

**TRUST BOARD – 28 FEBRUARY 2019**

**SAFER STAFFING – JANUARY 2019 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.
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, 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 January 2019 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 December 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** |
| Nov 18 | 101.8% | 206.4% | 106.5% | 179.1% | 31.2% |
| Dec 18 | 101.2% | 207.9% | 108.3% | 181.5% | 30.5% |
| **Jan 19** | **103.2%** | **205.1%** | **107.8%** | **187.2%** | **30.2%** |

Table 1 - Trust level safer staffing

1. During January 2019, the total temporary worker rate slightly decreased from the previous month by 0.3%. Of these temporary staff; 26.7% were bank staff and 3.5% were agency staff.
2. The average Trust range for CHPPD is between 4.5 (Skye Wing) and 33.3 (Agnes Unit) hours with an overall Trust average of 10.18 CHPPD. The increase over the past three months reflects the addition of AHP data for several wards. 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.

1. Temporary staffing utilisation remains above 25% across 54% 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** | **November 2018** | **December 2018** | **January 2019** |
| Hinckley and Bosworth - East Ward  | X | X | X |
| Coalville - Snibston Ward 1  |  |  |  |
| Short Breaks - The Gillivers  | X | X | X |
| Short Breaks – Rubicon Close  |  | X |  |
| Mill Lodge  | X | X | X |
| Ashby  |  |  |  |
| Aston  |  |  |  |
| Beaumont |  |  |  |
| Bosworth |  |  |  |
| Welford  | X | X | X |
| Coleman  | X | X | X |
| Gwendolen  |  | X | X |

Table 2 - 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 | 101.6% | 125.0% | 96.8% | 106.5% | 17.3% | 5.3 | 1 | 4↑ | 0 | 100% |
| Aston | 19 | 84.2% | 152.4% | 95.2% | 216.1% | 37.2% | 6.1 | 0 | 1 | 1↑ | nil |
| Beaumont | 20 | 94.1% | 179.0% | 101.6% | 341.9% | 42.2% | 6.6 | 0 | 0 | 1↑ | nil |
| Belvoir Unit | 10 | 101.6% | 265.3% | 183.9% | 262.9% | 40.9% | 16.4 | 1↑ | 0 | 0↓ | nil |
| Bosworth | 19 | 82.7% | 173.4% | 96.8% | 222.6% | 33.0% | 6.2 | 1 | 1↑ | 0 | 100% |
| Heather | 17 | 93.4% | 158.1% | 98.4% | 171.0% | 28.8% | 6.6 | 0↓ | 6↑ | 0 | nil |
| Thornton | 20 | 88.6% | 169.9% | 96.8% | 125.8% | 35.9% | 6.1 | 2↑ | 2↑ | 0↓ | nil |
| Watermead | 19 | 89.8% | 181.5% | 95.2% | 251.6% | 50.1% | 6.5 | 2↑ | 3↑ | 0↓ | nil |
| Griffin F PICU | 6 | 200.0% | 401.6% | 193.5% | 245.2% | 35.4% | 22.2 | 0↓ | 0↓ | 0↓ | nil |
| **TOTALS** |  |  |  |  |  |  |  | **7** | **17**↑ | **2**↓ |  |

