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| Document Title: | Trust Assurance Report Section 5: Director of Nursing/Chief Operating Officer |
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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 provide a six monthly review of nursing establishments which will be approved at the public board meeting. This is the fourth monthly staffing report.

Key Issues:

The August data demonstrates an overall improvement in fill rates on previous months. Data collection is not yet fully automated so this requires both electronic and manual collection and manipulation of data. This will improve, from October this year, with the introduction of Version 10 of the Allocate E-Rostering software.

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

Recommendation:

The Trust Board are asked to:

- Endorse the Safe Staffing exception report

August Data Reporting

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

All NHS Trusts are required to submit data by ward, which shows planned (our budgeted and expected staffing) against actual nursing staff fill rates. This is provided by totals 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 is to be included.

Trust Boards are to receive this published data monthly. They will be advised, by exception, of those wards where staffing levels fall short of planned numbers. There will be explanation of the reasons for the shortfall, the impact, and actions being taken to address the shortfall. This information is made available on the Trust website, on a specific webpage dedicated to Safer Staffing.

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

Table 1 - Nurse Staffing Fill Rates by Ward and by Grade Type: August 2014

This month's data is due for submission via Unify by 15th August.

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 | 69.88 | 132.11 | 98.45 | 109.93 |
| St Georges Stafford | Ashley House | Forensic | 75.75 | 121.98 | 100.16 | 101.97 |
| St Georges Stafford | Radford House | Forensic | 56.09 | 176.15 | 134.35 | 87.27 |
| St Georges Stafford | Norton House | Forensic | 98.38 | 101.37 | 100.53 | 88.13 |
| St Georges Stafford | Ellesmere House | Forensic | 84.83 | 123.62 | 77.77 | 135.66 |
| Redwoods Shropshire | IFOR Willow Shrops | Forensic | 84.06 | 114.01 | 98.95 | 106.45 |
| Redwoods Shropshire | IFOR Yew | Forensic | 84.64 | 92.89 | 83.09 | 119.15 |
| Redwoods Shropshire | Oak House | LD | 85.20 | 97.55 | 102.63 | 102.09 |
| St Georges Stafford | Milford House | LD | 115.51 | 81.31 | 106.26 | 122.49 |
| St Georges Stafford | Brockington | M&B | 88.70 | 184.59 | 109.85 | 376.75 |
| St Georges Stafford | Kinver | ED | 92.00 | 147.90 | 85.31 | 368.71 |
| Redwoods Shropshire | IDEM Holly Redwoods | AMH | 101.14 | 93.44 | 97.54 | 133.06 |
| Redwoods Shropshire | IDEM Oak Redwoods | AMH | 89.65 | 87.49 | 103.12 | 230.79 |
| Redwoods Shropshire | IFNCT Birch Redwoods | AMH | 92.54 | 96.92 | 103.15 | 152.13 |
| Redwoods Shropshire | IFNCT Laurel Redwoods | AMH | 107.32 | 112.85 | 102.38 | 259.68 |
| Redwoods Shropshire | IFNCT Pine Redwoods | AMH | 91.80 | 97.77 | 104.22 | 178.96 |
| Redwoods Shropshire | IRER Rehab Rec Shrop T/W | AMH | 94.95 | 94.10 | 100.00 | 117.96 |
| Redwoods Shropshire | ISM Spruce Suite Shropshire | Sub M | 124.96 | 113.42 | 92.38 | 92.38 |
| St Georges Stafford | Baswich | AMH | 101.03 | 133.10 | 113.61 | 136.66 |
| St Georges Stafford | Brocton | AMH | 100.69 | 124.39 | 75.57 | 247.25 |
| St Georges Stafford | Bromley | AMH | 89.82 | 137.19 | 96.86 | 99.26 |
| St Georges Stafford | Chebsey House | AMH | 114.76 | 86.80 | 101.59 | 113.80 |
| St Georges Stafford | Norbury | PICU | 107.42 | 161.99 | 98.77 | 220.72 |
| GB Tamworth | IAMH George Bryan Tamworth | AMH | 122.14 | 91.77 | 100.18 | 164.98 |
| GB Tamworth | ISFOP George Bryan Tamworth | AMH | 66.63 | 175.71 | 99.65 | 106.12 |
| B'ham | ISS Inclusion Bham Tier 4 | Sub M | 108.49 | 85.22 | 100.59 | 101.13 |

