Enclosure 5

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors on 5th November 2015

TITLE:	**Monthly Nurse/Midwife Staffing Position – September 2015**		
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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 2015 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. Also, discussions with the company that provides the Allocate system to the Trust indicates that new enhanced software will mean that we should be able to produce this data from that system in the near future.

The paper indicates for the month of September 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 62 in September, a reduction from August.

With regards to the 1:8 ratio, it is worth noting that this month the Trust received a national joint letter from the TDA, Monitor, NHS England and the CQC indicating that the 1:8 RN to patient ratio should only be seen as guidance. The Trust is assessing the contents of the letter and will include the outcome of this assessment in next month's report.

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.

IMPLICATIONS OF PAPER:

RISK	**Y** **Risk Register: Y**		**Risk Score and Description:** Nurse staffing levels are sub-optimal (20) Loss of experienced midwives (15)
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

September 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.

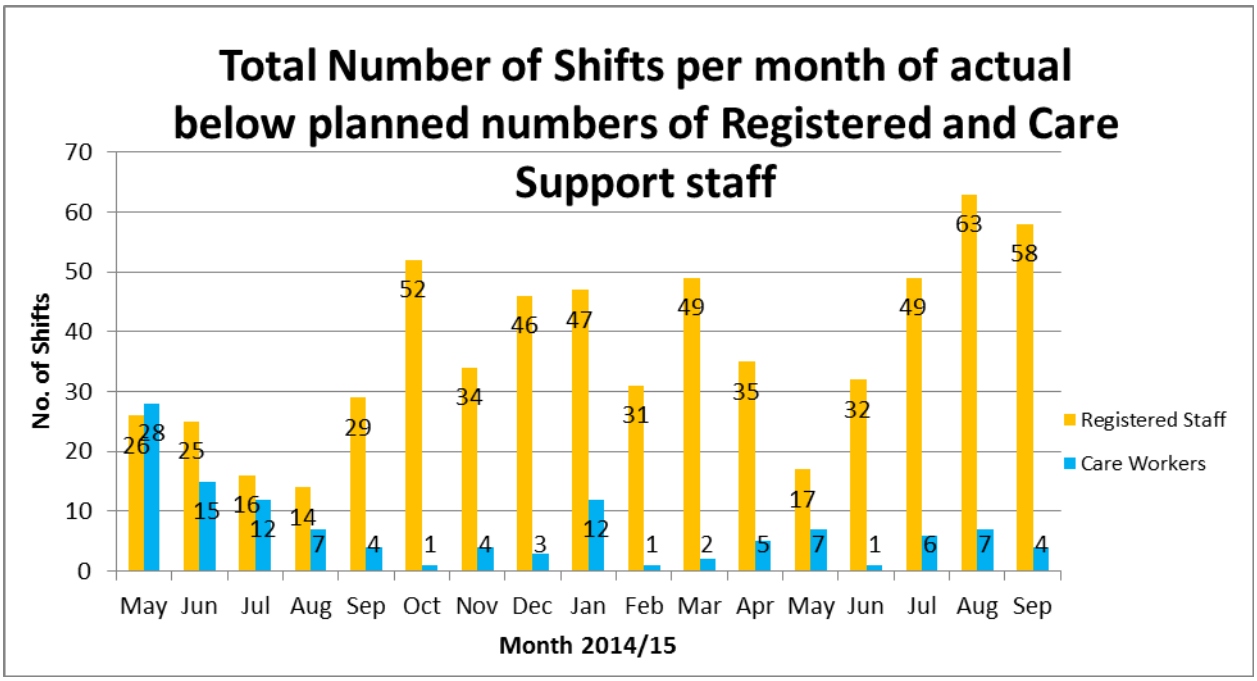
It can be seen from the accompanying chart that the number of shifts identified as amber (shortfall of registered staff or when planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available), blue (shortfall of unregistered staff or when 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 62. This figure can be compared with previous months (see Table 1) and a reduction from the high figure of last month can be seen. In particular, the situation in maternity has vastly improved (2 shifts compared to 10 last month). This month the shifts occur mainly on three wards. As with last month, staff on ward A3 (11 shifts – 13 last month) have had to assist with the opening of the eight beds on A1 which has occurred due to capacity issues. As reported last month, the second area is C1 (14 shifts – 10 shifts last

month) still has 10 vacancies although some new staff commenced in October. Finally, on ward B4 (12 shifts – 7 shifts last month) maternity leave and sickness have added to the long term vacancies some of which have been filled in October. There has been one shift this month with a serious shortfall. With only 10 patients on the 26 bed ward, all patients were moved to one station for the night shift. The nurse in charge assessed there was a safe level of staffing for the patients on that shift. No safety issues occurred on this shift or any of the other shifts with shortfalls.

