

In patient safer staffing metrics-September 2015

RAG rating >90% GREEN <90% AMBER <80% RED

Ward	Performan (% planned		1)		Overall fill rate%	Bed Occupancy % (including	Sickness %	Mand Training %	PDR %	Incident Rate	SI`s	Complaints
	Day %				home leave)							
	Reg`d	Care	Care Reg`d Care									
Ward One	123%	92.8%	8% 100.1% 117.7% 10		108.4%	101 ↓	11.03个	81↓	75↓	42 个	0 ↔	1↑

Ward Manager narrative:

Ward Manager reports a challenging month for bed pressures including availability to step down to ward 3 due to their over occupancy. Increase in incidents related to use of "legal high" substances and an increase in self harm attributable to one female service user. Sickness has increased with increase in staff reporting stress related conditions. Ward Manager actively engaging staff in utilising stress measurement tool to address underlying causes. Eleven DSN shifts covered. Overfill of shifts relates to ongoing high acuity including high levels of level 3 observation

Ward												
Two	108.9%	91.6%	103.4%	136.7%	110.1%	115%个	3.93↓	78↓	85.1	23个	0	$0 \leftrightarrow$
									\downarrow		\leftrightarrow	

Ward Manager narrative:

Increased occupancy in September in addition to increased levels of observation based on risk assessment and management reflecting requirement for additional shift cover. Increase in incidents but no particular themes/trends. Awaiting commencement of two band 5 posts and band 6 post.

Fifteen DSN shifts covered.

Ward												
Three	112.2%	93.5%	122.6%	126.7%	113.7%	104个	8.16 ↓	79↓	72↓	10↓	0	0↔
											\leftrightarrow	

Ward Manager narrative:

Increased occupancy with higher than usual readmission rate. Actively working with community teams to address this. Reducing sickness with long term sickness ending shortly. Mixture of care and registered sickness. No particular trends. High acuity particularly due to high observation levels requiring additional temporary staffing, where possible from own resource. Incident rate reduced.

Thirteen DSN shifts covered and five shifts used to cover ECT from ward establishment.

Ward												
Four	114.8%	60.5%	66.7%	110.3%	88.05%	86↓	0.00 🗸	95个	85.7	14 个	$0 \leftrightarrow$	1个
									\uparrow			

Ward Manager narrative:

Reduced occupancy during this month but active in-reach and liaison with UHNM to ensure clinically appropriate transfer at the first opportunity. Substantive recruitment to the ward agreed and will reduce reliance on agency and bank where a high number of cancelled shifts have been reported. Issues being dealt with through ward manager and HR relating to this. Under fill of registered nurses on night relates to the ward basing planned figures on two registered nurses with care staff booked to supplement the under-fill of registered staff. Generally there has been one registered nurse thus showing as an under fill however, reported by W/M that, occupancy and acuity has reduced with no impact on quality of care. Ten Duty Senior Nurse shifts covered. Increase of one incident in comparison to August. Review of incident data to look at themes/trends underway to provide assurance that reduced staffing fill rates have not impacted on safety.

Ward Five	100%	102.4%	95.1%	101.7%	99.8%	82% ↓	2.98↓	85↓	93.1 ↓	17个	0↔	1↑
No pressu	ager narra res on occu No specifio	ipancy. Red	ucing sickn	ess. Two ba	and 5 vacan	cies currentl	y being recr	uited to. S	ix DSN s	hifts cov	ered. Sn	nall increase
Ward Six	92.8%	96.0%	100%	100%	95.9%	95% ↓	16.99 ↑	91↑	100 ↔	9↓	0↔	0↔
Increase ir and band	5 posts no	post-surger w being ad	vertised.	Further, sub	ostantive re		ward 4 wil	l support r	elease o	f staff t		lead to band to ward 6. S
Ward Seven	92.8%	90.9%	109.6%	121.0%	103.5%	96%个	0.39↓*	93↓	92个	19个	04	0↔
Increased maternity	leave curre	during Sep ently being	appointed	to. Sicknes	ss remains		ncrease in ir	ncidents wi	th no sp	ecific tr	ends. Fi	cancy to cov ve Duty Seni
EMC	99.7%	87.3%	100%	98.4%	96.3%	83%↓	3.98↓	95↓	80.9 ↑	8↓	0↔	0↔
Reduced b now recru DSN band	ited to and	ncy during l awaiting s	tart date co		. Band 7 w	overed by reg ard manager	-		d if requ			•
A&T	62.3%	116.0%	100%	100%	94.5%	80↔	1.27 ↓	85↓	100	14↓	0↔	1↑

Both units co-located with staffing supporting each unit flexibly based on acuity of each unit. Under-fill of registered staff enhanced by care staff with supernumerary deputy unit manager providing registered cover across both units and not included in the safer staffing data.

Under occupancy between the two units occupied bed days 59% on beds in both units requiring less usage for temporary staffing whilst recruiting to vacant posts x 2 band 5 and 1 band 3. High input in to Duty Senior Nurse rota which will be addressed by appointment to 2 band 6 Duty Senior Nurse posts to be advertised

Unit Leader reports no impact from under fill on safety and quality due to reduced acuity and occupancy. Incident rate reduced in September and reducing sickness rate across both units.

