

Report to: Trust Board

Date of Meeting:	21 <sup>st</sup> April 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, 13 <sup>th</sup> April 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> – 31<sup>st</sup> March 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 March was 98.4%: being a total fill rate of 96.25% for registered nurses and 100.5% for HCSWs. The position reflects that ward managers are effectively deploying additional staff to meet increasing patient needs as necessary.</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 March 2015.

### Current Performance

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 the staffing levels have remained at safe levels

The fill rate (ie actual numbers of staff deployed vs numbers planned) on the wards in March was 98.4%, this being a total fill rate of 96.25% for Registered Nurses and 100.5% for HCSWs. This demonstrates that the wards are continuing to use additional staff via the bank, excess hours and overtime to meet fluctuating patient acuity.

In response to requests from the Board and indeed the TDA this report captures for the first time data about vacancies, sickness, mandatory training and PDR

We remain vigilant to the fact that these reported data are predicated upon hourly calculations of shift patterns and that in order to provide the Board with ongoing refinement and assurance, work is progressing with Ward Managers and Matrons to ensure parity of data collection across inpatient areas.

The forthcoming six monthly safe staffing report (Due in May 2014) will provide the Board with a detailed list of metrics that have been agreed with managers to provide additional evidence to support delivery of safe staffing.

### Reports by clinical team

It should be noted that since the introduction of these reports a year ago, the Ward Managers are not included in the staffing figures detailed in appendix A. This is because Unify request that rostered staff are included in the reports

## **Ward 1**

### **Vacancy rate**

The ward is currently carrying a vacancy rate of 3.0 WTE Band 5 vacancies and 2.0 WTE HCSW positions.

A recruitment drive has commenced trust wide to ensure that the vacancies are filled.

### **Sickness/Absence**

March sickness level reported at 6.98%, 0.38 increase from February

The ward lost a total of 41 shifts through staff sickness, Sickness within this month has been due to injuries sustained by two staff members as a result of violent incidents. Both staff members are due to return in April

### **PDR and mandatory training status**

The ward reported a mandatory training position of 74%, an increase of 1% from February and a PDR position of 93%, an increase from 74% in February

### **Points to note**

Incident reporting has increased in March in comparison to the previous two months. Additional staffing has been required over the planned shifts due to level 3 observation requirements and the additional staffing required to support this.

Analysis of incident data for March in comparison to February notes that incidents increased from 50 incidents in February to 64 incidents, violent incidents have increased from 11 in February to 13 in March. Despite the increase in violent incidents, overall harm has reduced in March with two incidents report as causing minor injury and one moderate harm.

## **Ward 2**

### **Vacancy rate**

Ward 2 currently has 1.0 WTE Band 5 and 1.0 WTE Band 3 vacancy. The ward have experienced additional staffing pressures from a combination of sick leave, maternity leave, backfill for ward 4 and temporary full time cover of the duty senior nurse rota. This pressure on staffing is being addressed via recruitment to fixed term positions on ward 4 and review of the duty senior nurse rota including a change in ownership of completion of the DSN rota to ensure equity across the inpatient ward areas.

A recruitment drive has commenced trust wide to ensure that the vacancies are filled.

### **Sickness/Absence**

March sickness is reported at 6.92%, an increase of 0.99% from February.

A Band 3 HCSW is due to return on a staged return to work in April. The ward activity worker remains on sick leave. This is reported to have had impact on the scope and quality of activities that have been available

### **PDR and mandatory training status**

The ward reported a mandatory training position of 78%, a reduction of 5% from February and a PDR position of 84.6%, a slight reduction of 0.4% in February

### **Points to note**

The established staffing rota of 5/5/3 has noted that 12 shifts have been below this establishment. The ward manager in exercising professional judgement, reports that the ward activity has required this level of staffing. In mitigation, the ward manager has supported the shortfall in staffing as part of her clinical leadership role and as the second registered staff member

Of particular note, the admission of a 17 year old male requiring an urgent admission, and in the absence of a suitable Tier 4 bed nationally, the requirement to admit to ward 2 was the most clinically appropriate intervention requiring an uplift in the staffing ratio to 6/6/4 to ensure a constant level of observation given the underage admission.

Discussion with the ward manager has established that shortfalls have had a minor effect on ability for release of staff for training and that some patient escorts have been rescheduled. Improvements have been reported in undertaking caseload management/caseload supervision.

It is anticipated that the Band 6 currently undertaking full time DSN duties will be resolved with a return to the ward duties planned. The DSN rota has experienced a number of shortfalls as a result of sickness, staff moves and new recruitment. Four additional staff are being inducted in to the DSN role resulting in increased capacity within the next 2 months.

