deployment of additional temporary staff in response to patient acuity and increased levels of therapeutic observation in order to maintain safety of all patients.
2. Temporary worker utilisation rate slightly increased this month by 0.6%; reported at 33.2%. Utilisation is associated with meeting planned staffing levels where there are vacancies and sickness. It is also associated with increases in patient acuity and dependency requiring additional staff to maintain quality of care and patient safety.
3. Agency usage remains at 3.5%, sustained position since January 2019, reduced from 3.9% in December 2018.

**Summary of safer staffing hotspots – Inpatients**

|  |  |  |  |
| --- | --- | --- | --- |
| **Planned staffing and/or high utilisation of temporary workers** | **January 2019** | **February 2019** | **March 2019** |
| Hinckley and Bosworth - East Ward | X | X | X |
| Short Breaks - The Gillivers | X | X | X |
| Short Breaks – Rubicon Close |  |  | X |
| Mill Lodge | X | X | X |
| Welford | X |  |  |
| Kirby |  | X |  |
| Coleman | X | X | X |
| Gwendolen | X | X |  |
| Griffin |  | X | X |
| Agnes Unit |  | X |  |
| Langley |  |  | X |
| Feilding Palmer |  |  | X |
| St Lukes Ward 3 |  |  | X |

Table - Safer staffing hotspots

1. East and Coleman Wards, Mill Lodge and Short Breaks are hot spot areas as they did not meet the threshold for planned staffing across all shifts, on these occasions staffing was reported to be within safe parameters for all areas.
2. Langley, Coleman and Griffin Wards are hot spots due to utilising over 50% temporary staff. The high utilisation is associated with both vacancies and patient acuity.
3. Community Hospitals have identified both Feilding Palmer and St Lukes Ward 3 as hot spots due to the high numbers of vacancies and high utilisation of temporary workers.
4. Number of occupied beds, planned staffing levels versus actual staffing levels and percentage of temporary staff utilised is presented in the tables below per in-patient area by service and directorate. Individual ward nurse vacancy factor data was not available to report this month.

* For planned versus actual levels; Green indicates threshold achieved and red indicates an exception.
* For temporary workers; green indicates threshold achieved, amber is above 20% utilisation and red above 50% utilisation.
* The NSIs that capture care or outcomes most affected by nursing staffing levels are also presented in conjunction with patient experience feedback. This report indicates if there has been an increase or decrease in the indicator position against the previous month for the NSIs and patient experience feedback.

**Adult Mental Health and Learning Disabilities Services (AMH/LD)**

**Acute Inpatient Wards**

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** | **Medication errors** | **Falls** | **Complaints** | **FFT Promoter % (arrears)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **% 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** | **Care Hours**  **Per Patient Day** |
| Ashby | 21 | 100.5% | 129.8% | 114.5% | 141.9% | 30.7% | 5.4 | 1↑ | 2 | 0 | 83.3% |
| Aston | 19 | 91.4% | 146.8% | 98.4% | 229.0% | 38.6% | 6.2 | 2↑ | 2↓ | 0 | nil |
| Beaumont | 21 | 91.9% | 141.1% | 100.0% | 216.1% | 24.5% | 5.5 | 0↓ | 0 | 1 | 100% |
| Belvoir Unit | 10 | 106.6% | 295.1% | 190.3% | 285.2% | 48.7% | 17.6 | 0 | 0 | 0 | nil |
| Bosworth | 19 | 88.7% | 178.2% | 95.2% | 174.2% | 39.7% | 6.2 | 0 | 1↑ | 0 | nil |
| Heather | 18 | 87.5% | 137.1% | 91.9% | 158.1% | 26.3% | 6.0 | 0↓ | 2 | 1↓ | nil |
| Thornton | 20 | 85.5% | 156.5% | 100.0% | 108.1% | 40.2% | 5.8 | 1↑ | 1↑ | 0↓ | nil |
| Watermead | 20 | 89.8% | 196.0% | 100.0% | 312.9% | 45.5% | 7.0 | 1↓ | 0↓ | 0 | 80% |
| Griffin F PICU | 6 | 187.1% | 475.8% | 190.3% | 312.9% | 66.5% | 23.4 | 1↑ | 2↑ | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  | **6↑** | **10↓** | **2↓** |  |

