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| Meeting | Trust Board |
| Date of meeting | 1 October 2019 |
| Paper number |  |

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

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

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

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

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

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| --- | --- |
| Assurance: What level of assurance does this report provide in respect of the Board Assurance Framework Risks?(Significant / Limited / No Assurance) | Links to BAF risk numbers |
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| Recommendations of the report |
| The Trust Board is recommended to receive assurance that processes are in place to monitor and ensure the inpatient and community staffing levels are safe and that patient safety and care quality are maintained. |



**TRUST BOARD – 1 OCTOBER 2019**

**SAFE STAFFING – AUGUST 2019 REVIEW**

**Introduction/Background**

1. This report will provide an overview of the nursing safe staffing during the month of August 2019, triangulating productivity, workforce metrics, quality and outcomes linked to Nurse Sensitive Indicators (NSIs) and patient experience feedback.
2. Part one refers to inpatient areas and part two relates to community teams.
3. Actual staff numbers compared to planned staff numbers are collated for each inpatient area. A summary is available in Appendix 1.
4. The Quality Schedule methods of measurement are;
* A – Each shift achieves the safe staffing level 100%
* B – Less than 6% of clinical posts to be filled by agency staff

Compliance for the above indicators is RAG rated in Appendix 1.

**Aim**

1. The aim of this report is to provide the Trust Board with assurance that arrangements are in place to safely staff our services with the right number of staff, with the right skills at the right time. Including an overview of staffing hot spots, potential risks and actions to mitigate the risks, to ensure that safety and care quality are maintained.

**Recommendations**

1. The Trust Board is recommended to receive assurance that processes are in place to monitor and ensure the inpatient and community staffing levels are safe and that patient safety and care quality are maintained.

**Trust level highlights for August 2019**

**Right Staff**

* Overall the planned staffing levels were achieved across the Trust.
* Dalgleish Ward, Community Hospitals commenced bed reduction from 29th July 2019 for planned refurbishment, the ward temporarily closed all beds on 12th August 2019. As a result fill rates and CHPPD were impacted due to the reducing bed base and staffing accordingly.
* Temporary worker utilisation rate slightly increased this month by 0.2%; reported at 34.1%. Utilisation is associated with meeting planned staffing levels where there are vacancies and sickness and increases in patient acuity and dependency.
* Trust wide agency usage decreased this month by 0.4% to 4.8% overall. The following wards utilised above 6% agency staff; Belvoir, Griffin, Mill Lodge, Beechwood, Clarendon, Feilding Palmer, Dalgleish, St Lukes Ward 1, Coalville Ward 3, North and East Wards. Increased use is associated with HCSW agency utilisation predominantly in mental health areas, due to increased acuity, escort duties supporting patients in physical health settings and where bank has not been able to meet the increased demand over the holiday period.
* From 29 July 2019 a two week HCSW off-framework agency pilot commenced by the Director of Nursing, AHPs and Quality. A number of themes were identified including; E-rostering variation, lack of standardised Trust wide processes including requests for enhanced care and escort duty. A number of actions agreed including; DRA process standardisation, review of prevalence of one to one care, HealthRoster standardised practice and approach to TOIL and escort policy to be updated.
* The total number of Trust wide Registered Nurse (RN) vacancies reported this month is 198.39 w.t.e posts (123.57 inpatients and 74.82 community). This is a decreased position this month by 9.88 w.t.e RN posts.
* The total number of Trust wide Health Care Support Worker (HCSW) vacancies reported this month is 87.41 w.t.e. posts (64.59 in-patients and 22.82 community). This is a increased position this month by 5.63 w.t.e posts.
* As of 1 September 2019 there are 70.6 w.t.e candidates in the recruitment pipeline, expected to join the Trust over the next few months.
* There are twelve hotspot inpatient areas, two new this month; Beechwood and Watermead wards. Hotspots have been identified either by; exception to planned fill rates, high percentage of temporary worker utilisation or by the Lead Nurse due to concerns relating to increased acuity, high risk patients, staff sickness, ability to fill additional shifts and the impact to safe and effective care.
* There are eleven community team hot spots areas. Where community teams are considered a hot spot, staffing and case-loads are reviewed and risk assessed across teams using patient prioritisation models to ensure appropriate action is taken.
* A review of the Trust’s NSIs and patient feedback has not identified any correlation between staffing and impact to quality and safety of patient care/outcomes.

