

Meeting Name and date	Trust Board – 14 January 2020
Paper number	

Name of Report - SAFE STAFFING - NOVEMBER 2019 REVIEW
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For approval		For assurance	<input checked="" type="checkbox"/>	For information	
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Presented by	Emma Wallis	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 – 14 JANUARY 2020

SAFE STAFFING – NOVEMBER 2019 REVIEW

Introduction/Background

- 1 This report provides an overview of nursing safe staffing during the month of November 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 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 November 2019

Right Staff

- Overall the planned staffing levels were achieved across the Trust.
- Temporary worker utilisation rate increased overall this month 0.9%; reported at 30.5% and Trust wide agency usage increased this month by 0.1% to 4.0% overall.
- Six month establishment reviews; acuity and dependency data collection using the Mental Health Optimal Staffing Tool (MHOST) commenced on 18 November 2019 for 20 days over 4 weeks for all AMH, MHSOP & FYPC in-patient wards. Permission granted to pilot the Learning Disability Optimal Staffing Tool (LDOST) on the Agnes Unit and Short Breaks and Keith Hurst ADL assessment tool in community hospitals (data collection commences on 30 December 2019 and 6 January 2020 respectively). Data will be

triangulated with patient outcomes and professional judgement as recommended in NHSi Developing Workforce Safeguards, to be reported in February 2020.

- There are fifteen 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. To note nine of the fifteen are due to agency utilisation above 6%.
- 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 to maintain patient safety.
- 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 December 2019 Trust wide;
 - Appraisal sustained GREEN at 93.5%
 - Clinical supervision sustained GREEN increased 0.2% to 86.2%
 - Mandatory training; following Trust wide review the following subjects have been removed from the mandatory training register and moved to the role essential training register; Display Screen Equipment, Mental Health Act, Record Keeping and Care Planning, Induction, Mental Capacity Act, Suicide Awareness and Supportive Observations and Engagement. Compliance will continue to be reported and monitored for mandatory and role essential.
 - Substantive staff; of the 23 core and clinical mandatory subjects; most are GREEN with the exception of five topics that are AMBER with improvements.
 - Bank staff; there is continued improvement in bank staff compliance most are GREEN with the exception of eight topics; two at RED and six 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. High utilisation will be considered in the establishment reviews.
- The total Trust CHPPD average (including ward based AHPs) is reported at 11.50 CHPPD in November 2019, with a range between 4.7 (Skye Wing) and 35.9 (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 November 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	
Sept 19	100.2%	201.9%	107.0%	179.6%	31.9%
Oct 19	102.1%	199.4%	108.7%	186.4%	29.6%
Nov 19	104.2%	201.7%	108.7%	187.9%	30.5%

Table 1 - Trust level safer staffing

- 7 Temporary worker utilisation rate increased overall this month 0.9%; reported at 30.5% and Trust wide agency usage increased this month by 0.1% to 4.0% overall. The following wards utilised above 6% agency staff; Belvoir, Heather, Griffin, Beechwood, Feilding Palmer, St Lukes Ward 3, Coalville Ward 2, Coalville Ward 3 (CAMHS) East and North Ward.
- 8 The Trust Agency Spend task and finish group continues to implement actions to reduce agency and off-framework agency utilisation including;
- To ensure rotas are signed off 6 weeks ahead of shifts as per policy
 - Review of off framework registered nurse usage, including a deep dive of Beechwood Ward spend
 - Non-registered off framework usage in CHS – New process communicated to ward teams and on-call managers aimed to reduce usage
 - Bank staff working over 200 hrs per month for last 6 months – Matrons to have conversations with individual bank staff to see if interested in converting to substantive employment.
 - To develop a crib sheet of why becoming a substantive member of staff is beneficial
 - DRA process to be reviewed with lead nurses
 - Bank staff rota fill – Community Hospitals will test out offering proactive bank worker shift fill to top 4 hospital wards using agency to see if there is a reduction in agency/off framework spend
 - A review of medical agency spend in FYPC and AMH
 - A review of AMH administration agency spend
 - A review of CHS AHP agency spend

