

Document Title:	Trust Assurance Report Section 5: Director of Nursing/Chief Operating Officer
Sponsoring Directors:	Alison Bussey, Director of Nursing/Chief Operating Officer
Authors:	Alison Bussey, Director of Nursing/Chief Operating Officer Tim Devanney, Lead for Safer Staffing & Clinical Education Suzanne Godwin, E-Rostering and Supplementary Staffing Lead
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Safer Staffing Review Monthly Exception Report

Summary:

Safer Staffing expectations laid out by the National Quality Board have been introduced within the Trust from June 2014. The Trust is required amongst other expectations, to report nursing staff fill rates (planned against actuals) for monthly public publication and to review nursing establishments six monthly which will be approved at the public board meeting. This is the second report.

Key Issues:

The June data demonstrates a small improvement on the previous months data. Data collection is not yet fully automated so this requires both electronic and manual collection and manipulation of data. This will improve with the introduction of Version 10 of the Allocate eRostering software by October this year.

The monthly reporting requirements mean that there is a very narrow timeline for data to be validated and submitted.

Recommendation:

The Trust Board is asked to:

- Endorse the Safe Staffing exception report

June data reporting

This is the second month that all Trust's have published data that is available on both the NHS Choices website and the Trust's website.

All Trusts are required to submit data by ward, which shows planned (our budgeted and expected staffing) against actual staff fill rates. This is provided by total hours for both day and night shifts. This is further broken down by registered nurse and by care staff.

The requirement is to publish data for nursing and care staff only. No other professional group or staff is to be included.

Trust Boards are to receive this published data information monthly. By exception they will be advised of those wards where staffing levels fall short of what is required to provide quality care, the reasons for the gap, the impact and actions being taken to address the gap. This information is made available on the Trust website and specific webpage dedicated to Safer staffing.

There has been no agreement to RAG rate this data in respect of any shortfalls, or indeed any oversupply, of staffing nationally, although further guidance on this and tolerance rates are expected in due course.

Nursing and healthcare staffing fill rates June 2014

This month's data is due 15th June.

The following is the detailed summary of planned v actual staffing levels per ward.

We have selected the following RAG rating and thresholds for fill rates:

Over 90% = Green, Over 80% = Amber, Below 80% = Red

Hospital Site	Ward	Speciality	Day		Night	
			Average Fill Rate - Registered Nurses (%)	Average Fill Rate - Care Staff (%)	Average Fill Rate - Registered Nurses (%)	Average Fill Rate - Care Staff (%)
St Georges Stafford	Newport House	Forensic	77.60	165.60	117.22	159.53
St Georges Stafford	Ashley House	Forensic	56.61	145.12	92.67	116.61
St Georges Stafford	Radford House	Forensic	68.60	164.65	124.55	91.71
St Georges Stafford	Norton House	Forensic	90.58	99.19	101.31	101.97
St Georges Stafford	Ellesmere House	Forensic	78.91	164.16	74.21	183.91
Redwoods Shropshire	IFOR Willow Shrops	Forensic	83.95	97.47	73.64	192.87
Redwoods Shropshire	IFOR Yew	Forensic	95.24	80.96	72.39	150.69
Redwoods Shropshire	Oak House	LD	88.63	96.31	102.87	101.92
St Georges Stafford	Milford House	LD	121.30	114.05	109.33	116.33
St Georges Stafford	Brockington	M&B	83.83	240.18	100.03	261.84
St Georges Stafford	Kinver	ED	71.29	138.43	87.04	316.84
Redwoods Shropshire	IDEM Holly Redwoods	AMH	92.45	72.11	100.34	151.82
Redwoods Shropshire	IDEM Oak Redwoods	AMH	91.26	73.43	79.17	184.77
Redwoods Shropshire	IFNCT Birch Redwoods	AMH	85.49	82.91	103.94	186.67
Redwoods Shropshire	IFNCT Laurel Redwoods	AMH	77.50	84.36	102.92	171.14
Redwoods Shropshire	IFNCT Pine Redwoods	AMH	97.81	93.53	104.89	137.42
Redwoods Shropshire	IRER Rehab Rec Shrop	AMH	91.94	94.04	100.00	100.00
Redwoods Shropshire	ISS (Spruce)	Sub M	127.38	79.82	102.20	103.64
St Georges Stafford	Baswich	AMH	105.93	147.68	112.43	166.92
St Georges Stafford	Brocton	AMH	109.98	99.18	87.30	188.45
St Georges Stafford	Bromley	AMH	101.20	147.36	95.65	193.87
St Georges Stafford	Chebsey House	AMH	116.22	127.66	100.55	138.89
St Georges Stafford	Norbury	PICU	105.76	275.81	113.11	341.04
GB Tamworth	IAMH George Bryan	AMH	97.02	88.62	94.75	240.56
GB Tamworth	ISFOP George Bryan	AMH	81.48	102.62	99.98	101.40
B'ham	Tier 4 Bham	Sub M	94.06	97.39	100.16	101.59

