

## **Safe staffing levels: April 2016 update**

The Trust is committed to publishing core planned staffing numbers against what actually occurs each month.

The Trust Board reviewed and agreed the core planned staffing levels initially at its meeting in January 2014 and then again in September 2014. There were also a number of actions that were agreed in progressing the national requirements.

The following staffing reviews have taken place since the Trust Board agreed the core planned staffing levels at its meeting in January 2014:

- Charlton Lane wards core planned staffing levels were reviewed in February 2014 (and agreed at the March Governance Committee)
- Oak House in May 2014 (and agreed at the June Governance Committee)
- Hollybrook in September 2014 (and agreed at the October Governance Committee).

The reviews took place to reflect the changing needs on the wards.

This paper outlines:

- National reporting requirements and the latest data in their required format
- Local exception reporting on a ward by ward basis
- Explanations for the variance in staffing levels on particular wards
- Core planned staffing levels on a shift by shift basis

### **NATIONAL REPORTING OF SAFE STAFFING LEVELS**

From June 2014, we have been required to report in a standardised national format on staffing levels in:

- Planned total monthly staff hours for qualified nurses and care staff.
- Actual total monthly staff hours for qualified nurses and care staff.

The April 2016 staffing information that was submitted is outlined at the end of this paper by ward.

## EXCEPTION REPORTING

In line with previous Trust reporting, we have continued to collect and collate the reasons why core planned staffing levels have not been met, and the exception codes.

### In summary for April 2016:

- No staffing issues were escalated to the Director of Quality or the Deputy Director
- Where staffing levels dipped below the planned fill rates of 100% for qualified nurses this was usually offset by increasing staffing numbers of unqualified nurses based on ward acuity and dependency and the professional judgement of the nurse in charge of the shift
- **97.3%** of the hours exactly complied with the planned staffing levels
- **2.2%** of the hours during April had a different staff skill mix than planned staffing however overall the staffing numbers were compliant and the needs of patients were met
- **0.4%** of the hours during April had a lower number of staff on duty than the planned levels.
- *There was 1 shift where it has been reported that the skill-mix of staff was non-compliant and the needs of patients were not met.* There were no patient safety issues related to this

The paper includes an explanation on the wards where there are a high number of exceptions.

### Ward specific information

There are shifts where the core planned staffing hours may not exactly reflect the core planned staffing levels, the main reasons are outlined below:

- Increase staff are on duty to provide one to one care for patients
- Decrease in staff, if the patient need does not require it e.g. Patients on leave, or staff supporting other wards where the need is higher.
- Often the qualified and care staff numbers may be vary but overall the staff numbers are what is required. Decisions may be made to replace a qualified nursing shift with a health care assistant who know the patients and the ward, rather than a bank nurse who may not.

Many of the vacancies have now been filled and it is anticipated that the majority of newly appointed staff will be in post by January, unfortunately due to high sickness levels and extra clinical need, there has been an increased use of bank and agency.

Also it should be noted that staff bank operate between 9am – 5pm, and therefore it is difficult to contact them when staff report sick on an early shift to request cover. Also the nursing agencies may take several hours to find someone and then they will need induction to the ward, taking staff away from direct care for a further period of time. So on the occasions when staff telephone before an early shift to state they are unwell, it is difficult to get the cover required at such short notice.

## **Wotton Lawn Hospital (High level exceptions or high fill rates only)**

### **Greyfriars**

The code 1 and code 2 exceptions are due to a combination of staff sickness and x WTE qualified staff vacancy.

### **Priory Ward**

The Code 1 exceptions are due to the current number of band 5 vacancies. Although when fully recruited the ward are established and plan for 22.5 hours Band 5 nurses per early and late shift. Often the ward actual is 15 hours Band 5 nurses if unable to get the additional RMN via staff bank. The ward mitigates this with the use of regular bank HCA than agency RMN. This provides better continuity of care to our patients.

The Code 2 exception is when staff bank have been unable to cover with bank or agency.

### **Abbey Ward**

High fill rates are due to the increased mixed sex admissions on the ward and the need for additional staff to ensure dignity and privacy issues are not compromised.

### **Stonebow Unit:**

The only exceptions are code 1.

### **Cantilupe ward**

Code 1 exceptions continue to relate specifically to the difficulty in covering qualified at night according to the model mainly due to vacancies, ensuring equitable shift rotation and accommodating the 30 minute handover. These are covered wherever possible with HCAs who are familiar with the ward rather than using unknown qualified agency staff.

The high average fill rates across all wards within Stonebow relate mainly to the increased use of bank and agency HCAs due to the high level of acuity. The extra 30 minute handover period is also accounted for.

### **Learning Disability Units:**

The continued staffing shortfall in the Learning Disability units is identified on the Countywide risk register due to the service transition that is currently taking place reflecting the changes that Gloucestershire CCG require. Active recruitment is ongoing and staff are now undertaking their induction.

