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Leicestershire Partnership NHS Trust

Public Trust Board Committee–

Six month Safe and Effective Staffing review- July 2021-December 2021

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.*

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 last six month safe and effective report was presented to the Quality Assurance Committee (QAC) on 27 July 2021 and to Trust Board on 31 August 2021. Annual establishment reviews recommenced in August 2021 following a pause due to the pandemic response.

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. Proposals for redeployment and surge/escalation plans were revisited and connected to the wider system, with proposal papers and quality impact assessments reviewed, updated and

submitted to the Trust Clinical Reference Group, then Incident Control Centre for robust governance and assurance.

Analysis of the issue

Attention has been focused on the NHS Winter 2021 guidance on preparedness, decision making and escalation processes to 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.

Self-assessment against; Key actions Winter 2021 preparedness: Nursing and midwifery safer staffing (NHS, November 2021) assurance framework was submitted to the Trust Board in December 2021, including a summary report, GAP analysis and actions to enhance assurance against Key Lines of Enquiry (KLOE). Review and progress will be monitored at the Strategic Workforce Committee (SWC).

In November 2021 NHS England & Improvement (NHSE & I) in conjunction with Health Education England (HEE) outlined key priorities for organisations to meet the workforce requirements for winter 2021 Covid-19 response:

- Maintain the health and wellbeing of the whole workforce
- Secure additional workforce supply from across the system and reintroduction of the temporary register
- Assess, review and embed ongoing risk assessments as part of all workforce planning and ongoing discussions with staff
- Assess the clinical workforce resource, readiness and surge capacity

The Royal College of Nursing (RCN) wrote to all Chief Executives on 11 January 2022 in response to concerns raised by RCN members regarding working under extreme pressure, nurse to patient ratios that compromise patient safety and concerns that disciplinary action may be taken if something was to go wrong.

Simultaneously the four Chief Nursing Officers and Nursing Midwifery Council (NMC) issued a joint statement to all Directors of Nursing outlining collective actions to help strengthen nursing workforce capacity including opening of the temporary register to encourage employers to make use of professionals who volunteered to join it who had

recently left the NMC's register and professionals from overseas awaiting their final assessment in the UK.

Both letters were received and logged at the Trust ICC for consideration and response. A system response was sent out to all staff on the 14 January 2022 from senior leads across LPT, CCG and UHL collectively thanking staff for the response to the extraordinary challenges faced and an explanation of how support will be offered from a professional and regulatory standpoint.

Workforce planning

- Learning from previous waves, impact on staffing availability
- Planning for staff unavailability- forecasting, planning, risk escalation and Quality Impact Assessment (QIA), Gold level decision making support
- Early conversation with workforce leads and staff about redeployment
- Supporting workforce is paramount; assurance that there are well publicised and accessible resources in place for staff
- Professional nurse/ midwife Advocates

In response, each directorate has business continuity and surge escalation plans that set out how they will manage staff and services in the event of a surge in Covid-19. These plans are under continuous review, a united Trust-wide approach is being taken to ensure safety and appropriate governance through the Trust Incident Co-ordination Centre (ICC), which includes oversight and support from the Clinical Reference Group (CRG) and the Workforce Cell, to ensure safe basic nursing staffing levels can be achieved throughout the winter period.

In addition the Trust have delivered four Surge Preparedness Exercises, each in preparation for seasonal change or forecasted escalation in Covid-19 or any other seasonal viruses such as Flu.

The redeployment process established in the first wave continues to be co-ordinated through the ICC and reviewed at both gold and silver meetings. Service prioritisation for clinical and enabling services completed with QIAs signed off at CRG. This is on review and reflection has identified limited available skilled workforce for redeployment.

A briefing paper was submitted to the ICC on the 24 December 2021 outlining the Trust's response to severe nurse staffing pressures, linked to increased Covid-19 staff absence (4.6% up to 11.1%) due to increased community transmission and outbreaks within our in-patient services.

A daily 4.30pm Trust safe staffing cell huddle has been set up led by the Assistant Director of Nursing, senior oversight by the Director of Nursing, AHPs and Quality with a direct link to the ICC and redeployment cell. Including the agility to step up an additional midday safe staffing meeting (if required) for any unmitigated risk areas.

