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| Meeting | Trust Board |
| Date of meeting | 30 August 2019 |
| Paper number |  |

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| Name of Report - **SAFE STAFFING – JULY 2019 REVIEW** |

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| --- | --- | --- | --- | --- | --- |
| For approval |  | For assurance | ☑ | For information |  |

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| Presented by the Accountable Director | Anne-MariaNewham | Author (s) | Emma Wallis |

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| Alignment to CQC domains: | Alignment to the LPT strategic objectives: | Alignment to LPT priorities for 2019/20(STEP up to GREAT): |
| Safe | ☑ | Safe | ☑ | S – High Standards | ☑ |
| Effective |  | Staff |  | T - Transformation |  |
| Caring |  | Partnerships |  | E – Environments |  |
| Responsive |  | Sustainability |  | P – Patient Involvement |  |
| Well-Led |  |  | G – Well-Governed | ☑ |
|  | R – Single Patient Record |  |
| E – Equality, Leadership, Culture |  |
| A – Access to Services |  |
| T – Trustwide Quality improvement |  |

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| Report previously reviewed by |
| Committee / Group | Date | Assurance obtained(Significant/Limited/None) |
| Direct report to Trust Board |  |  |

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| Assurance: What level of assurance does this report provide in respect of the Board Assurance Framework Risks?(Significant / Limited / No Assurance) | Links to BAF risk numbers |
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| Recommendations of the report |
| 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 BOARD – 30 AUGUST 2019**

**SAFE STAFFING – JULY 2019 REVIEW**

**Introduction/Background**

1. This report will provide an overview of the nursing safe staffing during the month of July 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.
4. The Quality Schedule methods of measurement are;
* A – Each shift achieves the safe staffing level 100%
* B – Less than 6% of clinical posts to be filled by agency staff

Compliance for the above indicators is RAG rated 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 July 2019**

**Right Staff**

* Overall the planned staffing levels were achieved across the Trust. Where inpatient staffing actual fill rate is less than 80% and or 50% temporary 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.
* Temporary worker utilisation rate slightly increased this month by 0.7%; reported at 33.9%. Utilisation is associated with meeting planned staffing levels where there are vacancies and sickness and increases in patient acuity and dependency.
* Trust wide agency usage increased this month 1.6% to 5.2% overall. The following wards utilised above 6% agency staff; Belvoir, Griffin, Mill Lodge, Beechwood, Clarendon, Feilding Palmer, Rutland, St Lukes Ward 3, Coalville Ward 2 and East Ward. The increased use is associated with HCSW agency utilisation predominantly in mental health areas, associated with increased acuity and escort duties and bank has not been able to meet the increased demand.
* We also saw a 50% increase in Thornbury use in July 2019 compared with June 2019. From 29 July 2019 a two week pilot commenced; anyone wanting to book HCSWs on off framework agency have to ring the Director of Nursing, AHPs and Quality between 09.00am to 22.00pm and the Director on-call 22.00pm – 09.00am. Impact and analysis will be presented in the report next month.
* The total number of Trust wide Registered Nurse (RN) vacancies reported this month is 208.27 w.t.e posts (122.4 inpatients and 85.87 community). This is an increased position this month by 1.6 w.t.e RN posts.
* The total number of Trust wide Health Care Support Worker (HCSW) vacancies reported this month is 81.78 w.t.e. posts (63.69 in-patients and 18.09 community). This is a decreased position this month by 5.19 w.t.e posts.
* As of 1 August 2019 there are 44.4 w.t.e candidates in the recruitment pipeline, expected to join the Trust over the next few months.
* There are nine hotspot inpatient areas, hotspots have been identified either by; exception to planned fill rates, high percentage of temporary worker utilisation or by the Lead Nurse due to concerns relating to increased acuity, high risk patients, staff sickness, ability to fill additional shifts and the impact to safe and effective care.
* There are also eleven community team hot spots areas. 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.
* 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.

**Right Skills**

* 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 1 August 2019 Trust wide;
* Appraisal sustained GREEN at 92.9%
* Clinical supervision AMBER at 81.5%
* Of the 29 core and clinical mandatory compliance subjects, all sustained GREEN with the exception of six topics at AMBER, four of the six topics have improved compliance this month.
* Compliance with mandatory training for bank staff remains lower than that of substantive staff. Following targeted action there is continued improvement in bank staff compliance in July 2019, eight of the ten compliance subjects that are AMBER or RED have increased compliance.