**Right Skills**

* In consideration of ensuring staff have the ‘right skills’, a high level overview of clinical training, appraisal and supervision for triangulation is presented. As of 1 September 2019 Trust wide;
* Appraisal sustained GREEN at 93.4%
* Clinical supervision AMBER at 80.0%
* Of the now 30 core and clinical mandatory compliance subjects with the addition of Falls training; all are GREEN with the exception of five topics; one new RED; Falls and four at AMBER, two of which have improved slightly.
* Compliance with mandatory training for bank staff remains lower than that of substantive staff. Following targeted action there is continued improvement in bank staff compliance in August 2019, five of the seven compliance subjects that are AMBER or RED have increased compliance this month.

**Right Place**

* The fill rates for the percentage of actual HCSWs over 100% 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 10.78 CHPPD in August 2019, with a range between 4.4 (Skye Wing) and 35.7 (Agnes Unit) CHPPD. The variation in range reflects the diversity of services, complex and specialist care provided across the Trust.
* Analysis of the CHPPD has identified one variation at service level; Dalgleish Ward CHPPD; 21.8, this is due to the ward closing from the afternoon of the 12 August 2019 due to refurbishment and reducing patients/bed closures leading up to the closure.
* There is no other variation identified, 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 August 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** |
| June 19 | 103.5% | 199.7% | 107.2% | 187.5% | 33.2% |
|  July 19 | 104.2% | 205.9% | 109.3% | 187.9% | 33.9% |
| **Aug 19** | **103.0%** | **200.2%** | **110.3%** | **193.8%** | **34.1%** |

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 overall this month by 0.2%; reported at 34.1%. Utilisation is associated with meeting planned staffing levels and increases in patient acuity and dependency requiring additional staff to maintain quality of care and patient safety.
3. Trust wide agency usage decreased this month by 0.4% to 4.8% overall. The following wards utilised above 6% agency staff; Belvoir, Griffin, Mill Lodge, Beechwood, Clarendon, Feilding Palmer, Dalgleish, St Lukes Ward 1, Coalville Ward 3, North and East. The increased use is associated with HCSW agency utilisation predominantly in mental health areas, associated with increased acuity, escort duties supporting patients in physical health settings and bank has not been able to meet the increased demand over the holiday period.
4. From 29 July 2019 a two week HCSW off-framework agency pilot commenced by the Director of Nursing, AHPs and Quality. A number of themes were identified including; E-rostering variation, lack of standardised Trust wide processes including requests for enhanced care and escort duty. A number of actions agreed including; DRA process standardisation, review of prevalence of one to one care, Healthroster standardised practice and approach to TOIL and escort policy to be updated.

**Summary of staffing hotspots – Inpatients**

|  |  |  |  |
| --- | --- | --- | --- |
| **Hot spot wards** | **June 2019** | **July 2019** | **Aug 2019** |
| Hinckley and Bosworth - East Ward  | X | X | X |
| Beechwood |  |  | X |
| Feilding Palmer | X | X | X |
| St Lukes Ward 3 | X | X | X |
| Short Breaks - The Gillivers  | X | X | X |
| Short Breaks – Rubicon Close  | X |  |  |
| Mill Lodge  | X | X | X |
| Kirby |  |  |  |
| Coleman  |  | X | X |
| Gwendolen |  | X | X |
| Belvoir | X | X | X |
| Griffin | X | X | X |
| Watermead |  |  | X |
| Agnes Unit |  |  |  |
| Langley | X |  | X |
| Ward 3 Coalville (CAMHS) |  |  |  |

