

Meeting Name and date	Trust Board – 3 December 2019
Paper number	

Name of Report - SAFE STAFFING - OCTOBER 2019 REVIEW

For approval		For assurance	<input checked="" type="checkbox"/>	For information	
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Presented by	Anne-Maria Newham	Author (s)	Emma Wallis
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Alignment to CQC domains:		Alignment to LPT priorities for 2019/20 (STEP up to GREAT):	
Safe	<input checked="" type="checkbox"/>	S – High Standards	<input checked="" type="checkbox"/>
Effective		T - Transformation	
Caring		E – Environments	
Responsive		P – Patient Involvement	
Well-Led		G – Well-Governed	<input checked="" type="checkbox"/>
		R – Single Patient Record	
		E – Equality, Leadership, Culture	
		A – Access to Services	
		T – Trustwide Quality improvement	
Any equality impact (Y/N)	N		

Report previously reviewed by	
Committee / Group	Date
Direct report to Trust Board	

Assurance: What level of assurance does this report provide in respect of the Organisational Risk Registers?	Links to ORR risk numbers
Significant Assurance Processes are in place to monitor and ensure staffing levels are safe and that patient safety and care quality is maintained.	4,26
Recommendations of the report	
The Trust Board is recommended to receive assurance that processes are in place to monitor and ensure the inpatient and community staffing levels are safe and that patient safety and care quality are maintained.	

TRUST BOARD – 3 DECEMBER 2019

SAFE STAFFING – OCTOBER 2019 REVIEW

Introduction/Background

- 1 This report provides an overview of nursing safe staffing during the month of October 2019, triangulating workforce metrics, quality and outcomes linked to Nurse Sensitive Indicators (NSIs) and patient experience feedback.
- 2 Actual staff numbers compared to planned staff numbers are collated for each inpatient area, CHPPD and temporary worker utilisation. A summary is available in Annex 1.
- 3 Quality Schedule methods of measurement are RAG rated in Annex 1;
 - A – Each shift achieves the safe staffing level 100%
 - B – Less than 6% of clinical posts to be filled by agency staff

Aim

- 4 The aim of this report is to provide the Trust Board with assurance that arrangements are in place to safely staff our services with the right number of staff, with the right skills at the right time. Including an overview of staffing hot spots, potential risks and actions to mitigate the risks, to ensure that safety and care quality are maintained.

Recommendations

- 5 The Trust Board is recommended to receive assurance that processes are in place to monitor and ensure the inpatient and community staffing levels are safe and that patient safety and care quality are maintained.

Discussion

Trust level highlights for October 2019

Right Staff

- Overall the planned staffing levels were achieved across the Trust.
- Temporary worker utilisation rate decreased overall this month a further 2.3%; reported at 29.6% and Trust wide agency usage decreased this month by 0.3% to 3.9% overall.
- There are nine hotspot inpatient areas, hotspots have been identified either by; exception to planned fill rates, high percentage of temporary worker/agency utilisation or by the Lead Nurse due to concerns relating to increased acuity, high risk patients, staff sickness, ability to fill additional shifts and the impact to safe and effective care.
- There are nine community hot spots teams. Staffing and case-loads are reviewed and risk assessed across service teams using patient prioritisation models to ensure appropriate action is taken.

- A review of the Trust's NSIs and patient feedback has not identified any correlation between staffing and impact to quality and safety of patient care/outcomes.

Right Skills

- In consideration of ensuring staff have the 'right skills', a high level overview of clinical training, appraisal and supervision for triangulation is presented. As of 1 November 2019 Trust wide;
 - Appraisal sustained GREEN at 93.5%
 - Clinical supervision turned GREEN increased from 84.5% to 86%
 - Substantive staff; of the 30 core and clinical mandatory compliance subjects; most are GREEN with the exception of eight topics; one new topic RED; MAPA disengagement and seven at AMBER. Drop in compliance for MAPA training is due to additional CHS Community Hospital staff (482 substantive and 48 bank) that now require MAPA training following a review of training in response to violence and aggression incidents. To try to meet demand additional training courses are running between now and March 2019.
 - Bank staff; there is continued improvement in bank staff compliance most are GREEN with the exception of seven topics; three at RED including MAPA and four at AMBER.

