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

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

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

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| Presented by the Accountable Director | Anne-Maria  Newham | 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 JULY 2019**

**SAFE STAFFING – JUNE 2019 REVIEW**

**Introduction/Background**

1. This report will provide an overview of the nursing safe staffing during the month of June 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 June 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% 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.
* Temporary worker utilisation rate slightly increased this month by 0.3%; 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.
* Agency usage slightly decreased this month 0.4% to 3.6%.
* The total number of Trust wide Registered Nurse (RN) vacancies reported this month is 206.67 w.t.e posts (116.55 inpatients and 90.12 community). This is an increased position this month by 26.91 w.t.e RN posts. The increase sits within community teams; planned community teams and FYPC.
* The total number of Trust wide Health Care Support Worker (HCSW) vacancies reported this month is 86.97 w.t.e. posts (68.98 in-patients and 17.99 community). This is a decreased position this month by 1.37 w.t.e posts.
* As of the 1 July 2019 there are 49.3 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 twelve community team hot spots areas across CHS and FYPC. Two emerging hot spots in June 2019; East Central hub, Community Nursing (due to vacancies) and City West CMHT, MHSOP (due to increased registered nurse sickness and lack of bank or agency to backfill). 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 the 1 July 2019 Trust wide;
* Appraisal sustained GREEN at 91.7%
* Clinical supervision AMBER at 81.3% with an improving trend over the last six months
* Of the 29 core and clinical mandatory compliance subjects, all sustained GREEN with the exception of six topics (five at AMBER and one RED).
* Compliance with mandatory training for bank staff remains lower than that of substantive staff. Following targeted action there is improvement in bank staff compliance in June 2019. During 2019/20 we plan to use HealthRoster to prevent bank staff from booking shifts if they are not compliant with mandatory training. Subject topics have been prioritised. This will help to sustain the improvement achieved and to provide assurance that bank workers who are actively working in our services have the right skills.

**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 11.26 CHPPD in June 2019, with a range between 5.1 (Ashby Ward) and 35.2 (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 June 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** |
| April 19 | 104.9% | 216.0% | 107.6% | 194.5% | 30.9% |
| May 19 | 105.5% | 206.7% | 108.6% | 195.5% | 32.9% |
| **June 19** | **103.5%** | **199.7%** | **107.2%** | **187.5%** | **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 0.3%; 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 decreased slightly this month 0.4% to 3.6% in line with previous months.

**Summary of safer staffing hotspots – Inpatients**

|  |  |  |  |
| --- | --- | --- | --- |
| **Planned staffing and/or high utilisation of temporary workers** | **April 2019** | **May 2019** | **June 2019** |
| Hinckley and Bosworth - East Ward | X | X | X |
| Short Breaks - The Gillivers | X | X | X |
| Short Breaks – Rubicon Close | X |  | X |
| Mill Lodge | X | X | X |
| Kirby |  | X |  |
| Coleman | X | X |  |
| Belvoir | X | X | X |
| Griffin | X | X | X |
| Agnes Unit | X | X |  |
| Langley | X | X | X |
| Feilding Palmer | X | X | X |
| St Lukes Ward 3 | X | X | X |
| Ward 3 Coalville (CAMHS) | X | X |  |

Table - Safer staffing hotspots

1. East Ward, 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. Belvoir and Langley Wards are hot spots due to utilising over 50% temporary staff. The high utilisation is associated with both vacancies and increased patient acuity.
3. Griffin ward and St Lukes Ward 3 remain as hot spots 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.
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. 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** | **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 | 21 | 91.7% | 126.7% | 101.7% | 136.7% | 31.0% | 5.1 | 17.1%↑ | 2↑ | 1↓ | 1 | 100% |
| Aston | 19 | 90.6% | 156.7% | 96.7% | 170.0% | 43.0% | 6.2 | 26.1%↓ | 0↓ | 0↓ | 0 | nil |
| Beaumont | 21 | 90.6% | 170.8% | 100.0% | 340.0% | 41.1% | 6.5 | 7.8%↓ | 5↑ | 8↑ | 0 | 100% |
| Belvoir Unit | 9 | 109.6% | 399.2% | 190.0% | 431.6% | 57.1% | 23.8 | 36.8% | 0 | 0 | 0 | nil |
| Bosworth | 20 | 92.2% | 210.8% | 103.3% | 376.7% | 46.8% | 7.4 | 18.7% | 0 | 1 | 0 | nil |
| Heather | 17 | 97.1% | 137.5% | 90.0% | 143.3% | 23.7% | 6.2 | 5.7%↓ | 0↓ | 1↑ | 0 | nil |
| Thornton | 20 | 95.0% | 157.5% | 100.0% | 133.3% | 35.0% | 6.4 | 8.9% | 2↑ | 0↓ | 0 | 100% |
| Watermead | 19 | 95.0% | 178.3% | 100.0% | 256.7% | 40.1% | 6.9 | 13.5% | 2 | 1↑ | 0 | nil |
| Griffin F PICU | 5 | 178.9% | 234.1% | 200.0% | 136.7% | 36.4% | 17.8 |  | 0 | 0↓ | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **11↑** | **12↓** | **1** |  |

