

Report to: Trust Board

Enclosure 6

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| Date of Meeting: | 29 th January 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, 13 th January 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 December 2014) 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 December was 104.11%: being a total fill rate of 105.16% for registered nurses and 103.07% 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 December 266 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 |

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| 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 December 2014.

Current Performance

During the current data collection period (1st – 31st December), 602 /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 leaders 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 December was 104.11%, this being a total fill rate of 105.16% for registered nurses and 103.07% 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.

Exception 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

Ward 1 has experienced high observation levels; rising to a maximum of 6 x (level3) constant observations.

The ward has also had to manage higher staff sickness levels

Florence House

The actual staff hours figure show a monthly reduction due to lower observation levels in December

The HCSW actual numbers are lower due to a number being off sick.

Ward 2:

Ward 2 currently works on 5/5/3 shift pattern.

Acuity on ward 2 has been fine throughout the month and the ward has not been over occupied this month. The UNIFY data indicates that there was a need for higher staffing levels at night due to patient observation levels.

Ward 3

The ward continues to have a significant need for increased observation levels.

There has also been a high level of registered nurse sickness absence

Ward 6

Ward 6 staff sickness increased due to an outbreak of norovirus during December

Darwin

Over the Christmas holiday period, Darwin reduced its staffing levels in response to a significantly lower than expected bed occupancy. Therefore the number of “actual” hours is lower than the number of “planned” hours but this does not represent a staffing shortage.

Recommendations to the Board

The Board is asked to:

- Receive the monthly report on nurse staffing levels

Appendix A

December 2014

| 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 | 126.7 | 144.09 | | | | Patient need / sickness |
| Ward 2 | 140.01 | 148.43 | 30 | 4 | 34 | Patient need / sickness |
| Ward 3 | 94 | 139.47 | 17.7 | | 17.7 | Patient need / sickness |
| Ward 4 | 90.5 | 101.5 | 12.7 | | 12.7 | Patient need / sickness |
| Ward 5 | 93.78 | 93.41 | 25.13 | 34.53 | 59.66 | Patient need / sickness |
| Ward 6 | 95 | 93.03 | 12.57 | 18 | 30.57 | Patient need / sickness |
| Ward 7 | 102.32 | 118.70 | 1.42 | | 1.42 | Patient need / sickness |
| Assessment & Treatment | 101.5 | 140 | | | | Patient need / sickness |
| Telford Unit | 100.91 | 100.74 | | | | Patient need / sickness |
| Edward Myers | 102.8 | 86.4 | | 15.86 | 15.86 | Patient need / sickness |
| Darwin Centre | 89.65 | 91.25 | 39.3 | 31.86 | 71.16 | Patient need / sickness |
| Summers View | 126.7 | 98.02 | | 5.8 | 5.8 | Patient need / sickness |

Appendix A

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| Florence House | 102.5 | 94.56 | | 10.47 | 10.47 | Patient need / sickness |
| Dragon Square | 106 | 96.5 | | 7.2 | 7.2 | Patient need / sickness |
| TRUST AVERAGE/ TOTAL | 105.16% | 103.07% | 138.82 | 127.72 | 266.54 | |