

# TRUST BOARD REPORT – December 21st 2017

## SAFER STAFFING – November 2017 MONTHLY REVIEW

### 1. Introduction/ Background

This report provides 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 and unregistered staff during the day and night and highlights where this falls below a 80% threshold.

Actual staff numbers compared to planned staff numbers are collated for each inpatient area in line with the requirements of the Department of Health (DoH) Unify reporting process and the data extract is attached (Appendix 1). The LPT monthly safer staffing reports are publically available via the NHS Choices website and our Trust internet page.

Each directorate has in place 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.

This report presents additional indicators against each inpatient ward area to further inform and provide assurance in terms of adequate staffing levels and harm free care. Lead nurses are responsible for ensuring local oversight and triangulation of the nurse sensitive indicators (NSI's) in their area to ensure safer staffing is monitored and the associated risks managed at ward level.

### 2. Aim

The aim of this report is to provide the Trust Board with an analysis of November 2017 staffing data. The Trust Board receives a six monthly 'Inpatient Staffing Establishment Review' report which provides an overview of the work being undertaken to maintain safer staffing standards across all our inpatient wards.

### 3. Recommendations

The Trust Board is recommended to receive assurance that processes are in place to monitor and ensure the inpatient safer staffing levels are maintained.

## DISCUSSION

### 4. Trust Safer Staffing hotspots

The overall trust wide summary of planned versus actual hours by ward for Registered Nurses (RN) and Healthcare Support Workers (HCSW) in November 2017 is detailed below:

Trust wide average	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 17	97.9%	193.7%	101.4%	175.0%	31.1%
Oct 17	93.9%	196.9%	99.4%	182.2%	30.2%
<b>Nov 17</b>	<b>98.1%</b>	<b>199.3%</b>	<b>100.2%</b>	<b>191.0%</b>	<b>30.7%</b>

Temporary staffing usage remains above 20% across the majority of areas. 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 RN Trust Hotspots**

<b>Planned staffing across ward areas</b>	<b>September 2017</b>	<b>October 2017</b>	<b>November 2017</b>
Hinckley & Bosworth East Ward	X		
Coalville- Snibston Ward 1(nights)	X	X	X
Short Breaks - The Gillivers(nights)	X	X	X
Short Breaks – Rubicon Close(nights)			X
Mill Lodge	X		X(nights)
Ashby (Bradgate)	X	X	
EC Welford(MHSOP)	X	X	X
EC Coleman (MHSOP)		X	X
EC Wakerley (MHSOP)		X	X
BC Kirby(MHSOP)	X	X	X

Feilding Palmer, Clarendon, Beechwood and St Luke's wards remain hotspots for vacancies and recruitment, with above 20% utilisation of temporary staff to maintain and support safer staffing.

Planned versus actual staffing by ward for RN's and HCSW's across all directorates is presented in the tables below, these show additional Nursing Sensitive Indicators (NSI's) that capture care or its outcomes most affected by nursing care.

This monthly report indicates if there has been an increase or decrease in the indicator position against the previous month. A detailed review of the indicators is undertaken by Lead Nurses in directorates through their operational management and governance arrangements.

## **5. COMMUNITY HEALTH SERVICES (CHS)**

Challenges with recruitment of staff and permanent RN cover remain. RN vacancies, maternity leave, sickness and other factors have resulted in increased numbers of the substantive RN workforce being unavailable across the directorate.

The directorate regularly reviews its recruitment plan and continues to look at a range of options to reduce the use of agency across the Trust and directorate including implementation of recruitment and retention premiums for the hot spot sites/wards.

Community Hospitals continue to face constant challenges with regard to vacancies and recruitment, with high utilisation of temporary staff to maintain and support safer staffing.