Table 2 – In-patient staffing hotspots

1. Beechwood, Mill Lodge, Coleman, Gwendolen and Short Breaks are hot spot areas as they did not meet the threshold for planned staffing across all shifts, on these occasions staffing was reported to be within safe parameters for all areas.
2. Belvoir and Watermead are hot spots due to utilising over 50% temporary staff. The high utilisation is associated with both vacancies and increased patient acuity and to maintain safe staffing.
3. Griffin ward is still considered a hotspot due to patient acuity and risk, staff sickness and vacancies and high use of bank and agency staff. The Ward Sister left in August 2019, a new Ward Sister commences in early September 2019. The Team Manager is leading work on more targeted recruitment.
4. St Lukes Ward 3, East and Feilding Palmer remain hot spots due to concerns relating to vacancies, staff sickness, maternity leave and the ability to fill additional shifts.
5. Number of occupied beds, planned staffing levels versus actual staffing levels and percentage of temporary staff utilised is presented in the tables below per in-patient area by service and directorate. For analysis and review the Trust thresholds are indicated below;
* Planned levels is >80% Green
* Temporary worker utilisation (bank and agency); green indicates threshold achieved, amber is above 20% utilisation and red above 50% utilisation.
1. The NSIs that capture outcomes most affected by nurse staffing levels are presented in

conjunction with patient experience feedback. This report indicates if there has been an increase or decrease in the indicator against the previous month.

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

**Acute Inpatient Wards**

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** | **Vacancy Factor** | **Medication errors** | **Falls** | **Complaints** | **FFT Promoter % (arrears)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care****HCSW** | **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care****HCSW** | **Care Hours****Per Patient Day** |
| Ashby | 21 | 104.8% | 117.7% | 96.8% | 122.6% | 21.9% | 5.1 | 14.3%↓ | 1↓ | 0 | 0 | 100% |
| Aston | 18 | 83.9% | 159.7% | 87.1% | 241.9% | 42.2% | 6.3 | 21.6% | 1↑ | 1 | 1↑ | 100% |
| Beaumont | 22 | 87.6% | 175.0% | 100.0% | 325.8% | 37.2% | 6.0 | 15.8%↑ | 4↑ | 1↓ | 0↓ | nil |
| Belvoir Unit | 9 | 102.4% | 394.8% | 138.7% | 439.3% | 64.8% | 24.5 | 45.2%↑ | 0 | 0 | 0 | nil |
| Bosworth | 19 | 79.0% | 175.0% | 95.1% | 332.3% | 39.2% | 6.5 | 16.3%↑ | 0 | 0 | 1 | nil |
| Heather | 18 | 87.9% | 139.8% | 96.8% | 241.9% | 30.8% | 6.3 | 9.7%↑ | 1↑ | 0↓ | 0 | nil |
| Thornton | 20 | 93.0% | 128.0% | 98.4% | 111.3% | 35.9% | 5.6 | 24.8%↑ | 2↑ | 0↓ | 0 | nil |
| Watermead | 20 | 91.9% | 223.4% | 101.6% | 612.9% | 55.8% | 8.6 | -9.5% | 2↓ | 2↓ | 2↑ | nil |
| Griffin F PICU | 5 | 167.6% | 302.3% | 196.8% | 271.0% | 46.9% | 21.3 | 23.2%↑ | 0↓ | 1 | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **11↑** | **5↓** | **4↑** |  |

Table 3 - Acute inpatient ward safe staffing

1. All wards met the threshold for RN and HCSW planned staffing with the exception of Bosworth Ward who only met the RN planned staffing on days 79.0%. Analysis has shown that August was a particularly difficult month to roster due to vacancies and leave, the ward frequently increased health care support workers and utilised the Registered Medication Administration Technicians to support patient care delivery.
2. Temporary worker utilisation is Amber for all wards with the exception of Belvoir and Watermead Wards rated Red at 64.8% and 55.8% respectively. The high utilisation is associated with both vacancies and increased patient acuity and higher levels of staffing required to meet enhanced levels of observation.
3. To mitigate the risks associated with utilising higher numbers of temporary staff and the impact on quality and patient experience, the service block book regular bank and agency RNs and HCSWs across the acute inpatient wards, substantive staff are also moved across areas dependant on the skill mix and patient need. This is reviewed at the twice weekly staffing meeting and daily safety huddle.
4. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes for all wards.

