

REPORT TO TRUST BOARD

Date of Meeting:	29 OCTOBER 2015
Title of Report:	Nurse Staffing Performance on a shift-by-shift basis
Presented by:	Maria Nelligan, Executive Director of Nursing & Quality
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Committee Approval/Received prior to Trust Board:	<ul style="list-style-type: none"> • Quality Committee • Finance and Performance Committee • Audit Committee • People and Culture Development Committee • Charitable Funds Committee • Business Development and Investment Committee •
Purpose / Intent of Report:	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 (1 – 30 September 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>

	<p>The performance relating to the fill rate (actual numbers of staff deployed vs numbers planned) on the wards for September was 97.6%: being a total fill rate of 95.4% for registered nurses and 99.9% for HCSWs. The position reflects that ward managers are effectively deploying additional staff to meet increasing patient needs as necessary. A full review will take place in November and will include the original review methodology. The review will take into account acuity and bed occupancy, workforce leadership and practice issues.</p>
<p>Which Strategy Priority does this relate to:</p> <p>How does this impact on patients or the public?</p>	<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 Quality Board standards.
Resource Implications:	Recruitment to vacant posts in progress.
Equality and Diversity Implications:	None
Relationship with the Board Assurance Framework	<ol style="list-style-type: none"> 1. Focusing on quality and safety 2. Consistently meeting standards 3. Protecting our core services 4. Growing our specialised services 5. Innovating in the delivery of care 6. Developing academic partnerships and education and training initiatives 7. Being an employer of choice 8. Hosting a successful CQC inspection 9. Becoming digital by choice 10. Reviewing and rationalising our estate 11. Devolving accountability through local decision making that is clinically led assuring governance arrangements. 12. Delivering our financial plan
Recommendations:	To receive the report for assurance and information.

In patient safer staffing metrics-September 2015

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

Ward	Performance (% planned vs actual)				Overall fill rate%	Bed Occupancy % (including home leave)	Sickness %	Mand Training %	PDR %	Incident Rate	SI's	Complaints
	Day %		Night %									
	Reg'd	Care	Reg'd	Care								
Ward One	123%	92.8%	100.1%	117.7%	108.4%	101 ↓	11.03↑	81↓	75↓	42 ↑	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%↑	3.93↓	78↓	85.1 ↓	23↑	0 ↔	0↔
<p>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.</p>												
Ward Three	112.2%	93.5%	122.6%	126.7%	113.7%	104↑	8.16 ↓	79↓	72↓	10↓	0 ↔	0↔
<p>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.</p>												
Ward Four	114.8%	60.5%	66.7%	110.3%	88.05%	86↓	0.00 ↓	95↑	85.7 ↑	14 ↑	0↔	1↑
<p>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.</p>												

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.

Telford	76.3%	70.9%	100%	100%	86.8%	74↓	1.43↓	87↓	94.1↓	12↓	0↔	0↔
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As above

Summers View	95.8%	99.7%	100%	141.8%	109.3%	97↑	3.43 ↓	94↑	95↓	7↓	0↔	0↔
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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% ↑	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↑	93↑	88.9↑	7↓	0↔	0↔
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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↑	100 ↓	2↑	0↔	0↔
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

		Day				Night				Day		Night	
Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
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				
710 - ADULT MENTAL ILLNESS		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%