Table - Acute inpatient ward safer staffing

1. All wards met the threshold for planned staffing across all shifts.
2. Temporary worker utilisation is Amber for all wards with the exception of Griffin Ward which is rated Red at 66.5%. The increased utilisation is due to a combination of high nurse vacancy factor, increased staff sickness and increased levels of patient acuity requiring observation support. Griffin Ward has both a high vacancy factor for both RN and HCSW’s and booking of regular bank and agency is taking place. Patient acuity is high with increased staffing levels required for all shifts.
3. To mitigate the risks associated with utilising higher numbers of temporary staff and the impact on quality and patient experience , the service block book regular bank and agency RNs and HCSWs across the acute inpatient wards, substantive staff are also moved across areas dependant on the skill mix and patient need . This enables safe staffing levels to be maintained or risk assessed within a safe parameter and also to improve continuity of patient care.
4. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes. Griffin Ward is being monitored as regular consistent staffing is required.

**Learning Disabilities (LD) Services**

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** | **Medication errors** | **Falls** | **Complaints** | **FFT Promoter % (arrears)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **% 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** | **Care Hours**  **Per Patient Day** |
| 3 Rubicon Close | 3 | 95.2% | 185.7% | 67.7% | 161.3% | 26.7% | 19.7 | 0 | 0 | 0 | nil |
| Agnes Unit | 8 | 170.0% | 763.3% | 134.8% | 669.6% | 47.0% | 34.5 | 0 | 1 | 0 | 100% |
| The Gillivers | 3 | 100.0% | 166.2% | 67.7% | 151.6% | 15.5% | 18.8 | 1↓ | 2↑ | 0 | nil |
| The Grange | 2 | - | 166.7% | - | 196.8% | 22.2% | 20.7 | 1↑ | 1↓ | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  | **2** | **4** | **0** |  |

Table - Learning disabilities safer staffing

1. Short break homes continue to utilise a high proportion of HCSWs who are trained to administer medication and carry out delegated health care tasks. The Gillivers and the Grange support each other with RN day cover. Night cover is shared across the site as the homes are situated next to each other in conjunction with utilisation of additionally trained HCSWs.
2. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.

**Low Secure Services – Herschel Prins**

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** | **Medication errors** | **Falls** | **Complaints** | **FFT Promoter % (arrears)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **% 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** | **Care Hours**  **Per Patient Day** |
| HP Phoenix | 12 | 97.6% | 155.6% | 100.0% | 153.2% | 30.0% | 9.0 | 0 | 2↑ | 0 | nil |

Table - Low secure safer staffing

1. Phoenix Ward achieved the thresholds for safer staffing. High levels of temporary workers continue to be utilised to cover vacancies, sickness and a high number of level one and level two patient observations.
2. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.

**Rehabilitation Services**

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** | **Medication errors** | **Falls** | **Complaints** | **FFT Promoter % (arrears)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **% 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** | **Care Hours**  **Per Patient Day** |
| SH Skye Wing | 27 | 108.1% | 155.2% | 190.3% | 143.5% | 43.9% | 5.0 | 0↓ | 2↑ | 0 | nil |
| Willows Unit | 33 | 148.0% | 204.9% | 118.5% | 223.5% | 19.1% | 9.1 | 2↑ | 3↑ | 0 | nil |
| ML Mill Lodge | 12 | 96.0% | 237.1% | 53.2% | 196.8% | 44.5% | 11.9 | 2↑ | 1↓ | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  | **4↑** | **6** | **0** |  |

Table - Rehabilitation service safer staffing

1. Mill Lodge remains a hot spot for meeting planned RN levels on nights only 53.2% of the time and has utilised 44.5% of temporary workers to sustain safe staffing levels. The service adopts a staffing model based on a risk assessment of patient acuity and dependency and staff skills and competencies, increasing the number of HCSWs and sharing RN support with Stewart House.
2. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.

