

**TRUST BOARD REPORT – August 2017**  
**SAFER STAFFING – July 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 staffing 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 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 July 2017 staffing data. Every six months, the Trust Board receives an '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 July 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	
May 17	105.2%	196.6%	100.5%	179.6%	27.7%
June 17	99.3%	187.8%	101.3%	172.9%	29.9%
<b>July 17</b>	<b>99.6%</b>	<b>190.7%</b>	<b>101.0%</b>	<b>177.5%</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 safer staffing over the last three months.

### Summary of RN Trust Hotspots

	Ward	May 2017	June 2017	July 2017
	St Luke's Hospital - Ward 1	X	X	X
	Hinckley & Bosworth East Ward	X	X	X
	Coalville- Snibston Ward 1(nights)	X	X	X
	Short Breaks - The Gillivers(nights)		X	X
	Short Breaks – Rubicon Close(nights)			X
	Agnes Unit(nights)			X
	Mill Lodge			X

Planned versus actual staffing by ward for RN's and HCSW's across all directorates is presented in the tables below, these show additional information to reflect elements of patient care that could be directly affected by nursing levels.

Nursing Sensitive Indicators are those indicators that capture care or its outcomes most affected by nursing care. These indicators have been defined due to the desire for data to show linkages between nursing interventions, staffing levels, and positive patient outcomes. Detailed scrutiny and qualitative review of the indicators is undertaken at service level as part of staffing reviews and risk escalation and management.

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)

### 5.1 Community Hospitals

Ward	Occupied beds	DAY		NIGHT		Temp Workers%	Falls	Avoidable PU	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						
FP General	7	137.5%	75.4%	111.3%	-	23.7%	4↑	0	0	0	100%
MM Dalglish	14	100.0%	121.0%	98.4%	116.1%	18.1%	4	0	1	0	89%
Rutland	13	97.6%	110.8%	101.6%	100.0%	9.5%	4↑	0	0	0	100%
SL Ward 1	17	71.2%	180.6%	100.0%	100.0%	20.3%	4↓	0	1	0	100%
SL Ward 3	12	99.2%	99.2%	196.8%	103.2%	32.4%	6↑	0	0	0	96%
CV Ellistown 2	22	122.6%	157.3%	196.8%	101.6%	4.7%	4↓	0	0	0	100%
CV Snibston 1	22	104.8%	178.6%	66.7%	100.0%	2.9%	12↑	0	1	0	n\
HB East Ward	17	72.5%	205.4%	101.6%	141.9%	23.6%	13↑	0	2	1	100%
HB North Wd	15	97.6%	147.9%	100.0%	100.0%	15.4%	6	0	0	0	100%
LH Swithland	22	100.0%	196.8%	100.0%	200.0%	16.3%	10↑	0	1	0	100%
CB Beechwood	14	82.5%	177.4%	96.8%	106.5%	35.2%	6↓	0	0	0	100%
CB Clarendon	19	89.5%	221.6%	98.4%	100.0%	30.6%	4↑	1	0	0	100%
<b>TOTALS</b>							<b>77↑</b>	<b>1</b>	<b>6</b>	<b>1</b>	

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

- St Lukes Ward 1 due to the number of vacancies and sickness. The use of temporary staff continues to cover vacancies and sickness absence.
- HB East ward has a number of vacancies, which have now been recruited to and long term sickness. Safer staffing levels are maintained ensuring there is a minimum of two RNs per shift and the ward works with North ward to ensure safer staffing across the site. The Hinckley wards are also supporting safer staffing at Feilding Palmer
- 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.
- Snibston ward does not meet the planned level on night shifts at present due to vacancies cover is sought from other wards to maintain safer staffing levels.
- There has been one avoidable grade 2 pressure ulcer reported on Clarendon ward, the patient was moved from another area and the correct pressure ulcer cushion was not transferred with the patient. The Ward Sister has met with the Multidisciplinary team to reflect on the incident and ensure that all pressure relieving equipment transfers with the patient.

