

**TRUST BOARD – 27 JUNE 2019**

**SAFE STAFFING – MAY 2019 REVIEW**

**Introduction/Background**

1. This report will provide an overview of the nursing safe staffing during the month of May 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 May 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 2.0%; reported at 32.9%. 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 increased this month 0.5% to 4.0%. This was predicted due to the suspension of ‘last minute fill incentivised payments at the end of April 2019 and the school and bank holidays during the month of May 2019.
* The total number of Trust wide Registered Nurse (RN) vacancies reported this month is 179.76 w.t.e posts (104.4 inpatients and 66.58 community). This is a decreased position this month by 5.71 w.t.e RN posts.
* The total number of Trust wide Health Care Support Worker (HCSW) vacancies reported this month is 88.34 w.t.e. posts (66.58 in-patients and 21.76 community). This is an increased position this month by 13.75 w.t.e posts.
* As of the 1 June 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 twelve hotspot inpatient areas across the Trust, hotspots have been identified either by; exception to planned fill rates, high percentage of temporary worker utilisation or identified 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 ten community team hot spots areas across CHS and FYPC. 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 June 2019 Trust wide;
  + Appraisal is at 92.2% - rated Green.
  + Clinical supervision is at 81.7% - rated Amber with robust action plans in place
  + Clinical mandatory training for substantive staff rated Green with the exception of; ALS, MAPPA Disengagement, SCIP – UK, Dementia Capable Care and Mental Health Act Nursing all Amber with robust actions in place
  + Clinical mandatory training for bank only workers; three of the eighteen clinical mandatory topics are rated Green. Small improvement seen in compliance against topics since all bank only workers were written to, reminding them of their personal responsibility to ensure that they are up to date with all mandatory training. Focus this month is ILS training for registered staff; a deadline has been given to complete by 1 July 2019 or staff will not be booked to work.

**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 12.01 in May 2019, with a range between 5.7 (Welford Ward) and 38.4 (Agnes Unit). 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 May 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** |
| Mar 19 | 101.4% | 209.6% | 108.1% | 184.6% | 33.2% |
| April 19 | 104.9% | 216.0% | 107.6% | 194.5% | 30.9% |
| **May 19** | **105.5%** | **206.7%** | **108.6%** | **195.5%** | **32.9%** |

Table 1 - 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 2.0%; reported at 32.9%. 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 increased this month 0.5% to 4.0%. This was predicted due to the suspension of ‘last minute fill’ incentivised payments at the end of April 2019 and the school and bank holidays during the month of May 2019. Trust wide actions are in place to combat the cessation of the incentives using the Supplementary Workforce Assessment Tool. Further detail to be provided in the 6 monthly safe staffing review paper.

**Summary of safer staffing hotspots – Inpatients**

|  |  |  |  |
| --- | --- | --- | --- |
| **Planned staffing and/or high utilisation of temporary workers** | **March 2019** | **April 2019** | **May 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 | X |
| Belvoir |  | 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 2 - Safer staffing hotspots

1. East, Kirby 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. Belvoir, Griffin, Coleman, Langley Wards and the Agnes Unit are hot spots due to utilising over 50% temporary staff. The high utilisation is associated with both vacancies and increased patient acuity.

* Griffin ward, CAMHS Ward 3, Feilding Palmer 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.

1. 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 | 20 | 99.5% | 118.5% | 101.6% | 522.6% | 16.5% | 6.7 | 9.1%↑ | 1↑ | 2↑ | 1↑ | 91.7% |
| Aston | 18 | 98.4% | 148.4% | 100.0% | 171.0% | 38.2% | 6.4 | 25.6%↑ | 1 | 2 | 0 | nil |
| Beaumont | 20 | 94.1% | 196.8% | 104.8% | 377.4% | 45.3% | 7.1 | 11.8% | 3↑ | 6↑ | 0 | nil |
| Belvoir Unit | 10 | 111.0% | 400.8% | 190.3% | 400.0% | 59.3% | 22.4 | 36.8% | 0 | 0 | 0 | nil |
| Bosworth | 20 | 88.7% | 191.1% | 101.6% | 367.7% | 42.5% | 7.2 | 18.7%↓ | 0↓ | 1↓ | 0 | nil |
| Heather | 17 | 110.4% | 133.1% | 100.0% | 145.2% | 17.7% | 6.6 | 9.7%↓ | 2↑ | 0↓ | 0 | nil |
| Thornton | 19 | 94.6% | 141.1% | 101.6% | 124.2% | 35.6% | 6.2 | 8.9% | 0 | 4↑ | 0↓ | 100% |
| Watermead | 19 | 104.8% | 145.2% | 100.0% | 222.6% | 37.0% | 6.3 | 13.5% | 2↑ | 0 | 0 | nil |
| Griffin F PICU | 4 | 168.6% | 383.1% | 200.0% | 274.2% | 60.4% | 31.3 | 30.5% | 0 | 0↓ | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **9↑** | **15↑** | **1↓** |  |

