

**TRUST BOARD – 31 JANUARY 2019**

**SAFER STAFFING – DECEMBER 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.
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, NHSi 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 December 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 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** |
| Oct 18 | 99.9% | 203.7% | 105.9% | 180.3% | 31.8% |
| Nov 18 | 101.8% | 206.4% | 106.5% | 179.1% | 31.2% |
| **Dec 18** | **101.2%** | **207.9%** | **108.3%** | **181.5%** | **30.5%** |

Table 1 - Trust level safer staffing

1. During December 2018, the total temporary worker rate slightly decreased from the previous month by 0.7%. Of these temporary staff; 26.5% were bank staff and 3.9% were agency staff.
2. The average Trust range for CHPPD is between 5.0 (Skye Wing) and 32.5 (Agnes Unit) hours with an overall Trust average of 11.0 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.

1. Temporary staffing utilisation remains above 25% across 45% 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** | **October 2018** | **November 2018** | **December 2018** |
| Hinckley and Bosworth - East Ward |  | X | X |
| Coalville - Snibston Ward 1 | X |  |  |
| Short Breaks - The Gillivers |  | X | X |
| Short Breaks – Rubicon Close |  |  | X |
| Mill Lodge | X | X | X |
| Ashby | X |  |  |
| 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 | 19 | 90.3% | 138.7% | 98.4% | 138.7% | 31.4% | 5.6 | 1↑ | 0↓ | 0 | 100% |
| Aston | 18 | 89.4% | 149.2% | 101.7% | 206.5% | 33.1% | 6.8 | 0↓ | 1↓ | 0 | 100% |
| Beaumont | 20 | 94.6% | 125.0% | 93.5% | 141.9% | 29.8% | 5.1 | 0 | 0 | 0 | nil |
| Belvoir Unit | 10 | 99.2% | 367.7% | 145.2% | 366.1% | 50.1% | 20.6 | 0 | 0 | 2↑ | nil |
| Bosworth | 18 | 101.1% | 150.8% | 91.9% | 164.5% | 22.8% | 6.5 | 1↓ | 0↓ | 0↓ | nil |
| Heather | 17 | 86.0% | 201.6% | 98.4% | 280.6% | 43.6% | 7.9 | 3 | 3↓ | 0 | nil |
| Thornton | 19 | 87.3% | 162.9% | 100.0% | 143.5% | 35.3% | 6.5 | 1↓ | 0↓ | 0↓ | 100% |
| Watermead | 19 | 90.7% | 187.1% | 93.5% | 261.3% | 48.4% | 7.0 | 0 | 2↑ | 1↓ | 100% |
| Griffin F PICU | 5 | 195.2% | 309.7% | 219.4% | 100.0% | 31.8% | 19.7 | 1↑ | 1↑ | 1↓ | nil |
| **TOTALS** |  |  |  |  |  |  |  | **7**↓ | **7**↓ | **4**↓ |  |

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 have decreased from 9 in November 2018 to 7 in December 2018. Analysis of the reported errors is provided with the actions taken;

Beaumont Ward; Zopiclone night sedation given for 6 nights instead of 5 – staff seen for reflective learning.

Ashby Ward; Depot medication not given following patient refusal – review of clinical rationale and follow up for patient taking place by Ward Sister.

Heather Ward; Incident 1 related to patient’s medication from the day shift being found in their bedroom, follow up being undertaken by Ward Sister regarding medication administrators compliance with policy regarding observation of patients taking medication. Incident 2 related to oral methadone being signed for on e-prescribing but not completed in the controlled drug book; administration was completed by a substantive RN and Bank RN, staff reviewed in line with the Trust policy for Medication Errors. Incident 3 related to a prescribing error for antibiotic drops for an ear infection; eye drops prescribed in error and used for two days. None of the incidents are for the same patient and different staff were involved in each incident.

Bosworth Ward; incident related to giving the wrong dose of prescribed medication (no harm and within therapeutic parameters), staff reflection completed that highlighted the change in prescription had not been fully processed by the administrator.