Community Hospital staff are asked to move between sites to balance need and manage risks; this ensures safer staffing levels are maintained by ensuring there is a minimum of two RNs per shift but this can at times impact on the planned levels for some ward areas.

The number of falls incidents reported has increased from 70 in June 2017 to 77 in July 2017, the highest increase has been on HB east where there has been an increase from six to 13 falls, this increase relates to individual patient factors. All risk assessments and appropriate prevention plans and equipment were in place, including one to one specialising for patients at high risk due to lack of capacity and understanding associated with mobilising unsupervised. Medication errors have decreased from eight in June 2017 to six this month. Review has not identified any themes or trends that relate to staffing levels.

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

Ward	Occupied beds	DAY		NIGHT		Temp Workers%	Falls	Avoidable PU	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						
BC Kirby	20	83.9%	213.4%	98.4%	153.2%	22.4%	6↓	0	0	0	n\a
BC Welford	22	84.5%	231.0%	100.0%	108.1%	23.3%	6↓	0	3↑	2↑	n\a
EC Coleman	19	94.4%	289.2%	95.2%	224.2%	32.6%	28↑	0	1	1↑	100%
EC Wakerley	11	100.0%	240.1%	100.0%	300.0%	49.1%	10↑	0	0	0	n\a
<b>TOTALS</b>	<b>72</b>						<b>50</b>	<b>0</b>	<b>4</b>	<b>3</b>	

Mental Health Services for Older People (MHSOP) did not have any hotspots in this month. MHSOP wards continue to utilise a higher than average percentage of temporary workers to meet patient needs. Temporary worker utilisation has reduced to below 30% on Coleman and Kirby wards; however Wakerley usage has increased due to the level one acuity. The increased usage of HCSW's supports increased dependency needs.

The number of reported falls incidents remains the same as June 2017. Medication errors reported have increased from one last month to four in July 2017. There have been three complaints reported in July 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

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					
Ashby	20	85.6%	140.8%	96.7%	166.7%	34.1%	3↑	1↑	0	n/a
Aston	19	90.6%	152.5%	98.3%	280.0%	38.0%	5↑	2↑	1	n/a
Beaumont	18	87.8%	132.5%	98.3%	236.7%	47.0%	1↓	1	0	n/a
Belvoir Unit	10	113.3%	279.2%	190.0%	283.3%	37.0%	0	1↑	0	n/a
Bosworth	17	93.9%	122.5%	103.3%	200.0%	24.4%	0	0	0	n/a
Heather	17	96.0%	169.2%	100.0%	216.7%	47.9%	3↓	1	2↑	n/a
Thornton	23	92.8%	155.8%	100.0%	353.3%	29.4%	4↑	2↑	0	n/a
Watermead	20	93.3%	202.5%	101.7%	340.0%	45.6%	2↑	0	0	100%
<b>TOTALS</b>							<b>18↑</b>	<b>8↑</b>	<b>3</b>	

The Bradgate Unit did not have any hot spots during this month. Sickness rates continue to improve and efforts to minimise the use of agency staff across the unit continue.

The unit overall has a high use of bank staff to support vacancy cover and patient acuity which varies from ward to ward and enables safer staffing levels to be maintained. Nurse sensitive indicators have highlighted an increase in reported medication errors (from three to eight).

Falls incidents have increased from 12 in June 2017 to 18 in July 2017; this continues to reflect a change in the number patients with specific physical health needs.

There has been an increase in complaints from one in June 2017 to three in July 2017, no specific themes have been identified and there is no correlation with safer staffing levels.

### 6.2 Learning Disability Services

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					
3 Rubicon Cl.	4	112.9%	171.0%	61.3%	164.5%	81.72%	1	1	0	n/a
Agnes Unit	12	129.0%	405.4%	51.6%	353.2%	66.67%	1↓	1	0	100%
Gillivers	3	88.7%	196.8%	35.5%	164.5%	66.67%	1	0	0	n/a
The Grange	3	-	221.9%	-	203.2%	100.00%	2	0	0	n/a
<b>TOTALS</b>	<b>22</b>						<b>6</b>	<b>2</b>	<b>0</b>	

Short Break Homes – Both 3 Rubicon Close and The Grange use a high proportion of HCSWs' in short breaks are trained to administer medication and delegated health care tasks. RN's are sourced across the LD service to cover the RN requirements on nights.