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.
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 an increase in falls and medication errors this month. Falls are related primarily to one patient who was self putting on to the floor not falling. The medication incidents increased due to an issue with the pilot of the electronic CD register and recording, both should reduce as plans put in place to mitigate the risks.

**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 | 2 | 100.0% | 98.3% | 70.0% | 80.0% | 30.5% | 18.9 | 11.3%↑ | 0 | 0 | 0 | nil |
| Agnes Unit | 8 | 193.9% | 806.1% | 142.9% | 707.1% | 46.5% | 35.2 | 20.0%↑ | 1↑ | 1 | 0 | nil |
| The Gillivers | 2 | 66.7% | 92.6% | 20.0% | 130.0% | 22.3% | 22.2 | -0.4% | 1↑ | 0 | 0 | nil |
| The Grange | 1 | - | 142.9% | - | 185.0% | 15.4% | 20.3 | 30.0% | 0 | 0↓ | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **2↑** | **1↓** | **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 | 10 | 97.5% | 133.3% | 100.0% | 146.7% | 32.2% | 9.4 | 27.8% | 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 | 27 | 107.5% | 174.4% | 190.0% | 156.7% | 49.2% | 5.4 | 9.2%↑ | 1↓ | 7↑ | 0 | nil |
| Willows Unit | 30 | 151.3% | 172.6% | 125.0% | 240.5% | 29.0% | 9.2 | -0.1%↓ | 1 | 0 | 0 | 68.4% |
| Mill Lodge | 13 | 106.7% | 242.7% | 58.3% | 220.0% | 38.8% | 11.5 | 17.9%↑ | 1↑ | 7↑ | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **3↓** | **14↑** | **0** |  |

Table - Rehabilitation service safe staffing

1. Mill Lodge remains a hot spot for meeting planned RN levels on nights only 58.3% 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.

The increase in falls at Mill Lodge was related to new patients who were moving through the phase of Huntington’s disease and associated mobility is changes. Stewart House increase in falls was related to one particular patient on Skye being recently diagnosed with epilepsy. The patient had a change to medication which at times made them unsteady on their feet. To mitigate the risks the patient was on level 1 observation and the MDT are closely monitoring daily.

**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 | 7 | 123.3% | 78.4% | 103.7% | - | 27.7% | 7.6 | 36.8% | 1↑ | 4↑ | 0 | 100% |
| MM Dalgliesh | 14 | 95.0% | 118.9% | 95.0% | 100.0% | 20.5% | 8.4 | -4.3%↓ | 0 | 4↑ | 0 | 100% |
| Rutland | 14 | 98.3% | 122.5% | 93.3% | 93.3% | 11.2% | 6.2 | 29.5%↑ | 0 | 4↑ | 0 | 88.0% |
| SL Ward 1 | 11 | 105.0% | 194.2% | 101.7% | 132.2% | 25.6% | 14.3 | 26.9%↑ | 0 | 3 | 0 | 100% |
| SL Ward 3 | 9 | 94.1% | 101.7% | 190.0% | 103.3% | 38.6% | 8.3 | 37.9%↑ | 0↓ | 1↓ | 0 | 100% |
| CV Ellistown 2 | 18 | 108.4% | 175.6% | 200.0% | 100.0% | 13.8% | 8.5 | 9.5%↑ | 0↓ | 1↓ | 0 | 100% |
| CV Snibston 1 | 12 | 113.2% | 166.4% | 105.3% | 124.6% | 12.3% | 12.8 | 15.8% | 0 | 2 | 0 | 77.8% |
| HB East Ward | 18 | 75.1% | 195.8% | 101.7% | 103.3% | 35.8% | 8.3 | 13.2% | 2↑ | 2↓ | 0 | nil |
| HB North Ward | 15 | 113.3% | 177.5% | 100.0% | 101.7% | 16.2% | 8.0 | 9.2% | 0 | 1↑ | 0 | nil |
| Loughborough Swithland | 18 | 100.0% | 198.3% | 100.0% | 200.0% | 9.0% | 9.6 | 24.1% | 1↓ | 7↑ | 0↓ | 81.8% |
| CB Beechwood | 19 | 81.9% | 210.0% | 96.7% | 103.3% | 18.4% | 9.5 | 24.1% | 2↑ | 2↑ | 0↓ | nil |
| CB Clarendon | 17 | 89.6% | 236.4% | 95.0% | 136.7% | 21.6% | 8.1 | 22.6%↑ | 0↓ | 2↓ | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **6↓** | **33** | **1** |  |

