

**TRUST BOARD – 27 September 2018**

**SAFER STAFFING – AUGUST 2018 REVIEW**

**Introduction/Background**

1. This report provides a response to the National Quality Board (NQB) requirement to publish 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 nursing (RN) and health care support workers (HCSW) during the day and night and highlights where this falls below an 80% threshold.
2. Actual staff numbers compared to planned staff numbers are collated for each inpatient area in line with the requirements of the NHS Digital reporting process. A summary of the NHS Digital return and supporting information is available in Appendix 1.
3. ‘Care hours per patient day’ (CHPPD) is included in this report. CHPPD is a descriptor of workforce deployment, which gives a single figure that represents both staffing levels and patient requirements. CHPPD reporting is shown as a trust total as well as a separate RN and HCSW total. Currently CHPPD excludes specific roles such as therapeutic activity workers, pharmacy technicians and associated practitioners.
4. The data presented in this report identifies no significant risk issues. Lead Nurses continue to have local oversight and triangulate the Nurse Sensitive Indicators (NSI) in their area to ensure safer staffing is monitored and the associated risks are managed at ward level and through their operational management and governance arrangements.
5. The monthly safer staffing reports are publically available via the NHS Choices website and the Trust internet page.

**Aim**

1. The aim of this report is to provide the Trust Board with an analysis of August 2018 safer staffing data.

**Recommendations**

1. 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**

**Trust level summary**

1. The overall trust wide summary of planned versus actual hours by ward for registered nurses (RN) and health care support workers (HCSW) in August 2018 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** |
| June 18 | 98.4% | 190.3% | 103.4% | 176.2% | 29.8% |
| July 18 | 97.8% | 188.7% | 106.5% | 172.4% | 30.8% |
| **Aug 18** | **97.1%** | **193.8%** | **105.8%** | **180.1%** | **31.5%** |

Table - Trust level safer staffing

1. During August 2018, the total temporary worker rate was slightly increased from the previous month by 0.7%. Of these temporary staff, 27.2% were bank staff and 4.3% were agency staff.
2. Temporary staffing utilisation remains above 25% across 60% of the inpatient areas. This is reflective of the areas with higher numbers of vacancies. 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.
3. The average trust range for CHPPD is between 4.7 (Skye Wing) to 27.2 (Agnes Unit) hours with an overall trust average of 9.7 CHPPD. The variation in range reflects the diversity of services, complex and specialist care provided across the trust. In-patient areas within AMH/LD, FYPC and MHSOP are recording higher than average CHPPD; care hours are flexed up in response to patient acuity and in order to maintain safety of all patients.

**Summary of safer staffing hotspots**

|  |  |  |  |
| --- | --- | --- | --- |
| **Planned staffing across ward areas** | **June 2018** | **July 2018** | **August 2018** |
| Hinckley and Bosworth - East Ward | X | X | X |
| Coalville - Snibston Ward 1 | X | X | X |
| Short Breaks - The Gillivers | X | X | X |
| Short Breaks – Rubicon Close | X | X | X |
| Mill Lodge | X | X | X |
| Ashby | X | X | X |
| Aston |  |  | X |
| Beaumont |  |  | X |
| Bosworth |  |  | X |
| BC Welford (MHSOP) | X | X | X |
| EC Wakerley/ Coleman (MHSOP) | X | X | X |
| EC Gwendolen | X | X | X |

Table - Safer staffing hotspots

1. Planned staffing levels versus actual staffing levels by ward are presented in the tables below. These show additional NSIs that capture care or outcomes most affected by nursing care. This report indicates if there has been an increase or decrease in the indicator position against the previous month.

