

Paper for submission to the Board of Directors on 3<sup>rd</sup> September 2015

<b>TITLE:</b>	<b>Monthly Nurse/Midwife Staffing Position – June and July 2015</b>		
<b>AUTHOR:</b>	Derek Eaves, Professional Lead for Quality Yvonne O'Connor, Deputy Chief Nurse	<b>PRESENTER:</b>	Dawn Wardell, Chief Nurse
<b>CORPORATE OBJECTIVE:</b>			
SGO1: Quality, Safety & Service Transformation Reputation - To become well known for the safety and quality of our services through a systematic approach to service transformation , research and innovation			
SGO2: Patient Experience - To provide the best possible patient experience			
SGO5: Staff Commitment - To create a high commitment culture from our staff with positive morale and a “can do” attitude			
<b>SUMMARY OF KEY ISSUES:</b>			
Attached is the latest monthly information on nurse/midwife staffing. As previously stated, there is no set template for this information and so the intention behind the format of the attached has been to make potentially complex information as clear and easily understandable as possible. It is worth noting that a new electronic system of collecting this data was commenced in June and to ensure consistency the same data is now used to source the monthly UNIFY return which results in the information on fill rates that is published on NHS Choices.			
The paper indicates for the months of June and July 2015 when day and night shifts on all wards were staffed to planned levels (green) and were not staffed to the planned levels for both registered (amber) and unregistered staff (blue), with the day shift registered figures also taking into consideration the nationally recommended 1:8 nurse to patient ratio for general wards. It also indicates if planned levels were reached of registered (amber) and unregistered (blue) staff but the dependency or number of patients was such that the extra staff needed were not available and when levels were unsafe (red). The total number of shortfall shifts was 33 in June and 49 in July. The increased number of shortfall shifts in July, compared to previous months, was mainly due to the situation in the maternity service and so a detailed analysis of the situation there is provided.			
The planned levels for each ward vary dependent on the types of patients and their medical specialities and national ratios apply to specialist areas such as intensive care, midwifery and paediatric areas. When shortfalls occurred the reasons for gaps and the actions being taken to address these are outlined and an assessment of any impact on key quality indicators has been undertaken.			
<b>IMPLICATIONS OF PAPER:</b>			
<b>RISK</b>	<b>Y</b>		<b>Risk Score and Description:</b> Nurse staffing levels are sub-optimal (20) Loss of experienced midwives (15)
	<b>Risk Register: Y</b>		
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	<b>Y</b>	<b>Details:</b> 13: Staffing
	<b>NHSLA</b>	<b>N</b>	<b>Details:</b>
	<b>Monitor</b>	<b>Y</b>	<b>Details:</b> Compliance with the Risk Assessment Framework
	<b>Equality Assured</b>	<b>Y</b>	<b>Details:</b> Better Health Outcomes for all Improved patients access and experience
	<b>Other</b>	<b>N</b>	<b>Details:</b>
<b>ACTION REQUIRED OF BOARD:</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
		✓	
<b>RECOMMENDATIONS FOR THE BOARD:</b>			
To discuss and review the staffing situation and actions being taken and agree to the publication of the paper.			

# THE DUDLEY GROUP NHS FOUNDATION TRUST

## Monthly Nurse/Midwife Staffing Position

June/July 2015

One of the requirements set out in the National Quality Board Report 'How to ensure the right people, with the right skills, are in the right place at the right time' and the Government's commitments set out in 'Hard Truths', is the need for the Board to receive monthly updates on staffing information.

The paper endeavours to give the Board a view of the frequency when Registered Nurse to patient ratios do not meet the recommended ratio on general wards of 1:8 on day shifts (there is no recommended ratio for night shifts) and also the number of occurrences when staffing levels have fallen below the planned levels for both registered and unregistered staff. It should be noted that these occurrences will not necessarily have a negative impact on patient care

The attached charts follow the same format as previously. They indicate for these two months when day and night shifts on all wards fell below the optimum, or when the 1:8 nurse to patient ratio for general wards on day shifts was not achieved.