Table 3 - Acute inpatient ward safer staffing

1. All wards met the threshold for planned staffing across all shifts. Bosworth Ward days were reduced for fill as the ward was refurbished during this month so patients were moved to other areas in the day time and staff redeployed accordingly.
2. Temporary worker utilisation is Amber for Aston, Beaumont, Bosworth, Thornton and Watermead. Belvoir and Griffin Wards both rated Red at 59.3% and 60.4% respectively. The high utilisation of temporary staff is associated with vacancies, sickness and patient acuity.
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 .
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.

**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 | 106.5% | 158.1% | 93.5% | 119.4% | 27.8% | 19.2 | 6.6% | 0 | 0 | 0 | nil |
| Agnes Unit | 9 | 137.7% | 584.1% | 100.0% | 509.2% | 53.4% | 38.4 | 17.7% | 0 | 1↑ | 0 | nil |
| The Gillivers | 2 | 96.8% | 141.9% | 41.9% | 158.1% | 17.6% | 21.3 | -0.4% | 0 | 0↓ | 0 | nil |
| The Grange | 2 | - | 125.4% | - | 179.3% | 14.3% | 19.4 | 30.0% | 0 | 1 | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **0** | **2↓** | **0** |  |

Table 4 - 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** | **Vacancy Factor** |
| HP Phoenix | 11 | 113.7% | 134.6% | 100.0% | 151.6% | 26.1% | 9.5 | 27.8% | 0 | 0 | 0 | 100% |

Table 5- Low secure safer 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 | 116.1% | 190.8% | 200.0% | 180.6% | 48.3% | 6.0 | 6.2% | 4↑ | 2↓ | 0 | nil |
| Willows Unit | 30 | 158.1% | 182.2% | 121.0% | 226.8% | 25.3% | 9.4 | 5.4%↓ | 1↓ | 0↓ | 0 | 100% |
| Mill Lodge | 12 | 113.0% | 233.6% | 53.2% | 196.8% | 37.9% | 11.3 | 14.6%↓ | 0↓ | 4↑ | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **5↑** | **6↓** | **0** |  |

Table 6 - Rehabilitation service safer staffing

1. Mill Lodge remains a hot spot for meeting planned RN levels on nights only 53.2% 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.
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 | 125.6% | 82.8% | 101.8% | - | 24.5% | 14.9 | 31%↓ | 0↓ | 1↓ | 0 | 100% |
| MM Dalgliesh | 14 | 104.8% | 118.4% | 96.8% | 100.0% | 16.3% | 8.5 | 9.8%↓ | 0 | 2↑ | 0 | 100% |
| Rutland | 13 | 100.8% | 122.8% | 96.8% | 100.0% | 13.7% | 6.7 | 23.5%↑ | 0 | 1↓ | 0 | 100% |
| SL Ward 1 | 13 | 100.8% | 184.1% | 100.0% | 98.4% | 22.4% | 11.4 | 21.9% | 0 | 3↑ | 0 | 100% |
| SL Ward 3 | 11 | 96.0% | 103.2% | 193.5% | 106.5% | 31.2% | 8.8 | 31%↑ | 3↑ | 2↓ | 0 | 100% |
| CV Ellistown 2 | 19 | 106.5% | 183.1% | 200.0% | 106.5% | 13.1% | 8.0 | 0.7%↓ | 3↑ | 5↑ | 0 | 92.3% |
| CV Snibston 1 | 14 | 133.9% | 179.8% | 104.8% | 112.9% | 7.6% | 11.4 | 8.4%↓ | 0 | 2↓ | 0 | 100% |
| HB East Ward | 18 | 70.3% | 221.8% | 101.6% | 132.3% | 35.8% | 8.6 | 11.7%↑ | 1↑ | 9↑ | 0 | nil |
| HB North Ward | 15 | 111.3% | 180.6% | 95.2% | 87.1% | 18.9% | 7.7 | 8.4%↑ | 0 | 0↓ | 0 | nil |
| Loughborough Swithland | 19 | 100.0% | 198.4% | 100.0% | 200.0% | 11.1% | 8.1 | 24.1% | 2↑ | 4↑ | 1↑ | 100% |
| CB Beechwood | 18 | 81.2% | 210.9% | 101.6% | 100.0% | 18.6% | 9.2 | 15.% ↓ | 0 | 0↓ | 1 | nil |
| CB Clarendon | 19 | 85.8% | 208.9% | 100.0% | 111.3% | 11.5% | 6.8 | 15.1%↓ | 1↓ | 4↑ | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **10**↑ | **33↓** | **1** |  |

