

**TRUST BOARD REPORT- 29 March 2018****SAFER STAFFING – February 2018 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 an 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 February 2018 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 February 2018 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	
Dec 17	98.9%	196.1%	99.1%	185.0%	30.2%
Jan 18	97.0%	193.7%	100%	190.5%	30.6%
<b>Feb 18</b>	<b>97.7%</b>	<b>188.6%</b>	<b>103.3%</b>	<b>183.5%</b>	<b>32.2%</b>

Temporary staffing usage remains above 30% 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	December 2017	January 2018	February 2018
Hinckley & Bosworth East Ward		X	X
SL Ward 1		X	X
Coalville- Snibston Ward 1(nights)	X	X	X
Short Breaks - The Gillivers(nights)	X	X	X
Short Breaks – Rubicon Close(nights)	X	X	
Mill Lodge (nights)	X	X	X
Ashby (Bradgate)		X	
Beaumont (Bradgate)	X	X	
EC Welford(MHSOP)	X	X	X
EC Gwendolen( previously Coleman) MHSOP	X		
EC Wakerley (MHSOP)	X	X	X
BC Kirby(MHSOP)	X	X	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 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)**

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. RN vacancies, maternity leave and sickness continue to impact on the availability of the substantive RN workforce across the directorate.

In January 2018 Coalville Snibston ward, met the planned RN level at night 67.7% of the time (see table 5.1), the ward planned staffing is 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 parameters.

SL ward 1 and HB East Ward did not meet the planned RN level on days (see table 5.1); this was due to sickness and vacancies. The ward planned staffing is to have 3 registered nurses and at times the ward runs with two RNs which meets safer staffing parameters.

## 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 % (arrears)
FP General	5	139.2%	72.5%	105.7%	-	26.7%	2↑	2↑	0	0	100%
MM Dalglish	13	94.6%	113.9%	94.6%	92.9%	20.6%	1	6↑	0	0	100%
Rutland	14	100.0%	120.5%	103.7%	103.6%	6.9%	0	3↑	0	0	100%
SL Ward 1	17	73.5%	197.3%	96.4%	96.4%	23.7%	0	1↓	0	0	100%
SL Ward 3	12	97.3%	99.1%	192.9%	100.0%	28.5%	3↑	1↓	0	0	94.1%
CV Ellistown 2	22	122.3%	146.4%	200.0%	112.7%	11.9%	3	1↓	0	0	100%
CV Snibston 1	19	95.5%	152.0%	67.9%	146.4%	7.6%	0↓	9↑	0	0	100%
HB East Ward	19	70.3%	176.8%	96.4%	101.8%	13.6%	0↓	10↑	0	0	100%
HB North Ward	18	99.1%	158.9%	100.0%	96.4%	18.5%	0	10↑	0	0	100%
Lbro Swithland	20	100.0%	184.8%	100.0%	200.0%	16.2%	0↓	8↑	0	0	100%
CB Beechwood	20	102.1%	181.9%	98.2%	101.8%	35.0%	0	10↑	0	0	100%
CB Clarendon	20	94.2%	192.0%	100.0%	132.1%	34.7%	1	6↓	0	0	83.3%
TOTALS							10↓	67↑	0	0	

SL Ward 1, HB East Ward and CV Snibston (nights) did not meet planned RN levels due to vacancies and staff sickness.

During February there were a number of occasions whereby FP ward and MM Dalglish ward were left with one RN due to the extreme weather and lack of Thornbury nursing. Whilst there was no impact on patient safety the directorate has revised the business continuity plan for single sites and has reviewed all safer staffing risks and actions. The standard operating procedure for the use of temporary staff and guidance for on call managers has been updated.

Substantive staff are moved daily across all wards as required to maintain safer staffing. Temporary worker ratios did reduce slightly in February however ratios remain above 20 % on Clarendon, Beechwood, SL Wards and FP ward and this correlates higher vacancy rates. The service is planning to recruit two Band 6 RN night sisters to be based at Dalglish and St Lukes commencing in April 2018 to help maintain safer staffing and provide clinical support as part of the continuity plan.