**Adult Mental Health and Learning Disabilities Services (AMH/LD)**

**Acute Inpatient Wards**

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** | **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 | 75.3% | 166.1% | 98.4% | 164.5% | 34.9% | 5.5 | 1 | 3 | 0 | 100% |
| Aston | 19 | 77.4% | 157.3% | 95.2% | 303.2% | 44.7% | 6.3 | 0↓ | 1↑ | 0↓ | nil |
| Beaumont | 22 | 75.3% | 137.1% | 96.8% | 193.5% | 42.6% | 4.8 | 1 | 0 | 0 | 100% |
| Belvoir Unit | 7 | 95.9% | 261.6% | 151.6% | 344.8% | 50.3% | 19.3 | 0↓ | 0 | 0↓ | nil |
| Bosworth | 20 | 79.0% | 193.5% | 88.7% | 303.2% | 45.0% | 6.7 | 0↓ | 2↑ | 1 | 100% |
| Heather | 18 | 89.8% | 174.2% | 96.8% | 229.0% | 29.6% | 7.1 | 0↓ | 9↑ | 0 | nil |
| Thornton | 21 | 89.8% | 155.6% | 96.8% | 254.8% | 33.3% | 5.9 | 0 | 0 | 0 | nil |
| Watermead | 20 | 92.5% | 183.9% | 91.9% | 209.7% | 43.5% | 6.4 | 0↓ | 4↑ | 1 | nil |
| Griffin F PICU | 4 | 146.9% | 204.0% | 193.5% | 158.1% | 47.2% | 22.2 | 0 | 1↑ | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  | **2**↓ | **20**↑ | **2**↓ |  |

Table - Acute inpatient ward safer staffing

1. Ashby, Aston, Beaumont and Bosworth wards met the planned RN level on days 75.3%, 77.4%. 75.3% and 79.0% respectively.

The lower fill rate on Ashby ward is affected by the ward review nurse who works a day shift and is not included in the return, the lower fill rate is offset by a high HCSW fill rate and the Ward Matron being available.

Aston, Beaumont and Bosworth wards have seen an increase in short term sickness and vacancies. Safer staffing levels were maintained within normal parameters by reviewing skill mix and acuity across all areas and moving substantive staff to support wards.

1. 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 above 40% is reported across six wards. The increased utilisation is due to RN vacancies, sickness levels and increased levels of patient acuity requiring observation support.
2. Block booking of bank and agency RNs continues 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.
3. Reported medication errors have decreased significantly from 13 in July 2018 to 2 in August 2018.
4. Reported falls have increased from 7 in July 2018 to 20 in August 2018, nine of which occurred on Heather Ward. Review of these falls has identified that the nine falls were associated with two patients; one patient was placing themselves on the floor due to behavioural factors and one patient slipped due to a physical health issue, all risk assessments, care plans and prevention strategies were managed in accordance with the Trust policy for falls.
5. Complaint numbers decreased by four to a total of two in August 2018.

**Learning Disabilities (LD) Services**

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** | **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 | 4 | 106.5% | 193.5% | 74.2% | 145.2% | 15.7% | 17.3 | 0 | 0 | 0 | nil |
| Agnes Unit | 6 | 212.9% | 466.7% | 173.5% | 508.8% | 21.2% | 27.6 | 0 | 6**↑** | 0**↓** | nil |
| The Gillivers | 3 | 88.7% | 177.4% | 71.0% | 132.3% | 13.2% | 17.4 | 0 | 1**↑** | 0 | nil |
| The Grange | 3 | - | 177.8% | - | 177.4% | 28.1% | 18.5 | 0 | 2**↑** | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  | **0** | **9↑** | **0↓** |  |

Table - Learning disabilities safer staffing

1. Short break homes continue to utilise a high proportion of HCSWs who are trained to administer medication and carry out delegated health care tasks, as a result the short break homes do not require an RN at all times. The Gillivers and the Grange support each other with RN day cover. Night cover is shared across the site as the homes are situated next to each other in conjunction with utilisation of additionally trained HCSWs.
2. Reported numbers of falls increased from zero in July 2018 to nine in August 2018, six of which occurred on the Agnes Unit; analysis has shown that that these were related to behavioural patient factors and no correlation with staffing levels identified.
3. There were no reported medication errors in August 2018 as in July 2018.
4. There were no complaints reported in August 2018.