**Right Place**

* 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.
* The total Trust CHPPD average (including ward based AHPs) is reported at 11.03 CHPPD in July 2019, with a range between 4.4 (Skye Wing) and 34.7 (Agnes Unit) CHPPD. The variation in range reflects the diversity of services, complex and specialist care provided across the Trust.
* Analysis of the CHPPD has not identified variation at service level, indicating that staff are being deployed productively across services.

**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 July 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** |
| May 19 | 105.5% | 206.7% | 108.6% | 195.5% | 32.9% |
| June 19 | 103.5% | 199.7% | 107.2% | 187.5% | 33.2% |
| **July 19** | **104.2%** | **205.9%** | **109.3%** | **187.9%** | **33.9%** |

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 overall this month by 0.7%; reported at 33.9%. Utilisation is associated with meeting planned staffing levels and increases in patient acuity and dependency requiring additional staff to maintain quality of care and patient safety.
3. Agency usage increased this month by 1.6% to 5.2%. Belvoir, Griffin, Mill Lodge, Beechwood, Clarendon, Feilding Palmer, Rutland, St Lukes Ward 3, Coalville Ward 2 and East Ward utilised above 6% agency staff. The increased use is largely attributed to HCSW agency utilisation, associated with increased acuity and escort duties and the Trust bank has not been able to meet the increased demand.
4. We also saw a 50% increase in Thornbury agency use in July 2019 compared with June 2019. From 29 July 2019 a two week pilot has commenced; prior to booking HCSW on off framework agencies staff will ring the Director of Nursing, AHPs and Quality between 09.00am to 22.00pm hrs and the Director on-call 22.00pm – 09.00am directly for approval. Impact and analysis will be presented next month.

**Summary of safer staffing hotspots – Inpatients**

|  |  |  |  |
| --- | --- | --- | --- |
| **Planned staffing and/or high utilisation of temporary workers** | **May 2019** | **June 2019** | **July 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 |
| Kirby | X |  |  |
| Coleman  | X |  | X |
| Gwendolen |  |  | X |
| Belvoir | X | X | X |
| Griffin | X | X | X |
| Agnes Unit | X |  |  |
| Langley | X | X |  |
| Feilding Palmer | X | X | X |
| St Lukes Ward 3 | X | X | X |
| Ward 3 Coalville (CAMHS) | X |  |  |

Table - Safer staffing hotspots

1. East Ward, Mill Lodge, Coleman, Gwendolen 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. Belvoir is a hot spot due to utilising over 50% temporary staff. The high utilisation is associated with both vacancies and increased patient acuity.
3. Griffin ward is still considered a hotspot within the Directorate due to patient acuity and risk, staff sickness and vacancies and high use of bank and agency staff.
4. St Lukes Ward 3 and Feilding Palmer remain hot spots due to concerns relating to vacancies, staff sickness, maternity leave and the ability to fill additional shifts.
5. 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. For analysis and review the Trust thresholds are indicated below;
* Planned levels is >80% Green
* Temporary worker utilisation (bank and agency); green indicates threshold achieved, amber is above 20% utilisation and red above 50% utilisation.
1. The NSIs that capture outcomes most affected by nurse staffing levels are 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.