Summary of staffing hotspots – Inpatients

Hot spot wards	Sept 2019	Oct 2019	Nov 2019
Hinckley and Bosworth - East Ward	X		X
Hinckley and Bosworth – North Ward			X
Beechwood	X	X	X
Clarendon		X	X
Feilding Palmer	X	X	X
St Lukes Ward 3	X	X	X
Coalville Ward 1			X
Short Breaks - The Gillivers	X	X	X

Mill Lodge			
Coleman	X	X	X
Gwendolen			
Belvoir	X		X
Heather	X	X	X
Griffin	X	X	X
Watermead	X		X
Agnes Unit			X
Langley	X		
Ward 3 Coalville (CAMHS)		X	X

Table 2 – In-patient staffing hotspots

- 9 Nine wards; Belvoir, Heather, Griffin, Beechwood, Feilding Palmer, St Lukes Ward 3, Coalville Ward 2, Coalville Ward 3 (CAMHS) East and North Ward are hot spots due to utilising over 6% agency staff. These are the wards with high vacancy factor, increased acuity and dependency and or hard to fill bank areas.
- 10 Coleman, Clarendon and Gillivers are hot spots as they did not meet the threshold for planned staffing across all shifts, on these occasions staffing was reported to be within safe parameters.
- 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	Sept 2019	Oct 2019	Nov 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			
CAMHS County - FYPC	X	X	X
CAMHS Crisis - FYPC	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. The service has requested enhanced bank and agency rates to support fill rates for these teams.

- 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 remains a hot spot due to sickness; one staff member is on phased return. The band 7 leader is now fully inducted and in the numbers, in conjunction with internal moves clinical risk and activity are supported and managed.
- 17 There are no community hot spots in November 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 in December 2019.
- 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 Acting 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: Emma Wallis- Associate Director of Nursing and Professional Practice on behalf of Anne Scott – Acting Director of Nursing, AHPs and Quality

