

Safe staffing levels: March 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 2014 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 March 2015:

- **95.78%** of the hours exactly complied with the planned staffing levels.
- **3.92%** of the hours during February had a lower staff skill mix than the planned staffing levels, however the staffing numbers were compliant
- **0.26%** of the hours during February 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.

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 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 previously reported, the 2 units have not been able to consistently have 2 qualified nurses on each shift due to the service transition that is currently taking place reflecting the changes that Gloucestershire CCG require.

Hollybrook: The Code 1 exceptions reduced slightly to 13 incidences for March from 16 in February. There were 4 Code 2 exceptions where the unit was safely managed with reduced staffing numbers.

Westridge: The number of shifts with Code 1 exceptions in March returned to a previous higher rate of 44 incidences from 28 in February. 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. Recruitment for qualified staff during this time of change remains a challenge; further recruitment for qualified staff is taking place and 6 new HCAs have been appointed to the LD Units

Gloucestershire Recovery Units:

Laurel House and Honeybourne: During March the Units had 23 Code 1 exceptions (where the minimum staff numbers are met however the skill mix is non-compliant but met needs of patients) during March. This is due to ongoing high levels of sickness and absence amongst qualified staff. Qualified staff are replaced with HCAs if appropriate as a cost effective measure ensuring patient needs are met.

Charlton Lane Hospital:

There have been minimal exceptions to the core planned staffing levels across all wards in the hospital. All three wards have had lower than normal occupancy

Willow Ward: There have been 3 code 1 exceptions where the skill mix was non-compliant but met the needs of the patients. The ward was considered safe and there was no harm to patients.

Mulberry Ward: There has been 2 code 2 exceptions where minimum staffing numbers were non-compliant but the needs of the patients were met.. The ward was considered safe and there was no harm to patients.

Chestnut Ward: There has been 3 code 1 exceptions where the skill mix was non-compliant but met the needs of the patients. The ward was considered safe and there was no harm to patients.

Stonebow Unit:

Mortimer Ward: Unusually two Code 3 exceptions this month due to staff sickness and Bank and agency unable to provide adequate cover. On these occasions the ward was a qualified nurse down however had 1 additional HCA on 26th March and 2 additional HCAs on 30th March.

The acuity of the patients on the ward at the time was particularly high. Only one trained member of staff knew the ward and patients. Due to the high level of need on the ward (mainly due to an admission of a highly disturbed lady) it was not possible to give some lower risk patients the time and attention that the staff nurse on duty deemed necessary to provide an accurate review. It was felt that if the staff on the ward at the time had been usual members of staff then these exceptions would have been code 2.

Jenny Lind Ward: The code 1 exceptions relate to staff sickness although these particular shifts were over numbers in HCAs to support.

Cantilupe Ward: The 2 code 2 exceptions relate HCA sickness during shift leaving the ward short for a few hours. The code 1 staffing exceptions relate to one qualified nurse on at night compared to the two qualified staff in the core planned numbers. Processes are continuing to ensure that there is compliance in the future through proposed management of change and full staff rotation. The ward currently manages the patients' needs well with this staffing configuration.

Oak House: No exceptions reported this month.

Wotton Lawn Hospital:

Abbey Ward: A slight increase in exceptions due to sickness absence, however the staffing levels have met the needs of the service during those few occasions.

Priory Ward: The ward still has vacancies at present – 2 x Band 5's (maternity cover). There was a small increase in qualified exceptions despite the ongoing vacancy rate; however, this didn't impact on care delivery.