**Low Secure Services – Herschel Prins**

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** | **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 | 9 | 104.8% | 139.7% | 100.0% | 150.0% | 26.4% | 10.3 | 0 | 0 | 0 | nil |

Table - Low secure safer staffing

1. Phoenix Ward achieved the thresholds for safer staffing. High levels of temporary workers continue to be utilised to cover vacancies, sickness and a high number of level one and level two patient observations.
2. As in July 2018 there were zero reported falls, medication errors or complaints in August 2018.

**Rehabilitation Services**

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** | **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** |
| SH Skye Wing | 24 | 104.8% | 136.4% | 190.3% | 106.5% | 46.1% | 4.7 | 0 | 2**↑** | 0 | nil |
| Willows Unit | 35 | 135.5% | 252.3% | 125.0% | 234.4% | 24.8% | 9.4 | 0↓ | 1↓ | 0 | 100% |
| ML Mill Lodge | 13 | 83.1% | 234.7% | 48.4% | 191.9% | 58.4% | 10.3 | 0↓ | 15**↑** | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  | **0**↓ | **18↑** | **0** |  |

Table - Rehabilitation service safer staffing

1. Temporary worker utilisation remains above 20% across the rehabilitation services. Mill Lodge temporary staffing levels are influenced by sickness, vacancies and leave.
2. Mill Lodge remains a hot spot for meeting planned RN levels on nights; the service adopts a staffing model based on a risk assessment of patient need and staff skills and competencies.
3. Stewart House and Mill Lodge share a RN when a second RN cannot be sourced for day or night shifts through bank or agency usage. In these cases, additional HCSWs are also used and this is reflected in higher utilisation for day and night cover for both units.
4. The number of falls increased from 11 in July 2018 to 18 in August 2018, of which 15 occurred on Mill Lodge. Analysis has demonstrated this is due to patient factors associated with involuntary movements, reducing mobility and cognitive impairment.
5. There were zero medication errors and no complaints reported in August 2018 as in July 2018.

**Community Health Services (CHS)**

1. The directorate continues to review its recruitment plan and implement a range of options to reduce the use of bank and agency across the Trust and directorate. This includes implementation of recruitment and retention premiums for the hot spot sites/ wards, rolling adverts, recruitment of new roles such as the Medicines Administration Technicians and Meaningful Activity Co-ordinators. RN vacancies, maternity leave and sickness continue to impact on the availability of the substantive RN workforce across the directorate.

**Community Hospitals**

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** | **Medication errors** | **Falls** | **Avoidable Pressure Ulcers** | **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 | 8 | 136.0% | 73.0% | 109.1% | - | 29.7% | 6.8 | 0**↓** | 1 | 0 | 0 | 100% |
| MM Dalgleish | 14 | 98.4% | 125.6% | 96.8% | 93.5% | 22.1% | 5.7 | 0**↓** | 1**↓** | 0 | 0 | 100% |
| Rutland | 14 | 100.0% | 123.6% | 101.6% | 96.8% | 11.7% | 6.5 | 1**↑** | 3**↓** | 0 | 0**↓** | 100% |
| SL Ward 1 | 16 | 79.8% | 192.7% | 90.3% | 91.9% | 23.4% | 7.1 | 0**↓** | 1**↓** | 0 | 0 | 100% |
| SL Ward 3 | 12 | 87.1% | 109.7% | 200.0% | 106.5% | 30.1% | 7.0 | 0 | 4**↑** | 0 | 0**↓** | 95.7% |
| CV Ellistown 2 | 22 | 129.0% | 170.2% | 196.8% | 109.7% | 11.6% | 5.5 | 0 | 11↑ | 0 | 0 | 100% |
| CV Snibston 1 | 20 | 80.1% | 143.4% | 68.1% | 101.6% | 12.0% | 5.6 | 1**↑** | 6 | 0 | 0 | 100% |
| HB East Ward | 16 | 79.0% | 175.8% | 101.6% | 103.2% | 14.9% | 7.0 | 3**↑** | 4**↑** | 0**↓** | 0 | nil |
| HB North Ward | 14 | 101.6% | 176.6% | 101.6% | 122.6% | 21.9% | 8.4 | 0 | 12**↓** | 0 | 0 | nil |
| Loughborough Swithland | 18 | 104.0% | 187.1% | 98.4% | 203.2% | 12.8% | 6.5 | 1**↑** | 2**↓** | 0 | 0 | 100% |
| CB Beechwood | 19 | 88.4% | 207.1% | 100.0% | 98.4% | 18.5% | 6.6 | 0**↓** | 5↑ | 0 | 0**↓** | nil |
| CB Clarendon | 16 | 92.9% | 207.3% | 100.0% | 121.0% | 15.6% | 7.7 | 0**↓** | 4**↓** | 0 | 0 | nil |
| **TOTALS** |  |  |  |  |  |  |  | **6↓** | **54↓** | **0↓** | **0↓** |  |

