

**TRUST BOARD – 23 MAY 2019**

**SAFE STAFFING – APRIL 2019 REVIEW**

**Introduction/Background**

1. This report will provide an overview of the nursing safe staffing during the month of April 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 April 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 decreased this month by 2.3%; reported at 30.9%. 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 remains at 3.5%, sustained position since January 2019.
* The total number of Trust wide Registered Nurse (RN) vacancies reported this month is 185.47 w.t.e posts (114.31 inpatients and 71.16 community). This is a increased position this month by 11.62 w.t.e RN posts with the increase noted in community.
* The total number of Trust wide Health Care Support Worker (HCSW) vacancies reported this month is 74.59w.t.e. posts (58.15 in-patients and 16.44 community). This is an increased position this month by 5.25 w.t.e posts.
* As of the 1 May 2019 there are 36.2 w.t.e candidates in the recruitment pipeline, expected to join the Trust over the next few months.
* Future workforce planning; collaborative work to address nursing vacancies continues, the majority of new nurses qualify through pre-registration education, the Trust has submitted an expression of interest to NHS Improvement Workforce to access placement infrastructure funding, to develop plans to grow clinical placement capacity by 25% for the 2019 intake, and support students in practice to reduce attrition and improve retention.
* There are twelve hotspot inpatient areas across the Trust, five of the twelve did not meet the threshold for planned staffing at all times and six of the nine are hot spots linked to the higher use of temporary workers to achieve staffing safely. Ward 3, CAMHS is an emerging hot spot area 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 eight 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 May 2019 Trust wide;
  + Appraisal is at 92.3% - rated Green.
  + Clinical supervision is at 79.1% - rated Amber with robust action plans in place
  + Clinical mandatory training for substantive staff rated Green with the exception of; ALS, MAPPA Disengagement and High risk, SCIP – UK, Dementia Capable Care and Mental Health Act Nursing all Amber with robust actions in place
  + Clinical mandatory training for bank only workers; three of the eighteen clinical mandatory topics are rated Green. Improvement seen in compliance against only one topic 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. Risk matrix to stopping bank only staff working clinically if they are non-compliant with topics to be agreed at the Lead Nurse and Therapy meeting in May 2019, given the high proportion of temporary staff utilised across services and the need to ensure that they 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 10.84 in April 2019, with a range between 5.0 (Skye Wing) and 34.5 (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 April 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** |
| Feb 19 | 103.2% | 202.4% | 108.0% | 184.6% | 32.6% |
| Mar 19 | 101.4% | 209.6% | 108.1% | 184.6% | 33.2% |
| **April 19** | **104.9%** | **216.0%** | **107.6%** | **194.5%** | **30.9%** |

Table - Trust level safer staffing

1. Overall the planned staffing levels were achieved across the Trust. The increased fill rates for the percentage of actual HCSWs reflects the high utilisation and deployment of additional temporary staff in response to patient acuity and increased levels of therapeutic observation in order to maintain safety of all patients.
2. Temporary worker utilisation rate slightly decreased this month by 2.3%; reported at 30.9%. 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 remains at 3.5%, sustained position since January 2019, reduced from 3.9% in December 2018.

**Summary of safer staffing hotspots – Inpatients**

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

Table - Safer staffing hotspots

1. East and Coleman Wards, Mill Lodge and Short Breaks are hot spot areas as they did not meet the threshold for planned staffing across all shifts, on these occasions staffing was reported to be within safe parameters for all areas.
2. Langley, Belvoir 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.
3. Griffin ward is a hot spot due to concerns regarding patient care and staff support resulting in a review of incidents by the safeguarding and patient safety teams and further investigations. As a result of these concerns and not being able to meet the Trust safe staffing levels, the ward closed two beds to admissions and a contingency plan was put in place to provide additional staffing and support to the ward.
4. Community Hospitals have identified both Feilding Palmer and St Lukes Ward 3 as hot spots due to the high numbers of vacancies and high utilisation of temporary workers
5. On 30 April 2019 Lead Nurse, FYPC escalated concerns in relation to staffing and patient safety on Ward 3, Coalville (CAMHS) to the Chief Nurse, Directorate senior managers and clinical directors. During the month it was noted that the acuity and dependency of patients had increased with a number of high risk patients requiring high levels of therapeutic observation, increased staff sickness and increased concerns related to standards of practice. In response a number of actions were taken to ensure safe staffing;