Temporary registrants

The NMC reopened the Covid-19 temporary register until the end of February 2022 to support newly internationally recruited nurses joining. The Trust recruited 30 international nurses in November 2021, ten of the nurses joined the temporary register, a decision was made not to add all thirty due to timing of their final examination and joining the register substantively.

International nurse recruitment

The Trust plan to recruit thirty international registered general nurses by December 2021 has been achieved with thirty nurses who arrived in Leicester in November 2021. The International Recruitment Matron and team have provided a robust education and pastoral support programme including welcome packs, out of hours support and all nurses have received a warm welcome across all areas of the Trust. The November 2021 cohort have completed their 6-week Objective Structured Clinical Exam (OSCE) preparation training programme at UHL, supported by the LPT team, the nurses are currently in their third week of practice in their designated clinical areas. To date seven nurses have undertaken their OSCE on 24 December 21. It is planned that all the remaining nurses will have undertaken the OSCE by 4 February .22. The nurses will then join the NMC register and commence their local transition support programme.

The Trust has been successful in collaboration with UHL to bid for international nurse recruitment funding for 2022 and the team continue to work with system partners to support training and future recruitment through the procured agency.

Healthcare support workers

Healthcare support workers (HCSWs) play a vital role supporting our clinical teams to deliver the best outcomes for our patients. Throughout the pandemic the Trust has focused efforts and actions to accelerate recruitment, onboarding, and support for HCSW's new to health care in response to reducing the established vacancies.

In response an intense five-day core Health Care Assistant (HCA) clinical skills training programme was devised and implemented to facilitate accessibility to Band 2 substantive posts, previously only opened for people with previous experience.

Building on the success of the 2020-21 programme to further reduce and maintain HCSW vacancies at minimal levels NHS England and Improvement allocated additional funding to;

- Support recruitment into new vacancies due to changes in establishment from April 2021.
- Respond to elective demands and ensure adequate provision for winter 2021/22.
- Ensure focused career conversations with all newly recruited HCSWs.
- Provide pastoral care and support and mitigate potential for early attrition.

The Trust submitted a bid and have received additional funding to explore any new technology and funding for promoting engagement events in local communities to help recruit HCSWs and to fund the ongoing training resource to keep the new to health care bespoke induction course running.

Professional Nurse Advocates

The Professional Nurse Advocate (PNA) programme delivers training and restorative supervision for colleagues right across England. The programme was launched in March 2021, towards the end of the third wave of COVID-19. This was the start of a critical point of recovery: for patients, for services and for our workforce. The table below shows a breakdown of the three cohorts:

	Applicant Numbers	By Directorate	Undertaking the PNA course
Cohort 1	11	CHS-7 FYPC/LD-4	5
Cohort 2	7	CHS-3 FYPC/LD-4	5
Cohort 3	4	CHS-1 MHSOP-1 DMH-2	1
Applicants for next cohort	2	FYPC/LD	TBC

Applicants who were not accepted onto the Cohort 3 programme as this was full will be supported to apply for the next cohort once dates have been confirmed.

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

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;

	DAY		NIGHT	
Trust wide	% 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
Jul-21	104.4%	115.6%	126.1%	175.6%
Aug-21	105.8%	117.9%	128.4%	187.0%
Sep-21	106.2%	120.4%	129.5%	186.5%
Oct-21	107.3%	136.8%	112.6%	155.2%
Nov-21	108.8%	135.5%	111.9%	163.3%
Dec-21	92.9%	118.4%	108.9%	150.1%
Average	**104.1%**	**123.7%**	**118.8%**	**168.0%**

The planned staffing levels over the last six months were achieved overall across the Trust with December 2021 proving to be a challenging period due to increase in staff absence linked to Covid-19. Exception reporting is provided monthly within the Trust safe staffing report per service.

Over the last six months the Mental Health Older people (MHSOP) wards and Community Health Services (CHS) consistently did not meet the planned registered

nurse (RN) and Health Care Support Worker (HCSW) fill rate across several days. A deep dive of actual planned staffing data taken from Health roster in August 2021 demonstrated an increase in Ward Sister/Charge Nurse hours pulled through to the actual RN hours as a standard. Whilst this is reflective in many areas of the daily actual support to clinical teams during the pandemic response, further work continues to take place to ensure health roster accurately differentiates supervisory clinical hours and actual hours to support safe staffing changes planned from 1 December 2021 onwards.