Table - Community hospital safer staffing

1. In August 2018, Coalville (CV) Snibston Ward, met the planned RN level during the night 68.1%. The planned staffing level is set at three RNs at night, however due to sickness, vacancies and cover across wards, the ward has run with two RNs, which meets safer staffing parameters.
2. In August 2018, Ward 1 St Lukes Hospital and Hinckley and Bosworth (HB) East Ward met the planned RN level during the day 79.8% and 79% of the time.  The staffing level is set at three RNs, however due to sickness, vacancies and cover across wards, the ward has run with two RNs on occasion, which meets safer staffing parameters.
3. Temporary worker ratios remain above 20% on St. Luke’s (SL) Ward 1 and Ward 3, HBCH North Ward, Dalgleish Ward and Fielding Palmer (FP) General Ward due to vacancies, sickness and to support increased acuity/specialling.
4. The number of reported falls incidents has decreased by one from 55 in July 2018 to 54 in August 2018.  Of the falls reported 12 occurred on North Ward and 11 on Coalville Ward 2. Analysis has shown that the falls are associated with patient factors; witnessed falls during therapeutic intervention during rehabilitation; a number of high risk patients that have fallen more than once, on review, risk assessments, prevention strategies and care plans were in place including the use of cohort and one to one specialling as risk assessed.
5. Reported complaints decreased from three in July 2018 to zero in August 2018.
6. Medication errors reduced from seven in July 2018 to six in August 2018.
7. The analysis has not identified any correlation with safer staffing levels.

**Mental Health Services for Older People (MHSOP)**

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** | **Medication errors** | **Falls** | **Avoidable Pressure Ulcers** | **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 | 82.6% | 235.7% | 91.9% | 129.0% | 38.1% | 6.3 | 0 | 7**↓** | 0 | 0 | nil |
| BC Welford | 20 | 77.4% | 215.3% | 96.8% | 125.8% | 27.0% | 6.2 | 0 | 2**↓** | 0 | 0**↓** | 100% |
| Coleman | 18 | 65.7% | 298.4% | 96.8% | 219.4% | 41.9% | 9.3 | 0 | 10↑ | 0 | 1**↓** | nil |
| Gwendolen | 17 | 72.4% | 361.9% | 88.7% | 329.0% | 53.7% | 11.9 | 0**↓** | 15**↓** | 0 | 0**↓** | 100% |
| **TOTALS** |  |  |  |  |  |  |  | **0↓** | **34↓** | **0** | **1↓** |  |

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

1. Welford, Coleman and Gwendolen wards in Mental Health Services for Older People (MHSOP) were hotspots in August 2018 as they did not achieve the planned RN levels on day shifts.
2. A review of the rota has identified that all day shifts were staffed with two registered nurses which is within the safer staffing perimeters.  Staff are moved across the service dependant on the risks, acuity and dependency.
3. Welford Ward has a Medication Administration Technician to support with administering prescribed medication, medication education and general medicines management.  They are employed into a band 5 post and enhance the skill mix of the ward staffing profile and release time to care for ward registered nurses.
4. MHSOP wards temporary staffing utilisation is due to vacancies, long term sickness and increased levels of acuity and observation required to ensure cover across all wards with the appropriate skill mix and expertise.
5. In August 2018 there were zero medication errors.
6. Reported falls incidents have significantly decreased from 51 in July 2018 to 34 in August 2018. This is reflective of the behavioural analysis of falls and focused work to target the areas of need to mitigate future risk; including fitting different hand rails to the toilets, reviewing the lighting on the wards and reflection with the nursing team. These actions are being monitored by the Senior Matron for the site with support from the physiotherapist.
7. There is no correlation identified between the number of reported incidents and complaints to safer staffing levels.