Returning to the complete Trust picture, the staffing available met the patients' nursing needs in all cases. 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. The Trust this month received a joint letter from the TDA, Monitor, NHS England and the CQC indicating that the 1:8 RN to patient ratio should only be seen as guidance. The Trust is assessing the contents of the letter and will include the outcome of this assessment in next month's report.

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 SEPTEMBER 2015

WARD	No.	RN/RM CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A2	1	RN	Vacancy	The bank was unable to fill the vacant posts. To assist an extra CSW was employed. Floating Band 6 staff also helped on the stations. There were no safety issues.
A3	11	RN	Staffing A1, Vacancy, Sickness	Bank and agency did not fill. Due to patient numbers (capacity), Ward A1 has been opening during this month as and when required. Staff from A3 also staff that ward when it has to open. Risk assessment of patient caseload is always undertaken and the nurse in charge takes a caseload of patients on many shifts. No patient safety issues are occurring. On one occasion lead nurse from C3 assisted.
B1	1	RN	Staff sickness	With only 10 patients on the 26 bed ward, all patients were moved to one station. The Nurse in Charge assessed there was a safe level of staffing for the patients on that shift. No safety concerns occurred.
B2H	2	RN	Sickness and staff moved to another ward	On the day shift, the bank/agency were unable to cover leading to a ratio of 1:10 but with the patients on the ward the lead nurse on for weekend cover assessed the are as safe. On the night shift, the employed bank nurse was moved to an area of greater need with the ward being assessed as safe by the night co-ordinator
B2T	1	RN	Vacancy	The booked agency staff did not turn up for the shift, leaving a ratio of 1:12. With the patients on the ward, care was prioritised to ensure safety was maintained
B3	3	RN	Vacancy x2, Maternity Leave	The bank was unable to fill the shifts. On all three occasions, there were 6 empty beds and on one shift VASCU was empty. On two occasions the Lead Nurse assisted. Patient safety was maintained.
B4	9 3	RN CSW	Vacancy x4 , Maternity Leave x5, Sickness x3	Bank/agency 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 7 day time occasions. Staff training was cancelled for one shift also. On one of the night RN shifts a nurse from another ward assisted. For the three CSW shifts assistance was given by other wards or the lead nurse working clinically.
B5	1	RN	Vacancy	The bed manager supported the ward and GAU patients were accommodated in SAU
C1	14	RN	Vacancy x12, Sickness x2	On all occasions the lead nurse or nurse in charge assisted, assessed the situation and delegated staff appropriately to maintain patient safety.
C3	2	RN	Vacancy x2	Bank and agency were unable to fill. On one occasion two extra CSWs were employed an on one occasion a nurse from A3 assisted. Patient safety maintained.
C5	3	RN	Vacancy, Sickness and Emergency A/L	Bank unable to fill. On two occasions extra CSWs employed. Safety maintained.
C6	4	RN	Vacancy x2, Staff moved x2	On two occasions staff were moved to assist elsewhere with the remaining staff being able to provide the required care to patients. There were no safety issues on all four shifts.

C7	1 1	RN CSW	Sickness and Vacancy	Bank/agency unable to fill. Staff redeployed appropriately. Some care was delayed but no patient safety issues.
C8	2	RN	Sickness Vacancy	On both occasions a nurse was moved from HASU to main ward so that the workload was effectively distributed. The CNS and lead nurse provided support.
CCU/ PCCU	1	RN	Sickness Vacancy	Bank and agency unable to fill. Matron assisted to ensure safety.
Maternity	2	RM	Vacancy Maternity leave	Escalation policy enacted on both occasions. Staff from tongue tie clinic and specialist midwives from ante natal clinic assisted. No patient safety issues occurred. On both occasions there was a delayed induction of labour.

Sep-15		SHIFT																																																													
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WARD	STAFF	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	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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Key Red: Serious Shortfall; Amber: Registered nurse/midwife shortfall; Blue: 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 car

**** 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