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

Annexe 1 - November 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						
				>= 80%	>= 80%	>= 80%	>= 80%	-	-	>= 80%	<20%	-	-		
AMH Bradgate	Ashby	21	20	93.9%	135.0%	100.0%	206.7%			86.7%	26.5%	24.7%	1.8%	5.6	
	Aston	19	18	88.5%	191.7%	101.7%	210.0%			68.9%	34.6%	33.3%	1.4%	6.9	
	Beaumont	22	21	111.8%	179.2%	96.7%	460.0%			86.7%	37.0%	36.7%	0.3%	7.3	
	Belvoir Unit	8	8	117.5%	299.3%	166.7%	371.7%			93.3%	51.6%	44.2%	7.4%	20.9	
	Bosworth	20	19	85.0%	171.7%	101.7%	186.7%			63.3%	30.9%	30.0%	0.8%	6.3	
	Heather	18	18	95.5%	136.7%	90.0%	180.0%			81.1%	42.0%	31.2%	10.8%	6.2	
	Thornton	20	19	90.6%	155.8%	98.3%	111.9%			77.8%	36.1%	36.1%	0.0%	6.2	
	Watermead	20	19	90.6%	296.7%	98.3%	510.0%			78.9%	53.5%	51.3%	2.2%	9.5	
	Griffin Female PICU	5	5	198.6%	239.0%	200.0%	203.3%			93.3%	40.4%	26.4%	14.0%	20.9	
AMH Other	HP Phoenix	12	12	105.0%	155.8%	110.0%	148.3%			100.0%	15.2%	12.0%	3.2%	9.2	
	SH Skye Wing	30	27	107.5%	150.3%	193.3%	111.7%			96.7%	34.6%	34.4%	0.2%	4.7	
	Willows Unit	28	27	147.5%	162.1%	121.7%	244.9%			95.6%	15.2%	14.5%	0.7%	9.2	
	ML Mill Lodge (New Site)	13	10	101.7%	217.2%	95.0%	151.7%			90.0%	46.0%	43.7%	2.3%	13.1	
CHS City	BC Kirby	24	19	85.7%	235.8%	98.3%	141.7%			65.6%	29.7%	28.4%	1.3%	7.0	
	BC Welford	24	15	99.2%	177.5%	91.7%	111.7%			80.0%	15.1%	13.4%	1.8%	7.7	
	CB Beechwood	22	20	80.0%	229.2%	96.7%	130.0%	101.8%	97.5%	63.3%	30.0%	19.5%	10.5%	7.8	
	CB Clarendon	23	20	76.7%	240.5%	100.0%	116.7%			64.4%	14.9%	10.4%	4.5%	6.5	
	EC Coleman	20	18	67.1%	306.7%	93.3%	165.0%			48.9%	24.7%	23.9%	0.8%	9.0	
	EC Gwendolen	20	15	85.4%	311.7%	98.3%	206.7%			77.8%	28.3%	23.8%	4.5%	10.8	
CHS East	FP General	9	9	134.9%	76.8%	98.2%	-	100.9%	100%	66.7%	34.2%	19.6%	14.6%	7.9	
	MM Dagleish	16	14	100.0%	128.0%	103.4%	163.3%	100%	100%	96.7%	11.6%	9.0%	2.6%	9.4	
	Rutland	16	13	98.3%	119.2%	96.7%	113.3%			94.4%	10.5%	7.9%	2.5%	6.7	
	SL Ward 1 Stroke	16	11	104.9%	184.4%	96.7%	96.7%	100.6%	99.8%	96.7%	19.4%	17.9%	1.5%	13.7	
	SL Ward 3	12	11	104.2%	111.7%	196.7%	143.3%	97.6%	106%	86.7%	41.0%	28.3%	12.7%	9.6	
CHS West	CV Ellistown 2	18	15	100.0%	192.5%	200.0%	101.7%	102.7%	100%	98.9%	11.2%	5.1%	6.1%	9.4	
	CV Snibston 1	14	13	100.7%	151.0%	98.3%	101.7%	96.7%	97.2%	86.7%	8.1%	5.4%	2.7%	11.4	
	HB East Ward	20	18	86.5%	213.3%	100.0%	130.0%	101.3%	99.8%	68.9%	19.6%	11.6%	7.9%	8.5	
	HB North Ward	19	18	121.7%	174.2%	95.0%	98.3%			97.8%	26.8%	16.6%	10.2%	6.6	
	Lough Swithland	24	21	100.0%	238.3%	100.0%	200.0%	99.2%	99.8%	100.0%	12.4%	9.1%	3.2%	8.3	
FYPC	Langley	15	14	106.6%	201.7%	100.0%	113.3%	100%	95.0%	97.8%	38.4%	38.4%	0.0%	8.9	
	CV Ward 3	10	8	168.4%	353.1%	146.3%	351.2%			95.6%	49.3%	38.4%	10.9%	18.5	
LD	3 Rubicon Close	4	3	120.0%	138.3%	90.0%	116.7%			88.9%	24.9%	24.9%	0.0%	20.6	
	Agnes Unit	11	8	145.3%	509.2%	129.8%	629.8%			96.7%	53.9%	50.7%	3.3%	35.9	
	The Gillivers	5	2	91.7%	161.3%	56.7%	163.3%			72.2%	18.1%	18.1%	0.0%	25.5	
	The Grange	4	2	-	110.0%	-	190.0%			82.2%	18.2%	18.2%	0.0%	27.0	
Trust Total				104.2%	201.7%	108.7%	187.9%			81.3%	30.5%	26.4%	4.0%		

