

Safe staffing levels: December 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 December 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 summary for December 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 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
- **96.15%** of the hours exactly complied with the planned staffing levels
- **2.75%** of the hours during December had a different staff skill mix than planned staffing however overall the staffing numbers were compliant and the needs of patients were met
- **1.1%** of the hours during December had a lower number of staff on duty than the planned levels.

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 only)

Priory: The ward has a number of vacancies for Band 5 Nurses. When unable to get bank RMN's the ward then use Bank HCA's rather than agency qualified staff. This provides improves consistency for patients.

Abbey: All exceptions are Code 1 and one Code 2 and owing to backfilling vacancies and sickness. Acuity on the ward has been high and at time this has put the team under considerable pressure to meet patient need and this has been escalated to the Matron. There were high percentages of staff on actual shifts (calculated over the month) owing to this increased acuity

Greyfriars: Green code 2 exceptions are due to staff sickness difficulties. Some extra staff on shifts are due to clinical need.

Stonebow Unit:

Cantilupe Ward: the code 1 exceptions relate to the night shift where there is 1 qualified rather than 2 in the model. It continues to be difficult to fully implement the model (although is improving) due mainly to the ward having a number of preceptors. The ward has also continues to have high acuity levels hence the large number of HCA hours. There was an admission of an under 18 year old during December which increased dependency and therefore percentage of actual hours in this month.

Learning Disability Units:

The continued staffing shortfall in the Learning Disability units is identified on the Countywide risk register. As previously 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. Recruitment to Qualified staff remains a challenge and there remain a number of vacancies. Active recruitment is ongoing.

Westridge and Hollybrook : During December Code 1 exceptions, where the Units were safely managed with reduced qualified staff and no detrimental effect on overall staffing numbers, remain high at Westridge (52) and reduced at Hollybrook (15).

A skill mix has been completed to reduce qualified staff requirement due to low patient numbers, reporting for this will now commence in January 2016.

Hollybrook the Code 2 exception reports, where the Unit was safely managed with reduced staffing numbers is was 15. 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.

Recent successful recruitment to HCA posts will improve these figures going forward. There are no issues reported relating to patient safety.

Gloucestershire Recovery Units:

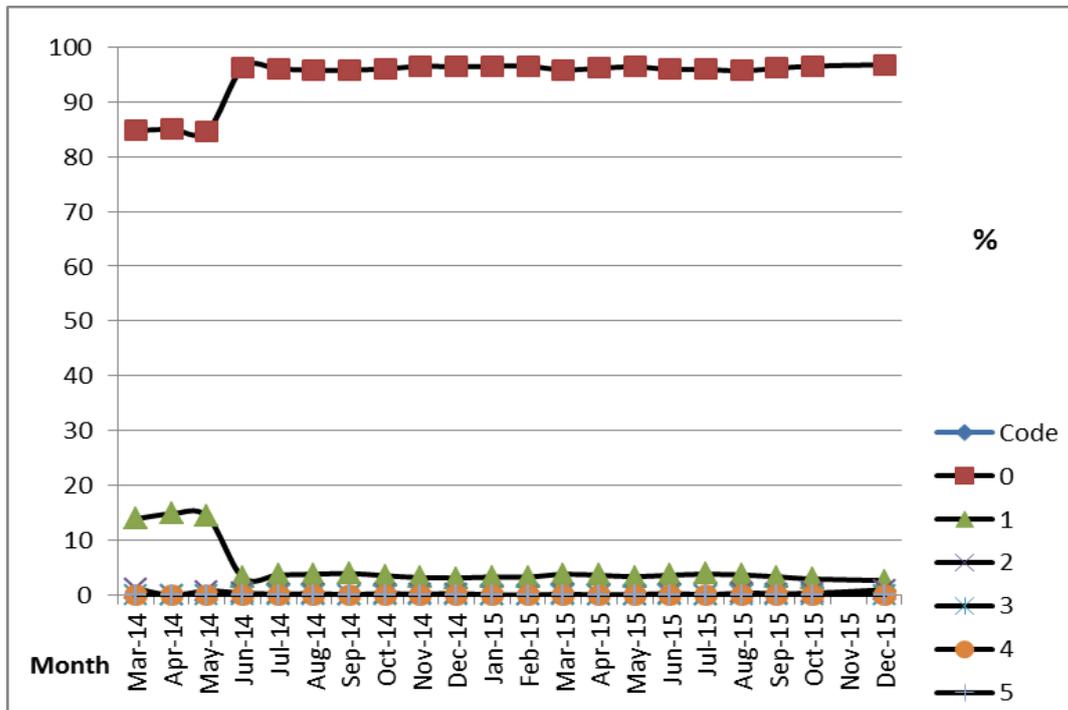
Honeybourne and Laurel House: During December both units have reported 18 (Laurel House) and 14 (Honeybourne) Code 1 exceptions this month, where the Unit was safely managed with reduced qualified staff. This has been supported by use of additional unqualified staff to meet the needs of patients. Qualified staff shortage due to vacancy and sickness and recruitment is underway.