* Worked with Centralised Staffing Solutions (CSS) to secure and support regular bank and agency staff to increase continuity of care
* Closing available beds to admissions, reviewed daily, individual patient needs and risk managed accordingly
* Assessing the acuity and dependency daily to identify planned staffing numbers
* Matron and Ward Sister deployed into the planned staffing at least 75% of their time to work and support the teams providing senior clinical support to patients and staff
* Overtime/additional hours offered to substantive staff
* Temporarily stop any non-mandatory training

The position of closing to admissions was held for 24 hours to allow the Matron and Ward Sister to review staffing and support those returning from sickness. After 24 hours it was agreed the Matron screens admissions based on patient dependency and staffing, the situation continues to be reviewed daily with a plan to return to normal following the transfer of a particularly high risk patient to a more suitable environment.

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.
* In line with NHS Improvement guidance; revised definition and measurement of pressure ulcers (2018) from April 2019 organisations must cease reporting avoidable/unavoidable pressure ulcers. New reporting measurement categories have been added to the incident reporting system, all incidents are to be investigated to support organisational/system learning. Whilst the new system of reporting is established and embedded, pressure ulcers have been suspended from the in-patient dashboard reports.

**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 | 19 | **100.5%** | **129.8%** | **114.5%** | **141.9%** | **21.7%** | 5.4 | 4.7% | 0↓ | 0↓ | 0 | 90.9% |
| Aston | 19 | **91.4%** | **146.8%** | **98.4%** | **229.0%** | **27.2%** | 6.2 | 15.2% | 1↓ | 2 | 0 | nil |
| Beaumont | 21 | **91.9%** | **141.1%** | **100.0%** | **216.1%** | **39.3%** | 5.5 | 11.8% | 0 | 0 | 0↓ | nil |
| Belvoir Unit | 10 | **106.6%** | **295.1%** | **190.3%** | **285.2%** | **52.4%** | 17.6 | 36.8% | 0 | 0 | 0 | nil |
| Bosworth | 18 | **88.7%** | **178.2%** | **95.2%** | **174.2%** | **30.7%** | 6.2 | 22.8% | 1↑ | 4↑ | 0 | nil |
| Heather | 18 | **87.5%** | **137.1%** | **91.9%** | **158.1%** | **24.2%** | 6.0 | 22.2% | 1↑ | 2↑ | 0↓ | 100% |
| Thornton | 18 | **85.5%** | **156.5%** | **100.0%** | **108.1%** | **25.8%** | 5.8 | 8.9% | 0↓ | 0↓ | 4↑ | 100% |
| Watermead | 20 | **89.8%** | **196.0%** | **100.0%** | **312.9%** | **33.0%** | 7.0 | 13.5% | 1 | 0 | 0 | nil |
| Griffin F PICU | 4 | **187.1%** | **475.8%** | **190.3%** | **312.9%** | **61.8%** | 23.4 | 43.6% | 0↓ | 1↓ | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **4**↓ | **9↓** | **4**↑ |  |

Table 3 - Acute inpatient ward safer staffing

1. All wards met the threshold for planned staffing across all shifts.
2. Temporary worker utilisation is Amber for all wards with the exception of Belvoir and Griffin Ward both rated Red at 52.4% and 61.8% respectively. 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.
3. To mitigate the risks associated with utilising higher numbers of temporary staff and the impact on quality and patient experience , the service block book regular bank and agency RNs and HCSWs across the acute inpatient wards, substantive staff are also moved across areas dependant on the skill mix and patient need . This enables safe staffing levels to be maintained or risk assessed within a safe parameter and also to improve continuity of patient care.
4. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes for all wards with the exception of Griffin Ward; concerns regarding patient care and staff support have been escalated resulting in a review of incidents by the safeguarding and patient safety teams and further investigations. As a result of these concerns and not being able to meet the Trust safe staffing levels, the ward closed two beds to admissions and a contingency plan was put in place to provide additional staffing and support to the ward. This is reviewed twice a week and commenced on the 5April 2019 and was still in place at the 30 April 2019.

