

Meeting Name and date	Trust Board – 3 March 2020
Paper number	

Name of Report - <b>SAFE STAFFING - DECEMBER 2019 REVIEW</b>
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For approval		For assurance	<input checked="" type="checkbox"/>	For information	
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Presented by	Anne Scott	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 – Trust wide Quality improvement	
Any equality impact (Y/N)	N		

Report previously reviewed by	
Committee / Group	Date
Quality Assurance Committee	18.2.20

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.	

## QUALITY ASSURANCE COMMITTEE – 18 FEBRUARY 2020

### TRUST BOARD – 3 MARCH 2020

## SAFE STAFFING – DECEMBER 2019 REVIEW

### Introduction/Background

- 1 This report provides an overview of nursing safe staffing during the month of December 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 Quality Assurance Committee and 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 Quality Assurance Committee and 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 December 2019

#### Right Staff

- Overall the planned staffing levels were achieved across the Trust.
- Temporary worker utilisation rate decreased overall this month 0.3%; reported at 30.2% and Trust wide agency usage increased this month by 0.9% to 4.9%.

- 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 ten of the fifteen are due to agency utilisation above 6%. Five areas did not meet the planned levels of staffing 100% of the time; analysis has shown that staffing was maintained within safe parameters on those occasions, detailed in Annexe 2.
- There are nine community hot spots teams. The Diana service is a new hot spot this month rated at Amber escalation due to staff on phased return from long term sickness, leavers and maternity leave. 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 January 2020 Trust wide;
  - Appraisal sustained at 93.0% GREEN
  - Clinical supervision decreased 4.5% to 81.7% AMBER
  - There are 11 core and clinical mandatory topics for substantive and bank staff.
  - Some training topics are made up of more than one course e.g. safeguarding, and these are reported separately.
  - Substantive staff; most are GREEN with the exception of five courses that are AMBER.
  - Bank staff; most courses are GREEN with the exception of eight courses; four at RED (change from last month for ALS and Safeguarding children training) 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. High utilisation will be considered in the establishment reviews.
- The total Trust CHPPD average (including ward based AHPs) is reported at 10.46 CHPPD in December 2019, with a range between 5.2 (Skye Wing and Ashby Ward) and 35.9 (Agnes Unit) CHPPD. Variation reflects the diversity of services, complex and specialist care provided across the Trust.
- Analysis of CHPPD has identified slight variation for the acute AMH In-patient service, the service CHPPD average is 6.5, there are two outliers; Ashby and Watermead Wards at 5.2 and 8.4 CHPPD respectively. Analysis has shown that Watermead Ward HCSW fill rate/staffing levels for both days and nights was higher than the other wards (229% fill rate on days and 422% fill rate on nights) . Levels were increased to support patient acuity this increased the CHPPD. Ashby Ward fill rate levels were at the lower average point; 126.6% days and 145.2% nights in comparison with all service wards resulting in a lower CHPPD average. No impact to patient experience or outcomes.
- There is no other 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 December 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	
Oct 19	102.1%	199.4%	108.7%	186.4%	29.6%
Nov 19	104.2%	201.7%	108.7%	187.9%	30.5%
<b>Dec 19</b>	<b>103.0%</b>	<b>204.1%</b>	<b>111.9%</b>	<b>186.2%</b>	<b>30.2%</b>

Table 1 - Trust level safer staffing

- 7 Temporary worker utilisation rate decreased overall this month 0.3%; reported at 30.2% and Trust wide agency usage increased this month by 0.9% to 4.9%.
- 8 The following wards utilised above 6% agency staff; Belvoir, Griffin, Beechwood, Clarendon, Feilding Palmer, St Lukes Ward 3, Coalville Ward 2, Coalville Ward 3 (CAMHS) East and North Wards. These are the wards with high vacancy factors, increased acuity and dependency and or hard to fill bank shift areas.