**Community Health Services (CHS)**

**Community Hospitals**

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** | **Medication errors** | **Falls** | **Avoidable Pressure Ulcers** | **Complaints** | **FFT Promoter % (arrears)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **% 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** | **Care Hours**  **Per Patient Day** |
| FP General | 6 | 134.6% | 89.9% | 126.1% | - | 33.1% | 7.7 | 3↑ | 1↓ | 0 | 0 | 100% |
| MM Dalgliesh | 16 | 99.2% | 127.4% | 100.0% | 177.4% | 18.3% | 6.1 | 0 | 2↓ | 0 | 0 | 91.7% |
| Rutland | 12 | 107.8% | 132.5% | 98.3% | 103.2% | 14.1% | 7.3 | 1 | 4↑ | 0 | 0 | nil |
| SL Ward 1 | 13 | 102.4% | 184.7% | 91.9% | 91.9% | 22.3% | 8.7 | 0 | 4↓ | 0 | 0 | 100% |
| SL Ward 3 | 12 | 92.7% | 120.2% | 196.8% | 106.5% | 27.7% | 7.2 | 1 | 3↑ | 0 | 0 | 93.8% |
| CV Ellistown 2 | 20 | 116.1% | 174.2% | 193.5% | 108.1% | 14.6% | 5.8 | 0 | 3↓ | 0 | 0 | 100% |
| CV Snibston 1 | 13 | 112.1% | 195.2% | 103.2% | 138.7% | 13.4% | 9.7 | 0↓ | 7↑ | 0 | 0 | 82.4% |
| HB East Ward | 19 | 71.4% | 200.0% | 100.0% | 98.4% | 27.2% | 6.5 | 2↑ | 4↑ | 0 | 0 | nil |
| HB North Ward | 15 | 101.6% | 187.1% | 103.2% | 132.3% | 27.4% | 8.4 | 0 | 3 | 0 | 0 | nil |
| Loughborough Swithland | 20 | 100.0% | 196.8% | 100.0% | 196.8% | 13.4% | 6.1 | 2↑ | 4↑ | 0 | 0 | 97.1% |
| CB Beechwood | 18 | 85.0% | 210.9% | 100.0% | 108.1% | 19.1% | 6.9 | 4↑ | 3↓ | 0 | 1↑ | nil |
| CB Clarendon | 16 | 88.4% | 196.0% | 100.0% | 103.2% | 15.4% | 7.3 | 2↑ | 5↑ | 0 | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  | **15↑** | **43↑** | **0** | **1↓** |  |

Table - Community hospital safer staffing

1. East Ward remains a hot spot as it only met the planned RN level during the day 71.4% of the time. The ward runs with two RNs on occasion, which meets safer staffing parameters.
2. A review of the NSIs and patient feedback has not identified any direct correlation between staffing and impact to quality and safety of patient care/outcomes.
3. It is noted there was an increase in medication incidents in March 2019 on Beechwood Ward.  The review has identified that the incidents occurred on two shifts where the staffing did not meet the planned level of three RNs.  The review identified that there were two substantive registered nurses and the skill mix was appropriate for the acuity of the patients on the shifts.
4. A hotspot for staffing is Feilding Palmer Hospital, with 33.1% temporary workforce being used and Ward 3 St Luke’s, with 27.7% of temporary workforce being used, this is due to vacancies and sickness. Staff are moved across the service dependant on skill mix and mix of substantive and temporary staff.

**Mental Health Services for Older People (MHSOP)**

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** | **Medication errors** | **Falls** | **Avoidable Pressure Ulcers** | **Complaints** | **FFT Promoter % (arrears)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **% 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** | **Care Hours**  **Per Patient Day** |
| BC Kirby | 22 | 80.6% | 234.4% | 100.0% | 112.9% | 27.5% | 6.0 | 0 | 5 | 0 | 0 | nil |
| BC Welford | 19 | 80.0% | 246.0% | 98.4% | 133.9% | 31.2% | 7.3 | 1↑ | 7↑ | 0 | 1↑ | 100% |
| Coleman | 20 | 64.5% | 351.6% | 95.2% | 237.1% | 55.0% | 9.2 | 0 | 10↑ | 0 | 0 | nil |
| Gwendolen | 15 | 104.8% | 396.0% | 91.9% | 327.4% | 44.3% | 14.7 | 1↑ | 15↑ | 0 | 0↓ | 75% |
| **TOTALS** |  |  |  |  |  |  |  | **2↑** | **37↑** | **0** | **1↓** |  |

Table - Mental Health Services for Older People (MHSOP) safer staffing

1. Coleman ward is a hotspot in March 2019 as they did not achieve the planned RN levels on day shifts. Welford and Gwendolen wards have a Medication Administration Technician to support with administering prescribed medication, medication education and general medicines management resulting in a reduced number of actual RNs on duty but within safe parameters (minimum of two). The ward also utilised 55% of temporary workers this is associated with increased patient acuity and level 1 observations
2. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.