## **WARD 3**

### **Vacancy rate**

The ward has 1.8 WTE Band 5 and 1.8 WTE Band 3 positions vacant of which 1 Band 5 post has been interviewed and a conditional offer of employment offered.

Further interviews are taking place on 5<sup>th</sup> and 6<sup>th</sup> May when it is anticipated that the HCSW posts will be recruited to.

### **Sickness/Absence**

March sickness level reported at 8.86%, a reduction of almost 2% from February  
The ward lost a total of 41 shifts through staff sickness,  
In part, the sickness resulted from an outbreak of norovirus in late February that affected 5 staff and ran in to march reporting figures.

### **PDR and mandatory training status**

The ward reported a mandatory training position of 75%, an increase of 3% from February and a PDR position had reached 100% completion in February from 74% in February

### **Points to note**

The shortfall in qualified staff was due to vacancies and maternity leave. Interviews have since taken place (April) and new staff have been appointed.

There continues to be a significant number of people requiring high (L3) observations, hence the higher than planned number of HCSW staff utilised throughout the month.

## **WARD 4**

### **Vacancy rate**

Staffing for ward 4 remains challenging with previously reported reasons being addressed by the recruitment drive to recruit to 10 fixed term registered and non-registered staff positions.

### **Sickness/Absence**

No current sickness/absence reported

### **PDR and mandatory training status**

The ward has 3 staff identified on the team establishment due to opening of the ward under mutual aid arrangement. As a result of this, a unique team database for the recording of PDR and mandatory training had not been established at the time of this report however performance is reported for temporary staffing (bank) separately.

### **Points to note**

There are currently 3 people on level 3 observations and so the team have been attempting to accommodate this extra demand on staffing by uplift in the staffing establishment. There is no reported impact on the quality of care delivered

### **WARD 5**

#### **Vacancy rate**

Ward 5 currently has a 1.0 Band 5 WTE vacancy.  
This will be included in the current recruitment drive

#### **Sickness/absence**

Sickness is recorded at 4.33%, a marginal increase of 0.13%

#### **PDR and mandatory training**

Mandatory training for the ward currently stands at 85% and PDR at 96.4%

### **Points to note**

There have been a number of people admitted with Post Traumatic Amnesia in recent weeks which demands higher than usual levels for physical and emotional care.. 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 ward manager has supported the shortfall in staffing as part of her clinical leadership role and as the second registered staff member

### **WARD 6**

#### **Vacancy rate**

Ward 6 currently has a 1.0 wte Band 5 Staff Nurse vacancy.

#### **Sickness/absence**

The current rate of sickness is 6.89%, a significant reduction from 12.37% in February

#### **PDR and mandatory training**

Mandatory training currently stands at 77%, an increase of 2% from February

### **Points to note**

The ward is currently working on a shift pattern 6, 6, 4 which has largely been accomplished through the ward establishment however there have been occasions when bank staff have been required but have not been available. There have been several shifts where a HCSW has been on redeployed to support patients admitted to RSUH due to the nature of the illness and impacted on the complement of staff on ward 6, 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**

#### **Vacancy rate**

Ward 7 currently has a 1.0 WTE Band 5 Staff Nurse vacancy.

#### **Sickness/absence**

Sickness rate currently reported at 3.46%, a reduction of 0.44% from February

#### **PDR and mandatory training**

Mandatory training is currently reported at 83% and PDR at 88% with no change in either figure from February

#### **Points to note**

The ward was unable to consistently achieve its agreed level of 2 qualified nurses on duty during the day shifts due to staff nurse vacancies, sickness and annual leave . The ward manager has supported the shortfall in staffing as part of her clinical leadership role and as the second registered staff member.

### **Telford Unit**

#### **Vacancy rate**

The unit currently have no vacancies

#### **Sickness/absence**

The unit reported a sickness rate of 18.13%, an increase of almost 5% from February.

The unit, at the time of this report sickness of the Deputy Unit Manager and a Health Care Support Worker. One staff member is returning to work next week and one staff member remains on certificated sick leave

### **PDR and mandatory training**

Mandatory training was reported at 98%, an increase of 6% from February and PDR stands at 100%

### **Points to note**

Sickness/absence has increased to 18.13% in March with significant impact on availability of registered nurse cover, second registered nurse cover and meeting shift establishment of 4/4/2 and the requirement to temporarily increase the shift establishment to 4/4/3 and a mid-shift due to an increase in acuity and observation level.