Table 3 - 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 remain at seven in January 2019 as in December 2018. Analysis of the reported errors is provided with the actions taken; Five themes have been identified;
* wrong patient administration; route cause due to staff human factors, no patient harm as a result of the errors, all reviewed in line with the Trust Policy for Medication Errors, BESS score and staff reflection and clinical supervision completed
* Delayed/omitted dose; due to medicines management, stock and ordered items missing or delayed resulting in delayed and omitted doses, no harm as a result to either patients.
* Wrong dose; one incident related to administration of a PRN dose twice and one incident a lower than prescribed dose administered, route cause due to staff human factors, no patient harm as a result of the errors, all reviewed in line with the Trust Policy for Medication Errors, BESS score and staff reflection and clinical supervision completed
* prescription error – one near miss (Depot administered on the 21/1/19 and prescribed for administration on the 22/1/19 instead of 30 days later)
1. Reported falls have increased from 7 in December 2018 to 18 in January 2019.
* Aston Ward; incident related to a patient becoming unsteady on their feet and falling against a wall banging their head. All physical health checks carried out and consideration given to the effects of new medication.
* Ashby Ward; there were four falls incidents in January 2019. Two incidents were related to the same patient who fell in the toilet area after becoming unsteady on their feet and placed themselves on the floor instead of a chair; physical health checks completed and the patient was reviewed medically. The third and fourth incidents related to the same patient who tripped over his own feet in the corridor and sustained a small cut above his eye and then fell over; doctor assessed and reviewed diabetes care plan as initially felt these may be related, physical health observations were completed and further monitoring.
* Bosworth Ward; there was one incident relating to a patient who reported they slipped whilst in the toilet reaching for their frame; physical health checks completed and review of support required by the patient.
* Heather Ward; there were six reported falls incidents. Two incidents relate to the same patient who was queried to have fallen due to a pseudo seizure, all appropriate medical follow up completed.  Three incidents involved the same patient all related to transferring from their wheelchair to either the toilet or bed, on all occasions the patient slid from the wheelchair onto the floor. The patient was assessed after all incidents, reviewed by the Occupational Therapist and there were no injuries as a result of the slips. One incident related to a patient in a communal area who suddenly placed themselves on the floor. The patient was able to verbally respond when staff intervened. Physical observations were checked and were all within normal range. Patient was then assessed by the duty doctor.
* Thornton Ward; there were two incidents of falls for the same patient as a result of feeling unsteady, no injuries occurred but full physical and medical reviews were completed after to establish cause.
* Watermead Ward; there were three incidents on the ward. One related to an unwitnessed fall, no injuries sustained and no physical concerns medical review. The second incident involved a patient who was queried to have a fallen due to a pseudo seizure, all appropriate medical follow up completed. The third incident involved a patient placing themselves on the floor from a stool and in the process banged their head. No injuries were sustained but physical health and neurological observations were completed and the patient was medically reviewed.
1. Complaint numbers decreased from four in December 2018 to 2 in January 2019. Analysis of the complaints has not identified any themes attributable to safer staffing levels.

**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 | 4 | 121.0% | 188.7% | 87.1% | 135.5% | 17.6% | 17.8 | 0 | 0 | 0 | nil |
| Agnes Unit | 9 | 140.3% | 550.0% | 101.6% | 514.5% | 47.4% | 33.3 | 0 |  1↑ | 0 | nil |
| The Gillivers | 3 | 104.8% | 182.3% | 51.6% | 171.0% | 6.9% | 21.5 | 1 |  1 | 0 | nil |
| The Grange | 2 | - | 158.6% | - | 196.8% | 16.9% | 21.3 | 2↑ |  1↑ | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  | **3**↑ | **3**↑ | **0** |  |

Table 4 - 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 in January 2019 increased to three from one in December 2018
* The incident at the Gillivers short breaks related to a patient asleep in bed who rolled out of bed onto floor mats, appropriate review of assessment and clinical management was completed.
* A patient at the Grange had a tonic clonic seizure and fell as a consequence, all clinical aftercare given and care plans reviewed.
* A patient at the Agnes Unit was assisted to shower by staff, on leaving the en-suite the patient was witnessed slipping on the wet floor and banging head on the on-suite door frame resulting in a cut to the forehead. Wound cleansed and neurological observations completed hourly all without concern and physical observations all within range, discussed with doctor.
1. Reported medication errors increased from one in December 2018 to three in January 2019. A theme was identified at the Gillivers regarding medicines prescription on admission and two near misses for double doses. Following review the process has been changed so that prior to admission;
* Patient drug cards to be completed prior to admission and not on the day of admission
* To check that the pharmacy labels match both the medication card and admission medication counting form
1. There were no complaints reported in January 2019 as in December and November 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 | 12 | 110.5% | 139.5% | 100.0% | 150.0% | 29.0% | 9.0 | 0 | 0 | 0 | nil |

Table 5- 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 December and November 2018 there were zero reported falls or complaints in January 2019.
3. As in December 2018 there were no reported medication errors in January 2019.

**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 | 116.9% | 133.3% | 193.5% | 98.4% | 38.7% | 4.5 | 1↑ | 1**↓** | 0 | nil |
| Willows Unit | 30 | 167.3% | 176.9% | 121.8% | 239.7% | 15.9% | 9.5 | 1↑ | 3↑ | 0 | nil |
| ML Mill Lodge | 12 | 89.5% | 232.3% | 50.0% | 193.5% | 50.9% | 11.3 |  0 | 4**↓** | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  | **2**↑ | **8↓** | **0** |  |

Table 6 - 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 January 2019, Mill Lodge remains a hot spot for meeting planned RN levels on nights only 50.9% 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.

