

**TRUST BOARD – 28 MARCH 2019**

**SAFE STAFFING – FEBRUARY 2019 REVIEW**

**Introduction/Background**

1. This report will provide an overview of the nursing safe staffing during the month of February 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 February 2019**

* The total number of Trust wide Registered Nurse (RN) vacancies reported this month is 200 w.t.e posts (127.44 – inpatients and 74.6 community). This is an increased position this month by 17.75 w.t.e posts, the notable increase is in community teams.
* The total number of Trust wide Health Care Support Worker (HCSW) vacancies reported this month is 73.42 w.t.e. posts (52.98 – in-patients and 20.44 community). This is an increased position this month by only 0.4 w.t.e post.
* Collaborative work to address nursing vacancies continues, including; participation in the national campaign to transform perceptions of nursing and improve nursing recruitment, new roles and new ways of working; Trust New Roles workshop part two on 27 March 2019, workforce planning and commitment to a ‘grow your own’ strategy.
* The first cohort of eleven Nursing Associates (NAs) are currently awaiting their final results, successful trainees will be able to apply to register with the NMC in April/May 2019 then deployed as registered Nursing Associates.
* As of the 1 March 2019 there are 39.24 w.t.e candidates in the recruitment pipeline, expected to join the Trust over the next few months.
* The total temporary worker rate slightly increased from the previous month by 2.4% overall 32.6%. Agency usage has remained at 3.5% for the past two months reduced from 3.9% in December 2018, evidence suggests that utilising bank staff as opposed to agency staff has better patient care and experience outcomes.
* Temporary staff utilisation is above 20% across 66% of the inpatient areas. Utilisation is associated predominantly with high numbers of vacancies; however it is also associated with sickness levels and increased patient acuity.
* There are ten hotspot inpatient areas across the Trust, eight of the ten did not meet the threshold for planned staffing at all times and five of the ten consistently use over 50% of temporary workers to achieve staffing safely. There are also ten community team hot spots areas across CHS and FYPC.
* Where inpatient staffing is at less than 80% actual fill rate and 50% substantive staff this is a moderate risk, referred to as a ‘tipping- point’ indicating further work which is being led by the lead nurses, to review staffing establishments and staff deployment.
* Where community teams are considered a hot spot, staffing and case-loads are reviewed and risk assessed across teams using patient prioritisation models to ensure appropriate action is taken.
* NHS Improvement published the national Trust nursing CHPPD data in December 2018. The national nursing average is 8.91 CHPPD versus the Trust nursing average reported at 8.61 CHPPD.
* The total Trust CHPPD average (including ward based AHPs) is reported at 10.4 in February 2019, with a range between 4.7 (Skye Wing) and 32.5 (Agnes Unit) CHPPD. The wide variation in range reflects the diversity of services, complex and specialist care provided across the Trust. Analysis of the CHPPD has not identified wide variation at service level indicating that staff are being deployed productively across services.
* In consideration of ensuring staff have the ‘right skills’, a high level overview of clinical training, appraisal and supervision for triangulation is presented. As of the end of January 2019 Trust wide;
  + Appraisal is at 91.9% - rated Green.
  + Clinical supervision is at 78.7% - rated Amber with robust action plans in place
  + All clinical mandatory training for substantive staff rated Green with the exception of; MAPPA High risk, SCIP – Uk, Dementia Capable Care and Mental Health Act Nursing all Amber with robust actions in place
  + All core mandatory training for bank only workers are rated Green with the exception of three areas; however only two of the eighteen clinical mandatory topics are rated Green. Targeted work is underway to improve compliance of bank staff with clinical mandatory training given the high proportion of temporary staff utilised across services.
* A review of the Trust’s NSIs and patient feedback has not identified any correlation between staffing and impact to quality and safety of patient care/outcomes.