Thornton Ward; incident related to overstocking of benzodiazepine medication to the ward that did not match prescriptions. An initial investigation by the Ward Sister and Pharmacy found numerous unopened boxes of three types of medication in the clinic room that matched the discrepancies noted by Pharmacy.

There was one medication error on Griffin Ward, PICU. This related to medication dispensed by Pharmacy for home leave not being available/ found on the ward, an initial fact finding investigation has commenced.

1. Reported falls have decreased from 14 in November 2018 to 7 in December 2018. On Aston Ward the incident related to a patient placing themselves on the floor and refusing to move. The AMH/LD Patient Safety Group is looking at classification of these incidents on the incident reporting system as they are not true falls.

On Heather Ward, there were three patient falls during December 2018. Two of the incidents related to one patient who slid off the edge of the chair in her bedroom whist being visited by her family and when mobilising with a frame to use the toilet, sat forward when trying to sit on the toilet and fell on their knees to the floor. On both occasions the patient was fully assessed and hoisted from the floor with further review by the OT/ Physio. The third incident was an unwitnessed fall in the lounge of the ward, the patient could not explain how the fall occurred and stated they fell on their head. The staff and duty doctor assessed the patient and due to sustaining possible head/ neck injuries the patient was transferred to the Emergency Department via ambulance.

Two incidents relating to the same patient occurred on Watermead Ward in December 2018. In the first incident, the patient lost their footing whilst looking out of the window, no injuries were sustained and no physical concerns following medical review. The second incident the patient was found on his front trying to get up, assessed by the doctor and neurological observations completed with no physical health issues found, further monitoring to take place.

1. Complaint numbers decreased from seven in November 2018 to four in December 2018. 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 | 3 | 104.8% | 146.3% | 87.1% | 109.7% | 12.5% | 14.7 | 0 | 0↓ | 0 | nil |
| Agnes Unit | 10 | 142.6% | 592.6% | 103.3% | 551.7% | 50.6% | 32.5 | 0 | 0 | 0 | nil |
| The Gillivers | 3 | 75.8% | 182.3% | 51.6% | 167.7% | 14.0% | 20.9 | 1 | 1↑ | 0 | nil |
| The Grange | 3 | - | 194.5% | - | 191.3% | 21.1% | 14.8 | 0↓ | 0 | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  | **1**↓ | **1** | **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 December 2018 remained the same as reported in November 2018; one, the fall related to a patient having a drop epileptic seizure, appropriate clinical management completed.
3. Reported medication errors decreased from three in November 2018 to one in December 2018. Analysis has shown that a lower dose of PRN medication was administrated than prescribed; staff have been reviewed in line with the Trust policy for Medication Errors.
4. There were no complaints reported in December 2018 as in October 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 | 11 | 106.5% | 152.8% | 106.5% | 146.8% | 20.8% | 9.5 | 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 October and November 2018 there were zero reported falls or complaints in December 2018.
3. There were no reported medication errors in December 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 | 26 | 108.1% | 146.3% | 193.5% | 98.4% | 35.2% | 5.0 | 0**↓** | 2**↓** | 0 | nil |
| Willows Unit | 35 | 163.3% | 232.6% | 125.8% | 232.8% | 20.6% | 9.6 | 0**↓** | 0 | 0 | nil |
| ML Mill Lodge | 11 | 82.3% | 246.8% | 54.8% | 203.2% | 53.2% | 12.6 | 0**↓** | 10**↓** | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  | **0↓** | **12↓** | **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 December 2018, Mill Lodge remains a hot spot for meeting planned RN levels on nights only 54.8% 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.

32 The number of falls decreased from 27 in November 2018 to 12 in December 2018, of which 10 occurred on Mill Lodge. The 10 incidents involved four patients. 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.