## 5.1 Community Hospitals

		DAY	DAY	NIGHT	NIGHT						
Ward	Occupied beds	% 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	Temp Workers%	Medication errors	Falls	Avoidable PU	Complaints	FFT Result %
FP General	7	137.9%	76.1%	112.3%	-	34.2%	0	1↓	0	0↓	100%
MM Dalgleish	13	97.5%	120.0%	100%	103.3%	21.8%	3↑	2	0	0	n\a
Rutland	14	98.3%	127.9%	100%	103.3%	6.3%	0	4↑	0	0	n\a
SL Ward 1	16	78.8%	213.2%	100%	125.0%	22.9%	2↑	1↓	0	0	n\a
SL Ward 3	12	103.4%	106.0%	196.7%	130.0%	28.3%	0	7↑	0	0↓	n\a
CV Ellistown 2	19	110.0%	159.2%	200.0%	101.7%	3.8%	2↑	9↑	0	0	100%
CV Snibston 1	23	97.2%	207.5%	66.7%	98.3%	3.3%	0↓	3↑	0	0↓	67%
HB East Ward	17	84.3%	178.3%	100%	100%	2.8%	8↑	2↓	0	0	100%
HB North Ward	17	100%	175.0%	100%	100%	8.0%	0	4↓	0	0	100%
Lbro Swithland	18	100%	197.5%	100%	200.0%	12.2%	1↓	5↑	0	0	97%
CB Beechwood	19	94.7%	215.0%	95.0%	91.7%	26.4%	1↑	6↑	0	0↓	100%
CB Clarendon	19	85.9%	215.0%	98.3%	101.7%	34.6%	1↑	2↓	0	0	n\a
TOTALS							18↑	46↑	0	0	

Snibston ward, Coalville met the planned RN level at night 66.7% of the time (see table 5.1), the ward is planned to have 3 registered nurses at night, however due to sickness, vacancies and cover across wards, at times the ward runs with two RNs which meets safer staffing requirements.

Feilding Palmer Ward met the planned HCA level on days 76.1% of the time (see table 5.1). The ward has on occasion not met its planned level for HCAs, this has been risk assessed and the ward has continued to meet safer staffing requirements.

Substantive staff are moved daily across all wards as required to maintain safer staffing. Temporary worker ratios are above 25 % on Clarendon, Beechwood, SL Ward 3 and FP wards which correlates with the higher vacancies.

Medication errors have increased this month from 5 in October to 18 in November 2017. There has been a theme identified; nine of the incidents related to staff not following procedure for the disposal of schedule 3 controlled drugs. This has previously been a theme which was identified and improved upon with increased staff awareness and information cards on pharmacy return boxes. Matrons will review again with ward teams to ensure the correct processes are followed.

The number of falls incidents reported has fallen slightly from 50 in October to 46 in November 2017; the number of falls reflects individual patient factors. Falls risk assessments and care plans are in place which include interventions to try to reduce the risk of falls and the risk of harm from falls.

There have been no complaints during November 2017, compared with four in October 2017.

## 5.2 Mental Health Services for Older People (MHSOP)

All wards in Mental Health Services for Older People (MHSOP) were hotspots in November 2017 and did not achieve the planned registered levels on days.

There has been an increase in long term sickness and a number of staff restricted from clinical duties pending investigation, resulting in the need to ensure cover across all wards with the appropriate skill mix and expertise. Whilst the planned levels were not achieved, wards had a minimum of two registered nurses and were working within the parameters of safer staffing.

Ward	Occupied beds	DAY	DAY	NIGHT	NIGHT	Temp Workers%	Medication errors	Falls	Avoidable PU	Complaints	FFT Result %
		% 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						
BC Kirby	22	66.1%	232.0%	80.0%	131.7%	31.0%	2↓	3↓	0	0↓	100%
BC Welford	22	61.1%	271.7%	86.7%	148.3%	18.9%	0	12↓	0	0	n/a
EC Coleman	20	73.3%	390.1%	91.7%	340.0%	48.1%	0↓	9↓	0	0	*67%
EC Wakerley	19	68.6%	345.0%	76.7%	325.0%	51.4%	1↑	7	0	0	n/a
<b>TOTALS</b>							<b>3↓</b>	<b>31</b>	<b>0</b>	<b>0</b>	

\*3returns

Mental Health Services for Older People (MHSOP) wards temporary staffing utilisation ranges from 18% to 51%.

The increased usage of HCSW's supports increased dependency needs and high number of patients requiring level one observation. This is specifically focussed on the wards at the Evington centre for patients with severe impairment where falls and violence and aggression are the predominant risk. Further analysis of acuity is currently being undertaken to review the current staffing profile / skill mix against acuity.

Reported falls incidents have decreased from 48 in October to 31 in November 2017 this reflects changes to individual patient factors. Reported medication errors have decreased by one to three in November 2017.

There have been no complaints during November 2017, compared with one in October 2017.