31 The number of falls decreased from 12 in December 2018 to 8 in January 2019, of which 4 occurred on Mill Lodge. All incidents are related to the following; patients becoming frustrated or agitated with their mobility and sliding/ placing themselves on the floor, falls related to the impact of their Huntington’s disease stage affecting their mobility and balance or results of the force of involuntary muscle movements. All patients at Mill Lodge are regularly reviewed by physio and OT for mobility and falls risks and mitigation plans are in place.

On the Willows Unit one patient reported they had fallen when standing up too quickly; all physical health checks completed and a medical review. The other incident related to a patient who went to sit on a chair that was not behind her and fell to the floor, all physical health checks completed and no injury sustained.

1. There were two reported medication errors, no themes identified, one incident a delayed dose due to medicines management (stock) and a missed dose of insulin for a patient (not in our care, on leave back in residential care).
2. There were no reported complaints in January 2019 as in December 2018.

**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 | 7 | 140.5% | 81.1% | 124.5% | - | 22.2% | 7.4 | 1 | 4**↑** | 0 | 1**↑** | 100% |
| MM Dalgliesh | 15 | 96.8% | 137.9% | 100.0% | 103.2% | 8.6% | 6.1 | 0 | 4**↓** | 0 | 0 | 100% |
| Rutland | 13 | 98.4% | 115.2% | 93.5% | 100.0% | 17.1% | 6.1 | 0 | 3**↓** | 0 | 2**↑** | 90% |
| SL Ward 1 | 15 | 105.6% | 188.9% | 96.8% | 93.5% | 20.7% | 8.0 | 0 | 1**↓** | 0 | 0 | 100% |
| SL Ward 3 | 11 | 89.9% | 126.1% | 200.0% | 96.8% | 26.4% | 7.5 | 0 | 4**↑** | 0 | 0 | 100% |
| CV Ellistown 2 | 22 | 116.1% | 183.1% | 203.2% | 158.1% | 17.7% | 5.9 | 0**↓** | 6**↑** | 1 | 0 | 100% |
| CV Snibston 1 | 15 | 103.2% | 212.9% | 100.0% | 130.6% | 6.4% | 8.8 | 0 | 7**↑** | 0 | 0 | 91.7% |
| HB East Ward | 18 | 74.4% | 209.7% | 101.6% | 135.5% | 20.0% | 7.3 | 1 | 3**↓** | 0 | 0 | nil |
| HB North Ward | 16 | 100.0% | 204.0% | 98.4% | 132.3% | 23.8% | 8.0 | 0 | 10**↑** | 0 | 1**↑** | nil |
| Loughborough Swithland | 20 | 100.0% | 196.8% | 100.0% | 203.2% | 16.4% | 5.9 | 0 | 4 | 0 | 0 | 97.2% |
| CB Beechwood | 21 | 103.9% | 200.8% | 100.0% | 143.5% | 18.6% | 6.3 | 2**↑** | 4**↓** | 0 | 0 | nil |
| CB Clarendon | 18 | 86.0% | 212.9% | 101.6% | 119.7% | 18.4% | 7.3 | 1**↑** | 9 | 0 | 1**↑** | nil |
| **TOTALS** |  |  |  |  |  |  |  | **5↑** | **59↑** | **1** | **5↑** |  |

Table 7 - Community hospital safer staffing

1. In January 2019, East Ward met the planned RN level during the day 74.4%. 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 are above 20% across five wards. The increased utilisation is due to RN vacancies, sickness and increased levels of patient acuity requiring observation support.
3. The number of reported falls incidents has increased from 56 in December 2018 to 59 in January 2019.  Of the 59 falls reported, there was 1 moderate harm fall which occurred on Feilding Palmer Ward.  10 occurred on North Ward, 9 occurred on Clarendon Ward, 6 on Ellistown and 6 occurred on Snibston Ward.  Analysis of the falls has shown that 37 of the reported falls were recorded as unwitnessed falls. The falls were associated with patient factors, prevention strategies and care plans were in place including the use of specialing to increase levels of observation and therapeutic interaction.
4. Medication errors have increased from three in December 2018 to five in January 2019.  Four incidents were related to the administration process, reflection has been undertaken with the individuals in line with the Trust Medication Error Policy, one error was in relation to a discrepancy in stock.
5. There was one reported avoidable grade 2 pressure ulcer on Ellistown Ward.  The Lead Nurse and Matron have reviewed and altered operational processes in the completion of daily SSKIN checks. In addition a series of time out training sessions are planned throughout February and early March 2019 for all nursing staff.
6. There has been an increase in complaints during January 2019 analysis of the complaints has not identified any themes attributable to safer staffing levels. The complaints related to discharge and staff attitude.