### **Assessment and Treatment Unit**

#### **Vacancy rate**

A&T do not have any current vacancies

#### **Sickness/absence**

The unit reported a sickness rate of 4.30%, a slight reduction from 4.36% in February.

The unit report one registered nurse on long term sick leave and one staff nurse currently taking maternity leave.

### **PDR and mandatory training**

Mandatory training is recorded at 95%, the same position as February and PDR at 96.4%, a slight increase from February

### **Points to note**

There has been a requirement to increase staffing required to maintain high level observations over the agreed establishment of 5/5/3, with staffing required rising to as high as 5/6/5

Due to high levels of sickness at the Telford Unit, this has directly impacted on registered nurse cover. Temporary staffing from bank and agency has been utilised where available.

Incident forms have been submitted detailing some impact relating to availability to escort off unit recreational activities

### **EDWARD MYERS UNIT**

#### **Vacancy rate**

EMC currently have 1.0 wte Band 5 vacancy

Additionally, the current Band 7 Unit Manager is seconded to a community post band 8A with no current backfill arrangement

### **Sickness/absence**

The March sickness rate is reported at 8.12 %, an increase from 2.52% in February

1 Band 5 staff nurse off on long term planned sickness for surgery.

1 Band 5 had unplanned sickness

### **PDR and mandatory training**

The March mandatory training figure is reported at 91%, a slight decrease from February and PDR stands at 100%

### **Points to note**

Shortfalls for qualified staff have been managed via bank shifts or excess hours by ward based registered staff

The unit have 3 Health Care Support Worker posts allocated to the IOU having been given substantive contracts in the middle of March thus leaving a number of shortfalls in shift cover that have not fully been covered due to unavailability of bank staff.

Movement of staff from the IOU to support areas of the hospital in urgent circumstances has amounted to 17 shifts however, it should be noted that on 13 occasions, there was no admission to the IOU but it is noted that there were 4 shifts where an IOU patient had been admitted. The Director of Nursing has reinforced the importance of the need to retain IOU staff where the unit is occupied and thus the patient is subject to close monitoring

## **DARWIN CENTRE**

### **Vacancy rate**

The Darwin Centre currently has a 3.0 wte Band 5 Staff Nurse vacancies.

### **Sickness/absence**

The March sickness rate is reported at 3.55%, an increase of 3% from February.

### **PDR and mandatory training**

Mandatory training for March is reported at 88%, a decrease of 3% from February and PDR reported at 97.22%, a slight increase from February

### **Points to note**

The planned skill mix has not been achieved on occasions due to qualified staff sickness and also having staff redeployed to cover other areas (8 shifts). It has not been possible to backfill due to lack of bank staff availability but staff did attempt to cover the Unit through the accumulation of time owing and the cancellation of a planned away day.

Two vacant posts have been recruited to with imminent start dates and a third conditional offer has been made to the remaining vacancy.

### **DRAGON SQUARE**

#### **Vacancy rate**

Dragon Square does not have any current vacancies.

#### **Sickness/absence**

The sickness rate for March was reported at 4.04%, an increase from 0.35% in February. There are no particular themes to note.

#### **PDR and mandatory training**

PDR for March was reported at 86% and mandatory training at 72%, an increase from 70% in February

### **Points to note**

The figures for Dragon Square reflect the closure of the night service for 3 days; the Unit continued to open during the day but the apparent under fill on nights is not a shortage but simply an adjustment to reflect the closure period.

### **SUMMER'S VIEW**

#### **Vacancy rate**

Summers View does not have any current vacancies.

#### **Sickness/absence**

The March sickness rate is reported at 10.36%, a reduction from 12.38% in February

#### **PDR and mandatory training**

The March mandatory training rate is reported at 82%, a reduction from 88% reported in February and the PDR rate of 100%

### **Points to note**

Staffing the unit has been challenging in March due to long term and short term sickness, the effect of this relates to changes to planned off ward activities however, planned on unit activities have been delivered.

## **FLORENCE HOUSE**

### **Vacancy rate**

Florence House does not have any current vacancies.

### **Sickness/absence**

The March sickness rate is reported at 4.98%, a significant reduction of almost 9% from February

### **PDR and mandatory training**

Mandatory training was reported at 84%, an increase of 3% from February and PDR rate stands at 100%

### **Points to note**

There are no significant points to note from Florence House

### **Planned actions for future reporting.**

It is essential that reported safer staffing data is supported by ward manager quality reports detailing any challenges arising from under fill rates, registered to non- registered nurse ratio with clear actions detailed within this report to mitigate any impact on quality and safety.

