

## TRUST BOARD REPORT – 26 October 2017

### Safer Staffing – September 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 September 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 September

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	
July 17	99.6%	190.7%	101.0%	177.5%	30.7%
Aug 17	99.6%	186.7%	101.2%	173.0%	31.9%
<b>Sept 17</b>	<b>97.9%</b>	<b>193.7%</b>	<b>101.4%</b>	<b>175.0%</b>	<b>31.1%</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**

Planned staffing across ward areas	July 2017	August 2017	September 2017
Hinckley & Bosworth East Ward	X		X
Coalville- Snibston Ward 1(nights)	X		X
Short Breaks - The Gillivers(days and nights)	X	X	
Short Breaks – Rubicon Close(nights)	X	X	
Agnes Unit(nights)	X	X	
Mill Lodge	X	X	X
Ashby(Bradgate)		X	X
Beaumont(Bradgate)		X	
Welford(MHSOP)		X	X
BC Kirby(MHSOP)			X

Feilding Palmer, Clarendon, Beechwood and St Luke's wards remain hotspots for vacancies and recruitment, with high 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 and the directorate is reviewing its recruitment plan looking 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.

The directorate regularly reviews its recruitment plan to consider any additional actions required. Safer staffing is maintained through cross site cover and significant use of bank and agency. RN vacancies, maternity leave, sickness and other factors have resulted in increased numbers of the substantive RN workforce being unavailable across the directorate.

## 5.1 Community Hospitals

Ward	Occupied beds	DAY % of actual vs total planned shifts RN	DAY % of actual vs total planned shifts care HCSW	NIGHT % of actual vs total planned shifts RN	NIGHT % of actual vs total planned shifts care HCSW	Temp Workers%	Medication errors	Falls	Avoidable PU	Complaints	FFT Result %
FP General	6	149.4%	82.8%	122.9%	-	26.6%	1↑	4↑	0	0	100%
MM Dalglish	13	96.7%	123.3%	93.3%	103.3%	8.5%	1↑	3↓	0	0	83%
Rutland	13	100%	130.8%	100%	110.0%	7.6%	1↑	3↓	0	0	91%
SL Ward 1	15	85.4%	186.7%	101.7%	116.7%	23.3%	2↑	2↓	0	0	n/a
SL Ward 3	12	102.5%	98.3%	200%	100%	32.4%	2↑	3↑	0	0	92%
CV Ellistown 2	19	110.8%	168.3%	200%	100%	6.2%	1↑	8↑	0	0	100%
CV Snibston 1	21	102.8%	191.1%	67.8%	100%	4.4%	0↓	2↓	0	0	80%
HB East Ward	17	75.8%	185.8%	95.0%	106.7%	20.4%	1↓	5↓	0	0	100%
HB North Ward	17	100%	192.5%	101.7%	128.3%	20.9%	0	3↓	0	0	100%
Lbro Swithland	19	104.2%	180.8%	101.7%	196.7%	13.6%	0	4↓	0	0	100%
CB Beechwood	13	85.2%	181.4%	96.7%	101.7%	32.8%	0↓	4↑	0	2↑	100%
CB Clarendon	15	108.7%	199.2%	98.3%	100%	28.6%	3↑	3↓	0	0	100%
TOTALS							12↑	44↓	0	2	

The current 'hot spot' areas for Inpatient Community Hospitals are:

- HB East ward has a number of vacancies, safer staffing levels are maintained ensuring there is a minimum of two RNs per shift and the ward works with HB North ward to ensure safer staffing across the site.
- Snibston ward has not met the planned level on night shifts at present due to vacancies. Cover is sought from other wards to maintain safer staffing levels are maintained.
- FP ward is covered by two RNs at night, thus there is no HCSW on shift, and there is a risk assessment in place to underpin this working arrangement.

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

During July and August 2017, risks have been escalated with regard to Feilding Palmer (Lutterworth). Due to RN vacancies, sickness and maternity leave the actual substantive staffing for RNs is depleted by 47%. The risk in having to utilise an increasingly transient workforce is being felt not only at Feilding Palmer but across the other community hospital sites.

