

**TRUST BOARD – 20 December 2018**

**SAFER STAFFING – NOVEMBER 2018 REVIEW**

**Introduction/Background**

1. This report provides an analysis of safer staffing in two parts; part one refers to Trust inpatient areas and part two relates to community teams.
2. The report meets the National Quality Board (NQB) requirement to publish a summary of staffing levels on all inpatient wards across the Trust. It presents a high level exception report in relation to the actual fill rate for registered nursing (RN) and health care support workers (HCSW) during the day and night and highlights where this falls below an 80% threshold.
3. Actual staff numbers compared to planned staff numbers are collated for each inpatient area in line with the requirements of the NHS Digital reporting process. A summary of the NHS Digital return and supporting information is available in Appendix 1.
4. Allied Health Professional (AHP) safer staffing fill rates have been included for AHPs who work as part of the in-patient team and are currently on eRoster. AHPs that deliver interventions to patients on the ward, but who work across many wards/services/pathways and are not rostered as part of the ward team are excluded from this data collection. Work will continue with the eRoster team and service managers to support addition of AHPs to eRoster that form part of the ward establishment over the next few months.
5. ‘Care hours per patient day’ (CHPPD) is included in this report for in-patients. CHPPD is a descriptor of workforce deployment, which gives a single figure that represents both staffing levels and patient requirements. From November 2018, for mental health and community trusts NHSi have extended the national CHPPD data collection to include all registered and non-registered AHPs dedicated to the in-patient area, including staff rostered from a pool. CHPPD reporting is shown as an overall trust total for both nursing and AHP staff.
6. Lead Nurses continue to have local oversight and triangulate the Nurse Sensitive Indicators (NSI) to ensure safer staffing is monitored and the associated risks are managed at ward and team level and through their service governance arrangements.
7. The report will provide an overview of safer staffing; number of vacancies, highlight hot spot areas and any potential risks associated with safer staffing for community teams.
8. The monthly safer staffing reports are publically available via the NHS Choices website and the Trust internet page.

**Aim**

1. The aim of this report is to provide the Trust Board with an analysis of November 2018 safer staffing data for in-patient wards and an overview of community team safer staffing hot spots, potential risks and actions to mitigate the risks.

**Recommendations**

1. The Trust Board is recommended to:

Receive assurance that processes are in place to monitor and ensure the inpatient and community safer staffing levels are maintained.

**Part One**

**Trust level summary in-patient wards**

1. The overall trust wide summary of planned versus actual hours by ward for registered nurses (RN) and health care support workers (HCSW) in November 2018 is detailed below:

|  | **DAY** | | **NIGHT** | | **Temp Workers%** |
| --- | --- | --- | --- | --- | --- |
| **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care**  **HCSW** | **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care**  **HCSW** |
| Sep 18 | 99.9% | 201.4% | 105.5% | 181.3% | 31.3% |
| Oct 18 | 99.9% | 203.7% | 105.9% | 180.3% | 31.8% |
| **Nov 18** | **101.8%** | **206.4%** | **106.5%** | **179.1%** | **31.2%** |

Table - Trust level safer staffing

1. During November 2018, the total temporary worker rate slightly decreased from the previous month by 0.6%. Of these temporary staff; 27.4% were bank staff and 3.7% were agency staff.
2. The average Trust range for CHPPD is between 5.0 (Skye Wing) and 38.7 (Agnes Unit) hours with an overall Trust average of 11.03 CHPPD. The slight increase reflects the addition of AHP data for several wards and the variation in range reflects the diversity of services, complex and specialist care provided across the Trust. In-patient areas within AMH/LD, FYPC and MHSOP are recording higher than average CHPPD; care hours are flexed up in response to patient acuity and in order to maintain safety of all patients.
3. Temporary staffing utilisation remains above 25% across 51% of the inpatient areas. This is reflective of the areas with higher numbers of vacancies. Utilisation of HCSWs remains high to support and cover vacancies, sickness and increased patient acuity. The table below provides an overarching summary of the Trust ‘hot spots’ with regard to maintaining planned safer staffing over the last three months.

**Summary of safer staffing hotspots - Inpatients**

|  |  |  |  |
| --- | --- | --- | --- |
| **Planned staffing across ward areas** | **September 2018** | **October 2018** | **November 2018** |
| Hinckley and Bosworth - East Ward |  |  | X |
| Coalville - Snibston Ward 1 | X | X |  |
| Short Breaks - The Gillivers | X |  | X |
| Short Breaks – Rubicon Close | X |  |  |
| Mill Lodge | X | X | X |
| Ashby |  | X |  |
| Aston |  |  |  |
| Beaumont | X |  |  |
| Bosworth | X |  |  |
| Welford | X | X | X |
| Coleman |  | X | X |
| Gwendolen | X | X |  |

Table - Safer staffing hotspots

1. Planned staffing levels versus actual staffing levels by ward are presented in the tables below. These show additional NSIs that capture care or outcomes most affected by nursing safer staffing levels. This report indicates if there has been an increase or decrease in the indicator position against the previous month.

