

Public Trust Board– 27th September 2022

Six-month Safe and Effective Staffing review- January 2022- June 2022

Purpose of the report

The purpose of the report is to provide a six-month overview of nursing safe staffing including right staff, right skills, right place; establishment reviews, workforce planning, new and developing roles and recruitment and retention in line with NHS Improvement (NHSI) *Developing Workforce Safeguards policy 1*.

Key Points

- The Covid-19 pandemic wave 4 brought significant challenges at the beginning of the year including increased staffing absence and increase in outbreaks in inpatient areas.
- The health and wellbeing of all our staff remains a key priority. The Trust continues to support staff mental and physical health through referrals, signposting, communications, health and wellbeing champions and access to available resources.
- The report reflects the national requirements for safe staffing reporting on Care Hours Per Patient Day (CHPPD) for the period January to June 2022
- Across clinical inpatient areas the actual CHPPD average across this six-month period was 12.2 (reporting above average nursing CHPPD in comparison to peer median of 11.2 and national average of 10.8).
- Recruitment and retention of staff remains a key area of focus in alignment to the national picture. The vacancy rate overall for registered nursing and registered health visiting staff is 23% and remains high . Trust wide recruitment projects continue to work towards addressing the deficits as part of overarching workforce planning.
- The Trust average six month fill rates % of actual versus total planned shifts for Registered Nurse fill across day shifts was 97.7% (a slight decrease of 3%) from the previous six months. Registered Nurse fill rate across night shifts was

116.5% (a slight decrease of 2% from the previous six months). High fill rate variation is evident in several areas in response to increased ward activity, occupied beds and patient complexity resulting in increased staffing demand.

- Temporary staffing utilisation remains high with Bank maintaining average fill rate of 31% demonstrating a significant increase in demand comparatively to 2020/2021 due to increase in vacancy and turnover rates.
- Agency usage has increased by 10% over the last six months. Reduction of agency utilisation is one of the Trust's transformation programmes as part of the Reset and Rebuild agenda. A range of actions have been implemented in order to reduce and control agency use.

Background

All NHS Trusts are required to deploy sufficient, suitably qualified, competent, skilled, and experienced staff to meet care and treatment needs safely and effectively, National Quality Board (NQB), *Safe sustainable and productive staffing 2*.

The monthly Trust safe staffing reports provide a triangulated overview of nursing safe staffing for our in-patient areas and community teams. The report includes actual staffing against planned staffing (fill rates), Care Hours Per Patient Day (CHPPD) and quality and safety outcomes for patients sensitive to nurse staffing.

In responding to Covid-19 staffing surge and escalation plans, decisions regarding skill mix and nurse ratios were taken in conjunction with a review of patient acuity and dependency, professional judgement and the environment of care. Business continuity plans and surge/escalation plans were reviewed, updated and connected to the wider system, following submission to the Trust Clinical Reference Group, then Incident Control Centre for robust governance and assurance during January 2022.

Decision making and escalation processes support safer nursing staffing, building on the previous guidance issued in relation to COVID-19 workforce models and the fundamental principles for the nursing workforce as set out in the National Quality Board (NQB) Safe Sustainable and Productive staffing guidance, as The Trust continues to progress its reset and rebuild programs of work.

The last six month safe and effective report was presented to the Quality Assurance Committee (QAC) on 22 February and to Trust Board on 14 March 2022. Annual establishment reviews were completed in FYPC/LD throughout quarter 4 and quarter 1 2022. Acuity and dependency data was collected in October and November 2021 however due to the Omicron response the triangulated establishment reviews across all other areas were not completed.

Analysis of the issue

Attention has been focused on the learning and recommendations from the safe staffing and patient safety review during the period 14-27 February 2022 to support services to plan effectively in advance of holiday periods and reduce any adverse impact on staffing and patient safety. The review identified a variety of factors:

- Increase in temporary workforce utilisation and increased requests for staff (Dynamic Risk Assessments)
- E-rostering practice and annual leave planning
- Increased acuity levels, incident themes and escalation through safe staffing and patient safety meetings

Recommendations were shared to Directorate Management Teams and Trust Board and included the need for robust governance processes to agree operationally safer staffing levels and review prior to and during periods of annual leave. Services were requested to review performance against e-Roster KPI's, support the twelve-week framework for final publication, confirm sign off e-roster arrangements and implement in house robust governance arrangements to avoid low substantive staffing availability across inpatient and community areas. A review of staffing during the Easter and Jubilee holidays confirmed actions implemented were effective in sustaining safe staffing levels during this period.

In May 2022 NHS England & Improvement (NHSE & I) outlined key priorities for organisations to meet the expanding workforce capacity and support staff to recover. This remains a key focus across all service areas and is essential if the ambitions set out in the Enabling the workforce for Community Care- recovery delivery plan are to be realised (NHSE/I, 2022) . Protecting teaching and training across all staff groups to support retention and development of the workforce is progressing as part of the

recovery plans. NHS Trusts were asked to revisit actions as part of their recovery plans and consider the following areas:

- Removing caps on consultant job plans
- Support educational, training and leadership roles
- Encourage recently retired staff across the workforce to return with contracts that support elective and educational recovery
- Encourage individuals considering retirement to return to support and educate the wider elective recovery workforce as the next chapter of their careers, i.e. Legacy Mentor Programmes in nursing
- Create options for all staff to increase their contracted hours, including through bank shifts. Where staff would like to work additional hours, trusts should encourage and support staff to increase contracted hours within existing guidelines and to work additional bank shifts, in order to reduce reliance on locum/agency staff.
- Maximise the use of collaborative staff banks across systems where possible to create greater staffing resilience across organisations and reduce reliance on agency workers
- Increase capacity during peak periods of leave by effective rostering and planning of leave within teams, and further support for staff, e.g. during bank holidays and summer breaks.

Maximising the use of bank staff to increase staffing resilience and reduce reliance on agency workers is a key objective and a dedicated Trust Wide project group are progressing actions to reduce reliance on agency use.

Each directorate has set out plans as to how they will manage a reduction in agency usage while ensuring safe staffing levels are maintained. Actions are under continuous review through a united Trust-wide approach to ensure safe decision making and appropriate governance (which includes executive involvement and oversight) to safeguard safe basic nursing staffing levels in alignment to trajectories and agreed establishment models.

Planning for 2022 annual establishment reviews to be undertaken across all inpatient areas is in progress and this will facilitate a further review of staffing models in

comparison to the previous 2021 acuity and dependency data findings. A draft working establishment review standard operating guide has been produced which includes a clear governance process for agreement of any changes to the staffing establishment.

An informative presentation has been designed to support teams across LPT to fully engage and understand the process. A Safe Staffing Workforce Matron has been employed substantively to lead the process and enhance safe staffing practices.

The safe staffing policy has been launched with briefing sessions offered to staff and clear direction on escalation processes where risks for safe staffing and patient care are identified.

The Dynamic Risk Assessment (DRA) process has been reviewed and updated to incorporate Director sign off, and red flags and tipping points, as defined in the safe staffing policy in accordance with Developing Workforce Safeguards (NQB, 2018) and Royal College of Nursing: Nursing workforce standards (RCN, 2021). This is supporting managers to robustly risk assess staffing deficits and prompt a review of all actions undertaken to mitigate the risk prior to seeking agency nursing support. The process continues to be updated in response to staff feedback and the reduction in agency utilisation has been included as part of a quality improvement project to ensure a robust evidence based approach to monitoring and evaluating effectiveness.

Trust overview - 'Right staff, Right Skills, Right Place'

Temporary registrants

The NMC reopened the Covid-19 temporary register until the end of February 2022 to support newly internationally recruited nurses joining and cohort 1 have joined the substantive register following successfully passing the OSCE.