**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 | 111.3% | 151.6% | 122.6% | 109.7% | 32.3% | 17.6 | -9.0% | 0 | 1↓ | 0 | nil |
| Agnes Unit | 7 | 279.0% | 945.2% | 203.2% | 806.5% | 46.0% | 35.7 | 16.9%↓ | 0 | 0 | 0 | nil |
| The Gillivers | 3 | 100.0% | 179.0% | 32.3% | 187.1% | 22.0% | 20.3 | 7.3%↑ |  0 | 0 | 0 | nil |
| The Grange | 3 | - | 144.3% | - | 206.5% | 22.4% | 18.9 | 35.4%↑ | 0 | 3↑ | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **0** | **4↑** | **0** |  |

Table 4 - Learning disabilities safe staffing

1. Short breaks met the planned staffing levels with the exception of Gillivers that only met the planned RN level on nights 32.3% of the time. Analysis has shown that the patients in August 2019 did not always require RN support and as the HCSWs are trained to administer medication and carry out delegated health care tasks, the skill mix was adjusted according to patient needs.
2. 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 can support each other with RN day cover. Night cover can be shared across the site as the homes are situated next to each other in conjunction with utilisation of additionally trained HCSWs. Patients do not always need the support of registered nurses.
3. There was an increase in falls at the Grange (three in total), two were for same patient who displays hyperactive behaviour and the other was for a patient who had an unsteady gait and lack of spacial awareness, care plans and the environment are being reviewed.
4. 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 | 98.4% | 145.9% | 112.9% | 141.9% | 21.4% | 8.9 | 6.4%↓ | 0 | 0 | 0 | Nil |

Table 5- Low secure safe staffing

1. Phoenix Ward achieved the thresholds for safe staffing. High levels of temporary workers continue to be utilised to cover vacancies, sickness and a high number of level one and level two patient observations.

1. 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 | 29 | 109.7% | 140.9% | 196.8% | 101.6% | 42.3% | 4.4 | 7.4% | 0↓ | 0↓ | 0 | nil |
| Willows Unit | 27 | 141.9% | 148.8% | 117.7% | 216.9% | 24.0% | 8.5 | 1.6%↓ | 0 | 3↑ | 0 | 60% |
| Mill Lodge | 10 | 108.9% | 178.8% | 62.9% | 183.9% | 43.6% | 11.1 | 8.6%↓ | 0↓ | 3↓ | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **0↓** | **6↓** | **0** |  |

Table 6 - Rehabilitation service safe staffing

1. Mill Lodge remains a hot spot for meeting planned RN levels on nights only 62.9% of the time. The service adopts a staffing model based on patient acuity and dependency, staff skills and competencies and increasing the number of HCSWs and sharing RN support with Stewart House. The establishments on nights for RN’s are expected to be filled from autumn 2019.
2. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.

**Community Health Services (CHS)**

**Community Hospitals**

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** |  | **Medication errors** | **Falls** | **Complaints** | **FFT Promoter % (arrears)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care****HCSW** | **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care****HCSW** | **Care Hours****Per Patient Day** | **Vacancy Factor** |
| FP General | 8 | 127.8% | 80.9% | 110.7% | - | 34.8% | 7.3 | 40.1%↑ | 0↓ | 2↓ | 0 | 92.3% |
| MM Dalgliesh | 5 | 195.5% | 113.6% | 291.7% | 0.0% | 24.3% | 21.8 | -4.9% | 0 | 5↓ | 0 | nil |
| Rutland | 14 | 100.0% | 131.5% | 93.5% | 135.5% | 7.8% | 6.7 | 24.0%↓ | 0 | 1↑ | 0 | nil |
| SL Ward 1 | 11 | 99.2% | 173.4% | 100.0% | 100.0% | 24.2% | 11.2 | 23%↓ | 0 | 3↑ | 0 | 100% |
| SL Ward 3 | 12 | 100.0% | 134.7% | 200.0% | 100.0% | 20.8% | 8.5 | 35.8%↓ | 0↓ | 2↓ | 0 | 100% |
| CV Ellistown 2 | 17 | 110.5% | 177.4% | 200.0% | 100.0% | 17.3% | 8.0 | 11.2%↑ | 0 | 5↑ | 0 | 95.5% |
| CV Snibston 1 | 13 | 117.5% | 166.9% | 98.4% | 132.3% | 13.7% | 10.6 | 12.9%↓ | 0↓ | 2↑ | 0 | 91.7% |
| HB East Ward | 17 | 83.1% | 196.8% | 100.0% | 112.9% | 30.8% | 7.9 | 9.6%↓ | 1↑ | 9↑ | 0 | nil |
| HB North Ward | 16 | 112.2% | 167.2% | 100.0% | 90.3% | 18.1% | 6.9 | 8.9% | 0 | 4↑ | 0 | nil |
| Swithland | 22 | 104.0% | 214.5% | 100.0% | 200.0% | 13.5% | 6.6 | 29.1%↑ | 1 | 1↓ | 0 | 91.9% |
| CB Beechwood | 17 | 79.2% | 197.8% | 101.6% | 101.6% | 30.6% | 7.7 | 24.1% | 1↑ | 4↑ | 0↓ | nil |
| CB Clarendon | 20 | 83.2% | 239.2% | 104.8% | 146.8% | 23.6% | 7.0 | 16.8% | 1↓ | 4↓ | 1↓ | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **4↓** | **42↑** | **1** |  |