## 6. ADULT MENTAL HEALTH AND LEARNING DISABILITIES SERVICES (AMH/LD)

### 6.1 Acute Inpatient Wards

Ward	Occupied beds	DAY	DAY	NIGHT	NIGHT	Temp Workers%	Medication errors	Falls	Complaints	FFT Result %
		% 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					
Ashby	19	81.7%	159.2%	90.0%	276.7%	54.1%	0	3↑	0↓	50%*
Aston	17	92.2%	142.5%	88.3%	310.0%	32.7%	1↑	1	0↓	100%
Beaumont	19	85.6%	197.5%	100%	346.7%	61.1%	3↑	0	1	n/a
Belvoir Unit	10	121.7%	300.0%	156.7%	355.0%	36.0%	0	0	1	n/a
Bosworth	14	103.3%	188.3%	105.0%	356.7%	30.9%	0	1↑	0	n/a
Heather	16	94.9%	144.5%	88.3%	236.7%	42.8%	1↓	3↓	0↓	n/a
Thornton	19	92.2%	165.0%	90.0%	353.3%	36.1%	0	1↑	0↓	n/a
Watermead	19	89.4%	171.7%	95.0%	276.7%	40.7%	1↑	0↓	0	n/a
Griffin F PICU	5	175.4%	221.8%	161.8%	120.0%	36.6%	1	0	0	n/a
<b>TOTALS</b>							<b>7↑</b>	<b>9↓</b>	<b>2↓</b>	

\*2 returns

The Bradgate unit overall has a high use of regular bank staff to support vacancy cover and patient acuity which varies from ward to ward. Temporary worker utilisation is above 30% across all wards. Griffin Ward opened as a female PICU on the 30<sup>th</sup> November 2017 for 6 patients and is included in this report for the first time.

To manage the impact of the increase in RN vacancies across the acute inpatient wards, block booking of bank and agency RN's is in place. This enables safer staffing levels to be maintained or risk assessed within a safe parameter and improves consistency of patient care.

The Bradgate Unit had no hotspots in November 2017 .Temporary worker utilisation was above 60% on Beaumont in November and this reflected an increase in vacancies and sickness in RN's. The pilot of the third RN on the early shift working across a 9 to 5 time span to take a lead in the patient daily reviews/ ward rounds on Ashby ward is currently being evaluated.

Reported medication errors increased from five in October 2017 to seven in November 2017 and reported falls decreased by two from 11 to 9.

There has been an decrease in complaints from seven in October 2017 to two in November 2017.

No specific themes have been identified during the monthly review and there is no correlation of incidents with safer staffing levels.

## 6.2 Learning Disability Services

Ward	Occupied beds	DAY	DAY	NIGHT	NIGHT	Temp Workers%	Medication errors	Falls	Complaints	FFT Result %
		% 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					
3 Rubicon Close	4	121.7%	176.7%	63.3%	176.7%	15.9%	0	0	0	n/a
Agnes Unit	10	116.9%	345.1%	81.7%	337.9%	32.7%	1	1	0	n/a
The Gillivers	3	96.7%	142.6%	43.3%	156.7%	18.0%	0	0	0	n/a
The Grange	2	-	136.1%	-	193.3%	8.2%	0	0	0	n/a
TOTALS							1	1	0	

Short Break Homes use a high proportion of HCSWs' who are trained to administer medication and carry out delegated health care tasks, this means the homes do not require a RN at all times. The Gillivers and The Grange can support each other with RN cover as the homes are situated next to each other. Reported numbers of falls and medication errors have not changed.

## 6.3 Low Secure Services – Herschel Prins

Ward	Occupied beds	DAY	DAY	NIGHT	NIGHT	Temp Workers%	Falls	Medication errors	Complaints	FFT Result %
		% 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					
HP Phoenix	10	101.7%	261.7%	96.7%	241.7%	50.7%	0	0	0	n/a

Phoenix Ward achieved the thresholds for safer staffing during November 2017, high levels of temporary workers continue to be utilised to cover vacancies, sickness and a high number of level one and two to one patient observations.

## 6.4 Rehabilitation Services

Ward	Occupied beds	DAY	DAY	NIGHT	NIGHT	Temp Workers%	Medication errors	Falls	Complaints	FFT Result %
		% 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					
SH Skye Wing	23	110.0%	149.7%	196.7%	108.3%	30.2%	1	3	0	n/a
Willows Unit	34	131.7%	225.8%	125.6%	234.8%	28.4%	0	0	0	80%
Mill Lodge	13	82.5%	223.3%	53.3%	148.3%	38.5%	1	11	0	n/a
<b>TOTALS</b>							<b>2↑</b>	<b>14↑</b>	<b>0</b>	

Temporary worker utilisation is above 25% across the rehabilitation services.