**Families, Young People and Children’s Services (FYPC)**

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** | **Medication errors** | **Falls** | **Complaints** | **FFT Promoter % (arrears)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **% 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** | **Care Hours**  **Per Patient Day** |
| Langley | 10 | 94.8% | 254.0% | 100.0% | 235.5% | 59.9% | 13.3 | 0 | 0↓ | 0 | 100% |
| CV Ward 3 - CAMHS | 9 | 150.5% | 176.9% | 125.5% | 135.3% | 21.8% | 12.8 | 0 | 1↑ | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  | **0** | **1** | **0** |  |

Table - Families, children and young people’s services safer staffing

1. Both wards continue to utilise an increased number of temporary workers to manage increases in patient acuity and maintain patient safety.
2. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.

**Recruitment and Retention**

1. The current Trust wide nurse vacancy position for inpatient wards as reported real time by the lead nurses is detailed below. Staff identified as starters/pipeline, are staff that have been interviewed and in the recruitment process of which may or may not have a start date.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Area** | **Vacant Posts** | | **Potential Leavers** | | **Starters/Pipeline** | |
| **RN** | **HCSW** | **RN** | **HCSW** | **RN** | **HCSW** |
| FYPC | 2.0 | 3.0 | 0 | 0 | 0 | 1.0 |
| CHS (Community Hospitals) | 43 | 15.52 | 2.0 | 0 | 6.61 | 1.0 |
| MHSOP | 14.3 | 4.4 | 0 | 1.0 | 4.0 | 1.0 |
| AMH/LD | 55.91 | 34.28 | 2.0 | 0 | 4.0 | 6.0 |
| **Trust Total March 2019** | **115.21** | **57.2** | **4.0** | **1.0** | **14.61** | **9.0** |
|  |  |  |  |  |  |  |
| **Trust Total February 2019** | **127.66** | **52.98** | **11.0** | **9.0** | **12.2** | **2.0** |

Table - Recruitment summary in-patients

1. Longer term plans to eradicate the risks and address staffing issues remain in place. These include;

* Rolling adverts including implementation of Trust incentivised schemes for hard to recruit areas
* Rotational posts across Trust services and graduate frail older people’s rotation programme in partnership with UHL
* Increased work experience placements and increased recruitment of clinical apprentices
* Accessing recruitment fairs at local universities, schools and colleges
* Robust sickness and absence management
* New roles development workshops continue to review workforce planning including new roles to enhance skill mix and increase patient facing time and commitment to a ‘Grow Our Own’ strategy.
* Continued training (Cohort 3 commenced in December 2018) and deployment of Nursing Associates.
* MHSOP is in the process of trialling the Role of Mental Health Practitioner on one of the inpatient wards, a Band 6 post open to both nursing and AHPs.

**Part Two**

**Trust level summary community teams**

1. The current Trust wide position for community hot spots as reported by the lead nurses is detailed in the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Community team hot spots** | **January**  **2019** | **February 2019** | **March**  **2019** |
| City East CMHT |  |  |  |
| Charnwood CMHT | X |  |  |
| Mental Health Triage | X |  |  |
| City East Hub- Community Nursing | X | X | X |
| City West Hub- Community Nursing | X | X | X |
| Charnwood Hub – Community Nursing | X | X |  |
| Hinckley and Bosworth – Community Nursing |  |  | X |
| South Leicestershire CMHT (MHSOP) | X |  |  |
| West Leicestershire CMHT (MHSOP) | X |  |  |
| City West CMHT (MHSOP) | X |  |  |
| Healthy Together – City | X | X | X |
| Healthy Together – East | X | X | X |
| Health Together - West |  |  | X |
| Looked After Children team | X | X | X |
| CAMHS City |  | X |  |
| CAMHS County |  | X |  |
| CAMHS Crisis |  | X | X |
| Eating Disorders |  | X | X |

Table 11 – Community Hot Spot areas

43 There are 29 community nursing teams that work together in zones called ‘hubs’. There are 8 hubs which in the main are made up of 3 nursing teams, who work together and support the patient needs within the geographical location.