Table 7 - Community hospital safe staffing

1. Beechwood is a hot spot as it only met the planned RN level during the day 79.2% of the time. The ward runs with two RNs on occasion, which meets safer staffing parameters.
2. Dalgleish Ward commenced bed reduction from the 29 July 2019 due to a planned refurbishment; the ward temporarily closed all beds on 12 August 2019.  This is reflective of the 0% night HCSW fill rate as the ward bed base reduced the staffing was reduced to only require two registered nurses per night shift.
3. A review of the NSIs for the community hospital wards has identified that there was an increase in falls incidents on East Ward and Ellistown Ward. Review of the increased incidences has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes.
4. East Ward is a hot spot associated with increased temporary workforce usage due to increased acuity and provision of additional staffing, vacancies, maternity leave and sickness.
5. Feilding Palmer and Beechwood Ward are hot spots associated with increased temporary workforce usage due to vacancies, maternity leave and sickness.
6. Ward 3 St Luke’s remains a hotspot due to vacancies and sickness that includes clinical leadership roles. Additional support is provided from an experienced Ward Sister and Matron.

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

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** |  | **Medication errors** | **Falls** | **Complaints** | **FFT Promoter % (arrears)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care****HCSW** | **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care****HCSW** | **Care Hours****Per Patient Day** | **Vacancy Factor** |
| BC Kirby | 21 | 83.9% | 224.2% | 96.8% | 129.0% | 33.4% | 6.4 | 17.8% | 0 | 10↑ | 0 | nil |
| BC Welford | 21 | 81.3% | 204.8% | 95.2% | 124.2% | 32.4% | 5.8 | 17.4% | 0 | 7↑ | 0 | nil |
| Coleman | 20 | 67.7% | 296.0% | 88.7% | 198.4% | 40.2% | 8.3 | 19.7%↑ | 1↑ | 3↓ | 0 | nil |
| Gwendolen | 18 | 66.7% | 309.7% | 90.3% | 224.2% | 42.1% | 9.1 | 23.2% | 0 | 9↓ | 0 | 100% |
| **TOTALS** |  |  |  |  |  |  |  |  | **1↑** | **29↓** | **0** |  |

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

1. Gwendolen and Coleman are hotspots as they only met the threshold for planned staffing on days 67.7% and 66.7% of the time, respectively.
2. Review has identified that on 30 shifts (out of 93) on Gwendolen there was only one RN on duty. On these occasions the ward were supported by the Charge nurse, Medication Administration Technician (MAT) and qualified staff from Coleman ward to support safe staffing.  On Coleman ward there were six shifts (out of 93) with one RN on duty, this does not account fully for the reduced fill rate. Matron and Head of Service to ensure planned staffing levels are correct and reflect the staffing and skill mix review.
3. Increased utilisation of temporary staff to meet planned staffing levels where there are vacancies and sickness and also due to increased patient acuity and level 1 observation.
4. A review of the NSIs and patient feedback has not identified any staffing impact to 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 | 13 | 96.8% | 237.1% | 100.0% | 198.4% | 51.2% | 11.5 | -8.1% | 0↓ | 2↑ | 0 | 100% |
| CV Ward 3 - CAMHS | 7 | 214.5% | 348.4% | 200.0% | 309.7% | 30.0% | 18.6 | 11.4%↑ | 0 | 1 | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  |  | **0↓** | **3↑** | **0** |  |