MHSOP Wards

The staffing establishment on wards consist of a Medication Administration Technician (MAT) and on Kirby Ward a mental health Practitioner (MHP). The ward skill mix also includes a registered nursing associate.

Staffing is risk assessed and managed across all MHSOP wards and staff moved to support safe staffing levels and skill mix and patient care needs/acuity and dependency. Analysis has shown that changes/staff movement is not always consistently updated and reflected on eRoster this impacts the actual fill rate data for RNs on days.

Mill Lodge

Mill Lodge continues with high utilisation of temporary workforce impacting continuity of care. It is noted that the Ward regularly runs with one RN at night for 14 patients, supported by staff from Stewart House. Mill Lodge experienced partial closure to admissions (in November) due to a Covid-19 outbreak and has had daily Directorate review. A number of actions are in place terms of recruitment to support continuity of staffing across the unit with consideration to new/alternative roles. The Ward has supported recruitment of two International Nurses and a Medicines Administration Technician. The annual safe staffing establishment review is in progress and a follow up quality summit was held in October 2021; a quality improvement plan is in place focusing on leadership, culture, and staffing with oversight to QAC.

Community Hospitals

Community Hospitals reported operating at an amber risk overall, however it was noted that there is an increased number of shifts with 50% temporary staffing and

occasions where there is only one registered nurse on shift, on these shifts the risk profile changes to a high-risk rating. Daily safe staffing reviews and substantive staff movement across the service to ensure substantive RN cover and block booking of temporary workers is in place.

Following a risk, qualities and equalities impact assessment on 24 December 2021 the decision was made to temporarily close Rutland Ward at Rutland Memorial Hospital in response to the impact of significantly reduced staffing and inadequate registered nurses to deliver safe patient care due to a Covid 19 outbreak. The ward reopened on 4 January 2022.

Community Nursing CHS

A quality summit took place on 2 November 2021 facilitated by the Executive Director of Nursing, AHPs and Quality due to continued operational pressure across community nursing CHS and increasing concerns linked to patient outcomes/harm and potential impact to safety, quality of care and staff well-being. There were four workstreams identified: workforce, Serious Incident investigation, pressure ulcer Quality Improvement project programme and staff engagement and communication. Staff are being kept up to date about progress on the workstreams and this will be monitored through the CHS Directorate with reports to Quality Assurance Committee.

Beacon

Beacon continues with high utilisation of temporary workforce impacting on continuity of care. The ward has managed to staff the majority of night shifts with two RN's for 7-9 patients, a mix of substantive and temporary qualified staff. There have been shifts where double agency RN's have staffed the ward at however this has been infrequent. The unit had an outbreak in December 2021 and this further impacted bed closures and staff absence. Work continues to progress a quality improvement plan with oversight from Head of Nursing, Head of Service and Director. Recruitment to vacant posts at band 5 and band 2 has been 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.

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 observation levels and support safe patient care. Fill rates above and below 100% for actual HCSWs predominantly on days 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 between July 2021 to December 2021 was 38.52%, this is an increase from 35.92% from the previous six months. The average monthly percentage of agency utilisation is 16.31%, this is a significant increase from the last six-month period (@11.55%) with a peak at 18.34% in December 2021. Contributory factors linked to increased demand due to high patient acuity and dependency, surge wards, increased staff Covid-19 absence, increased incidences and Covid-19 outbreaks, and staff movement due to individual risk and care pathways.

Business continuity plans and escalation processes were updated, and staffing continues to be reviewed daily at service and Trust Wide level during the current unprecedented period of high sickness rates for staff.

Scoping work has been undertaken to identify the best model for supply of agency staff for LPT. This has included discussions with our agency framework experts North of England Commercial Procurement Collaborative (NOE CPC), demonstrating there is no single preferred model used by NHS Trusts. There is a wide variation in models of supply with geographical location, professional group and collaborative approaches between providers also influencing the success or otherwise of those contracts. As a result, we cannot be confident which model will work best for LPT and therefore unable to enter a procurement exercise which carries a risk of disrupting our supply of agency staff.

