

**Trust Board – 26<sup>th</sup> September 2023****Six-month Safe and Effective Staffing review- January 2023- June 2023**

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*.

**Summary**

- As of 30<sup>th</sup> June 2023, the vacancy rate overall for registered nursing (RN) was 24.6%, which is an increase of 2.8% since December 2022. Trust-wide recruitment projects continue to work towards addressing the vacancy deficits as part of the Trust wide agency reduction and recruitment plan.
- Average Care Hours Per Patient Day (CHPPD) for inpatient areas across January 2023 to June 2023 was 11.1 which is consistent with the previous 6-month reporting. It is noted that 11.1 CHPPD remains above average (compared to a peer median of 10.7 and national average of 10.3) due to high acuity areas with a higher-than-average staff to patient ratio such as Agnes or Beacon Units.
- There is an increase in RN and Health Care Support Worker (HCSW) fill rate on days and nights compared to July – Dec 2022. Planned safe staffing levels were maintained, fill rate variation is reflected in response to increased ward activity, occupied beds, and patient complexity.
- On average 38.1% of all planned shifts were filled by temporary staff, a reduction from 43.21% for the previous six months. Of the temporary worker utilisation, the average percentage filled by agency staff is 19.15% which is a 3.38% decrease from the previous 6 months.
- Trust Agency Reduction Group continues to meet every 2 weeks, current focus on eliminating off-framework use and improving rostering performance. This has resulted in Equality Impact Assessments (EQIA's) being approved for ceasing the use of Thornbury HCSW's. Communication, Guidance and Dynamic Risk Assessment (DRA) process have been reviewed and updated including 'break glass' criteria and governance.
- Triangulation of complaints and nurse sensitive indicators (NSIs) with planned versus actual staffing has not identified any direct correlation between staffing levels and the impact on quality and safety of patient care. However, we have identified some correlation of impact of staffing skill mix and competencies as a contributory factor in some serious incident and incident reviews.
- The key high-level themes from the incidents are linked to the deteriorating patient and NEWS escalation, mental health observations and pressure ulcer risk assessment and prevention, there are specific Trust groups working on Quality Improvement plans and new group collaboratives established with NHFT led by our group director for patient safety and deputy directors of nursing and quality specific to these three areas.
- An assessment of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit), must be reported to the Trust.

Board by ward or service area twice a year and reset annually, in accordance with the National Quality Board (2016) guidance and NHS Improvements Developing Workforce Safeguards (2018).

- The annual nursing staff establishment reviews for safe staffing were completed across all inpatient areas using a triangulated methodology using national evidence-based tools in August 2022, presented to the Strategic Executive Board in February 2023.
- Data collection for LPT's light establishment review commenced on 3rd April 2023 for all inpatient wards across all three directorates.
- The Clinical Reference Group agreed de-escalation of the weekly safe staffing meetings in June 2023 due to the Emergency Planning Resilience and Recovery Committee (previous winter committee) being established with a work plan around key time periods where escalation of staffing should be considered above daily consideration i.e., school holiday, bank holiday, industrial action in line with business continuity and emergency planning.
- Completion of the NHS England Nursing and Midwifery Retention self-assessment identified three priority areas: flexible working, pride and meaningful recognition, and professional development and careers.
- The health and well-being of all our staff remain 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.

## 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 previous six month safe and effective staffing report was presented to Trust Board on 28 March 2023. 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.

## Analysis of the issue

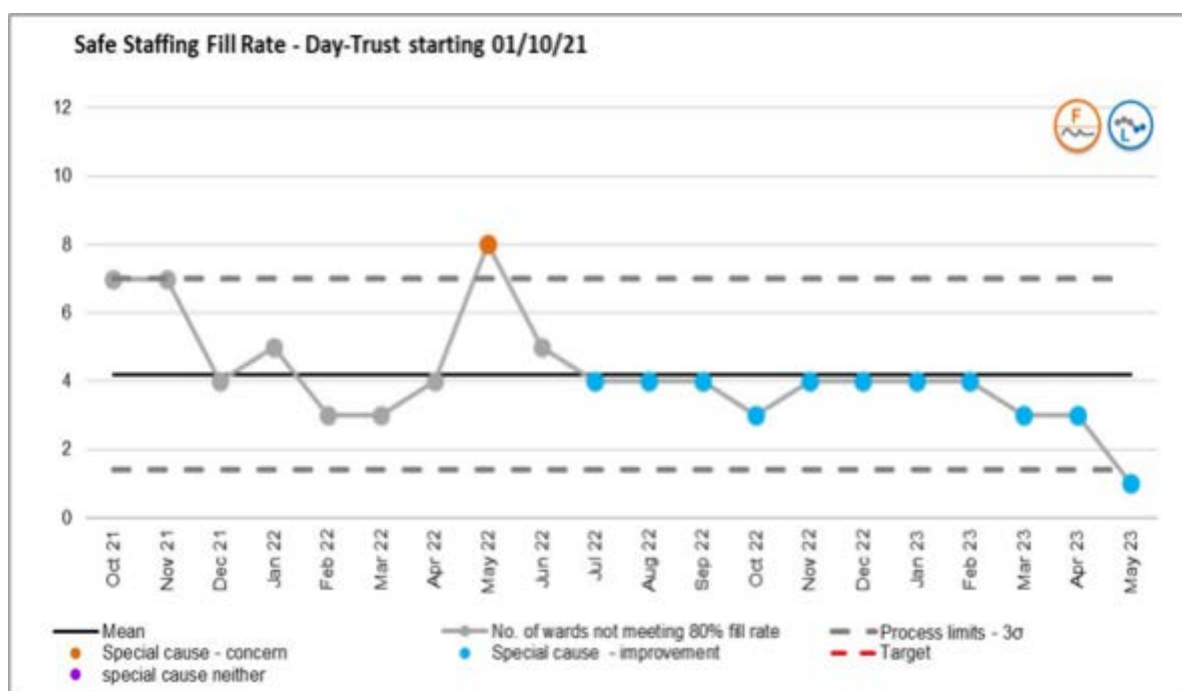
### Trust overview - 'Right staff, Right Skills, Right Place'