In line with the recently published NICE (2014) guideline on safe staffing:

- 1) An establishment (an allocated number of registered and care support workers) is calculated for general wards based on a combination of the results of the six monthly Safer Nursing Care Tool exercise and senior nurse professional judgement both based on the number and types of patients on that ward (with the Board receiving a six monthly paper on this). For areas such as midwifery, critical care and paediatrics other specialist tools are used. The establishment forms a planned number of registered and care support workers each shift.
- 2) Each six weeks the Lead Nurse/Midwife draws up a duty rota aimed at achieving those planned numbers.
- 3) Each shift the nurse/midwife in charge assesses if the staff available meet the patients' nursing/midwifery needs.

If, at anytime, there is a shortfall between the planned for that shift and the staff available a clear escalation process is in place.

Starting in June 2015, following each shift, the nurse/midwife in charge now completes a spreadsheet indicating the planned and actual numbers and, if the actual doesn't meet the planned, what actions have been taken, if any is needed, for the patients on that shift. Each month the completed spreadsheet is checked by the Matron then staff in the Nursing Division analyse the data and the attached charts are compiled. In addition, for consistency purposes the data from the spreadsheet is now used for the UNIFY return from which the fill rates are published on NHS Choices.

It can be seen from the accompanying charts that the number of shifts identified as amber (shortfall of registered staff or when planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available), blue (shortfall of unregistered staff or when planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available) or red (unsafe staffing levels) are 33 in June and 49 in July. These figures can be compared with previous months (see Table 1) and correlate with an increase in vacancies for registered nurses and midwives. While the numbers of shortfalls in June is comparable to previous months, there has been a further increase in July. The latter arises from the significant increase in Maternity shortfalls (21 of the 49 shortfalls are within that area).

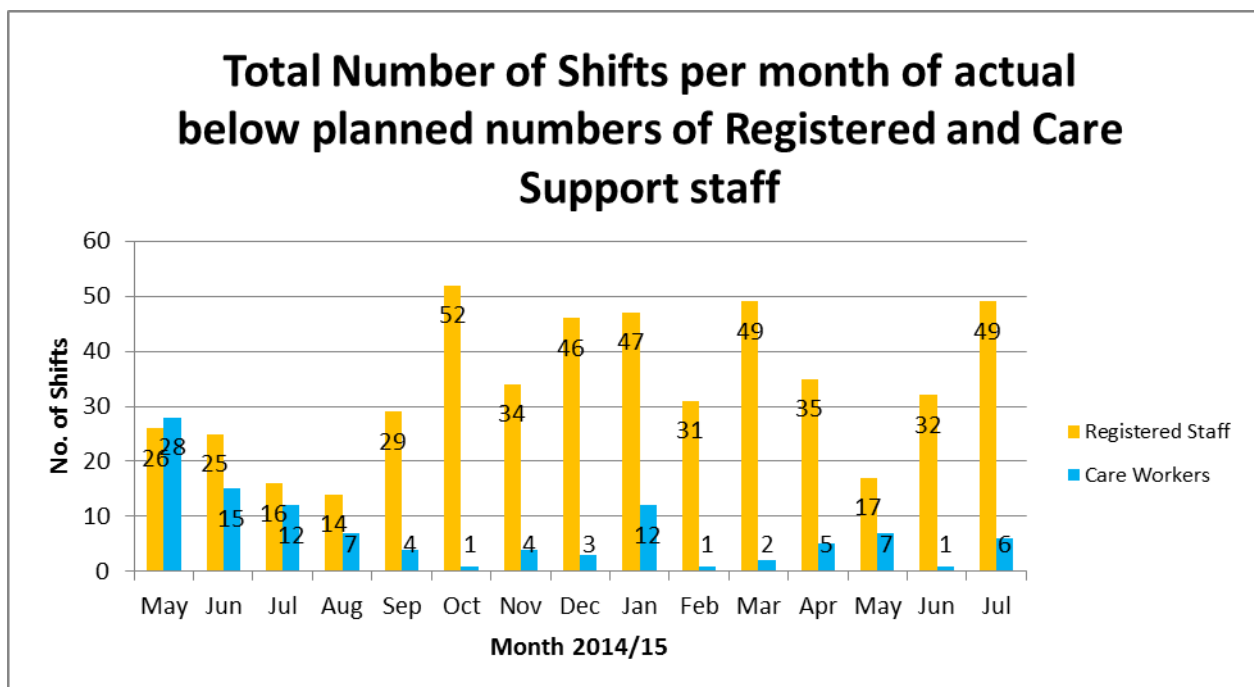
July saw a considerable increase in the maternity workload with 436 births (compared to a monthly average of 380-400 births). The shortfalls have occurred primarily due to vacancies, maternity leave and this increased workload. A recent recruitment drive means that vacancies should reduce considerably in the short term with two midwives having already started and twelve more all with start dates in September and early October. Increased use of support from registered nurses, extra support workers and the use of specialist and community midwives should also add to a reduction in shortfalls in the near future. It is also worth noting that a thorough investigation into the unit looking at all aspects of safety, including incidents, has not found any trends or significant safety concerns.