## Summary of staffing hotspots – Inpatients

Hot spot wards	Oct 2019	Nov 2019	Dec 2019
Hinckley and Bosworth - East Ward		X	X
Hinckley and Bosworth – North Ward		X	X
Beechwood	X	X	X
Clarendon	X	X	X
Feilding Palmer	X	X	X
St Lukes Ward 3	X	X	X
Coalville Ward 1		X	
Coalville Ward 2			X
Short Breaks - The Gillivers	X	X	X
Short Breaks – The Grange			X
Mill Lodge			
Coleman	X	X	X
Gwendolen			X
Belvoir		X	X
Heather	X	X	
Griffin	X	X	X
Watermead		X	
Agnes Unit		X	X
Langley			
Ward 3 Coalville (CAMHS)	X	X	X

Table 2 – In-patient staffing hotspots

- 9 Coleman, Gwendolen, East, Feilding Palmer, Grange 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.

10 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**

11 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	Oct 2019	Nov 2019	Dec 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 only)	X	X	X
Healthy Together – East	X	X	
Health Together - West	X	X	X
CAMHS County - FYPC	X	X	X
CAMHS Crisis - FYPC			
Diana service			X
City West CMHT - MHSOP	X	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. East Central has seen an improving staffing position. Hinckley and Bosworth Hub remains a hotspot as they have four registered nurses on maternity leave, due to return from leave by the end of January 2020. To support management of the risk, where there is a cross border area, the hubs have taken care homes from the teams under pressure to support where staffing is a concern

15 Healthy Together City (School Nursing only), West Healthy Together, County Outpatient and Diana 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.

The Diana service is a new hot spot; it is rated at Amber escalation due to staff on phased return from long term sickness, leavers and maternity leave.

Mitigation plans are in place across the wider service and Amber teams for moving staff internally to cover high risk areas. A number of strategies are being used to mitigate staffing gaps and including paid overtime, ongoing advert for vacant posts. 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, MHSOP remains a hot spot due to sickness and a vacancy; in conjunction with internal moves clinical risk and activity are supported and managed.

17 There are no community hot spots in December 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 commenced in December 2019 with a fifth cohort commencing in March 2020 (a total of 20 trainee Nursing Associates in cohorts 4 & 5). Nine trainees (Cohort 2) finish their academic programme in January 2020 due to register with the NMC in March/April 2020.
- 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: Anne Scott – Acting Director of Nursing, AHPs and Quality