Table 7 - Community hospital safer staffing

1. East Ward remains a hot spot as it only met the planned RN level during the day 70.3% of the time. The ward runs with two RNs on occasion, which meets safer staffing parameters. Skill mix was only met 41.9% of shifts during May 2019; analysis has demonstrated this was due to an increase in additional deployment of HCSWs due to increased acuity and requirement to provide one to one specialling care.
2. Feilding Palmer Hospital is a hot spot associated with increased temporary workforce usage due to vacancies and sickness
3. Ward 3 St Lukes Hospital is a particular hotspot with 70% of registered substantive nursing vacancies, plus a further 20% of registered nurses being unavailable to work on the ward.  This is reflected in the wards temporary workforce usage at 31.2%.  Although the nurse sensitive indicators remain stable for this ward, there is a considerable clinical and staffing pressure that is being mitigated by actions taken by the senior matron team and lead nurse to support safe staffing; utilising registered nursing staff from other community hospital wards.  This in turn is increasing the pressure across the service the Lead Nurse and matrons are reporting an impact to substantive staffs health and well-being, the team is reviewing the process for identifying staff stress and support strategies.
4. The Lead Nurse and Matrons are working with CSS to ensure that the there is a consistency of agency staff, through block booking of staff where possible.

**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 | 77.4% | 225.8% | 96.8% | 101.6% | 22.9% | 5.8 | 20.8%↓ | 2↑ | 12↑ | 0 | nil |
| BC Welford | 22 | 94.2% | 204.8% | 100.0% | 98.4% | 18.7% | 5.7 | 11.9%↓ | 0↓ | 5↑ | 0 | nil |
| Coleman | 20 | 59.8% | 353.2% | 91.9% | 235.5% | 54.6% | 9.1 | 6.2%↓ | 0 | 11↑ | 0 | nil |
| Gwendolen | 15 | 83.7% | 210.9% | 93.5% | 140.3% | 12.3% | 8.5 | 26.1%↑ | 2↓ | 0↓ | 0↑ | 66.7% |
| **TOTALS** |  |  |  |  |  |  |  |  | **2** | **30↓** | **1** |  |

Table 8 - Mental Health Services for Older People (MHSOP) safer staffing

1. Coleman and Kirby wards are hotspots in May 2019 as they achieved the planned RN levels on day shifts 59.8% and 77.4% of the time respectively.

1. Coleman Ward also utilised 54.6% of temporary staff this is associated with increased patient acuity and level 1 observation.
2. The service reported a number of shifts where there was only one RN on duty; on those occasions support was provided by the adjacent wards following risk assessment by charge nurses and matrons, medicine administration technicians support medicines administration and additional HCSWs. 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** | **Vacancy Factor** |
| Langley | 9 | 107.9% | 264.5% | 103.2% | 251.6% | 55.3% | 17.7 | 0.3% | 0↓ | 1↑ | 0 | 100% |
| CV Ward 3 - CAMHS | 6 | 202.9% | 465.4% | 200.0% | 485.3% | 46.6% | 28.8 | 11.1% | 0 | 0 | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **0↓** | **1↑** | **0** |  |

Table 9 - 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, 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 | 1.0 | 0 | 0 | 0.8 | 0 | 3.0 |
| CHS (Community Hospitals) | 45 | 20 | 1.6 | 0 | 2.0 | 6.9 |
| MHSOP | 13.3 | 7.6 | 0 | 1.0 | 1.0 | 6.0 |
| AMH/LD | 45.1 | 38.98 | 4.0 | 4.0 | 10 | 7.0 |
| **Trust Total May 2019** | **104.4** | **66.58** | **5.6** | **5.8** | **13.0** | **22.9** |
|  |  |  |  |  |  |  |
| Trust Total April 2019 | **114.31** | **58.15** | **4.6** | **4.0** | **13.0** | **11.0** |

Table 10 - 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

**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** | **March**  **2019** | **April**  **2019** | **May**  **2019** |
| City East Hub- Community Nursing | X | X | X |
| City West Hub- Community Nursing | X | X | X |
| Charnwood Hub – Community Nursing |  |  |  |
| 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 |
| CAMHS County - FYPC |  |  | X |
| CAMHS Crisis - FYPC | X | X | X |
| Eating Disorders | X |  |  |

Table 11 – Community Hot Spot areas

32 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 City East and West carrying the lagest number. The bank and agency fill over the last month appears to have improved slightly. Hinckley and Bosworth Hub is the only county hotspot as they have four registered nurses on maternity leave.

