

Safe staffing levels: August 2015 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 August 2015 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 August 2015:

- 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 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
- **95.6%** of the hours exactly complied with the planned staffing levels
- **3.88%** of the hours during August had a different staff skill mix than planned staffing however overall the staffing numbers were compliant and the needs of patients were met
- **0.5%** of the hours during August had a lower number of staff on duty than the planned levels, however this met the needs of the patients on the ward at the time
- There was 1 shift where it has been reported that the number of staff was non-compliant and the needs of patients were not met however, this related to additional activities not able to take place and not any safety concerns

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.

Learning Disability Units:

The continued staffing shortfall in the Learning Disability units is identified on the Countywide risk register. As repeatedly reported, both units have not been able to consistently have 2 qualified nurses on required shifts owing to the service transition that is currently taking place reflecting the changes that Gloucestershire CCG require.

Westridge: Code 1 exceptions remain high given the current circumstances with recruiting to qualified posts. The Unit was safely managed with reduced qualified staff and no detrimental effect on overall staffing numbers on shift, patient numbers are low due to transition. There is a constant review of staffing requirements to ensure the service responds to patient needs. In addition recruitment to band 5 posts remains a struggle and needs a wider debate regarding the recruiting of nursing staff across the organisation.

Gloucestershire Recovery Units:

Honeybourne and Laurel House: both units have reported numerous Code 1's this month regarding the reduced levels of qualified staff. This has been supported by use of additional unqualified staff to meet the needs of patients.

Charlton Lane Hospital:

There have been minimal exceptions to the core planned staffing levels across all wards in the hospital.

Stonebow Unit:

Jenny Lind Ward: exceptions relate to vacancy due to be filled soon and have been covering with HCAs who are familiar with the ward rather than using unknown qualified agency staff.

Cantilupe Ward: exceptions continue to relate to embedding of full rotation shift pattern enabling an increase in qualified staff rotating with night time HCAs increasingly coming on to days

Wotton Lawn Hospital:

Priory Ward: 3.6 wte vacancies for band 5 nurses has impacted on staffing numbers. Recruitment for these posts is underway. The ward has made attempts to fill band 5 shifts with bank staff nurses. If the ward is unable to do this then they will often use regular bank unqualified staff rather than go to preferred agencies. This is to provide staff that know the current systems and processes and provide better continuity of care.

Greyfriars Unit: Exceptions are based upon vacancies of 2 Qualified nurses which are have been recruited to and also sickness which is being managed locally.

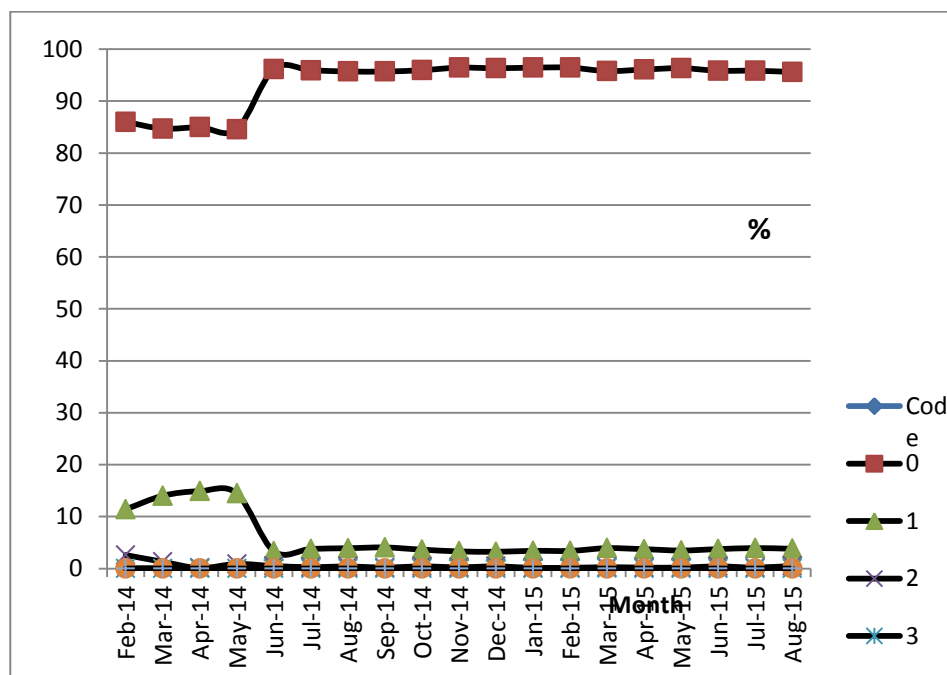
Dean ward: One red exception was at short notice due to sickness – Staff bank were unable to cover even with external agency. Although no harm occurred it impacted on the wards ability to provide a full range of interventions