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

**Acute Inpatient Wards**

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** | **Medication errors** | **Falls** | **Complaints** | **FFT Promoter % (arrears)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care**  **HCSW** | **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care**  **HCSW** | **Care Hours**  **Per Patient Day** |
| Ashby | 20 | 83.3% | 145.0% | 101.7% | 100.0% | 34.0% | 5.1 | 0 | 1 | 0 | 86.7% |
| Aston | 19 | 93.9% | 151.7% | 100.0% | 163.3% | 31.1% | 6.2 | 1↑ | 3↑ | 0 | nil |
| Beaumont | 21 | 85.0% | 134.2% | 96.7% | 190.0% | 32.4% | 5.1 | 0 | 0↓ | 0 | nil |
| Belvoir Unit | 10 | 105.3% | 384.1% | 123.3% | 378.9% | 46.9% | 21.1 | 0 | 0 | 0 | nil |
| Bosworth | 20 | 90.0% | 170.8% | 95.0% | 166.7% | 21.1% | 6.1 | 3↑ | 2↓ | 2↑ | nil |
| Heather | 18 | 90.4% | 197.5% | 98.3% | 350.0% | 49.8% | 7.8 | 3↑ | 5↓ | 0 | nil |
| Thornton | 21 | 81.1% | 159.2% | 100.0% | 140.0% | 35.6% | 5.9 | 2↑ | 2↑ | 1↑ | 100% |
| Watermead | 20 | 96.7% | 210.0% | 98.3% | 290.0% | 50.2% | 7.3 | 0 | 1 | 2↑ | nil |
| Griffin F PICU | 6 | 196.7% | 283.9% | 193.3% | 116.7% | 34.7% | 16.8 | 0 | 0 | 2↑ | 96.1% |
| **TOTALS** |  |  |  |  |  |  |  | **9**↑ | **14**↓ | **7**↑ |  |

Table - Acute inpatient ward safer staffing

1. All wards met the threshold for planned RN levels on both days and nights.
2. Temporary worker utilisation above 40% is reported across three wards. The increased utilisation is due to RN vacancies, sickness and increased levels of patient acuity requiring observation support.
3. Block booking of bank and agency RNs continues to manage the impact of the increase in RN vacancies across the acute inpatient wards. This enables safer staffing levels to be maintained or risk assessed within a safe parameter and improves consistency of patient care.
4. Reported medication errors have increased from 4 in October 2018 to 9 in November 2018. On Aston the error was related to a nurse who gave the wrong patient medication. Two of the three on Heather relate to an extra dose of PRN medication being given and the third regarding a request for medication for leave being given from ward stock. On Bosworth the three errors were related to not signing immediately for medication given, discrepancies between the doctor, pharmacy and nursing staff regarding a Clozapine escalation regime, leading to the wrong dose at day 15 and cream not being applied when signed for. The Matrons are reviewing the themes from each drug error reflection to discuss at the next Acute Matrons meeting. All were managed in line with the Trust policy for medication errors
5. Reported falls have decreased from 15 in October 2018 to 14 in November 2018. Five of the patient falls occurred on Heather Ward. Analysis of the falls on Heather Ward has not identified any themes and demonstrated that all patients received appropriate care and both a falls risk assessment and medical review.
6. Complaint numbers increased from zero in October 2018 to seven in November 2018. Analysis of the complaints has not identified any themes attributable to safer staffing levels. Themes identified are in relation to patient complaints associated with detention, treatment and vaping.

**Learning Disabilities (LD) Services**

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** | **Medication errors** | **Falls** | **Complaints** | **FFT Promoter % (arrears)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care**  **HCSW** | **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care**  **HCSW** | **Care Hours**  **Per Patient Day** |
| 3 Rubicon Close | 3 | 111.7% | 178.3% | 86.7% | 150.0% | 20.4% | 18.6 | 0 | 1 | 0 | 100% |
| Agnes Unit | 8 | 142.9% | 534.6% | 116.3% | 592.7% | 51.8% | 38.7 | 0 | 0 | 0 | 100% |
| The Gillivers | 3 | 100.0% | 190.0% | 70.0% | 133.3% | 11.1% | 19.2 | 1↑ | 0 | 0 | nil |
| The Grange | 3 | - | 184.8% | - | 190.3% | 14.4% | 21.2 | 2↑ | 0 | 0 | 100% |
| **TOTALS** |  |  |  |  |  |  |  | **3**↑ | **1**↓ | **0** |  |

Table - Learning disabilities safer staffing

1. Short break homes continue to utilise a high proportion of HCSWs who are trained to administer medication and carry out delegated health care tasks, as a result the short break homes do not require an RN at all times. The Gillivers and the Grange support each other with RN day cover. Night cover is shared across the site as the homes are situated next to each other in conjunction with utilisation of additionally trained HCSWs.
2. Reported numbers of falls decreased from six in October 2018 to one in November 2018.
3. Reported medication errors increased from zero in October 2018 to three in November 2018 these were related to service users not having the correct or enough medication from home when admitted requiring staff to gain further supplies from home or pharmacy. The Grange errors are being investigated further. All were managed in line with the Trust policy for medication errors
4. There were no complaints reported in November 2018 as in October and September 2018.