Right Place

- Fill rates for actual HCSWs over 100% reflects the high utilisation and deployment of additional temporary staff due to increased levels of therapeutic observation to maintain safety of all patients.
- The total Trust CHPPD average (including ward based AHPs) is reported at 11.12 CHPPD in October 2019, with a range between 5.2 (Skye Wing) and 38.4 (Agnes Unit) CHPPD. Variation reflects the diversity of services, complex and specialist care provided across the Trust.
- Analysis of CHPPD has not identified any significant variation at service level, indicating that staff are being deployed productively across services.

In-patient Staffing

- 6 The overall trust wide summary of planned versus actual hours by ward for registered nurses (RN) and health care support workers (HCSW) in October 2019 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	
Aug 19	103.0%	200.2%	110.3%	193.8%	34.1%
Sept 19	100.2%	201.9%	107.0%	179.6%	31.9%
Oct 19	102.1%	199.4%	108.7%	186.4%	29.6%

Table 1 - Trust level safer staffing

- 7 Temporary worker utilisation rate decreased overall this month a further 2.3%; reported at 29.6% and Trust wide agency usage decreased this month by 0.3% to 3.9% overall. The following wards utilised above 6% agency staff; Heather, Griffin, Beechwood, Clarendon, Feilding Palmer, St Lukes Ward 3, Coalville Ward 3 (CAMHS).

Summary of staffing hotspots – Inpatients

Hot spot wards	Aug 2019	Sept 2019	Oct 2019
Hinckley and Bosworth - East Ward	X	X	
Beechwood	X	X	X
Clarendon			X
Feilding Palmer	X	X	X
St Lukes Ward 3	X	X	X
Short Breaks - The Gillivers	X	X	X
Mill Lodge	X		
Coleman	X	X	X
Gwendolen	X		
Belvoir	X	X	
Heather		X	X
Griffin	X	X	X
Watermead	X	X	
Agnes Unit			
Langley	X	X	
Ward 3 Coalville (CAMHS)			X

Table 2 – In-patient staffing hotspots

- 8 Coleman and Gillivers are hot spot areas as they did not meet the threshold for planned staffing across all shifts, on these occasions staffing was reported to be within safe parameters for all areas.
- 9 Heather, Griffin, Beechwood, Clarendon, Feilding Palmer, St Lukes Ward 3 and Coalville Ward 3 CAMHS Wards are hot spots due to utilising over 6% agency staff.
- 10 Heather and Griffin wards are hotspots also due to increased patient acuity and risk, staff sickness and vacancies and high use of bank and agency staff.
- 11 Number of occupied beds, vacancy factor, planned staffing levels versus actual staffing levels and percentage of temporary staff utilised is presented in the tables per in-patient area by service and directorate in Annex 2, triangulated with the NSIs that capture outcomes most affected by nurse staffing levels.

Community Teams

- 12 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	August 2019	Sept 2019	Oct 2019
City East Hub- Community Nursing	X	X	X
City West Hub- Community Nursing	X	X	X
East Central Hub – Community Nursing	X	X	X
Hinckley and Bosworth – Community Nursing	X	X	X
Healthy Together – City (School Nursing)	X	X	X
Healthy Together – East	X	X	X
Health Together - West	X	X	X

Looked After Children team	X		
CAMHS County - FYPC	X	X	X
CAMHS Crisis - FYPC	X	X	
City West CMHT - MHSOP	X		X

Table 11 – Community Hot Spot areas

- 14 There remain a number of vacancies across the community planned care nursing hubs with City East, West and East Central carrying the largest number. Hinckley and Bosworth Hub remains a hotspot as they have four registered nurses on maternity leave while East Central is due to both staff vacancies and sickness.
- 15 Healthy Together City (School Nursing only), East and West Healthy Together and County Outpatient and teams are hot spot areas within FYPC Community; they are rated to be at Amber escalation level due to only 70% of the established team being available to work. Mitigation plans are in place within the service for moving staff internally where possible, overtime offered and vacant posts are being proactively advertised. Locum support recruited to and additional hours in place for existing substantive staff where possible to increase capacity. Risks continue to be monitored internally on a weekly basis.
- 16 City West CMHT is a hot spot due to vacancies and sickness, an additional Band 7 has been recruited on induction and internal moves have been secured to support the clinical risk and activity.
- 17 There are no hot spots in October 2019 for AMH/LD.