There has been an increase in medication errors from zero in June 2017 to 2 in July 2017 and this has been related to the checking system prior to admission; additional checking processes have been implemented. Review has not identified any correlation with safer staffing levels.

### 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	104.9%	273.2%	119.4%	209.7%	43.3%	0	1	0	n/a

Phoenix Ward achieved the thresholds for safer staffing. This month there has been a 10% increase in temporary worker to cover vacancies, sickness and level one 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%	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					
SH Skye Wing	23	126.0%	132.3%	200.0%	101.6%	29.6%	4↓	1	0	n/a
The Willows	36	127.8%	232.9%	122.6%	195.3%	27.3%	4	1	0	100%
Mill Lodge	12	71.0%	179.8%	38.7%	159.7%	34.6%	6↑	0	0	n/a
TOTALS	71						14↓	2↑	0	

Mill lodge staffing has been particularly difficult during July 2017 due to sickness, vacancies and leave. As the unit is next to Stewart House staffing is shared between units if appropriate bank staffing cannot be sourced.

Rehabilitation services achieved the thresholds for safer staffing. The Willows and Stewart House (Skye Wing) information includes an additional Band 6 RN and the data is capturing staff who are not routinely rostered for direct clinical care.

Temporary worker utilisation remains above 20% across the rehabilitation services and the HCSW's cover increased acuity and patient observation needs.

There has been a decrease in reported falls from 18 in June 2017 to 14 this month. Reported medication errors increased by 2 in July 2017, there is no correlation with safer staffing levels.

## 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%	Falls	Medication errors	Complaints	FFT Result %
Langley	14	106.3%	166.1%	103.2%	112.9%	44.2%	1	0	0	100%
Ward 3	9	111.4%	263.5%	101.8%	250.9%	53.7%	0	1	1	100%
TOTALS	21						1↓	0	1	

There are no currently no 'hot spot' areas for inpatient services within Families, Young People and Children's Services. Ward 3. Both wards continue to utilise an increased number of temporary workers to offset the current vacancy rate and increase in patient acuity. There has been a decrease in reported falls from four in June 2017 to one in July 2017.

## 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 97 RN and 41 HCSW vacancies across the inpatient wards.

Area	Vacant posts		Starters/Pipeline	
	RN	HCSW	RN	HCSW
FYPC	2	6	2	3
CHS	41.03	23.7	9.8	4.8
AMH/LD	54.64	21.4	22	6
<b>Trust Total July 2017</b>	<b>97.7</b>	<b>51</b>	<b>33.8</b>	<b>13.8</b>
<i>Trust Total June 2017</i>	<i>91.4</i>	<i>40.8</i>	<i>50.2</i>	<i>12.8</i>

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:

- i. Care Contact Hours Per Day (CPPHD) pilot information collection to enable more effective benchmarking and review.
- ii. The E-rostering 90 day Rapid Improvement Programme, which will provide a structure for learning and action in how we use our e-rostering system to improve care delivery with a better use of existing resources.
- iii. The Mental Health Observations and Engagement improvement programme to deliver an improved experience for the most vulnerable hospital in-patients

