

Paper for submission to the Board of Directors on 3rd July 2014

<b>TITLE:</b>	<b>Monthly Nurse/Midwife Staffing Position</b>		
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<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>			
<p>As outlined in the detailed paper submitted to the Board last month, 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 attached paper provides that information.</p> <p>This information also needs to be placed on the Trust’s website and linked to NHS Choices for public viewing. 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. As this is a new requirement, the format may evolve as time progresses.</p> <p>The paper indicates for the month of May 2014 when day and night shifts on all wards were (green) and were not (red, with patient to staff ratio) staffed to the planned levels for both registered and unregistered staff. The planned levels for each ward vary dependent on the types of patients and their medical specialities but the general wards are planned to be at least at 1:8 RN/patient during the day and other national ratios apply to specialist areas such as intensive care, midwifery and paediatric areas.</p> <p>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.</p>			
<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**

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.

Following the first update last month, the attached chart provides more information than previously. The information on the chart is likely to evolve initially, making complex information clearer and more easily understandable, especially in the light that this information is shared with the general public.

The chart indicates for the month of May 2014 when day and night shifts on all wards were and were not staffed to the planned levels for both registered and unregistered staff. It can be seen from the chart (green) that the planned staffing levels were attained in the majority of cases. In a number of instances, despite attempts through the use of deployment of staff or the use of bank/agency staff, planned levels were not reached.

When shortfalls have occurred 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 has been undertaken. 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.

### MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS MAY 2014

WARD	RATIO RANGE	REG/UNREG	REASONS FOR SHORTFALLS IN STAFFING	MITIGATING ACTIONS
A1	1:16 night	RN	Unable to cover with bank staff	Registered Nurse (RN) input Temporary staffing requested but unable to fill
A2	1:10 night 1:10 day	RN RN	On both occasions temporary staffing cover did not attend; unable to cover due to short notice	On both occasions liaised with other areas contacted for support and Site Coordinator/Matron contacted no staff available. Situation managed by NIC and declared safe
A3	1:9 day x2 1:10 nights x4	RN UNREG	Short term sickness bank unable to fill Short term sickness	On all occasions liaised with other areas contacted for support and Site Coordinator/Matron contacted no staff available. Situation managed by NIC and declared safe
B1	1:10 day 1:24 night	RN UNREG	Short term sickness bank unable to fill Temporary staffing cover did not attend	On both occasions liaised with other areas contacted for support and Site Coordinator/Matron contacted no staff available. RN staffing situation improved as patients were discharged. Situation managed by NIC and declared safe
B3	1:9 day 1:13 day x2 1:9 day x2 1:13 night x3	RN UNREG	Short term sickness bank unable to fill Short term sickness bank unable to fill Short term sickness bank unable to fill Temporary staffing cover cancelled by individual	On all occasions liaised with other areas contacted for support and Site Coordinator/Matron contacted no staff available. Situation managed by NIC and declared safe
B4	1:9 day x10 1:12 day x2 1:12 day x4	RN UNREG	Vacancy, maternity leave, short term sickness and 1 incident of special leave bank unable to fill Short term sickness and 1 shift no requested from temporary staffing in error	On all occasions liaised with other areas contacted for support and Site Coordinator/Matron contacted no staff available. Situation managed by NIC and declared safe
B5	1:9 day 1:9 night 1:18 x4 day 1:36 night	RN UNREG	Short term sickness bank unable to fill Short term sickness bank unable to fill Short term sickness bank unable to fill Short term sickness, bank unable to fill	On all occasions liaised with other areas contacted for support and Site Coordinator/Matron contacted no staff available. Situation managed by NIC and declared safe

<b>WARD</b>	<b>RATIO RANGE</b>	<b>REG/UNREG</b>	<b>REASONS FOR SHORTFALLS IN STAFFING</b>	<b>MITIGATING ACTIONS</b>
C4	1:11 nights x3 1:22 day	UNREG	Short term sickness bank nor agency unable to fill	Care assessed and situation managed by Nurse in Charge
C6	1:10 day x2	UNREG	Compassionate leave granted with short notice on both occasions bank unable to fill	On all occasions liaised with other areas contacted for support and Site Coordinator/Matron contacted no staff available. Situation managed by NIC and declared safe
C7	1:9 day x3 1:12 night x2	RN	Vacancy; bank nor agency unable to fill	On all occasions liaised with other areas contacted for support and Site Coordinator/Matron contacted no staff available. Situation managed by NIC and declared safe
C8	1:9 day	UNREG	Vacancy; temporary staffing cover cancelled by individual	On all occasions liaised with other areas contacted for support and Site Coordinator/Matron contacted no staff available. Situation managed by NIC and declared safe