Recruitment and Retention

- 18 Rolling adverts for all RN posts including implementation of Trust incentivised schemes for hard to recruit areas. Accessing recruitment fairs at local universities, schools and colleges. Increased work experience placements and increased recruitment of clinical apprentices.
- 19 Cohort 4 of trainee Nursing Associates commence December 2019, LPT services are finalising trainee placements.
- 20 There is a Trust wide Retention group with a number of initiatives linked to health and well-being programmes, learning and development, a Trust wide Preceptorship programme for all newly registered staff, leadership and professional development programmes, time out days and career development opportunities.

Conclusion

- 21 The Trust continues to demonstrate compliance with the National Quality Board (NQB) expectations to publish safe staffing information monthly. The safe staffing data is reported to NHS England (NHSE) via mandatory national returns on a site-by-site basis.
- 22 In light of the triangulated review of fill rates, nurse sensitive indicators and patient feedback, the Director of Nursing, AHPs and Quality is assured that there is sufficient resilience across the Trust notwithstanding some hot spot areas, to ensure that every ward and community team is safely staffed.

Presenting Director: Anne-Maria Newham – Director of Nursing, AHPs and Quality
 Author: Emma Wallis – Associate Director of Nursing and Professional Practice

Annexe 1: October 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							(based on 1:8 plus 60:40 split)	Total	Bank		Agency
Ward Group	Ward name	Average no. of Beds on Ward	Average no. of Occupied Beds	Nurse Day (Early & Late Shift)		Nurse Night		AHP Day							
				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	>= 100%	>= 100%	>= 100%	>= 100%	-	-
AMH Bradgate	Ashby	21	20	96.2%	136.3%	95.2%	196.8%			81.7%	27.8%	26.9%	0.9%	5.5	
	Aston	19	18	90.2%	187.1%	90.3%	248.4%			65.6%	31.3%	28.7%	2.6%	7.0	
	Beaumont	22	21	95.2%	154.8%	98.4%	371.0%			89.2%	34.1%	32.5%	1.7%	6.2	
	Belvoir Unit	10	10	91.9%	216.9%	112.9%	204.8%			86.0%	30.6%	27.7%	2.9%	13.2	
	Bosworth	20	20	84.9%	186.3%	95.2%	151.6%			61.3%	28.7%	25.9%	2.8%	6.0	
	Heather	17	16	88.6%	186.3%	95.2%	303.2%			72.0%	51.0%	40.1%	10.9%	7.4	
	Thornton	20	19	96.0%	179.8%	96.8%	109.7%			76.3%	41.3%	40.7%	0.6%	6.7	
	Watermead	20	19	88.2%	225.0%	87.1%	325.8%			67.7%	45.5%	41.3%	4.2%	7.5	
	Griffin Female PICU	6	6	192.1%	325.0%	193.5%	138.7%			100.0%	29.9%	13.9%	16.0%	17.4	
AMH Other	HP Phoenix	12	11	103.2%	150.0%	100.0%	150.0%			97.8%	15.8%	14.8%	0.9%	9.6	
	SH Skye Wing	30	28	118.5%	167.0%	200.0%	137.1%			100.0%	42.3%	41.6%	0.7%	5.2	
	Willows Unit	27	26	127.4%	163.1%	120.2%	250.8%			89.2%	21.7%	20.7%	1.0%	9.1	
	ML Mill Lodge (New Site)	14	12	92.7%	246.0%	85.5%	167.7%			77.4%	40.0%	35.0%	5.0%	11.3	
CHS City	BC Kirby	24	19	82.6%	212.1%	95.2%	104.8%			61.3%	26.8%	25.0%	1.7%	6.6	
	BC Welford	24	18	90.1%	200.0%	87.1%	125.8%			67.7%	25.4%	24.2%	1.2%	6.8	
	CB Beechwood	22	20	81.9%	216.2%	100.0%	137.1%	99.7%	97.3%	63.4%	29.2%	20.1%	9.2%	8.7	
	CB Clarendon	23	20	80.6%	212.9%	98.4%	137.1%			66.7%	19.6%	12.0%	7.7%	6.3	
	EC Coleman	21	19	62.4%	300.0%	91.9%	177.4%			29.0%	33.9%	33.7%	0.2%	8.3	
	EC Gwendolen	20	15	87.0%	272.6%	91.9%	180.6%			73.1%	28.8%	27.5%	1.3%	9.8	
CHS East	FP General	9	7	143.2%	84.3%	133.3%	-	100.0%	100.0%	72.0%	24.7%	11.8%	12.9%	9.4	
	MM Dalgleish	17	14	108.6%	132.8%	96.7%	496.8%	93.3%	99.9%	96.8%	3.3%	3.3%	0.0%	10.9	
	Rutland	16	13	100.0%	118.5%	96.8%	96.8%			96.8%	14.4%	8.6%	5.8%	6.6	
	SL Ward 1 Stroke	16	13	102.4%	191.1%	100.0%	100.0%	94.8%	94.2%	100.0%	22.1%	16.9%	5.2%	11.6	
	SL Ward 3	12	10	97.6%	133.1%	196.8%	154.8%	101.6%	102.0%	86.0%	39.0%	25.8%	13.2%	9.7	
CHS West	CV Ellistown 2	18	14	101.6%	184.7%	200.0%	101.6%	99.0%	100.0%	98.9%	9.0%	5.6%	3.3%	10.2	
	CV Snibston 1	13	11	101.4%	143.8%	101.6%	109.8%	95.1%	95.8%	87.1%	11.7%	9.6%	2.1%	12.5	
	HB East Ward	20	18	91.4%	200.8%	103.2%	133.9%	100.3%	100.0%	75.3%	18.6%	10.6%	7.9%	8.9	
	HB North Ward	19	17	115.3%	172.6%	100.0%	106.5%			95.7%	28.2%	22.3%	6.0%	6.9	
	Lough Swithland	24	21	100.0%	208.9%	100.0%	200.0%	99.7%	100.0%	100.0%	10.7%	8.5%	2.2%	7.6	
FYPC	Langley	15	12	96.8%	182.3%	100.0%	109.7%	100.5%		94.6%	45.8%	44.5%	1.3%	9.1	
	CV Ward 3	10	6	191.3%	331.9%	190.9%	369.7%			98.9%	44.1%	37.1%	7.0%	21.0	
LD	3 Rubicon Close	4	3	108.1%	146.8%	100.0%	119.4%			87.1%	26.5%	26.1%	0.4%	20.4	
	Agnes Unit	12	7	237.5%	946.4%	209.4%	859.4%			100.0%	50.5%	46.8%	3.7%	38.4	
	The Gillivers	5	2	96.8%	152.2%	54.8%	154.8%			73.1%	17.8%	17.8%	0.0%	26.5	
	The Grange	5	3	-	175.0%	-	209.7%			94.6%	23.0%	23.0%	0.0%	21.2	
Trust Total				102.1%	199.4%	108.7%	186.4%			82.4%	29.6%	25.7%	3.9%		