1. There were no reported medication errors or complaints 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 | 155.8% | 106.3% | 136.4% | - | 21.9% | 9.7 | 1**↓** | 3**↓** | 0 | 0 | 91.7% |
| MM Dalgleish | 14 | 101.6% | 138.7% | 100.0% | 106.5% | 13.5% | 8.2 | 0 | 9**↑** | 0 | 0 | 95.5% |
| Rutland | 12 | 98.4% | 111.6% | 95.2% | 106.5% | 15.1% | 7.1 | 0 | 6**↑** | 0 | 0 | 100% |
| SL Ward 1 | 13 | 103.2% | 190.3% | 100.0% | 95.2% | 23.9% | 10.8 | 0 | 4**↑** | 0 | 0 | 100% |
| SL Ward 3 | 11 | 89.8% | 128.0% | 196.8% | 100.0% | 29.5% | 9.8 | 0**↓** | 0**↓** | 0 | 0**↓** | 81.8% |
| CV Ellistown 2 | 21 | 108.9% | 165.4% | 193.5% | 108.1% | 14.4% | 6.4 | 1**↓** | 3**↓** | 1**↑** | 0 | 100% |
| CV Snibston 1 | 14 | 100.0% | 194.5% | 101.6% | 146.8% | 9.7% | 11.8 | 0 | 3**↑** | 0 | 0 | 88.9% |
| HB East Ward | 18 | 72.9% | 208.1% | 100.0% | 133.9% | 21.6% | 9.5 | 1**↓** | 5**↑** | 0 | 0 | nil |
| HB North Ward | 14 | 96.8% | 184.7% | 101.6% | 116.1% | 20.0% | 8.5 | 0 | 5**↓** | 0 | 0 | nil |
| Loughborough Swithland | 19 | 100.0% | 196.0% | 96.8% | 187.1% | 14.6% | 7.9 | 0 | 4**↑** | 0 | 0 | 100% |
| CB Beechwood | 16 | 89.5% | 194.2% | 98.4% | 103.2% | 18.6% | 9.0 | 0**↓** | 5**↓** | 0 | 0 | nil |
| CB Clarendon | 17 | 83.8% | 203.1% | 100.0% | 140.3% | 21.5% | 7.6 | 0**↓** | 9**↑** | 0 | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  | **3↓** | **56** | **1↑** | **0↓** |  |

Table 7 - Community hospital safer staffing

1. In December 2018, East Ward met the planned RN level during the day 72.9%. 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% on Clarendon Ward, Fielding Palmer (FP) General Ward, East Ward and St Luke’s Hospital Wards 1 and 3 due to vacancies, sickness and to support increased acuity.
3. The number of reported falls incidents has remained the same at 56 during November and December 2018.  Of the 56 falls reported, an increase was noted from November; 9 occurred on Clarendon Ward and 9 occurred on Dalgleish Ward.  Analysis of the falls has shown that on both wards there was one patient that had multiple falls on each ward.  The falls were associated with patient factors, prevention strategies and care plans were in place including the use of specialing.
4. Medication errors have decreased from fifteen in November 2018 to three in December 2018.  Two incidents were related to the administration process, reflection has been undertaken with the individuals practice.  The third incident was in relation to lost medication, the ward sister and Matron have reviewed the process with the ward team to ensure the correct process is followed.
5. There was one reported avoidable grade 2 pressure ulcer on Ellistown Ward.  The Lead Nurse is working closely with the Matron to review operational processes and registered nurses and health care assistants roles and responsibilities in relation to pressure area care and treatment.
6. There were no reported complaints in December 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 | 22 | 80.6% | 240.3% | 98.4% | 145.2% | 27.4% | 6.4 | 1↑ | 5**↓** | 0 | 0 | nil |
| BC Welford | 20 | 79.1% | 205.6% | 95.2% | 106.5% | 17.4% | 6.2 | 2**↓** | 8**↓** | 0 | 0 | nil |
| Coleman | 18 | 67.2% | 347.6% | 100.0% | 251.6% | 47.0% | 10.1 | 0**↓** | 7↑ | 0 | 0**↓** | nil |
| Gwendolen | 16 | 73.1% | 332.6% | 98.4% | 271.0% | 46.4% | 11.0 | 0 | 20↑ | 0 | 0 | 100% |
| **TOTALS** |  |  |  |  |  |  |  | **3↓** | **40**↑ | **0** | **0↓** |  |