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As above

Summers												
View	95.8%	99.7%	100%	141.8%	109.3%	97个	3.43 ↓	94个	95↓	7↓	0↔	0↔

Ward Manager narrative:

Small increase in occupancy, reduced sickness level in September although current sickness. Overfill on night duty care staff due to increase in observation levels absorbed by higher staffing availability on day shifts but requiring additional shifts on night. One band 5 post recruited to following retirement and band currently awaiting recruitment. Five Duty Senior Nurse shifts covered.

F` House												
	106.7%	84.3%	100%	100%	97.7%	102% 个	4.31	93↔	90.91	1↓	0↔	0↔
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Ward Manager narrative:

Small increase in bed occupancy. Only absence due to maternity leave. No safety or quality issues to report. Under fill on day care shifts covered by excess hours from registered staff.

Darwin												
	90.5%	83.6%	88.8%	101.5%	91.1%	59% ↓	2.54个	93个	88.9	7↓	$0 \leftrightarrow$	0↔
									\uparrow			

Ward Manager narrative:

Reduced bed occupancy reflective of national picture at the current time. Shifts lost due to maternity leave, secondment and sickness (awaiting sickness data) but no impact on safety and quality given reduced occupancy and reduced acuity for this month. Registered staff shortfall on night duty covered by movement from other clinical area.

D`Square												
	124.7%	98.6%	86.7%	86.7%	99.1%	68% ↓	3.22	95个	100	2个	$0 \leftrightarrow$	0↔
									\downarrow			

Ward Manager narrative:

Under-fill explained by closure of respite beds as planned each year. Additional resource booked during CQC inspection week to support visits by inspection team. No issues reported by modern matron

Key points to note

- Safer Staffing review recommendations with proposed model presented to Executive meeting September 22nd and accepted. Review includes the following key points:-
- Wards 2, 3, 6 will receive an uplift in establishment.
- Appointment of Duty Senior Nurse completed and post holder commenced.
- Further two Band 6 Duty Senior Nurse posts to be advertised to support reduction in time out from inpatient settings for Band 6 Deputy Ward Managers.
- Newly recruited Ward Managers will commence 20% clinical shifts to provide enhanced leadership.
- Skill Mix reviewed-all adult acute inpatient wards will be staffed to 50:50 ratio.

Unify return September 2015

			Da	ay			Niç	ght		Da	ау	Niç	lht
Main 2 Specialtie	es on each ward	Registered mi	dwives/nurses	Care	Staff	Registered mid	dwives/nurses	Care	Staff	Average fill	Assess CII	Average fill	A 611
Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	rate - registered nurses/midwiv es (%)	Average fill rate - care staff (%)	rate - registered nurses/midwiv es (%)	Average fill rate - care staff (%)
710 - ADULT MENTAL		900.00	1106.55	1800.00	1670.10	322.00	322.39	965.30	1136.04	123.0%	92.8%	100.1%	117.7%
710 - ADULT MENTAL ILLNESS		900.00	980.50	1350.00	1236.75	321.60	332.43	642.90	878.75	108.9%	91.6%	103.4%	136.7%
710 - ADULT MENTAL ILLNESS		900.00	1009.50	1350.00	1262.50	321.60	394.44	642.90	814.44	112.2%	93.5%	122.6%	126.7%
715 - OLD AGE PSYCHIATRY		1350.00	1549.50	1800.00	1089.50	553.50	369.31	840.40	926.90	114.8%	60.5%	66.7%	110.3%
715 - OLD AGE PSYCHIATRY		900.00	900.00	1319.00	1350.00	295.51	281.10	552.83	562.20	100.0%	102.4%	95.1%	101.7%
715 - OLD AGE PSYCHIATRY		900.00	835.00	1800.00	1728.00	281.00	281.00	1040.00	1040.00	92.8%	96.0%	100.0%	100.0%
715 - OLD AGE PSYCHIATRY		900.00	835.00	1350.00	1227.00	281.10	308.14	562.50	680.82	92.8%	90.9%	109.6%	121.0%
700- LEARNING DISABILITY		900.00	560.25	1182.00	1370.75	225.75	225.75	1064.25	1064.25	62.3%	116.0%	100.0%	100.0%
700- LEARNING DISABILITY		768.00	585.75	1200.00	850.75	96.75	96.75	548.25	548.25	76.3%	70.9%	100.0%	100.0%
710 - ADULT MENTAL ILLNESS		900.00	897.00	900.00	785.50	281.10	281.10	562.20	553.27	99.7%	87.3%	100.0%	98.4%
711- CHILD and ADOLESCENT PSYCHIATRY		1170.00	1058.50	1110.00	928.50	383.00	340.00	602.00	611.00	90.5%	83.6%	88.8%	101.5%
710 - ADULT MENTAL ILLNESS		840.00	804.50	840.00	837.50	292.04	292.04	592.28	840.00	95.8%	99.7%	100.0%	141.8%
710 - ADULT MENTAL ILLNESS		450.00	480.00	900.00	759.00	312.90	312.90	312.90	312.90	106.7%	84.3%	100.0%	100.0%
700- LEARNING DISABILITY		450.00	561.00	962.00	949.00	277.50	240.50	277.50	240.50	124.7%	98.6%	86.7%	86.7%