#### Right Staff

The overall trust-wide summary of % of fill rate actual versus total planned shifts by registered nurses (RN) and health care support workers (HCSW) in the last six months is detailed in the table below.

| Trust wide     | DAY                                 |                                       | NIGHT                               |                                       |
|----------------|-------------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|
|                | % actual vs total planned shifts RN | % actual vs total planned shifts HCSW | % actual vs total planned shifts RN | % actual vs total planned shifts HCSW |
| Jan-23         | 105.6%                              | 127.2%                                | 109.4%                              | 143.2%                                |
| Feb-23         | 104.9%                              | 130.6%                                | 106.6%                              | 149.3%                                |
| Mar-23         | 102.3%                              | 129.4%                                | 105.7%                              | 152.9%                                |
| Apr-23         | 103.0%                              | 132.3%                                | 107.5%                              | 154.5%                                |
| May-23         | 104.1%                              | 129.5%                                | 107.5%                              | 150.4%                                |
| Jun-23         | 102.5%                              | 127.3%                                | 106.8%                              | 144.7%                                |
| <b>Average</b> | <b>103.7%</b>                       | <b>129.4%</b>                         | <b>107.2%</b>                       | <b>149.1%</b>                         |

There is an increase in RN and HCSW fill rate on days and nights compared to July – December 2022. Planned safe staffing levels were maintained, fill rate variation is reflected in response to increased ward activity, occupied beds, and patient complexity.



The chart above demonstrates a decrease in the number of wards reporting less than 80% fill rate for RN’s on day shifts, to its lowest position in May 2023 since Oct 2021.

Exception reporting is provided within the Trust monthly safe staffing report per Ward/Unit and by Directorate and the monthly Board Performance report narrative.

The table below demonstrates temporary workforce utilisation from January – June 2023.

|               | Jan-23       | Feb-23       | Mar-23       | Apr-23       | May-23       | Jun-23       |
|---------------|--------------|--------------|--------------|--------------|--------------|--------------|
| <b>Agency</b> | <b>18.4%</b> | <b>19.5%</b> | <b>19.8%</b> | <b>19.6%</b> | <b>19.0%</b> | <b>18.6%</b> |
| Bank          | 18.2%        | 19.6%        | 19.7%        | 18.9%        | 18.5%        | 18.6%        |
| Substantive   | 63.3%        | 60.9%        | 60.6%        | 61.5%        | 62.6%        | 62.8%        |

This shows that on average 38.1% of all planned shifts were filled by temporary staff, a reduction of 5.11% from 43.21% average for the previous six months. Of the temporary worker utilisation, the average percentage filled by agency staff is 19.15% which is decrease from the previous 6 months of 3.38 % (last 6 month average 22.53%). The highest volume of shifts sent to Centralised Staffing Solutions (CSS) is to meet planned staffing due to vacancies, followed by patient acuity and last minute sickness and cancellations.

Within this six month reporting period, eleven Thornbury temporary staff have transferred to HCRG, reducing the number of Thornbury staff deployed, with a financial and safety impact.

**Community Health Services (CHS)**

Community Hospitals use a high percentage of temporary workforce to meet planned staffing levels across all wards due to increased patient acuity and dependency, enhanced observations due to one-to-one care, annual leave, vacancies, maternity leave, and increasing seasonal sickness.

Key areas to note ward 4 (surge ward) which has demonstrated an improving picture regarding temporary workforce utilisation from 100% in February to 40% in May 2023, this includes block booking of agency staff. This was due to the movement of substantive staff to cover planned shifts and reduced occupancy.

Beechwood Clarendon, Dalgliesh, Rutland, St Luke’s ward 1 and ward 3, East and North ward, Rutland and Snibston have utilised between 30 - 50% temporary workforce. Increased utilisation above planned staffing HCSW day and nights shifts due to increased acuity and dependency, increasing number of patients admitted requiring enhanced observations and additional beds opened due to LLR wide system request. Daily staffing reviews take place and staff deployed to ensure substantive RN cover across the shifts and in response to rising acuity and dependency.

In September 2022 additional beds were added in Community Health Services to support winter pressures and help decrease East Midlands Ambulance Service (EMAS) and the Emergency Department (ED) pressures which were resulting in long ambulance handover times and a high level of risk to patients waiting for ambulances in the community. The result overall was positive impact across the 6 Nationally reported ED metrics.

On the 25th May 2023 NHSE agreed the following funding for the system for 2023/ 24 and 2024/25 for 52 additional beds within CHS.