**Part One – In-patient Staffing**

1. The overall trust wide summary of planned versus actual hours by ward for registered nurses (RN) and health care support workers (HCSW) in February 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** |
| Dec 18 | 101.2% | 207.9% | 108.3% | 181.5% | 30.5% |
| Jan 19 | 103.2% | 205.1% | 107.8% | 187.2% | 30.2% |
| **Feb 19** | **103.2%** | **202.4%** | **108.0%** | **184.6%** | **32.6%** |

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 in order to maintain safety of all patients.

**Summary of safer staffing hotspots – Inpatients**

|  |  |  |  |
| --- | --- | --- | --- |
| **Planned staffing and/or high utilisation of temporary workers** | **December 2018** | **January 2019** | **February 2019** |
| Hinckley and Bosworth - East Ward | X | X | X |
| Short Breaks - The Gillivers | X | X | X |
| Short Breaks – Rubicon Close | X |  |  |
| Mill Lodge | X | X | X |
| Welford | X | X |  |
| Kirby |  |  | X |
| Coleman | X | X | X |
| Gwendolen | X | X | X |
| Griffin |  |  | X |
| Agnes Unit |  |  | X |

Table 2 - Safer staffing hotspots

1. Number of occupied beds, planned staffing levels versus actual staffing levels, nurse vacancy factor 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** |  | **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 rate %** |
| Ashby | 17 | **115.3%** | **150.9%** | **94.6%** | **139.3%** | **24.6%** | 6.7 | 18.0↑ | 0↓ | 2↓ | 0 | nil |
| Aston | 18 | **88.6%** | **136.6%** | **103.6%** | **210.7%** | **35.3%** | 6.2 | 18.4↓ | 0 | 6↑ | 0↓ | 100 |
| Beaumont | 20 | **95.2%** | **207.1%** | **135.7%** | **417.9%** | **46.2%** | 7.4 | 0.1↓ | 1↑ | 0 | 1 | nil |
| Belvoir Unit | 10 | **96.4%** | **275.2%** | **185.7%** | **280.4%** | **36.9%** | 16.8 | 35.7↑ | 0↓ | 0 | 1↑ | nil |
| Bosworth | 19 | **95.5%** | **167.9%** | **96.4%** | **189.3%** | **31.0%** | 6.3 | 22.8↑ | 0↓ | 0↓ | 0 | 100% |
| Heather | 17 | **88.0%** | **144.6%** | **91.1%** | **182.1%** | **16.5%** | 6.2 | 21.9↑ | 1↑ | 2↓ | 2↑ | nil |
| Thornton | 19 | **86.7%** | **167.0%** | **98.2%** | **150.0%** | **37.7%** | 6.4 | 8.9 | 0↓ | 0↓ | 1↑ | nil |
| Watermead | 20 | **91.1%** | **175.9%** | **96.4%** | **260.7%** | **41.7%** | 6.5 | 17.5↓ | 3↑ | 1↓ | 0 | nil |
| Griffin F PICU | 5 | **194.9%** | **325.8%** | **192.9%** | **253.6%** | **41.4%** | 20.5 | 30.9↑ | 0 | 0 | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **5↓** | **11↓** | **5↑** |  |

Table 3 - Acute inpatient ward safer staffing

1. Temporary worker utilisation is Green for Heather ward and Amber for all other wards. The increased utilisation is due to a combination of high nurse vacancy factor, increased staff sickness and increased levels of patient acuity requiring observation support.
2. To mitigate the risks associated with utilising higher numbers of temporary staff and the impact on quality and patient experience , the service block book regular bank and agency RNs and HCSWs across the acute inpatient wards, substantive staff are also moved across areas dependant on the skill mix and patient need . This enables safe staffing levels to be maintained or risk assessed within a safe parameter and also to improve continuity of patient care.
3. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.

