

Report to: Trust Board (Open)

Enclosure 5

Date of Meeting:	27 th November 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:	Steve Eley: Interim Deputy Director of Nursing & Jackie Wilshaw, Special Projects Manager 24 th November 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 October 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 October was 109.86%: being a total fill rate of 105.2% for registered nurses and 114.53% 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 October 2014: 75.8% (n=658/868) of shifts have been staffed 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 October 2014.

Current Performance

During the current data collection period (1st – 3^{1st} October), 75.8% (n=658/868) 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 addition there has also been an extensive recruitment campaign to improve numbers of staff available to the bank to ease pressure on wards and ease short-term staffing issues.

The performance relating to the fill rate (actual numbers of staff deployed vs numbers planned) on the wards in October was 109.86%, this being a total fill rate of 105.24% for registered nurses and 114.53% for HCSW's . This is an increase from 102.7% in September. This is likely to demonstrate 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.

Specific Issues

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: information supplied by Zoe Grant.

The continued increase in demand is attributed to staff sickness, with up to 5 staff off sick, vacancy and activity level.

Staffing vacancies: There remains a band 6 vacancy – 1 post holder currently out on secondment. There is 1 band 5 vacancy and 1 band 5 currently acting up into band 6 post. All vacancies are in the process of being advertised – recruitment signed off 21/11/14.

4 band 3 staff have continuing sickness since Oct. This is being robustly managed; 2 staff have confirmed their return in the next 2 weeks.

All patients on high levels of observation are being reviewed more regularly outside of the routine ward reviews.

1 gentleman requiring high level observation continues to wait placement at John Monroe – subsequently commissioners have agreed funding but patient still on ward due to process.

There have continuously been at least 2 patients requiring high levels of observation and this has fluctuated to up to four patients at any one time since Oct. There are currently 4 patients requiring high levels of observation.

Assessment and Treatment Unit (A+T): information supplied by Alastair Forrester

The service at A&T has continued to be fully occupied during October. Incident reporting has increased almost four-fold within this period; this is due to continued high levels of dependency and also incompatibilities within the current client group. As a result it has been difficult to reduce the staffing levels to below the 6/6/4 level and it is envisaged that these levels will potentially be required for some time in the future. During October and November 2014 a total of 5.64 wte band 3 staff were recruited at A&T to support the high dependency needs of one particular client. The ward has x2 on long-term sick leave plus x1 other approaching long-term, therefore reliance on bank usage remains high at this time.

Summers View: information supplied by Phil Cooper

There is an acknowledged establishment shortfall the unit currently has 17 WTE staff but requires 21WTE to ensure that agreed staffing levels of 4.4.3 are achieved.

Staffing levels are currently further complicated due to 2 HCSWs currently being on long term sick

The unit covers shortfalls with bank staff to ensure safe and therapeutic continuity of care and endeavours to use bank staff who know the unit well to enable the delivery of a seamless service

Manager Phil Cooper notes: 'There may be a discrepancy between planned and actual if bank has not been factored into the equation but I can stipulate that when bank is added to the figures it is extremely rare for us to be below our agreed figures.'

Edward Myers Unit: Information supplied by Tina Mottram

The service confirmed that 80.37 hours were taken from the IOU beds throughout October. There are occasions when cover of the IOU has been challenging due to staffing

establishment limitations. However, this has been managed by the use of regular bank staff. The main shortfalls are when staff we have booked to cover IOU are moved to cover other areas.

Ward 2: Information supplied By Rachel Nicolaou

Ward 2 currently works on 5/5/3 shift pattern. However as acuity show a 6/6/4 pattern is required. Having 3 night staff on shift provides the ward with little scope to care for people on high observation levels.

For October, the ward bed occupancy was above capacity, with up to 27 people in the 22 allocated beds. The increase in night staff was due to high observation levels, where patients were required to be nursed through the night – this was managed through the bank system.

The impact of not having enough staff on day shifts would be: not being able to provide the high standard of care that we aim for, all patients were cared for but there was less 1:1 time to spend with patients which in turn delays their assessment and then delays their discharge from hospital.

This also impacts on staff stress levels – there was evidence that stress levels were high on nights from the night staff, which supported the increase in night staffing levels.

Ward 3; information supplied by Margaret Harris

Throughout October, the ward had higher levels of patient acuity and care demand. The ward bed occupancy was above capacity with 137% bed occupancy at its highest level.

There was also a sharp increase in admission rates during this month.

Ward 7: Information supplied by Val Stronach

There is currently only one additional patient on ward 7 due to over occupancy on other wards. Patient acuity is reviewed on a daily basis and staffing levels are increased/flexed to reflect and meet needs.

During October 2014 staffing was increased to meet patient needs, this included providing additional night staff to support a patient detained under the Mental Health Act at the UHNS. Additionally a violent incident occurred (during the night time) resulting in a member of staff sustaining an injury, given assessment of need / risk night staffing was increased from 2 to 3 members of staff.

Daytime staffing figures are reflective of patient need.

This performance can be seen in more detail at Appendix A.

Recommendations to the Board

The Board is asked to:

- Receive the monthly report on nurse staffing levels

Appendix A

October 2014

Ward	Performance (% planned vs actual) staffing numbers		Number of shifts below planned numbers	Reasons for variance in performance
	Registered Nurses	Healthcare Support Workers		
Ward 1	116.9%	143%	11	Patient need / sickness/ maternity leave
Ward 2	157.3%	158.4%	16	Patient need / sickness
Ward 3	119.6%	124.9%	08	Patient need / sickness
Ward 4	95.05%	84.85%	32	Patient need / sickness
Ward 5	95.95%	96.2%	27	Patient need / sickness
Ward 6	97.5%	97.3%	36	Patient need / sickness
Ward 7	105.25%	194.05%	04	Patient need / sickness
Assessment & Treatment	102.4%	118.85%	06	Patient need / sickness
Telford Unit	100.5%	113.1%	01	Patient need / sickness
Edward Myers	101.5%	89.7%	26	Patient need / sickness
Darwin Centre	104.2%	97.85%	07	Patient need / sickness
Summers View	93.5%	82.85%	33	Patient need / sickness
Florence House	101.75%	102%	02	Patient need / sickness
Dragon Square	92%	100.5%	01	Patient need / sickness
TRUST AVERAGE/ TOTAL	105.24%	114.53%	210	