It was agreed in Strategic Executive Board on the 20 June 2023 that the additional posts should be recruited to substantively, to ensure that recruitment is successful and that the additional capacity can be opened safely.

CHS are undertaking a programme of work to reduce agency usage and the plan is to phase the opening of beds as recruitment takes place. This will be managed against system escalation and pressures. A programme of planned recruitment for nursing, multi-disciplinary and support staff over the next three months is being undertaken to support the additional 170wte staff required for the additional beds.

CHS community continues with an overall OPEL rating level 2, working to level 3 actions due to increased patient acuity, increased caseloads, and high levels of vacancies and absence. Essential visits have been maintained throughout and reprioritisation of assessments, visits, and workload is undertaken daily with oversight from community matrons. Key areas to note are City East, City West, East Central, Hinckley and Charnwood Hubs due to high patient acuity, high vacancy levels and absence. East Central continue to move into an improving picture. Community services utilise a regular temporary workforce where staff have the skills and competencies to provide safe care.

### **Directorate of Mental Health (DMH)**

DMH in-patient wards utilise a high percentage of temporary workforce on all wards to meet planned safe staffing levels due to higher numbers of vacancies and increased patient acuity and levels of observations required for patient safety.

Ashby, Beaumont, Belvoir, Watermead, Griffin, Coleman, and Willows utilised above 60 % temporary workforce due to vacancies, high acuity, patient complexity and increased therapeutic observations. On Thornton ward planned staffing reduced to 2 RN's due to reduction in beds, hence reduced fill rates on days. This is being explored in order to reflect future reporting to reflect any permanent position.

MHSOP wards, reduced fill rates for RNs on days, on Kirby Ward has been rectified in May 2023 after changes in the baseline calculation and reporting of correct planned staffing levels.

Increased above-average CHPPD was evident in Belvoir, Mill Lodge and Coleman 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.

DMH community services continue with high RN vacancies in the Crisis Mental Health team, City Central, Melton, Charnwood CMHT and Assertive Outreach teams. High locum use continues. Medical cover is improving, it is noted that there are significant vacancies across Occupational Therapy, Psychology, and non-registered staff groups with reduced staffing impacting on staff morale and retention. Community staff have been attending recruitment events to promote roles offered within their services and the teams look at different types/new roles when looking at their skill mix. Most teams have peer psychological supervision, teams have time out days and teams support in a coordinated way.

Mitigation remains in place, potential risks closely monitored within Directorate including review of case load and introduction of alternative roles and skill mix for specific teams based on identified service need.

### **Families Younger People Children (FYPC) /Learning Disabilities & Autism (LDA)**

The Beacon and Agnes Unit inpatient areas continue with high utilisation of temporary workforce.

The Agnes unit opened an additional pod resulting in further reliance on temporary staff both registered and HCSW in addition to high acuity resulting in increased Mental Health observation.

Beacon staffing has been challenging in the later part of this 6-month period due to staff leaving due to promotion to higher Banded posts in community services and inability to retain newly recruited HCSW. The team have been looking at staff competencies and additional training to support new starters in their roles. They have also been working on upskilling the existing workforce in areas of checking and searching and trauma informed care.

The service has block booked temporary workforce to ensure continuity of care and has also reviewed the process for supporting newly recruited staff with positive feedback from staff. The service continues with the recruitment plan which is overseen through the inpatient assurance meeting on a weekly basis and agency reduction meeting on a two-weekly basis. To ensure safety of both staff and patients, the service is operating below the occupancy level and decision to open further beds is through the senior clinical and operation team.

Learning Disability Short Break home (Gillivers) had reduced fill rate for RN's and HCSW within this 6-month period due to one home being closed for refurbishment and the staff being consolidated to work in one home.

Up until May 2023 Welford (eating disorders) reported reduced fill rate of RN's on days, the Ward Manager and Matron supported these shifts. In June 2023, their fill rate for RN's on days was above 80%.

LD Community are rated as red due to the number of vacancies but have recruited to several posts who are awaiting on boarding.

Psychology and Therapy vacancies continue to be areas to note across FYPC/LD 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, and 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 continue to 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.

Looked after Children's team is operating at 65% of staffing due continued high vacancy levels. Recruitment to several RN posts will increase the service provision and it is anticipated that the risk level will reduce but yet to see an impact.

## Right Skills

### **Mandatory and Role-Essential Training:**

- Core mandatory and clinical compliance scores demonstrate significant improvement month on month.
- Safeguarding Adults Level 3 is a new subject, as of end June 2023 compliance is 52.9%. Compliance has increased each month from introduction in September 2022.
- There is sufficient capacity on all courses to provide face-to-face training.
- Oliver McGowan Training Tier 1 has 2 parts: Part A is now available via ulearn for all staff as part of the role essential training package. Trust compliance is 77% currently. Part B – will be a mix of online and face to face training delivered by individuals with lived experience, these individuals have been identified and are awaiting to start the training. Insight Training company have been commissioned to start to deliver tier 2 part 2, currently 1 day per week for 25 staff (LLR wide) acknowledged that this will be nowhere near the demand needed to train all LLR staff.