Table 9 - Families, children and young people’s services safe staffing

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

**Recruitment, Retention and Workforce planning**

**Recruitment**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **Vacant Posts** | **Potential Leavers** | **Starters/Pipeline** |
| **RN** | **HCSW** | **RN** | **HCSW** | **RN** | **HCSW** |
| FYPC | 2.8 | 7.8 | 1.0 | 0 | 1.0 | 0 |
| CHS (Community Hospitals) | 47 | 13.4 | 3.0 | 0 | 8.0 | 15 |
| MHSOP | 19.3 | 8.6 | 1.0 | 0 | 2.0 | 7.6 |
| AMH/LD | 54.47 | 34.79 | 7.0 | 2.0 | 11 | 2.0 |
| **Trust Total August 2019** | **123.57** | **64.59** | **12.0** | **2.0** | **22.0** | **24.6** |
|  |  |  |  |  |  |  |
| Trust Total July 2019 | 122.4 | 63.69 | 7.9 | 8.0 | 11.0 | 12.0 |

**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
4. Recruitment for the next three cohorts of trainee nursing associates has commenced. LLR wide there are 133 places for 2019/20 with the next cohort due to commence in December 2019. To date 23 trainee places have been identified within LPT.

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

Table 11 – Community Hot Spot areas

1. There are 29 community nursing teams that work together in zones called ‘hubs’. There are 8 hubs in total.There remains a number of vacancies across the community planned care nursing hubs with City East and West and East Central carrying the largest number. Hinckley and Bosworth Hub is also a hotspot as they have four registered nurses on maternity leave.
2. A piece of work is underway to review the impact of the community nurses delivering generic simple wound care in the city. Data is showing that the demand has almost doubled with no investment into the service.
3. The Community Services Redesign (CSR) is due for implementation in December 2019. This will see the decommissioning of the ICS service and a Home First offer model of care replacing it. Nursing care from both the core community nursing and ICS will become one offer for patients. The clinical and operational model is being finalised however this has created uncertainty for nurses as to what their role will be and consequently we have begun to see nurses tendering their resignation. The Quality Impact Assessment has highlighted this as a risk for the implementation of the new model of care. Mitigations are in place which includes workshops, engagement events and road shows; however for some nursing staff this level of engagement and reassurance has not been adequate in order for them to want to remain in their post.
4. City West CMHT (MHSOP) remains a hot spot due to increased registered nurse sickness and lack of bank or agency to backfill.  Internal moves have been secured to support the clinical risk and activity.  The service continues to pilot an additional team lead in the city community teams.
5. Looked After Children team and Healthy Together City (School Nursing only), East and West Healthy Together , County Outpatient and CRISIS teams are hot spot areas within FYPC Community; they are rated to be at Amber escalation level due to only 70% of the established team being available to work. Mitigation plans are in place within the service for moving staff internally where possible, overtime offered and vacant posts are being proactively advertised. Locum support recruited to and additional hours in place for existing substantive staff where possible to increase capacity. Risks continue to be monitored internally on a weekly basis.
6. There are no hot spots in August 2019 for AMH/LD Community.

**Recruitment**

1. The current Trust wide nurse vacancy position for community teams 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** |
| CHS – Community Nursing Hubs | 25.2 | 5.79 | 8.6 | 0 | 14.1 | 0 |
| CHS - ICS | 9.2 | 4.77 | 1.0 | 0 | 0 | 0 |
| MHSOP | 2.2 | 0 | 0 | 0 | 1.4 | 0 |
| AMH/LD | 13.57 | 4.5 | 0 | 0 | 5.5 | 0 |
| FYPC  | 24.65 | 7.76 | 2.4 | 0 | 3.0 | 0 |
| **Trust Total August 2019** | **74.82** | **22.82** | **12.0** | **0** | **24.0** | **0** |
| Trust Total July 2019 | 85.87 | 18.09 | 3.0 | 0 | 20.4 | 1.0 |

Table 13 - Recruitment summary community

1. The Crisis service has been successful in a recent bid to Community Crisis Care transformation funding to enhance the Crisis team staffing and service. This will result in;
* Increased staffing numbers within the Crisis team.
* Introduction of psychology to the team.
* Improved caseload numbers.
* Ability to provide increased home visits to patients in need of intense home treatment.
* Enhanced EDP offer to the wards.
* Increased medical cover.
* Improved response times

An implementation group has been set up to meet every two weeks with oversight of a recruitment and draft mobilisation plan with planned regular communication and working groups for staff.