Table - Community hospital safe staffing

1. East Ward remains a hot spot as it only met the planned RN level during the day 75.1% of the time. The ward runs with two RNs on occasion, which meets safer staffing parameters.

A review of the NSIs for the community hospital wards has identified that there was one moderate harm incident on East Ward, however the investigation has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes.

1. Feilding Palmer is a hot spot associated with increased temporary workforce usage due to vacancies and sickness.
2. Ward 3 St Lukes remains a particular hotspot with 70% of registered substantive nursing vacancies plus a further 20% of registered nurses being unavailable on the ward, with an increasing sickness absence rate of 9.27% (May 2019 figure).  Although the nurse sensitive indicators remain stable for this ward, there is considerable clinical and staffing pressure mitigated by actions taken by the lead nurse and senior matron team to support and ensure safe staffing.  The Matron is currently reviewing recruitment for the ward, planning an open day and further Facebook and Twitter campaigns.
3. There has been an increase in the number of reported staffing incidents where shifts fell below the agreed staffing parameters however analysis of the NSIs has shown that there was no direct impact to the quality of patient care/outcomes.
4. The Matrons review rosters across the service line on a weekly basis to support safe staffing and best practice in roster management.
5. There has been an increase in the use of off framework nursing staff across the community hospital wards due to the number of vacancies, increased sickness absence rate of 6.56% and lack of supply of temporary workforce both bank and agency.  A deep dive into the use of off framework nurses is being undertaken by the Lead Nurse and Matrons in collaboration with the Centralised Staffing Team, to identify the root cause including Healthroster planning reviews.

**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 | 22 | 80.7% | 226.4% | 95.0% | 118.3% | 20.5% | 5.9 | 17.8%↓ | 0↓ | 6↓ | 0 | 66.7% |
| BC Welford | 19 | 90.3% | 200.0% | 100.0% | 98.3% | 23.3% | 6.4 | 17.4%↑ | 1↑ | 4↓ | 0 | nil |
| Coleman | 18 | 85.5% | 327.9% | 93.3% | 243.3% | 44.3% | 10.3 | 9.1%↑ | 0 | 6↓ | 0 | nil |
| Gwendolen | 15 | 102.2% | 210.8% | 103.4% | 140.7% | 18.7% | 9.4 | 26.1% | 0↓ | 14↑ | 0 | 66.7% |
| **TOTALS** |  |  |  |  |  |  |  |  | **1↓** | **30↓** | **0↓** |  |

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

1. All wards met the threshold for planned staffing in June 2019.
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 observation.
3. The falls on Gwendolen have not been related to staffing shortages.  There is currently an investigation being scoped due to a patient who repeatedly fell and has sustained harm. Initial investigation has identified that staffing is not a factor; the patient was under one to one observation.  The procedure the staff member followed is being explored.
4. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.
5. MHSOP in-patient wards have a substantive peripatetic team (not temporary workforce) to facilitate consistency and continuity of care. The team comprises of 5 WTE HCSWs who are permanently based on Coleman 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 | 8 | 117.9% | 288.9% | 103.3% | 250.0% | 56.2% | 16.2 | -9.6%↓ | 0 | 0↓ | 0 | 100% |
| CV Ward 3 - CAMHS | 7 | 125.9% | 251.2% | 116.7% | 275.9% | 42.9% | 18.1 | 11.1% | 0 | 0 | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **0** | **0↓** | **0** |  |

Table - Families, children and young people’s services safe 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, 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 | 4.0 | 2.0 | 0 | 0 | 0 | 1.0 |
| CHS (Community Hospitals) | 47.0 | 23.0 | 2.9 | 2.0 | 5.0 | 4.0 |
| MHSOP | 15.7 | 3.4 | 1.0 | 0 | 0 | 2.0 |
| AMH/LD | 49.85 | 40.58 | 4.0 | 2.0 | 5.0 | 4.0 |
| **Trust Total June 2019** | **116.55** | **68.98** | **7.9** | **4.0** | **10.0** | **11.0** |
|  |  |  |  |  |  |  |
| Trust Total May 2019 | **104.4** | **66.58** | **5.6** | **5.8** | **13.0** | **22.9** |

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. Pre-recruitment workshops taking place over June/July 2019 for the next cohorts of trainee nursing associates. LLR wide there are 133 places for 2019/20 with the next cohort due to commence in December 2019.