Abbey Ward: Exceptions are based on staff sickness which is being managed locally

Montpellier: The unit has seen an increase in code 1 exceptions due to cover not being available through staff bank. Sickness absence is being managed locally

Month by month comparison of compliance with staffing levels

The table below provides a monthly comparison of staffing level compliance. Consistently high levels of compliance in terms of actual staff on shift to planned levels are maintained.



Shifts matching core planned levels	0
Minimum staff numbers met – skill mix non-compliant but met needs of patients	1
Minimum staff numbers not compliant but met needs of patients e.g. low bed occupancy , patients on leave	2
Minimum staff numbers met – skill mix non-compliant and did not meet needs of patients	3
Minimum staff numbers not compliant and did not meet needs of patients	4
Other	5

			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
Gloucestershire							
Dean	14	3255 monthly hours	60	0	0	7.5	0
Abbey	18	3255 monthly hours	67.5	22.5	0	0	0
Priory	22	3255 monthly hours	255	0	0	0	0
Kingsholm	15	3255 monthly hours	0	0	0	0	0
Montpellier	12	3565 monthly hours	95	0	0	0	0
Greyfriars	10	4030 monthly hours	317.5	30	0	0	0
Willow	16	4495 monthly hours	60	0	0	0	0
Chestnut	14	3022.5 monthly hours	0	37.5	0	0	0
Mulberry	18	3255 monthly hours	0	0	0	0	0
Laurel	12	2015 monthly hours	217.5	0	0	0	0
Honeybourne	10	2015 monthly hours	187.5	0	0	0	0
Westridge	8	3255 monthly hours	292.5	0	0	0	0
Hollybrook	8	5580 monthly hours	105	120	0	0	0
Mortimer	21	3069 monthly hours	11	4.5	0	0	0
Jenny Lind	8	1705 monthly hours	297	0	0	0	0
Cantilupe	12	2867.5 monthly hours	95.5	0	0	0	0
Oak House	12	1705 monthly hours	17.5	55	0	0	0
Total		53599 monthly hours	2078.5	269.50		7.5	

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
Dean (14) Adult mental health	2	3	2	3	2	1
Abbey (18) Adult mental health	3	2	3	2	2	1
Kingsholm (15) Adult mental health	2	3	2	3	2	1
Priory (22) Adult mental health	3	2	3	2	2	1
Greyfriars (10) Mental health intensive care	3	3	3	3	2	2
Montpellier (12) Mental health low secure	2	3	2	3	2	2
Willow (16) Older people with dementia	2	5	2	5	1	3
Chestnut (14) Older people mental health	2	3	2	2	1	2
Mulberry (18) Older people mental health	2	4	2	3	1	2
Laurel House (13) Adult MH rehabilitation	2	1	1	2	1	1
Honeybourne (10) Adult MH rehabilitation	2	1	1	2	1	1
Westridge (8) Assessment & Treatment Learning disabilities	2	3	2	3	1	3
Hollybrook (8) 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
Mortimer (21) Adult mental health – note planned reduction to 18 beds	3	2	2	2
Jenny Lind (8) Older people mental health	2	1	1	1
Cantilupe (10) Older people with dementia	2	3	2	1.5
Oak House (10) Adult MH rehabilitation	2	1	1	1