**Families, Young People and Children’s Services (FYPC)**

| **Ward** | **Occupied beds** | **DAY** | **DAY** | **NIGHT** | **NIGHT** | **Temp Workers%** | **CHPPD** | **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 | 13 | 116.3% | 127.4% | 100.0% | 101.6% | 35.2% | 7.0 | 0**↓** | 0 | 0 | 90.9% |
| CV Ward 3 - CAMHS | 7 | 202.8% | 347.2% | 174.3% | 394.3% | 34.6% | 19.7 | 0**↓** | 0**↓** | 0**↓** | nil |
| **TOTALS** |  |  |  |  |  |  |  | **0↓** | **0↓** | **0↓** |  |

Table - Families, children and young people’s services safer staffing

1. There are currently no ‘hot spot’ areas for inpatient services within Families, Young People and Children’s Services (FYPC).
2. Both wards continue to utilise an increased number of temporary workers to manage increases in patient acuity.
3. There were no reported medication errors, falls or complaints in August 2018.

**Recruitment**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Area** | **Vacant Posts** | | **Potential Leavers** | | **Starters/Pipeline** | |
| **RN** | **HCSW** | **RN** | **HCSW** | **RN** | **HCSW** |
| FYPC | 5 | 5 | 0 | 0 | 0 | 0 |
| CHS (Community Hospitals) | 36.93 | 14.04 | 3 | 1.8 | 6.13 | 5 |
| MHSOP | 12 | 7 | 2 | 0 | 3.8 | 9 |
| AMH/LD | 81.6 | 37.75 | 3.4 | 3.4 | 13 | 0 |
| **Trust Total August 2018** | **135.5** | **63.79** | **8.4** | **5.2** | **22.93** | **14** |
|  |  |  |  |  |  |  |
| **Trust Total July 2018** | **139** | **59.09** | **12** | **6** | **30** | **18.6** |

Table - Recruitment summary

1. Longer term plans to eradicate the risks and address staffing issues remain in place. These include:

* rolling recruitment and retention plans, including implementation of Trust incentivised schemes for hard to recruit areas
* increased work experience placements, recruitment of clinical apprentices
* accessing recruitment fairs at local universities, schools and colleges
* robust sickness and absence management
* continuous review of workforce including new roles to enhance skill mix and increase patient facing time
* recruitment of clinical apprentices
* preparation and recruitment to cohort 3 of trainee Nursing Associates

**Conclusion**

1. The Trust continues to demonstrate compliance with the National Quality Board (NQB) expectations to publish safer staffing information each month. The safer staffing data is being regularly monitored and scrutinised for completeness and performance by the Chief Nurse and reported to NHS England (NHSE) via mandatory national returns on a site-by-site basis. Learning from participation in a number of NHS Improvement (NHSI) development programmes is ongoing.
2. Each directorate has 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. Directorate lead nurses have oversight of the plans in place to mitigate risks for each ward to ensure safe care standards are maintained.

Presenting Director: Adrian Childs - Chief Nurse/Deputy Chief Executive

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

\*Disclaimer: This report is submitted to the Trust Board for amendment or approval as appropriate. It should not be regarded or published as Trust Policy until it is formally agreed at the Board meeting, which the press and public are entitled to attend.

