Part 2

Summary of planned versus actual staffing levels
SECTION 1: ADULT MENTAL HEALTH & PICU: ACTUAL V PLANNED STAFFING LEVELS SUMMARY FOR APRIL 2014

**Fig 1**

**Early Shift Staffing**

- Total Planned Staff Early Shift
- Total Actual Staff Early Shift

**Fig 2**

**Late Shift Staffing**

- Total Planned Staff Late Shift
- Total Actual Staff Late Shift

**Fig 3**

**Night Shift Staffing**

- Total Planned Staff Night Shift
- Total Actual Staff Night Shift
Fig 4

**Qualified Staff Bank Usage Reasons - Adult Mental Health**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>LATE Sickness</td>
<td></td>
</tr>
<tr>
<td>LATE Obs</td>
<td></td>
</tr>
<tr>
<td>LATE Oversight</td>
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<td>Supnumery</td>
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<tr>
<td>Sickness</td>
<td></td>
</tr>
<tr>
<td>Obs</td>
<td></td>
</tr>
<tr>
<td>Vacancy</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Fig 5

**HCSW Staff Bank Usage Reasons - Adult Mental Health**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>LATE Sickness</td>
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<td>LATE Obs</td>
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<tr>
<td>LATE Oversight</td>
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<td>Escort Duty</td>
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<tr>
<td>Other</td>
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<tr>
<td>Vacancy</td>
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</table>

**Adults and PICU Summary**

**Table. 1: The Services**

<table>
<thead>
<tr>
<th>Name of Ward/Unit</th>
<th>Site/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brook Ward</td>
<td>Penn Hospital</td>
</tr>
<tr>
<td>Dale Ward</td>
<td>Penn Hospital</td>
</tr>
<tr>
<td>Abbey House</td>
<td>Hallam Street Hospital</td>
</tr>
<tr>
<td>Charlemont House</td>
<td>Hallam Street Hospital</td>
</tr>
<tr>
<td>Friar House</td>
<td>Hallam Street Hospital</td>
</tr>
<tr>
<td>PICU</td>
<td>Heath Lane Hospital</td>
</tr>
</tbody>
</table>

Page 3 of 11
1.1 Theme

Figure 1-3 sets out the planned and actual staffing levels for Registered Nursing and HCSW for early, late and night shifts within Adult Mental Health Service inpatient wards and Psychiatric Intensive Care Unit (table 1.) for the month of April 2014. Actual staffing levels were consistently above planned levels for the month of April 2014. There was one event where the actual staffing was less than planned.

1.2 Incident analysis

There was no significant correlation between the patient safety incident data set of medication, falls, absconds and assaults to patient and staff associated with staffing levels. The current levels of staffing support the safe delivery of patient care.

1.3 Bank /Agency

The use of bank and agency shifts is outlined in Figs. 4 and 5. The main reasons for the use of qualified nursing staff were due to staff vacancies whilst the most frequent reasons cited for HCSWs was for the use of supporting appropriate observation levels to ensure safe patient care.

Requests for the use of Bank and Agency is broken down 47.55% bank and 52.18% Agency

1.4 Vacancy Management strategy:

Within Adult Mental Health, recruitment processes have been put in place to recruit staff to both Penn Hospital and Hallam Hospital. This process has been successful with the appointment of 5 additional staff nurses across Adult Services. Currently the successful candidates are undergoing the pre-employment checks and will be in post in the next month or two.

Currently, there is a recruitment process in place to recruit additional staff nurses to PICU. This is currently at the advert stage.

1.5 Sickness management strategy:

Sickness levels for all wards in Adult and PICU services were consistently above the trust target of 4.5%.

Separate workforce reports are received by the Board of Directors detailing the Trust sickness levels against trust targets with associated sickness reduction strategies.
SECTION 2: OLDER ADULT SERVICES: ACTUAL V PLANNED STAFFING LEVELS SUMMARY FOR APRIL 2014

Fig. 6

**Early Shift Staffing**

![Graph](image)

- **Total Planned Staff Early Shift**
- **Total Actual Staff Early Shift**

Fig. 7

**Late Shift Staffing**

![Graph](image)

- **Total Planned Staff Late Shift**
- **Total Actual Staff Late Shift**

Fig. 8

**Night Shift Staffing**

![Graph](image)

- **Total Planned Staff Night Shift**
- **Total Actual Staff Night Shift**
Bank and Agency usage Older Adult Mental Health Service

Fig 9

Qualified Staff Bank Usage Reasons - Older Adult Mental Health

Fig 10

HCSW Staff Bank Usage Reasons - Older Adult Mental Health

Older Adult Services Summary

Table 2: The Services

<table>
<thead>
<tr>
<th>Name of Ward/Unit</th>
<th>Site Location</th>
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</thead>
<tbody>
<tr>
<td>Meadow Ward</td>
<td>Penn Hospital</td>
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<tr>
<td>Salter Ward</td>
<td>Edward Street Hospital</td>
</tr>
<tr>
<td>Chance Ward</td>
<td>Edward Street Hospital</td>
</tr>
</tbody>
</table>
2.1 Theme

Actual staffing numbers were consistently above the staffing planned for each shift for Registered nurses and HCSWs. Requests for bank or agency for Registered Nurses was very low. Primarily, requests for bank and agency were for HCSWs as outlined in Fig 10. The most frequent reason for requests was to maintain clinical observation levels to ensure the safety of patients as risk assessments indicated.