It is proposed that we directly award a 1+1-year contract to HCL (also known as HCRG) for a new model of supply for both nursing and AHP's. The model will be a managed service which differs from our current model in the following ways:

- It will provide a fully managed service at no extra cost to the Trust and include a dedicated team of experts and specialists who will manage the entire recruitment process through technology that will empower the service.
- They will aid with strategy by implementing processes and systems that are tailored to LPT and our issues (such as the requirement for agency staff to have access to and be trained on SystmOne).
- They will become a partner, rather than an operational supplier and take a more leading role in agency staffing strategy.

Right Skills

Changes to Mandatory and Role Essential Training during Covid-19:

- All face-to-face training was reintroduced in September 2021 with staff being invited to attend mandatory training. A further review was undertaken following the impact of Omicron variant on staffing absence levels in the last week of December 2021. All non-essential mandatory training was put on hold during this period.
- The 11 mandatory training topics were updated in November 2021, primarily to advise on changes to delivery methods to comply with Covid secure regulations.
- Course capacity has since been reviewed and for the induction course has been extended to five days from two to ensure all new starters are secured a place.
- Compliance renewal date for each topic was initially extended by six months throughout 2021 and this will revert to twelve months for clinical skills training (MAPA, Manual Handling and Resus) from the beginning of February 2022. From 1st April the six-month extension will be removed for all eLearning modules. Staff will need to demonstrate compliance as per pre-covid timeframes.
- There has been a high level of DNA's throughout October to December 2021 as a result of sickness absence and staff prioritising frontline clinical care delivery. Going forward the monthly workforce training compliance reports will report on DNA's from 1st March 2022.

Correct to 1 December 2021 Trust wide substantive staff;

- Appraisal at 76.1 % compliance Amber
- Clinical supervision at 78.7% compliance Amber
- PPE donning and Doffing at 94.5% 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):

3553 substantive staff and 719 bank staff, require this on an annual basis (Covid-19 refresher 18 monthly)

Compliance substantive staff as 1 December 2021- 83.8% (Amber, trending up)

Compliance for bank staff as 1 December 2021- 52.4% (Red, trending up)

Immediate Life Support (ILS):

516 substantive staff and 138 bank staff require this on an annual basis (Covid-19 refresher 18monthly)

Compliance substantive staff as 1 December 2021- 80% (Amber, trending up)

Compliance for bank staff as 1 December 2021- 37.7% (Red, trending down)

The Covid-19 impact:

- Introduction of face-to-face training from July for substantive and bank staff- this has now be revised following the increase in staff absence due to Omicron variant and need to deliver essential mandated training

- 6-month refresher extension to be reviewed for staff to undertake mandatory training topics for all staff
- Introduction of bespoke mandatory training for staff being redeployed to inpatient areas where staffing has been significantly impacted due to increasing absence
- ILS and BLS training days allocated for bank staff in January 2022
- Non-attendance on booked places (DNAs) without cancellation demonstrates increase from pre-covid 19 rates
- Reduced trainer capacity due to vacancies and sickness levels identified throughout October to December

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.
- Available places at BLS are shared on closed Facebook, through TED and the Education and Training ICC cell and managers can book staff on directly
- ILS recertification has been reduced from a full day's training to ½ day training. This has enabled more courses to be delivered
- All new starters booked onto ILS includes FFP3 mask fit testing
- New Resus Officers have commenced in post and enhancing ILS and BLS delivery

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 have carried out many clinical drills on site over the last six months and offered additional sessions to support services/staff who have been unable to attend ILS/BLS training.
- Resus training remains high priority and has a dedicated working group to drive improvement in compliance and quality

Bank staff training compliance

The Trust has a large bank only workforce with individuals working across a wide range of professions, roles, and services. Compliance with mandatory training for bank staff remains historically lower than that of substantive staff. This raises challenges particularly in areas where bank use is high, and assurance is required that bank workers who are actively working in our services have the right skills.

From June 2021, the Trust introduced pay progression for bank staff to recognise their contribution in creating high quality, compassionate care and wellbeing for all. One of the eligibility criteria for pay progression is that all mandatory training is in date (core and clinical mandatory) and clinical supervision is in date (at least one every three months). This has been escalated with the centralised staffing team and will continue to be used as an incentive to improve attendance and compliance.