In order to ensure the delivery of this, the Deputy Director of Nursing will meet with all Ward/Unit Managers to discuss development of a standardised template for monthly reporting of quantitative and qualitative data.

Review all inpatient area duty rotas to review skill mix, time out, clinical leadership to ensure effective and efficient use of resources

**Sickness % for Inpatient wards**

Organisation	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Ward 1	12.48%	15.48%	10.96%	10.11%	6.66%	6.98%
Ward 2	7.30%	8.02%	6.72%	6.90%	5.93%	6.92%
Ward 3	7.68%	8.99%	15.96%	14.04%	10.79%	8.86%
Ward 4	10.27%	9.87%	4.62%	0.00%	0.00%	1.64%
Ward 5	5.36%	0.77%	5.77%	4.54%	4.20%	4.33%
Ward 6	1.63%	9.05%	12.80%	11.03%	12.37%	6.89%
Ward 7	1.59%	5.51%	8.73%	1.71%	3.88%	3.46%
Florence House	9.46%	6.06%	7.56%	8.33%	13.84%	4.98%
Summers View	14.87%	13.32%	16.62%	14.97%	12.83%	10.36%
Darwin Centre	0.67%	5.77%	2.74%	1.79%	0.55%	3.55%
Assessment & Treatment	5.90%	8.02%	8.80%	8.46%	4.36%	4.30%
Teford Unit	7.65%	5.61%	5.97%	8.11%	13.18%	18.13%
Edward Myers	4.00%	5.77%	1.21%	0.21%	2.52%	8.12%

**Statutory and mandatory training % for inpatient wards**

Organisation	Feb-15	Mar-15
Ward 1	73%	74%
Ward 2	83%	78%
Ward 3	72%	75%
Ward 5	85%	85%
Ward 6	75%	77%
Ward 7	83%	83%
Florence House	81%	84%
Summers View	88%	82%
Darwin Centre	91%	88%
Assessment & Treatment	95%	95%
Teford Unit	92%	98%
Edward Myers	92%	91%

**PDR % rate for inpatient wards**

Organisation	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Ward 1	36%	76%	82%	79%	74%	93.33%
Ward 2	21%	70%	82%	85%	85%	84.62%
Ward 3	4%	78%	93%	93%	100%	100.00%
Ward 4	6%	94%	100%	50%	67%	66.67%
Ward 5	0%	100%	100%	100%	100%	96.43%
Ward 6	0%	83%	100%	97%	100%	94.12%
Ward 7	0%	90%	91%	91%	88%	88.00%
Florence House	6%	95%	91%	82%	77%	100.00%
Summers View	0%	95%	96%	91%	95%	100.00%
Darwin Centre	81%	100%	100%	100%	97%	97.22%
Assessment & Treatment	76%	89%	96%	93%	96%	96.43%
Telford Unit Rehab	7%	95%	100%	100%	100%	100.00%
Edward Myers	0%	94%	100%	100%	100%	100.00%

**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.
- Agree to the recommendations outlined in the National Quality Board Staffing Review

Appendix A

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

Ward	Performance (% planned vs actual) staffing numbers ( March 2015)		Performance (% planned vs actual) staffing numbers ( February 2015)		Performance (% planned vs actual) staffing numbers (January 2015)	
	Registered Nurses (%)	Healthcare Support Workers (%)	Registered Nurses (%)	Healthcare Support Workers (%)	Registered Nurses (%)	Healthcare Support Workers (%)
Ward 1	106	82	107.3	99	105.95	161.2
Ward 2	95.12	131.5	87.5	136.3	90.55	100
Ward 3	94.5	159	98.7	143.75	95.1	127.2
Ward 4	98	82.4	91.6	119.5	74.9	106.8
Ward 5	101.4	99	96.75	155	94.5	177.65
Ward 6	104.5	87	101.8	93.5	107.5	93.5
Ward 7	90	93	88.8	100	100.5	111.4
Assessment & Treatment	71.65	113.3	77.5	112	101.35	110.8
Telford Unit	80	89.75	80	87.5	98.45	110.15
Edward Myers	99.5	80.8	100.5	82.5	102.5	98.25
Darwin Centre	97.5	99.1	92	123	94.15	114.9
Summers View	104	102.5	96	87	86.15	113.8
Florence House	111	89.25	91.5	89	100.5	92.85
Dragon Square	94.3	93	103.5	91.5	104.85	92.2
<b>TRUST AVERAGE/ TOTAL</b>	<b>96.25%</b>	<b>100.5%</b>	<b>93.8%</b>	<b>108.5%</b>	<b>96.92%</b>	<b>107.9%</b>