A rolling cycle of recruitment remains in place. This is now 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 Auto planner continue to embed, the service is also subject to the ongoing commissioner’s community service redesign programme. This has created uncertainty and staff have become unsettled with a number leaving for new opportunities both within and outside of the Trust. The oversight for the impact of this is via weekly staffing meetings, with hubs working in an increasingly collaborative way, with their ICS colleagues, to minimise the effect on direct patient care.

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

**Recruitment**

35 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 | 19.06 | 6.46 | 5.8 | 0 | 3.4 | 0 |
| CHS - ICS | 8.6 | 2.0 | 0 | 0 | 0 | 0 |
| MHSOP | 2.8 | 0 | 2.0 | 0 | 1.0 | 0 |
| AMH/LD | 20.78 | 6.3 | 2.0 | 0 | 5.0 | 1.0 |
| FYPC | 24.12 | 7.0 | 1.0 | 1.0 | 3.0 | 0 |
| **Trust Total May 2019** | **75.36** | **21.76** | **10.8** | **1.0** | **12.4** | **1.0** |
| Trust Total April 2019 | 71.16 | 16.44 | 15.0 | 0 | 9.2 | 3 |

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

| **May 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 | 20 | 20 | 99.5% | 118.5% | 101.6% | 522.6% |  |  | 93.5% | 16.5% | 16.5% | 0.0% | 6.7 |
| Aston | 19 | 18 | 98.4% | 148.4% | 100.0% | 171.0% |  |  | 90.3% | 38.2% | 37.1% | 1.0% | 6.4 |
| Beaumont | 22 | 20 | 94.1% | 196.8% | 104.8% | 377.4% |  |  | 88.2% | 45.3% | 41.4% | 3.8% | 7.1 |
| Belvoir Unit | 10 | 10 | 111.0% | 400.8% | 190.3% | 400.0% |  |  | 100.0% | 59.3% | 56.3% | 3.0% | 22.4 |
| Bosworth | 20 | 20 | 88.7% | 191.1% | 101.6% | 367.7% |  |  | 77.4% | 42.5% | 41.1% | 1.4% | 7.2 |
| Heather | 18 | 17 | 110.4% | 133.1% | 100.0% | 145.2% |  |  | 90.3% | 17.7% | 14.6% | 3.1% | 6.6 |
| Thornton | 20 | 19 | 94.6% | 141.1% | 101.6% | 124.2% |  |  | 82.8% | 35.6% | 35.4% | 0.2% | 6.2 |
| Watermead | 19 | 19 | 104.8% | 145.2% | 100.0% | 222.6% |  |  | 94.6% | 37.0% | 33.4% | 3.6% | 6.3 |
| Griffin Female PICU | 6 | 4 | 168.6% | 383.1% | 200.0% | 274.2% |  |  | 94.6% | 60.4% | 46.4% | 13.9% | 31.3 |
| AMH  Other | HP Phoenix | 12 | 11 | 113.7% | 134.6% | 100.0% | 151.6% |  |  | 95.7% | 26.1% | 24.9% | 1.1% | 9.5 |
| SH Skye Wing | 30 | 27 | 116.1% | 190.8% | 200.0% | 180.6% |  |  | 97.8% | 48.3% | 47.4% | 0.9% | 6.0 |
| Willows Unit | 32 | 30 | 158.1% | 182.2% | 121.0% | 226.8% |  |  | 94.6% | 25.3% | 25.1% | 0.2% | 9.4 |
| ML Mill Lodge (New Site) | 14 | 12 | 113.0% | 233.6% | 53.2% | 196.8% |  |  | 63.4% | 37.9% | 37.0% | 0.9% | 11.3 |  |  |  | 87.1% | 221.0% | 93.5% | 377.4% | 68.82% |