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 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 December 2018 there were three medication errors reported, a decrease from four in November 2018. Of the three errors on two separate occasions on different wards medication was administered to the wrong patient. The Bess score was completed in line with the Trust Medication Error policy, reflection completed by the staff involved. The matron is reviewing the patient checking process regarding wristbands and photo folder available on the drug trolley. To discuss at the Trust Medication Risk Reduction group whether there is the option of having patient photos on the ePrescribing system.
6. Reported falls incidents have increased slightly from 36 in November 2018 to 40 in December 2018. Of the reported falls there was an increase on Coleman and Gwendolen wards. Analysis has identified that on Gwendolen Ward there have been a mixture of witnessed and unwitnessed falls. The patients on Gwendolen in December 2018 have been very mobile and have been noted to be exploring the ward environment and have been risk assessed to promote this in order to maintain skills and not to lose the ability to mobilise independently due to their cognition. There has been an increase in level 1 observations for patients who have been a high risk of falls as other options have been explored to maintain safety and level 1 observation was deemed the safer management option as less restrictive interventions were not effective.

Falls safety huddles have been convened as a Quality Improvement initiative from the end of November 2018  and the team are embedding the new process with staff; to hold a falls safety huddle at the time of the fall to discuss elements of how and why, and prevention planning to reduce falls frequency for those patients who are frequent fallers . The analysis of this data is due to be evaluated at the end of January 2019.

There have been three patients  that have had frequent falls, the team is analysing how frequent fallers and are being reviewed by physiotherapist and medical teams as analysis has identified that patients often have visual -spacial problems with agitation which increases the falls risks .

Coleman ward has one patient who was a frequent faller and it was identified following falls assessment that the patient would be placed on a level 1 observation when in the bedroom where the majority of falls occurred.

Coleman has commenced zonal observation early in December 2018 and have staff placed in key observation zones on the ward and carry out meaningful activities with patients to reduce patients wandering and to be meaningfully engaged. The initial findings have been very encouraging and further analysis will support sharing this practice on Gwendolen ward and across other services.

1. There were no reported avoidable pressure ulcers or complaints 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).
2. Both wards continue to utilise an increased number of temporary workers to manage increases in patient acuity.
3. There were no complaints in December 2018 as in October 2018 and November 2018.
4. There were no reported falls in December 2018.
5. There was one reported medication error in December 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 | 1.0 | 2.0 | 0 | 0 | 2.0 | 2.0 |
| CHS (Community Hospitals) | 39.95 | 14.52 | 1.0 | 0 | 3.0 | 6.8 |
| MHSOP | 13.2 | 2.0 | 1.0 | 0 | 5.2 | 0 |
| AMH/LD | 48.19 | 26.5 | 8.0 | 4.6 | 3.0 | 5.0 |
| **Trust Total December 2018** | **102.34** | **45.02** | **10.0** | **4.6** | **13.2** | **13.8** |
|  |  |  |  |  |  |  |
| **Trust Total November 2018** | **114.84** | **53.15** | **9.6** | **2** | **27.8** | **11.8** |

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

Table 11 – Community Hot Spot areas

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

54 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.

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 was a new 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 January.

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).
* 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. 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.

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 and City West are identified as hot spots due to vacancies and sickness, Charnwood is a hot spot due to five staff being on maternity leave. 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.

**Intensive Community Support (ICS)**

65 All five ICS hubs have implemented Health roster.  There is now much greater transparency of rosters, robust recording of absence, monitoring of annual leave and staff are receiving notification of their shifts in a more consistent and timely way.

66 Early 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**

67 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)**

68 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.

69 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.

70 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

71 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.