**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 | 95.2% | 185.7% | 67.7% | 161.3% | 25.7% | 19.7 | 6.6% | 0 | 0 | 0 | nil |
| Agnes Unit | 8 | 170.0% | 763.3% | 134.8% | 669.6% | 51.2% | 34.5 | 17.7% | 0 | 0↓ | 0 | 100% |
| The Gillivers | 4 | 100.0% | 166.2% | 67.7% | 151.6% | 16.9% | 18.8 | -0.4% | 0↓ | 3↑ | 0 | nil |
| The Grange | 3 | - | 166.7% | - | 196.8% | 13.1% | 20.7 | 30.0% | 0↓ | 1 | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **0**↓ | **4** | **0** |  |

Table - Learning disabilities safer staffing

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

**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 | 97.6% | 155.6% | 100.0% | 153.2% | 35.5% | 9.0 | 27.8% | 0 | 0 | 0 | 88.9% |

Table - Low secure safer staffing

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

**Rehabilitation Services**

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** |  | **Medication errors** | **Falls** | **Complaints** | **FFT Promoter % (arrears)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care**  **HCSW** | **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care**  **HCSW** | **Care Hours**  **Per Patient Day** | **Vacancy Factor** |
| SH Skye Wing | 27 | 108.1% | 155.2% | 190.3% | 143.5% | 37.7% | 5.0 | 6.2% | 0 | 5↑ | 0 | nil |
| Willows Unit | 33 | 148.0% | 204.9% | 118.5% | 223.5% | 16.0% | 9.1 | 7.2% | 2 | 2↓ | 0 | nil |
| ML Mill Lodge | 12 | 96.0% | 237.1% | 53.2% | 196.8% | 41.8% | 11.9 | 24.5% | 2 | 1 | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **4** | **7↑** | **0** |  |

Table - Rehabilitation service safer staffing

1. Mill Lodge remains a hot spot for meeting planned RN levels on nights only 53.2% of the time and has utilised 41.8% 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. A further review of staffing levels at night at Mill Lodge will take place in May 2019, however this may change due to full recruitment to vacancies at the unit.
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 | 134.6% | 89.9% | 126.1% | - | 25.3% | 8.7 | 31.9% | 1↓ | 2↑ | 0 | 100% |
| MM Dalgliesh | 14 | 99.2% | 127.4% | 100.0% | 177.4% | 34.6% | 7.7 | 9.2% | 0 | 0↓ | 0 | 91.7% |
| Rutland | 11 | 107.8% | 132.5% | 98.3% | 103.2% | 12.2% | 7.3 | 20.4% | 0↓ | 2↓ | 0 | 93.3% |
| SL Ward 1 | 12 | 102.4% | 184.7% | 91.9% | 91.9% | 12.3% | 11.0 | 21.9% | 0 | 1↓ | 0 | 100% |
| SL Ward 3 | 10 | 92.7% | 120.2% | 196.8% | 106.5% | 27.2% | 8.6 | 19.8% | 0↓ | 5↑ | 0 | 100% |
| CV Ellistown 2 | 19 | 116.1% | 174.2% | 193.5% | 108.1% | 10.5% | 7.1 | 1.2% | 0 | 1↓ | 0 | 95.2% |
| CV Snibston 1 | 13 | 112.1% | 195.2% | 103.2% | 138.7% | 5.6% | 12.1 | 11.2% | 0 | 3↓ | 0 | 83.3% |
| HB East Ward | 18 | 71.4% | 200.0% | 100.0% | 98.4% | 27.3% | 7.7 | 8.7% | 0↓ | 5↑ | 0 | nil |
| HB North Ward | 14 | 101.6% | 187.1% | 103.2% | 132.3% | 27.8% | 8.4 | 8.2% | 0 | 5↑ | 0 | nil |
| Loughborough Swithland | 19 | 100.0% | 196.8% | 100.0% | 196.8% | 11.0% | 8.1 | 20.7% | 0 | 3↓ | 0 | 100% |
| CB Beechwood | 18 | 85.0% | 210.9% | 100.0% | 108.1% | 22.6% | 9.1 | 15.3% | 0↓ | 4↑ | 1 | nil |
| CB Clarendon | 17 | 88.4% | 196.0% | 100.0% | 103.2% | 14.3% | 7.3 | 15.5% | 2 | 3↓ | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **3↓** | **34↓** | **1** |  |

Table - Community hospital safer staffing

21 East Ward remains a hot spot as it only met the planned RN level during the day 71.4% of the time. The ward runs with two RNs on occasion, which meets safer staffing parameters.