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	93.9%	135.0%	100.0%	206.7%	26.5%	5.6	20.3%↑	0	4↑	0	100%
Aston	18	88.5%	191.7%	101.7%	210.0%	34.6%	6.9	6.4%↓	0	1	0	100%
Beaumont	21	111.8%	179.2%	96.7%	460.0%	37.0%	7.3	12.1%↓	0↓	2↓	0↓	nil
Belvoir Unit	8	117.5%	299.3%	166.7%	371.7%	51.6%	20.9	36.8%↓	2↑	0	0	nil
Bosworth	19	85.0%	171.7%	101.7%	186.7%	30.9%	6.3	16.3%↑	0	4↑	3↑	100%
Heather	18	95.5%	136.7%	90.0%	180.0%	42.0%	6.2	17.7%	4↑	1↑	0	nil
Thornton	19	90.6%	155.8%	98.3%	111.9%	36.1%	6.2	8.9%↓	0↓	1↓	0	nil
Watermead	19	90.6%	296.7%	98.3%	510.0%	53.5%	9.5	13.8%↑	2↓	4↑	2↑	nil
Griffin F PICU	5	198.6%	239.0%	200.0%	203.3%	40.4%	20.9	18.6%	0↓	0	2↑	nil
TOTALS									8↑	17↑	7↑	

Table 3 - Acute inpatient ward safe staffing

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

Temporary worker utilisation is Red for Belvoir and Watermead Wards at 51.6% and 53.5% respectively. The high utilisation is associated with both vacancies and increased patient acuity related to risk and higher levels of staffing required to meet enhanced levels of observation.

Belvoir Unit has reduced bank and agency utilisation due to increased patient acuity; however utilisation remains high due to the high number vacancies; including one band 6 and two band 5 RN vacancies and fourteen band 2 vacancies, over half the band 2 HCSW establishment. There is ten HCSW staff in the recruitment process.

Watermead Ward has had a higher level of patient acuity requiring additional staff for safe therapeutic observation and support for patients accessing ECT. The ward also has an increase in RN and HCSW sickness and two staff on maternity leave requiring cover.

A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes. The increased falls on Bosworth and Watermead Wards are related to patients who are not using their mobility support consistently due to their mental health presentation. On Bosworth the increased falls are related to medication changes and ongoing mobility issues for patients.

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	120.0%	138.3%	90.0%	116.7%	24.9%	20.6	22.2%↑	0	1↑	1↑	100%
Agnes Unit	8	145.3%	509.2%	129.8%	629.8%	53.9%	35.9	10.7%↓	0	4↑	0	100%
The Gillivers	2	91.7%	161.3%	56.7%	163.3%	18.1%	25.5	15.0%↑	0	0	0	100%
The Grange	2	-	110.0%	-	190.0%	18.2%	27.0	28.6%↑	0	1↑	0	nil
TOTALS									0	6↑	1↑	

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 this reduces the RN fill rate on nights as the skill mix is adjusted according to patient needs, utilising HCSWs who are trained to administer medication and carry out delegated health care tasks. Where RN night cover is required it can also 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.

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	12	105.0%	155.8%	110.0%	148.3%	15.2%	9.2	8.3%↑	0	0	0↓	25%

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	27	107.5%	150.3%	193.3%	111.7%	34.6%	4.7	1.6%	2↑	1↑	0	66.7%
Willows Unit	27	147.5%	162.1%	121.7%	244.9%	15.2%	9.2	1.6%	0	0	0↓	77.8%
Mill Lodge	10	101.7%	217.2%	95.0%	151.7%	46.0%	13.1	16.1%↑	0	3↑	0	nil
TOTALS									2↑	4	0↓	

Table 6 - Rehabilitation service safe staffing

All ward/units met the planned staffing thresholds for all shifts the higher utilisation of temporary workers was related to vacancy cover or patient acuity.