**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 rate %** |
| 3 Rubicon Close | 3 | **116.1%** | **164.3%** | **89.3%** | **110.7%** | **13.6%** | 17.9 | -1.2 | 0 | 0 | 0 | nil |
| Agnes Unit | 9 | **133.3%** | **579.3%** | **87.5%** | **450.0%** | **50.1%** | 32.5 | 17.3↑ | 0 | 1 | 0 | nil |
| The Gillivers | 3 | **116.1%** | **201.8%** | **42.9%** | **182.1%** | **18.7%** | 20.5 | 0.4↓ | 2↑ | 0↓ | 0 | nil |
| The Grange | 3 | **-** | **158.1%** | **-** | **231.0%** | **23.9%** | 17.4 | 30.0↑ | 0↓ | 3↑ | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **2↓** | **4↑** | **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 rate %** |
| HP Phoenix | 11 | **108.9%** | **129.8%** | **100.0%** | **148.2%** | **18.7%** | 8.8 | 15.5↓ | 0 | 1↑ | 0 | nil |

Table 5- Low secure safer staffing

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

**Rehabilitation Services**

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** |  | **Medication errors** | **Falls** | **Complaints** | **FFT Promoter % (arrears)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care**  **HCSW** | **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care**  **HCSW** | **Care Hours**  **Per Patient Day** | **Vacancy rate %** |
| SH Skye Wing | **27** | **121.4%** | **138.5%** | **196.4%** | **117.9%** | **41.3%** | 4.7 | 9.2↓ | 1 | 1 | 0 | nil |
| Willows Unit | **31** | **140.6%** | **182.2%** | **125.9%** | **239.0%** | **17.6%** | 8.8 | 7.2 | 0↓ | 1↓ | 0 | nil |
| ML Mill Lodge | **10** | **108.9%** | **214.3%** | **50.0%** | **200.0%** | **53.4%** | 13.0 | 16.6↓ | 1↑ | 4 | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **2** | **6↓** | **0** |  |

Table 6 - Rehabilitation service safer staffing

1. In February 2019, Mill Lodge remains a hot spot for meeting planned RN levels on nights only 50.0% of the time and has utilised over 50% of temporary workers to sustain safe staffing levels. The service adopts a staffing model based on a risk assessment of patient acuity and dependency and staff skills and competencies, increasing the number of HCSWs and sharing RN support with Stewart House.
2. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.

**Community Health Services (CHS)**

**Community Hospitals**

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** |  | **Medication errors** | **Falls** | **Avoidable Pressure Ulcers** | **Complaints** | **FFT Promoter % (arrears)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care**  **HCSW** | **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care**  **HCSW** | **Care Hours**  **Per Patient Day** | **Vacancy rate %** |
| FP General | 7 | **125.3%** | **78.8%** | **110.0%** | **-** | **31.8%** | 7.7 | 36.41↑ | 0↓ | 7↑ | 0 | 0↓ | 100 |
| MM Dalgliesh | 15 | **99.1%** | **125.0%** | **96.4%** | **96.4%** | **15.4%** | 7.2 | 4.5**↑** | 0 | 3↓ | 0 | 0 | 100 |
| Rutland | 15 | **100.9%** | **120.5%** | **96.4%** | **96.4%** | **12.2%** | 5.8 | 30.9 | 1↑ | 1↓ | 0 | 0↓ | nil |
| SL Ward 1 | 13 | **97.4%** | **192.2%** | **100.0%** | **100.0%** | **25.9%** | 10.9 | 22.8↓ | 0 | 6↑ | 0 | 0 | 85.7 |
| SL Ward 3 | 12 | **97.3%** | **112.5%** | **200.0%** | **100.0%** | **32.6%** | 8.2 | 26.3 | 1↑ | 1↓ | 0 | 0 | 100 |
| CV Ellistown 2 | 22 | **113.4%** | **180.4%** | **203.6%** | **121.4%** | **11.5%** | 6.4 | 5.8 | 0 | 4↓ | 0↓ | 1↑ | 100 |
| CV Snibston 1 | 13 | **104.3%** | **183.9%** | **96.4%** | **91.1%** | **6.1%** | 10.5 | 20.0 | 1↑ | 3↓ | 0 | 0 | 88.9 |
| HB East Ward | 19 | **69.9%** | **219.6%** | **100.0%** | **110.7%** | **22.3%** | 8.5 | 14.3↑ | 0↓ | 3 | 0 | 0 | nil |
| HB North Ward | 15 | **100.0%** | **183.9%** | **96.4%** | **108.9%** | **22.4%** | 7.6 | 1.2↓ | 0 | 3↓ | 0 | 0↓ | nil |
| Loughborough Swithland | 22 | **100.0%** | **193.8%** | **100.0%** | **203.6%** | **14.9%** | 6.9 | 27.1 | 0 | 3↓ | 0 | 0 | 100 |
| CB Beechwood | 23 | **96.4%** | **207.1%** | **100.0%** | **107.1%** | **18.1%** | 6.9 | 20.6 | 3↑ | 4 | 0 | 0 | nil |
| CB Clarendon | 17 | **85.3%** | **203.6%** | **100.0%** | **112.5%** | **17.1%** | 7.2 | 22.0↑ | 1 | 4↓ | 0 | 2 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **7↑** | **42↑** | **0↓** | **2↓** |  |