**Annexes/ Appendices**

Annex 1 – Definition of Safer Staffing Measures

Appendix 1 - Safer staffing supporting information

**Annex 1 – Definition of Safer Staffing Measures**

**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.

**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 NHS England (NHSE) reporting

|  |  |  |
| --- | --- | --- |
| **Methodology** | **Measure** | **Measure Source** |
| Fill Rate Analysis (National NHS Digital Return) | Actual hours worked  divided by  Planned hours  (split by RN/ HCSW) | NHS England |

**Fill Rate Analysis (NHS England Return)**

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

**Care Hours Per Patient Day (CHPPD) metric**

CHPPD is collected as an additional item on the existing and continuing safe staffing monthly return.

* CHPPD gives a single figure that represents both staffing levels and patient requirements, unlike actual hours alone.
* CHPPD allows for comparisons between wards/units. As CHPPD has been divided by the number of patients, the value doesn’t increase due to the size of the unit – allowing comparisons between different units of different sizes.
* CHPPD reports split out registered mental health and registered nurses from care staff (health care support workers/ assistants) to ensure skill mix and care need is reflected.

**Appendix 1 – Safer staffing supporting information**

| **August 2018** | |  |  | **Fill Rate Analysis (National Unify2 Return)** | | | | **Skill Mix Met** | **% Temporary Workers** | | | **Overall CHPPD** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **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)** | **Total** | **Bank** | **Agency** |
| **>= 80%** | **>= 80%** | **>= 80%** | **>= 80%** | **>= 80%** | **<20%** |  |  |
| AMH  Bradgate | Ashby | 21 | 20 | 75.3% | 166.1% | 98.4% | 164.5% | 50.5% | 34.9% | 34.3% | 0.7% | 5.5 |
| Aston | 39 | 19 | 77.4% | 157.3% | 95.2% | 303.2% | 47.3% | 44.7% | 35.6% | 9.1% | 6.3 |
| Beaumont | 22 | 22 | 75.3% | 137.1% | 96.8% | 193.5% | 52.7% | 42.6% | 37.4% | 5.1% | 4.8 |
| Belvoir Unit | 7 | 7 | 95.9% | 261.6% | 151.6% | 344.8% | 91.4% | 50.3% | 44.3% | 5.9% | 19.3 |
| Bosworth | 20 | 20 | 79.0% | 193.5% | 88.7% | 303.2% | 52.7% | 45.0% | 42.4% | 2.6% | 6.7 |
| Heather | 18 | 18 | 89.8% | 174.2% | 96.8% | 229.0% | 72.0% | 29.6% | 24.5% | 5.1% | 7.1 |
| Thornton | 21 | 21 | 89.8% | 155.6% | 96.8% | 254.8% | 66.7% | 33.3% | 31.3% | 2.0% | 5.9 |
| Watermead | 20 | 20 | 92.5% | 183.9% | 91.9% | 209.7% | 77.4% | 43.5% | 43.1% | 0.4% | 6.4 |
| Griffin Female PICU | 5 | 4 | 146.9% | 204.0% | 193.5% | 158.1% | 93.5% | 47.2% | 38.4% | 8.8% | 22.2 |
| AMH  Other | HP Phoenix | 10 | 9 | 104.8% | 139.7% | 100.0% | 150.0% | 92.5% | 26.4% | 24.4% | 2.0% | 10.3 |