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 % (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	9	134.9%	76.8%	98.2%	-	34.2%	7.9	44.5%	1↑	4↑	0	100%
MM Dalglish	14	100.0%	128.0%	103.4%	163.3%	11.6%	9.4	-9.9%	0	4	0↓	nil
Rutland	13	98.3%	119.2%	96.7%	113.3%	10.5%	6.7	16.5%	0	5↑	0	100%
SL Ward 1	11	104.9%	184.4%	96.7%	96.7%	19.4%	13.7	15.2%↓	1↓	2	0	100%
SL Ward 3	11	104.2%	111.7%	196.7%	143.3%	41.0%	9.6	31.3%↓	1↓	3↑	1↑	89.5%
CV Ellistown 2	15	100.0%	192.5%	200.0%	101.7%	11.2%	9.4	6.6%↑	0	1↓	0	100%
CV Snibston 1	13	100.7%	151.0%	98.3%	101.7%	8.1%	11.4	16.3%↑	0	2↓	0	100%
HB East Ward	18	86.5%	213.3%	100.0%	130.0%	19.6%	8.5	5.9%↑	2	3↑	0	100%
HB North Ward	18	121.7%	174.2%	95.0%	98.3%	26.8%	6.6	19.4%↑	0	3	0	100%
Swithland	21	100.0%	238.3%	100.0%	200.0%	12.4%	8.3	22.6%	0	5↑	0↓	94.9%
CB Beechwood	20	80.0%	229.2%	96.7%	130.0%	30.0%	7.8	14.6%↑	2↑	4↓	1	83.3%
CB Clarendon	20	76.7%	240.5%	100.0%	116.7%	14.9%	6.5	13.6%↑	1↑	5	0	87.5%
TOTALS									8↑	41↑	2↓	

Table 7 - Community hospital safe staffing

All wards met the thresholds for RN and HCSW planned staffing in November 2019 with the exception of Feilding Palmer on days for HCSW and Clarendon Ward on days for Registered Nurses. Feilding Palmer HCSW staffing was adjusted in line with bed occupancy and patient need, Clarendon Ward at times did not have a third RN on duty, this was still within safe parameters.

Feilding Palmer, St Lukes Ward 3, North Ward and Beechwood are hot spots associated with increased temporary workforce usage due to vacancies, maternity leave and sickness.

A review of the NSIs for the community hospital wards has identified that there was an increase in falls incidents on Swithland, East, St Lukes Ward 3, Feilding Palmer and Rutland Ward. There has been an increase in medication errors on Clarendon and Beechwood Wards which were prescribing and procedural related errors. Review of the increased incidences 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	85.7%	235.8%	98.3%	141.7%	29.7%	7.0	25.7%↓	0	10↑	0	50%
BC Welford	15	99.2%	177.5%	91.7%	111.7%	15.1%	7.7	19.2%	3↑	0↓	0	nil
Coleman	18	67.1%	306.7%	93.3%	165.0%	24.7%	9.0	16.2%↑	0	3↓	1↑	nil
Gwendolen	15	85.4%	311.7%	98.3%	206.7%	28.3%	10.8	14.3%	1↑	6↓	0	100%
TOTALS									4↑	19↓	1↑	

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 67.1% of the time. Analysis has shown there were 11 shifts with one registered nurse. Safe staffing was maintained with support from the Charge Nurse, Medicines Administration Technician (MAT) and registered staff from Gwendolen ward.

Both Gwendolen and Welford Wards had 10 shifts where there was one registered nurse, due to reduced occupancy rates on those wards they didn't trigger as hot spots. The wards were supported by the Charge Nurse, MAT and registered staff from 'sister' wards.

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	14	106.6%	201.7%	100.0%	113.3%	38.4%	8.9	-8.1%	0	0↓	0	100%
CV Ward 3 - CAMHS	8	168.4%	353.1%	146.3%	351.2%	49.3%	18.5	13.6%	2↑	0	0	nil
TOTALS									2↑	0↓	0	

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

Both wards met the thresholds for RN and HCSW planned staffing in November 2019, the wards continue to utilise an increased number of temporary workers to manage increased patient acuity and maintain patient safety. A review of the medication errors on Ward 3 CAMHS has not identified any staffing impact on the quality and safety of patient care/outcomes. There was no harm as an outcome of the errors