The Covid-19 temporary register will close on 30th September 2022 and all registrants will need to join the permanent NMC register after this date. Staff on the temporary register will not be able to consent once their registration has expired, although they can follow a process to go onto the permanent register if they wish and this is being encouraged.

International nurse recruitment

The Trust has recruited thirty international registered general nurses from the initial cohort in October 2021. All thirty nurses successfully passed their Objective Structured Clinical Exam (OSCE) exams and The Trust achieved a 100% pass rate. The Trust has been recognised by NHSEI Lead for International Recruitment as an exemplar of best practice. The second cohort of International Nurses were onboarded in May 2022 and there were 10 registered nurses in total. A total of eight registered nurses are being onboarded in July 2022 and district nursing has been included within the clinical placements going forward. There are plans to onboard International Nurses in September and November 2022 to include overseas mental health registered nurses (or nurses with significant mental health experience). The International Recruitment team are working with Northamptonshire Mental Health Foundation Trust to develop a mental health OSCE preparation training package and work has continued with our partners in UHL in co-delivering the physical health OSCE preparation training package.

The table below provides a summary of the 4 cohorts:

| Date | Nov 2021 | May 2022 | July 2022 | September 2022 |
|----------------|---|---|---|---|
| CHS | Inpatient wards : 16 | Inpatient wards: 6 District Nursing: 1 | Inpatient wards: 4 District Nursing: 3 | District Nursing:2 |
| FYPC/LD | Inpatient wards: 4 | 0 | | |
| DMH | Inpatient wards: 10 | 3 | 1 | |
| Update | All RN's have passed their OSCE and working in clinical placement | 30.07.22 OSCE tests completed | Commence clinical placements 15.08.22 | Interviews in progress for other candidates |

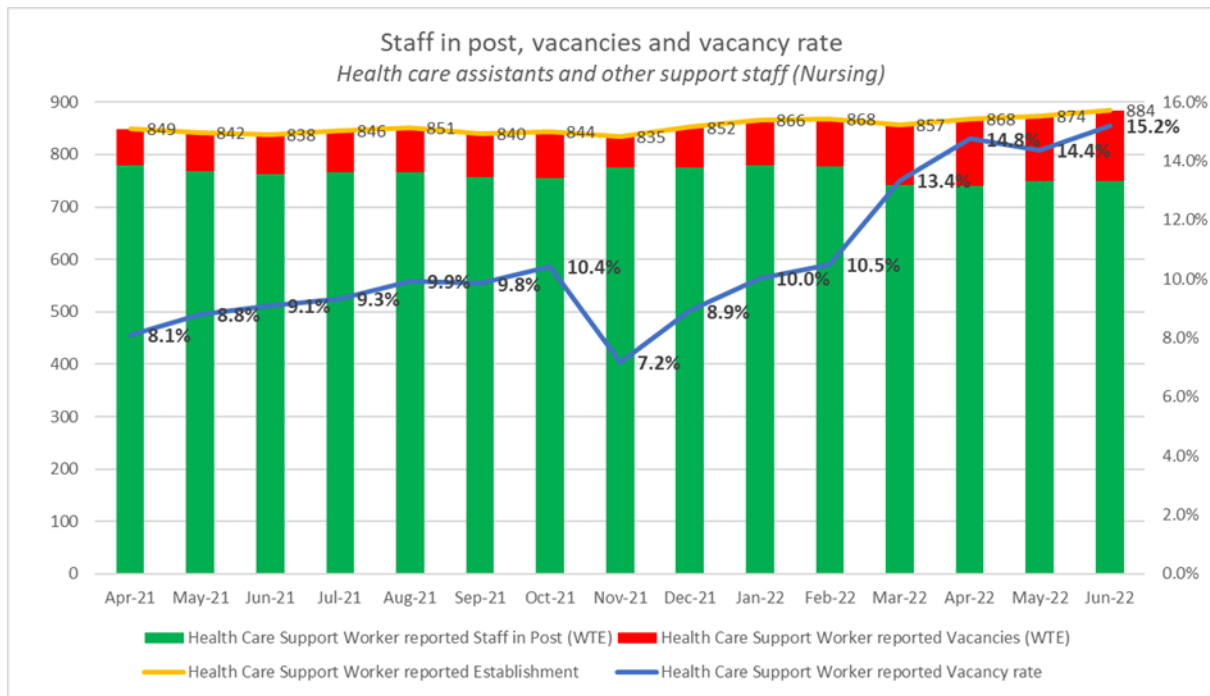
The Trust has a trajectory of 46 International Recruitment Nurses for 2022. To date the Trust has 18 International Nurses in the pipeline and have appointed 10 out of 14 for the District Nursing Service from July recruitment and 14 out of 18 for Directorate of Mental Health. The lower supply of Mental Health Nurses who can be recruited is recognised and may impact slippage on the September recruitment with a view to increasing cohort numbers in November 2022.

Healthcare support workers

Healthcare support workers (HCSWs) play a vital role supporting our clinical teams to deliver the best outcomes for our patients. The Trust has continued to focus efforts and actions to accelerate recruitment, onboarding, and support for HCA's new to health care in response to reducing the established vacancies currently showing at 134 whole time equivalent.

Following the implementation of the five-day core Health Care Assistant (HCA) clinical skills training programme to facilitate accessibility to Band 2 substantive posts, The Trust continues to build on the success of the 2020-21 programme to address reduction and maintain HCA vacancies at minimal levels. Headlines and ongoing actions include:

- Supporting recruitment into new vacancies
- Promoting flexible working opportunities new recommendations on minimum number of contracted hours that can be offered to encourage more flexibility
- Ensure adequate provision for winter 2022/23.
- Ensure focused career conversations with all newly recruited HCSWs.
- Provide pastoral care and support and mitigate potential for early attrition.
- Trust recruitment event for Community Health Services and Mental Health Services in July. 70 HCA applications received, shortlisting underway
- Survey of recent HCA joiners to our Families Young People and Children and Learning Disability directorate. 80% of recent joiners would recommend working at LPT



As at end of June 2022: **134wte vacancies**

- Estimate 50fte of this are not true vacancies as new posts have been added and a small percentage of wte posts are not utilised.
- **26.8wte substantive staff in pipeline**
 - There are an additional 4fte (6 headcount) that are internal moves or retire and return. These appointments may not improve the vacancy position.
 - There are 21 head count in the Bank recruitment pipeline

There is continued funding for the ongoing training resource to sustain the new to health care bespoke induction course.

A new Health Education England Developing Healthcare Talent program was introduced in May this year to support the development of HCA's to establish new skill sets, fresh mindset and accompanying set of innovative practices that are proactive. The first three Cohorts of the Developing Healthcare Talent program are proving particularly successful, according to the very positive feedback received from the participants. The Trust has supported 11 HCA to undertake the programme to date.