| SH Skye Wing | 28 | 24 | 104.8% | 136.4% | 190.3% | 106.5% | 90.3% | 46.1% | 46.1% | 0.0% | 4.7 |
| Willows Unit | 38 | 35 | 135.5% | 252.3% | 125.0% | 234.4% | 98.9% | 24.8% | 24.7% | 0.1% | 9.4 |
| ML Mill Lodge (New Site) | 14 | 13 | 83.1% | 234.7% | 48.4% | 191.9% | 40.9% | 58.4% | 54.3% | 4.1% | 10.3 |  |  | 21 | 87.1% | 221.0% | 93.5% | 377.4% | 68.82% |
| CHS City | BC Kirby | 23 | 21 | 82.6% | 235.7% | 91.9% | 129.0% | 61.3% | 38.1% | 34.3% | 3.7% | 6.3 |
| BC Welford | 24 | 20 | 77.4% | 215.3% | 96.8% | 125.8% | 60.2% | 27.0% | 25.9% | 1.1% | 6.2 |
| CB Beechwood | 19 | 19 | 88.4% | 207.1% | 100.0% | 98.4% | 73.1% | 18.5% | 16.1% | 2.5% | 6.6 |
| CB Clarendon | 20 | 16 | 92.9% | 207.3% | 100.0% | 121.0% | 81.7% | 15.6% | 10.9% | 4.8% | 7.7 |
| EC Coleman | 21 | 18 | 65.7% | 298.4% | 96.8% | 219.4% | 36.6% | 41.9% | 39.9% | 2.0% | 9.3 |
| EC Gwendolen | 19 | 17 | 72.4% | 361.9% | 88.7% | 329.0% | 45.2% | 53.7% | 47.0% | 6.7% | 11.9 |  |
| CHS East | FP General | 9 | 8 | 136.0% | 73.0% | 109.1% | - | 63.4% | 29.7% | 10.8% | 18.9% | 6.8 |  |
| MM Dalgleish | 16 | 14 | 98.4% | 125.6% | 96.8% | 93.5% | 93.5% | 22.1% | 10.9% | 11.2% | 5.7 |  |
| Rutland | 16 | 14 | 100.0% | 123.6% | 101.6% | 96.8% | 96.8% | 11.7% | 6.5% | 5.2% | 6.5 |
| SL Ward 1 Stroke | 18 | 16 | 79.8% | 192.7% | 90.3% | 91.9% | 52.7% | 23.4% | 17.6% | 5.8% | 7.1 |
| SL Ward 3 | 14 | 12 | 87.1% | 109.7% | 200.0% | 106.5% | 81.7% | 30.1% | 15.6% | 14.5% | 7.0 |
| CHS West | CV Ellistown 2 | 24 | 22 | 129.0% | 170.2% | 196.8% | 109.7% | 96.8% | 11.6% | 8.2% | 3.4% | 5.5 |
| CV Snibston 1 | 21 | 20 | 80.1% | 143.4% | 68.1% | 101.6% | 26.9% | 12.0% | 9.4% | 2.6% | 5.6 |
| HB East Ward | 20 | 16 | 79.0% | 175.8% | 101.6% | 103.2% | 61.3% | 14.9% | 3.2% | 11.7% | 7.0 |
| HB North Ward | 16 | 14 | 101.6% | 176.6% | 101.6% | 122.6% | 97.8% | 21.9% | 5.6% | 16.3% | 8.4 |
| Lough Swithland | 23 | 18 | 104.0% | 187.1% | 98.4% | 203.2% | 96.8% | 12.8% | 7.2% | 5.6% | 6.5 |
| FYPC | Langley | 13 | 13 | 116.3% | 127.4% | 100.0% | 101.6% | 82.8% | 35.2% | 35.2% | 0.0% | 7.0 |
| CV Ward 3 | 10 | 7 | 202.8% | 347.2% | 174.3% | 394.3% | 98.9% | 34.6% | 32.7% | 1.9% | 19.7 |
| LD | 3 Rubicon Close | 4 | 4 | 106.5% | 193.5% | 74.2% | 145.2% | 88.2% | 15.7% | 15.7% | 0.0% | 17.3 |
| Agnes Unit | 12 | 6 | 212.9% | 466.7% | 173.5% | 508.8% | 96.8% | 21.2% | 21.1% | 0.1% | 27.6 |
| The Gillivers | 5 | 3 | 88.7% | 177.4% | 71.0% | 132.3% | 74.2% | 13.2% | 12.7% | 0.4% | 17.4 |
| The Grange | 5 | 3 | - | 177.8% | - | 177.4% | 98.9% | 28.1% | 27.7% | 0.4% | 18.5 |
| **Trust Total** | |  |  | **97.1%** | **193.8%** | **105.8%** | **180.1%** | **74.1%** | **31.5%** | **27.2%** | **4.3%** |  |