1. A hotspot for staffing with increased usage of temporary workforce is Dalgleish Ward with 34.6%, Ward 3 St Luke’s Hospital and East Ward Hinckley & Bosworth Community Hospital, with 27.2%-27.8% of temporary workforce being used and Feilding Palmer Hospital with 25.3%, this is due to vacancies and sickness.  Staff are moved across the service dependant on skill mix and mix of substantive and temporary staff.
2. A review of the NSIs for the community hospital wards has identified that there has been an increase in medication incidents during April 2019 on Feilding Palmer Ward and North Ward, Hinckley and Bosworth Community Hospital. Ward 3 St Luke’s Hospital have had an increase in the number of patient falls from March 2019 to April 2019, however the review has not identified any direct correlation between staffing and impact to 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** | **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 | 80.6% | 234.4% | 100.0% | 112.9% | 29.3% | 6.0 | 23.9% | 1↑ | 8↑ | 0 | nil |
| BC Welford | 22 | 80.0% | 246.0% | 98.4% | 133.9% | 28.2% | 7.3 | 16.8% | 1↓ | 3↓ | 0↓ | nil |
| Coleman | 19 | 64.5% | 351.6% | 95.2% | 237.1% | 52.6% | 9.2 | 9.1% | 0 | 10 | 0 | nil |
| Gwendolen | 13 | 104.8% | 396.0% | 91.9% | 327.4% | 26.6% | 14.7 | 23.2% | 0↓ | 9↓ | 1↑ | 100% |
| **TOTALS** |  |  |  |  |  |  |  |  | **2** | **30↓** | **1** |  |

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

1. Coleman ward is a hotspot in April 2019 as they achieved the planned RN levels on day shifts 64.5% of the time, the Ward also utilised 52.6% of temporary staff this is associated with increased patient acuity and level 1 observations.
2. The service reported a number of shifts where there was only one RN on duty; Coleman 7 shifts, Gwendolen 8 shifts, Kirby 4 shifts and Welford 3 shifts. This is a red flag for safe staffing. On those occasions support was provided by the adjacent wards following risk assessment by charge nurses and matrons. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.
3. The service has a rolling recruitment advert for RNs and interviews are scheduled for HCSW on 15 May2019. MHSOP is also developing a peripatetic team to reduce reliance on bank and agency and trialling the role of Mental Health Practitioner on one of the inpatient wards, a Band 6 post open to both nursing and AHPs.

**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 | 10 | 94.8% | 254.0% | 100.0% | 235.5% | 60.5% | 14.2 | 0.3% | 1↑ | 0 | 0 | 100% |
| CV Ward 3 - CAMHS | 8 | 150.5% | 176.9% | 125.5% | 135.3% | 35.2% | 13.2 | 11.1% | 0 | 0↓ | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **1↑** | **0↓** | **0** |  |

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

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

**Recruitment, Retention and Workforce planning**

**Recruitment**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Area** | **Vacant Posts** | | **Potential Leavers** | | **Starters/Pipeline** | |
| **RN** | **HCSW** | **RN** | **HCSW** | **RN** | **HCSW** |
| FYPC | 2.0 | 2.0 | 0 | 0 | 0 | 3.0 |
| CHS (Community Hospitals) | 41 | 16 | 1.6 | 0 | 7.0 | 3.0 |
| MHSOP | 14.3 | 5.0 | 0 | 1.0 | 4.0 | 1.0 |
| AMH/LD | 57.01 | 35.15 | 3.0 | 3.0 | 2.0 | 4.0 |
| **Trust Total April 2019** | **114.31** | **58.15** | **4.6** | **4.0** | **13.0** | **11.0** |
|  |  |  |  |  |  |  |
| Trust Total March 2019 | 115.21 | 57.2 | 4.0 | 1.0 | 14.61 | 9.0 |

Table - Recruitment summary in-patients

1. Rolling adverts for all RN posts including implementation of Trust incentivised schemes for hard to recruit areas. Accessing recruitment fairs at local universities, schools and colleges.
2. Rotational posts across Trust services and graduate frail older people’s rotation programme in partnership with UHL
3. Increased work experience placements and increased recruitment of clinical apprentices

**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.

**Workforce planning**

1. The government has committed to increasing the number of nursing undergraduate places in the NHS Long Term Plan as the majority of new nurses qualify through pre-registration education. The Trust has submitted an expression of interest to NHS Improvement Workforce to access placement infrastructure funding, to develop plans to grow clinical placement capacity by 25% for the 2019 intake, and support students in practice to reduce attrition and improve retention.
2. The Trust is committed to a local, system wide, partnership approach to ensuring high quality student learning and placement experience. Working collaboratively with providers, including the local acute Trust; University Hospitals of Leicester (UHL) and our HEIs; DeMontfort University, University of Leicester and the Open University working in partnership to acquire a better understanding of attrition factors and interventions to reduce attrition and improve retention.
3. The NHS Long Term Plan seeks to widen access routes to pre-registration nursing including nursing associates. The Trust continue to support training of Nursing Associates and the Trust second staff to complete the Open University nursing course. In addition the Trust new roles development group continue to review new roles, workforce planning methods and commitment to a ‘Grow Our Own’ strategy.

