

Paper for submission to the Board of Directors on 1st October 2015

TITLE:	Monthly Nurse/Midwife Staffing Position – August 2015		
AUTHOR:	Derek Eaves, Professional Lead for Quality Yvonne O'Connor, Deputy Chief Nurse	PRESENTER:	Dawn Wardell Chief Nurse
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience			
SO2: Safe and Caring Services			
SO4: Be the place people choose to work			
SUMMARY OF KEY ISSUES:			
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 month of August 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 not reached for registered and unregistered staff but the dependency or number of patients was such that the extra staff needed was not available and when levels were below agreed numbers. The total number of shortfall shifts was 70 in August. The increased number of shortfall shifts in August, compared to previous months, was mainly due to the situation in four areas and this is discussed in the accompanying paper.			
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.			
IMPLICATIONS OF PAPER:			
RISK	Y		Risk Score and Description: Nurse staffing levels are sub-optimal (20) Loss of experienced midwives (15)
	Risk Register: Y		
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: 13: Staffing
	Monitor	Y	Details: Compliance with the Risk Assessment Framework
	Other	N	Details:
ACTION REQUIRED OF BOARD:			
Decision	Approval	Discussion	Other
		✓	
RECOMMENDATIONS FOR THE BOARD:			
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

August 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 this month 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 chart 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 (serious shortfall) is 70. This figure can be compared with previous months (see Table 1). The higher numbers this month come mainly from four areas. Staff on ward A3 (13 shifts) have had to assist with the opening of the eight beds on A1 which has occurred due to capacity issues although there have been no safety issues. With regards to Ward B3 (10 shifts) there have been 14 beds closed throughout the month resulting in the number of remaining beds/patients tipping the 1:8 ratio to 1:9:6 but with no resultant associated safety issues.

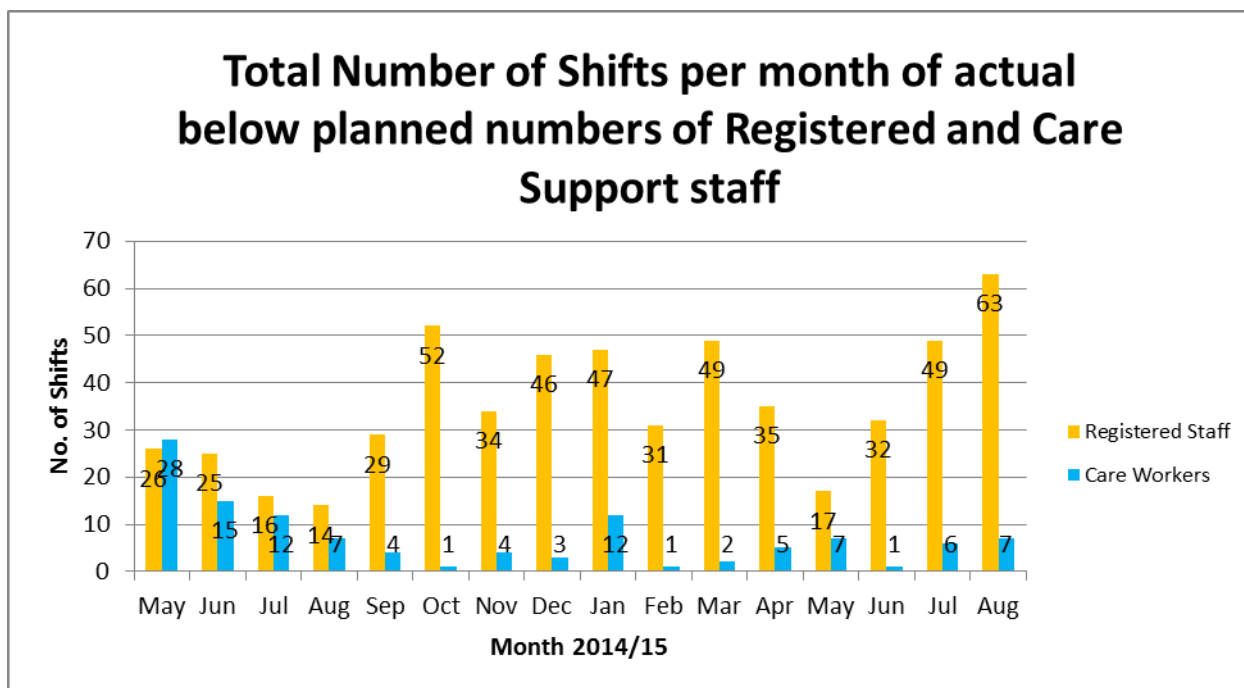
The third area is C1 (10 shifts) which has 10 vacancies although there some staff commencing in October. Finally, is the Maternity (10 shifts) area, which is in fact an improved picture from last month when there were 21 shifts. The maternity shortfalls are reducing with the recent successful recruitment drive starting to bear fruit.