**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 | 21 | 85.8% | 237.3% | 95.2% | 156.5% | 26.2% | 6.6 | 1 | 10↑ | 0 | 0 | nil |
| BC Welford | 21 | 79.4% | 290.3% | 96.8% | 180.6% | 31.9% | 7.5 | 0**↓** | 7**↓** | 0 | 1↑ | 100% |
| Coleman | 19 | 71.5% | 304.0% | 104.8% | 229.0% | 48.1% | 9.1 | 1↑ | 3**↓** | 0 | 0**↓** | nil |
| Gwendolen | 16 | 75.6% | 396.0% | 98.4% | 308.1% | 52.1% | 13.2 |  0 | 27↑ | 0 | 1**↓** | 100% |
| **TOTALS** |  |  |  |  |  |  |  | **2↓** | **47**↑ | **0** | **2**↑ |  |

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

1. Welford, Coleman and Gwendolen wards in Mental Health Services for Older People (MHSOP) were hotspots in December 2018 as they did not achieve the planned RN levels on day shifts.
2. A review of the rotas has identified that across the wards, in total 12 day shifts across the month were staffed with one registered nurse, on these occasions neighbouring wards worked together and Ward Sisters/Charge nurses and Matrons were deployed to support ward areas to ensure safer staffing perimeters were met.
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 January 2019 there were two medication errors reported, a decrease from three in December 2018. Both errors were assessed in line with the Trust policy for Medication Errors, individual clinical supervision and reflection provided for staff involved.
6. Reported falls incidents have increased slightly from 40 in December 2018 to 47 in January 2019. Of the reported falls there was an increase on Kirby and Gwendolen wards. Analysis has identified that on Kirby Ward, one patient had a total of four falls. The patient had a falls prevention care plan in place with actions to try to mitigate the risk of harm, due to delirium the patient regularly walked without her mobility aid.
7. Falls on Gwendolen Ward have increased due to the challenging behaviours of patients who are risk assessed to be on level 1 observations due to their cognitive decline with altered behaviours and visual special decline. This has led to an increase in falls with patients walking into objects, chairs and on occasion falling.
8. There were no reported avoidable pressure ulcers or complaints in January 2019 as in December 2018.

**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 | 107.9% | 167.2% | 100.0% | 167.2% | 49.4% | 11.2 | 1**↓** | 0**↓** | 0 | nil |
| CV Ward 3 - CAMHS | 8 | 223.2% | 295.7% | 177.1% | 217.1% | 13.5% | 15.9 | 0 | 0 | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  | **1↓** | **0↓** | **0** |  |

Table 9 - 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).

1. Both wards continue to utilise an increased number of temporary workers to manage increases in patient acuity.
2. There were no complaints in January 2019 as in December and November 2018.
3. There were no reported falls in January 2019 as in December 2018.
4. There was one reported medication error in January 2019.

**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 | 3.0 | 5.0 | 0 | 0 | 0 | 0 |
| CHS (Community Hospitals) | 45.95 | 17.98 | 3.0 | 0 | 5.61 | 7.8 |
| MHSOP | 13.2 | 2.6 | 1.0 | 1.0 | 4.2 | 1.0 |
| AMH/LD | 62.29 | 31.55 | 7.0 | 6.0 | 4.0 | 4.0 |
| **Trust Total January 2019** | **124.44** | **57.13** | **11.0** | **7.0** | **13.81** | **12.8** |
|  |  |  |  |  |  |  |
| **Trust Total December 2018** | **102.34** | **45.02** | **10.0** | **4.6** | **13.2** | **13.8** |