The following table shows the total average fill rates of planned v actual for the Trust

	Lowest/ Highest range		80%	150%
	Low/High range		90%	120%
	Avg fill % - nurses/midwives (Day)	Avg fill % - care staff (Day)	Avg fill % - nurses/midwives (Night)	Avg fill % - care staff (Night)
June	95.44	126.67	101.89	171.97
May	90.27	132.86	96.48%	152.32

Across the in-patient areas the total overall fill rates remain over 100% with over 90% for registered staff and significantly over 100% for unregistered staff. The overfill result is as expected, as most of our in-patient units do not have planned staff levels built into their rota's for increased levels of patient observation. This is particularly apparent at night when additional care staff are called in to maintain observation levels which might in the day time be achieved with the intervention of other disciplines.

Where care support worker fill rates exceed the planned numbers significantly, this is due to temporary staff being used at health care support worker band to support increased patient observations. At times they are more available than registered nurses and therefore used to backfill a shortfall in registered staff.

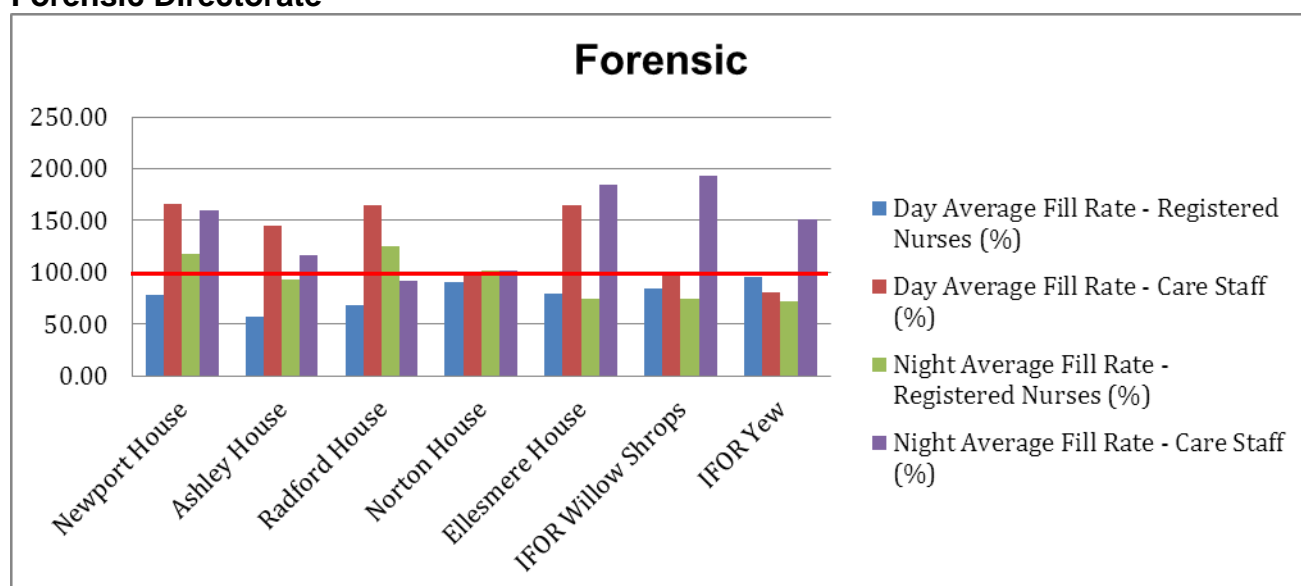
As the number of nurses allocated on each shift is, for the majority of wards, greater than the number Health Care Support Workers (HCW) an increase in the number of HCW's shows as a greater percentage increase in HCW fill than it would for Registered Nurses. For example a ward established to be staffed at night by 2 Registered nurses and 1 HCSW that was actually filled by 1 Registered Nurse and 2 HCSW would show a 50% fill for Nursing and 200% fill for HCSWs.

A number of wards have to make risk based clinical decisions regarding skills mix when under staffing pressure. Some occasionally come to the conclusion that it is better to use a healthcare support worker who knows the patient group to fill a shift that otherwise may have been filled by an agency nurse new to the ward.

The effect of this reporting bias and risk management strategy can be seen clearly in the night fill rate figures across many of the wards as is demonstrated in the table below.