## 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.

July 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		(based on 1:8 plus 60:40 split)	Based on full bed occupancy	
				Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff			
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	20	82.8%	137.9%	96.8%	167.7%	65.59%	96.8%	40.0%
AMH Bradgate	Aston	22	21	97.3%	170.2%	95.2%	332.3%	83.87%	100.0%	39.0%
AMH Bradgate	Beaumont	20	20	86.0%	166.1%	100.0%	290.3%	72.04%	98.9%	49.8%
AMH Bradgate	Belvoir Unit	10	10	100.0%	245.2%	177.4%	250.0%	92.47%	100.0%	32.1%
AMH Bradgate	Bosworth	20	20	103.2%	139.5%	106.5%	200.0%	89.25%	97.8%	21.1%
AMH Bradgate	Heather	18	17	90.1%	152.4%	101.6%	196.8%	77.42%	91.4%	51.3%
AMH Bradgate	Thornton	24	24	107.0%	141.1%	100.0%	258.1%	88.17%	95.7%	26.0%
AMH Bradgate	Watermead	20	19	99.5%	197.6%	98.4%	364.5%	94.62%	100.0%	52.5%
AMH Other	HP Griffin	-	-	-	-	-	-	-	-	-
AMH Other	HP Phoenix	11	10	104.9%	273.2%	119.4%	209.7%	94.62%	100.0%	43.3%
AMH Other	SH Skye Wing	28	23	126.0%	132.3%	200.0%	101.6%	93.55%	89.2%	29.6%
AMH Other	Willows Unit	37	36	127.8%	232.9%	122.6%	195.3%	100.00%	98.9%	27.3%
AMH Other	Mill Lodge (New Site)	14	12	71.0%	179.8%	38.7%	159.7%	24.73%	37.6%	34.6%
CHS City	BC Kirby	21	20	83.9%	213.4%	98.4%	153.2%	72.04%	100.0%	22.4%
CHS City	BC Welford	22	22	84.5%	231.0%	100.0%	108.1%	72.04%	98.9%	23.3%
CHS City	CB Beechwood	15	14	82.5%	177.4%	96.8%	106.5%	67.74%	82.8%	35.2%
CHS City	CB Clarendon	20	19	89.5%	221.6%	98.4%	100.0%	76.34%	88.2%	30.6%
CHS City	EC Coleman	20	19	94.4%	289.2%	95.2%	224.2%	88.17%	98.9%	32.6%
CHS City	EC Wakerley	12	11	100.0%	240.1%	100.0%	300.0%	94.62%	100.0%	49.1%
CHS East	FP General	8	7	137.5%	75.4%	111.3%	-	65.59%	89.2%	23.7%
CHS East	MM Dalglish	15	14	100.0%	121.0%	98.4%	116.1%	96.77%	92.5%	18.1%
CHS East	Rutland	14	13	97.6%	110.8%	101.6%	100.0%	83.87%	39.8%	9.5%
CHS East	SL Ward 1 Stroke	18	17	71.2%	180.6%	100.0%	100.0%	54.84%	33.3%	20.3%
CHS East	SL Ward 3	13	12	99.2%	99.2%	196.8%	103.2%	96.77%	96.8%	32.4%
CHS West	CV Ellistown 2	24	22	122.6%	157.3%	196.8%	101.6%	97.85%	77.4%	4.7%
CHS West	CV Snibston 1	23	22	104.8%	178.6%	66.7%	100.0%	49.46%	5.4%	2.9%
CHS West	HB East Ward	18	17	72.5%	205.4%	101.6%	141.9%	49.46%	77.4%	23.6%
CHS West	HB North Ward	16	15	97.6%	147.9%	100.0%	100.0%	91.40%	91.4%	15.4%
CHS West	Lough Swithland	24	22	100.0%	196.8%	100.0%	200.0%	100.00%	98.9%	16.3%
FYPC	Langley	15	14	106.3%	166.1%	103.2%	112.9%	94.62%	96.8%	44.2%
FYPC	CV Ward 3 (CAMHS)	10	9	111.4%	263.5%	101.8%	250.9%	94.62%	100.0%	53.7%
LD	3 Rubicon Close	4	4	112.9%	171.0%	61.3%	164.5%	81.72%	91.4%	24.0%
LD	Agnes Unit	12	12	129.0%	405.4%	51.6%	353.2%	66.67%	87.1%	27.8%
LD	The Gillivers	5	3	88.7%	196.8%	35.5%	164.5%	66.67%	86.0%	22.6%
LD	The Grange	5	3	-	221.9%	-	203.2%	100.00%	100.0%	30.4%
<b>Trust Total</b>				<b>99.6%</b>	<b>190.7%</b>	<b>101.0%</b>	<b>177.5%</b>	<b>80.52%</b>	<b>86.4%</b>	<b>30.7%</b>