Table 7 - Community hospital safer staffing

1. In February 2019, East Ward met the planned RN level during the day only 69.9% of the time. The planned staffing level is set at three RNs in the day, however due to sickness, vacancies and cover across wards, the ward has run with two RNs on occasion, which meets safer staffing parameters.
2. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.

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

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** |  | **Medication errors** | **Falls** | **Avoidable Pressure Ulcers** | **Complaints** | **FFT Promoter % (arrears)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care**  **HCSW** | **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care**  **HCSW** | **Care Hours**  **Per Patient Day** | **Vacancy rate %** |
| BC Kirby | 20 | **79.3%** | **216.1%** | **100.0%** | **105.4%** | **24.8%** | 6.4 | 20.8 | 0↓ | 5↓ | 0 | 0 | nil |
| BC Welford | 21 | **81.4%** | **259.5%** | **98.2%** | **183.9%** | **38.4%** | 7.1 | 16.8 | 0 | 5↓ | 0 | 0↓ | 100 |
| Coleman | 18 | **66.1%** | **328.1%** | **92.9%** | **217.9%** | **53.4%** | 9.6 | 4.9↓ | 0↓ | 5↑ | 0 | 0 | nil |
| Gwendolen | 17 | **91.4%** | **422.3%** | **100.0%** | **378.6%** | **54.4%** | 13.8 | 21.4↑ | 0 | 13↓ | 0 | 1↓ | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **0↓** | **28↓** | **0** | **2↑** |  |

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

1. Kirby and Coleman and wards in Mental Health Services for Older People (MHSOP) were hotspots in February 2019 as they did not achieve the planned RN levels on day shifts. All wards have a Medication Administration Technician to support with administering prescribed medication, medication education and general medicines management resulting in a reduced number of actual RNs on duty but within safe parameters (minimum of two).
2. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.

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

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** |  | **Medication errors** | **Falls** | **Complaints** | **FFT Promoter % (arrears)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care**  **HCSW** | **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care**  **HCSW** | **Care Hours**  **Per Patient Day** | **Vacancy rate %** |
| Langley | 12 | **126.6%** | **191.7%** | **100.0%** | **190.6%** | **45.0%** | 11.4 | 21.1↑ | 0↓ | 1↑ | 0 | 100 |
| CV Ward 3 - CAMHS | 7 | **148.1%** | **211.4%** | **153.8%** | **182.1%** | **25.8%** | 16.5 | 7.8↓ | 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 and Retention**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Area** | **Vacant Posts** | | **Potential Leavers** | | **Starters/Pipeline** | |
| **RN** | **HCSW** | **RN** | **HCSW** | **RN** | **HCSW** |
| FYPC | 3.0 | 4.0 | 0 | 0 | 0 | 0 |
| CHS (Community Hospitals) | 49 | 13.5 | 5 | 1 | 3.6 | 1 |
| MHSOP | 14.9 | 3.6 | 1 | 0 | 3.6 | 1 |
| AMH/LD | 60.76 | 31.88 | 5 | 8 | 5 | 0 |
| **Trust Total February 2019** | **127.66** | **52.98** | **11.0** | **9.0** | **12.2** | **2.0** |
|  |  |  |  |  |  |  |
| **Trust Total January 2019** | **124.44** | **57.13** | **11.0** | **7.0** | **13.81** | **12.8** |