Annexe 2: Inpatient Ward triangulation staffing, CHPPD, vacancy factor and NSIs.

Trust thresholds are indicated below;

- Planned levels is >80% Green
- Temporary worker utilisation (bank and agency);
 - green indicates threshold achieved less than 20%
 - amber is above 20% utilisation
 - red above 50% utilisation.

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

Acute Inpatient Wards

Ward	Occupied beds	DAY	DAY	NIGHT	NIGHT	Temp Workers%	CHPPD	Vacancy Factor	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	96.2%	136.3%	95.2%	196.8%	27.8%	5.5	13.1%↓	0↓	1↑	0	80%
Aston	18	90.2%	187.1%	90.3%	248.4%	31.3%	7.0	10.4%↓	0↓	1↓	0	66.7%
Beaumont	21	95.2%	154.8%	98.4%	371.0%	34.1%	6.2	19.8%↑	1↑	3↑	1↑	nil
Belvoir Unit	10	91.9%	216.9%	112.9%	204.8%	30.6%	13.2	42.2%	0↓	0	0	nil
Bosworth	20	84.9%	186.3%	95.2%	151.6%	28.7%	6.0	8.3%↓	0	1↑	0↓	100%
Heather	16	88.6%	186.3%	95.2%	303.2%	51.0%	7.4	17.7%↑	0↓	0↓	0↓	nil
Thornton	19	96.0%	179.8%	96.8%	109.7%	41.3%	6.7	16.9%↓	1↓	2↓	0	100%
Watermead	19	88.2%	225.0%	87.1%	325.8%	45.5%	7.5	9.8%↑	3↓	2	0↓	nil
Griffin F PICU	6	192.1%	325.0%	193.5%	138.7%	29.9%	17.4	18.6%↓	2↓	0↓	0↓	nil
TOTALS									7↓	10↓	1↓	

Table 3 - Acute inpatient ward safe staffing

All wards met the thresholds for RN and HCSW planned staffing in October 2019.