### **Westridge & Hollybrook**

One Code 4 exception was reported for the 6th April 2016. A staff member was taken ill during the shift, staffing was sort following the staffing escalation procedure, staff were relocated from Westridge with LDISS filling the shortfall at Westridge. Unfortunately this took a period of time to complete, therefore staff were not able to respond in a timely manner to a patient at Hollybrook. There are low patient numbers in the Unit and staff work flexibly across busy shift times to minimise impact of reduced staffing, this has enabled safe management at Hollybrook. There were no patient safety issues as a result of this.

## **Gloucestershire Recovery Units:**

### **Laurel and Honeybourne**

Honeybourne had code 1 exceptions where staffing skill mix is below the planned staffing levels, however the reduced qualified numbers has been met by increased healthcare assistants. This has ensured that service users have continuity of care and any risks to this have been mitigated. Unfortunately 2 qualified staff are currently on long term sickness and 2 qualified vacancies exist. These vacancies are at an advanced stage of recruitment with preferred candidates awaiting employment checks.

Laurel House has reported code 1 exceptions, where staffing skill mix is below planned staffing levels due to 1 staff member being on long term sick leave. A qualified vacancy has been appointed to, with new staff member joining the team in May. Staffing levels has been maintained with Health care assistant levels increased in place of second qualified staff where appropriate. Service users have continued to receive save and appropriate care to meet their needs.

### **Charlton Lane Hospital:**

There were minimal exceptions for April.

			Exception Code 1	Exception Code 2	Exception Code 3	Exception Code 4	Exception Code 5
Ward	Bed number	Number of required staff hours in the month	Minimum staff numbers met – skill mix non-compliant but met needs of patients	Minimum staff numbers not compliant but met needs of patients	Minimum staff numbers met – skill mix non-compliant and did not meet needs of patients	Minimum staff numbers not compliant and did not meet needs of patients	Minimum staffing nos and skill mix not met. Resulting in clinical incident / harm to patient or other
<b>Gloucestershire</b>							
Dean	14	3150 monthly hours	0	0	0	0	0
Abbey	18	3150 monthly hours	90	7.5	0	0	0
Priory	22	3150 monthly hours	157.5	30	0	0	0
Kingsholm	15	3150 monthly hours	0	0	0	0	0
Montpellier	12	3450 monthly hours	37.5	7.5	0	0	0
Greyfriars	10	3900 monthly hours	105	15	0	0	0
Willow	16	4350 monthly hours	0	15	0	0	0
Chestnut	14	2925 monthly hours	52.5	0	0	0	0
Mulberry	18	3150 monthly hours	0	0	0	0	0
Laurel	12	1950 monthly hours	120	0	0	0	0
Honeybourne	10	1950 monthly hours	225	0	0	0	0
Westridge	8	3450 monthly hours	0	0	0	0	0
Hollybrook	8	5400 monthly hours	0	120	0	7.5	0
<b>Herefordshire</b>							
Mortimer	21	2970 monthly hours	0	0	0	0	0
Jenny Lind	8	2775 monthly hours	17.5	0	0	0	0
Cantilupe	12	2650 monthly hours	363.5	0	0	0	0
Oak House	12	1650 monthly hours	0	0	0	0	0
<b>Total</b>	Monthly hrs	52170	1168.5	227	0	7.5	0

## CURRENT CORE PLANNED STAFFING LEVELS

### Gloucestershire

The wards below all work 3 shifts in 24 hours. All ward managers are not included in the staffing numbers below, they are supernumerary. The supporting Sisters/Charges (Band 6) have some supernumerary time in addition to the staffing numbers below.

Ward (Bed numbers) Ward speciality	Early		Late		Night	
	Qualified	Un-qualified	Qualified	Un-qualified	Qualified	Un-qualified
<b>Dean (14)</b> Adult mental health	2	3	2	3	2	1
<b>Abbey (18)</b> Adult mental health	3	2	3	2	2	1
<b>Kingsholm (15)</b> Adult mental health	2	3	2	3	2	1
<b>Priory (22)</b> Adult mental health	3	2	3	2	2	1
<b>Greyfriars (10)</b> Mental health intensive care	3	3	3	3	2	2
<b>Montpellier (12)</b> Mental health low secure	2	3	2	3	2	2
<b>Willow (16)</b> Older people with dementia	2	5	2	5	1	3
<b>Chestnut (14)</b> Older people mental health	2	3	2	2	1	2
<b>Mulberry (18)</b> Older people mental health	2	4	2	3	1	2
<b>Laurel House (13)</b> Adult MH rehabilitation	2	1	1	2	1	1
<b>Honeybourne (10)</b> Adult MH rehabilitation	2	1	1	2	1	1
<b>Westridge (8)</b> Assessment & Treatment Learning disabilities	2	3	2	3	1	3
<b>Hollybrook (8)</b> Habilitation – Learning Disabilities	1 (+1 if not on late shift)	7 (6 if 2 qualified on shift)	1 (+1 if not on late shift)	7 (6 if 2 qualified on shift)	1	5

### Herefordshire

The wards below all work 2 shifts in 24 hours. All ward managers are not included in the staffing numbers below, they are supernumerary. The supporting Sisters/Charges (Band 6) are included in the staffing numbers below and do not have additional time.