**Low Secure Services – Herschel Prins**

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** | **Medication errors** | **Falls** | **Complaints** | **FFT Promoter % (arrears)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care**  **HCSW** | **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care**  **HCSW** | **Care Hours**  **Per Patient Day** |
| HP Phoenix | 10 | 94.2% | 141.4% | 100.0% | 158.3% | 28.4% | 9.9 | 1↑ | 0 | 0 | 57.10% |

Table - Low secure safer staffing

1. Phoenix Ward achieved the thresholds for safer staffing. High levels of temporary workers continue to be utilised to cover vacancies, sickness and a high number of level one and level two patient observations.
2. As in September and October 2018 there were zero reported falls or complaints in November 2018.
3. There was one reported medication error in November 2018.

**Rehabilitation Services**

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** | **Medication errors** | **Falls** | **Complaints** | **FFT Promoter % (arrears)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care**  **HCSW** | **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care**  **HCSW** | **Care Hours**  **Per Patient Day** |
| SH Skye Wing | 27 | 110.8% | 147.5% | 203.3% | 100.0% | 41.1% | 5.0 | 3**↑** | 10**↑** | 0 | nil |
| Willows Unit | 35 | 160.4% | 245.2% | 121.4% | 233.0% | 23.8% | 9.9 | 1**↑** | 0**↓** | 0 | 83.30% |
| ML Mill Lodge | 11 | 79.2% | 263.3% | 50.0% | 200.0% | 54.9% | 12.3 | 1 | 17**↓** | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  | **5↑** | **27↓** | **0↓** |  |

Table - Rehabilitation service safer staffing

1. Temporary worker utilisation remains high across the rehabilitation services. Temporary staffing levels are influenced by sickness, vacancies and higher patient acuity.
2. In November 2018, Mill Lodge remains a hot spot for meeting planned RN levels on days only 79.2% of the time and on nights only 50% of the time; the service adopts a staffing model based on a risk assessment of patient need and staff skills and competencies and maintains safer staffing by increasing the number of HCSWs and sharing RN support with Stewart House.
3. The number of falls decreased slightly from 28 in October 2018 to 27 in November 2018, of which 17 occurred on Mill Lodge. Continued analysis has established this is due to patients rolling/ falling in their bedrooms from low level beds onto mats due to involuntary movements and also changes in cognitive impairment; spatial awareness, coordination and changes to balance and gait. These are all factors related to the nature of Huntington’s condition, at each stage of progression patients are assessed for risks related to mobility and falls and these are reviewed regularly by the multidisciplinary team. Ten of the falls occurred on Skye Wing; the increase was due to one specific patient’s behavioural factors, the patient was in a wheelchair and placing themselves on the floor, these were recorded as falls.
4. There was an increase in medication errors from one in October 2018 to five in November 2018. Three of the errors occurred on Skye Wing; one was a prescribing error and two administration errors. No themes have been identified with individuals or linked to safer staffing and all were managed in line with the Trust policy for medication errors.

1. A decrease from one complaint reported in October 2018 to zero in November 2018.
2. A detailed review to identify route cause and actions for learning from all medication errors across the service over the last two months is currently being completed by the Head of Nursing and Matron team. Individual errors have all been reviewed in line with the Trust policy for medication errors, practitioners are assessed using the BESS scoring tool that determines the level of risk and appropriate action for example; training, supervised practice and assessment.

**Community Health Services (CHS)**

**Community Hospitals**

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** | **Medication errors** | **Falls** | **Avoidable Pressure Ulcers** | **Complaints** | **FFT Promoter % (arrears)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care**  **HCSW** | **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care**  **HCSW** | **Care Hours**  **Per Patient Day** |
| FP General | 5 | 139.2% | 94.6% | 129.5% | - | 25.8% | 15.0 | 2**↑** | 4**↑** | 0 | 0 | 100% |
| MM Dalgleish | 14 | 99.2% | 126.7% | 98.3% | 100.0% | 19.7% | 8.9 | 0 | 6**↑** | 0 | 0**↓** | 100% |
| Rutland | 13 | 99.2% | 115.0% | 95.0% | 93.3% | 20.8% | 6.5 | 0 | 3 | 0 | 0 | nil |
| SL Ward 1 | 13 | 100.8% | 194.2% | 98.3% | 100.0% | 17.3% | 11.5 | 0 | 2**↑** | 0 | 0 | 100% |
| SL Ward 3 | 11 | 94.8% | 114.8% | 193.3% | 103.3% | 28.5% | 9.6 | 1**↑** | 3**↓** | 0 | 1**↑** | 80% |
| CV Ellistown 2 | 21 | 121.0% | 173.1% | 200.0% | 111.7% | 15.1% | 6.7 | 2**↑** | 9**↑** | 0 | 0 | 97.7% |
| CV Snibston 1 | 14 | 109.8% | 198.4% | 98.3% | 120.0% | 5.9% | 12.4 | 0 | 2**↓** | 0 | 0 | 87.5% |
| HB East Ward | 17 | 74.7% | 186.7% | 100.0% | 118.3% | 15.2% | 9.9 | 2**↑** | 2**↓** | 0 | 0 | nil |
| HB North Ward | 14 | 100.8% | 167.5% | 98.3% | 96.7% | 17.5% | 7.7 | 0 | 9**↑** | 0 | 0 | nil |
| Loughborough Swithland | 19 | 100.0% | 199.2% | 98.3% | 200.0% | 12.1% | 9.1 | 1**↑** | 3**↑** | 0 | 0 | 100% |
| CB Beechwood | 18 | 93.9% | 209.2% | 100.0% | 136.7% | 22.2% | 9.2 | 4**↓** | 10**↑** | 0 | 0 | nil |
| CB Clarendon | 16 | 86.1% | 200.0% | 100.0% | 113.3% | 22.6% | 7.7 | 3**↑** | 3**↓** | 0 | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  | **15↑** | **56↑** | **0↓** | **1** |  |