Table 10 - 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
* 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**  | **November****2018** | **December****2018** | **January****2019** |
| City East CMHT |  |  |  |
| Charnwood CMHT | X | X | X |
| Mental Health Triage |  |  | X |
| South Leicestershire CMHT |  |  |  |
| Crisis Resolution and Home Treatment Team  |  |  |  |
| West Leicestershire CMHT | X | X |  |
| City East Hub- Community Nursing | X | X | X |
| City West Hub- Community Nursing |  | X | X |
| Charnwood Hub – Community Nursing |  | X | X |
| City East CMHT (MHSOP) | X | X |  |
| South Leicestershire CMHT (MHSOP) | X | X | X |
| West Leicestershire CMHT (MHSOP) |  |  | X |
| City West CMHT (MHSOP) |  |  | X |
| Healthy Together – City  | X | X | X |
| Healthy Together – East |  | X | X |
| Looked After Children team |  | X | X |

Table 11 – Community Hot Spot areas

1. Community Hot Spot areas in summary (detail in directorate sections below);

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 Mental Health Triage team is also a hotspot team due to a number of vacancies.

Within the MHSOP CMHT’s; West Leicestershire is a hot spot due to long term sickness, City West due to one member of staff on non-clinical duties and in South Leicester CMHT due to a Band 6 vacancy.

Within Community nursing the City East and City West hubs are hot spots due to vacancies, the Charnwood hub is a hot spot due to high numbers of staff on maternity leave.

Looked After Children team and Healthy Together City and East teams remain hot spot

areas within FYPC Community; they are rated to be at Amber escalation level due to only

70% of the established team available to work.

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

57 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.

58       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.

59       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.

60       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.

61 The Mental Health Triage team is also a hotspot team and has a number of vacancies, however, some appointments have been made following recent recruitment and new staff are expected to start in February and March. Current vacancies are being covered by overtime, bank and agency

62       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).
* 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**

63 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.

64 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. The workforce model and methodology is currently subject to a review with Newton Europe, with a view to applying the same methodology to community therapy and ICS services.

65 There remains a number of vacancies across the community planned care nursing teams with the city teams carrying the largest numbers of vacancies.

 The hotspots for CHS community planned remain the same; City East, City West and Charnwood. Charnwood is improving as two of the five staff on maternity leave are due to return to work. An active recruitment programme continues; six band five RNs were offered posts across the service line in the first week of February 2019. A robust induction programme has been embedded for all new starters and a Band 6 development programme is being delivered across the service, both with an aim to improve retention and clinical standards of care.

66 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.

 **Intensive Community Support (ICS)**

67 There are no ‘hot spots’ within ICS. Work is commencing to implement the auto planner tool for safer caseload management within ICS, using the model developed within community nursing.

**Mental Health Services for Older People**

68 The South Leicestershire and City East CMHTs have been identified as hot spots 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)**

69 The overview of community staffing includes the Diana service, Paediatric phlebotomy, PIER, Healthy Together, Child Adolescent Mental Health Service (CAMHS), Community Paediatrics (nursing staff), Looked after Children (LAC) team and School aged immunisation team.

70 The following teams have rated themselves to be at Amber escalation level with 70% of the established team available to work.

* LAC team
* Healthy Together East and City teams

All other teams are rated to be at Green escalation level and no teams are Red.

71 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

72 A service delivery risk is on the risk register for the LAC nursing team. The LAC nursing team underwent a management of change in 2018 and the outcome has not yet been finalised due to long term sickness. It is anticipated that 1.2 wte staff member will return to work in January 2019 and 1.8 wte staff will commence in post in January- February 2019. The team are utilising bank staff and support from the Healthy Together service to address a backlog in reviewing health assessments and leaving care health summaries. Further vacancies are currently being advertised.

73       There are no other staffing hotspots in FYPC.

**Recruitment**

74 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 | 15.6 | 5.0 | 1.6 | 0 | 11.8 | 0 |
| CHS - ICS | 4.6 | 1.0 | 1.0 | 1.0 | 2.0 | 0 |
| MHSOP | 3.2 | 1.0 | 0 | 0 | 2.0 | 0 |
| AMH/LD | 12.4 | 0 | 0 | 0 | 3.0 | 0 |
| FYPC  | 22.01 | 8.2 | 1.0 | 0 | 4.0 | 0 |
| **Trust Total January 2019** | **57.81** | **15.2** | **3.6** | **1.0** | **22.8** | **0** |
| Trust Total December 2018 | 55.81 | 11.7 | 12 | 3.0 | 34.2 | 3.6 |

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.
3. In light of the triangulated review of fill rates, nurse sensitive indicators and patient feedback, the Chief Nurse is assured that there is sufficient resilience across the Trust not withstanding some hot spot areas, to ensure that every ward and community team is safely staffed.