Professional Nurse Advocates

The Professional Nurse Advocate (PNA) programme was launched in March 2021 and delivers training to equip RN's to listen and understand challenges fellow colleagues and teams are facing through an A-EQIP model of restorative supervision for colleagues right across England. There is an expectation that there is at least one PNA per clinical team/ward team and to achieve this, the ask is that providers commit to training at least 1 in 20 registered nurses for the PNA role by 2025. HEE have funded training places to date and future funding is yet to be determined. The Trust trajectory to achieve this vision by 2025 is presented in the table below:

| | 2021/22 | 2022/23 | 2022/24 | 2022/25 | 2022/26 | 2022/27 | 2022/28 |
|--|----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Number to train per year to achieve 2025 target | 7 | 18 | 25 | 25 | 0 | 0 | 0 |
| Additional number to train to account for turnover | 0 | 3 | 6 | 8 | 8 | 8 | 8 |
| Total to train in year | 7 | 21 | 31 | 33 | 8 | 8 | 8 |
| Total available PNA each year | 7 | 25 | 50 | 75 | 75 | 75 | 75 |

Backfill to support the provision of restorative supervision hours by the PNA's (7.5 hrs per PNA per month) is not funded centrally and this requires further exploration due to the impact this will have on clinical delivery. A proposal was presented to the Integrated Care System in June 2022 to detail the benefits of the PNA role in supporting staff wellbeing, and retention and to describe how The Trust and UHL can work together to support a central data base of PNA's and share learning and resource.

The table below shows a breakdown of the three cohorts:

| | No.of PNA's | By Directorate | In Progress | Completed and have received PINS |
|---|-------------|-----------------------------|-------------|----------------------------------|
| Cohort 1 | 5 | CHS-3 FYPC/LD-2 | - | 5 |
| Cohort 2 | 5 | CHS-2 FYPC/LD-3 | 5 | |
| Cohort 3 | 3 | Places not offered | - | |
| Applicants for next cohort July 2022: Awaiting confirmation of no.from NHSE/I | 10 | FYPC/LD-3 CHS-3 DMH-4 | | TBC |

Right Staff

The overall trust wide summary of planned versus actual hours by ward for registered nurses (RN) and health care support workers (HCSW) in the last six months is detailed in the table below;

| Trust wide | DAY | | NIGHT | |
|----------------|--|---|--|---|
| | % 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 |
| Jan-22 | 117.7% | 104.3% | 127.1% | 159.5% |
| Feb-22 | 118.7% | 108.2% | 128.1% | 173.1% |
| Mar-22 | 113.5% | 108.1% | 124.8% | 165.0% |
| Apr-22 | 120.1% | 113.3% | 126.1% | 171.2% |
| May-22 | 108.8% | 117.0% | 132.0% | 181.3% |
| Jun-22 | 106.4% | 114.5% | 127.5% | 177.0% |
| Average | 97.7% | 126.8% | 116.5% | 162.6% |

The planned staffing levels over the last six months were achieved overall across the Trust with January 2022 proving to be a challenging period due to increase in staff absence linked to Covid-19 Omicron variant. Exception reporting is provided monthly within the Trust safe staffing report per service. Comparatively to the last six months the overall percentage of actual versus total planned care HCSW has demonstrated an increase of 3% on days and the percentage of actual versus total planned care RN has demonstrated a decrease of 6.4% on days. A slight decrease in percentage overall of less than 4% for both RN and HCSW of actual versus planned care across night shifts is evident.

Directorate of Mental Health/ Mental Health Services for Older People

Areas to note over the last six months where planned registered nursing fill rates did not consistently meet the planned registered nurse (RN) fill rate across several days were Mental Health Services for Older People wards: Kirby, Welford, Coleman Wards. The number of band 5 and band 6 vacancies and challenges to recruit to post continues to impact this. Temporary workforce were utilised to support unfilled shifts and in response to increasing acuity and dependency levels throughout January to March and increased in May 2022.

Increased above average CHPPD were evident on Coleman and Wakerley Wards as a direct result of greater acuity and dependency, necessitating a higher ratio of nursing staff to maintain the safety of patients and staff.

Mill Lodge and The Willows continue with high utilisation of temporary workforce above 55% impacting continuity of care. Recruitment and retention remain a key focus to support continuity of staffing across the unit and fill vacancies.

Staffing is risk assessed daily and managed across all DMH and MHSOP wards and staff moved to support safe staffing levels and skill mix and patient care needs/acuity and dependency. Analysis continues to demonstrate that changes/staff movement is not always consistently updated and reflected on eRoster which impacts the accuracy of the actual fill rate data for nursing staff on shifts.

A review of nurse sensitive indicators across DMH and MHSOP identified an increase in patient falls predominantly during May and June across Ashby Ward and in April and June for Stewart House. Analysis demonstrated that all patients were supported with a medical review post fall and staffing was not a contributory factor. Medication errors increased across two MHSOP wards May and June and analysis has identified errors related to storage, dispensing of medication and medication being administered to the wrong patient. No patients experienced harm as a result of this and the right action was taken on identification.

DMH Community Services

DMH community services continue to have RN vacancies across the Crisis Mental Health Team and utilise temporary workforce known to service and with the required level of skill and competence to deliver care. Work continues to focus on staff retention and recruitment and prioritising patient care. Medic vacancies remain high for psychology and psychiatry and the services have not seen an improvement over the last six months. Waiting times, response times and assessments are impacted as a direct result.

Community Hospitals

Community Hospitals continued to report operating at an amber risk overall with increased fill rate for HCSW due to an increase in acuity and dependency, with patients requiring enhanced observation and supervision. This has necessitated higher

utilisation of temporary workforce across several areas; Dalgleish Ward, Beechwood, North Ward, Coalville Ward 1, and St. Lukes in response to patient need, staff vacancies and absence. Dalgleish ward was identified as having an increase in patient falls in June comparatively to previous months and analysis demonstrated actual CHPPD of 7.9 (below Trust average). On analysis there was less than 25% temporary workforce utilisation and fill rate was above 93% across all shifts evidencing safe staffing levels.

It was noted that there is an increased number of shifts with 50% temporary staffing utilisation and minimal occasions where there is only one registered nurse on shift. A review of the last twelve months identified three incidents where there was one RN on duty in a single site. This was due to agency not attending for the shifts. On these shifts the risk profile changes to a high-risk rating and actions are implemented to provide wrap around RN support from neighbouring wards. Requests for additional beds to be opened continued throughout this six -month period due to LLR wider system pressure. Daily safe staffing reviews and staff redeployment across the service ensures substantive RN cover and block booking of temporary workers is in place where there are vacancies against the established staffing model .

A review of the Nurse Sensitive Indicators (NSIs) for the community hospital wards has identified a decrease in the number of falls incidents from thirty-four in April 2022 to twenty-eight in June 2022, comprising of majority first falls and between eight and ten repeat falls. CHS inpatient wards saw an increase in medication errors during May however an overall decrease was initially seen prior. Incidence of pressure ulcers (category 4) on average have increased in the last three months. Specific review of pressure relieving cushions availability and process for use is being undertaken through June/July 2022. The matron team are working with the ward sisters to review all pressure ulcers reported and reviewing training for both registered and non-registered staff, targeting prevention, repositioning, and management plans. Review of the incidences has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes.

There were a number of Covid-19 outbreaks throughout the six-month period and the nosocomial COVID-19 cases in December/ January 2022 demonstrated the highest

peak with increased cases throughout March and April 2022 in accordance with the national picture.

Community Nursing CHS

Areas to note due to high vacancy levels and staff absence are City East and West central community nursing hub and the high percentage of temporary workforce utilisation across the six- month period is in response to this. The team have operated between OPEL level 3 for the majority of this six- month period.

Outstanding actions from the workstreams : workforce, Serious Incident investigation, pressure ulcer Quality Improvement project programme and staff engagement and communication ,developed from the quality summit held in November 2021 are being progressed through service line transformational plans. These include the Pressure Ulcer and Community Nursing Transformation Plans. Staff continue to be updated about progress on the workstreams and this is being monitored through the CHS Directorate with reports to Quality Assurance Committee.