Correct to 1<sup>st</sup> July 2023 Trust-wide substantive staff compliance with core mandatory training is 96.0% against a target of 85% and an increase in compliance compared to 91.6% as of 1<sup>st</sup> December 2022. Mandatory training compliance for bank-only nursing staff is 88.4%, which is an increase in compliance compared to 81.3% on 1<sup>st</sup> December 2023. Work is progressing to ensure active bank staff are compliant with mandatory training and booking shifts is enabled only for staff who are compliant.

### **Area to note:**

Resuscitation training is a mandatory training requirement for all clinical (registered and non-registered) staff. Delivery of Level 1 resuscitation training commenced in November 2022 and reported from March 2023 for all non-clinical staff in line with the standards set in the Core Skills Training Framework (CSTF) and Resuscitation Council UK (RCUK) recommendations to ensure that LPT remains fully aligned with the RCUK training standards. This includes online training and a practical face to face session. Compliance as of 1<sup>st</sup> July 2023 is red at 41.2%

Changes to ILS training commenced on the 1 June 2023 in response to changes made by RCUK and move to a blended learning approach which is completion of e-ILS and a practical session face to face. Determination of the resuscitation training each staff requires is identified in the national core skills training framework. All training in the Trust is accredited by the UK Resuscitation Council.

### **Basic Life Support (BLS):**

Compliance for substantive staff as of 1 July 2023 – **83.2%** (Amber) which is a decrease from **86.8%** on 1<sup>st</sup> December 2022

Compliance for bank staff as of 1 July 2023 – **60.1%** (Red) which is a decrease from **63.5%** on 1<sup>st</sup> December 2022

**Immediate Life Support (ILS):**

Compliance substantive staff as of 1 July 2023- **81.9%** (Amber) which is a slight decrease from **82.2%** on 1<sup>st</sup> December 2022

Compliance for bank staff as 1 December 2022 – **52.5%** (Red) which is a decrease from **58.1%** on 1<sup>st</sup> December 2022.

In relation to bank staff compliance, a paper is being developed regarding bank staff training compliance and mitigations proposed to restrict temporary workers who are not in date with clinical mandatory training. This will be managed through a phased approach and risk assessed to ensure there is no significant impact on fill rate after March 2024, which will go to SEB for approval.

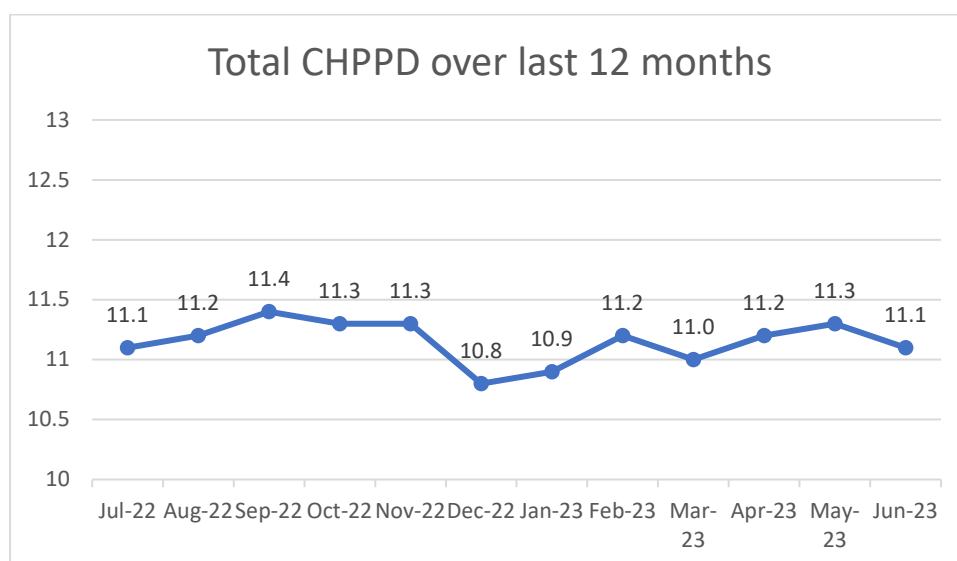
For all staff, in relation to the changes to the resuscitation training as outlined above, there is a theme that compliance is being affected due to staff being unable to complete the practical aspects of the course if they have not completed the on-line session and therefore being unable to take part in the practical session they have booked. The Training Education & Development Group (TED) oversees training compliance and confirmed there is enough capacity for resuscitation training and to meet Trust compliance. Should DNA and unutilised places continue at a higher than expected level this could impact on the future availability of training places. A deeper dive and plan will be devised in relation to improving compliance for substantive staff.

**Right Place****Care Hours Per Patient Per Day**

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).





The Trust CHPPD average (including ward based AHPs) for January – June 2023 is reported at 11.1 CHPPD. General variation reflects the diversity of services, complex and specialist care provided across the Trust. Analysis shows variation between Directorates but has not identified significant variation at the service level; indicating that staff are being deployed productively across services.

It should be noted that the Trust monthly CHPPD reporting includes ward based AHPs and nurses, this has also included Registered Nursing Associates and Therapy Link Workers/Meaningful Activity Workers from May 2023.

Factors impacting results include the health roster needs to ensure it accurately differentiates supervisory clinical hours and actual hours.

Factors impacting CHPPD: acuity levels- constant change, staff sickness and absence above average- reconfiguration of wards/ line of sight, experience, and skill of the ward team on duty, high utilisation of temporary workforce who may not know the ward environment.

