

REPORT TO: **TRUST BOARD**

Date of Meeting:	26 <sup>th</sup> March 2015
Title of Report:	Safer Staffing Performance Indicator Development from the TDA with summary
Presented by:	Mark Dinwiddy, Interim Executive Director of Nursing & Quality.
Author of Report: Name: Date: Email:	Carol Sylvester, Interim Deputy Director of Nursing & Quality 10 March 2015 <a href="mailto:Carol.Sylvester@northstaffs.nhs.uk">Carol.Sylvester@northstaffs.nhs.uk</a>
Purpose / Intent of Report:	For Information
Executive Summary:	As per summary
Which Strategy Priority does this relate to:  How does this impact on patients or the public?	<ul style="list-style-type: none"> <li>• Customer Focus Strategy</li> <li>• Clinical Strategy</li> <li>• IM and T Strategy</li> <li>• Governance Strategy</li> <li>• Innovation Strategy</li> <li>• Workforce Strategy</li> <li>• Financial Strategy</li> <li>• Estates Strategy</li> </ul>
Relationship with Annual Objectives:	
Risk / Legal Implications:	
Resource Implications:	
Equality and Diversity Implications:	
Relationship with Assurance Framework [Risk, Control and Assurance]	
Recommendations:	Receive the report and summary for information.

**Report to: Trust Board**

Date of Meeting:	26 <sup>th</sup> March 2015
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, 9 <sup>th</sup> March 2015
Purpose / Intent of Report:	<ul style="list-style-type: none"> <li>For Assurance</li> </ul>
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 (1<sup>st</sup> – 28<sup>th</sup> February 2015) in line with the National Quality Board expectation that:</p> <p><i>“The Board:</i></p> <ul style="list-style-type: none"> <li><i>Receives an update containing details and summary of planned and actual staffing on a shift-by-shift basis</i></li> <li><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></li> <li><i>Evaluates risks associated with staffing issues</i></li> <li><i>Seeks assurances regarding contingency planning, mitigating actions and incident reporting</i></li> <li><i>Ensures that the Executive Team is supported to take decisive action to protect patient safety and experience</i></li> <li><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></li> </ul> <ul style="list-style-type: none"> <li>The performance relating to the fill rate (actual numbers of staff deployed vs numbers planned) on the wards for January was 101.15%: being a total fill rate of 93.8% for registered nurses and 108.5% for HCSWs. The position reflects that ward managers are effectively deploying additional staff to meet increasing patient needs as necessary.</li> <li>During the current data collection period 1<sup>st</sup> – 28<sup>th</sup> February 2015: 284 shifts were not able to be filled as planned</li> <li>Actions underway to recruit to vacant and fixed term posts</li> </ul> <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"> <li>Customer Focus Strategy</li> <li>Clinical Strategy</li> <li>Governance Strategy</li> <li>Workforce Strategy</li> <li>Financial Strategy</li> </ul>

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 February 2015.

### Current Performance

During the current data collection period (1st-28<sup>th</sup> February 2015), 500/784 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 however this is being addressed and ward/inpatient managers have clear instructions to use the establishment figures for the planned hours and to demonstrate adjustments for professional judgement within the actual hours report

The performance relating to the fill rate (actual numbers of staff deployed vs numbers planned) on the wards in February was 101%, this being a total fill rate of 93.8% for registered nurses and 108.5% for HCSWs. NB: The fill rate for qualified nurses fell from 96% to 93.8% from the previous month

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 intermittent 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; night shifts took priority for bank staff cover in order to ensure that the ward provided safe staffing levels at night

There has been a higher than usual percentage of HCSW annual leave and it has not always been possible to cover this with bank staff (daytime fill rate of 73%). There has been some overfill of qualified staff to compensate for the shortfall of HCWs

It should also be noted that there were a number of bank staff cancellations during this month

## **Ward 2.**

There were 60 admissions and 53 discharges in February. This equates to approximately 3 admissions and 2 discharges per day against a monthly average of 1 admission and 1 discharge per day this is a significant increase on the monthly average.

14 shifts have been under the 5,5, 3 staffing levels (the established level) – despite all attempts to cover

13 shifts have been run with only 1 qualified nurse in charge. This is in addition to times when there was only one qualified nurse on duty and the Ward Manager provided cover as the second qualified nurse on duty

The Ward Manager reports that staff have not been able to achieve all patients having their care plans reviewed in timely manner, patient activities have not been provided as regularly due to activity worker sickness and shortfalls in staffing have prevent staff from provided activities for patients.