Table 2 - Total Average Fill Rates by Grade Type for all In-patient Areas: May – August 2014

| | Average fill % - registered nurses (Day) | Average fill % - care staff (Day) | Average fill % - registered nurses (Night) | Average fill % - care staff (Night) |
|--------|--|---|--|---|
| August | 94.17 | 117.91 | 99.50 | 156.67 |
| July | 95.48 | 129.26 | 99.43 | 169.82 |
| June | 95.44 | 126.67 | 101.89 | 171.97 |
| May | 90.27 | 132.86 | 96.48% | 152.32 |

Across all 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 expected, as most of our in-patient units do not have planned staffing levels built into their rosters for increased levels of patient observation. This is particularly apparent at night when additional care staff are rostered 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 registered nurses (RN's) allocated on each shift is, for the majority of wards, greater than the number of health care support workers (HCSW) an increase in the number of HCSW's shows as a greater percentage increase in HCSW fill than it would for RN's. For example a ward established to be staffed at night by 2 RN's and 1 HCSW that was actually filled by 1 RN and 2 HCSW's would show a 50% fill for nursing and 200% fill for care staff.

A number of wards have had to make risk based clinical decisions regarding skills mix when under staffing pressure. On occasions managers professional judgement dictates, that it is safer and provides better quality of care, 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 and client group.

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 1 above.

Variance: Cause and Effect and Planned Actions

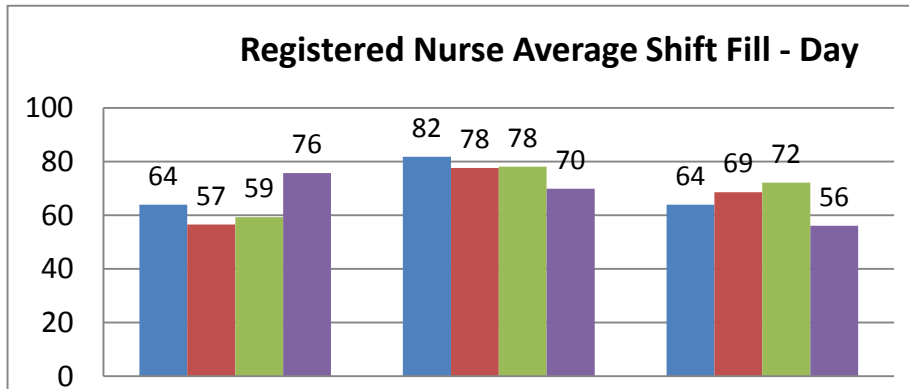
Forensic Directorate:

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

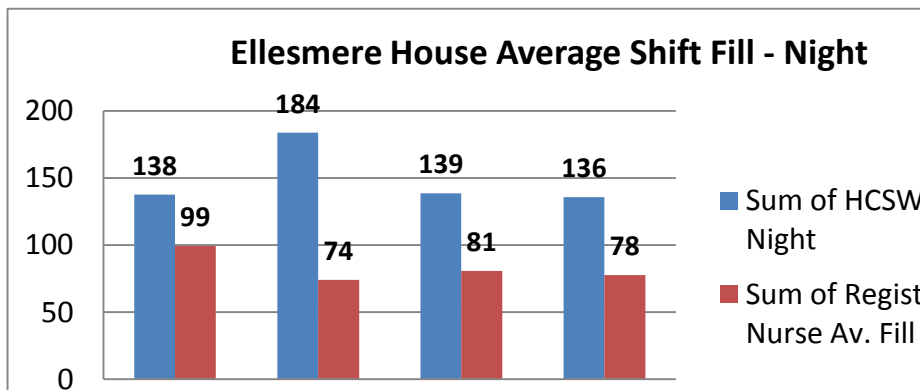
Newport

Ashley House

Radford House



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



Cause and Effect:

Ashley, Newport, Radford and Ellesmere report RN vacancies with new starters due to be in post from September. Long and short term sickness has also impacted on the RN fill rates.

As with previous months reporting the shortfall in RN fill rates within the Forensic Directorate is due, in part, to occasions when managers are unable to fill their RN requirement and they make a professional judgement decision to use substantive HCSW's to cover these shifts either within contract or via NHS Professionals. This is preferable to having temporary staff with little or no knowledge of the client group.

The improvement in the fill rates at night continues across the forensic directorate with the exception of Ellesmere where fill rates remain red rated.