**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 or MHSOP Community Mental Health Teams this month.

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

Table 11 – Community Hot Spot areas

35 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.

36 City West CMHT (MHSOP) is 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.

37 Looked After Children team and Healthy Together City (School Nursing only), East and West Healthy Together , 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.

38 There are no hot spots in June 2019 for AMH/LD Community.

**Recruitment**

39 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 | 22.5 | 5.79 | 5.0 | 0 | 5.0 | 0 |
| CHS - ICS | 8.4 | 1.0 | 6.0 | 0 | 0 | 0 |
| MHSOP | 1.8 | 0 | 1.0 | 0 | 1.0 | 0 |
| AMH/LD | 25.1 | 7.2 | 0 | 0 | 8.0 | 0 |
| FYPC | 32.32 | 4.0 | 1.0 | 1.0 | 3.0 | 1.0 |
| **Trust Total June 2019** | **90.12** | **17.99** | **13.0** | **1.0** | **17.0** | **1.0** |
| Trust Total May 2019 | **75.36** | **21.76** | **10.8** | **1.0** | **12.4** | **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

| **June 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 | 91.7% | 126.7% | 101.7% | 136.7% |  |  | 83.3% | 31.0% | 31.0% | 0.0% | 5.1 |
| Aston | 19 | 19 | 90.6% | 156.7% | 96.7% | 170.0% |  |  | 77.8% | 43.0% | 42.4% | 0.7% | 6.2 |
| Beaumont | 22 | 21 | 90.6% | 170.8% | 100.0% | 340.0% |  |  | 82.2% | 41.1% | 39.8% | 1.3% | 6.5 |
| Belvoir Unit | 9 | 9 | 109.6% | 399.2% | 190.0% | 431.6% |  |  | 100.0% | 57.1% | 55.5% | 1.5% | 23.8 |
| Bosworth | 20 | 20 | 92.2% | 210.8% | 103.3% | 376.7% |  |  | 76.7% | 46.8% | 45.1% | 1.7% | 7.4 |
| Heather | 18 | 17 | 97.1% | 137.5% | 90.0% | 143.3% |  |  | 85.6% | 23.7% | 18.3% | 5.3% | 6.2 |
| Thornton | 20 | 20 | 95.0% | 157.5% | 100.0% | 133.3% |  |  | 85.6% | 35.0% | 31.8% | 3.2% | 6.4 |
| Watermead | 20 | 19 | 95.0% | 178.3% | 100.0% | 256.7% |  |  | 86.7% | 40.1% | 38.6% | 1.5% | 6.9 |
| Griffin Female PICU | 5 | 5 | 178.9% | 234.1% | 200.0% | 136.7% |  |  | 94.4% | 36.4% | 24.8% | 11.7% | 17.8 |
| AMH  Other | HP Phoenix | 11 | 10 | 97.5% | 133.3% | 100.0% | 146.7% |  |  | 92.2% | 32.2% | 31.0% | 1.2% | 9.4 |
| SH Skye Wing | 29 | 27 | 107.5% | 174.4% | 190.0% | 156.7% |  |  | 88.9% | 49.2% | 48.7% | 0.5% | 5.4 |
| Willows Unit | 32 | 30 | 151.3% | 172.6% | 125.0% | 240.5% |  |  | 90.0% | 29.0% | 28.7% | 0.3% | 9.2 |
| ML Mill Lodge (New Site) | 14 | 13 | 106.7% | 242.7% | 58.3% | 220.0% |  |  | 60.0% | 38.8% | 35.1% | 3.7% | 11.5 |  |  |  | 87.1% | 221.0% | 93.5% | 377.4% | 68.82% |