| CHS City | BC Kirby | 24 | 22 | 77.4% | 225.8% | 96.8% | 101.6% |  |  | 64.5% | 22.9% | 22.2% | 0.8% | 5.8 |
| BC Welford | 24 | 22 | 94.2% | 204.8% | 100.0% | 98.4% |  |  | 73.1% | 18.7% | 18.4% | 0.4% | 5.7 |
| CB Beechwood | 19 | 18 | 81.2% | 210.9% | 101.6% | 100.0% | 100.3% | 96.3% | 67.7% | 18.6% | 12.5% | 6.1% | 9.2 |
| CB Clarendon | 20 | 19 | 85.8% | 208.9% | 100.0% | 111.3% |  |  | 75.3% | 11.5% | 6.5% | 5.0% | 6.8 |
| EC Coleman | 21 | 20 | 59.8% | 353.2% | 91.9% | 235.5% |  |  | 30.1% | 54.6% | 53.7% | 0.9% | 9.1 |
| EC Gwendolen | 20 | 15 | 83.7% | 210.9% | 93.5% | 140.3% |  |  | 64.5% | 12.3% | 11.2% | 1.1% | 8.5 |  |
| CHS East | FP General | 6 | 6 | 125.6% | 82.8% | 101.8% | - | 100.0% | 100.0% | 68.8% | 24.5% | 18.2% | 6.3% | 14.9 |  |
| MM Dalgleish | 16 | 14 | 104.8% | 118.4% | 96.8% | 100.0% | 92.2% | 100.1% | 95.7% | 16.3% | 14.4% | 1.9% | 8.5 |  |
| Rutland | 15 | 13 | 100.8% | 122.8% | 96.8% | 100.0% |  |  | 96.8% | 13.7% | 12.6% | 1.1% | 6.7 |
| SL Ward 1 Stroke | 16 | 13 | 100.8% | 184.1% | 100.0% | 98.4% | 93.3% | 100.4% | 94.6% | 22.4% | 17.6% | 4.8% | 11.4 |
| SL Ward 3 | 11 | 11 | 96.0% | 103.2% | 193.5% | 106.5% | 107.5% | 103.7% | 92.5% | 31.2% | 21.8% | 9.4% | 8.8 |
| CHS West | CV Ellistown 2 | 24 | 19 | 106.5% | 183.1% | 200.0% | 106.5% | 97.3% | 100.7% | 100.0% | 13.1% | 6.6% | 6.6% | 8.0 |
| CV Snibston 1 | 15 | 14 | 133.9% | 179.8% | 104.8% | 112.9% | 94.7% | 100.0% | 98.9% | 7.6% | 6.3% | 1.3% | 11.4 |
| HB East Ward | 20 | 18 | 70.3% | 221.8% | 101.6% | 132.3% | 99.4% | 100.0% | 41.9% | 35.8% | 17.9% | 17.9% | 8.6 |
| HB North Ward | 16 | 15 | 111.3% | 180.6% | 95.2% | 87.1% |  |  | 94.6% | 18.9% | 12.8% | 6.1% | 7.7 |
| Lough Swithland | 23 | 19 | 100.0% | 198.4% | 100.0% | 200.0% | 101.3% | 100.0% | 100.0% | 11.1% | 8.1% | 3.0% | 8.1 |
| FYPC | Langley | 12 | 9 | 107.9% | 264.5% | 103.2% | 251.6% | 99.5% |  | 80.6% | 55.3% | 54.7% | 0.6% | 17.7 |
| CV Ward 3 | 9 | 6 | 202.9% | 465.4% | 200.0% | 485.3% | 112.8% |  | 98.9% | 46.6% | 30.6% | 16.0% | 28.8 |
| LD | 3 Rubicon Close | 4 | 3 | 106.5% | 158.1% | 93.5% | 119.4% |  |  | 91.4% | 27.8% | 27.8% | 0.0% | 19.2 |
| Agnes Unit | 11 | 9 | 137.7% | 584.1% | 100.0% | 509.2% |  |  | 97.8% | 53.4% | 45.2% | 8.3% | 38.4 |
| The Gillivers | 5 | 2 | 96.8% | 141.9% | 41.9% | 158.1% |  |  | 64.5% | 17.6% | 17.6% | 0.0% | 21.3 |
| The Grange | 4 | 2 | - | 125.4% | - | 179.3% |  |  | 91.9% | 14.3% | 14.3% | 0.0% | 19.4 |
| **Trust Total** | |  |  |  | **105.5%** | **206.7%** | **108.6%** | **195.5%** |  | **84.2%** | **32.9%** | **28.9%** | **4.0%** |  |