Medication errors have decreased this month from thirteen in January 2018 to 10 in February 2018. The number of reported falls incidents reported has increased by two since January 2018 and this relates to individual patient factors and acuity. Falls risk assessments and care plans are routinely in place and do include interventions to try to reduce the risk of falls and the risk of harm from falls.

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

Mental Health Services for Older People (MHSOP) wards temporary staffing utilisation ranges from 26% to 45%.

Three wards in Mental Health Services for Older People (MHSOP) were hotspots in February 2018 and did not achieve the planned RN levels on days.

		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 % (arrears)
BC Kirby	22	76.2%	198.3%	89.3%	125.0%	26.9%	1↑	8↑	0	0	n/a
BC Welford	21	67.3%	221.4%	89.3%	107.1%	12.1%	0	3↓	0	1↑	85.7%
Gwendolen	19	87.5%	308.9%	96.4%	244.6%	44.3%	0	16↑	0	0	100%
EC Wakerley	18	61.1%	296.4%	89.3%	212.5%	39.3%	1	5↓	0	0	100%
<b>TOTALS</b>							<b>2</b>	<b>32↑</b>	<b>0</b>	<b>1</b>	

Wakerley ward experienced difficulty due to formally closing following an outbreak of norovirus. This situation had a direct impact on increased staff sickness due to the outbreak and there were difficulties in sourcing bank and agency staff were due to the risk this presented to their well-being.

Long term sickness continues to impact on the need to ensure cover across all wards with the appropriate skill mix and expertise. Where the planned levels were not achieved, wards had a minimum of two registered nurses on each shift and were working within the parameters of safer staffing.

MHSOP are currently reviewing the acuity of the wards and enhancing the staffing to support this. This review has resulted in increased support to the Evington Centre for patients with severe impairment where falls and violence and aggression are the predominant risk.

Kirby and Welford Ward have band 5 Medication Administration Technicians that are enhancing the skill mix but not captured within the safer staffing reporting system (UNIFY). The increased utilisation of HCSW's supports increased dependency needs and high number of patients requiring level one observations.

In February 2018, reported medication errors increased by one and reported falls incidents have decreased by one. No specific themes have been identified during the monthly review and there is no correlation of incidents and complaints with safer staffing levels.

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

### 6.1 Acute Inpatient Wards

		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 % (arrears)

Ashby	21	82.1%	152.7%	107.1%	250.0%	46.0%	0↓	1	0	100%
Aston	19	94.6%	141.1%	98.2%	253.6%	36.8%	0	1	0	n/a
Beaumont	20	83.3%	183.0%	105.4%	389.3%	56.7%	2↑	1	0	n/a
Belvoir Unit	9	108.0%	377.2%	182.1%	383.1%	39.4%	0↓	0	0	n/a
Bosworth	18	87.3%	168.8%	96.4%	239.3%	31.9%	0↓	0↓	1	n/a
Heather	17	91.6%	163.4%	100.0%	214.3%	44.4%	1↓	2↑	1↑	n/a
Thornton	21	89.9%	136.6%	94.6%	246.4%	33.7%	1	1↓	0	n/a
Watermead	19	91.1%	189.3%	100.0%	321.4%	48.9%	1↓	1↓	1↑	n/a
Griffin F PICU	5	169.8%	292.9%	178.1%	210.7%	49.5%	0	0	2↑	n/a
<b>TOTALS</b>							5↓	7↓	2↓	

The Bradgate Unit had no hotspots in February 2018 however the 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 due to RN vacancies and sickness levels. The high utilisation of HCSW's is also related to increased levels of observation and provision of cover to support RN shortfalls.

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

Reported falls errors decreased from 11 in January 2018 to seven in February 2018. Reported medication errors reduced by seven in February 2018. Complaint numbers remain the same as January 2018.

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

## 6.2 Learning Disability Services

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	Complaints	FFT Result %(arrear)
3 Rubicon Close	3	103.6%	178.6%	75.0%	125.0%	10.3%	0	1	0	n/a
Agnes Unit	9	133.9%	394.6%	87.5%	407.1%	35.0%	0	1	0	n/a
The Gillivers	3	114.3%	196.4%	35.7%	175.0%	13.7%	0	0	0	n/a
The Grange	3	-	169.1%	-	171.4%	21.2%	0	0↓	0	n/a
<b>TOTALS</b>							0	2↓	0	

Short Break Homes use a high proportion of HCSW's 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 support each other with RN cover and night cover is shared across the site as the homes are situated next to each other. The RN night cover at The Gillivers was not required for all shifts in February, or was covered by regular bank staff.