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

Table 11 – Community Hot Spot areas

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

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

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

Whilst the transformation and Autoplanner continue to embed, the service is also subject to the on going commissioners community service redesign programme. This has created uncertainty and staff are becoming increasingly 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 affect on direct patient care.

39 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.

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

**Recruitment**

41 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 | 14.6 | 6.74 | 4.0 | 0 | 7.2 | 0 |
| CHS - ICS | 6.4 | 2.0 | 5.0 | 0 | 0 | 0 |
| MHSOP | 2.8 | 0 | 2.0 | 0 | 1.0 | 0 |
| AMH/LD | 29.68 | 6.7 | 3.0 | 0 | 1.0 | 0 |
| FYPC | 17.68 | 1.0 | 1.0 | 0 | 0 | 3.0 |
| **Trust Total April 2019** | **71.16** | **16.44** | **15.0** | **0** | **9.2** | **3** |
| Trust Total March 2019 | **58.64** | **22.64** | **8.7** | **0** | **16.8** | **2.0** |

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

| **April 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 | 19 | 100.5% | 129.8% | 114.5% | 141.9% |  |  | 92.2% | 21.7% | 20.3% | 1.4% | 5.4 |
| Aston | 19 | 19 | 91.4% | 146.8% | 98.4% | 229.0% |  |  | 78.9% | 27.2% | 24.3% | 2.9% | 6.2 |
| Beaumont | 22 | 21 | 91.9% | 141.1% | 100.0% | 216.1% |  |  | 83.3% | 39.3% | 38.5% | 0.7% | 5.5 |
| Belvoir Unit | 10 | 10 | 106.6% | 295.1% | 190.3% | 285.2% |  |  | 100.0% | 52.4% | 41.1% | 11.3% | 17.6 |
| Bosworth | 20 | 18 | 88.7% | 178.2% | 95.2% | 174.2% |  |  | 73.3% | 30.7% | 30.7% | 0.0% | 6.2 |
| Heather | 18 | 18 | 87.5% | 137.1% | 91.9% | 158.1% |  |  | 80.0% | 24.2% | 19.2% | 5.0% | 6.0 |
| Thornton | 20 | 18 | 85.5% | 156.5% | 100.0% | 108.1% |  |  | 72.2% | 25.8% | 25.4% | 0.4% | 5.8 |
| Watermead | 20 | 20 | 89.8% | 196.0% | 100.0% | 312.9% |  |  | 82.2% | 33.0% | 30.5% | 2.5% | 7.0 |
| Griffin Female PICU | 5 | 4 | 187.1% | 475.8% | 190.3% | 312.9% |  |  | 92.2% | 61.8% | 45.5% | 16.3% | 23.4 |
| AMH  Other | HP Phoenix | 11 | 11 | 97.6% | 155.6% | 100.0% | 153.2% |  |  | 98.9% | 35.5% | 33.0% | 2.5% | 9.0 |
| SH Skye Wing | 31 | 27 | 108.1% | 155.2% | 190.3% | 143.5% |  |  | 95.6% | 37.7% | 37.5% | 0.2% | 5.0 |
| Willows Unit | 33 | 30 | 148.0% | 204.9% | 118.5% | 223.5% |  |  | 86.7% | 16.0% | 16.0% | 0.0% | 9.1 |
| ML Mill Lodge (New Site) | 14 | 13 | 96.0% | 237.1% | 53.2% | 196.8% |  |  | 54.4% | 41.8% | 39.6% | 2.2% | 11.9 |  |  |  | 87.1% | 221.0% | 93.5% | 377.4% | 68.82% |