Mill lodge temporary staffing levels are influenced by sickness, vacancies and leave. The unit adopts a staffing model based on a risk assessment of patient need and staff skills and competencies; this includes sharing of a second registered nurse at Stewart House between Mill Lodge and Stewart House if a second RN cannot be sourced for day or night shifts' using bank or agency. Where this occurs additional HCSW's are also used and this is reflected in higher figures for day and night cover.

Reported medication error numbers have increased by one in November 2017 and there has been an increase in reported falls from 12 October 2017 to 14 in November 2017. The increase of falls at Mill Lodge relates to patients who are at the phase in their Huntington's disease progression where walking and movement is being affected to some degree; regular reviews of care and risk are completed.

## 7. FAMILIES, YOUNG PEOPLE AND CHILDREN'S SERVICES (FYPC)

Ward	Occupied beds	% 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	Temp Workers %	Medication errors	Falls	Complaints	FFT Result %
Langley	11	134.9%	118.3%	110.0%	113.3%	27.8%	1↑	2↓	0	n/a
CV Ward 3 (CAMHS)	10	106.8%	161.9%	105.4%	121.4%	28.4%	0	0	0	100%
<b>TOTALS</b>							<b>1↑</b>	<b>2↓</b>	<b>0</b>	

There are no currently no 'hot spot' areas for inpatient services within Families, Young People and Children's Services.

Reported medication errors increased by one in November 2017. Reported falls on Langley ward reduced by two in November 2017. Both wards continue to utilise an increased number of temporary workers to offset the current vacancy and sickness rates as well as the increase in patient acuity.

## 8. Recruitment

The current Trust wide position for inpatient wards as reported real time by the lead Nurses is detailed below. Trust wide there are approximately 115 RN vacancies and 52 HCSW vacancies across the inpatient wards.

Area	Vacant posts		Starters/Pipeline	
	RN	HCSW	RN	HCSW
FYPC	4	0	0	6
<i>CHS(Community Hospitals)*</i>	<i>40</i>	<i>14</i>	<i>0</i>	<i>0</i>
CHS(MHSOP)	6	6	4	4
<i>AMH/LD*</i>	<i>61</i>	<i>29</i>	<i>8</i>	<i>7</i>
<b>Trust Total November 2017</b>	<b>111</b>	<b>49</b>	<b>12</b>	<b>17</b>

*\*October data used for comparison purposes due to November data not being verified for reporting deadline*

<b>Trust Total October 2017</b>	115	52	17	22
---------------------------------	-----	----	----	----

Longer term plans to eradicate the risks and address staffing issues remain in place, these include, rolling recruitment and retention plans, absence management and continuous review of workforce including new roles to enhance skill mix and increase patient facing time. The Trust is participating in three NHS Improvement development programmes to support safer staffing sustainability, these cover, Care Contact Hours Per Day (CPPHD), E-rostering 90 day Rapid Improvement Programme and the Mental Health Observations and Engagement improvement programme.

## 9. Conclusion

The Trust continues to demonstrate compliance with the NQB expectations and associated deadlines. The safer staffing data is being regularly monitored and scrutinised for completeness and performance by the Chief Nurse and reported to NHS England via mandatory Unify2 national returns on a site-by-site basis.

Where there are variances in safer staffing standards, the lead nurses have oversight of the plans in place to mitigate risks for each ward to ensure safe care standards are maintained. Nurse sensitive indicators are reviewed through local management and governance reviews.

## Annex 1 – Definition of Safer Staffing Measures

### 1. 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.

### 2. 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 UNIFY reporting

Methodology	Measure	Measure Source
<b>Fill Rate Analysis (National Unify2 Return)</b>	Actual hours worked divided by Planned hours (split by RN/ HCSW)	NHS TDA (Trust Development Authority)

#### Fill Rate Analysis (National Unify2 Return)

The Trust is required by the TDA to publish our inpatient staffing levels on the NHS Choices website via a national Unify2 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.