Charlton Lane Hospital:

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

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	0	0	0	0	0
Abbey	18	3255 monthly hours	132.5	7.5	0	0	0
Priory	22	3255 monthly hours	205	0	0	0	0
Kingsholm	15	3255 monthly hours	7.5	0	0	0	0
Montpellier	12	3572.5 monthly hours	17.5	7.5	0	0	0
Greyfriars	10	4030 monthly hours	15	260	0	0	0
Willow	16	4495 monthly hours	0	0	0	0	0
Chestnut	14	3022.5 monthly hours	37.5	7.5	0	0	0
Mulberry	18	3255 monthly hours	0	0	0	0	0
Laurel	12	2015 monthly hours	135	0	0	0	0
Honeybourne	10	2015 monthly hours	105	0	0	0	0
Westridge	8	3255 monthly hours	390	0	0	0	0
Hollybrook	8	5580 monthly hours	112.5	315	0	0	0
Gloucestershire							
Mortimer	21	5643 monthly hours	0	0	0	0	0
Jenny Lind	8	2867.5 monthly hours	253	0	0	0	0
Cantilupe	12	1705 monthly hours	51	0	0	0	0
Oak House	12	1705 monthly hours	11.5	7	0	0	0
Total		53606.5 monthly hours	1473	604.5	0	0	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
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 – December 2015

Only complete sites your organisation is accountable for			Day				Night				Day		Night	
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 (%)
	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				
Dean	710 - ADULT MENTAL ILLNESS		930	945	1395	1425	620	610	310	380	101.6%	102.2%	98.4%	122.6%
Abbey	710 - ADULT MENTAL ILLNESS		1395	1267.5	930	1477.5	620	565	310	652.5	90.9%	158.9%	91.1%	210.5%
Priory	710 - ADULT MENTAL ILLNESS		1395	1252.5	930	1170	620	620	310	310	89.8%	125.8%	100.0%	100.0%
Kingsholm	710 - ADULT MENTAL ILLNESS		930	982.5	1395	1545	620	630	310	350	105.6%	110.8%	101.6%	112.9%
Montpellier	710 - ADULT MENTAL ILLNESS		937.5	1027.5	1395	1605	620	620	620	840	109.6%	115.1%	100.0%	135.5%
Greyfriars	710 - ADULT MENTAL ILLNESS		1395	1140	1395	1770	620	600	620	852.5	81.7%	126.9%	96.8%	137.5%
Willow	715 - OLD AGE PSYCHIATRY		930	1177.5	2325	2745	310	360	930	1287.5	126.6%	118.1%	116.1%	138.4%
Chestnut	715 - OLD AGE PSYCHIATRY		930	967.5	1162.5	1155	310	320	620	620	104.0%	99.4%	103.2%	100.0%
Mulberry	715 - OLD AGE PSYCHIATRY		930	945	1395	1860	310	320	620	620	101.6%	133.3%	103.2%	100.0%
Laurel	710 - ADULT MENTAL ILLNESS		697.5	630	697.5	802.5	310	320	310	310	90.3%	115.1%	103.2%	100.0%
honeyboume	710 - ADULT MENTAL ILLNESS		697.5	615	697.5	855	310	320	310	300	88.2%	122.6%	103.2%	96.8%
Westridge	700- LEARNING DISABILITY		930	540	1395	1777.5	310	330	620	920	58.1%	127.4%	106.5%	148.4%
Hollybrook	700- LEARNING DISABILITY		697.5	615	3022.5	2790	310	310	1550	1540	88.2%	92.3%	100.0%	99.4%
Mortimer	710 - ADULT MENTAL ILLNESS		1023	1045	682	847	682	682	682	781	102.2%	124.2%	100.0%	114.5%
Cantilupe	715 - OLD AGE PSYCHIATRY		682	860.5	1023	1635.5	682	460	480.5	1564	126.2%	159.9%	67.4%	325.5%
Jenny Lind	715 - OLD AGE PSYCHIATRY		682	691	341	928	341	356.5	341	954.5	101.3%	272.1%	104.5%	279.9%
Oak House	710 - ADULT MENTAL ILLNESS		682	737.5	341	439	341	356	341	356	108.1%	128.7%	104.4%	104.4%