The monthly safe staffing reports from July 2023 will include a breakdown of CHPPD by Directorate to analyse the impact of CHPPD with changes to the budgeted establishment and planned staffing levels from the annual establishment review in Oct 2022. This will be summarised in the next six-monthly safe staffing paper.

### **Measures to monitor the impact of staffing on quality.**

NQB guidance suggests drawing on measures of quality alongside care hours per patient day (CHPPD) to understand how staffing may affect the quality of care. Suggested indicators include patient and staff feedback, completion of key clinical processes – NEWS, observations, VTE risk assessments, medication omissions, patient harms including pressure ulcer prevalence and in-patient falls and learning from patient safety investigations and serious incidents. These measures are best considered as ‘balancing measures’ where the impact of any workforce changes may become visible, they are not intended to include all aspects of quality, other indicators will be needed to provide a rounded view of the overall quality.

Triangulation of complaints and nurse sensitive indicators with planned versus actual staffing has not identified any direct correlation between staffing levels and the impact on quality and safety of patient care. We are starting to see correlation of impact of staffing skill mix and competencies as a contributory factor in some serious incident and incident reviews. The key high-level themes are linked to deteriorating patient and NEWS escalation, mental health observations and pressure ulcer risk assessment and prevention, there are specific Trust groups working on quality improvement initiatives and new group collaboratives established with NHFT led by our Group Director for Patient Safety and Deputy Directors of Nursing and Quality specific to these three areas.

Staffing and safety and incident reviews have identified that as workload, acuity and dependency increases with mitigating actions such as re-prioritisation of visits, step down of non-clinical activities, review of training, movement of staff and increased reliance on agency workers there is an impact on role essential training, equipment training such as use of Flat Lift equipment, timeliness of care plan and risk assessment updates and challenges with clinical continuity and oversight of standards. Senior clinicians and leaders are working every day to minimise and mitigate these risks however it is important to note this reality in practice and impact to patient and staff experience.

## **Establishment reviews**

### **Inpatient Wards**

An assessment of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit), must be reported to the Trust Board by ward or service area twice a year and reset annually, in accordance with the National Quality Board (2016) guidance and NHS Improvements Developing Workforce Safeguards (2018).

LPT's safe staffing policy identifies that all in patient wards must undertake a full annual establishment reset review every 12 months, with a lighter review completed within the following 6 months.

The annual nursing staff establishment reviews were completed across all inpatient areas in August 2022 using a triangulated methodology using national evidence-based tools; Safer Nursing Care Tool (for adult inpatient wards in community hospitals), Mental Health Optimal Staffing Tool (for adult inpatient Mental Health hospitals), Learning Disability Optimal Staffing Tool (Learning Disability Inpatient Units), professional judgement and patient outcomes.

This triangulated nursing staff establishment reviews for annual resetting of safe staffing were presented to the Strategic Executive Board (SEB) on 3 February 2023. Additional work was requested by SEB in relation to supplementary roles proposed to support safe staffing.

This was presented on 3 March 2023 and the review methodology and recommendations were supported. From this, consultation with the LLR System Executive, workforce and finance colleagues commenced to ensure they were all sighted on our agreed establishments and ascertained final system sign off. This was completed and the inpatient budgets reset in line with the outcomes of the annual establishment reviews.

LPT's light establishment review commenced on 3rd April 2023 for all inpatient wards across all three Directorates. This light review included 20 days of data collection using the national evidence-based tools. The outcomes from this data collection were then 'sense checked' with each Directorate and, compared with the 2022 annual establishment review outcomes.

Analysis demonstrated there was no significant variation in the two data sets. We now have two robust triangulated data collection assessments of patient acuity and dependency needs to support the next full annual safe staffing establishment review in October 2023. This supports Directorates in the prioritisation of recruitment based on the annual establishment review, supports the on-going reviews to budgets/planned staffing mapped onto e-rosters and recruitment plans.

The outputs from the light establishment review provides further assurance that the planned staffing levels from the annual establishment review in October 2022 are staffed at a safe level.

A deep dive was taken into the wards where there were significant differences, and the key reasons are:

- Increased patient dependency at the time of data collection
- Assessing of dependency for the whole previous 24 hours and not just one point in time on the day of the data collection.
- Greater number of staff completing the data collection forms, therefore reduced data accuracy.

Themes/actions from sense checking/learning

- The importance of a small number of key members of staff undertaking data collection
- One administrative person co-ordinating the data collection returns, and quality assurance process ensured less queries and returns to the wards and keeping on track with timelines.
- Weekly quality assurance checks by the Ward Matrons, essential to ensure accurate dependency scoring.
- The use of light review outcomes to inform recruitment prioritisation.
- Data Collection guidance for staff will be updated with the learning identified from the light establishment review.
- Updating of the Standard Operating Procedure for establishment reviews considering learning over the 2 recent establishment reviews.
- Summary of light review presented to Directorate DMT's in July 2023. All three DMT's received the summary of findings from the light review positively. They will consider the learning within the next annual establishment review, planned for October 2023 and the findings regarding the prioritisation of recruitment.

## **Community**

The community nursing transformation work continues with its four workstreams that report into the Transformation Group and onwards to CHS DMT. Plans agreed to pilot the Community Nursing Safer Staffing Tool (CNSST) in a team within Northwest Leicestershire hub. Planning and training is taking place in preparation for piloting the CNSST in July 2023. The regional team are exploring a larger census of the CNSST in October 2023. The Trust will need to assess the infrastructure required to undertake this in terms of training and data collection analysis.