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

December 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%	<20%	-
AMH Bradgate	Ashby	21	20	90.8%	126.6%	100.0%	145.2%			79.6%	23.4%	22.5%	0.9%	5.2	
	Aston	19	19	82.8%	178.2%	95.2%	290.3%			60.2%	38.5%	34.9%	3.6%	6.7	
	Beaumont	22	22	100.0%	172.6%	101.6%	335.5%			89.2%	30.3%	29.5%	0.9%	6.4	
	Belvoir Unit	10	10	113.9%	353.7%	183.9%	375.0%			95.7%	54.6%	42.3%	12.3%	21.2	
	Bosworth	20	19	81.7%	183.1%	96.8%	245.2%			58.1%	33.2%	33.0%	0.2%	6.5	
	Heather	18	17	88.4%	146.0%	100.0%	158.1%			73.1%	26.8%	22.1%	4.6%	6.2	
	Thornton	20	18	81.0%	166.9%	100.0%	104.8%			63.4%	35.3%	34.9%	0.4%	6.3	
	Watermead	20	19	90.7%	229.0%	98.4%	422.6%			71.0%	48.5%	44.8%	3.7%	8.4	
	Griffin Female PICU	6	6	186.4%	291.4%	200.0%	154.8%			95.7%	50.8%	30.0%	20.8%	17.6	
AMH Other	HP Phoenix	12	11	101.6%	143.5%	112.9%	150.0%			94.6%	12.5%	11.3%	1.2%	9.5	
	SH Skye Wing	30	27	114.5%	162.4%	203.2%	145.2%			98.9%	37.5%	37.5%	0.0%	5.2	
	Willows Unit	35	34	150.4%	180.5%	122.6%	208.1%			93.5%	16.8%	16.5%	0.3%	8.3	
	ML Mill Lodge (New Site)	13	10	100.0%	191.9%	98.4%	145.2%			87.1%	38.4%	37.1%	1.3%	12.0	
CHS City	BC Kirby	23	21	81.9%	206.3%	96.8%	124.2%			62.4%	24.8%	23.3%	1.5%	5.9	
	BC Welford	24	16	90.4%	176.6%	93.5%	101.6%			78.5%	10.0%	9.1%	0.9%	7.1	
	CB Beechwood	20	19	81.9%	213.0%	100.0%	116.1%	102.1%	109.6%	64.5%	25.7%	14.5%	11.2%	6.2	
	CB Clarendon	23	21	86.5%	246.4%	101.6%	106.5%			72.0%	15.2%	8.4%	6.8%	6.6	
	EC Coleman	20	17	69.5%	320.2%	88.7%	201.6%			49.5%	25.6%	25.3%	0.3%	9.7	
	EC Gwendolen	19	16	77.9%	306.2%	98.4%	200.0%			65.6%	38.6%	34.0%	4.6%	10.5	
CHS East	FP General	10	9	137.8%	75.4%	106.9%	-	96.8%		66.7%	32.4%	17.1%	15.3%	7.0	
	MM Dalgleish	16	15	101.6%	123.8%	100.0%	161.3%	102.9%	102.0%	93.5%	14.2%	10.3%	3.9%	6.3	
	Rutland	15	13	100.0%	115.2%	95.2%	148.4%			92.5%	11.8%	7.4%	4.5%	6.7	
	SL Ward 1 Stroke	17	14	117.6%	186.3%	98.4%	96.8%	100.9%	101.3%	96.8%	15.6%	13.6%	2.0%	8.9	
	SL Ward 3	12	11	106.5%	113.8%	193.5%	93.5%	106.7%	100%	86.0%	30.6%	18.6%	11.9%	7.2	
CHS West	CV Ellistown 2	18	16	100.0%	204.8%	200.0%	100.0%	103.1%	100%	98.9%	18.3%	8.8%	9.6%	7.3	
	CV Snibston 1	16	14	105.4%	185.0%	100.0%	108.1%	102.4%	101.9%	92.5%	8.6%	6.0%	2.6%	8.3	
	HB East Ward	20	19	75.3%	226.6%	98.4%	143.5%	102.0%	94.2%	50.5%	18.2%	11.6%	6.7%	7.2	
	HB North Ward	19	18	117.7%	173.4%	100.0%	112.9%			100.0%	34.3%	21.5%	12.8%	6.7	
	Lough Swithland	24	22	101.6%	215.3%	100.0%	203.2%	97.5%	107.0%	95.7%	13.9%	8.3%	5.6%	5.7	
FYPC	Langley	13	12	88.1%	161.2%	112.9%	116.1%	97.8%		79.6%	37.5%	37.5%	0.0%	7.1	
	CV Ward 3	10	8	178.6%	408.6%	197.0%	412.1%			100.0%	48.0%	32.0%	16.0%	19.0	
LD	3 Rubicon Close	4	2	91.9%	140.3%	83.9%	161.3%			74.2%	31.4%	30.5%	0.9%	22.0	
	Agnes Unit	11	8	220.5%	639.8%	197.3%	902.7%			94.6%	51.7%	47.4%	4.4%	39.2	
	The Gillivers	5	2	91.9%	140.6%	45.2%	138.7%			69.9%	20.6%	20.6%	0.0%	21.9	
	The Grange	5	2	-	152.4%	-	212.9%			97.8%	31.0%	31.0%	0.0%	20.2	
<b>Trust Total</b>				<b>103.0%</b>	<b>204.1%</b>	<b>111.9%</b>	<b>186.2%</b>			<b>81.2%</b>	<b>30.2%</b>	<b>25.3%</b>	<b>4.9%</b>		