It has been necessary to move substantive staff from their usual community hospital bases to Feilding Palmer, St Lukes and the City Wards to ensure the appropriate level of expertise is available to deliver safe, consistent care. This results in an increased requirement to utilise non substantive staff at the other community hospital sites which increases the risk to those sites in using a transient workforce. Temporary worker ratios are above 25% on Clarendon, Beechwood, SL Ward 3 and Fielding Palmer ward (see table 5.1).

There have been two complaints during September 2017, one is a multi-agency complaint with UHL and one is an anonymous concern submitted to the CQC by a visiting relative, which refers to the high usage of agency staff.

The number of falls incidents reported has decreased from 60 in August 2017 to 44 in September 2017. The highest decrease has been on CV Snibston where there has been a reduction from 15 falls last month to two in September 2017; this reflects changes to individual patient factors.

Medication errors have increased this month from five in August 2017 to 12 in September 2017, the highest increase (three) was on Clarendon ward which had zero in August 2017. One was a prescribing error, one was a reported administration to a patient with an allergy which turned out to be sensitivity and one was an administration error. There were no links to staffing and no patient harm as a result of the errors.

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

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	72.7%	241.8%	80.0%	120.0%	36.3%	2	3↓	0	1↑	n\ a
BC Welford	21	74.0%	252.5%	95.0%	123.3%	28.7%	1↑	11↓	0	0	100%
EC Coleman	20	95.0%	300.8%	90.0%	266.7%	36.0%	1↑	19↓	0	1↑	100%
EC Wakerley	20	92.5%	329.8%	75.0%	281.7%	48.3%	1↑	8	0	0	n\ a
<b>TOTALS</b>							<b>5↑</b>	<b>41↓</b>	<b>0</b>	<b>2↑</b>	

Mental Health Services for Older People (MHSOP) had two hotspots in September 2017.

- Kirby and Welford Ward remain hotspots for vacancies and recruitment with utilisation of temporary staff to maintain and support safer staffing.
- Wakerley Ward continues to use a higher level of temporary staff as a result of having an increased number of Level 1 observations. (On average, this has been up to 4 patients at any one time over the month).

MHSOP wards continue to utilise a higher than average percentage of temporary workers to meet patient needs. The increased usage of HCSW's supports increased dependency needs. Further analysis of acuity is currently being undertaken to review the current staffing profile / skill mix against acuity.

Reported falls incidents have decreased from 50 to 41 in September 2017. Reported medication errors have increased from zero in August 2017 to five in

September 2017. There was no patient harm in relation to these incidents and they are not related to staff administration of medicines. There has been an increase in complaints from zero in August 2017 to two in September 2017. Review has not identified any themes or trends that relate to staffing levels.

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

### 6.1 Acute Inpatient Wards

The Bradgate Unit had one hotspot areas in September 2017 whereby Ashby ward did not meet the 80% cover.

Ashby Ward are piloting having a 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 and follow up actions; this has had an impact on availability of a third nurse on late shifts; there were. RN vacancies and some leave necessitated skill mix changes which were supported by additional HCSW's.

		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	Complaints	FFT Result %
Ashby	20	76.1%	185.8%	98.3%	293.3%	50.5%	1↓	3↓	0	n/a
Aston	22	87.8%	135.8%	95.0%	256.7%	34.7%	0	4↑	1	n/a
Beaumont	18	84.2%	162.7%	101.7%	280.0%	49.6%	1↑	0↓	0↓	n/a
Belvoir Unit	10	99.2%	327.5%	180.0%	336.7%	38.5%	1↑	0	0	n/a
Bosworth	20	91.7%	170.8%	95.0%	236.7%	30.5%	0	1↑	2↑	n/a
Heather	17	97.6%	126.7%	98.3%	186.7%	40.4%	0	4↑	1	100%
Thornton	24	100%	197.5%	100%	300.0%	44.6%	0↓	0↓	0↓	n/a
Watermead	19	90.0%	140.0%	96.7%	133.3%	25.0%	0↓	1↓	0	n/a
<b>TOTALS</b>							3↓	13↑	4↓	

The unit overall has a high use of bank staff to support vacancy cover and patient acuity which varies from ward to ward. This enables safer staffing levels to be maintained or risk assessed within a safe parameter. Temporary worker utilisation is above 35% across all wards apart from Aston, Bosworth and Watermead.