In addition, two bespoke days in January 2022 have been added to support Bank staff to complete mandatory training and include BLS over a set day where they will be paid for the whole day rather than part of a day.

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.

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

The national nursing CHPPD average is reported at 9.51 in October 2021. LPT nursing CHPPD was reported at 12.34 CHPPD in October 2021, comparative Trust averages; Lincolnshire 8.74 CHPPD, Derbyshire 13.43 CHPPD and Midlands Partnership 10.33 CHPPD. As a Trust we are reporting above average nursing CHPPD.

The Trust CHPPD average (including ward based AHPs) is reported at 17.24 CHPPD. General variation reflects the diversity of services, complex and specialist care provided across the Trust. Analysis has not identified significant variation at 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.

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. There has been a delay in presenting the completed reports to DMT for discussion and sign off due to the increasing staffing pressures experienced throughout late December 2021.

To support and facilitate a triangulated and evidence-based review of all in-patient nursing establishments a new post Workforce and Safe Staffing matron commenced on 7 June 2021. Plans have been progressed and a staged approach to acuity and dependency data collection from August 2021 onwards using the Shelford Mental Health Optimal Staffing tool (MHOST), Learning Disabilities Optimal Staffing Tool (LDOST) in DMH and FYPC and Activities of Daily Living tool (Hurst) in CHS was implemented.

All in patient areas across the trust have now completed acuity and dependency data collection utilising evidence-based tools. This data is in process of being 'sense checked' with all ward sisters/charge nurse's and triangulated with professional judgement and nurse sensitive outcomes.

All community hospital in patient areas have completed their triangulation and annual establishment review templates, progressing to a tabletop service line meeting in January 2022, with reporting to divisional management team meeting.

ALL FYPC & LD in patient areas including the Beacon Unit, Agnes unit and Langley ward have also completed their triangulation and annual establishment review templates, for consideration at divisional management meeting in February 2022.

DMH is also progressing with 'sense checking' of data collection with all ward sisters/charge nurses. Mill Lodge have completed their triangulation and annual establishment review template for specific consideration in February 2022. It is important to note that in DMH and FYPC/LD all previous ward establishments were set according to their budget. This is the first opportunity to fully utilise the MHOST tool in DMH and LDOST tool in FYPC & LD to systematically assess acuity and dependency measurements of patients' needs to inform triangulated establishment reviews. Significant progress has been made to systematically review nursing staffing levels.

An up-to-date position on the annual establishment reviews completed using the Annual Establishment Framework is included for information (see appendix 1). A summary of the findings and recommendations will be shared through subsequent safer staffing reports following review within Directorates.

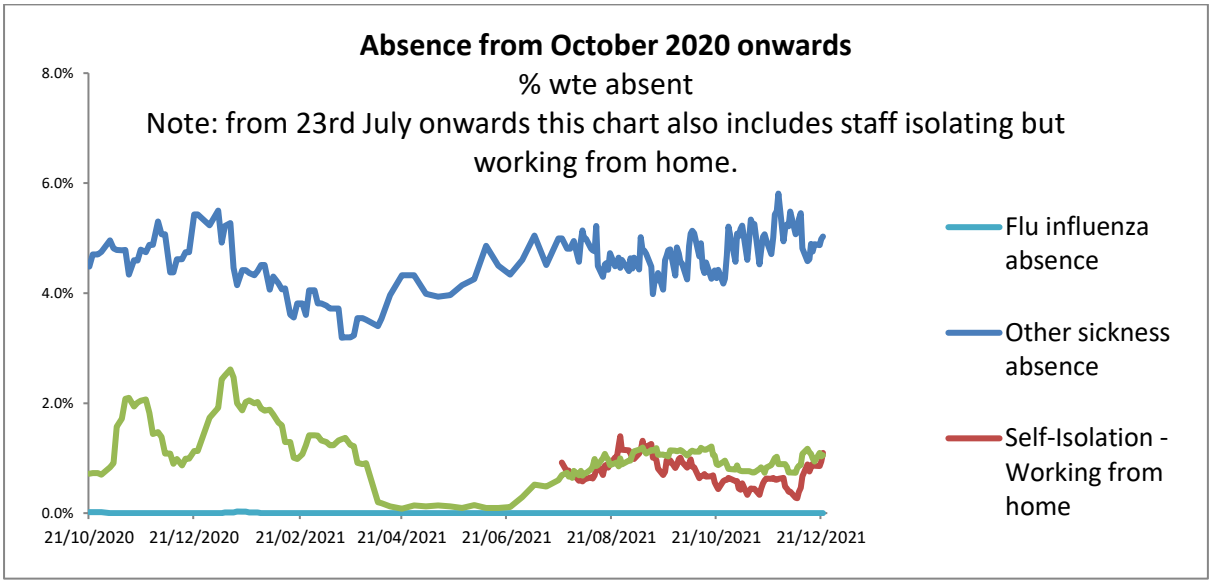
Community Nursing Service Workload, Staffing and Quality Project

