

Report to: Trust Board

Enclosure 7

Date of Meeting:	26 February 2014
Title of Report:	Nurse Staffing Performance on a shift-by-shift basis
Presented by:	Mark Dinwiddy; Interim Director of Nursing & Quality
Author of Report: Date: E-mail:	Jackie Wilshaw, Senior Nurse, 24 th February 2014
Purpose / Intent of Report:	<ul style="list-style-type: none"> For Assurance
Executive Summary:	<p>This paper outlines the monthly performance of the Trust in relation to planned vs actual nurse staffing levels during the data collection period (1st – 31st January 2015) in line with the National Quality Board expectation that:</p> <p><i>“The Board:</i></p> <ul style="list-style-type: none"> <i>Receives an update containing details and summary of planned and actual staffing on a shift-by-shift basis</i> <i>Is advised about those wards where staffing falls short of what is required to provide quality care, the reasons for the gap, the impact and the actions being taken to address the gap</i> <i>Evaluates risks associated with staffing issues</i> <i>Seeks assurances regarding contingency planning, mitigating actions and incident reporting</i> <i>Ensures that the Executive Team is supported to take decisive action to protect patient safety and experience</i> <i>Publishes the report in a form accessible to patients and the public on their Trust website (which could be supplemented by a dedicated patient friendly ‘safe staffing’ area on a Trust website)”.</i> <ul style="list-style-type: none"> The performance relating to the fill rate (actual numbers of staff deployed vs numbers planned) on the wards for January was 102.41%: being a total fill rate of 96.92% for registered nurses and 107.9% for HCSWs. The position reflects that ward managers are effectively deploying additional staff to meet increasing patient needs as necessary. During the current data collection period 1st - 31st January shifts were not able to be filled as planned <p>The Board is asked to: Receive the monthly nurse staffing report</p>
Which Strategy Priority does this relate to? How does this impact on patients or the public?	<ul style="list-style-type: none"> Customer Focus Strategy Clinical Strategy Governance Strategy Workforce Strategy Financial Strategy
Relationship with Annual Objectives	Supports the delivery of the Trust’s Annual Objectives and the delivery of high quality care

Risk / Legal Implications:	Delivery of safe nurse staffing levels is a key requirement to ensuring that the Trust complies with National Policy direction
Resource Implications:	Further assessment of the use of bank and agency staff is planned to inform a review of baseline establishments against the current level of acuity

NURSE STAFFING LEVELS ON A SHIFT BY SHIFT BASIS REPORT FOR TRUST BOARD

Purpose

This paper provides the monthly ward nurse staffing data which details the Trust's performance for January 2015.

Current Performance

During the current data collection period (1st – 31^s January), 646 /868 of shifts have been staffed as planned*. It should be noted that where shifts have not been filled as planned, the variance can sometimes be minimal (i.e. less than 1-2 hours per shift) and where the figure is higher than this staffing levels have remained at safe levels by short-term adjustments in the ward grade mix.

*in some cases planned hours have been calculated using the team leader's professional judgement, therefore this may be a higher figure than allowed for in the staffing establishments .

The performance relating to the fill rate (actual numbers of staff deployed vs numbers planned) on the wards in January was 102.41%, this being a total fill rate of 96.02% for registered nurses and 107.90% for HCSWs

This demonstrates that the wards are continuing to utilise additional nursing resources via the use of excess hours and the bank staff to meet fluctuating patient acuity by deploying additional staff where appropriate.

Within the overall picture there are a number of variances from previously recorded data for individual ward areas that will require further investigation and analysis.

It will be necessary to refine staffing data and activity recording to gain a more dynamic and informed perspective of nursing activity within inpatient areas. Clearer performance indicators to capture activity that accurately reflect acuity, vacancy and other factors will be brought forward to the Board as they are developed.

To accomplish this a further deep dive will occur as part of the ward establishment on a ward-by-ward basis. This will give ward nurse managers, matrons and senior managers the opportunity to shape future reporting processes and provide the Board with more detailed analysis of activity.

Reports by area

Within the overall picture there continues to be a number of variances within the recorded data for individual ward areas that require longitudinal investigation and analysis.

Ward 1

Has had prolonged periods of high (L3) observations, which have required an increase in staffing levels to 7,7,5. This was achieved through the use of bank staff.