Table - Community hospital safer staffing

1. In November 2018, East Ward met the planned RN level during the day 74.7%. The planned staffing level is set at three RNs in the day, however due to sickness, vacancies and cover across wards, the ward has run with two RNs on occasion, which meets safer staffing parameters.
2. Temporary worker ratios remain above 20% on Beechwood Ward, Clarendon Ward, Fielding Palmer (FP) General Ward and St Luke’s Hospital Ward 3 due to vacancies, sickness and to support increased acuity.
3. The number of reported falls incidents has increased from 52 in October 2018 to 56 in November 2018.  Of the 56 falls reported, an increase was noted from October 2018 on the following wards; 10 occurred on Beechwood Ward, 9 occurred on North Ward, 9 occurred on Ellistown Ward.  Dalgleish Ward have had one patient fall which resulted in moderate harm.  Analysis of all falls has shown the falls are associated with patient factors and prevention strategies and care plans were in place including the use of cohort and one to one specialling as risk assessed.
4. Medication errors have increased from six in October 2018 to fifteen in November 2018.  Analysis of these errors identified a theme associated with Buprenorphine patches and that the ‘changes of patch’ charts were not being completed and old patches removed.  The Matron has met with all staff to ensure the process is reinforced in line with the Trust Standard Operational Procedure for Controlled Drugs and learning has been shared with all wards across the service. No other themes/trends were identified; broken ampoule, Controlled drug book written dose error (5mg instead of 10mg) and expired drug mislabelled.
5. Reported complaints have remained static with one in November 2018.

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

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** | **Medication errors** | **Falls** | **Avoidable Pressure Ulcers** | **Complaints** | **FFT Promoter % (arrears)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care**  **HCSW** | **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care**  **HCSW** | **Care Hours**  **Per Patient Day** |
| BC Kirby | 23 | 91.3% | 214.2% | 93.3% | 116.7% | 31.9% | 5.7 | 0**↓** | 7↑ | 0 | 0 | nil |
| BC Welford | 21 | 77.3% | 229.2% | 98.3% | 126.7% | 18.8% | 6.2 | 3↑ | 12↑ | 0 | 0 | 100% |
| Coleman | 19 | 66.1% | 322.5% | 93.3% | 238.3% | 46.7% | 9.3 | 1↑ | 5**↓** | 0 | 1↑ | nil |
| Gwendolen | 15 | 95.1% | 341.7% | 93.3% | 263.3% | 42.8% | 12.3 | 0 | 12**↓** | 0 | 0 | 80.0% |
| **TOTALS** |  |  |  |  |  |  |  | **4**↑ | **36**↑ | **0** | **1**↑ |  |

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

1. Welford and Coleman wards in Mental Health Services for Older People (MHSOP) were hotspots in November 2018 as they did not achieve the planned RN levels on day shifts.
2. A review of the rota has identified that all day shifts were staffed with two registered nurses which is within the safer staffing perimeters.  Staff are moved across the service dependant on the risks, acuity, dependency and bed occupancy.
3. All wards have a Medication Administration Technician to support with administering prescribed medication, medication education and general medicines management.  They are employed into a band 5 post and enhance the skill mix of the ward staffing profile and release time to care for ward registered nurses.
4. MHSOP wards temporary staffing utilisation is due to vacancies, long term sickness and increased levels of acuity and observation required to ensure cover across all wards with the appropriate skill mix and expertise.
5. In November 2018 there were four medication errors reported, an increase from two in October 2018. Three of these errors occurred on Welford Ward. Analysis has not identified any theme or trend associated with safer staffing or individuals. All errors have been managed in line with the Trust policy for medication errors and supervision and processes reviewed accordingly.
6. Reported falls incidents have increased slightly from 34 in October 2018 to 36 in November 2018. Of the reported falls there was an increase on Welford and Kirby Wards. Analysis has identified that on Welford Ward, one patient fell on three occasions, care plans, falls risk assessments and mobility aids were in place. The patient chose to mobilise without his aid on occasion. One patient fell twice, the care plan, falls risk assessment were in place with appropriate actions to mitigate the risk of harm. Six different patients fell on one occasion each. Appropriate care plans and risk assessments were in place and being followed. On Kirby Ward different patients fell on one occasion. Appropriate care plans and risk assessments were in place and being followed.

The service continues to implement the new falls safety huddle as part of a quality improvement project.