Planned Actions:

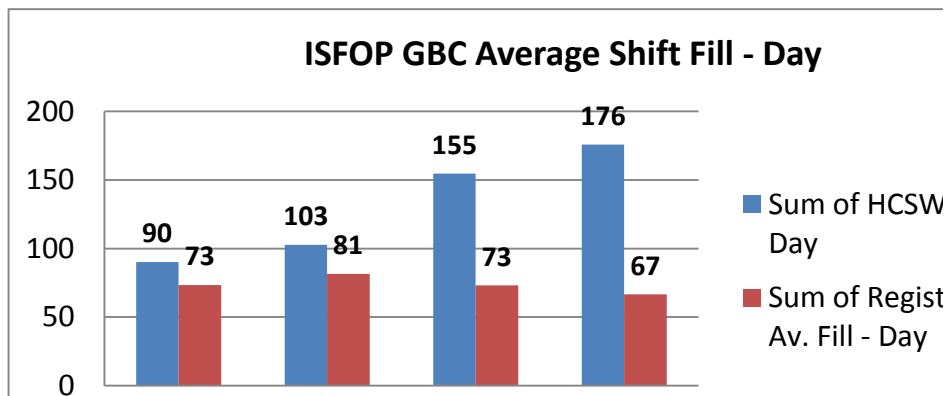
Vacancies are actively being recruited to. Sickness is being managed within Trust policy and the deployment of staff from Milford is being recorded to ensure that fill rates reflect their addition to rostered staff for Ellesmere.

A process has been established by the DON/COO for Operational Pathway Leads (Ward Managers) to develop action plans to address any shortfall to fill rates. These action plans will be presented to the DON/COO and monitored at the monthly Safe Staffing Meetings.

Mental Health Staffordshire:

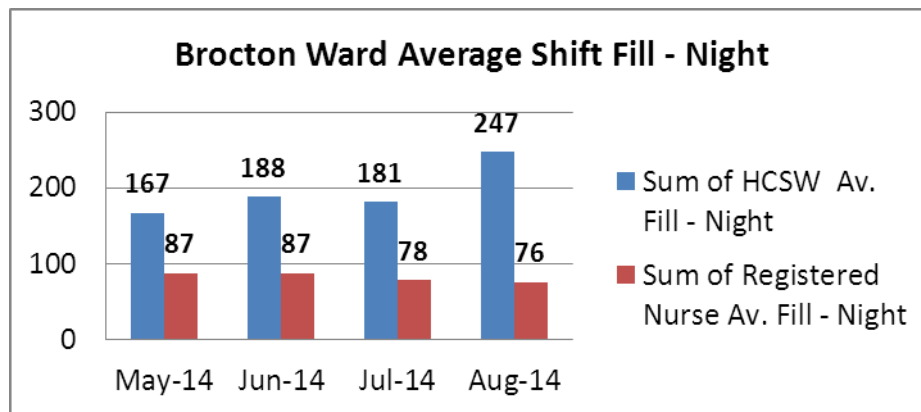
Those wards with average registered staff fill rates during the day rated as red (below 80%) are as follows:

Inpatient Services for Older People George Bryan Tamworth (ISFOPGBT)



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

Brocton



Cause and Effect:

ISFOPGBT have reported high sickness rates during August which has impacted on their RN fill rates. Table one suggests that the shortfall in RN's during the day is backfilled with HCSW's. This is reported by managers as a professional judgement decision to maintain safety and quality by utilising staff who know the ward and the client group. Cross deployment of staff across both wards on this site continues to ensure that maximum safety and quality are maintained. This movement has historically not been recorded on our electronic system and subsequently not demonstrated in safe staffing fill rates. This will be rectified for September data.

Brocton have above Trust target sickness rates amongst RN's for August, taking their total unavailability above the 25% headroom allowance, they also have RN vacancy. These have impacted on their RN fill rates. Figures in table 1 demonstrate that they have made similar decisions to backfill their RN's at night with HCSW's and the excessive overfill of HCSW's points to additional shifts used for observations at night.

Planned Actions:

Vacancies are actively being recruited to and long term sickness is being managed within the Trust policy

A process has been established by the DON/COO for Ward Managers, with their Service Leads to develop action plans to address any shortfall to fill rates. These action plans will be presented to the DON/COO and monitored at monthly Safe Staffing Meetings.