CHS Community Nursing have been selected to join the NHS England and Improvement Community Nursing Service workload, staffing and quality project as part of phase 3 development of the tool. Data has been submitted for development of a community safer nursing care tool.

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, covid-19 isolation and those who are working from home so may not be undertaking their usual duties.

Absence by directorate	Sickness absence	Self-Isolation - Working from home	Self-Isolation - Unable to work from home	Total
Community Health Services	6.4%	0.9%	0.9%	8.2%
Enabling Services	2.7%	1.4%	1.1%	5.2%
FYPC	4.4%	1.3%	1.4%	7.2%
Hosted Service	1.9%	0.5%	0.9%	3.3%
Mental Health Services	5.5%	1.0%	0.9%	7.4%
LPT Total	**5.0%**	**1.1%**	**1.1%**	**7.2%**

In comparison to October 2021 and November 2021, December's 2021 total absence has increased by 0.7% associated with an increase in general absence overall linked to staff self isolation.

Vacancies

Across the Trust, we currently have 417.8 FTE nursing vacancies, according to our vacancy data reports. This is at Band 5 and Band 6 level and demonstrates an increase of 89.8 FTE from the position reported in June 2021.

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.
- There may be vacancies that are covered by other staff and this is not reflected in the establishment fully.

Directorate	Number of Vacancies (FTE)	Number ofLive Nurse Adverts in Dec 2021	Number of Live Band 5 Adverts in Dec 2021	Number of Live Band 6 Adverts in Dec 2021	Number of candidates with interviews Booked in Dec 2021	Number of candidates at recruitment check stage in Dec 2021
DMH	175.7	20	4	16	16	11
FYPC/LD	79.7	6	1	5	4	7
CHS	162.4	9	5	4	13	10
TOTALS	417.8	**35**	**10**	**25**	**33**	**28**

Vacancy by directorate	Vacancy %
Community Health Services	9.7%
Enabling Services	7.4%
FYPC	9.5%
Hosted Service	0.0%
Mental Health Services	18.6%
LPT Total	**10.5%**

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.

CHS

CHS Community

- 12-month recruitment campaign signed off to fill 30 vacancies in 2 specific locations in Leicester City.
- A major focus of the campaign is offering flexible working hours to help attract Nurses.
- Currently delivered the following elements of the campaign: social media, Virtual Event, Google and Facebook Ads. We have currently managed to recruit 10 nursing staff (5 Nurses, 5 Nursing Associates) since the launch of the campaign.

CHS Inpatient Nursing

- 30-day RCNi Job advert signed off and went live in Nov 2021.
- Trying a centralised approach of recruitment with a push on flexibility in terms of working hours to attract further candidates.

FYPC/LD

School Nursing Recruitment Campaign

- Launched a recruitment campaign to attract Nurses who want to work school hours, working with children and young people.
- Created an animation video and utilised this as part of our advertising.
- Video is not time-sensitive and can be used in the future.

DMH

Mental Health Practitioners (MHPs) and Senior MHPs

- As part of additional funding into the Directorate, we had to recruit 25 MHPs and Senior MHPs to work at GP sites. We have currently recruited 12 with more candidates in the pipeline. This campaign will be on-going into 2022.
- Recruitment has been happening consistently for months and we have utilised a number of different attraction methods including social media and specialist publications (i.e. RCNi, CSP, RCSLT to name a few).