## 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	90.8%	126.6%	100.0%	145.2%	23.4%	5.2	14.7%↓	0	1↓	0	100%
Aston	19	82.8%	178.2%	95.2%	290.3%	38.5%	6.7	10.4%↑	0	1	0	100%
Beaumont	22	100.0%	172.6%	101.6%	335.5%	30.3%	6.4	4.9%↓	3↑	0↓	0	nil
Belvoir Unit	10	113.9%	353.7%	183.9%	375.0%	54.6%	21.2	40.7%↑	0↓	0	2↑	nil
Bosworth	19	81.7%	183.1%	96.8%	245.2%	33.2%	6.5	16.6%↑	2↑	3↓	0↓	nil
Heather	17	88.4%	146.0%	100.0%	158.1%	26.8%	6.2	17.7%	0↓	2↑	0	nil
Thornton	18	81.0%	166.9%	100.0%	104.8%	35.3%	6.3	12.9%↑	1↑	1	0	100%
Watermead	19	90.7%	229.0%	98.4%	422.6%	48.5%	8.4	17.5%↑	2	11↑	2	100%
Griffin F PICU	6	186.4%	291.4%	200.0%	154.8%	50.8%	17.6	26.8%↑	1↑	0	1↓	nil
<b>TOTALS</b>									<b>9↑</b>	<b>19↑</b>	<b>5↓</b>	

Table 3 - Acute inpatient ward safe staffing

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

Temporary worker utilisation is Red for Belvoir and Griffin Units at 54.6% and 50.8% 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. The ward has completed successful recruitment to RN and HCSW vacancies.

Analysis of the NSIs has shown an increase in falls on Watermead in December 2019 these were all related to one patient who has mobility issues and epilepsy which are affected by the persons mental health. The ward team have fully reviewed physical health and behaviour to reduce the falls/seizures. One of the complaints relates to the care for this lady and understanding falls.

There was an increase in medication errors on Beaumont Ward related to storage and administration of controlled drugs, there has been no harm to patients, staff are receiving additional training.



## 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	2	91.9%	140.3%	83.9%	161.3%	31.4%	22.0	30.0%↑	0	0↓	0↓	nil
Agnes Unit	8	220.5%	639.8%	197.3%	902.7%	51.7%	39.2	10.0%↓	0	5↑	0	nil
The Gillivers	2	91.9%	140.6%	45.2%	138.7%	20.6%	21.9	15.0%	0	0	0	nil
The Grange	2	-	152.4%	-	212.9%	31.0%	20.2	21.9%↓	0	0↓	0	100%
<b>TOTALS</b>									<b>0</b>	<b>5↓</b>	<b>0↓</b>	

Table 4 - Learning disabilities safe staffing

Rubicon, Short Breaks and the Agnes Unit met the thresholds for RN and HCSW planned staffing in December 2019.

Gillivers and Grange short breaks did not meet the planned RN level on days and nights at the Grange and on nights at the Gillivers. The skill mix of staff 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 Grange and Gillivers site as the homes are situated next to each other.

The 5 falls at the Agnes Unit relate to one patient, care plans and risk assessments identify behaviour in relation to anxiety however further investigations are taking place to ascertain whether there is any epilepsy, risk mitigations are in place until the investigations are concluded.

## 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	101.6%	143.5%	112.9%	150.0%	12.5%	9.5	8.3%	0	0	0	57.10%

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	114.5%	162.4%	203.2%	145.2%	37.5%	5.2	1.6%	1↓	2↑	0	80%
Willows Unit	34	150.4%	180.5%	122.6%	208.1%	16.8%	8.3	8.2%	0	1↑	0	83.3%
Mill Lodge	10	100.0%	191.9%	98.4%	145.2%	38.4%	12.0	14.2%↓	0	0↓	0	nil
<b>TOTALS</b>									<b>1↓</b>	<b>3↓</b>	<b>0</b>	