Table 10 - Recruitment summary in-patients

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

* Rolling adverts including implementation of Trust incentivised schemes for hard to recruit areas
* Nursing Career development Framework launched
* Rotational posts across Trust services and graduate frail older people’s rotation programme in partnership with UHL
* Increased work experience placements and increased recruitment of clinical apprentices
* Accessing recruitment fairs at local universities, schools and colleges
* Robust sickness and absence management
* New roles development workshops to review workforce planning including new roles to enhance skill mix and increase patient facing time
* Continued training (Cohort 3 commenced in December 2018) and deployment of Nursing

**Part Two**

**Trust level summary community teams**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Community team hot spots** | **December**  **2018** | **January**  **2019** | **February 2019** |
| City East CMHT |  |  |  |
| Charnwood CMHT | X | X |  |
| Mental Health Triage |  | X |  |
| South Leicestershire CMHT |  |  |  |
| Crisis Resolution and Home Treatment Team |  |  |  |
| West Leicestershire CMHT | X |  |  |
| City East Hub- Community Nursing | X | X | X |
| City West Hub- Community Nursing | X | X | X |
| Charnwood Hub – Community Nursing | X | X | X |
| City East CMHT (MHSOP) | X |  |  |
| South Leicestershire CMHT (MHSOP) | X | X |  |
| West Leicestershire CMHT (MHSOP) |  | X |  |
| City West CMHT (MHSOP) |  | X |  |
| Healthy Together – City | X | X | X |
| Healthy Together – East | X | X | X |
| Looked After Children team | X | X | X |
| CAMHS City |  |  | X |
| CAMHS County |  |  | X |
| CAMHS Crisis |  |  | X |
| Eating Disorders |  |  | X |

Table 11 – Community Hot Spot areas

1. Community Hot Spot areas in summary;

Within Community nursing the City East and City West hubs are hot spots due to vacancies, the Charnwood hub is a hot spot due to high numbers of staff on maternity leave. Staffing is risk assessed across the service line and substantive staff are moved across teams and hubs dependant on patient acuity and dependency.

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

Mitigation plans are in place within the service for moving staff internally, where possible, 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 until staffing improves.

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**Recruitment and Retention**

42 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 | 21.0 | 3.94 | 4.0 | 0 | 9.2 | 1.0 |
| CHS - ICS | 5.0 | 4.0 | 0 | 2.0 | 1.0 | 0 |
| MHSOP | 2.24 | 1.0 | 0 | 0 | 0.64 | 0 |
| AMH/LD | 27.4 | 6.9 | 0 | 0 | 5.6 | 0 |
| FYPC | 18.96 | 4.6 | 0.8 | 0 | 7.6 | 0 |
| **Trust Total February 2019** | **74.6** | **20.44** | **4.8** | **2.0** | **24.04** | **1.0** |
| Trust Total January 2019 | **57.81** | **15.2** | **3.6** | **1.0** | **22.8** | **0** |