RN vacancies levels are high currently, with 32.5 vacancies out of an establishment of 117.7 across the Bradgate Unit Wards. There are a number of recruitment and retention plans in place for the unit and the staffing risk is being reviewed to ensure all risk reduction strategies are in place

Reported medication errors reduced from six in August 2017 to three in September 2017 and reported falls increased by one from 12 to 13. There has been a decrease in complaints from six in August 2017 to four in September 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	120.0%	163.3%	73.3%	150.0%	15.6%	0	1	0	n/a
Agnes Unit	11	118.7%	396.4%	93.3%	395.0%	39.5%	0	0↓	0↓	100%
The Gillivers	3	80.0%	193.3%	63.3%	156.7%	20.9%	0	0	0	n/a
The Grange	3	-	181.5%	-	193.5%	26.4%	0	0	0	n/a
TOTALS							0↓	1↓	1↓	

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 and this is reflected in the % fill for day shifts at The Gillivers and night shifts across all homes. The Gillivers and The Grange can support each other with RN cover as the homes are situated next to each other.

There has been a reduction in falls from two in August 2017 to one in September 2017. Reported medication errors have decreased to zero.

## 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	11	101.7%	215.8%	113.3%	155.0%	37.2%	0↓	0↓	0	n/a

Phoenix Ward achieved the thresholds for safer staffing during September 2017 but there remained high levels of temporary workers to cover vacancies, sickness and a high number of level one and two to one patient observations. The RN staffing remains greater than 100% due to the requirement for extra staff to support complex patient care.

## 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	27	126.9%	116.0%	196.7%	106.7%	27.3%	1	3↓	0	n/a
Willows Unit	35	123.3%	242.9%	122.5%	221.7%	31.4%	0↓	0↓	0↓	n/a
Mill Lodge	12	69.2%	171.2%	48.3%	160.0%	36.4%	1↑	2↓	0	n/a
TOTALS							2	5↓	0↓	

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

Mill lodge temporary staffing levels remain high due to sickness, vacancies and leave.

Where a second RN cannot be sourced for day or night shifts' using bank or agency, the unit adopts a revised staffing model based on a risk assessment of patient need and staff skills and competencies; this includes sharing of the second registered nurse at Stewart House between Mill Lodge and Stewart House.

Where this occurs additional HCSW's are also used and this is reflected in higher figures for day and night cover.

There has been a decrease in reported falls from 12 in August 2017 to five in September 2017. Reported medication error numbers have not changed.

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

There are no currently no 'hot spot' areas for inpatient services within Families, Young People and Children's Services. FFT results on Ward 3 reflect the responses from seven returns out of which one response was unlikely to recommend.

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 Worker s%	Medication errors	Falls	Complaints	FFT Result %
Langley	14	104.1%	165.0%	100%	108.3%	44.5%	2	0	0	n/a
CV Ward 3 (CAMHS)	9	104.5%	161.3%	109.6%	119.2%	37.4%	0	0	0	100%
TOTALS	21						2	0	0	

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 106 RN vacancies and 50 HCSW vacancies across the inpatient wards. There was an increased number of new starters in September 2017; recruitment of registered staff continues to be a challenge.

Area	Vacant posts		Starters/Pipeline	
	RN	HCSW	RN	HCSW
FYPC	4	5	5	4
CHS(Community Hospitals)	33	13	6	3
CHS(MHSOP)	11	6	6	1
AMH/LD	58	26	18	7
<b>Trust Total September 2017</b>	<b>106</b>	<b>50</b>	<b>35</b>	<b>15</b>

<b>Trust Total August 2017</b>	112	50	22	12
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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.