Planned patient escorts have not taken place at times; with priority given to essential escorts i.e. hospital appointments

Staff caseload management (supervision) has not taken place this month due to short staffing levels.

In addition there has been minimal attendance at staff training due to not been able to grant time out.

Ward 2 currently has

1 x band 3 vacancy

1 x band 5 vacancy

1 x band 3 – long term sick – started stage return this week

1 x part time band 5 out on ward 4

1 x mat leave band 5

1x activity worker on long term sick

1 x band 5 – covering ward 4 back filled by bank

1x band 3 covering ward 4 back filled by bank

1 x band 6 permanently out in the nursing office

We have 6 shifts requiring covering due to sickness

Observation levels have been managed with our staffing levels of 5/5/3.

Both band 6 and band 7 cover the nursing office for 6 shifts over the month

Action: Ward 2 : apply to agencies to identify 2 qualified staff to support the ward full time

### **WARD 3**

There was an increase in high (L3) observations as the month progresses, 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. There was also an increase in the number of HCSWs on nights in order to meet the needs of several women with challenging behaviours occurring at night-time.

The ward was closed for one week due to a norovirus outbreak which also affected staffing levels and lead to the increased use of HCSWs

### **WARD 4**

Staffing for ward 4 remains problematic as there is no defined staffing establishment for this temporarily opening ward.

There are currently 4 staff permanently allocated to this ward; the rest of the establishment remains bank and agency staff supported by staff seconded from Royal Stoke Hospital

Consequently the ward has been unable to achieve its agreed staffing levels of 7, 7,5 on occasions throughout the month. It had previously been agreed that the number of qualified nurses on duty would be 2 per shift but this has not always been possible to achieve.

Registered and non-registered Agency staff have been block booked to ensure that a consistent workforce are provided as far as availability will allow and similarly with the nurse bank.

## **WARD 5**

Ward 5 continues to have increased staffing levels on the night shift due to increasing one person's observations levels to level 3 during the night time only.

The number of qualified staff on duty has not always been achieved due to the secondment of a qualified nurse to ward 4; however the team are confident that this has not impacted on the quality of the care provided due to the team response to this temporary arrangement. The shifts have been covered through the use of bank HCSWs in order to ensure that all physical health-care continues to be delivered.

A full time HCSW has been redeployed through the Management of Change process and will be commencing duty on April 11th

One substantive staff nurse has been appointed will be commencing duties in mid April on ward 5

## **WARD 6**

Is currently working on 6/6/4 which has largely been accomplished through the use of bank staff however there have been occasions when no bank staff were available to cover

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.

The ward are fully established for staff nurses and HCSW's but have experienced a level of sickness requiring the use of bank shifts.

One Staff Nurse has returned from long term sickness this week

## **WARD 7**

The ward was unable to achieve its agreed level of 2 qualified nurses on duty during the day shifts due to staff nurse vacancies and annual leave.

The issue of the vacancies will be discussed with the Head of Directorate and Modern Matron

The Matron has agreed the recruitment of 1 nurse for ward 7 – currently awaiting employment clearance and suitable references.

The ward have appointed to a WTE Band 5 vacancy commencing March 23<sup>rd</sup>

One Staff Nurse vacancy remains and plans are underway as detailed below to recruit to this post

### **Edward Myers Unit**

Edward Myers Centre currently have no vacancies on the ward however have 1 band 7 seconded to a band 8a in the community, 1 band 6 seconded to the band 7 role and 1 band 5 seconded to the band 6 role. As a result there have been some shortfalls to cover

The IOU continues to see some movement of the staff allocated to those shifts due to demands from other clinical areas that are assessed to require additional resource. Given that the IOU does not have recurrently funded posts, there is a reliance on utilising bank staff to cover those shifts and, in the month of February, 16 shifts were unable to be covered due to bank staff unavailability. the qualified staff on the ward have picked up these shortfalls up on the bank. A review of this position has been undertaken and it is likely that a number of bank staff working in the area will become substantive posts.

### **A+T/TELFORD**

Increased staffing required to maintain high level observations

Throughout February, the Assessment and Treatment and Telford units have worked shifts with only 1 qualified nurse per shift.