**Families, Young People and Children’s Services (FYPC)**

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** | **Medication errors** | **Falls** | **Complaints** | **FFT Promoter % (arrears)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care**  **HCSW** | **% of actual vs total planned shifts RN** | **% of actual vs total planned shifts care**  **HCSW** | **Care Hours**  **Per Patient Day** |
| Langley | 11 | 121.4% | 156.4% | 106.7% | 133.3% | 46.2% | 10.6 | 2↑ | 1↑ | 0 | 100% |
| CV Ward 3 - CAMHS | 8 | 135.6% | 230.0% | 126.1% | 178.3% | 15.8% | 14.6 | 0 | 0 | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  | **2**↑ | **1**↑ | **0** |  |

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

1. There are currently no ‘hot spot’ areas for inpatient services within Families, Young People and Children’s Services (FYPC).
2. Both wards continue to utilise an increased number of temporary workers to manage increases in patient acuity.
3. There were no complaints in November 2018 as in October 2018 and September 2018.
4. There was one reported fall in November 2018.
5. There were two reported medication errors in November 2018.

**Recruitment**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Area** | **Vacant Posts** | | **Potential Leavers** | | **Starters/Pipeline** | |
| **RN** | **HCSW** | **RN** | **HCSW** | **RN** | **HCSW** |
| FYPC | 5 | 3 | 0 | 0 | 4 | 2 |
| CHS (Community Hospitals) | 39.2 | 11.4 | 3.6 | 0 | 15.6 | 6.8 |
| MHSOP | 11.2 | 2.3 | 2 | 0 | 4.2 | 0 |
| AMH/LD | 59.44 | 36.45 | 4 | 2 | 4 | 3 |
| **Trust Total November 2018** | **114.84** | **53.15** | **9.6** | **2** | **27.8** | **11.8** |
|  |  |  |  |  |  |  |
| **Trust Total October 2018** | **119.12** | **61.83** | **12.6** | **4.2** | **10.53** | **6.41** |

Table - Recruitment summary in-patients

1. Longer term plans to eradicate the risks and address staffing issues remain in place. These include;

* rolling recruitment and retention plans, including implementation of Trust incentivised schemes for hard to recruit areas
* increased work experience placements, recruitment of clinical apprentices
* accessing recruitment fairs at local universities, schools and colleges
* robust sickness and absence management
* continuous review of workforce including new roles to enhance skill mix and increase patient facing time
* recruitment of clinical apprentices
* recruitment to cohort 3 of trainee Nursing Associates
* Cohort 1 of trainee Nursing Associates to complete their training in January 2019, due to validate then register with the Nursing Midwifery Council in April/May 2019

**Part Two**

**Trust level summary community teams**

1. The current Trust wide position for community hot spots as reported by the lead nurses is detailed in the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Community team hot spots** | **September 2018** | **October**  **2018** | **November**  **2018** |
| City East CMHT | X | X |  |
| Charnwood CMHT | X | X | X |
| South Leicestershire CMHT | X |  |  |
| Crisis Resolution and Home Treatment Team |  | X |  |
| West Leicestershire CMHT |  |  | X |
| City East Hub- Community Nursing | X | X | X |
| City East CMHT (MHSOP) |  | X | X |
| South Leicestershire CMHT (MHSOP) |  |  | X |
| Healthy Together – City South | X | X |  |
| Healthy Together – City West |  | X |  |

Table 11 – Community Hot Spot areas

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

54 An overview of staffing levels across all Community Mental Health Teams (CMHTs), the Crisis Resolution and Home Treatment Team (CRHT) and the Mental Health Triage Team (MHTT) is currently provided quarterly to the Directorate Workforce Group. This report focuses on Community Mental Health Teams only

55 Actual staff numbers compared to planned staff numbers are collated on a monthly basis in line with the process for the Trust’s inpatient areas. Lead Nurses and Matrons are responsible for local oversight and triangulation to ensure safer staffing is monitored and the associated risks are managed at team level in order to provide assurance of adequate staffing levels and harm free care (community indicators for harm free care are under development).

56 The directorate has a standard operating procedure in place for the escalation of safer staffing risks and any significant concerns are reported to the Chief Nurse.

57 Staffing within the CMHTs continues to be challenging due to vacancies, sickness and workload pressures. The Directorate Workforce Group has established subgroups focusing on ensuring supply of staff and the best use of resources, recruitment approaches, and career development pathways and strengthening links with universities to create a supply of registered staff.

58 Charnwood CMHT remains a hot spot due to exacerbation of ongoing shortages through long-term sickness and inability to recruit despite recent advertisements and interviews. The team is experiencing high levels of referrals and the T3 risk has been updated.

59 West Leicestershire CMHT is a new hotspot team and has a number of vacancies, however, some appointments have been made following recent recruitment and new staff are awaited.

60 Further work being undertaken to support safer staffing includes:

* Launch of the community dashboard.
* Regular feedback and discussion with staff about the safer staffing approach.
* Review of T3 risks and consideration of local actions.
* Work around safer discharge and consideration of caseload caps.
* Prioritisation of caps on band 7 caseloads, pilot in City East with reduction in caseload to support with safer staffing (and review of the impact of this which may see an increase in waiting times).
* A full staffing review is being planned and this will include use of the Hurst tool or similar acuity tool.
* Matron for CMHTs to provide additional support with clinical supervision.
* Increased presence within the teams and regular hot desking across CMHTs to provide visible support from operational managers and professional leads.
* Monthly protected time for the CMHTs to look at priority issues including caseload reviews.
* Review of governance meetings to ensure involvement and understanding of workforce issues.