## **Workforce Planning**

### **Workforce Planning**

Effective workforce planning is vital to ensure appropriate levels of skills of staff are available to deliver safe, high-quality care to patients and service users. It comes as part of the CQC regulations, but fundamentally is at the heart of the trust committed to ensuring that we are providing safe care for our patients and service users.

The Head of Workforce Transformation and Planning is working with Directorate operational and professional leads to update the workforce plans. These plans will incorporate the workforce implications of the establishment reviews, profiling and forecasting to fill any new roles. Impact to finance, recruitment, learning and development and where there is a proposal to introduce a new role, the 'Skill Mix Proposal Pack' process will be completed to ensure the correct governance and equality, quality, and impact assessment.

### **Electronic Rostering**

LPT uses Allocate HealthRoster to manage the planning and 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. We are working with Centralised Staffing Solutions (CSS) and services regarding increasing the number of community services using HealthRoster. Using recommendation from the Carter Review, the focus is supporting services to make the best use of substantive staff time by:

- Improving timeliness of rosters being published, this lead time has been adjusted to 12 weeks.
- 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.

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. The eRostering dashboard is reviewed and shared with Directorates prior to

commencement of the roster period. Roster reviews are completed with roster managers to cleanse, resolve, and train managers on effective use of HealthRoster. The key performance indicators are also presented to the agency reduction meeting monthly. A face-to-face HealthRoster training course has been developed and runs monthly.

### **Safe care**

The Trust has procured Allocate SafeCare which 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.

SafeCare 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 commenced a pilot use of SafeCare at the Bradgate Unit early February 2023.

A review will be completed in September to analyse how well the system has been utilised in the pilot wards, and what action is needed to ensure successful implementation across Trust inpatient services.

### **Weekly Staffing and Safety Huddles**

The weekly Trust safe staffing meeting was de-escalated in June 2023 due to the Emergency Planning Resilience and Recovery Committee (previous winter committee) being established that has a work plan around key time periods where escalation of staffing should be considered above daily consideration i.e., school holiday, bank holiday, industrial action in line with business continuity and emergency planning.

This was also further mitigated by:

- To pre-arrange huddles for key times of staffing escalation i.e., periods of heightened annual leave i.e., School term holidays, bank holidays with a focus on clinical and patient safety.
- To reinforce staffing component to the daily SiTRep reporting from Directorates in relation to daily OPEL reporting
- Daily staffing huddles in Directorates to include confirm and challenge conversations related to quality and safe staffing. Where these do not take place senior leaders escalate concerns directly and through daily SitRep reporting.
- Directorates to escalate concerns regarding staffing to Assistant Director of Nursing and Quality and Deputy Director for Nursing and Quality
- To instigate extraordinary safe staffing meeting following any escalations from Directorates
- To escalate this weekly staffing meeting (or to be held more often) aligned to the business continuity/emergency planning escalations for the Trust.

## Recruitment and Retention

### International Nurse Recruitment

As of June 2023, we have recruited and welcomed 56 International Nurses, 51 physical health nurses and 5 mental health nurses. The table below outlines the nurses by cohort, speciality and directorate and planned recruitment for October 2023 onwards:

| Date                 | Specialty   | No Arrived                  | Cumulative Total |
|----------------------|---|-----------------------------|------------------|
| <b>2021</b>          |   |                             |                  |
| Nov - Initial Cohort | Physical Health Nurses  | 30                          | 30               |
| <b>2022</b>          |   |                             |                  |
| May                  | Physical Health Nurses  | 10                          | 40               |
| July                 | Physical Health Nurses  | 8                           | 48               |
| September            | Physical Health Nurses  | 2                           | 50               |
| November             | Physical Health Nurses<br>First Mental Health Nurse   | 1<br>1                      | 52               |
| <b>2023</b>          |   |                             |                  |
| January              | Mental Health Nurse   | 2                           | 54               |
| March                | Mental Health Nurse   | 1                           | 55               |
| June                 | Mental Health Nurse   | 1                           | 56               |
| September            | <b>Finalising Numbers</b><br>Physical Health Nurses<br><br>Mental Health Nurses (Direct applications and existing balance from MH Agency) | 4<br><br>4 To be confirmed. |                  |
| October              | Mental Health Nurse   | 12 Expected                 |                  |
| November             | Mental Health Nurse<br>Physical Health Nurses   | 6 Expected<br>4             |                  |

The Trust was awarded the NHS Pastoral Care Quality Award for international Nurses and Midwives on 17<sup>th</sup> May 2023. This is a 'kite mark' accreditation introduced by NHSE in 2022. This accreditation is a requirement to receive funding from NHSE in 2023.

Very pleased that our first Internationally recruited (IR) Mental Health Nurse received a 'Valued Star' Award in January 2023 working on Bosworth Ward.

CHS have requested 8 International Nurses for 2023 for Physical Health Nurses into inpatient Community Health Hospitals in September (4) and November (4) 2023. Collaborative working continues with UHL in relation to the OSCE training. We have faced challenges with supplying IENs into community (district nursing).