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

**Acute Inpatient Wards**

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** | **Vacancy Factor** | **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 | 20 | 97.8% | 128.2% | 98.4% | 96.8% | 29.4% | 5.1 | 17.1% | 2 | 0↓ | 0↓ | 87.5% |
| Aston | 19 | 91.4% | 154.0% | 95.2% | 161.3% | 32.1% | 6.0 | 21.6% | 0 | 1↑ | 0 | nil |
| Beaumont | 22 | 93.5% | 209.7% | 100.0% | 425.8% | 47.8% | 7.0 | 7.8% | 1↓ | 4↓ | 1↑ | nil |
| Belvoir Unit | 10 | 97.6% | 450.8% | 125.8% | 463.3% | 68.9% | 24.8 | 42.4% | 0 | 0 | 0 | nil |
| Bosworth | 20 | 86.0% | 194.4% | 98.4% | 316.1% | 48.4% | 6.8 | 12.3%↓ | 0 | 1 | 1↑ | 100% |
| Heather | 18 | 87.6% | 116.9% | 100.0% | 164.5% | 26.0% | 5.9 | 5.7% | 0 | 4↑ | 0 | nil |
| Thornton | 20 | 93.0% | 148.4% | 96.8% | 132.3% | 36.3% | 6.2 | 12.9%↑ | 1↓ | 1↑ | 0 | nil |
| Watermead | 17 | 90.9% | 219.4% | 100.0% | 345.2% | 47.5% | 7.5 | 9.5%↓ | 3↓ | 8↑ | 0 | nil |
| Griffin F PICU | 6 | 182.8% | 409.1% | 200.0% | 232.3% | 41.3% | 21.0 | 19.1%↑ | 1↑ | 1↑ | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **8↓** | **20↑** | **2↑** |  |

Table 3 - Acute inpatient ward safe 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 Belvoir Ward rated Red at 57.1%. The high utilisation of temporary staff is associated with vacancies, sickness and patient acuity; several patients over the month had violent and aggressive episodes and required 2:1 staffing and there was an increase in patients requiring level 1 observations.
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 is reviewed at the twice weekly staffing meeting and daily safety huddle.
4. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes for all wards. Beaumont Ward has seen a decrease in falls and medication errors this month, the previous months increase in incidents and falls is being reviewed by the Matron, Service Manager and adult safeguarding lead for actions and learning.

**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** | **Vacancy Factor** |
| 3 Rubicon Close | 3 | 124.2% | 129.0% | 93.5% | 129.0% | 32.7% | 20.4 | -2.7%↓ | 0 |  2↑ | 0 | nil |
| Agnes Unit | 8 | 242.0% | 871.6% | 194.1% | 776.5% | 44.4% | 34.7 | 17.2%↓ |  0↓ |  0↓ | 0 | nil |
| The Gillivers | 3 | 121.0% | 140.3% | 58.1% | 148.4% | 19.5% | 18.0 | -0.4% |  0↓ | 0 | 0 | nil |
| The Grange | 2 | - | 134.3% | - | 193.1% | 15.8% | 19.0 | 34.1%↑ | 0 | 1↑ | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **0↓** | **3↑** | **0** |  |

Table - Learning disabilities safe 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. Patients do not always need the support of registered nurses.
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** | **Vacancy Factor** |
| HP Phoenix | 9 | 100.0% | 139.6% | 100.0% | 153.2% | 35.7% | 10.5 | 23.7%↓ | 0 | 0 | 0 | Nil |

Table - Low secure safe staffing

1. Phoenix Ward achieved the thresholds for safe 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** | **Vacancy Factor**  |
| Skye Wing | 28 | 109.7% | 137.4% | 196.8% | 106.5% | 43.1% | 4.4 | 7.4%↓ | 0↓ | 5↓ | 0 | nil |
| Willows Unit | 31 | 154.7% | 188.4% | 121.8% | 228.2% | 22.2% | 9.2 | 3.4%↑ | 0↓ | 2↑ | 0 | nil |
| Mill Lodge | 13 | 104.0% | 229.9% | 62.9% | 221.0% | 41.4% | 10.9 | 9.3%↓ | 1 | 6↓ | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **1↓** | **13↓** | **0** |  |