Virtual Ward

Virtual wards facilitate release of bed capacity and improve patient flow offering patients an alternative admission to an acute hospital bed by providing, monitoring and treating patients in the home. In March 2022 the COPD virtual ward was launched and has cared for over 75 patients to date. This has been effective in reducing Covid-19 re-admissions by 50% in patients who accessed the community virtual wards in comparison to those who did not. As a result 319 acute beds were saved for patients in the oxygen weaning cohort.

Families, Young People, Children and Adult Learning Disability Services

The Beacon and Agnes Unit inpatient areas continue with high utilisation of temporary workforce impacting on continuity of care. The units continue to staff the majority of night shifts with the required level of RN's to HCSW ratio for 7-9 patients, a mix of substantive and temporary qualified staff. Infill rates for RN's and HCSW's temporary workforce for both areas continue above 50 percent usage across most shifts. Recruitment to vacant posts at band 5 and band 2 continues to be challenging and is reflective of the national picture. Review of acuity and staffing continues Monday to

Friday with involvement of Service Manager, Deputy Head of Nursing and Multi-Disciplinary Team.

A review of nurse sensitive indicators demonstrated an overall decrease in medication errors over the last two months specifically and identified the appropriate actions were taken on identification of the incidents. Patients did not experience harm as a result and triangulation with staffing data did not identify staffing as a contributory factor.

Psychology and Therapy vacancies continue to be areas to note across DMH, FYPC/LD and CHS, reflective of the national picture and recruitment/ retention actions continue including recruitment to alternative posts such as Therapy Assistants and Positive Behaviour Leads. Learning disabilities community physiotherapy is rated amber, the team continue to assess and treat all red and amber RAG rated referrals. Recruitment process is ongoing as there are challenges across all community services in recruiting qualified and support staff into vacancies.

Public Health Nursing- Healthy Together is an area to note with an increase in vacancies across the County reflective of the age profile of the service and staff retirement in addition to reduced numbers of Specialist Community Public Health Nurses nationally. The service is working to a prioritised model of delivery and redeployment of staff across the locality in response. Looked after Children's team are operating at a high-risk level due to a high vacancy over the last six months. Following recruitment to several RN posts it is anticipated that the service will increase provision and risk level will reduce.

Trust wide ongoing actions by community services include:

- Following safe staffing escalation process and business continuity plans
- Continuous review and monitoring of staff absence, redeployment and flexing teams to prioritise visits,
- Reviewing caseloads to prioritise urgent and essential visits
- Supporting the health and well-being of staff given the noted increased levels of stress and anxiety across the service line,
- Staying connected with Centralised Staffing Solutions to secure bank and agency shift fill

- Continue to monitor and collate data on known clinical activity vs clinical resource (staff) to strengthen understanding of further pressures on all service lines
- Ongoing targeted recruitment campaign to band 5 RNs, Health Care Support Workers, assistant practitioner and nursing associates.

Increased utilisation and fill rates of HCSWs

Increased utilisation of additional HCSWs remains high in MHSOP wards, DMH, CAMHS FYPC/LD. Increased patient acuity and dependency levels have necessitated additional HCSW's to undertake enhanced observation levels and support safe patient care. Fill rates above and below 100% for actual HCSWs predominantly on days and nights reflect adjusted staffing levels and skill mix to meet patient care needs.

Temporary staffing utilisation

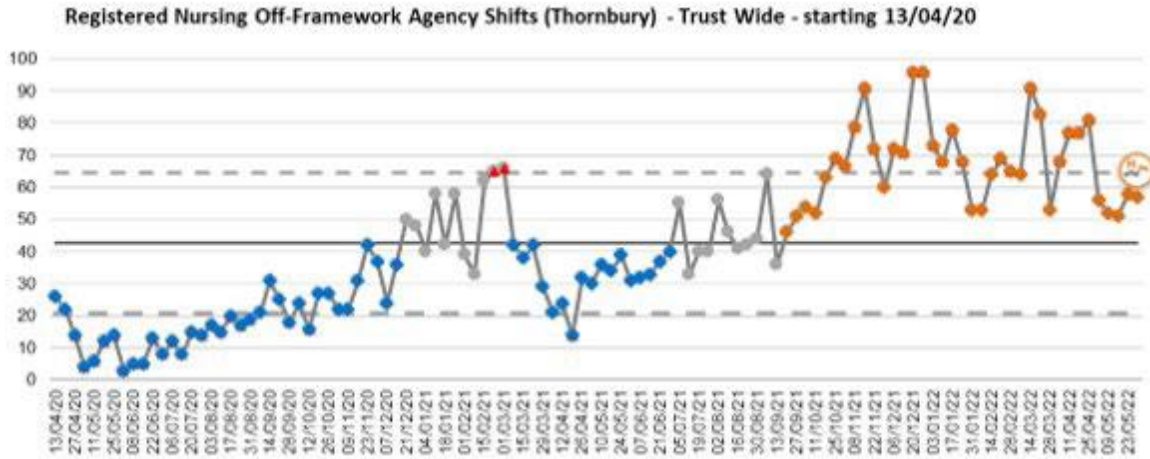
The Trust six-month average overall percentage use of temporary workers (bank and agency) between January 2022 to June 2022 was 29.3%, this is a decrease of 8.59% from 38.52% in the previous six months. The average monthly percentage of agency utilisation across The Trust is 12.61%, this is an increase from the last six-month period (@11.8%) with a peak at 13.2% in March 2022.

01-Jan-22 to 30-Jun-22

Temporary Staffing Utilisation

| | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 |
|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Agency | 11.8% | 12.3% | 13.2% | 13.2% | 12.4% | 12.8% |
| Bank | 17.4% | 16.8% | 17.2% | 17.6% | 16.3% | 15.2% |
| Substantive | 70.8% | 70.8% | 69.7% | 69.2% | 71.3% | 72.0% |

Off-Framework Agency Shifts- 24month data



The table above demonstrates an increase in off framework agency use over the last 24 months for RN and HCSW's and a range of actions implemented are being closely monitored to ensure trajectories to reduce usage and control agency usage are on track.

A recent analysis of the number of shifts requested off framework agency throughout the last six months has shown a decrease in numbers ordered by The Trust: in January 2022 ordered 1923 shifts, in April 2022 ordered 1113 shifts, in July 2022 ordered 307 shifts and the initial data demonstrates a positive reduction in off-framework agency use.

The wards utilising agency above 25% in DMH are Ashby, Beaumont and Watermead. MHSOP wards identified are Kirby and Wakerley with the Willows Unit identified in Rehabilitation Services. In the Community Hospital Beechwood is identified as an area of focus and for FYPC/LF: Beacon and Agnes Unit. Contributory factors linked to increased demand due to high patient acuity and dependency, surge wards, vacancies, increased staff Covid-19 absence and increased incidences and Covid-19 outbreaks.

Staffing continues to be reviewed daily at service and Trust Wide level during the current period of vacancies and sickness rates for staff.

As part of workforce planning Directorates are undertaking a high priority action plan to reduce agency usage. This includes mapping high agency usage across services, service establishment reviews, priority recruitment, increasing international nursing and medics supply, agency and on call escalation processes and retaining current

workforce supply and reviewing status of current sickness and absence rates for forward planning with acknowledgement that a percentage of agency usage will be required to maintain patient safety in current NHS workforce and population health demand & supply climate.

Right Skills

Mandatory and Role Essential Training:

- A full review of all face-to-face training was completed, and training rooms were reconfigured to allow maximum capacity with Health and safety approval. All staff are able to book onto mandatory training with Education and Training returning to normal training activity.
- All members of staff, current and new starters who are patient facing are required to complete FFP3 mask fit testing and training.
- There has been a high level of DNA's throughout January to June 2022 as a result of sickness absence and staff prioritising frontline clinical care delivery. Additional face to face courses have been made available throughout June 2022.