Ward	Night	
	Average Fill Rate - Registered Nurses (%)	Average Fill Rate - Care Staff (%)
Newport House	117.22	159.53
Ashley House	92.67	116.61
Radford House	124.55	91.71
Norton House	101.31	101.97
Ellesmere House	74.21	183.91
IFOR Willow Shrops	73.64	192.87
IFOR Yew	72.39	150.69
Oak House	102.87	101.92
Milford House	109.33	116.33
Brockington	100.03	261.84
Kinver	87.04	316.84
IDEM Holly Redwoods	100.34	151.82
IDEM Oak Redwoods	79.17	184.77
IFNCT Birch Redwoods	103.94	186.67
IFNCT Laurel Redwoods	102.92	171.14
IFNCT Pine Redwoods	104.89	137.42
IRER Rehab Rec Shrop T/W	100.00	100.00
ISS New House Shelton (Spruce)	102.20	103.64
Baswich	112.43	166.92
Brocton	87.30	188.45
Bromley	95.65	193.87
Chebsey House	100.55	138.89
Norbury	113.11	341.04
IAMH George Bryan Tamworth	94.75	240.56
ISFOP George Bryan Tamworth	99.98	101.40
Tier 4 Bham	100.16	101.59

Variance: Impact and Planned Actions Forensic Directorate



Those wards with average registered staff fill rates during the day rated as red (below 80%) are as follows:

- Newport
- Ashley House
- Radford House
- Ellesmere

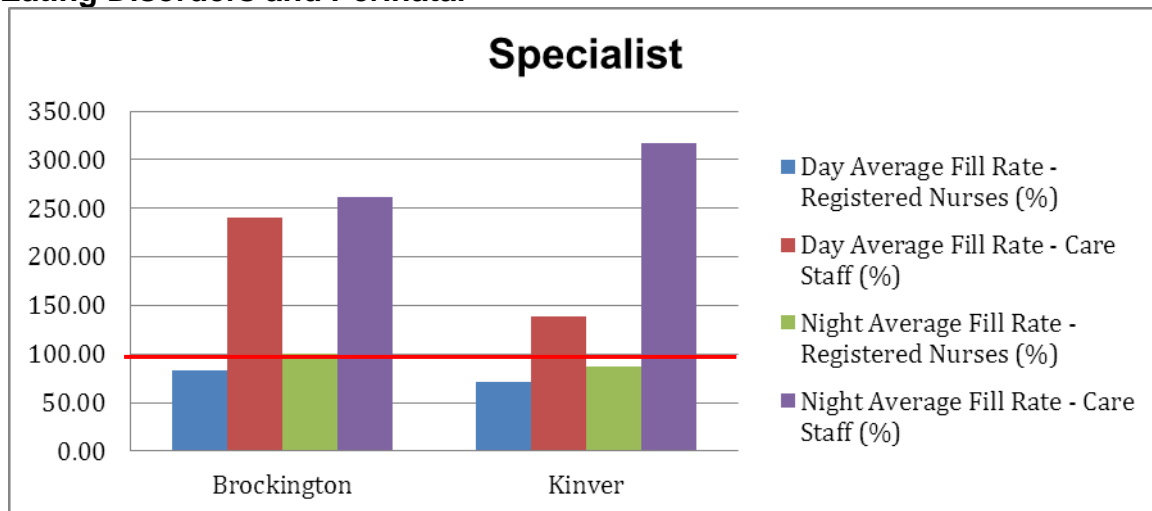
The following wards have been rated as red for variance to fill rates for registered staff at night:

- Willow
- Yew
- Ellesmere

As with last month this is due to such occasions when they are unable to fill their registered nurse requirement with substantive staff they use substantive Health Care Support Workers (HCSW's) to cover these shifts via NHS Professionals. This is preferable to having temporary staff with little or no knowledge of the client group. If no substantive staff are available they request HCSW's from NHSP to backfill.

Vacancies are actively being recruited to.