There have also been occasions whereby a qualified staff member has needed to cover both areas.

A&T have an establishment which provides for six full time staff and a part time nurse who works 22.5 hours. The unit leader is on long term sickness and a staff nurse is on maternity leave.

On the Telford Unit, there is an establishment which provides for three full time staff, a 30 hour post and a 35.25 hour post. The unit leader is currently absent due to bereavement.

Bank staff are requested to fill the gaps in shifts but are not always available.

Action: to discuss use of agency staff with Clinical Director and Service Line Manager

### **DARWIN CENTRE**

The planned skill mix has not been achieved on occasions due to qualified staff sickness. Shortfall has been backfilled using HCSWs

### **DRAGON SQUARE**



The figures for Dragon Square reflect the closure of the service for one week; during this time the qualified nurses spend time engaged in community activities, working with schools and families and the HCSWs are given annual leave. Therefore the apparent under fill of HCSWs on days is not a shortages but simply an adjustment for the week when the unit was closed.

## **SUMMER'S VIEW**

The unit is currently operating with several staff working the long day system; this results in a shortage of up to 2 hours per shift against regular "early + late" shifts.

Staffing the unit has been challenging in February due to long term and short term sickness: Basic care has been achieved but there has been less than planned community activities which is a fundamental part of the care pathway

## **FLORENCE HOUSE**

There was higher than expected sickness levels: 4 full time HCSW off sick for most of February, 2 are now doing their phased return so are doing a few shifts per week which is now almost completed for both. There is also a part time HCSW (16 hours) on maternity leave until November.

Therefore from March there should be only have one full time HCSW off sick and one on maternity leave.

The staffing of the unit to its level of 2 qualified nurses on the daytime shifts was not always achieved. It was not possible to back fill all of the gaps in staffing with bank staff due to bank staff unavailability

## **Update on recruitment to vacant posts and Ward 4.**

A national advertisement for NOAP and Adult Acute inpatient areas for Band 5 Staff Nurses and Band 3 Health Care Support Workers was submitted 19<sup>th</sup> March 2015

Interview dates for applicants have been set for 9<sup>th</sup> and 10<sup>th</sup> April.

Posts to recruit to include substantive posts for NOAP and Adult Acute inpatient areas and six month fixed term positions for ward 4,

Recruitment will include backfill arrangements for staff transferred, for the purposes of consistency, to ward 4.

## **Recommendations to the Board**

The Board is asked to:

- Receive and accept the actions in relation to ward areas
- Receive the monthly report on nurse staffing levels
- Note the actions to respond to vacancies/ temporary staffing
- Agree to the recommendations outlined in the national quality board staffing review

Appendix A

**February 2015** (inc last 3 months for comparison)

Ward	Performance (% planned vs actual) staffing numbers ( February 2015)		Performance (% planned vs actual) staffing numbers ( January 2015)		Performance (% planned vs actual) staffing numbers ( December 2014)	
	Registered Nurses (%)	Healthcare Support Workers (%)	Registered Nurses (%)	Healthcare Support Workers (%)	Registered Nurses (%)	Healthcare Support Workers (%)
Ward 1	107.3	99	105.95	161.2	126.7	144.09
Ward 2	87.5	136.3	90.55	100	90.06	98.48
Ward 3	98.7	143.75	95.1	127.2	94	139.47
Ward 4	91.6	119.5	74.9	106.8	90.5	101.5
Ward 5	96.75	155	94.5	177.65	93.78	93.41
Ward 6	101.8	93.5	107.5	93.5	95	93.03
Ward 7	88.8	100	100.5	111.4	102.32	118.70
Assessment & Treatment	77.5	112	101.35	110.8	101.5	140
Telford Unit	80	87.5	98.45	110.15	100.91	100.74
Edward Myers	100.5	82.5	102.5	98.25	102.8	86.4
Darwin Centre	92	123	94.15	114.9	89.65	91.25
Summers View	96	87	86.15	113.8	126.7	98.02
Florence House	91.5	89	100.5	92.85	102.5	94.56
Dragon Square	103.5	91.5	104.85	92.2	106	96.5
<b>TRUST AVERAGE/ TOTAL</b>	<b>93.8%</b>	<b>108.5%</b>	<b>96.92%</b>	<b>107.9%</b>	<b>101.60%</b>	<b>106.68%</b>