Presenting Director: Anne Scott – Interim Chief Nurse

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 - scorecard

**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 workeddivided byPlanned 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 January 2019** |  |  | **Fill Rate Analysis (National Return)** | **Skill Mix Met****(NURSING ONLY)** | **% Temporary Workers****(NURSING ONLY)** | **Overall CHPPD****(Nursing and AHP)** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Actual Hours Worked divided by Planned Hours** |
|  |  |  |  | **Nurse Day (Early & Late Shift)** | **Nurse Night** | **AHP Day** |
| **Ward****Group** | **Ward name** | **Average no. of Beds on Ward** | **Average no. of Occupied Beds** | **Average % fill rate registered nurses** | **Average % fill rate care staff** | **Average % fill rate registered nurses** | **Average % fill rate care staff** | **Average % fill rate registered AHP** | **Average % fill rate non-registered AHP** | **(based on 1:8 plus 60:40 split)** | **Total** | **Bank** | **Agency** |
| **>= 80%** | **>= 80%** | **>= 80%** | **>= 80%** | **-** | **-** | **>= 80%** | **<20%** | **-** | **-** |
| AMH Bradgate | Ashby | 21 | 20 | 101.6% | 125.0% | 96.8% | 106.5% |   |   | 91.4% | 17.3% | 17.3% | 0.0% | 5.3 |
| Aston | 19 | 19 | 84.2% | 152.4% | 95.2% | 216.1% |   |   | 60.2% | 37.2% | 31.3% | 6.0% | 6.1 |
| Beaumont | 22 | 20 | 94.1% | 179.0% | 101.6% | 341.9% |   |   | 87.1% | 42.2% | 40.3% | 1.9% | 6.6 |
| Belvoir Unit | 10 | 10 | 101.6% | 265.3% | 183.9% | 262.9% |   |   | 98.9% | 40.9% | 33.2% | 7.7% | 16.4 |
| Bosworth | 20 | 19 | 82.7% | 173.4% | 96.8% | 222.6% |   |   | 66.7% | 33.0% | 31.8% | 1.2% | 6.2 |
| Heather | 18 | 17 | 93.4% | 158.1% | 98.4% | 171.0% |   |   | 82.8% | 28.8% | 24.4% | 4.4% | 6.6 |
| Thornton | 21 | 20 | 88.6% | 169.9% | 96.8% | 125.8% |   |   | 66.7% | 35.9% | 35.5% | 0.4% | 6.1 |
| Watermead | 19 | 19 | 89.8% | 181.5% | 95.2% | 251.6% |   |   | 78.5% | 50.1% | 45.7% | 4.3% | 6.5 |
| Griffin Female PICU | 6 | 6 | 200.0% | 401.6% | 193.5% | 245.2% |   |   | 100.0% | 35.4% | 26.7% | 8.6% | 22.2 |
| AMH Other | HP Phoenix | 12 | 12 | 110.5% | 139.5% | 100.0% | 150.0% |   |   | 95.7% | 29.0% | 26.5% | 2.5% | 9.0 |
| SH Skye Wing | 30 | 27 | 116.9% | 133.3% | 193.5% | 98.4% |   |   | 95.7% | 38.7% | 38.5% | 0.2% | 4.5 |
| Willows Unit | 33 | 30 | 167.3% | 176.9% | 121.8% | 239.7% |   |   | 91.4% | 15.9% | 15.8% | 0.1% | 9.5 |
| ML Mill Lodge (New Site) | 14 | 12 | 89.5% | 232.3% | 50.0% | 193.5% |   |   | 44.1% | 50.9% | 43.6% | 7.3% | 11.3 |  |  |  | 87.1% | 221.0% | 93.5% | 377.4% | 68.82% |