Temporary worker utilisation is Red for Heather Wards at 51.0%. The high utilisation is associated with both vacancies and increased patient acuity and higher levels of staffing required to meet enhanced levels of observation.

A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.

Learning Disabilities (LD) Services

Ward	Occupied beds	DAY	DAY	NIGHT	NIGHT	Temp Workers %	CHPPD	Vacancy Factor	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	108.1%	146.8%	100.0%	119.4%	26.5%	20.4	20.61↑	0	0↓	0	100%
Agnes Unit	7	237.5%	946.4%	209.4%	859.4%	50.5%	38.4	14.5%↓	0	3↑	0	100%
The Gillivers	2	96.8%	152.2%	54.8%	154.8%	17.8%	26.5	13.7%	0	0	0	100%
The Grange	3	-	175.0%	-	209.7%	23.0%	21.2	21.9%↓	0	0↓	0	100%
TOTALS									0	3↓	0	

Table 4 - Learning disabilities safe staffing

Short breaks met the planned staffing levels with the exception of Gillivers that only met the planned RN level on nights 54.8% of the time. Patients do not always require RN support and skill mix is adjusted according to patient needs utilising HCSWs who are trained to administer medication and carry out delegated health care tasks. Night RN cover can be shared across the site as the homes are situated next to each other.

The Agnes Unit has seen an increase in patient acuity, higher levels of therapeutic observations resulting in increased utilisation of HCSWs; the increase is also associated with providing staff to escort a patient whilst at UHL.

A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.

Low Secure Services – Herschel Prins

Ward	Occupied beds	DAY	DAY	NIGHT	NIGHT	Temp Worker s%	CHPPD	Vacancy Factor	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	103.2%	150.0%	100.0%	150.0%	15.8%	9.6	-0.2%↓	0	0	1↑	42.90%

Table 5- Low secure safe staffing

Phoenix Ward achieved the planned staffing thresholds for all shifts.

A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.

Rehabilitation Services

Ward	Occupied beds	DAY	DAY	NIGHT	NIGHT	Temp Worker s%	CHPPD	Vacancy Factor	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					
Skye Wing	28	118.5%	167.0%	200.0%	137.1%	42.3%	5.2	-1.6%	0↓	0↓	0	50%
Willows Unit	26	127.4%	163.1%	120.2%	250.8%	21.7%	9.1	-0.1%↓	0	3↑	1↑	50%
Mill Lodge	12	92.7%	246.0%	85.5%	167.7%	40.0%	11.3	6.2%↓	0	1↓	0	nil
TOTALS									0↓	4↓	1↑	

Table 6 - Rehabilitation service safe staffing

All ward/units met the planned staffing thresholds for all shifts.

A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.

Community Health Services (CHS)