The nature of older adult services are such that many patients are frail, elderly with a number of physical health conditions and co-morbidities as well as challenging behaviours in some cases for people who are experiencing organic related illnesses.

Higher observation levels have been increasingly used particularly where patients are at more risk of falling and to ensure the safety of patients where clinical risk assessments indicate.

2.2 Incident analysis

There were nine medication errors across older adults for the month of April; however there was no direct correlation with the staffing levels.

2.3 Bank Staffing Review

The division is currently undertaking a review of the use of bank/agency usage with a view to propose recommendations for how workforce needs are best resourced moving forward.

Requests for the use of bank and agency was split as follows. 37.75% bank staff and 62.15 agency staff.

2.4 Bank staff training and induction system

There is an on-going recruitment process in place for bank staff. All new bank workers appointed are required to attend the Trust’s induction which consists of two days, one with a focus on the Trust’s values and behaviours, the second being the annual mandatory training day. The Trust has an agreed mandatory training framework which is applied to bank staff in the same way as to substantive staff. This process is robustly managed so that should bank workers fail to attend for their mandatory training, they are removed from the bank.
SECTION 3: LEARNING DISABILITY SERVICES : ACTUAL V PLANNED STAFFING LEVELS SUMMARY FOR (APRIL 2014)

Fig 11

Early Shift Staffing

Total Planned Staff Early Shift
Total Actual Staff Early Shift

Fig 12

Late Shift Staffing

Total Planned Staff Late Shift
Total Actual Staff Late Shift

Fig 13

Night Shift Staffing

Total Planned Staff Night Shift
Total Actual Staff Night Shift
Learning Disability Summary:

Table: 3: The Services

<table>
<thead>
<tr>
<th>Name of Ward/Unit</th>
<th>Site /Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newton House</td>
<td>Hallam Street Hospital</td>
</tr>
<tr>
<td>Penrose House</td>
<td>Heath Lane Hospital</td>
</tr>
<tr>
<td>Gerry Simon Clinic</td>
<td>Heath Lane Hospital</td>
</tr>
</tbody>
</table>

*Graphical Date not available for Daisy Bank, Ridge Hill, Sutttons Drive & Pond Lane*
3.1 Theme

Figs 1-3 show a summary of the planned versus the actual staffing of Registered Nurses and HCSWs for Penrose, Gerry Simon Clinic and Newton House for the month of April 2014. They clearly demonstrate variance between the actual and planned staffing levels, particularly evident on night shifts.

Further more detailed information and assurances are presented represented from both the Senior Nursing and Management team within the Division.

3.2 Gerry Simon Clinic

Planned staffing versus actual staffing levels was the same or above for 52 out of 60 shifts (early and late). The variance relates more to early shift than late and at no point varies more than one staff member so would leave the clinic with minimally 7 members of staff. The information does not include the wider multi-disciplinary team or the unit manager levels is not represented in the figures.

Gerry Simon Clinic operates a twilight shift 5-12 midnight. The data presented is aggregated into early, late and night shifts. Because the twilight shift spans the late shift and night shift depending on where it is aggregated against can be misrepresented of the overall figure. The data presented indicates that the twilight shift is captured on the late shift, this would account for the variance between actual and planned on night shifts. Further discussions with the Learning Disability Management team and unit team support this view. Data reporting will be in line with new National guidance for the next reporting period.

There were 3 clinical incidents involving 2 assaults to staff and 1 attempted assaults for the month of April. Two assaults were on the morning shift and the attempted assault in the afternoon. These were not related to staffing levels but more to the clinical presentation.

3.3 Penrose and Newton

The variance in planned versus actual staffing on Penrose is correlated to reduced bed occupancy of 47% for the month of April therefore staffing levels were adjusted presenting no patient safety risks. There was one variance between actual and planned for the early and late shift. This was a healthcare support worker and the unit remained safe. Newton still has long day shift patterns and as discussed earlier may not be fully represented in the data presented.

This issue will be resolved for future reports.
3.4 Pond Lane

The review of manual rotas of actual versus planned staffing for registered nurses and HCSWs at Pond Lane demonstrate that the scheduled staffing levels were maintained with an increase on one shift due to requiring increased staffing due to undertake clinical observation levels.

3.5 Daisy Bank, Sutton Drive & Ridge Hill

Whilst the planned staffing for Registered and HCSW is available for Daisy Bank, Suttons Drive and Ridge Hill, the actual staffing was not captured on a consistent basis to provide the data required to make an objective comparison.

Measures are being put in place on an interim basis to ensure this information is captured and will be in place for the May reporting period that will allow for an integrated Learning Disability summary report for the next reporting period.