72       There are no other staffing hotspots in FYPC.

**Recruitment**

73 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 | 26.8 | 5.7 | 4.4 | 0 | 9.4 | 1.6 |
| CHS - ICS | 3.0 | 1.0 | 2.6 | 2.0 | 4.0 | 1.0 |
| MHSOP | 3.6 | 0 | 0 | 0 | 2.0 | 0 |
| AMH/LD | 10.11 | 2.0 | 2 | 0 | 10 | 1 |
| FYPC | 12.3 | 3.0 | 3.0 | 1.0 | 8.8 | 0 |
| **Trust Total December 2018** | **55.81** | **11.7** | **12** | **3.0** | **34.2** | **3.6** |
| Trust Total November 2018 | **79.56** | **19.1** | **7.2** | **2** | **18.85** | **4.6** |

Table 13 - Recruitment summary community

**Conclusion**

74 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.

1. 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: 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 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 December 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 | 19 | 90.3% | 138.7% | 98.4% | 138.7% |  |  | 77.4% | 31.4% | 31.2% | 0.2% | 5.6 |
| Aston | 19 | 18 | 89.4% | 149.2% | 101.7% | 206.5% |  |  | 69.9% | 33.1% | 28.7% | 4.5% | 6.8 |
| Beaumont | 22 | 20 | 94.6% | 125.0% | 93.5% | 141.9% |  |  | 80.6% | 29.8% | 26.3% | 3.5% | 5.1 |
| Belvoir Unit | 10 | 10 | 99.2% | 367.7% | 145.2% | 366.1% |  |  | 98.9% | 50.1% | 40.1% | 10.0% | 20.6 |
| Bosworth | 20 | 18 | 101.1% | 150.8% | 91.9% | 164.5% |  |  | 79.6% | 22.8% | 22.4% | 0.4% | 6.5 |
| Heather | 18 | 17 | 86.0% | 201.6% | 98.4% | 280.6% |  |  | 67.7% | 43.6% | 37.9% | 5.6% | 7.9 |
| Thornton | 21 | 19 | 87.3% | 162.9% | 100.0% | 143.5% |  |  | 73.1% | 35.3% | 34.5% | 0.8% | 6.5 |
| Watermead | 20 | 19 | 90.7% | 187.1% | 93.5% | 261.3% |  |  | 72.0% | 48.4% | 44.5% | 3.9% | 7.0 |
| Griffin Female PICU | 6 | 5 | 195.2% | 309.7% | 219.4% | 100.0% |  |  | 98.9% | 31.8% | 21.6% | 10.2% | 19.7 |
| AMH  Other | HP Phoenix | 12 | 11 | 106.5% | 152.8% | 106.5% | 146.8% |  |  | 96.8% | 20.8% | 18.6% | 2.2% | 9.5 |
| SH Skye Wing | 30 | 26 | 108.1% | 146.3% | 193.5% | 98.4% | 100.0% |  | 91.4% | 35.2% | 35.2% | 0.0% | 5.0 |
| Willows Unit | 38 | 35 | 163.3% | 232.6% | 125.8% | 232.8% |  |  | 100.0% | 20.6% | 20.6% | 0.0% | 9.6 |
| ML Mill Lodge (New Site) | 14 | 11 | 82.3% | 246.8% | 54.8% | 203.2% |  |  | 43.0% | 53.2% | 48.9% | 4.2% | 12.6 |  |  |  | 87.1% | 221.0% | 93.5% | 377.4% | 68.82% |
| CHS City | BC Kirby | 24 | 22 | 80.6% | 240.3% | 98.4% | 145.2% |  |  | 63.4% | 27.4% | 25.1% | 2.3% | 6.4 |