Community Hospitals

Ward	Occupied beds	DAY	DAY	NIGHT	NIGHT	Temp Workers%	CHPPD	Vacancy Factor	Medication errors	Falls	Complaints	FFT Promoter % (arrear)
		% 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	143.2%	84.3%	133.3%	-	24.7%	9.4	44.5%↑	0↓	1↓	0	100%
MM Dalglish	14	108.6%	132.8%	96.7%	496.8%	3.3%	10.9	-0.8%	0	4↑	1↑	nil
Rutland	13	100.0%	118.5%	96.8%	96.8%	14.4%	6.6	16.5%	0	0↓	0	100%
SL Ward 1	13	102.4%	191.1%	100.0%	100.0%	22.1%	11.6	18.3%↓	2↑	2↑	0	100%
SL Ward 3	10	97.6%	133.1%	196.8%	154.8%	39.0%	9.7	31.3%↓	2↑	1↓	0	100%
CV Ellistown 2	14	101.6%	184.7%	200.0%	101.6%	9.0%	10.2	0.2%↓	0↓	3↓	0	100%
CV Snibston 1	11	101.4%	143.8%	101.6%	109.8%	11.7%	12.5	12.9%	0	3↑	0	100%
HB East Ward	18	91.4%	200.8%	103.2%	133.9%	18.6%	8.9	5.0%↓	2↓	2↓	1↑	100%
HB North Ward	17	115.3%	172.6%	100.0%	106.5%	28.2%	6.9	16.3%↓	0	3↓	0	94.7%
Swithland	21	100.0%	208.9%	100.0%	200.0%	10.7%	7.6	22.6%↓	0	2↓	1↑	91.3%
CB Beechwood	20	81.9%	216.2%	100.0%	137.1%	29.2%	8.7	11.3%↓	0	8↑	1↑	100%
CB Clarendon	20	80.6%	212.9%	98.4%	137.1%	19.6%	6.3	10.5%↓	0↓	5↓	0↓	100%
TOTALS									6↓	34↓	4↑	

Table 7 - Community hospital safe staffing

All wards met the thresholds for RN and HCSW planned staffing in October 2019.

Feilding Palmer, St Lukes Ward 1 are hot spots associated with increased temporary workforce usage due to vacancies, maternity leave and sickness.

Ward 3 St Luke's is a hotspot associated with increased temporary workforce due to vacancies, sickness, maternity leave and also Jury service. In addition there is increased acuity of patients with additional staff to support specialing and management.

North Ward and Beechwood Ward are hotspots associated with increased temporary workforce usage due to vacancies, maternity leave, sickness and increased acuity of patients requiring additional staff to support specialing and management.

A review of the NSIs for the community hospital wards has identified that there was an increase in falls incidents on Beechwood Ward, Dalglish Ward and Snibston Ward and an increase in medication errors which were prescribing and procedural errors in relation to returning of medications to pharmacy, these were on St Lukes Ward 1 and Ward 3. Review of the increased incidences has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes.

A review of the NSIs for the community hospital wards has identified that for Ellistown Ward Coalville Community Hospital there was one major harm incident, however the review has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes.

Mental Health Services for Older People (MHSOP)

Ward	Occupied beds	DAY	DAY	NIGHT	NIGHT	Temp Workers%	CHP PD	Vacancy Factor	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					
BC Kirby	19	82.6%	212.1%	95.2%	104.8%	26.8%	6.6	27.5%↑	0↓	9↑	0	88.9%
BC Welford	18	90.1%	200.0%	87.1%	125.8%	25.4%	6.8	19.2%	2↑	6↑	0	nil
Coleman	19	62.4%	300.0%	91.9%	177.4%	33.9%	8.3	13.8%↑	0	5↓	0	nil
Gwendolen	15	87.0%	272.6%	91.9%	180.6%	28.8%	9.8	14.3%↓	0	11↑	0	50%
TOTALS									2↓	31↑	0	

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

Coleman is a hotspot as they only met the threshold for planned staffing on days 62.4% of the time. Analysis has shown that there were 10 shifts that had one registered nursing staff. The ward was supported by the charge nurse, Medicines Administration Technician MAT and quailed staff from Gwendolen ward.

A review of the NSIs and patient feedback has not identified any staffing impact to the quality and safety of patient care/outcomes.

Families, Young People and Children's Services (FYPC)

Ward	Occupied beds	DAY	DAY	NIGHT	NIGHT	Temp Workers%	CHP PD	Vacancy Factor	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	12	96.8%	182.3%	100.0%	109.7%	45.8%	9.1	-8.1%	0↓	4↑	0	nil
CV Ward 3 - CAMHS	6	191.3%	331.9%	190.9%	369.7%	44.1%	21.0	13.6%	0	0	0	nil
TOTALS									0↓	4↑	0	

Table 9 - Families, children and young people's services safe staffing

Both wards met the thresholds for RN and HCSW planned staffing in October 2019

Both wards continue to utilise an increased number of temporary workers to manage increases in patient acuity and maintain patient safety.

A review of the falls on Langley has not identified any staffing impact on the quality and safety of patient care/outcomes. There was no harm as an outcome of the falls.