There are high levels of staff sickness – averaging 4 full time staff per week (2xRN) this has been covered by the use of bank staff.

1 x Registered nurse resigned

There are 3 x newly qualified nurses on preceptorship who are unable to be left in charge at present. As such there have been challenges to achieving the desirable skill mix which have been managed through the use of available bank staff.

Ward 2:

Observation levels have largely been managed within the establishment. -Staffing levels of 5/5/3.

15 shifts have been under the agreed establishment staffing levels; this has been mainly the early shifts and the shortfall was covered by the ward manager. (NB the ward manager is not included in the Unify return)

WARD 3

Ward 3 has increased levels of qualified staff sickness during January; this has now been resolved and the staff have returned to work.

There was an increase in high (L3) observations hence the increased need for more staff on duty: the shortfall in qualified staff was made up by an increase in the number of HCSWs on duty.

WARD 4

Staffing for ward 4 has been reliant on utilising staff deployment from other areas. In addition to this it has a cohort of agency and bank staff who are working on a full time basis as there is no defined staffing establishment for this temporarily opening ward. The number of people admitted to ward 4 increased throughout January resulting in an increase in the number of staff required

WARD 5

Ward 5 has increased staffing levels on the night shift due to increasing one person's observations levels to level 3 during the night time only. There has been an ongoing issue with qualified staff sickness. The shifts have been backfilled with HCSW and bank staff

WARD 6

Is currently working on 6/6/4 staff which has been accomplished with the use of bank staff.

The planned skill mix has not been achieved on occasions due to staff sickness.

Acuity is high due to the mix of functional and organic patients; with a complex and demanding mix of physical and emotional support required.

WARD 7

Required increased HCSWs to maintain increased observation levels at night. This has been achieved through the use of bank staff

A+T/TELFORD

Increased staffing required to maintain high level observations this has been achieved through the use of bank staff

DARWIN CENTRE

The planned skill mix has not been achieved on occasions due to qualified staff sickness. Shortfall backfilled using HCSWs this has been achieved through the use of bank staff.

DRAGON SQUARE

The figures at Dragon Square reflect the closure of services for one week in January. This is a planned annual closure which allows for all staff to complete statutory and mandatory training, including bespoke manual handling and MAPA training.

This accounts for the apparent overfill on day shifts and underfill on nights shifts when for one week all staff are rostered on to days for the completion of training

SUMMER'S VIEW

The planned skill mix has not been achieved on occasions due to qualified staff sickness. Shortfall backfilled using HCSWs. There is a noticeable difference between the decrease in qualified staff. And increase in non qualified staff. (HCW) This has maintained a safe level of staffing.

FLORENCE HOUSE

There was higher than expected HCSW sickness levels; this was not always able to be backfilled by bank staff though it should be noted that this has resulted in a fill rate of 92% in total for January. This has not been escalated through management structures and the ward manager reports no issues and all care has been delivered safely

Recommendations to the Board

The Board is asked to:

- Receive the monthly report on nurse staffing levels

Appendix A

January 2015

Ward	Performance (% planned vs actual) staffing numbers		Number of RN shifts below planned numbers	Number of HCSW shifts below planned numbers	Number of shifts below planned numbers (TOTAL)	Reasons for variance in performance
	Registered Nurses (%)	Healthcare Support Workers (%)				
Ward 1	105.95	161.2				Patient need / sickness
Ward 2	90.55	100	23.6*		23.6	Patient need / sickness
Ward 3	95.1	127.2	12		12	Patient need / sickness
Ward 4	74.9	106.8	27	4.5	31.5	Patient need / sickness
Ward 5	94.5	177.65	25.5		25.5	Patient need / sickness
Ward 6	107.5	93.5		32	32	Patient need / sickness
Ward 7	100.5	111.4				Patient need / sickness
Assessment & Treatment	101.35	110.8				Patient need / sickness
Telford Unit	98.45	110.15	2		2	Patient need / sickness
Edward Myers	102.5	98.25		30	30	Patient need / sickness
Darwin Centre	94.15	114.9	8.5	10.2	18.7	Patient need / sickness
Summers View	86.15	113.8	31		31	Patient need / sickness
Florence House	100.5	92.85		15.6	15.6	Patient need / sickness
Dragon Square	104.85	92.2				Patient need / sickness
TRUST AVERAGE/ TOTAL	96.92%	107.9%	129.6	92.3	221.9	