Table 6 - Rehabilitation service safe staffing

All ward/units met the planned staffing thresholds for all shifts in December 2019; 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	137.8%	75.4%	106.9%	-	32.4%	7.0	35.0%↓	0↓	4	0	100%
MM Dalglish	15	101.6%	123.8%	100.0%	161.3%	14.2%	6.3	-14.01%	0	7↑	0	nil
Rutland	13	100.0%	115.2%	95.2%	148.4%	11.8%	6.7	16.5%	1↑	4↓	0	100%
SL Ward 1	14	117.6%	186.3%	98.4%	96.8%	15.6%	8.9	15.2%	0↓	3↑	0	100%
SL Ward 3	11	106.5%	113.8%	193.5%	93.5%	30.6%	7.2	26.7%↓	1	3	0↓	80%
CV Ellistown 2	16	100.0%	204.8%	200.0%	100.0%	18.3%	7.3	6.6%	0	6↑	0	100%
CV Snibston 1	14	105.4%	185.0%	100.0%	108.1%	8.6%	8.3	17.2%↑	0	3↓	0	100%
HB East Ward	19	75.3%	226.6%	98.4%	143.5%	18.2%	7.2	4.0%↓	1↓	5↑	0	100%
HB North Ward	18	117.7%	173.4%	100.0%	112.9%	34.3%	6.7	19.4%	0	5↑	0	87.5%
Swithland	22	101.6%	215.3%	100.0%	203.2%	13.9%	5.7	20.9%↓	0	4↓	0	90.5%
CB Beechwood	19	81.9%	213.0%	100.0%	116.1%	25.7%	6.2	14.6%	1↓	7↑	0↓	100%
CB Clarendon	21	86.5%	246.4%	101.6%	106.5%	15.2%	6.6	13.9%	2↑	8↑	0	100%
<b>TOTALS</b>									<b>6↓</b>	<b>59↑</b>	<b>0↓</b>	

Table 7 - Community hospital safe staffing

All wards met the thresholds for RN and HCSW planned staffing in December 2019 with the exception of Feilding Palmer on days for HCSW and East Ward on days for Registered Nurses. Feilding Palmer HCSW staffing was adjusted in line with bed occupancy and patient need, East 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 Dalglish Ward, Beechwood, Clarendon, East, North and Ellistown Ward. 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	21	81.9%	206.3%	96.8%	124.2%	24.8%	5.9	24.5%↓	0	15↑	0	nil
BC Welford	16	90.4%	176.6%	93.5%	101.6%	10.0%	7.1	19.2%	1↓	2↑	0	nil
Coleman	17	69.5%	320.2%	88.7%	201.6%	25.6%	9.7	16.2%	2↑	6↑	0↓	nil
Gwendolen	16	77.9%	306.2%	98.4%	200.0%	38.6%	10.5	17.3%↑	0↓	15↑	0	50%
<b>TOTALS</b>									<b>3↓</b>	<b>38↑</b>	<b>0↓</b>	

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

Coleman and Gwendolen are hot spots as they only met the threshold for RN planned staffing on days 69.5% and 77.9% respectively. Analysis has shown that Coleman ward had one registered nurse on six day shifts and Gwendolen ward on nineteen day shifts. Both wards were supported by the charge nurses and Gwendolen ward by a Medication Administration Technician.

Analysis has shown that the increase in falls on both Kirby and Gwendolen Wards is not linked to staffing numbers.

## 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	88.1%	161.2%	112.9%	116.1%	37.5%	7.1	-13.0%	1↑	2↑	1↑	100%
CV Ward 3 - CAMHS	8	178.6%	408.6%	197.0%	412.1%	48.0%	19.0	20.1%↑	0↓	1↑	0	nil
<b>TOTALS</b>									<b>1↓</b>	<b>3↑</b>	<b>1↑</b>	

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

Both wards met the thresholds for RN and HCSW planned staffing in December 2019, the wards continue to utilise an increased number of temporary workers to manage increased patient acuity and maintain patient safety.

There was an increase in NSIs on Langley Ward in December; analysis has not identified any correlation between staffing and impact to quality and safety of patient care/outcomes.