NATIONAL SAFE STAFFING REPORTING - Ward information – August 2015

Only complete sites your organisation is accountable for				Day				Night				Day		Night		
Hospital Site Details		Ward name	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 (%)
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		930	1020	1395	1605	620	570	310	580	109.7%	115.1%	91.9%	187.1%
RTQ02	WOTTON LAWN HOSPITAL	Abbey	710 - ADULT MENTAL ILLNESS		1395	1350	930	1035	620	620	310	360	96.8%	111.3%	100.0%	116.1%
RTQ02	WOTTON LAWN HOSPITAL	Priority	710 - ADULT MENTAL ILLNESS		1395	1155	930	1687.5	620	660	310	650	82.8%	181.5%	106.5%	209.7%
RTQ02	WOTTON LAWN HOSPITAL	Kingsholm	710 - ADULT MENTAL ILLNESS		930	960	1395	1425	620	640	310	310	103.2%	102.2%	103.2%	100.0%
RTQ02	WOTTON LAWN HOSPITAL	Montpellier	710 - ADULT MENTAL ILLNESS		930	922.5	1395	1357.5	620	600	620	640	99.2%	97.3%	96.8%	103.2%
RTQ02	WOTTON LAWN HOSPITAL	Greyfriars	710 - ADULT MENTAL ILLNESS		1395	1147.5	1395	1650	620	530	620	830	82.3%	118.3%	85.5%	133.9%
RTQ01	Charlton Lane Hospital	Willow	715 - OLD AGE PSYCHIATRY		930	1042.5	2325	2265	310	310	930	960	112.1%	97.4%	100.0%	103.2%
RTQ01	Charlton Lane Hospital	Chestnut	715 - OLD AGE PSYCHIATRY		930	1050	1162.5	1020	310	310	620	630	112.9%	87.7%	100.0%	101.6%
RTQ01	Charlton Lane Hospital	Mulberry	715 - OLD AGE PSYCHIATRY		930	975	1395	2310	310	320	620	1000	104.8%	165.6%	103.2%	161.3%
RTQ11	Laurel House Chelt	Laurel	710 - ADULT MENTAL ILLNESS		697.5	502.5	697.5	922.5	310	310	310	310	72.0%	132.3%	100.0%	100.0%
RTQ13	HONEYBOURE	honeybourne	710 - ADULT MENTAL ILLNESS		697.5	525	697.5	900	310	310	310	310	75.3%	129.0%	100.0%	100.0%
RTQ05	Westridge	Westridge	700- LEARNING DISABILITY		930	645	1395	1732.5	310	350	620	1190	69.4%	124.2%	112.9%	191.9%
RTQ54	HOLLYBROOK	Hollybrook	700- LEARNING DISABILITY		697.5	637.5	3022.5	3052.5	310	340	1550	1490	91.4%	101.0%	109.7%	96.1%
RTQHJ	STONEBOW UNIT	Mortimer	710 - ADULT MENTAL ILLNESS		1023	1048	682	899.5	682	693	682	869	102.4%	131.9%	101.6%	127.4%
RTQHJ	STONEBOW UNIT	Cantilupe	715 - OLD AGE PSYCHIATRY		682	715	1023	1465.5	682	385	480.5	1382	104.8%	143.3%	56.5%	287.6%
RTQHJ	STONEBOW UNIT	Jenny Lind	715 - OLD AGE PSYCHIATRY		682	635.5	341	680.5	341	341.5	341	694	93.2%	199.6%	100.1%	203.5%
RTQHM	Oak House	Oak House	710 - ADULT MENTAL ILLNESS		682	668.5	341	352	341	341	341	341	98.0%	103.2%	100.0%	100.0%