There remains a number of vacancies across the community planned care nursing hubs with the two Hubs carrying the largest numbers of vacancies, those being City East and City West. The impact of this is even more significant due to poor bank and agency fill. Hinckley and Bosworth Hub is an emerging hotspot as they have now have four qualified nurses on maternity leave. However Charnwood is no longer a hot spot due to four of the five staff having returned from maternity leave.

A rolling cycle of recruitment remains in place. This is about to be supported, in the city area, with the introduction of the band 5 Retention Prema. In additon a more robust induction programme for all new starters, is being embeded, to support staff to transition in to their new role and teams.

Whilst the transformation and Autoplanner contine to embed, the service is also subject to a commissioners community service redesign. This has created uncertainty and staff are unsettled but this has oversight and is on the risk register.

44 Looked After Children team and Healthy Together City, East and West teams are hot spot areas within FYPC Community; they are rated to be at Amber escalation level due to only 70% of the established team being available to work.  Eating Disorders team is rated as Red escalation level due to only 69% of the established team being available to work.

Mitigation plans are in place within the service for moving staff internally where possible, overtime offered and vacant posts are being proactively advertised, locum support recruited to and additional hours in place for existing substantive staff where possible to increase capacity. Risks continue to be monitored internally on a weekly basis.

45 Whilst there are no Adult Community Mental Health Teams identified as hotspots this month, it is noted that staffing remains very tight in both the Crisis Resolution and Home and Mental Health Triage teams, safe staffing is maintained utilising overtime, bank and agency staff.

**Recruitment and Retention**

46 The current Trust wide position for community teams as reported real time by the lead nurses is detailed below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Area** | **Vacant Posts** | | **Potential Leavers** | | **Starters/Pipeline** | |
| **RN** | **HCSW** | **RN** | **HCSW** | **RN** | **HCSW** |
| CHS – Community Nursing Hubs | 11.5 | 6.74 | 3.0 | 0 | 14.2 | 1.0 |
| CHS - ICS | 6.6 | 2.0 | 3.0 | 0 | 0 | 0 |
| MHSOP | 0.64 | 0 | 0 | 0 | 0 | 0 |
| AMH/LD | 27.9 | 6.9 | 2.0 | 0 | 2.6 | 1.0 |
| FYPC | 12.0 | 7.0 | 0.7 | 0 | 0 | 0 |
| **Trust Total March 2019** | **58.64** | **22.64** | **8.7** | **0** | **16.8** | **2.0** |
| Trust Total February 2019 | **74.6** | **20.44** | **4.8** | **2.0** | **24.04** | **1.0** |

Table 13 - Recruitment summary community

**Conclusion**

1. The Trust continues to demonstrate compliance with the National Quality Board (NQB) expectations to publish safer staffing information each month. The safer staffing data is being regularly monitored and scrutinised for completeness and performance by the Chief Nurse and reported to NHS England (NHSE) via mandatory national returns on a site-by-site basis. Learning from participation in a number of NHS Improvement (NHSI) development programmes is ongoing.
2. Each directorate has a standard operating procedure for the escalation of safer staffing risks and any significant issues are notified to the Chief Nurse on a weekly basis.
3. In light of the triangulated review of fill rates, nurse sensitive indicators and patient feedback, the Chief Nurse is assured that there is sufficient resilience across the Trust not withstanding some hot spot areas, to ensure that every ward and community team is safely staffed.

Presenting Director: Anne Scott – Interim Chief Nurse

Author(s): Emma Wallis – Associate Director of Nursing and Professional Practice

\*Disclaimer: This report is submitted to the Trust Board for amendment or approval as appropriate. It should not be regarded or published as Trust Policy until it is formally agreed at the Board meeting, which the press and public are entitled to attend.