DNA reporting commenced from March 2022

Cancelled places (on courses) in May 2022

BLS Community Update x 52 places.

M&H Patients Homes x 4 places.

M&H FYPC x 3 places

Correct to 1 June 2022 Trust wide substantive staff; overall substantive staff compliance with mandatory training is 89.5% against a target of 85%. Bank staff mandatory training compliance is 74.9% against a target of 75%.

A recovery plan is in place and monitored through Training, Education and Development Group. Specific areas of attention for the group are: Mental Health Act for Doctors; Medical Trainee compliance and Resus courses. Each Directorate have their own action plans for improving compliance and these are monitored through their Directorate Management Teams.

In February 2022 it was identified that bank workers who have not worked in the last four months were not having their status changed on ESR to 'inactive' and therefore we were over-reporting numbers of active bank staff. This has now been rectified. This has contributed to an improvement in compliance due to bank workers that are not actively working (and therefore less likely to be compliant with training) being excluded from reporting.

- Appraisal at 80.3 % compliance Amber- During the Covid-19 pandemic, compliance with appraisal has dropped during times when pressure on services was greatest.
- Clinical supervision is at 80.9% compliance Amber-Compliance decreased significantly immediately following the implement of new uLearn and has struggled to recover since. This is potentially due to lack of familiarity with the system plus operational pressures.
- PPE donning and Doffing at 97.1% GREEN

Directorates have reported high levels of staff absence due to the impact of covid-19 and prioritising clinical delivery which has impacted compliance moving from green to amber.

Area to note;

Resuscitation training is a mandatory training requirement for all clinical (registered and non-registered) staff. The determination of which resuscitation training each staff requires is identified in the national core skills training framework. All training in the Trust is accredited with the UK Resus Council. There are two forms of resus delivered: Basic Life Support; and Immediate Life Support.

Basic Life Support (BLS):

Compliance substantive staff as 1 July 2022- 71.8% (Red, trending up)

Compliance for bank staff as 1 July 2022- 53.1% (Red, trending up)

Immediate Life Support (ILS):

Compliance substantive staff as 1 July 2022- 68.1% (Red, trending up)

Compliance for bank staff as 1 July 2022- 51.4% (Red, trending up)

Key Headlines:

- Adequate capacity for Induction topics, BLS, Moving and Handling and Safety Intervention Initial.

Additional capacity added in June

- SI Foundation courses increased by 5 spaces each course due to living with covid risk assessments.
- Disengagement to be increased by 40 spaces to meet demand with induction.

A number of actions and steps taken to support improved attendance and compliance, summary below;

- Issue of non-attendance at training (DNA) continue to be raised at both Training, Education and Development Group (TED) and Deteriorating Patient and Resus Group (DPARG). Actions were taken from these groups by service lead members to respond within their clinical services and through to Directorate Management Teams.
- Increase in available places at BLS are shared through TED and the Education and Training and managers can book staff on directly
- All members of staff, current and new starters who are patient facing are required to complete FFP3 mask fit training
- Supervision, Training, Assessment and Reflection (STAR) days support protected time for staff to undertake mandatory training and supervision. This initiative is being implemented.

Managing the risk of potential untrained/out of date staff in practice

- Managers have a local risk assessment and process to ensure appropriately skilled staff are on shift e.g. moving an ILS trained staff member to cover.
- Resus training team continue to carry out clinical drills on site and have offered additional sessions to support services/staff who have been unable to attend ILS/BLS training.
- Resus training remains high priority and line managers are supporting staff to meet their mandatory requirements in efforts to drive improvement in compliance and quality.

Right Place

Care Hours Per Patient Day (CHPPD) is a measure of workforce that is most useful at ward level to compare workforce deployment over time, with similar wards in the trust or at other trusts. This measure should be used alongside clinical quality and safety outcome measures to reduce unwarranted variation and support delivery of high quality, efficient patient care.

CHPPD is calculated by adding the hours of registered nurses to the hours of healthcare support workers and dividing the total by every 24 hours of in-patient admissions (approximating 24 patient hours by counts of patients at midnight).

CHPPD includes total staff time spent on direct patient care but also on activities such as updating patient records and sharing care information with other staff and departments. It covers both temporary and permanent care staff but excludes student nurses and staff working across more than one ward. CHPPD relates only to hospital wards where patients stay overnight. CHPPD planned on daily roster should be set by the Safer Nursing Care Tool, Mental Health Optimal Staffing Tool to create the correct staffing establishment model.

NHS England and Improvement national nursing CHPPD data is reported from the organisational monthly staffing returns from 195 Trusts including LPT.

The actual CHPPD average (total nursing) across this six-month period was 12.2 and 12.9 for (total nursing and AHP staff) reporting above average nursing CHPPD in comparison to peer median of 11.2 and national average of 10.8. Comparative Trust averages; Northamptonshire 11.2 CHPPD, Nottinghamshire 10.9 CHPPD and Derbyshire 10.9 CHPPD. Analysis has not identified significant variation at service level; indicating that staff are being deployed productively across services. CHPPD data triangulated to quality indicators and staffing levels provided assurance that nursing staffing levels were adequate for demand. Work continues to enhance e-roster practice and reduce in-efficiencies in staffing.

Establishment reviews- Inpatient Wards

An assessment or re-setting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to the board by ward or service area twice a year, in accordance with

NQB guidance and NHS Improvement Developing Workforce Safeguards guidance. This must also be linked to professional judgement and outcomes.

Due to the pandemic response, the annual establishment reviews and bi-annual acuity and dependency evidence-based data collection was paused and reintroduced in August 2021. The reviews were subject to further delays as a result of staffing pressures and impact of Omicron Variant.

All in patient areas across the trust completed acuity and dependency data collection utilising evidence-based licensed tools. The data has been validated with sisters/charge nurse's and triangulated with professional judgement and nurse sensitive outcomes. Head of Nursing in CHS and Interim Assistant Director of Nursing and Quality are undertaking the CNO Faculty Safe Staffing Fellowship Programme and this is enhancing understanding of the evidence base to guide and support safe staffing across LPT.

Community Hospital Services: On review of the information provided in the establishment review it was identified that the recommendations were inaccurate as the tool (Activities of daily living -ADL- usually applied to the acute sector) did not produce effective data on triangulation. CHS discussed with NHSE/ Chief Nursing Officer Safe Staffing Faculty and agreed to pilot the Safe Care Nursing Tool (SCNT) which has been adapted for use in the community hospitals. The data from 20 -day collection SCNT has completed (15.06.22) and the data analyst is producing the output from the multipliers re: recommendations. Results are complete and the full review is taking place as per Workforce Safeguards (NQB, 2018) (triangulation) to understand and provide rationale for any changes to the establishment.

The report will be presented at CHS DMT August 2022 following triangulation and review with MDT.

Initial findings indicate that patients are scoring as a 1B- (Patient's who are in a stable condition but are dependent on nursing care to meet most or all of the activities of daily living). This includes complex wound management, IV drug regimes and patient's requiring the assistance of 2 nurses, patients on an end-of-life pathway and facilitating a complex discharge and demonstrates the increased complexity of patients that the teams are managing.

FYPC/LD: FYPC & LD in patient areas including the Beacon Unit, Agnes unit and Langley ward have completed their triangulation and annual establishment review and recommendations were considered at divisional management meeting in February 2022 and March 2022. The Agnes Unit was experiencing high levels of acuity and had opened two additional Pods (commissioned for 3 pods). Proposed staffing: in recognition of the fluctuating levels of acuity, the implementation of a peripatetic model of 10 WTE Band 2's & 3's would support inpatient areas across FYPC/LD- reducing the cost of agency/ bank and enhance safer staffing. The recruitment to Occupational Therapy and Speech and Language positions would support and enhance therapeutic activities and communication with patients and staff.