Table - Rehabilitation service safe staffing

1. Mill Lodge remains a hot spot for meeting planned RN levels on nights only 62.9% of the time. The service adopts a staffing model based on patient acuity and dependency, staff skills and competencies and increasing the number of HCSWs and sharing RN support with Stewart House. The establishments on nights for RN’s are expected to be filled from autumn 2019.
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** | **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** | **Vacancy Factor** |
| FP General | 6 | 140.7% | 84.5% | 126.5% | - | 35.1% | 8.5 | 36.6% | 1 | 5↑ | 0 | 100% |
| MM Dalgliesh | 13 | 100.8% | 122.6% | 96.8% | 96.8% | 12.8% | 9.6 | -7.6%↓ | 0 | 8↑ | 0 | 85.7% |
| Rutland | 14 | 100.8% | 128.9% | 95.2% | 129.0% | 17.7% | 6.6 | 28.1%↓ | 0 | 0↓ | 0 | 100% |
| SL Ward 1 | 12 | 111.7% | 194.2% | 105.1% | 108.5% | 18.5% | 13.3 | 23.7%↓ | 0 | 2↓ | 0 | 100% |
| SL Ward 3 | 9 | 100.8% | 103.3% | 203.2% | 129.0% | 40.3% | 8.8 | 37.9% | 3↑ | 7↑ | 0 | 100% |
| CV Ellistown 2 | 18 | 120.3% | 182.9% | 196.8% | 103.2% | 16.1% | 8.7 | 10.3%↑ | 0 | 1 | 0 | 95.5% |
| CV Snibston 1 | 13 | 115.1% | 170.9% | 88.7% | 122.6% | 13.2% | 11.7 | 15.8% | 1↑ | 1↓ | 0 | 100% |
| HB East Ward | 18 | 78.8% | 199.2% | 100.0% | 116.1% | 31.8% | 8.5 | 6.0%↓ | 0↓ | 3↑ | 0 | nil |
| HB North Ward | 15 | 117.7% | 173.4% | 100.0% | 100.0% | 14.6% | 8.0 | 5.4%↓ | 0 | 2↑ | 0 | nil |
| Loughborough Swithland | 19 | 100.0% | 197.6% | 100.0% | 200.0% | 13.0% | 7.9 | 24.1% | 1 | 4↓ | 0 | 91.8% |
| CB Beechwood | 18 | 82.8% | 196.0% | 100.0% | 101.6% | 25.6% | 9.7 | 24.1% | 0↓ | 2 | 1↑ | nil |
| CB Clarendon | 17 | 83.1% | 212.8% | 100.0% | 145.2% | 23.7% | 7.6 | 22.6% | 2↑ | 6↑ | 0↓ | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **8↑** | **41**↑ | **1** |  |

Table - Community hospital safe staffing

1. East Ward remains a hot spot as it only met the planned RN level during the day 78.8% of the time. The ward runs with two RNs on occasion, which meets safer staffing parameters.
2. A review of the NSIs for the community hospital wards has identified that there was an increase in medication and falls incidents. Review of the increased incidences on Ward 3 St Lukes and Clarendon has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes. A review of the falls on Dalgleish has identified that for one fall, the ward was not at its planned level of Registered Nurses (two). There was no harm to the patient and review of the incident has not identified a direct correlation with the reduced RN on duty and impact to the fall. Agency were deployed and attended from midday on the day shift.
3. Feilding Palmer is a hot spot associated with increased temporary workforce usage due to vacancies, maternity leave and sickness.
4. Ward 3 St Lukes remains a hotspot due to vacancies and sickness that includes clinical leadership roles. Additional support is provided from an experienced Ward Sister and Matron.
5. The Matrons review rosters across the service line on a weekly basis to support safe staffing and best practice in roster management.

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

| **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** | **Vacancy Factor** |
| BC Kirby | 21 | 81.3% | 222.6% | 98.4% | 119.4% | 29.2% | 6.0 | 17.8% | 0 | 7↑ | 0 | 50% |
| BC Welford | 20 | 82.6% | 191.7% | 96.8% | 103.2% | 25.4% | 5.5 | 17.4% | 0↓ | 6↑ | 0 | 100% |
| Coleman | 18 | 67.6% | 327.4% | 100.0% | 196.8% | 41.0% | 9.7 | 12.1%↑ | 0 | 9↑ | 0 | nil |
| Gwendolen | 18 | 72.0% | 325.0% | 91.9% | 229.0% | 41.3% | 9.9 | 23.2%↓ | 0 | 13↓ | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **0↓** | **35↑** | **0↓** |  |

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

1. Gwendolen and Coleman are hotspots as they only met the threshold for planned staffing on days 72% and 67.6% of the time, respectively. Review has identified that on 28 shifts (out of 93) in July 2019 there was only one RN. On these occasions Gwendolen ward were supported by the Charge nurse and qualified staff from Coleman ward to support safe staffing.
2. Increased utilisation of temporary staff to meet planned staffing levels where there are vacancies and sickness and also due to increased patient acuity and level 1 observations.
3. A review of the NSIs and patient feedback has not identified any staffing impact to the quality and safety of patient care/outcomes.
4. The in-patient wards have a substantive peripatetic team who work flexibly to facilitate consistency and continuity of care. The team comprises of 5 WTE HCSWs who are predominantly based on Coleman Ward/Gwendolen ward to meet the patient needs due to increased acuity and dependency.