The IR project steering group and team have procured an additional agency that can supply Internationally Educated Nurses (IEN's) who have completed their OSCE training and examination who would then need only complete the Trust transition programme. We expect 18 IENs to join the Trust through this agency with a possible further four nurses from the original agency, over 3 cohorts in October and November 2023 to work in mental health areas.

The IR team have had some success with direct applications from mental health IENs (3) and it is anticipated that they will be onboard in September.

We continue to explore and support the grow your own component – Originally known as 'Strand C' for IENs currently working as Health Care Support Workers (HCSW) for the Trust. In June 2023, the NMC made changes to English language requirement for overseas nurses following extensive consultation. An SBAR was presented at Lead Nurse and AHP meeting on 27<sup>th</sup> July 2023, outlining our proposed process that is congruent with UHL. This will include an initial pilot for current HCSW's requesting sign off for English language from which our formalise process will be developed. This was approved and will be presented at TED and then SWG for sign off.

**Healthcare Support Workers Zero Vacancy ambition**

Healthcare support workers (HCSWs) are an integral part of our clinical teams, and the Trust continues to work with NHS England (NHSE) through a programme of direct support and actions to progress recruitment, onboarding, retention and supporting HCSWs new to the role.

| Staff group           | Budgeted establishment (fte) | Actual staff in post (fte) | Vacancies (fte) | Vacancy rate (%) |
|-----------------------|------------------------------|----------------------------|-----------------|------------------|
| Healthcare Assistants | 970.0                        | 713.4                      | 256.6           | 26.5%            |

Turnover for HCSWs has been around 7% for the last 3 months, it is noted that the turnover figure only includes staff who leave the Trust. Additional analysis has shown that the number of HCSWs who leave the HCSW workforce for another role within LPT (e.g., to become a student nurse, therapy assistant or administrator) effectively doubling the turnover rate. These types of staff movement are accounted for in our recruitment planning and forecasting.

During the 2023-24 financial year the budgeted establishment for HCSWs has increased by 79fte staff. We expect further increases to budgeted establishment within the year (CHS safer staffing posts plus posts related to additional CHS bed capacity). As a result of the increased establishment, the vacancy rate has increased from 22% at the end of 2022/23 to 26.5% at end of June 2023. During the same period actual staff in post has increased by 18fte.

Most service lines across the Trust have HCSW vacancies. In inpatient areas the change is the volume of posts (including newly created posts) that require filling. We have adapted our approach to recruitment to enable us to process greater volumes of candidates in the coming

months to try and keep pace with demand. In other areas the challenges relate to the skills required to work independently (e.g., CHS community Teams) or in a specialist area (e.g., Learning Disabilities).

HCSW vacancies and recruitment are closely monitored each month and reported through various governance groups including the People and Culture Committee. The Trust are also receiving direct support from NHS England to help us improve our HCSW vacancy position.

The Trust continues to progress with plans to recruit and grow our own. Headlines and ongoing actions include:

- Appointing Onboarding Officers whose role is to provide practical support to recruiting managers.
- In July 2023 we will be trialling a different approach centred around a values-based recruitment and selection, aligning staff who have values but not experience with our new to healthcare course. This is intended to bring a Trust wide approach to selection of HCSW's, be more efficient in terms of process and making the most of the applicant pool who attends and leveraging our new to healthcare training course to provide further recruits. Additionally, it offers opportunity to start the recruitment process on the day for candidates who attend.
- Two induction sessions per month with 96 spaces
- Each clinical directorate has a working group to plan and monitor HCSW recruitment.

Career development pathways have been enhanced to enable HCSWs to grow their careers with the expansion of expanding our training to professional roles to external candidates and supporting quality candidates in training programmes. The Talent for Care programme and soft skills course is available to all existing HCSWs supporting the development of nursing careers.

There is now a Clinical Education Lead for HCSW in post and four HCSW Ambassadors (commenced 1<sup>st</sup> July 2023) to promote, support, and increase the awareness of the role.

We are working with a pilot school to offer summer schoolwork experience. Work experience is traditional for children 14- to 18-year-olds in full-time education. As an organisation we are committed to providing work experiences for these age groups. It will be a work experience event for school students who are interested in careers in healthcare. It will run over 4 consecutive days in August initially for 10 students. Students will come from our local school Brookvale Groby Learning Campus, and they'll have tasters of a wide variety of activities and experiences across our Trust sites within the city boundaries.

### **NHS England Nursing and Midwifery High Impact Actions**

Completion of the NHS England Nursing and Midwifery Retention self-assessment identified three priority areas: flexible working, pride and meaningful recognition, and professional development and careers. Progress continues to be made against the key actions to achieve self-assessment and high impact actions, which includes:

- The implementation of the national Preceptorship Framework Trust-wide



- Refreshing and updating the Career Development Framework from volunteer to Director of Nursing, AHPs and Quality
- The launch of the DAISY award scheme from 1<sup>st</sup> June 2023 for extraordinary nurses for pride and meaningful recognition Trust-wide
- We are working with the ICS around legacy mentoring.
- Flexible pension options and support around menopause has been widely communicated across the Trust.

### Professional Nurse Advocates

The Trust continues to grow the number of Professional Nurse Advocates (PNAs), equipping RNs with skills to listen and support staff through restorative supervision, career conversations and thematic quality improvements.