November 2017

Fill Rate Analysis (National Unify2 Return)				Skill Mix Met	Funded Staffing Levels Met by Shift	% Temporary Workers
Actual Hours Worked divided by Planned Hours						
Day (Early & Late Shift)		Night				
Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff	(based on 1:8 plus 60:40 split)	Based on full bed occupancy	

Ward Group	Ward name	Average no. of Beds on Ward	Average no. of Occupied Beds	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	<20%
AMH Bradgate	Ashby	21	19	81.7%	159.2%	90.0%	276.7%	58.9%	98.9%	54.1%
	Aston	18	17	92.2%	142.5%	88.3%	310.0%	61.1%	96.7%	32.7%
	Beaumont	20	19	85.6%	197.5%	100%	346.7%	71.1%	96.7%	61.1%
	Belvoir Unit	10	10	121.7%	300.0%	156.7%	355.0%	100%	100%	36.0%
	Bosworth	14	14	103.3%	188.3%	105.0%	356.7%	73.3%	95.6%	30.9%
	Heather	18	16	94.9%	144.5%	88.3%	236.7%	65.6%	96.7%	42.8%
	Thornton	19	19	92.2%	165.0%	90.0%	353.3%	73.3%	93.3%	36.1%
	Watermead	19	19	89.4%	171.7%	95.0%	276.7%	72.2%	97.8%	40.7%
	Griffin Female PICU	5	5	175.4%	221.8%	161.8%	120.0%	94.4%	84.4%	36.6%
AMH Other	HP Phoenix	12	10	101.7%	261.7%	96.7%	241.7%	96.7%	98.9%	50.7%
	SH Skye Wing	29	23	110.0%	149.7%	196.7%	108.3%	97.8%	83.3%	30.2%
	Willows Unit	38	34	131.7%	225.8%	125.6%	234.8%	98.9%	100%	28.4%
	ML Mill Lodge (New Site)	14	13	82.5%	223.3%	53.3%	148.3%	43.3%	85.6%	38.5%
CHS City	BC Kirby	23	22	66.1%	232.0%	80.0%	131.7%	24.4%	94.4%	31.0%
	BC Welford	27	22	61.1%	271.7%	86.7%	148.3%	25.6%	97.8%	18.9%
	CB Beechwood	20	19	94.7%	215.0%	95.0%	91.7%	75.6%	87.8%	26.4%
	CB Clarendon	20	19	85.9%	215.0%	98.3%	101.7%	72.2%	80.0%	34.6%
	EC Coleman	21	20	73.3%	390.1%	91.7%	340.0%	42.2%	100%	48.1%
	EC Wakerley	21	19	68.6%	345.0%	76.7%	325.0%	25.6%	100%	51.4%
	FP General	8	7	137.9%	76.1%	112.3%	-	67.8%	94.4%	34.2%
CHS East	MM Dagleish	14	13	97.5%	120.0%	100%	103.3%	94.4%	93.3%	21.8%
	Rutland	16	14	98.3%	127.9%	100%	103.3%	97.8%	45.6%	6.3%
	SL Ward 1 Stroke	17	16	78.8%	213.2%	100%	125.0%	60.0%	33.3%	22.9%
	SL Ward 3	14	12	103.4%	106.0%	196.7%	130.0%	96.7%	98.9%	28.3%
CHS West	CV Ellistown 2	24	19	110.0%	159.2%	200.0%	101.7%	98.9%	78.9%	3.8%
	CV Snibston 1	24	23	97.2%	207.5%	66.7%	98.3%	46.7%	5.6%	3.3%
	HB East Ward	18	17	84.3%	178.3%	100%	100%	65.6%	54.4%	2.8%
	HB North Ward	18	17	100%	175.0%	100%	100%	100%	94.4%	8.0%
	Lough Swithland	20	18	100%	197.5%	100%	200.0%	100%	100%	12.2%
	Langley	14	11	134.9%	118.3%	110.0%	113.3%	76.7%	92.2%	27.8%
FYPC	CV Ward 3	10	10	106.8%	161.9%	105.4%	121.4%	90.0%	88.9%	28.4%
	3 Rubicon Close	4	4	121.7%	176.7%	63.3%	176.7%	86.7%	90.0%	15.9%
LD	Agnes Unit	11	10	116.9%	345.1%	81.7%	337.9%	80.0%	83.3%	32.7%
	The Gillivers	5	3	96.7%	142.6%	43.3%	156.7%	68.9%	61.1%	18.0%
	The Grange	5	2	-	136.1%	-	193.3%	92.2%	100%	8.2%
<b>Trust Total</b>				98.1%	199.3%	100.2%	191.0%	74.1%	85.8%	30.7%