Eating Disorders and Perinatal



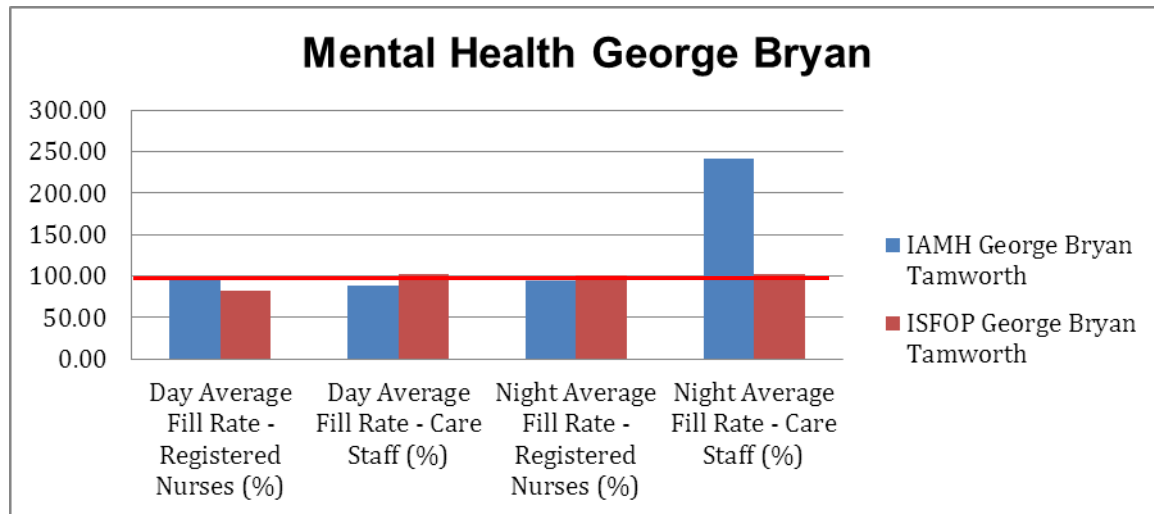
Kinver rated as red for registered staff fill rates during the day with Brockington at achieving 85% fill rates during the day improving on last month's position

Brockington Kinver

As with last month both units are backfilling RMN requirement with HCSW's which is demonstrated by the overfill of HCSW's. During the day shifts, Kinver has several multidisciplinary staff providing direct care to patients: which means that their skill mix of registered nurse staff numbers can be reduced according to patient need. The five vacancies previously held on Kinver have now been recruited to with expected start dates of mid-August for the 3 HCSW and September for the Registered Nurses. In the meantime these are being cover by ward staff working additional NHSP shifts and by other NHSP staff who regularly cover Kinver shifts.

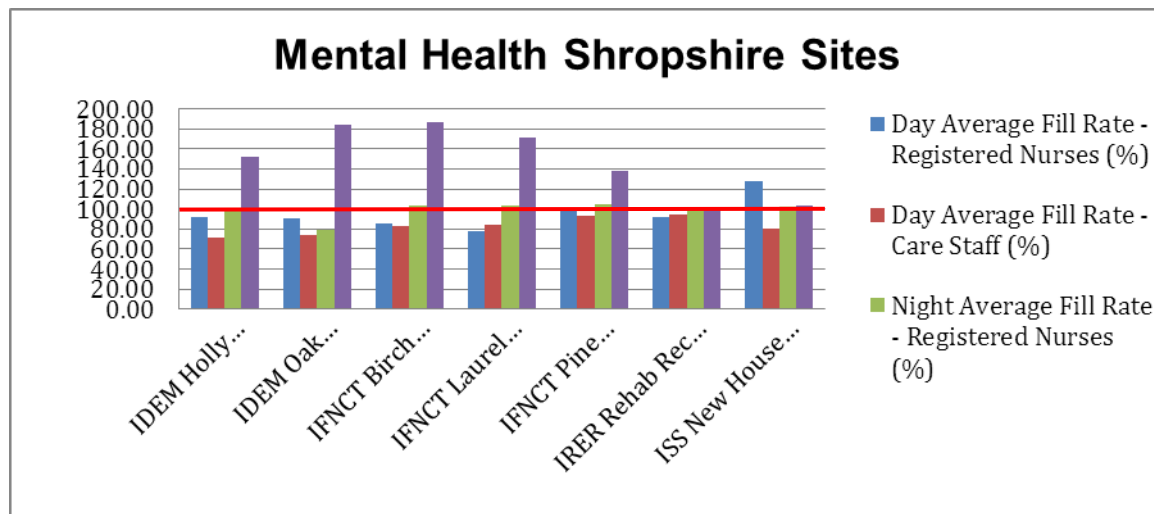
In addition, resources are shared across the two wards, which are co-located and professional judgement is used to deploy HCSW's as required, especially at night.

Mental Health



Inpatient Services For Older People George Bryan

Both wards have shown near to target staffing rates with the exception of the adult mental health ward requiring additional HCSW staff for observations at night.



Holly, Oak Laurel and Spruce wards had staffing levels below 80% over the June period.

This is accounted for due to a period at the beginning of the month that saw higher than usual absenteeism on a number of the wards a combination of sickness and annual leave. Hospital co-ordinations worked to ensure cover and safety across all the inpatient areas at the Redwoods site. Whilst Spruce ward under staffed by HCSW the shifts were compensated for by Registered nursing staff.