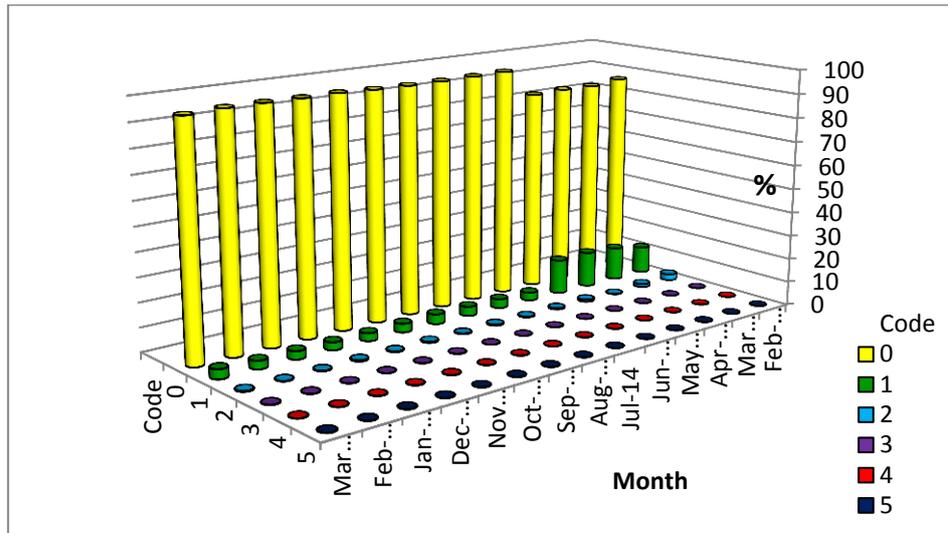
Greyfriars Unit: There has been a decrease in qualified nurse exceptions for this period. There is currently 1 WTE vacancy and 2 staff nurses have been working supernumerary due to pregnancy risk factors. HCA exceptions in this period were minimal despite having 1 x HCA vacancy.

Montpellier Unit: The unit has seen a slight increase where the staffing does not meet the core planned staffing levels but does meet the needs of the patients. Annual leave has been accrued by some staff as a result of the incident last year and this impacted on rota management, however, had no impact on service delivery.

Dean Ward: The exception has seen a slight increase where the core planned staffing has not been met due to staff sickness absence; however the staffing levels have met the needs of the service users during those few occasions.

Kingsholm Ward has a full staff compliment and the seven shift exceptions were due to last minute sickness, however, the needs of the service user where met.

March 2015



Month by month comparison of compliance with staffing levels

The table below provides a monthly comparison of staffing level compliance.

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 Reporting by Shift

Five exception reporting categories have been developed and these are outlined below – if there is no exception then the core planned hours by shift would be fully compliant with the planned staffing levels.

Code	Exception explanation
1	Minimum staff numbers met – skill mix non-compliant but met needs of patients
2	Minimum staff numbers not compliant but met needs of patients e.g. low bed occupancy , patients on leave
3	Minimum staff numbers met – skill mix non-compliant and did not meet needs of patients
4	Minimum staff numbers not compliant and did not meet needs of patients
5	Minimum staffing nos and skill mix not met. Resulting in clinical incident / harm to patient or other