September 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						
Ward Group	Ward name	Average no. of Beds on Ward	Average no. of Occupied Beds	Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff	(based on 1:8 plus 60:40 split)	Based on full bed occupancy	
				>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	<20%
AMH Bradgate	Ashby	21	20	76.1%	185.8%	98.3%	293.3%	52.22%	97.8%	50.5%
AMH Bradgate	Aston	23	22	87.8%	135.8%	95.0%	256.7%	72.22%	93.3%	34.7%
AMH Bradgate	Beaumont	19	18	84.2%	162.7%	101.7%	280.0%	65.56%	96.6%	49.6%
AMH Bradgate	Belvoir Unit	10	10	99.2%	327.5%	180.0%	336.7%	95.56%	100%	38.5%
AMH Bradgate	Bosworth	20	20	91.7%	170.8%	95.0%	236.7%	70.00%	98.9%	30.5%
AMH Bradgate	Heather	18	17	97.6%	126.7%	98.3%	186.7%	82.22%	97.8%	40.4%
AMH Bradgate	Thornton	24	24	100%	197.5%	100%	300.0%	76.67%	94.4%	44.6%
AMH Bradgate	Watermead	20	19	90.0%	140.0%	96.7%	133.3%	75.56%	100%	25.0%
AMH Other	HP Griffin	-	-	-	-	-	-	-	-	-
AMH Other	HP Phoenix	12	11	101.7%	215.8%	113.3%	155.0%	97.78%	97.8%	37.2%
AMH Other	SH Skye Wing	30	27	126.9%	116.0%	196.7%	106.7%	94.44%	90.0%	27.3%
AMH Other	Willows Unit	38	35	123.3%	242.9%	122.5%	221.7%	100%	100%	31.4%
AMH Other	Mill Lodge (New Site)	13	12	69.2%	171.2%	48.3%	160.0%	23.33%	55.6%	36.4%
CHS City	BC Kirby	23	22	72.7%	241.8%	80.0%	120.0%	47.78%	98.9%	36.3%
CHS City	BC Welford	23	21	74.0%	252.5%	95.0%	123.3%	60.00%	97.8%	28.7%
CHS City	CB Beechwood	14	13	85.2%	181.4%	96.7%	101.7%	70.00%	84.4%	32.8%
CHS City	CB Clarendon	20	15	108.7%	199.2%	98.3%	100%	88.89%	82.2%	28.6%
CHS City	EC Coleman	21	20	95.0%	300.8%	90.0%	266.7%	78.89%	97.8%	36.0%
CHS City	EC Wakerley	21	20	92.5%	329.8%	75.0%	281.7%	68.89%	97.8%	48.3%
CHS East	FP General	7	6	149.4%	82.8%	122.9%	-	72.22%	87.8%	26.6%
CHS East	MM Dalgleish	15	13	96.7%	123.3%	93.3%	103.3%	90.00%	90.0%	8.5%
CHS East	Rutland	16	13	100%	130.8%	100%	110.0%	100.00%	41.1%	7.6%
CHS East	SL Ward 1 Stroke	18	15	85.4%	186.7%	101.7%	116.7%	76.67%	33.3%	23.3%
CHS East	SL Ward 3	14	12	102.5%	98.3%	200%	100%	94.44%	96.7%	32.4%
CHS West	CV Ellistown 2	24	19	110.8%	168.3%	200%	100%	98.89%	84.4%	6.2%
CHS West	CV Snibston 1	24	21	102.8%	191.1%	67.8%	100%	51.11%	4.4%	4.4%
CHS West	HB East Ward	18	17	75.8%	185.8%	95.0%	106.7%	54.44%	50.0%	20.4%
CHS West	HB North Ward	18	17	100%	192.5%	101.7%	128.3%	97.78%	94.4%	20.9%
CHS West	Lough Swithland	20	19	104.2%	180.8%	101.7%	196.7%	98.89%	98.9%	13.6%
FYPC	Langley	15	14	104.1%	165.0%	100%	108.3%	92.22%	90.0%	44.5%
FYPC	CV Ward 3 (CAMHS)	11	9	104.5%	161.3%	109.6%	119.2%	92.22%	91.1%	37.4%
LD	3 Rubicon Close	4	4	120.0%	163.3%	73.3%	150.0%	86.67%	88.9%	15.6%
LD	Agnes Unit	12	11	118.7%	396.4%	93.3%	395.0%	91.11%	91.1%	39.5%
LD	The Gillivers	5	3	80.0%	193.3%	63.3%	156.7%	74.44%	80.0%	20.9%
LD	The Grange	5	3	-	181.5%	-	193.5%	97.78%	100%	26.4%
<b>Trust Total</b>				97.9%	193.7%	101.4%	175.0%	79.08%	85.4%	31.1%