**Appendix**

Appendix 1 – In-patient Safer staffing supporting information - scorecard

| **March 2019** | |  |  | **Fill Rate Analysis (National Return)** | | | | | | **Skill Mix Met**  **(NURSING ONLY)** | **% Temporary Workers**  **(NURSING ONLY)** | | | **Overall CHPPD**  **(Nursing and AHP)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Actual Hours Worked divided by Planned Hours** | | | | | |
|  |  |  |  | **Nurse Day  (Early & Late Shift)** | | **Nurse Night** | | **AHP Day** | |
| **Ward**  **Group** | **Ward name** | **Average no. of Beds on Ward** | **Average no. of Occupied Beds** | **Average % fill rate  registered nurses** | **Average % fill rate  care staff** | **Average % fill rate  registered nurses** | **Average % fill rate  care staff** | **Average % fill rate registered  AHP** | **Average % fill rate  non-registered AHP** | **(based on 1:8 plus 60:40 split)** | **Total** | **Bank** | **Agency** |
| **>= 80%** | **>= 80%** | **>= 80%** | **>= 80%** | **-** | **-** | **>= 80%** | **<20%** | **-** | **-** |
| AMH  Bradgate | Ashby | 21 | 21 | 100.5% | 129.8% | 114.5% | 141.9% |  |  | 92.5% | 30.7% | 30.5% | 0.2% | 5.4 |
| Aston | 19 | 19 | 91.4% | 146.8% | 98.4% | 229.0% |  |  | 72.0% | 38.6% | 35.5% | 3.1% | 6.2 |
| Beaumont | 22 | 21 | 91.9% | 141.1% | 100.0% | 216.1% |  |  | 81.7% | 24.5% | 22.8% | 1.7% | 5.5 |
| Belvoir Unit | 10 | 10 | 106.6% | 295.1% | 190.3% | 285.2% |  |  | 97.8% | 48.7% | 42.0% | 6.6% | 17.6 |
| Bosworth | 20 | 19 | 88.7% | 178.2% | 95.2% | 174.2% |  |  | 71.0% | 39.7% | 37.3% | 2.4% | 6.2 |
| Heather | 18 | 18 | 87.5% | 137.1% | 91.9% | 158.1% |  |  | 64.5% | 26.3% | 21.3% | 5.0% | 6.0 |
| Thornton | 20 | 20 | 85.5% | 156.5% | 100.0% | 108.1% |  |  | 63.4% | 40.2% | 37.3% | 2.9% | 5.8 |
| Watermead | 20 | 20 | 89.8% | 196.0% | 100.0% | 312.9% |  |  | 77.4% | 45.5% | 41.1% | 4.4% | 7.0 |
| Griffin Female PICU | 6 | 6 | 187.1% | 475.8% | 190.3% | 312.9% |  |  | 100.0% | 66.5% | 51.5% | 15.0% | 23.4 |
| AMH  Other | HP Phoenix | 12 | 12 | 97.6% | 155.6% | 100.0% | 153.2% |  |  | 94.6% | 30.0% | 27.7% | 2.3% | 9.0 |
| SH Skye Wing | 30 | 27 | 108.1% | 155.2% | 190.3% | 143.5% |  |  | 93.5% | 43.9% | 43.3% | 0.5% | 5.0 |
| Willows Unit | 36 | 33 | 148.0% | 204.9% | 118.5% | 223.5% |  |  | 90.3% | 19.1% | 18.9% | 0.2% | 9.1 |
| ML Mill Lodge (New Site) | 14 | 12 | 96.0% | 237.1% | 53.2% | 196.8% |  |  | 47.3% | 44.5% | 42.8% | 1.8% | 11.9 |  |  |  | 87.1% | 221.0% | 93.5% | 377.4% | 68.82% |