Beacon: Proposed model identified an increase in staffing above the commissioned model of 6,6,5 which does not consider increasing levels of acuity above 1 patient requiring constant observations or patients identified as requiring a PICU or Low secure bed but remaining on the Beacon due to lack of bed availability.

DMH and MHSOP

MHOST data collection results from the establishment review carried out in 2021 will need to be re considered due to significant changes in ward location, bed numbers and the management of COVID-19 since the data collection period. Recommendations included the implementation of a flexible workforce to respond to the changing acuity of patient care, requiring reviews of skill mix, and establishment to provide safe and effective care to MHSOP patients.

The dormitory work resulted in a reduction in beds and the staffing models had been adjusted in response prior to the MHOST data collection and agreed through operational leads. Establishment reviews reports were summarised and categorised into four areas: Forensic, MHSOP, Acute and Rehabilitation. It was deemed that the MHOST data collection results are no longer valid due to significant changes in ward location, bed numbers and the management of COVID-19 since the data collection period. Considering the suggested changes to establishment and the changeable needs of the patient cohort that affects the staffing numbers and skill mix required, flexibility is required to manage differing staffing levels required at different times and on different ward. Consideration should be given to enabling a 1:8 registered nurse ratio across all MHSOP wards in line with Recommendations. This would mean an

additional registered nurse/nursing associate per shift to achieve this safer staffing ratio.

Due to this it is deemed that the output from this data collection is used in correlation with the data collection planned for September 2022 and to not make any immediate proposals.

Outcomes from the forthcoming establishment reviews will be reported to Quality Assurance Committee and in the six month safe and effective staffing report.

Workforce Planning

NHSi Developing Workforce Safeguards policy recommends a two-step approach to workforce planning. First, to take account of actual staffing levels and second, understand the gaps and what is required to close them, supported by a workforce planning model.

Sickness and absence

This table gives an indication of staffing pressures within each directorate. It shows the proportion of staff absent due to sickness absence (1 month in arrears).

| Directorate | Jan | Feb | March | Apr | May |
|-------------|------|------|-------|------|------|
| FYPC/LD | 5.9% | 4.7% | 4.6% | 5.1% | 5.0% |
| DMH | 6.8% | 6.2% | 6.2% | 5.7% | 5.4% |
| CHS | 6.4% | 5.3% | 6.1% | 5.2% | 4.9% |

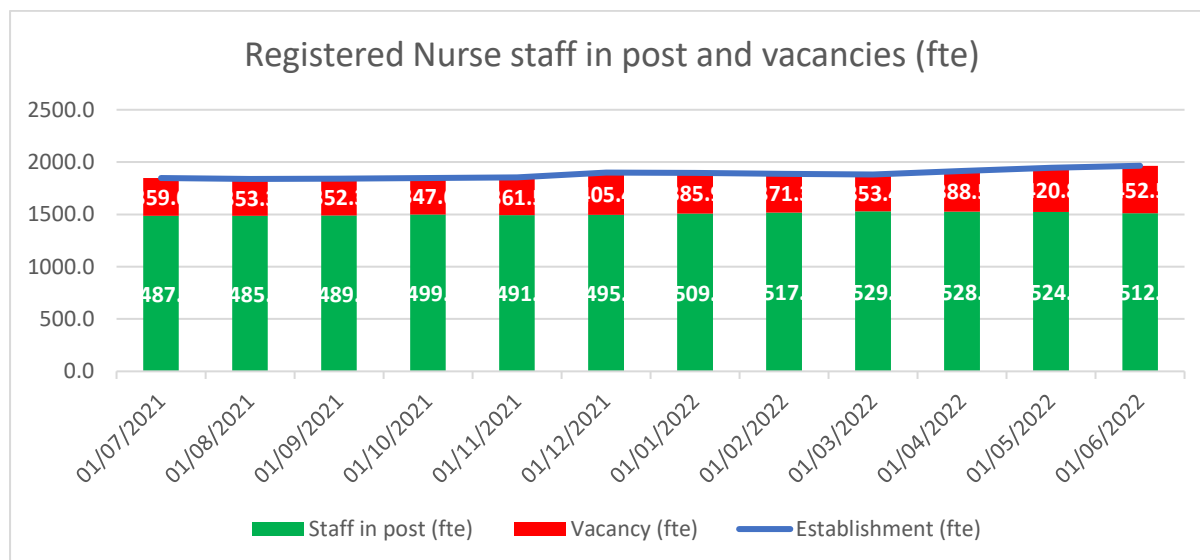
In comparison to May 2022, January 2022 was the highest month for absence and had increased by 1.24%, associated with an increase in general absence overall linked to impact of the Omicron variant in wave 4 of the pandemic. Overall sickness absence has decreased by 0.4% between January and June 2022.

Vacancies

Workforce and Finance are working together to move towards using ESR to record and report on real time vacancies. This will enable vacancy data to be included in

directorate HR Reports and improve the accuracy and granularity of vacancy data. The first reports using this new approach should be available in July 2022.

Across the Trust, we currently have 23% nurse vacancies (452.5 whole time equivalent), according to our vacancy data reports. This is at Band 5 and Band 6 level. This demonstrates an increase of 25 WTE over 12 months.



This is broken down as below, to note there are certain caveats with the data:

- The numbers above may not be a true reflective picture as some services may be over-recruited on some wards and under-recruited on others against their financial establishment. The establishment grew at a far greater rate.
- There may be vacancies that are covered by other staff and this is not reflected in the establishment fully.

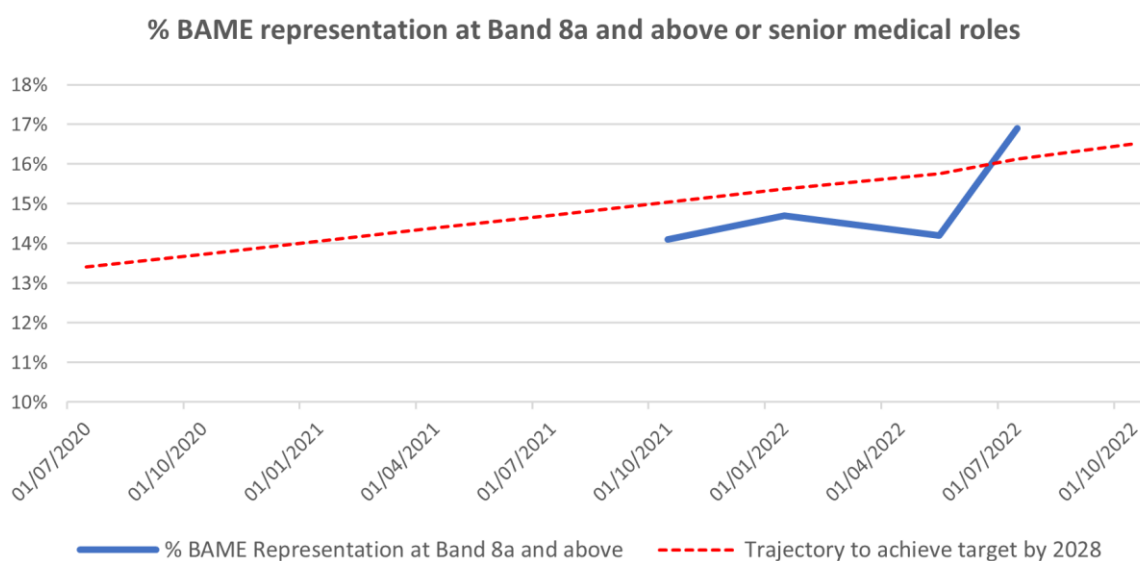
| | 31/01/2022 | 28/02/2022 | 31/03/2022 | 30/04/2022 | 31/05/2022 | 30/06/2022 |
|-----------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Establishment (FTE) | 1895.5 | 1888.6 | 1882.8 | 1916.5 | 1945.7 | 1965.0 |
| Staff in post | 1509.5 | 1517.3 | 1529.4 | 1528.0 | 1524.9 | 1512.5 |
| Vacancy | 385.9 | 371.3 | 353.4 | 388.5 | 420.8 | 452.5 |
| Vacancy rate % | 20.4% | 19.7% | 18.8% | 20.3% | 21.6% | 23.0% |

The overall Trust vacancy position for all staff has increased over the last six months to 14.3% however data cleansing is taking place to ensure accuracy of information and had

the establishment stayed the same as March 2022, the vacancy rate at May 2022 would be 10.5%.