| BC Welford | 24 | 20 | 79.1% | 205.6% | 95.2% | 106.5% |  |  | 63.4% | 17.4% | 16.6% | 0.8% | 6.2 |
| CB Beechwood | 18 | 16 | 89.5% | 194.2% | 98.4% | 103.2% | 99.2% | 100.0% | 74.2% | 18.6% | 10.5% | 8.1% | 9.0 |
| CB Clarendon | 20 | 17 | 83.8% | 203.1% | 100.0% | 140.3% |  |  | 73.1% | 21.5% | 16.2% | 5.3% | 7.6 |
| EC Coleman | 21 | 18 | 67.2% | 347.6% | 100.0% | 251.6% |  |  | 38.7% | 47.0% | 46.4% | 0.6% | 10.1 |
| EC Gwendolen | 19 | 16 | 73.1% | 332.6% | 98.4% | 271.0% |  |  | 59.1% | 46.4% | 44.2% | 2.2% | 11.0 |  |
| CHS East | FP General | 8 | 7 | 155.8% | 106.3% | 136.4% | - | 100.6% | 100.0% | 83.9% | 21.9% | 11.3% | 10.6% | 9.7 |  |
| MM Dalgleish | 17 | 14 | 101.6% | 138.7% | 100.0% | 106.5% | 92.1% | 99.6% | 98.9% | 13.5% | 8.1% | 5.3% | 8.2 |  |
| Rutland | 15 | 12 | 98.4% | 111.6% | 95.2% | 106.5% |  |  | 90.3% | 15.1% | 11.8% | 3.4% | 7.1 |
| SL Ward 1 Stroke | 16 | 13 | 103.2% | 190.3% | 100.0% | 95.2% | 92.9% | 98.3% | 96.8% | 23.9% | 16.5% | 7.4% | 10.8 |
| SL Ward 3 | 14 | 11 | 89.8% | 128.0% | 196.8% | 100.0% | 101.0% | 93.2% | 82.8% | 29.5% | 18.9% | 10.6% | 9.8 |
| CHS West | CV Ellistown 2 | 23 | 21 | 108.9% | 165.4% | 193.5% | 108.1% | 95.2% | 100.3% | 91.4% | 14.4% | 7.4% | 7.0% | 6.4 |
| CV Snibston 1 | 15 | 14 | 100.0% | 194.5% | 101.6% | 146.8% | 98.1% | 100.0% | 96.8% | 9.7% | 4.4% | 5.3% | 11.8 |
| HB East Ward | 20 | 18 | 72.9% | 208.1% | 100.0% | 133.9% | 100.5% | 97.4% | 47.3% | 21.6% | 9.0% | 12.6% | 9.5 |
| HB North Ward | 16 | 14 | 96.8% | 184.7% | 101.6% | 116.1% |  |  | 93.5% | 20.0% | 11.2% | 8.9% | 8.5 |
| Lough Swithland | 22 | 19 | 100.0% | 196.0% | 96.8% | 187.1% | 100.5% | 78.4% | 98.9% | 14.6% | 9.3% | 5.4% | 7.9 |
| FYPC | Langley | 14 | 11 | 107.9% | 167.2% | 100.0% | 167.2% | 100.9% |  | 87.1% | 49.4% | 49.4% | 0.0% | 11.2 |
| CV Ward 3 | 10 | 8 | 223.2% | 295.7% | 177.1% | 217.1% | 111.9% |  | 98.9% | 13.5% | 12.3% | 1.2% | 15.9 |
| LD | 3 Rubicon Close | 4 | 3 | 104.8% | 146.3% | 87.1% | 109.7% |  |  | 77.4% | 12.5% | 12.5% | 0.0% | 14.7 |
| Agnes Unit | 12 | 10 | 142.6% | 592.6% | 103.3% | 551.7% |  |  | 96.8% | 50.6% | 48.9% | 1.7% | 32.5 |
| The Gillivers | 5 | 3 | 75.8% | 182.3% | 51.6% | 167.7% |  |  | 64.5% | 14.0% | 14.0% | 0.0% | 20.9 |
| The Grange | 4 | 3 | - | 194.5% | - | 191.3% |  |  | 97.4% | 21.1% | 21.1% | 0.0% | 14.8 |
| **Trust Total** | |  |  | **101.2%** | **207.9%** | **108.3%** | **181.5%** |  |  | **80.6%** | **30.5%** | **26.5%** | **3.9%** |  |