Table 13 - Recruitment summary community

**Conclusion**

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

Presenting Director: Anne Scott – Interim Chief Nurse

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

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

**Appendix**

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

| **Appendix 1 - February 2019 Scorecard** | |  |  | **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** | **17** | **115.3%** | **150.9%** | **94.6%** | **139.3%** | **-** | **-** | **91.7%** | **24.6%** | **24.6%** | **0.0%** | **6.7** |
| **Aston** | **18** | **18** | **88.6%** | **136.6%** | **103.6%** | **210.7%** | **-** | **-** | **76.2%** | **39.3%** | **35.3%** | **4.1%** | **6.2** |
| **Beaumont** | **21** | **20** | **95.2%** | **207.1%** | **135.7%** | **417.9%** | **-** | **-** | **86.9%** | **48.5%** | **46.2%** | **2.4%** | **7.4** |
| **Belvoir Unit** | **10** | **10** | **96.4%** | **275.2%** | **185.7%** | **280.4%** | **-** | **-** | **95.2%** | **45.5%** | **36.9%** | **8.6%** | **16.8** |
| **Bosworth** | **20** | **19** | **95.5%** | **167.9%** | **96.4%** | **189.3%** | **-** | **-** | **73.8%** | **31.2%** | **31.0%** | **0.2%** | **6.3** |
| **Heather** | **18** | **17** | **88.0%** | **144.6%** | **91.1%** | **182.1%** | **-** | **-** | **67.9%** | **25.8%** | **16.5%** | **9.2%** | **6.2** |
| **Thornton** | **20** | **19** | **86.7%** | **167.0%** | **98.2%** | **150.0%** | **-** | **-** | **65.5%** | **39.8%** | **37.7%** | **2.1%** | **6.4** |
| **Watermead** | **20** | **20** | **91.1%** | **175.9%** | **96.4%** | **260.7%** | **-** | **-** | **73.8%** | **45.3%** | **41.7%** | **3.6%** | **6.5** |
| **Griffin Female PICU** | **6** | **5** | **194.9%** | **325.8%** | **192.9%** | **253.6%** | **-** | **-** | **91.7%** | **51.8%** | **41.4%** | **10.4%** | **20.5** |
| **AMH**  **Other** | **HP Phoenix** | **11** | **11** | **108.9%** | **129.8%** | **100.0%** | **148.2%** | **-** | **-** | **90.5%** | **18.7%** | **18.2%** | **0.5%** | **8.8** |
| **SH Skye Wing** | **29** | **27** | **121.4%** | **138.5%** | **196.4%** | **117.9%** | **-** | **-** | **94.0%** | **41.3%** | **40.7%** | **0.6%** | **4.7** |
| **Willows Unit** | **34** | **31** | **140.6%** | **182.2%** | **125.9%** | **239.0%** | **-** | **-** | **90.5%** | **17.6%** | **17.6%** | **0.0%** | **8.8** |
| **ML Mill Lodge (New Site)** | **14** | **10** | **108.9%** | **214.3%** | **50.0%** | **200.0%** | **-** | **-** | **54.8%** | **53.4%** | **45.6%** | **7.8%** | **13.0** |  |  |  | **87.1%** | **221.0%** | **93.5%** | **377.4%** | **68.82%** |
| **CHS City** | **BC Kirby** | **24** | **20** | **79.3%** | **216.1%** | **100.0%** | **105.4%** | **-** | **-** | **66.7%** | **24.8%** | **23.3%** | **1.5%** | **6.4** |
| **BC Welford** | **23** | **21** | **81.4%** | **259.5%** | **98.2%** | **183.9%** | **-** | **-** | **64.3%** | **38.4%** | **34.7%** | **3.7%** | **7.1** |
| **CB Beechwood** | **24** | **23** | **96.4%** | **207.1%** | **100.0%** | **107.1%** | **100.1%** | **100.2%** | **81.0%** | **18.1%** | **13.0%** | **5.2%** | **6.9** |
| **CB Clarendon** | **20** | **17** | **85.3%** | **203.6%** | **100.0%** | **112.5%** | **-** | **-** | **77.4%** | **17.1%** | **12.3%** | **4.8%** | **7.2** |