**Community Health Services (CHS)**

**Community Nursing Hubs**

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

62 The community nursing service continues the comprehensive transformation and implementation of the auto planner tool for safer caseload allocation. Within community nursing the ethos is safe caseload not safer staffing, owing to the different working environments.

63 There remains a number of vacancies across the community planned care nursing teams with the city teams carrying the largest numbers of vacancies, City East Hub continues to be the identified hot spot . An active recruitment programme is in place. In additon a programme has been brought in for new starters in the form of a more robust induction programme with an aim to improve retention.

64 Whilst the transformation continues and autoplanner is embedded the service is also subject to a commissioners service redesign. This has created uncertainty and staff are unsettled but this has oversight and is on the risk register.

**Mental Health Services for Older People**

65 The South Leicestershire and City East CMHTs have been identified as a hot spot due to vacancies and long term sickness, safer staffing is being maintained utilising bank and agency and caseload management.

**Families, Young People and Children’s Services (FYPC)**

66 The overview of community staffing includes the Diana, Healthy Together and Child Adolescent Mental Health Service (CAMHS) teams.

67 The Diana service is currently undergoing an extensive service review. The team have long term sickness and there have been episodes of short term sickness by different staff, no trends identified. There is also 3.8 wte staff on maternity leave. Staff sickness and annual leave continue to be monitored, strict guidance is followed about the numbers of staff to be off at any one time.

68 A service delivery risk has been identified on the LPT risk register for the Public Health Nursing (School Nursing) section of the Leicester City Healthy Together team. Due to a range of staffing issues including maternity leave and sickness this neighbourhood has recently entered the amber section of the Healthy Together Prioritisation Model for Universal Healthy Child Programme 5-19 Years, defined as between 51-69% of staffing establishment. The following areas will be particularly impacted:

* Scheduling of future Primary School drop-in sessions suspended.
* Secondary School drop-ins will be offered two weekly
* A referral waiting list will be in place with cases triaged on level of risk and need.
* Continence workshops will be offered with follow up by telephone contact
* Digital offer and website will be managed utilising resource from other areas of Healthy Together
* Assemblies related to our Health and Wellbeing offer only will continue
* Annual school health profiles will be suspended for up to a period of three months
* Safeguarding will be prioritised
* We will liaise with commissioners about schools with high levels of need

Mitigation plans are in place within the service for moving staff internally, where possible, and vacant posts are being proactively advertised. This risk will be monitored internally on a weekly basis until staffing improves

69 There are no nursing staffing hot spots within the CAMHs teams.

**Recruitment**

70 The current Trust wide position for community teams as reported real time by the lead nurses is detailed below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Area** | **Vacant Posts** | | **Potential Leavers** | | **Starters/Pipeline** | |
| **RN** | **HCSW** | **RN** | **HCSW** | **RN** | **HCSW** |
| CHS – Community Nursing Hubs | 30.6 | 4.7 | 2.6 | 1 | 4.6 | 2.6 |
| CHS - ICS | 3 | 1 | 2.6 | 1 | 4 | 1 |
| MHSOP | 4.8 | 0 | 0 | 0 | 1 | 0 |
| AMH/LD | 26.11 | 8.4 | 1 | 0 | 6 | 1 |
| FYPC | 15.05 | 5 | 2 | 0 | 3.25 | 0 |
| **Trust Total November 2018** | **79.56** | **19.1** | **7.2** | **2** | **18.85** | **4.6** |
| Trust Total October 2018 | **95.21** | **9.96** | **5.4** | **1** | **18** | **1** |

Table 13 - Recruitment summary community

**Conclusion**

1. The Trust continues to demonstrate compliance with the National Quality Board (NQB) expectations to publish safer staffing information each month. The safer staffing data is being regularly monitored and scrutinised for completeness and performance by the Chief Nurse and reported to NHS England (NHSE) via mandatory national returns on a site-by-site basis. Learning from participation in a number of NHS Improvement (NHSI) development programmes is ongoing.
2. Each directorate has a standard operating procedure for the escalation of safer staffing risks and any significant issues are notified to the Chief Nurse on a weekly basis. Directorate lead nurses have oversight of the plans in place to mitigate risks for each ward and community team to ensure safe care standards are maintained.

Presenting Director: Adrian Childs - Chief Nurse/Deputy Chief Executive

Author(s): Emma Wallis – Associate Director of Nursing and Professional Practice

\*Disclaimer: This report is submitted to the Trust Board for amendment or approval as appropriate. It should not be regarded or published as Trust Policy until it is formally agreed at the Board meeting, which the press and public are entitled to attend.

**Annexes/ Appendices**

Annex 1 – Definition of Safer Staffing Measures

Appendix 1 - Safer staffing supporting information

**Annex 1 – Definition of Safer Staffing Measures**

**Temporary Workers**

These workers are non-substantive and hold either a bank contract with the Trust or are resourced via a 3rd party recruitment agency.