Peer Support Workers (PSWs)

- The Directorate have changed the way they are delivering mental health services by making it more accessible and personable. To enable this, we are aiming to recruit 24 Peer Support Workers by the end of March 2022, so far we have a total of 17 Peer Support Workers in the pipeline.
- Recruitment has consisted of different attraction methods including radio and social media. PR activities planned for 2022.

Apprentice Recruitment

- Project underway for Adult Mental Health and Learning Disability Services, aim is to recruit 48 Apprentices (Clinical and non-Clinical) by September 2022.

International Recruitment

As highlighted earlier in the report; a cross directorate initiative with a Trust commitment to recruit 30 nurses across the Trust by December 2021 has been effective and the staff recruited commenced in November 2021. At the time of this report 13 of the 30 nurses had passed their OSCE exam. CHS inpatient areas continue to support 16 of the group, DMH are supporting 10 members of the group and FYPC/LD supporting 4.

Recruitment Events

Due to Covid-19, the recruitment teams virtually attended a careers fair at De Montfort University, the PAVE event, along with the RCN Midlands Nursing event.

Wider Projects that will support us filling Nursing vacancies:

- Employer Brand project to help improve our social presence on social media and sites such as Indeed and Glassdoor was launched in 2021 and will continue into 2022.
- In 2022, our Refer-A-Friend scheme and Recruitment and Retention Premia schemes will be revamped and relaunched.
- In 2021 we started working more closely with our Armed Forces Lead and will continue this into 2022 to help members of the Armed Forces to transition into roles at LPT. Project underway which will link the Trust into a candidate system – enable direct recruitment with Army reserves, cadets and veterans.
- Planning for nursing-specific recruitment events in 2022 including the RCN nursing careers fair in November.

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	2 Cohorts due to complete March & June 2022 March – 5 Candidates June – 8 Candidates 2 cohorts due to complete Jan &Sept 2023 Jan- 6 Candidates Sept 10 Candidates 1 cohort due to complete Feb 2024 – 6 candidates Feb 2022 cohort – 2 due to commence programme Current number of TNA's across all directorates – 22
Degree Programme top up	11 commenced October 2021	MH-5 FYPC/LD-3 CHS-3	4 due to commence Feb 2022 (2 CHS,2FYPC)
Clinical Apprenticeships	11	**OT** x 3 (1 MH & 2 CHS) **Physio** x 8 (1 FYPC & 7 CHS)	1 due to complete Sept 2023 2 due to complete Sept 2024 5 due to complete Sept 2023 3 due to complete Sept 2024
Degree Apprenticeship nurses	8 currently on programme	MH-4 FYPC/LD-2 CHS-2	9 due to commence programme Feb 2022 (4 MH,3 CHS, 1 LD, 1FYPC) – 3year OU route

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 (minimum 6 weeks before they are due to be worked). From April 2022 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.

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 have started to pilot the use of Safe Care in four wards; Heather Ward, Aston Ward, East Ward and Coalville Snibston Ward. The first phase of the pilot is to ensure teams are accessing Safe Care to manage staff attendance, this training has been completed and the system has been handed over to the wards. The second phase which will commence at the end of January 2022 and will focus on acuity and dependency.

Decision required

The Trust Board 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.

Appendix 1: Table to demonstrate completed annual safer staffing establishment reviews:

Inpatient area	Evidence Base (MHOST or ADL) data collected Yes /No	Establishment review template sense checked and complete Yes/No If not when by	Directorate sign off Yes/No If not when by
1. DMH (Bradgate Unit) - Ashby	Yes	No Rescheduled to 25.01.2022	No February 2022
2. DMH (Bradgate Unit) - Aston	Yes	No Rescheduled to 26.01.2022	No February 2022
3. DMH (Bradgate Unit) - Beaumont	Yes	No Rescheduled to 3.02.2022	No February 2022
4. DMH (Bradgate Unit) - Belvoir	Yes	No Rescheduled to 25.01.2022	No February 2022
5. DMH (Bradgate Unit) - Heather	Yes	No Rescheduled to 26.01.2022	No February 2022
6. DMH (Bradgate Unit) Thornton	Yes	No Rescheduled to 03.02.2022	No February 2022
7. DMH (Bradgate Unit) Watermead	Yes	No Rescheduled to 26.01.2022	No February 2022
8. DMH (Hershal Prins) - Phoenix	Yes	No Rescheduled to 25.02.2022	No February 2022
9. DMH (Hershal Prins) - Griffin	Yes	No Rescheduled to 26.01.2022	No February 2022
10. DMH (MHSOP) Benion Centre - Kirby	Yes	No Rescheduled February 2022	No February 2022
11. DMH (MHSOP) Benion Centre - Welford	Yes	No Rescheduled February 2022	No February 2022
12. DMH (MHSOP) Evington Centre - Coleman	Yes	Partial completion Rescheduled February 2022	No February 2022

Inpatient area	Evidence Base (MHOST or ADL) data collected Yes /No	Establishment review template sense checked and complete Yes/No If not when by	Directorate sign off Yes/No If not when by
13. DMH (MHSOP) Evington Centre - Gwendolin	Only opened for COVID positive patients as needed		
14. DMH (MHSOP) Evington Centre - Wakerley	Yes	No Rescheduled February 2022	No February 2022
15. DMH (Rehab) Mill Lodge	Yes	Yes	Tabletop review planned 20.01.22
16. DMH (Rehab) Stuart House - Skye Wing	Yes	No Rescheduled February 2022	No February 2022
17. DMH (Rehab) Willows Unit	Yes	No Rescheduled February 2022	No February 2022
18. CHS (Evington Centre) - Beechwood	Yes	No Rescheduled January 2022	No February 2022
19. CHS (Evington Centre) - Clarendon	Yes	Yes	No February 2022
20. CHS (Coalville Hosp) - Ward 1 Snibston	Yes	Yes	No February 2022
21. CHS (Coalville Hosp) - Ward 2 Ellistown	Yes	Yes	No February 2022
22. CHS (Melton Hosp) - Dalgleish	Yes	Yes	No February 2022
23. CHS (Hinckley & Bosworth) - East ward	Yes	Yes	No February 2022
24. CHS (Hinckley & Bosworth) - North ward	Yes	Yes	No February 2022
25. CHS (Rutland Hospital) - Rutland	Yes	Yes	No February 2022

Inpatient area	Evidence Base (MHOST or ADL) data collected Yes /No	Establishment review template sense checked and complete Yes/No If not when by	Directorate sign off Yes/No If not when by
26. CHS (St Lukes MH) - ward 1	Yes	Yes	No February 2022
27. CHS (St Lukes MH) - ward 3	Yes	Yes	No February 2022
28. CHS (Loughborough Hosp) - Swithland	Yes	Yes	No February 2022
29. CHS (Fielding Palmer Hosp) - Fielding Palmer	Vaccination hub		
30. FYPC.LD (Benion Centre) - Langley	Yes	Yes	February 2022
31. FYPC.LD (CAMHS) - Beacon unit	Yes	Yes	Initial review November 2021- scheduled February 2022
32. FYPC.LD (LD) - Agnes Unit	Yes	Yes	February 2022
Total x 32 wards (2 of which NA)	30	X 14 Yes X 16 no	X 3 partial X 27 Planned

Governance table

For Board and Board Committees: **Paper sponsored by:**	Trust Board Anne Scott, Executive Director of Nursing, AHPs and Quality	
Paper authored by: **Date submitted:**	Emma Wallis, Interim Deputy Director of Nursing and Quality and Louise Evans, Interim Assistant Director of Nursing 14.03.2022	
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	Monthly report	
STEP up to GREAT strategic alignment*:	High **S**tandards	√
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	√
	Reaching Out	
	Equality, Leadership, Culture	
	Access to Services	
	Trust wide Quality Improvement	
Organisational Risk Register considerations: **Is the decision required consistent with LPT's risk appetite:**	List risk number and title of risk Yes	1: Deliver Harm Free Care 4: Services unable to meet safe staffing requirements
False and misleading information (FOMI) considerations:	None	
Positive confirmation that the content does not risk the safety of patients or the public	Yes	
Equality considerations:		