Reported numbers of medication errors have not changed. Reported numbers of falls has decreased by two in February 2018. No specific themes have been identified during the monthly review and there is no correlation of incidents with safer staffing levels.

### 6.3 Low Secure Services – Herschel Prins

		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%	Falls	Medication errors	Complaints	FFT Result % (arrears)
HP Phoenix	11	111.6%	206.2%	100.0%	169.6%	33.3%	0	0	1	n/a

Phoenix Ward achieved the thresholds for safer staffing during January 2018, high levels of temporary workers continue to be utilised to cover vacancies, sickness and a high number of level one and two patient observations.

### 6.4 Rehabilitation Services

		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 % (arrears)
SH Skye Wing	26	118.8%	120.8%	192.9%	139.3%	40.7%	1↑	1↓	0	100%
Willows Unit	35	124.6%	230.3%	121.4%	238.9%	29.0%	0	0↓	1	n/a
Mill Lodge	13	71.4%	211.6%	50.0%	146.4%	41.2%	1	6↑	0	100%
TOTALS							2↑	7↓	1	

Temporary worker utilisation remains above 25% across the rehabilitation services. Mill lodge temporary staffing levels are influenced by sickness, vacancies and leave. The service adopts a staffing model based on a risk assessment of patient need and staff skills and competencies.

If a second RN cannot be sourced for day or night shifts' using bank or agency, Stewart House and Mill Lodge share a RN between them and in these instances additional HCSW's are also used and this is reflected in higher figures for day and night cover for Stewart House.

There has been an decrease in reported falls from 11 in January 2018 to seven in February 2018 and this reflects changes in patient acuity. Reported medication error numbers have increased by one in February 2018.

## 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 % (arrears)
Langley	14	127.4%	159.8%	100.0%	173.2%	46.7%	1↑	1	0	100%
CV Ward 3 (CAMHS)	9	116.4%	132.2%	111.1%	111.1%	16.3%	0	0	2	n/a
TOTALS							1↑	1↓	2↑	

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

Both wards continue to utilise an increased number of temporary workers to manage increases in patient acuity. No specific themes have been identified during the monthly review and there is no correlation of complaints with safer staffing levels.

## 8. Recruitment

The current Trust wide position for inpatient wards as reported real time by the lead Nurses is detailed below.

Area	Vacant posts		Starters/Pipeline	
	RN	HCSW	RN	HCSW
FYPC	2	2	1	0
CHS(Community Hospitals)	46	19	9	4
CHS(MHSOP)	7	8	8	2
AMH/LD	62	24	8	10
<b>Trust Total February 2018</b>	<b>117</b>	<b>53</b>	<b>26</b>	<b>16</b>
<b>Trust Total January 2018</b>	<b>110</b>	<b>52</b>	<b>13</b>	<b>23</b>

Trust wide there are approximately 117 RN vacancies and 53 HCSW vacancies across the inpatient wards.

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.

In order to provide a consistent way of recording and reporting deployment of staff providing care in inpatients, the Care Hours Per Patient Day (CHPPD) metric has now been tested and adapted for use in mental health and community inpatient wards. From April 2018 all trusts (acute, acute specialist, community and mental health) are required to collect CHPPD monthly for all of their inpatient wards. This means that the May 2018 safer staffing report will be based on the new methodology.

## 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.

Learning from participation in a number of NHS Improvement development programmes is ongoing. The initiatives support safer staffing sustainability and cover, Care Contact Hours Per Day (CPPHD), E-rostering 90 day Rapid Improvement Programme, The Mental Health Observations and Engagement improvement programme and Demand and Capacity management.

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 NHSi 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.