Model Employer Target

“A Model Employer” Strategy was published by NHS England and NHS Improvement in January 2019. This is a Workforce Race Equality Standard (WRES) leadership strategy aimed at increasing the representation of black and minority ethnic (BME) staff at senior levels across the NHS.



The original target for LPT was 23.9% of senior managers to be from a BAME background by 2028. This was amended to 25.6% in March 2022 to reflect the ethnicity profile of the organisation at that time. The target will be amended at the end of March each year.

As at 1st July 2022, 16.9% of senior managers were from a BAME background.

| Equality and diversity - % of staff from a BME background | Jan | Feb | March | April | May | June |
|---|-------|-------|-------|-------|-------|-------|
| LPT Total | 24.7% | 24.8% | 24.8% | 24.8% | 24.9% | 25.1% |
| DMH | 31.9% | 31.8% | 31.8% | 31.8% | 31.9% | 31.7% |
| CHS | 17.7% | 18.0% | 18.0% | 17.8% | 17.9% | 18.2% |
| FYPC/LD | 21.3% | 21.2% | 21.2% | 21.3% | 21.5% | 21.6% |

Recruitment

This is a summary of major activity that has been employed in addition to the 'business as usual' approach taken to promote recruitment opportunities.

| Activity done | What was achieved |
|--|---|
| FYPC/LD - Ensure all Inpatient Wards have ongoing adverts (part of a specific focus on inpatient wards) | Regular feed of applicants to Hiring Managers (average of 4-5 applications per advert) |
| All - CAMHS recruitment event + DMH/CHS recruitment event | 2 HCSW's appointed from CAMHS. Still measuring return on investment from CHS/DMH event. |
| FYPC/LD - Creation of a Tracker for HCA/HCSW and RN's updated 2/3 times per week and Hiring Managers asked to react to applications on adverts | Opportunity to either close an advert early to allow Interviews to be arranged or adverts extended if calibre of response not right |
| DMH - Apprentice recruitment (June and July 2022) | 22 Clinical Apprentices recruited via 2 assessment centres (10 therapy and 12 nursing) |
| All - Ongoing monitoring of 'in process' applicants | To ensure candidate are undergoing recruitment checks smoothly |
| All - Advert re-writing | Better quality/variety of adverts for specific areas. Further work to be done on this post-migration on NHS Jobs v3 |
| All – free social media postings | Return on achievement difficult to measure but will help increase the reach of the jobs to wider audiences |

Recruitment Events

There have been several recruitment events held at major sites in Leicester City over the last three months. These have been effective in raising the profile of LPT, promoting career opportunities and encouraging applications through community engagement. Actions to date include:

- Improved our social presence on social media and sites, creating promotional video in CHS and produced across DMH and FYPC/LD
- Working with workforce bureau to support recruitment into substantive and Bank

posts

Planning for the Future

- FYPC/LD - HCA/HCSW Bulk Recruitment Campaign about to start. Target is to onboard circa 50 HCA staff by end of year (or ideally sooner) using assessment centres.
 - FYPC/LD - School Aged Immunisation Service recruitment project about to start. Looking for circa 30-50 WTE fixed-term contract/bank hires and will be done via assessment centres.
 - DMH – recruiting a further cohort of Clinical Apprentices.
 - All – continuing ‘New to Healthcare’ recruitment as part of campaign.
- Planning for nursing-specific recruitment events in 2022 including the RCN nursing careers fair in November.

Nursing

| Activity done | What was achieved |
|--|---|
| FYPC/LD - Ensure all Inpatient Wards have ongoing adverts (part of a specific focus on inpatient wards) | Maintains a vacancy profile for job seekers. Average applications per advert is 0.5 |
| All - CAMHS recruitment event + DMH/CHS recruitment event | 1 RN appointed from CAMHS event. Still measuring return on investment from CHS/DMH event. |
| All - Ongoing monitoring of ‘in process’ applicants | To ensure candidate are undergoing recruitment checks smoothly |
| FYPC/LD - Creation of a Tracker for HCA/HCSW and RN’s updated 2/3 times per week and Hiring Managers asked to react to applications on adverts | Opportunity to either close an advert early to allow Interviews to be arranged or adverts extended if calibre of response not right |
| All - Advert re-writing | Better quality/variety of adverts for specific areas. Further work to be done on this post-migration on NHS Jobs v3 |
| CHS - attraction plan for city Nursing including paid advertising, bus and petrol station advertising, sponsored | 7 Nursing Associate interviews – 2 recruited |

| | |
|----------------------------------|--|
| Facebook posts | 19 Nurses B5 interviews – 10 recruited |
| All – free social media postings | Return on achievement difficult to measure but will help increase the reach of the jobs to wider audiences |

What is planned for the future

- Ongoing renewal of vacancies where no response or poor/weak application
- Attendance at Recruitment Fairs and also going to Schools and Colleges to talk about NHS/LPT as a career and sowing early seeds. Event at Leicester College in pipeline (October 2022)
- Presentations to DMU 3rd year Nurses as part of their careers talks (2 sessions held in July 2022) aimed at encouraging applications for substantive Nurse roles once qualified AND HCA/HCSW Bank roles in the interim whilst studying.

Wider pieces of activity planned that will help with recruitment against these job groupings:

- NHS Jobs migration to v3 has been completed – more mobile-friendly from a candidate’s perspective.
- Robotics – planned implementation of robotic process automation to free up some time for the Resourcing team by the robot doing a few transactional tasks.
- Digital ID verification technology (IDVT) – due to legal changes at the end of Sept 2022, Resourcing will be bringing in IDVT which should enable ID checks to be completed quicker.
- Onboarding Officers will join us in each directorate (2x for DMH, x2 for CHS and x1 for FYPC/LD) to free up hiring manager’s time by looking at things such as job evaluation, embedding the 90 day toolkit, supporting with onboarding of new starters.
- Establishment Review has commenced to enable for more accurate vacancy

reporting and recruitment planning.