Health Education England funded additional training places to support all Trusts to reach the trajectory of one trained PNA for every 20 RNs. This offer has become an integral part of the Trust’s health and well-being offer for all staff. A central database shows the number of PNAs per cohort overseen by the PNA strategic working group. Peer supervision sessions have commenced for our qualified PNA’s facilitated by psychology. Numbers of qualified PNAs and trainees in the pipeline continues to grow and there is a work plan in place to progress the project and maximise the impact across clinical services.

|                |   | Staff by directorate |           |           |          |
|----------------|---|----------------------|-----------|-----------|----------|
| PNA pipeline   | No. of staff                                      | CHS                  | FYPC/LD   | DMH       | Enabling |
| Qualified PNAs | 15  | 4                    | 7         | 4         | 0        |
| Cohort 4       | 8 (currently in training)<br>6 (completed course) | 2                    | 3         | 3         | 0        |
| Cohort 5       | 6 (Jan/Feb 2023)                                  | 0                    | 1         | 5         | 0        |
| Cohort 6       | 11 (start dates TBC)                              | 1                    | 3         | 5         | 2        |
| <b>Total</b>   | <b>38</b>   | <b>7</b>             | <b>14</b> | <b>17</b> | <b>2</b> |

PNA Midlands are yet to receive the update from the National PNA Lead with the cohort dates for 2023-24. PNA Midlands will be advising the Trust PNA Lead when placements are available.

### Grow Our Own

#### Nursing Associates

The nursing associate role was created to bridge the gap between unregistered healthcare support workers and registered nurses – creating a further entry point into registered nurse training – and to provide additional support in clinical practice. The role helps provide high quality person-centred care. Training is a two-year programme with a two year top up to become NMC (Nursing & Midwifery Council) Registered Nurses available.

There are currently 17 in training:

- 4 – completed training end of June – PIN registration with the NMC approximately October 2023

- 4- complete training October 2023 – PIN by December 2023
- 4- due to complete (1 February / 3 October 2024)
- Remainder due to complete throughout 2025

Trainee Nursing Associate Recruitment:

Recruitment has now been completed with 5 candidates confirmed to start Oct 23 (2 others can potentially commence in October or February 2024. Recruit to train is being explored as a system through the LLR Nursing Associate group to ensure a system approach.

The Registered Nursing Associate Scope of Practice policy has been reviewed for CHS Community Nursing Associates, this is waiting final sign off following input from Staff Side and Lead Nurse professional meeting.

### **Registered Nurse Degree Apprenticeship**

Registered Nurse Degree Apprenticeship (RNDA) supports employers to develop their healthcare workforce to become NMC (Nursing & Midwifery Council) Registered Nurses in the fields of Adult, Children and Young People, Learning Disabilities or Mental Health nursing over a four-year programme.

There are currently 28 Trust staff on the RNDA programme.

- 8 Adult
- 13 MH
- 4 LD
- 3 Child

One candidate has been recruited to the Open University programme and 2 candidates commencing on the DMU programme from October 2023.

The Open university also offer a RNDA top up programme, which is a two year programme open to nursing associates and assistant practitioners who want to top up to become a fully registered nurse, currently there are 5 candidates recruited to this programme.

### **Decision required.**

The Quality and Safety Board received this paper on 29<sup>th</sup> August 2023 where it was rated as low for performance and high for plans. Trust Board are asked to receive this 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

|   |   |  |
|---|---|--|
| <b>For Board and Board Committees:<br/>Paper sponsored by:</b>  | Anne Scott, Executive Director of Nursing, AHPs and Quality                                   |  |
| <b>Paper authored by:</b>   | Jane Martin, Assistant Director of Nursing and Quality  |  |
| <b>Date submitted:</b>  | 14.09.23  |  |
| <b>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):<br/>If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not assured:<br/>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</b> | Quality and safety Committee 29.08.23   |  |
| <b>STEP up to GREAT strategic alignment*:</b>   | Level of assurance at Quality and Safety was agreed as low for performance and high for plans |  |
| <b>STEP up to GREAT strategic alignment*:</b>   | Six Monthly report  |  |
| <b>STEP up to GREAT strategic alignment*:</b>   | High Standards  | √  |
| <b>STEP up to GREAT strategic alignment*:</b>   | Transformation  |  |
| <b>STEP up to GREAT strategic alignment*:</b>   | Environments  |  |
| <b>STEP up to GREAT strategic alignment*:</b>   | Patient Involvement   |  |
| <b>STEP up to GREAT strategic alignment*:</b>   | Well Governed   | √  |
| <b>STEP up to GREAT strategic alignment*:</b>   | Single Patient Record   |  |
| <b>STEP up to GREAT strategic alignment*:</b>   | Equality, Leadership, Culture   |  |
| <b>STEP up to GREAT strategic alignment*:</b>   | Access to Services  |  |
| <b>STEP up to GREAT strategic alignment*:</b>   | Trust wide Quality Improvement  |  |
| <b>Organisational Risk Register considerations:</b>   | List risk number and title of risk  | 1: Deliver Harm Free Care<br>4: Services unable to meet safe staffing requirements |
| <b>Is the decision required consistent with LPT's risk appetite:</b>  | Yes   |  |
| <b>False and misleading information (FOMI) considerations:</b>  | None  |  |
| <b>Positive confirmation that the content does not risk the safety of patients or the public</b>  | Yes   |  |
| <b>Equality considerations:</b>   |   |  |