**Safer Staffing Levels**

The Trust has uses the methodology below for measuring safer staffing level performance across our inpatient units. This is in line with the national NHS England (NHSE) reporting

|  |  |  |
| --- | --- | --- |
| **Methodology** | **Measure** | **Measure Source** |
| Fill Rate Analysis (National NHS Digital Return) | Actual hours worked  divided by  Planned hours  (split by RN/ HCSW) | NHS England |

**Fill Rate Analysis (NHS England Return)**

The Trust is required by NHSI to publish our inpatient staffing levels on the NHS Choices website via a national NHSE return. This return requires us to identify the number of hours we plan to utilise with nursing staff and the number of hours actually worked during each month. This information allows us to calculate a ‘fill rate’ which can be benchmarked nationally against other trusts with inpatient provisions.

This methodology takes into account skill mix and bed occupancy which allow us to amend our ‘Planned Staff Hours’ based on the needs of the ward and is the most reflective measure of staffing on our inpatient wards.

‘Planned Staff Hours’ are calculated using the RCN guidance of 1:8 RN to patient ratio. 1 RN is equal to 7.5 hours of planned work.

The ‘Fill Rate’ is calculated by dividing the ‘Planned Staff Hours’ by the ‘Actual Worked Staff Hours’. The fill rate will show in excess of 100% where shifts have utilised more staff than planned or where patient acuity was high and necessitated additional staff.

**Care Hours Per Patient Day (CHPPD) metric**

CHPPD is collected as an additional item on the existing and continuing safe staffing monthly return.

* CHPPD gives a single figure that represents both staffing levels and patient requirements, unlike actual hours alone.
* CHPPD allows for comparisons between wards/units. As CHPPD has been divided by the number of patients, the value doesn’t increase due to the size of the unit – allowing comparisons between different units of different sizes.
* CHPPD reports split out registered mental health and registered nurses from care staff (health care support workers/ assistants) to ensure skill mix and care need is reflected.