| CHS City | BC Kirby | 23 | 21 | 85.8% | 237.3% | 95.2% | 156.5% |   |   | 63.4% | 26.2% | 23.8% | 2.4% | 6.6 |
| BC Welford | 24 | 21 | 79.4% | 290.3% | 96.8% | 180.6% |   |   | 65.6% | 31.9% | 29.5% | 2.4% | 7.5 |
| CB Beechwood | 22 | 21 | 103.9% | 200.8% | 100.0% | 143.5% | 100.1% | 100.0% | 81.7% | 18.6% | 14.6% | 4.0% | 6.3 |
| CB Clarendon | 21 | 18 | 86.0% | 212.9% | 101.6% | 119.7% |   |   | 75.3% | 18.4% | 14.8% | 3.6% | 7.3 |
| EC Coleman | 21 | 19 | 71.5% | 304.0% | 104.8% | 229.0% |   |   | 34.4% | 48.1% | 47.3% | 0.8% | 9.1 |
| EC Gwendolen | 20 | 16 | 75.6% | 396.0% | 98.4% | 308.1% |   |   | 57.0% | 52.1% | 50.9% | 1.2% | 13.2 |  |
| CHS East | FP General | 8 | 7 | 140.5% | 81.1% | 124.5% | - | 98.6% | 100.4% | 72.0% | 22.2% | 11.7% | 10.5% | 7.4 |  |
| MM Dalgliesh | 17 | 15 | 96.8% | 137.9% | 100.0% | 103.2% | 94.6% | 99.6% | 97.8% | 8.6% | 6.2% | 2.3% | 6.1 |  |
| Rutland | 15 | 13 | 98.4% | 115.2% | 93.5% | 100.0% |   |   | 88.2% | 17.1% | 13.8% | 3.3% | 6.1 |
| SL Ward 1 Stroke | 16 | 15 | 105.6% | 188.9% | 96.8% | 93.5% | 93.2% | 99.5% | 95.7% | 20.7% | 16.8% | 3.9% | 8.0 |
| SL Ward 3 | 14 | 11 | 89.9% | 126.1% | 200.0% | 96.8% | 97.0% | 98.2% | 82.8% | 26.4% | 18.1% | 8.3% | 7.5 |
| CHS West | CV Ellistown 2 | 24 | 22 | 116.1% | 183.1% | 203.2% | 158.1% | 93.6% | 100.5% | 97.8% | 17.7% | 8.8% | 8.8% | 5.9 |
| CV Snibston 1 | 15 | 15 | 103.2% | 212.9% | 100.0% | 130.6% | 96.2% | 100.0% | 97.8% | 6.4% | 2.8% | 3.6% | 8.8 |
| HB East Ward | 20 | 18 | 74.4% | 209.7% | 101.6% | 135.5% | 99.9% | 97.3% | 48.4% | 20.0% | 10.7% | 9.2% | 7.3 |
| HB North Ward | 17 | 16 | 100.0% | 204.0% | 98.4% | 132.3% |   |   | 96.8% | 23.8% | 15.0% | 8.8% | 8.0 |
| Lough Swithland | 23 | 20 | 100.0% | 196.8% | 100.0% | 203.2% | 100.7% | 74.2% | 100.0% | 16.4% | 10.1% | 6.3% | 5.9 |
| FYPC | Langley | 14 | 11 | 124.8% | 177.0% | 109.7% | 156.5% | 99.5% |   | 97.8% | 42.9% | 42.9% | 0.0% | 9.9 |
| CV Ward 3 | 10 | 8 | 154.9% | 270.7% | 152.4% | 200.0% | 112.2% |   | 94.6% | 26.6% | 22.9% | 3.6% | 15.3 |
| LD | 3 Rubicon Close | 4 | 4 | 121.0% | 188.7% | 87.1% | 135.5% |   |   | 92.5% | 17.6% | 17.6% | 0.0% | 17.8 |
| Agnes Unit | 12 | 9 | 140.3% | 550.0% | 101.6% | 514.5% |   |   | 100.0% | 47.4% | 45.2% | 2.2% | 33.3 |
| The Gillivers | 5 | 3 | 104.8% | 182.3% | 51.6% | 171.0% |   |   | 75.3% | 6.9% | 6.9% | 0.0% | 21.5 |
| The Grange | 5 | 2 | - | 158.6% | - | 196.8% |   |   | 94.6% | 16.9% | 16.9% | 0.0% | 21.3 |
| **Trust Total** |  |  | **103.2%** | **205.1%** | **107.8%** | **187.2%** |  |  | **82.0%** | **30.2%** | **26.7%** | **3.5%** |  |