Returning to the complete Trust picture, overall the staffing available met the patients' nursing needs in the majority of cases but, in a number of instances, despite attempts through the use of redeployment of staff or the use of bank/agency staff, the optimum number of staff for the patients on that shift were not reached. In all instances of shortfalls, the planned and actual numbers are indicated.

When shortfalls in the 1:8 RN to patient ratio for day shifts on general wards or when shifts have been identified as below optimum; the reasons for the gaps and the actions being taken to address these in the future are outlined below.

An assessment of any impact on key quality indicators is undertaken each month. From as far as possible as it is to ascertain, these shortfalls have not affected the results of any of the nursing care indicator measures or other quality measures such as the number of infections. In addition, there is no evidence that they have affected patient feedback in terms of the answers to the real time surveys or in the number of concerns or complaints received.

Table 1



Nice (2014) Safe Staffing for nursing in adult in-patient wards in acute hospitals (London: July 2014)

**MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS JUNE 2015**

<b>WARD</b>	<b>No.</b>	<b>RN/RM CSW</b>	<b>REASONS FOR SHORTFALLS</b>	<b>MITIGATING ACTIONS</b>
A3	2	RN	Vacancy x2	Bank and agency did not fill with one shift the bank nurse did not attend. On both shifts due to patient additional CSWs assisted. Safety was maintained.
A4	1	RN	Staff member moved to other ward	Staff member had to move to other ward to assist and so acute nurse stroke bleep holder helped the ward instead. For a short time, the bleep holder was called away. Safety was maintained although skin bundles were delayed but were completed.
B2H	3 1	RN CSW	Short term sickness Vacancy x2	Bank unable to fill. On one occasion hip practitioner assisted and on two the lead nurse assisted. Assessed as safe by Lead Nurse.
B2T	1	RN	Emergency care leave	With the number and dependency of patients on the ward no safety issues occurred.
B3	2	RN	Sickness and Maternity Leave	Bed occupancy was reduced and assistance given from B2 and so safety maintained.
B4	2	RN	Compassionate Leave x1 Special Leave x1	Bank unable to fill, safety maintained with a ratio of 1:9.6
B5	1	RN	Vacancy	The bank staff member cancelled but dependency was such that patients remained safe.
B6	1	RN	Sickness	Bank unable to fill, safety maintained with a ratio of 1:8.5
C1	5	RN	Vacancy x4 Sickness x1	On one occasion lead nurse worked clinically. Staff allocated appropriately with support from students. Bank unable to fill. On the unsafe staffing shift, two nurses booked through the agency did not turn up for work. A nurse was transferred from EAU and a CSW transferred from another ward. Safety was maintained and no incidents occurred.
C3	5	RN	Vacancy x5	Bank and agency were unable to fill. Patient safety maintained.
C5	1	RN	Training x1	One nurse on clinical study. Safety maintained.
C8	4	RN	Vacancy x4	Patient acuity was such that safety maintained
Maternity	4	RM	Vacancy High maternity leave x4	Bank unable to fill. Escalation process enacted. Staff moved to provide care to the areas of need. No patient safety issues occurred. On one occasion there was a delayed induction of labour.

**MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS JULY 2015**

<b>WARD</b>	<b>No.</b>	<b>RN/RM CSW</b>	<b>REASONS FOR SHORTFALLS</b>	<b>MITIGATING ACTIONS</b>
A3	3	RN	Vacancy x2 Sickness x1	Bank and agency were unable to fill with one bank nurse cancelling and one agency nurse not attending. On all occasions with the patient caseload, safety maintained.
B1	1	CSW	-	On the red shift, CSWs were moved to other wards to assist as empty beds but then six patients admitted for major surgery. Some delays in care then followed. (This situation was not escalated correctly to the site co-ordinator)
B2H	1	RN	Vacancy	The allocated bank nurse cancelled. The ward was assessed as safe by Lead Nurse.
B3	1	RN	Vacancy	Agency nurse cancelled. Escalation to on-call director. Patients remained safe.
B4	2 4	RN CSW	Maternity Leave x2 Sickness x4	On both RN shortfall occasions bank unable to fill, safety maintained with a ratio of 1:9.6. The CSW shortfalls occurred when specialising was required. Specialising occurred as required by reducing the ratios of CSWs for the rest of the patients but safety levels were still maintained
B5	1	RN	Vacancy	Both one station and GAU were closed due to painting. Patients remained safe.
C1	5	RN	Vacancy x3 Sickness x2	Either lead nurse or nurse in charge assessed workload and redistributed it amongst staff more appropriately. Patient safety maintained.
C3	4	RN	Vacancy x3 Sickness x1	Bank and agency were unable to fill. Patient safety maintained with caseload on the ward.
C6	2	RN	-	On both occasions staff moved to other wards. On one occasion the ward had an admission which meant the ratio of staff to patients was slightly above the recommendation. On the other occasion, there was an unsafe staffing level but there were two students on the ward who were able to assist, if necessary and no incidents occurred. Safety was maintained.
C7	1 1	RN CSW	Vacancy Sickness	Bank unable to fill RN shift. Although bank provided a CSW two staff went off sick. Safety maintained.
C8	1	RN	-	Staff member moved to other ward which reduced the ratio to less than 1:8 although the dependency of the patients was such that safety was maintained.
MHDU	1	RN	Sickness	Nurse who was called in to assist was then unable to attend due to sick child. Bank, agency and other high dependency areas unable to help. CSW from a general ward assisted.
CCU/ PCCU	6	RN	Vacancy x3 Sickness x3	Both bank and own staff with extra shifts unable to fill. The CAT team assisted to ensure safe cover.
Maternity	21	RM	Vacancy and Maternity leave x 21 Sickness x 9	Bank unable to fill. Escalation process enacted reaching Level 3 on five shifts and Level 4 on six shifts. Staff moved to provide care to the areas of need. No patient safety issues occurred. On five occasions community and specialist midwives assisted and on one occasion nurse help occurred.

Jun-15

SHIFT

WARD	STAFF	SHIFT																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N
WARD A2	Reg																																
	Unreg																																
WARD A3	Reg		3/2																														
	Unreg																																
WARD A4	Reg																																
	Unreg																																
WARD B1	Reg																																
	Unreg																																
WARD B2	Reg																																
	Unreg		7/5																														
WARD B2	Reg																																
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WARD B3	Reg																																
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CRITICAL CARE*	Reg																																
	Unreg																																
NEONATAL**	Reg																																
MATERNITY****	Reg																																
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Key ■ Unsafe staffing ■ Registered nurse/midwife shortfall ■ Care Support Worker shortfall

\* Critical Care has 6 ITU beds and 8 HDU beds

\*\* Neonatal Unit has 3 ITU cots, 2 HDU cots and 18 Special care cots. Ratios reflect BAPM guidance and include a single figure for registered and non registered staff

\*\*\* Children's ward accommodates children needing direct supervision care, HDU care 2 beds, under 2 years of age care and general paediatric care. There are no designated beds for these categories, other than HDU and the beds are utilised for whatever category of patient requires care.

\*\*\*\* Midwifery registered staffing levels are assessed as the midwife: birth ratio and is compliant with the 'Birthrate +' staffing assessment

Any coloured shifts without numbers indicate that the planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available

Jul-15

SHIFT

WARD	STAFF	SHIFT																															
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WARD A2	Reg	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N
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 \*\*\* Children's ward accommodates children needing direct supervision care, HDU care 2 beds, under 2 years of age care and general paediatric care. There are no designated beds for these categories, other than HDU and the beds are utilised for whatever category of patient requires care  
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 Any coloured shifts without numbers indicate that the planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available