| CHS City | BC Kirby | 24 | 22 | 80.6% | 234.4% | 100.0% | 112.9% |  |  | 66.7% | 29.3% | 27.7% | 1.6% | 6.0 |
| BC Welford | 24 | 22 | 80.0% | 246.0% | 98.4% | 133.9% |  |  | 57.8% | 28.2% | 27.1% | 1.1% | 7.3 |
| CB Beechwood | 19 | 18 | 85.0% | 210.9% | 100.0% | 108.1% | 100.1% | 96.4% | 71.1% | 22.6% | 14.7% | 7.9% | 9.1 |
| CB Clarendon | 20 | 17 | 88.4% | 196.0% | 100.0% | 103.2% |  |  | 84.4% | 14.3% | 7.8% | 6.5% | 7.3 |
| EC Coleman | 21 | 19 | 64.5% | 351.6% | 95.2% | 237.1% |  |  | 38.9% | 52.6% | 52.3% | 0.3% | 9.2 |
| EC Gwendolen | 20 | 13 | 104.8% | 396.0% | 91.9% | 327.4% |  |  | 95.6% | 26.6% | 26.5% | 0.2% | 14.7 |  |
| CHS East | FP General | 7 | 6 | 134.6% | 89.9% | 126.1% | - | 101.4% | 100.0% | 68.9% | 25.3% | 14.7% | 10.6% | 8.7 |  |
| MM Dalgleish | 17 | 14 | 99.2% | 127.4% | 100.0% | 177.4% | 92.9% | 99.4% | 96.7% | 34.6% | 33.8% | 0.8% | 7.7 |  |
| Rutland | 15 | 11 | 107.8% | 132.5% | 98.3% | 103.2% |  |  | 91.1% | 12.2% | 10.0% | 2.2% | 7.3 |
| SL Ward 1 Stroke | 16 | 12 | 102.4% | 184.7% | 91.9% | 91.9% | 93.7% | 99.8% | 98.9% | 12.3% | 9.7% | 2.5% | 11.0 |
| SL Ward 3 | 13 | 10 | 92.7% | 120.2% | 196.8% | 106.5% | 102.4% | 102.4% | 90.0% | 27.2% | 17.8% | 9.5% | 8.6 |
| CHS West | CV Ellistown 2 | 24 | 19 | 116.1% | 174.2% | 193.5% | 108.1% | 98.0% | 100.0% | 97.8% | 10.5% | 6.1% | 4.4% | 7.1 |
| CV Snibston 1 | 15 | 13 | 112.1% | 195.2% | 103.2% | 138.7% | 96.5% | 100.4% | 96.7% | 5.6% | 5.0% | 0.6% | 12.1 |
| HB East Ward | 20 | 18 | 71.4% | 200.0% | 100.0% | 98.4% | 93.4% | 99.4% | 42.2% | 27.3% | 19.8% | 7.5% | 7.7 |
| HB North Ward | 16 | 14 | 101.6% | 187.1% | 103.2% | 132.3% |  |  | 95.6% | 27.8% | 16.2% | 11.6% | 8.4 |
| Lough Swithland | 24 | 19 | 100.0% | 196.8% | 100.0% | 196.8% | 100.8% | 100.6% | 100.0% | 11.0% | 8.1% | 2.9% | 8.1 |
| FYPC | Langley | 13 | 10 | 94.8% | 254.0% | 100.0% | 235.5% | 100.3% |  | 86.7% | 60.5% | 59.6% | 0.9% | 14.2 |
| CV Ward 3 | 9 | 8 | 150.5% | 176.9% | 125.5% | 135.3% | 113.8% |  | 93.3% | 35.2% | 30.3% | 4.9% | 13.2 |
| LD | 3 Rubicon Close | 4 | 3 | 95.2% | 185.7% | 67.7% | 161.3% |  |  | 87.8% | 25.7% | 25.7% | 0.0% | 19.7 |
| Agnes Unit | 12 | 8 | 170.0% | 763.3% | 134.8% | 669.6% |  |  | 100.0% | 51.2% | 46.5% | 4.6% | 34.5 |
| The Gillivers | 5 | 4 | 100.0% | 166.2% | 67.7% | 151.6% |  |  | 77.8% | 16.9% | 16.9% | 0.0% | 18.8 |
| The Grange | 5 | 3 | - | 166.7% | - | 196.8% |  |  | 98.9% | 13.1% | 13.1% | 0.0% | 20.7 |
| **Trust Total** | |  |  | **104.9%** | **216.0%** | **107.6%** | **194.5%** |  |  | **83.6%** | **30.9%** | **27.4%** | **3.5%** |  |