			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 no's and skill mix not met. Resulting in clinical incident / harm to patient or other
Gloucestershire							
Dean	14	3255 monthly hours	67.5	0	0	0	0
Abbey	18	3255 monthly hours	67.5	37.5	0	0	0
Priory	22	3255 monthly hours	265	15	0	0	0
Kingsholm	15	3255 monthly hours	57.5	0	0	0	0
Montpellier	12	3565 monthly hours	112.5	0	0	0	0
Greyfriars	10	4030 monthly hours	285	37.5	0	0	0
Willow	16	4495 monthly hours	22.5	0	0	0	0
Chestnut	14	3022.5 monthly hours	32.5	0	0	0	0
Mulberry	18	3255 monthly hours	0	15	0	0	0
Laurel	13	2015 monthly hours	172.5	0	0	0	0
Honeybourne	10	2015 monthly hours	172.5	0	0	0	0
Westridge	8	3255 monthly hours	330	0	0	0	0
Hollybrook	8	5580 monthly hours	97.5	30	0	0	0
Mortimer	21	3069 monthly hours	15	0	22	0	0
Jenny Lind	8	1705 monthly hours	74	0	0	0	0
Cantilupe	10	2867.50 monthly hours	332	4.5	0	0	0
Oak House	10	1705 monthly hours	0	0	0	0	0
Total		53599 monthly hours	2103.50	139.50	22	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 – March 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	1005	1395	1402.5	620	560	310	360	108.1%	100.5%	90.3%	116.1%
RTQ02	WOTTON LAWN HOSPITAL	Abbey	710 - ADULT MENTAL ILLNESS		1395	1312.5	930	1027.5	620	620	310	310	94.1%	110.5%	100.0%	100.0%
RTQ02	WOTTON LAWN HOSPITAL	Priory	710 - ADULT MENTAL ILLNESS		1395	1170	930	1200	620	610	310	330	83.9%	129.0%	98.4%	106.5%
RTQ02	WOTTON LAWN HOSPITAL	Kingsholm	710 - ADULT MENTAL ILLNESS		930	975	1395	1440	620	600	310	390	104.8%	103.2%	96.8%	125.8%
RTQ02	WOTTON LAWN HOSPITAL	Montpellier	710 - ADULT MENTAL ILLNESS		930	915	1395	1402.5	620	580	620	650	98.4%	100.5%	93.5%	104.8%
RTQ02	WOTTON LAWN HOSPITAL	Greyfriars	710 - ADULT MENTAL ILLNESS		1395	1117.5	1395	1777.5	620	590	620	720	80.1%	127.4%	95.2%	116.1%
RTQ01	Charlton Lane Hospital	Willow	715 - OLD AGE PSYCHIATRY		930	1005	2325	2385	310	320	930	920	108.1%	102.6%	103.2%	98.9%
RTQ01	Charlton Lane Hospital	Chestnut	715 - OLD AGE PSYCHIATRY		930	1170	1162.5	1057.5	310	320	620	730	125.8%	91.0%	103.2%	117.7%
RTQ01	Charlton Lane Hospital	Mulberry	715 - OLD AGE PSYCHIATRY		930	997.5	1395	1627.5	310	360	620	690	107.3%	116.7%	116.1%	111.3%
RTQ11	Laurel House Chelt	Laurel	710 - ADULT MENTAL ILLNESS		697.5	540	697.5	862.5	310	310	310	310	77.4%	123.7%	100.0%	100.0%
RTQ13	HONEYBOURE	honeybourne	710 - ADULT MENTAL ILLNESS		697.5	532.5	697.5	862.5	310	310	310	310	76.3%	123.7%	100.0%	100.0%
RTQ05	Westridge	Westridge	700- LEARNING DISABILITY		930	622.5	1395	2160	310	350	620	1200	66.9%	154.8%	112.9%	193.5%
RTQ54	HOLLYBROOK	Hollybrook	700- LEARNING DISABILITY		697.5	637.5	3022.5	3105	310	330	1550	1500	91.4%	102.7%	106.5%	96.8%
RTQHJ	STONEBOW UNIT	Morimer	710 - ADULT MENTAL ILLNESS		1023	1068.5	682	970	682	682	682	814	104.4%	142.2%	100.0%	119.4%
RTQHJ	STONEBOW UNIT	Cantilupe	715 - OLD AGE PSYCHIATRY		682	829.5	1023	1028.5	682	356.5	480.5	992.5	121.6%	100.5%	52.3%	206.6%
RTQHJ	STONEBOW UNIT	Jenny Lind	715 - OLD AGE PSYCHIATRY		682	649.5	341	444	341	341	341	341	95.2%	130.2%	100.0%	100.0%
RTQHM	Oak House	Oak House	710 - ADULT MENTAL ILLNESS		682	713	341	478.5	341	341	341	343	104.5%	140.3%	100.0%	100.6%