**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** | **Vacancy Factor** |
| Langley | 11 | 101.6% | 204.8% | 100.0% | 162.9% | 49.7% | 11.4 | -14.6%↓ | 2↑ | 1↑ | 0 | 100% |
| CV Ward 3 - CAMHS | 7 | 178.1% | 319.2% | 172.2% | 255.6% | 32.7% | 17.5 | 11.1% | 0 | 1↑ | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **2**↑ | **2**↑ | **0** |  |

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

31 Both wards continue to utilise an increased number of temporary workers to manage increases in patient acuity and maintain patient safety.

1. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.

**Recruitment, Retention and Workforce planning**

**Recruitment**

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 | 2.8 | 6.8 | 0 | 0 | 0 | 0 |
| CHS (Community Hospitals) | 48.2 | 13.9 | 2.9 | 2.0 | 4.0 | 5.0 |
| MHSOP | 17.7 | 9.0 | 0 | 1.0 | 2.0 | 3.0 |
| AMH/LD | 53.7 | 33.99 | 5.0 | 5.0 | 5.0 | 4.0 |
| **Trust Total July 2019** | **122.4** | **63.69** | **7.9** | **8.0** | **11.0** | **12.0** |
|  |  |  |  |  |  |  |
| Trust Total June 2019 | **116.55** | **68.98** | **7.9** | **4.0** | **10.0** | **11.0** |

Table - Recruitment summary in-patients

1. Rolling adverts for all RN posts including implementation of Trust incentivised schemes for hard to recruit areas. Accessing recruitment fairs at local universities, schools and colleges.
2. Rotational posts across Trust services and graduate frail older people’s rotation programme in partnership with UHL
3. Increased work experience placements and increased recruitment of clinical apprentices
4. Recruitment for the next three cohorts of trainee nursing associates commences in late August/September 2019. LLR wide there are 133 places for 2019/20 with the next cohort due to commence in December 2019. Directorates are currently reviewing workforce plans and identifying trainee places.

**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. There are no hotspots identified in Adult Community Mental Health Teams this month.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Community team hot spots**  | **April****2019** | **May** **2019** | **June****2019** | **July****2019** |
| City East Hub- Community Nursing | X | X | X | X |
| City West Hub- Community Nursing | X | X | X | X |
| East Central Hub – Community Nursing |  |  | X | X |
| Hinckley and Bosworth – Community Nursing | X | X | X | X |
| Healthy Together – City (School Nursing) | X | X | X | X |
| Healthy Together – East | X | X | X | X |
| Health Together - West | X | X | X | X |
| Looked After Children team | X | X | X | X |
| CAMHS City - FYPC |  | X | X |  |
| CAMHS County - FYPC |  | X | X | X |
| CAMHS Crisis - FYPC | X | X | X | X |
| City West CMHT - MHSOP |  |  | X | X |

Table 11 – Community Hot Spot areas

39 There are 29 community nursing teams that work together in zones called ‘hubs’. There are 8 hubs in total.There remains a number of vacancies across the community planned care nursing hubs with City East and West and East Central carrying the largest number. Adverts are open to recruit Band 5 nurses for City East, City West, East Central, Charnwood and North West. Hinckley and Bosworth Hub is a hotspot as they have four registered nurses on maternity leave.

40 City West CMHT (MHSOP) remains a hot spot due to increased registered nurse sickness and lack of bank or agency to backfill.  Internal moves have been secured to support the clinical risk and activity.  The service is also piloting an additional team lead in the city community teams.

41 Looked After Children team and Healthy Together City (School Nursing only), East and West Healthy Together , County Outpatient and CRISIS 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. 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.