The service is currently recruiting to an additional 8.5 w.t.e registered professional posts and 13.6 w.t.e support worker posts, psychologist and consultant. The team is working alongside HR recruitment exploring alternative methods of communicating to support recruitment, utilising Facebook and Twitter and exploring incentives and interim measures of increasing temporary staff, until permanent staff are in post.

**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

| **August 2019** |  |  | **Fill Rate Analysis (National Return)** | **Skill Mix Met****(NURSING ONLY)** | **% Temporary Workers****(NURSING ONLY)** | **Overall CHPPD****(Nursing and AHP)** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Actual Hours Worked divided by Planned Hours** |
|  |  |  |  | **Nurse Day (Early & Late Shift)** | **Nurse Night** | **AHP Day** |
| **Ward****Group** | **Ward name** | **Average no. of Beds on Ward** | **Average no. of Occupied Beds** | **Average % fill rate registered nurses** | **Average % fill rate care staff** | **Average % fill rate registered nurses** | **Average % fill rate care staff** | **Average % fill rate registered AHP** | **Average % fill rate non-registered AHP** | **(based on 1:8 plus 60:40 split)** | **Total** | **Bank** | **Agency** |
| **>= 80%** | **>= 80%** | **>= 80%** | **>= 80%** | **-** | **-** | **>= 80%** | **<20%** | **-** | **-** |
| AMH Bradgate | Ashby | 21 | 21 | 104.8% | 117.7% | 96.8% | 122.6% |  |  | 87.1% | 21.9% | 21.6% | 0.2% | 5.1 |
| Aston | 19 | 18 | 83.9% | 159.7% | 87.1% | 241.9% |  |  | 59.1% | 42.2% | 41.4% | 0.8% | 6.3 |
| Beaumont | 22 | 22 | 87.6% | 175.0% | 100.0% | 325.8% |  |  | 77.4% | 37.2% | 33.0% | 4.2% | 6.0 |
| Belvoir Unit | 9 | 9 | 102.4% | 394.8% | 138.7% | 439.3% |  |  | 98.9% | 64.8% | 48.0% | 16.9% | 24.5 |
| Bosworth | 19 | 19 | 79.0% | 175.0% | 95.1% | 332.3% |  |  | 57.0% | 39.2% | 38.5% | 0.8% | 6.5 |
| Heather | 18 | 18 | 87.9% | 139.8% | 96.8% | 241.9% |  |  | 73.1% | 30.8% | 28.1% | 2.8% | 6.3 |
| Thornton | 20 | 20 | 93.0% | 128.0% | 98.4% | 111.3% |  |  | 76.3% | 35.9% | 35.5% | 0.4% | 5.6 |
| Watermead | 20 | 20 | 91.9% | 223.4% | 101.6% | 612.9% |  |  | 80.6% | 55.8% | 53.2% | 2.6% | 8.6 |
| Griffin Female PICU | 5 | 5 | 167.6% | 302.3% | 196.8% | 271.0% |  |  | 95.7% | 46.9% | 30.2% | 16.6% | 21.3 |
| AMH Other | HP Phoenix | 11 | 11 | 98.4% | 145.9% | 112.9% | 141.9% |  |  | 89.2% | 21.4% | 20.5% | 0.9% | 8.9 |
| SH Skye Wing | 30 | 29 | 109.7% | 140.9% | 196.8% | 101.6% |  |  | 93.5% | 42.3% | 40.2% | 2.1% | 4.4 |
| Willows Unit | 29 | 27 | 141.9% | 148.8% | 117.7% | 216.9% |  |  | 77.4% | 24.0% | 23.9% | 0.1% | 8.5 |