Grow Our Own

Grow our own is the programme of support for the development of our existing workforce to meet our future knowledge and skills requirements, particularly focusing on two categories:

- Roles that impact on the establishment
- Roles that need specific (predetermined) education

| Roles that need specific education | Roles that impact the establishment |
|------------------------------------|--------------------------------------|
| Health Visitor | Nursing Associates |
| School Nurse | Medicine Administration Technicians |
| District Nurse | Physicians Associate |
| Physiotherapy | Advanced Clinical/Nurse Practitioner |
| Occupational Therapy | Medical Assistants |
| Nursing | Peer Support Worker |
| Nursing Associate | Assistant Practitioner |
| Clinical Apprentice | |
| Non-Medical Prescriber | |
| Clinical/Medical Psychology | |
| Advanced Clinical Practitioner | |

The table below outlines the current position;

| Role | Currently on programmes | Breakdown per directorate / profession | Comments |
|----------------------------|-------------------------|--|---|
| Trainee Nursing Associates | 36 | MH- 16 FYPC – 7 CHS – 13 | <p>March – 5 Candidates June – 8 Candidates</p> <p>2 cohorts due to complete Jan & Sept 2023 Jan- 6 Candidates Sept 10 Candidates</p> <p>1 cohort due to complete Feb 2024 – 6 candidates</p> <p>Feb 2022 cohort – 2 MH commenced 5 currently undergoing recruitment for Sept 22 MH-2 CHS-1</p> |

| | | | |
|--|--|---|---|
| | | | LD-2 Current number of TNA's across all directorates – |
| Degree Programme top up | 15 commenced October 2021 4 commenced Feb 2022 | MH-5 FYPC/LD-3 CHS-3 FYPC/LD-2 CHS-2 | 8 due to commence October 2022-currently undergoing recruitment process |
| Clinical Apprenticeships | 15 | OT x 3 (1 MH & 2 CHS) Physio x 8 (1 FYPC & 7 CHS) CAPS x 4 Clinical Associate in Psychology | 1 due to complete Sept 2023 2 due to complete Sept 2024 5 due to complete Sept 2023 3 due to complete Sept 2024 MH started in April 2022 - August 2023 Clinical Associate in Psychology |
| Degree Apprenticeship nurses- 3yr OU route | 8 currently on programme 9 commenced Feb 2022 | MH-4 FYPC/LD-2 CHS-2 MH – 4 FYPC – 1 LD- 1 CHS – 3 | 1 MH (Feb 2018 cohort) - due to complete August 2022 3 MH (Sept 2018 cohort) – due to complete October 2022 Other's due to complete 2023 onwards 5 to commence February 2023 – currently undertaking recruitment process LD – 1 MH-2 FYPC - 1 |

There has been an increase in apprenticeships offered across nursing, clinical occupational therapy and physiotherapy

Health and Wellbeing of our Staff

The health and wellbeing of staff remains a high priority and The Trust continues to align health and wellbeing priorities and initiatives with the NHS Health and Wellbeing Framework Strategic overview and the people promise exemplar. Actions include:

- Engaging with staff in getting back to basics with all key areas of their Health & Wellbeing, including taking breaks, stress management & emotional resilience through communications, HWB roadshow (July-Sept 2022) and staff engagement sessions.
- Monitor and coordinate HWB activities and events inc. Wellbeing Wednesday sessions, awareness days and HWB events, i.e. recruitment drives, wellbeing webinars and LLR system events.
- Research and share financial wellbeing offer available to staff, whilst supporting Cost of Living group work streams.
- Lead LPT HWB Champions to ensure staff are cited on current HWB offer and know how and where to access support.
- Report on HWB objectives set between April-June 2022 and deliver to new programme of HWB workstreams derived from the HWB diagnostic analysis and the People Promise Driver diagram.

The Health and Wellbeing team have joined up with the Raising Health Charity to visit sites across LPT to share resources and provide staff with the opportunity to take time out for their health and wellbeing.

eRoster

LPT uses Allocate Healthroster to manage the deployment of substantive, bank and agency staff for around one third of the Trust. All inpatient wards use HealthRoster as well as some community teams. Using recommendation from the Carter Review, the focus is supporting services to make the best use of staff time by:

- Improving timeliness of rosters being published this lead time has been adjusted to 12 weeks. This means rosters should be made available to staff with 12 weeks' notice.
- Reducing unused hours (hours staff have been paid for but not yet worked)
- Reducing accrued time off in lieu (TOIL) (hours that have been worked but not paid for)
- Effective planning of annual leave to avoid pressure points at certain times of the year

These actions will help services to better plan their workforce and manage staffing levels on a shift-by-shift basis. Detailed reports on rostering effectiveness are

provided to services each month to measure the impact of different initiatives and to help identify areas for improvement.

There are several units which have made great progress with rostering twelve weeks in advance with good progress in some areas. The eRostering dashboard is reviewed and shared prior to commencement of the eRoster. Services are supported by We have a SOP to support the resolution of unused hours and how to use the system effectively. Roster reviews are completed with roster managers to cleanse, resolve and train managers on effective use of HealthRoster.

In addition, each team receives a weekly report of unused hours and liaison with team managers takes place to support a correction. Workforce team to review and cleanse rosters to avoid unused hours from occurring.

Safe care

The Trust has procured Allocate Safe Care. Safe Care integrates fully with Healthroster and offers the ability to monitor actual patient demand at key points during the day and accurately align staffing to match. The objective data identifying actual staffing requirement also helps avoid habitual temporary staff use and allow informed decision making as to when temporary staff are required. The user interface is accessible and easy to use and provides live user-friendly dashboard reporting.

Safe Care also has a positive impact on improving accuracy of rosters through contemporaneous updating of changes which further informs decision making and visibility. The net result of the above is an improved utilisation of substantive staff and reduction in temporary staff requirement.

LPT started to pilot the use of Safe Care in four wards in December 2021; Heather Ward, Aston Ward, East Ward and Coalville Snibston Ward, however it was paused due to staffing pressures and fragility during the Omicron wave of Covid-19. Allocate (the system suppliers) have been in long standing conversations with Imperial Innovations about using their evidenced based tools within SafeCare and have now reached an agreement which comes with a reoccurring cost. A paper will be sent to the executive team for their consideration and approval. In the interim, further work is going to be completed to allow senior managers oversight of staffing at a glance to make some use of the functionality.

The weekly Trust safe staffing cell huddle continues to review staffing areas to note under planned levels (shift and staff required), quality and safety issues, red flags to note and monitoring of real time staffing levels. There is a continued focus on e-roster practice, temporary workforce usage and ongoing review of areas where off framework agency use is high. The staffing huddle increases in frequency in response to safe staffing escalation and prior to periods of public and school holidays to ensure staffing remains safe and effective.

Decision required

The Quality Assurance Committee is asked to confirm a level of assurance considering the report.

References

1. NHS Improvement (October 2018) Developing Workforce Safeguards Supporting providers to deliver high quality care through safe and effective staffing.
2. National Quality Board (July 2016): Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time. Safe sustainable and productive staffing.

Governance table

| | | |
|--|--|--|
| For Board and Board Committees: Paper sponsored by: | Trust Board 27.9.22 Anne Scott, Executive Director of Nursing, AHPs and Quality | |
| Paper authored by: | Louise Evans, Interim Assistant Director of Nursing and Quality: Contributions from; Amrik Singh, Nicola Ward, Julie Cliffe, Elaine Curtin, Asha Day | |
| Date submitted: | 12.09.22 | |
| State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s): If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured: State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning | Quality Assurance Committee 30.08.22 Six Monthly Safe Staffing report | |
| STEP up to GREAT strategic alignment*: | High Standards Transformation | √ |
| | Environments | |
| | Patient Involvement | |
| | Well Governed | √ |
| | Reaching Out | |
| | Equality, Leadership, Culture | |
| | Access to Services | |
| | Trust wide Quality Improvement | |
| Organisational Risk Register considerations: | List risk number and title of risk | 1: Deliver Harm Free Care 4: Services unable to meet safe staffing requirements |
| Is the decision required consistent with LPT's risk appetite: False and misleading information (FOMI) considerations: | Yes | |
| | None | |
| Positive confirmation that the content does not risk the safety of patients or the public | Yes | |
| Equality considerations: | | |