| CHS City | BC Kirby | 24 | 22 | 80.6% | 234.4% | 100.0% | 112.9% |  |  | 66.7% | 27.5% | 26.2% | 1.3% | 6.0 |
| BC Welford | 24 | 19 | 80.0% | 246.0% | 98.4% | 133.9% |  |  | 64.5% | 31.2% | 29.1% | 2.1% | 7.3 |
| CB Beechwood | 20 | 18 | 85.0% | 210.9% | 100.0% | 108.1% | 100.3% | 100.1% | 73.1% | 19.1% | 13.4% | 5.7% | 6.9 |
| CB Clarendon | 20 | 16 | 88.4% | 196.0% | 100.0% | 103.2% |  |  | 82.8% | 15.4% | 10.1% | 5.3% | 7.3 |
| EC Coleman | 21 | 20 | 64.5% | 351.6% | 95.2% | 237.1% |  |  | 31.2% | 55.0% | 54.1% | 0.9% | 9.2 |
| EC Gwendolen | 20 | 15 | 104.8% | 396.0% | 91.9% | 327.4% |  |  | 88.2% | 44.3% | 42.8% | 1.6% | 14.7 |  |
| CHS East | FP General | 8 | 6 | 134.6% | 89.9% | 126.1% | - | 91.7% | 103.1% | 73.1% | 33.1% | 20.5% | 12.6% | 7.7 |  |
| MM Dalgleish | 17 | 16 | 99.2% | 127.4% | 100.0% | 177.4% | 92.2% | 99.2% | 97.8% | 18.3% | 12.3% | 6.0% | 6.1 |  |
| Rutland | 16 | 12 | 107.8% | 132.5% | 98.3% | 103.2% |  |  | 96.8% | 14.1% | 9.5% | 4.6% | 7.3 |
| SL Ward 1 Stroke | 16 | 13 | 102.4% | 184.7% | 91.9% | 91.9% | 91.3% | 97.8% | 95.7% | 22.3% | 19.4% | 3.0% | 8.7 |
| SL Ward 3 | 14 | 12 | 92.7% | 120.2% | 196.8% | 106.5% | 100.6% | 100.0% | 90.3% | 27.7% | 20.7% | 7.0% | 7.2 |
| CHS West | CV Ellistown 2 | 24 | 20 | 116.1% | 174.2% | 193.5% | 108.1% | 98.6% | 100.1% | 98.9% | 14.6% | 8.8% | 5.7% | 5.8 |
| CV Snibston 1 | 15 | 13 | 112.1% | 195.2% | 103.2% | 138.7% | 94.3% | 100.0% | 100.0% | 13.4% | 11.3% | 2.1% | 9.7 |
| HB East Ward | 20 | 19 | 71.4% | 200.0% | 100.0% | 98.4% | 99.8% | 97.6% | 43.0% | 27.2% | 17.9% | 9.3% | 6.5 |
| HB North Ward | 16 | 15 | 101.6% | 187.1% | 103.2% | 132.3% |  |  | 98.9% | 27.4% | 16.1% | 11.3% | 8.4 |
| Lough Swithland | 24 | 20 | 100.0% | 196.8% | 100.0% | 196.8% | 100.4% | 90.8% | 100.0% | 13.4% | 7.7% | 5.7% | 6.1 |
| FYPC | Langley | 13 | 10 | 94.8% | 254.0% | 100.0% | 235.5% | 98.7% |  | 84.9% | 59.9% | 59.9% | 0.0% | 13.3 |
| CV Ward 3 | 10 | 9 | 150.5% | 176.9% | 125.5% | 135.3% | 112.3% |  | 95.7% | 21.8% | 19.3% | 2.5% | 12.8 |
| LD | 3 Rubicon Close | 4 | 3 | 95.2% | 185.7% | 67.7% | 161.3% |  |  | 77.4% | 26.7% | 26.7% | 0.0% | 19.7 |
| Agnes Unit | 12 | 8 | 170.0% | 763.3% | 134.8% | 669.6% |  |  | 98.9% | 47.0% | 45.7% | 1.3% | 34.5 |
| The Gillivers | 5 | 3 | 100.0% | 166.2% | 67.7% | 151.6% |  |  | 79.6% | 15.5% | 15.5% | 0.0% | 18.8 |
| The Grange | 5 | 2 | - | 166.7% | - | 196.8% |  |  | 95.7% | 22.2% | 22.2% | 0.0% | 20.7 |
| **Trust Total** | |  |  | **101.4%** | **209.6%** | **108.1%** | **184.6%** |  |  | 82.3% | 33.2% | 29.7% | 3.5% |  |