| ML Mill Lodge (New Site) | 12 | 10 | 108.9% | 178.8% | 62.9% | 183.9% |  |  | 64.5% | 43.6% | 36.9% | 6.7% | 11.1 |  |  |  | 87.1% | 221.0% | 93.5% | 377.4% | 68.82% |
| CHS City | BC Kirby | 24 | 21 | 83.9% | 224.2% | 96.8% | 129.0% |  |  | 62.4% | 33.4% | 27.7% | 5.7% | 6.4 |
| BC Welford | 24 | 21 | 81.3% | 204.8% | 95.2% | 124.2% |  |  | 60.2% | 32.4% | 30.2% | 2.1% | 5.8 |
| CB Beechwood | 20 | 17 | 79.2% | 197.8% | 101.6% | 101.6% | 99.9% | 96.9% | 67.7% | 30.6% | 19.5% | 11.0% | 7.7 |
| CB Clarendon | 23 | 20 | 83.2% | 239.2% | 104.8% | 146.8% |  |  | 69.9% | 23.6% | 13.4% | 10.3% | 7.0 |
| EC Coleman | 21 | 20 | 67.7% | 296.0% | 88.7% | 198.4% |  |  | 28.0% | 40.2% | 39.9% | 0.3% | 8.3 |
| EC Gwendolen | 20 | 18 | 66.7% | 309.7% | 90.3% | 224.2% |  |  | 41.9% | 42.1% | 40.0% | 2.2% | 9.1 |  |
| CHS East | FP General | 8 | 8 | 127.8% | 80.9% | 110.7% | - | 100.9% | 100% | 72.0% | 34.8% | 18.9% | 15.9% | 7.3 |  |
| MM Dalgleish | 9 | 5 | 195.5% | 113.6% | 291.7% | 0.0% | 90.1% | 99% | 46.9% | 24.3% | 9.7% | 14.6% | 21.8 |  |
| Rutland | 15 | 14 | 100.0% | 131.5% | 93.5% | 135.5% |  |  | 93.5% | 7.8% | 6.8% | 1.0% | 6.7 |
| SL Ward 1 Stroke | 16 | 11 | 99.2% | 173.4% | 100.0% | 100.0% | 98.5% | 92.4% | 96.8% | 24.2% | 16.5% | 7.8% | 11.2 |
| SL Ward 3 | 13 | 12 | 100.0% | 134.7% | 200.0% | 100.0% | 110.7% | 100% | 95.7% | 20.8% | 15.4% | 5.5% | 8.5 |
| CHS West | CV Ellistown 2 | 24 | 17 | 110.5% | 177.4% | 200.0% | 100.0% | 97.2% | 100% | 98.9% | 17.3% | 12.7% | 4.6% | 8.0 |
| CV Snibston 1 | 15 | 13 | 117.5% | 166.9% | 98.4% | 132.3% | 99.3% | 100% | 97.8% | 13.7% | 11.7% | 2.0% | 10.6 |
| HB East Ward | 20 | 17 | 83.1% | 196.8% | 100.0% | 112.9% | 101.5% | 100.4% | 66.7% | 30.8% | 19.5% | 11.3% | 7.9 |
| HB North Ward | 18 | 16 | 112.2% | 167.2% | 100.0% | 90.3% |  |  | 92.5% | 18.1% | 10.1% | 8.0% | 6.9 |
| Lough Swithland | 24 | 22 | 104.0% | 214.5% | 100.0% | 200.0% | 101.6% | 100% | 100.0% | 13.5% | 10.0% | 3.5% | 6.6 |
| FYPC | Langley | 15 | 13 | 96.8% | 237.1% | 100.0% | 198.4% | 100.2% |  | 89.2% | 51.2% | 49.3% | 1.9% | 11.5 |
| CV Ward 3 | 10 | 7 | 214.5% | 348.4% | 200.0% | 309.7% |  |  | 98.9% | 30.0% | 22.7% | 7.3% | 18.6 |
| LD | 3 Rubicon Close | 4 | 3 | 111.3% | 151.6% | 122.6% | 109.7% |  |  | 86.0% | 32.3% | 32.3% | 0.0% | 17.6 |
| Agnes Unit | 12 | 7 | 279.0% | 945.2% | 203.2% | 806.5% |  |  | 100.0% | 46.0% | 44.5% | 1.5% | 35.7 |
| The Gillivers | 5 | 3 | 100.0% | 179.0% | 32.3% | 187.1% |  |  | 74.2% | 22.0% | 22.0% | 0.0% | 20.3 |
| The Grange | 5 | 3 | - | 144.3% | - | 206.5% |  |  | 93.5% | 22.4% | 22.4% | 0.0% | 18.9 |
| **Trust Total** |  |  | **103.0%** | **200.2%** | **110.3%** | **193.8%** |  |  | **79.6%** | **34.1%** | **29.4%** | **4.8%** |  |