Returning to the complete Trust picture, overall there were no serious shortfalls (red) and 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 AUGUST 2015

WARD	No.	RN/RM CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A2	2	CSW	Vacancy x2	On one occasion the two bank staff cancelled their shifts and so the work was distributed equally among the four remaining CSWs with close supervision from the RNs. On the other occasion, three expected bank staff did not attend. A CSW from the discharge lounge then assisted. On both occasions safety was maintained.
A3	13	RN	Vacancy, Staff shortage in other area, Sickness	Bank and agency did not fill. Risk assessment of patient caseload undertaken and nurse in charge took a caseload of patients. No patient safety issues.
B1	2	RN	Booked bank staff sickness, Vacancy	On both occasions there were only 7 patients on the ward and so with the assistance of the CSW on duty safety was maintained.
B2T	1	RN	Vacancy and booked bank staff cancelled shift x1	With the number and dependency of patients on the ward no safety issues occurred although some care requirements were delayed.
B3	10	RN	Vacancy, Maternity Leave, Sickness	The ward had 14 beds closed through this period. On occasions, nurses from other wards assisted but the staff to patient ratio was 1:9.6. Patient safety was maintained.
B4	7 2	RN CSW	Vacancy, Maternity Leave, Sickness	Bank unable to fill all of these shifts but with the dependency of the patients present on the ward safety was maintained with an RN ratio of 1:9.6 on five occasions and 1:12 on two occasions
C1	10	RN	Vacancy, Sickness	On one occasion lead nurse worked clinically. Staff allocated appropriately. Bank unable to fill. No patient safety issues.
C3	4	RN	Vacancy x4	Bank and agency were unable to fill. On one occasion extra CSWs employed and on one occasion lead nurse worked clinically. Patient safety maintained.
C5	3	RN	Vacancy, Sickness	Bank unable to fill. On two occasions extra CSWs employed. Safety maintained.
C6	3 2	RN CSW	Vacancy x1, Staff moved x4	The shortages for the 3 RN shifts were due to a vacancy and two staff being moved to assist elsewhere with the remaining staff being able to provide the necessary care to patients. With the CSW shortages there were some delay in care being given but no safety issues.
C7	1	CSW	Sickness and Vacancy	Bank unable to fill. Staff redeployed appropriately. Some care was delayed but no patient safety issues.
Maternity	10	RM	Vacancy Maternity leave	Escalation policy enacted on all occasions, community midwives and RNs helped on 3 shifts and on one occasion 2 midwives came in from home. No patient safety issues occurred. On two occasions there were delayed inductions of labour.

Aug-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		
WARD A2	Reg																																	
	Unreg	6/4																																
WARD A3	Reg					3/2							3/2	3/2																				
	Unreg																																	3/2
WARD A4	Reg																																	
	Unreg																																	
WARD B1	Reg																																	
	Unreg																																	
WARD B2 HIP	Reg																																	
	Unreg																																	
WARD B2 TRAUMA	Reg																																	
	Unreg																																	
WARD B3	Reg																																	
	Unreg																																	
WARD B4	Reg																																	
	Unreg																																	
WARD B5	Reg																																	
	Unreg																																	
WARD B6	Reg																																	
	Unreg																																	
WARD C1	Reg																																	
	Unreg																																	
WARD C2***	Reg																																	
	Unreg																																	
WARD C3	Reg																																	
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WARD C4	Reg																																	
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WARD C5	Reg																																	
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WARD C6	Reg																																	
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WARD C7	Reg																																	
	Unreg																																	
WARD C8	Reg																																	
	Unreg																																	
CCU/PCCU	Reg																																	
	Unreg																																	
EAU	Reg																																	
	Unreg																																	
MHDU	Reg																																	
	Unreg																																	
CRITICAL CARE*	Reg																																	
	Unreg																																	
NEONATAL**	Reg																																	
	Unreg																																	
MATERNITY****	Reg	18/16	18/16		19/18	18/14																												
	Unreg																																	

Key ■ Serious Shortfall ■ 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 staf
 *** 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 can
 **** 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