Ward	Day		Night	
	Qualified	Unqualified	Qualified	Unqualified
<b>Mortimer (21)</b> Adult mental health – note planned reduction to 18 beds	3	2	2	2
<b>Jenny Lind (8)</b> Older people mental health	2	1	1	1
<b>Cantilupe (10)</b> Older people with dementia	2	3	2	1.5
<b>Oak House (10)</b> Adult MH rehabilitation	2	1	1	1

## NATIONAL SAFE STAFFING REPORTING - Ward information – April 2016

Only complete sites your organisation is accountable for				Day				Night				Day		Night		
Hospital Site Details		Ward name	Main 2 Specialities 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 (%)
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		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				
RTQ02	WOTTON LAWN HOSPITAL	Dean	710 - ADULT MENTAL ILLNESS		900	915	1350	1462.5	600	660	300	410	101.7%	108.3%	110.0%	136.7%
RTQ02	WOTTON LAWN HOSPITAL	Abbey	710 - ADULT MENTAL ILLNESS		1350	1267.5	900	1335	600	600	300	580	93.9%	148.3%	100.0%	193.3%
RTQ02	WOTTON LAWN HOSPITAL	Priory	710 - ADULT MENTAL ILLNESS		1350	1162.5	900	1297.5	600	610	300	410	86.1%	144.2%	101.7%	136.7%
RTQ02	WOTTON LAWN HOSPITAL	Kingsholm	710 - ADULT MENTAL ILLNESS		900	915	1350	1477.5	600	600	300	450	101.7%	109.4%	100.0%	150.0%
RTQ02	WOTTON LAWN HOSPITAL	Montpellier	710 - ADULT MENTAL ILLNESS		900	952.5	1350	1260	600	610	600	590	105.8%	93.3%	101.7%	98.3%
RTQ02	WOTTON LAWN HOSPITAL	Greyfriars	710 - ADULT MENTAL ILLNESS		1350	1282.5	1350	1395	600	610	600	720	95.0%	103.3%	101.7%	120.0%
RTQ01	Charlton Lane Hospital	Willow	715 - OLD AGE PSYCHIATRY		900	945	2250	2220	300	300	900	930	105.0%	98.7%	100.0%	103.3%
RTQ01	Charlton Lane Hospital	Chestnut	715 - OLD AGE PSYCHIATRY		900	945	1125	1162.5	300	310	600	600	105.0%	103.3%	103.3%	100.0%
RTQ01	Charlton Lane Hospital	Mulberry	715 - OLD AGE PSYCHIATRY		900	1065	1350	1852.5	300	330	600	690	118.3%	137.2%	110.0%	115.0%
RTQ11	Laurel House Chelt	Laurel	710 - ADULT MENTAL ILLNESS		675	607.5	675	780	300	300	300	300	90.0%	115.6%	100.0%	100.0%
RTQ13	HONEYBOURE	honeybourne	710 - ADULT MENTAL ILLNESS		675	450	675	967.5	300	300	300	300	66.7%	143.3%	100.0%	100.0%
RTQ05	Westridge	Westridge	700- LEARNING DISABILITY		450	555	1800	1777.5	300	310	900	900	123.3%	98.8%	103.3%	100.0%
RTQ54	HOLLYBROOK	Hollybrook	700- LEARNING DISABILITY		450	675	3150	2807.5	300	300	1500	1510	150.0%	89.1%	100.0%	100.7%
RTQHJ	STONEBOW UNIT	Mortimer	710 - ADULT MENTAL ILLNESS		990	1065	660	1474.5	660	747.5	660	1346.5	107.6%	223.4%	113.3%	204.0%
RTQHJ	STONEBOW UNIT	Cantilupe	715 - OLD AGE PSYCHIATRY		660	796	990	1293	660	345	465	1384.5	120.6%	130.6%	52.3%	297.7%
RTQHJ	STONEBOW UNIT	Jenny Lind	715 - OLD AGE PSYCHIATRY		660	806.5	330	491.5	330	345	330	644	122.2%	148.9%	104.5%	195.2%
RTQHM	Oak House	Oak House	710 - ADULT MENTAL ILLNESS		660	724.5	330	433.5	330	345.5	330	345	109.8%	131.4%	104.7%	104.5%