42 There are no hot spots in July 2019 for AMH/LD Community.

**Recruitment**

43 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 | 21.8 | 5.79 | 0 | 0 | 14.4 | 0 |
| CHS - ICS | 8.4 | 1.0 | 0 | 0 | 0 | 0 |
| MHSOP | 4.0 | 0 | 2.0 | 0 | 1.0 | 1.0 |
| AMH/LD | 20.4 | 4.3 | 0 | 0 | 3.0 | 0 |
| FYPC  | 31.27 | 7.0 | 1.0 | 0 | 2.0 | 0 |
| **Trust Total July 2019** | **85.87** | **18.09** | **3.0** | **0** | **20.4** | **1.0** |
| Trust Total June 2019 | 90.12 | 17.99 | 13.0 | 1.0 | 17.0 | 1.0 |

Table 13 - Recruitment summary community

**Retention**

1. There is a Trust wide Retention group with a number of initiatives linked to health and well-being programmes, learning and development, a Trust wide Preceptorship programme for all newly registered staff, leadership and professional development programmes, time out days and career development opportunities.

**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 and reported to NHS England (NHSE) via mandatory national returns on a site-by-site basis.
2. Each directorate has a standard operating procedure for the escalation of safer staffing risks and any significant issues are notified to the Director of Nursing, AHPs and Quality on a weekly basis.
3. In light of the triangulated review of fill rates, nurse sensitive indicators and patient feedback, the Director of Nursing, AHPs and Quality 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-Maria Newham – Director of Nursing, AHPs and Quality