| **Appendix 1- Fill rates November 2018** | |  |  | **Fill Rate Analysis (National Return)** | | | | | | **Skill Mix Met**  **(NURSING ONLY)** | **% Temporary Workers**  **(NURSING ONLY)** | | | **Overall CHPPD**  **(Nursing and AHP)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Actual Hours Worked divided by Planned Hours** | | | | | |
|  |  |  |  | **Nurse Day  (Early & Late Shift)** | | **Nurse Night** | | **AHP Day** | |
| **Ward**  **Group** | **Ward name** | **Average no. of Beds on Ward** | **Average no. of Occupied Beds** | **Average % fill rate  registered nurses** | **Average % fill rate  care staff** | **Average % fill rate  registered nurses** | **Average % fill rate  care staff** | **Average % fill rate registered  AHP** | **Average % fill rate  non-registered AHP** | **(based on 1:8 plus 60:40 split)** | **Total** | **Bank** | **Agency** |
| **>= 80%** | **>= 80%** | **>= 80%** | **>= 80%** | **-** | **-** | **>= 80%** | **<20%** | **-** | **-** |
| AMH  Bradgate | Ashby | 21 | 20 | 83.3% | 145.0% | 101.7% | 100.0% |  |  | 64.4% | 34.0% | 33.7% | 0.2% | 5.1 |
| Aston | 19 | 19 | 93.9% | 151.7% | 100.0% | 163.3% |  |  | 75.6% | 31.1% | 25.7% | 5.4% | 6.2 |
| Beaumont | 22 | 21 | 85.0% | 134.2% | 96.7% | 190.0% |  |  | 66.7% | 32.4% | 29.1% | 3.3% | 5.1 |
| Belvoir Unit | 10 | 10 | 105.3% | 384.1% | 123.3% | 378.9% |  |  | 96.7% | 46.9% | 35.0% | 11.9% | 21.1 |
| Bosworth | 20 | 20 | 90.0% | 170.8% | 95.0% | 166.7% |  |  | 72.2% | 21.1% | 19.8% | 1.3% | 6.1 |
| Heather | 18 | 18 | 90.4% | 197.5% | 98.3% | 350.0% |  |  | 77.8% | 49.8% | 44.8% | 5.0% | 7.8 |
| Thornton | 21 | 21 | 81.1% | 159.2% | 100.0% | 140.0% |  |  | 57.8% | 35.6% | 33.7% | 1.9% | 5.9 |
| Watermead | 20 | 20 | 96.7% | 210.0% | 98.3% | 290.0% |  |  | 70.0% | 50.2% | 48.8% | 1.4% | 7.3 |
| Griffin Female PICU | 6 | 6 | 196.7% | 283.9% | 193.3% | 116.7% |  |  | 100.0% | 34.7% | 28.0% | 6.7% | 16.8 |
| AMH  Other | HP Phoenix | 10 | 10 | 94.2% | 141.4% | 100.0% | 158.3% | 100.0% |  | 87.8% | 28.4% | 26.3% | 2.1% | 9.9 |
| SH Skye Wing | 30 | 27 | 110.8% | 147.5% | 203.3% | 100.0% | 100.0% |  | 94.4% | 41.1% | 40.9% | 0.2% | 5.0 |
| Willows Unit | 38 | 35 | 160.4% | 245.2% | 121.4% | 233.0% |  |  | 98.9% | 23.8% | 23.5% | 0.3% | 9.9 |
| ML Mill Lodge (New Site) | 14 | 11 | 79.2% | 263.3% | 50.0% | 200.0% |  |  | 33.3% | 54.9% | 48.8% | 6.1% | 12.3 |  |  |  | 87.1% | 221.0% | 93.5% | 377.4% | 68.82% |
| CHS City | BC Kirby | 24 | 23 | 91.3% | 214.2% | 93.3% | 116.7% |  |  | 58.9% | 31.9% | 29.8% | 2.1% | 5.7 |
| BC Welford | 24 | 21 | 77.3% | 229.2% | 98.3% | 126.7% |  |  | 62.2% | 18.8% | 16.5% | 2.3% | 6.2 |
| CB Beechwood | 20 | 18 | 93.9% | 209.2% | 100.0% | 136.7% | 100.6% | 100.0% | 80.0% | 22.2% | 14.3% | 7.9% | 9.2 |
| CB Clarendon | 20 | 16 | 86.1% | 200.0% | 100.0% | 113.3% |  |  | 77.8% | 22.6% | 12.3% | 10.3% | 7.7 |
| EC Coleman | 21 | 19 | 66.1% | 322.5% | 93.3% | 238.3% |  |  | 30.0% | 46.7% | 45.4% | 1.3% | 9.3 |
| EC Gwendolen | 20 | 15 | 95.1% | 341.7% | 93.3% | 263.3% |  |  | 88.9% | 42.8% | 41.6% | 1.2% | 12.3 |  |
| CHS East | FP General | 7 | 5 | 139.2% | 94.6% | 129.5% | - | 101.6% | 102.0% | 70.0% | 25.8% | 18.5% | 7.3% | 15.0 |  |
| MM Dalgleish | 16 | 14 | 99.2% | 126.7% | 98.3% | 100.0% | 91.1% | 99.2% | 94.4% | 19.7% | 10.6% | 9.2% | 8.9 |  |
| Rutland | 16 | 13 | 99.2% | 115.0% | 95.0% | 93.3% |  |  | 95.6% | 20.8% | 11.4% | 9.4% | 6.5 |
| SL Ward 1 Stroke | 16 | 13 | 100.8% | 194.2% | 98.3% | 100.0% | 91.6% | 100.2% | 95.6% | 17.3% | 14.0% | 3.4% | 11.5 |
| SL Ward 3 | 14 | 11 | 94.8% | 114.8% | 193.3% | 103.3% | 97.8% | 100.0% | 86.7% | 28.5% | 19.7% | 8.8% | 9.6 |
| CHS West | CV Ellistown 2 | 24 | 21 | 121.0% | 173.1% | 200.0% | 111.7% | 95.8% | 99.9% | 100.0% | 15.1% | 9.4% | 5.7% | 6.7 |
| CV Snibston 1 | 15 | 14 | 109.8% | 198.4% | 98.3% | 120.0% | 95.6% | 100.0% | 96.7% | 5.9% | 2.7% | 3.1% | 12.4 |
| HB East Ward | 20 | 17 | 74.7% | 186.7% | 100.0% | 118.3% | 99.6% | 97.9% | 53.3% | 15.2% | 6.3% | 9.0% | 9.9 |
| HB North Ward | 16 | 14 | 100.8% | 167.5% | 98.3% | 96.7% |  |  | 94.4% | 17.5% | 9.8% | 7.7% | 7.7 |
| Lough Swithland | 24 | 19 | 100.0% | 199.2% | 98.3% | 200.0% | 100.5% | 86.9% | 98.9% | 12.1% | 9.2% | 2.9% | 9.1 |
| FYPC | Langley | 15 | 11 | 121.4% | 156.4% | 106.7% | 133.3% | 100.0% |  | 91.1% | 46.2% | 46.2% | 0.0% | 10.6 |
| CV Ward 3 | 10 | 8 | 135.6% | 230.0% | 126.1% | 178.3% | 113.3% |  | 94.4% | 15.8% | 14.3% | 1.5% | 14.6 |
| LD | 3 Rubicon Close | 4 | 3 | 111.7% | 178.3% | 86.7% | 150.0% |  |  | 90.0% | 20.4% | 20.4% | 0.0% | 18.6 |
| Agnes Unit | 11 | 8 | 142.9% | 534.6% | 116.3% | 592.7% |  |  | 94.4% | 51.8% | 51.4% | 0.4% | 38.7 |
| The Gillivers | 5 | 3 | 100.0% | 190.0% | 70.0% | 133.3% |  |  | 84.4% | 11.1% | 11.1% | 0.0% | 19.2 |
| The Grange | 5 | 3 | - | 184.8% | - | 190.3% |  |  | 97.8% | 14.4% | 14.4% | 0.0% | 21.2 |
| **Trust Total** | |  |  | **101.8%** | **206.4%** | **106.5%** | **179.1%** |  |  | **80.9%** | **31.2%** | **27.4%** | **3.7%** |  |