February 2018

Fill Rate Analysis (National Unify2 Return)				Skill Mix Met	% Temporary Workers
Actual Hours Worked divided by Planned Hours					
Day (Early & Late Shift)		Night		(based on 1.8 plus 60:40 split)	
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%	<20%
AMH Bradgate	Ashby	21	21	82.1%	152.7%	107.1%	250.0%	58.3%	46.0%
	Aston	19	19	94.6%	141.1%	98.2%	253.6%	84.5%	36.8%
	Beaumont	21	20	83.3%	183.0%	105.4%	389.3%	70.2%	56.7%
	Belvoir Unit	9	9	108.0%	377.2%	182.1%	383.1%	94.0%	39.4%
	Bosworth	19	18	87.3%	168.8%	96.4%	239.3%	65.5%	31.9%
	Heather	17	17	91.6%	163.4%	100.0%	214.3%	77.4%	44.4%
	Thornton	21	21	89.9%	136.6%	94.6%	246.4%	71.4%	33.7%
	Watermead	20	19	91.1%	189.3%	100.0%	321.4%	76.2%	48.9%
	Griffin Female PICU	5	5	169.8%	292.9%	178.1%	210.7%	97.6%	49.5%
AMH Other	HP Phoenix	12	11	111.6%	206.2%	100.0%	169.6%	98.8%	33.3%
	SH Skye Wing	28	26	118.8%	120.8%	192.9%	139.3%	89.3%	40.7%
	Willows Unit	38	35	124.6%	230.3%	121.4%	238.9%	100.0%	29.0%
	ML Mill Lodge (New Site)	14	13	71.4%	211.6%	50.0%	146.4%	28.6%	41.2%
CHS City	BC Kirby	23	22	76.2%	198.3%	89.3%	125.0%	46.4%	26.9%
	BC Welford	24	21	67.3%	221.4%	89.3%	107.1%	33.3%	12.1%
	CB Beechwood	22	20	102.1%	181.9%	98.2%	101.8%	77.4%	35.0%
	CB Clarendon	23	20	94.2%	192.0%	100.0%	132.1%	79.8%	34.7%
	EC Gwendolen	20	19	87.5%	308.9%	96.4%	244.6%	78.6%	44.3%
	EC Wakerley	21	18	61.1%	296.4%	89.3%	212.5%	32.1%	39.3%
CHS East	FP General	5	5	139.2%	72.5%	105.7%	-	63.1%	26.7%
	MM Dalgleish	15	13	94.6%	113.9%	94.6%	92.9%	88.1%	20.6%
	Rutland	16	14	100.0%	120.5%	103.7%	103.6%	100.0%	6.9%
	SL Ward 1 Stroke	18	17	73.5%	197.3%	96.4%	96.4%	53.6%	23.7%
	SL Ward 3	14	12	97.3%	99.1%	192.9%	100.0%	90.5%	28.5%
CHS West	CV Ellistown 2	24	22	122.3%	146.4%	200.0%	112.7%	95.2%	11.9%
	CV Snibston 1	20	19	95.5%	152.0%	67.9%	146.4%	45.2%	7.6%
	HB East Ward	20	19	70.3%	176.8%	96.4%	101.8%	38.1%	13.6%
	HB North Ward	19	18	99.1%	158.9%	100.0%	96.4%	95.2%	18.5%
Lough Swithland	Lough Swithland	24	20	100.0%	184.8%	100.0%	200.0%	100.0%	16.2%
FYPC	Langley	14	14	127.4%	159.8%	100.0%	173.2%	88.1%	46.7%
	CV Ward 3	9	9	116.4%	132.2%	111.1%	111.1%	92.9%	16.3%
LD	3 Rubicon Close	4	3	103.6%	178.6%	75.0%	125.0%	89.3%	10.3%
	Agnes Unit	12	9	133.9%	394.6%	87.5%	407.1%	90.5%	35.0%
	The Gillivers	5	3	114.3%	196.4%	35.7%	175.0%	72.6%	13.7%
	The Grange	5	3	-	169.1%	-	171.4%	97.6%	21.2%
<b>Trust Total</b>				<b>97.7%</b>	<b>188.6%</b>	<b>103.3%</b>	<b>183.5%</b>	<b>76.0%</b>	<b>32.2%</b>