| **EC Coleman** | **21** | **18** | **66.1%** | **328.1%** | **92.9%** | **217.9%** | **-** | **-** | **27.4%** | **53.4%** | **51.6%** | **1.8%** | **9.6** |
| **EC Gwendolen** | **20** | **17** | **91.4%** | **422.3%** | **100.0%** | **378.6%** | **-** | **-** | **75.0%** | **54.4%** | **52.4%** | **2.1%** | **13.8** |  |
| **CHS East** | **FP General** | **8** | **7** | **125.3%** | **78.8%** | **110.0%** | **-** | **101.5%** | **104.1%** | **67.9%** | **31.8%** | **22.7%** | **9.0%** | **7.7** |  |
| **MM Dalgleish** | **16** | **15** | **99.1%** | **125.0%** | **96.4%** | **96.4%** | **91.9%** | **97.5%** | **96.4%** | **15.4%** | **13.3%** | **2.1%** | **7.2** |  |
| **Rutland** | **16** | **15** | **100.9%** | **120.5%** | **96.4%** | **96.4%** | **-** | **-** | **94.0%** | **12.2%** | **8.8%** | **3.3%** | **5.8** |
| **SL Ward 1 Stroke** | **16** | **13** | **97.4%** | **192.2%** | **100.0%** | **100.0%** | **93.1%** | **100.5%** | **97.6%** | **25.9%** | **18.8%** | **7.1%** | **10.9** |
| **SL Ward 3** | **14** | **12** | **97.3%** | **112.5%** | **200.0%** | **100.0%** | **99.6%** | **100.0%** | **94.0%** | **32.6%** | **26.0%** | **6.6%** | **8.2** |
| **CHS West** | **CV Ellistown 2** | **24** | **22** | **113.4%** | **180.4%** | **203.6%** | **121.4%** | **96.4%** | **100.2%** | **98.8%** | **11.5%** | **5.3%** | **6.2%** | **6.4** |
| **CV Snibston 1** | **15** | **13** | **104.3%** | **183.9%** | **96.4%** | **91.1%** | **96.7%** | **100.0%** | **92.9%** | **6.1%** | **4.8%** | **1.4%** | **10.5** |
| **HB East Ward** | **20** | **19** | **69.9%** | **219.6%** | **100.0%** | **110.7%** | **99.4%** | **97.6%** | **41.7%** | **22.3%** | **13.5%** | **8.8%** | **8.5** |
| **HB North Ward** | **16** | **15** | **100.0%** | **183.9%** | **96.4%** | **108.9%** | **-** | **-** | **98.8%** | **22.4%** | **16.2%** | **6.2%** | **7.6** |
| **Lough Swithland** | **24** | **22** | **100.0%** | **193.8%** | **100.0%** | **203.6%** | **101.0%** | **86.3%** | **100.0%** | **14.9%** | **11.3%** | **3.6%** | **6.9** |
| **FYPC** | **Langley** | **15** | **12** | **126.6%** | **191.7%** | **100.0%** | **190.6%** | **101.1%** | **-** | **96.4%** | **45.0%** | **44.7%** | **0.2%** | **11.4** |
| **CV Ward 3** | **10** | **7** | **148.1%** | **211.4%** | **153.8%** | **182.1%** | **107.3%** | **-** | **94.0%** | **25.8%** | **21.9%** | **3.9%** | **16.5** |
| **LD** | **3 Rubicon Close** | **4** | **3** | **116.1%** | **164.3%** | **89.3%** | **110.7%** | **-** | **-** | **89.3%** | **13.6%** | **13.6%** | **0.0%** | **17.9** |
| **Agnes Unit** | **12** | **9** | **133.3%** | **579.3%** | **87.5%** | **450.0%** | **-** | **-** | **91.7%** | **50.1%** | **48.9%** | **1.2%** | **32.5** |
| **The Gillivers** | **5** | **3** | **116.1%** | **201.8%** | **42.9%** | **182.1%** | **-** | **-** | **77.4%** | **18.7%** | **18.7%** | **0.0%** | **20.5** |
| **The Grange** | **5** | **3** | **-** | **158.1%** | **-** | **231.0%** | **-** | **-** | **95.2%** | **23.9%** | **23.5%** | **0.4%** | **17.4** |
| **Trust Total** | |  |  | **103.2%** | **202.4%** | **108.0%** | **184.6%** |  |  | **82.0%** | **32.6%** | **29.1%** | **3.5%** |  |