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

| **July 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** |
| **QS>= 100%** | **QS>= 100%** | **QS>= 100%** | **QS>= 100%** | **-** | **-** | **>= 80%** | **<20%** | **-** | **QS>=6%-** |
| AMH Bradgate | Ashby | 20 | 20 | 97.8% | 128.2% | 98.4% | 96.8% |   |   | 90.3% | 29.4% | 29.2% | 0.2% | 5.1 |
| Aston | 19 | 19 | 91.4% | 154.0% | 95.2% | 161.3% |   |   | 75.3% | 32.1% | 29.6% | 2.6% | 6.0 |
| Beaumont | 22 | 22 | 93.5% | 209.7% | 100.0% | 425.8% |   |   | 84.9% | 47.8% | 45.7% | 2.1% | 7.0 |
| Belvoir Unit | 10 | 10 | 97.6% | 450.8% | 125.8% | 463.3% |   |   | 96.8% | 68.9% | 50.5% | 18.5% | 24.8 |
| Bosworth | 20 | 20 | 86.0% | 194.4% | 98.4% | 316.1% |   |   | 67.7% | 48.4% | 47.0% | 1.4% | 6.8 |
| Heather | 18 | 18 | 87.6% | 116.9% | 100.0% | 164.5% |   |   | 77.4% | 26.0% | 23.2% | 2.9% | 5.9 |
| Thornton | 20 | 20 | 93.0% | 148.4% | 96.8% | 132.3% |   |   | 79.6% | 36.3% | 34.9% | 1.4% | 6.2 |
| Watermead | 17 | 17 | 90.9% | 219.4% | 100.0% | 345.2% |   |   | 81.7% | 47.5% | 43.9% | 3.6% | 7.5 |
| Griffin Female PICU | 6 | 6 | 182.8% | 409.1% | 200.0% | 232.3% |   |   | 100.0% | 41.3% | 28.8% | 12.5% | 21.0 |
| AMH Other | HP Phoenix | 11 | 9 | 100.0% | 139.6% | 100.0% | 153.2% |   |   | 94.6% | 35.7% | 33.4% | 2.3% | 10.5 |
| SH Skye Wing | 30 | 28 | 109.7% | 137.4% | 196.8% | 106.5% |   |   | 93.5% | 43.1% | 42.3% | 0.8% | 4.4 |
| Willows Unit | 33 | 31 | 154.7% | 188.4% | 121.8% | 228.2% |   |   | 92.5% | 22.2% | 22.0% | 0.2% | 9.2 |
| CHS City | BC Kirby | 24 | 21 | 81.3% | 222.6% | 98.4% | 119.4% |   |   | 65.6% | 29.2% | 24.0% | 5.2% | 6.0 |
| BC Welford | 22 | 20 | 82.6% | 191.7% | 96.8% | 103.2% |   |   | 58.1% | 25.4% | 24.1% | 1.4% | 5.5 |
| CB Beechwood | 20 | 18 | 82.8% | 196.0% | 100.0% | 101.6% | 100.0% | 97.6% | 67.7% | 25.6% | 17.6% | 7.9% | 9.7 |
| CB Clarendon | 20 | 17 | 83.1% | 212.8% | 100.0% | 145.2% |   |   | 73.1% | 23.7% | 13.1% | 10.5% | 7.6 |
| EC Coleman | 21 | 18 | 67.6% | 327.4% | 100.0% | 196.8% |   |   | 39.8% | 41.0% | 40.3% | 0.7% | 9.7 |
| EC Gwendolen | 20 | 18 | 72.0% | 325.0% | 91.9% | 229.0% |   |   | 53.8% | 41.3% | 35.6% | 5.7% | 9.9 |
| CHS East | FP General | 8 | 6 | 140.7% | 84.5% | 126.5% | - | 100.0% | 100.3% | 72.0% | 35.1% | 16.6% | 18.5% | 8.5 |
| MM Dalgleish | 16 | 13 | 100.8% | 122.6% | 96.8% | 96.8% | 92.7% | 99.6% | 96.8% | 12.8% | 9.5% | 3.3% | 9.6 |
| Rutland | 15 | 14 | 100.8% | 128.9% | 95.2% | 129.0% |   |   | 97.8% | 17.7% | 10.3% | 7.5% | 6.6 |
| SL Ward 1 Stroke | 16 | 12 | 111.7% | 194.2% | 105.1% | 108.5% | 94.5% | 96.5% | 100.0% | 18.5% | 13.0% | 5.5% | 13.3 |
| SL Ward 3 | 11 | 9 | 100.8% | 103.3% | 203.2% | 129.0% | 106.3% | 101.9% | 88.2% | 40.3% | 25.6% | 14.8% | 8.8 |
| CHS West | CV Ellistown 2 | 24 | 18 | 120.3% | 182.9% | 196.8% | 103.2% | 98.1% | 100.0% | 98.9% | 16.1% | 7.8% | 8.2% | 8.7 |
| CV Snibston 1 | 15 | 13 | 115.1% | 170.9% | 88.7% | 122.6% | 97.7% | 100.0% | 91.4% | 13.2% | 10.5% | 2.6% | 11.7 |
| HB East Ward | 20 | 18 | 78.8% | 199.2% | 100.0% | 116.1% | 100.5% | 100.0% | 59.1% | 31.8% | 16.3% | 15.5% | 8.5 |
| HB North Ward | 16 | 15 | 117.7% | 173.4% | 100.0% | 100.0% |   |   | 98.9% | 14.6% | 10.1% | 4.5% | 8.0 |
| Lough Swithland | 21 | 19 | 100.0% | 197.6% | 100.0% | 200.0% | 101.2% | 100.1% | 100.0% | 13.0% | 9.1% | 3.9% | 7.9 |
| FYPC | Langley | 15 | 11 | 101.6% | 204.8% | 100.0% | 162.9% | 100.0% |   | 93.5% | 49.7% | 49.3% | 0.4% | 11.4 |
| CV Ward 3 | 10 | 7 | 178.1% | 319.2% | 172.2% | 255.6% |   |   | 100.0% | 32.7% | 28.8% | 3.9% | 17.5 |
| LD | 3 Rubicon Close | 4 | 3 | 124.2% | 129.0% | 93.5% | 129.0% |   |   | 89.2% | 32.7% | 31.9% | 0.9% | 20.4 |
| Agnes Unit | 12 | 8 | 242.0% | 871.6% | 194.1% | 776.5% |   |   | 97.8% | 44.4% | 41.4% | 3.0% | 34.7 |
| The Gillivers | 5 | 3 | 121.0% | 140.3% | 58.1% | 148.4% |   |   | 80.6% | 19.5% | 19.5% | 0.0% | 18.0 |
| The Grange | 5 | 2 | - | 134.3% | - | 193.1% |   |   | 91.4% | 15.8% | 15.8% | 0.0% | 19.0 |
| **Trust Total** |  |  | **104.2%** | **205.9%** | **109.3%** | **187.9%** |  |  | **83.2%** | **33.9%** | **28.7%** | **5.2%** |  |