| CHS City | BC Kirby | 24 | 22 | 80.7% | 226.4% | 95.0% | 118.3% |  |  | 64.4% | 20.5% | 19.9% | 0.6% | 5.9 |
| BC Welford | 24 | 19 | 90.3% | 200.0% | 100.0% | 98.3% |  |  | 68.9% | 23.3% | 22.7% | 0.6% | 6.4 |
| CB Beechwood | 20 | 19 | 81.9% | 210.0% | 96.7% | 103.3% | 100.0% | 96.5% | 66.7% | 18.4% | 14.2% | 4.3% | 9.5 |
| CB Clarendon | 20 | 17 | 89.6% | 236.4% | 95.0% | 136.7% |  |  | 80.0% | 21.6% | 12.3% | 9.3% | 8.1 |
| EC Coleman | 21 | 18 | 85.5% | 327.9% | 93.3% | 243.3% |  |  | 53.3% | 44.3% | 43.9% | 0.4% | 10.3 |
| EC Gwendolen | 20 | 15 | 102.2% | 210.8% | 103.4% | 140.7% |  |  | 80.0% | 18.7% | 18.5% | 0.2% | 9.4 |  |
| CHS East | FP General | 8 | 7 | 123.3% | 78.4% | 103.7% | - | 100.0% | 103.1% | 64.4% | 27.7% | 18.6% | 9.1% | 7.6 |  |
| MM Dalgleish | 16 | 14 | 95.0% | 118.9% | 95.0% | 100.0% | 91.7% | 98.7% | 92.2% | 20.5% | 14.2% | 6.4% | 8.4 |  |
| Rutland | 16 | 14 | 98.3% | 122.5% | 93.3% | 93.3% |  |  | 95.6% | 11.2% | 7.2% | 4.0% | 6.2 |
| SL Ward 1 Stroke | 16 | 11 | 105.0% | 194.2% | 101.7% | 132.2% | 93.7% | 94.3% | 96.7% | 25.6% | 18.2% | 7.4% | 14.3 |
| SL Ward 3 | 10 | 9 | 94.1% | 101.7% | 190.0% | 103.3% | 107.8% | 107.5% | 84.4% | 38.6% | 28.7% | 10.0% | 8.3 |
| CHS West | CV Ellistown 2 | 24 | 18 | 108.4% | 175.6% | 200.0% | 100.0% | 98.1% | 100.1% | 96.7% | 13.8% | 6.8% | 7.0% | 8.5 |
| CV Snibston 1 | 14 | 12 | 113.2% | 166.4% | 105.3% | 124.6% | 94.0% | 100.0% | 88.9% | 12.3% | 9.1% | 3.2% | 12.8 |
| HB East Ward | 20 | 18 | 75.1% | 195.8% | 101.7% | 103.3% | 99.7% | 100.0% | 47.8% | 35.8% | 20.8% | 15.1% | 8.3 |
| HB North Ward | 16 | 15 | 113.3% | 177.5% | 100.0% | 101.7% |  |  | 97.8% | 16.2% | 8.5% | 7.7% | 8.0 |
| Lough Swithland | 22 | 18 | 100.0% | 198.3% | 100.0% | 200.0% | 101.0% | 100.1% | 100.0% | 9.0% | 7.3% | 1.7% | 9.6 |
| FYPC | Langley | 13 | 8 | 117.9% | 288.9% | 103.3% | 250.0% | 99.5% |  | 87.8% | 56.2% | 55.0% | 1.2% | 16.2 |
| CV Ward 3 | 8 | 7 | 125.9% | 251.2% | 116.7% | 275.9% | 116.7% |  | 93.3% | 42.9% | 32.3% | 10.6% | 18.1 |
| LD | 3 Rubicon Close | 4 | 2 | 100.0% | 98.3% | 70.0% | 80.0% |  |  | 64.4% | 30.5% | 29.3% | 1.2% | 18.9 |
| Agnes Unit | 12 | 8 | 193.9% | 806.1% | 142.9% | 707.1% |  |  | 100.0% | 46.5% | 44.3% | 2.2% | 35.2 |
| The Gillivers | 4 | 2 | 66.7% | 92.6% | 20.0% | 130.0% |  |  | 40.0% | 22.3% | 22.3% | 0.0% | 22.2 |
| The Grange | 5 | 1 | - | 142.9% | - | 185.0% |  |  | 95.6% | 15.4% | 15.4% | 0.0% | 20.3 |
| **Trust Total** | |  |  | **103.5%** | **199.7%** | **107.2%** | **187.5%** |  |  | **81.8%** | **33.2%** | **29.6%** | **3.6%** |  |