

**Paper for submission to the Board of Directors on 4<sup>th</sup> December 2014**

<b>TITLE:</b>	Monthly Nurse/Midwife Staffing Position – October 2014		
<b>AUTHOR:</b>	Denise McMahon Director of Nursing	<b>PRESENTER:</b>	Denise McMahon Director of Nursing
<b>CORPORATE OBJECTIVE:</b>			
<p>SGO1: Quality, Safety &amp; 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</p> <p>SGO2: Patient Experience - To provide the best possible patient experience</p> <p>SGO5: Staff Commitment - To create a high commitment culture from our staff with positive morale and a “can do” attitude</p>			
<b>SUMMARY OF KEY ISSUES:</b>			
<p>Attached is the monthly information on nurse/midwife staffing.</p> <p>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. As this is a recent requirement, the format will evolve as time progresses but no changes have been made to the format since August 2014.</p> <p>The paper indicates for the month of October 2014 when day and night shifts on all wards were (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 1:8 nurse to patient ratio for general wards. Unsafe staffing will also be charted (red). 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.</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

October 2014

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 and also the number of occurrences when staffing levels have fallen below the optimum 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 chart follows the same format as the updated one last month. It indicates for the month of October 2014 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 each ward 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). The establishment forms a planned number of registered and care support workers each shift.
- 2) Each six weeks the Lead Nurse draws up a duty rota aimed at achieving those planned numbers.
- 3) Each shift the nurse in charge assesses if the staff available meet the patients' nursing needs.

Following the shift, the nurse in charge completes a monthly form 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 day. Each month the completed form for every ward is sent to the Nursing Directorate where they are analysed and the attached chart compiled.

It can be seen from the chart (green) that although the number of shifts identified as amber or blue has increased slightly for October to 53, compared to 33 in September; the number is still very small and there have been no incidents of any shifts assessed as red and unsafe. Overall the staffing available met the patients' nursing needs 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, the optimum number of staff for the patients on that shift were not reached.

When there is an unregistered staff shortfall the shift is marked in blue and when there is a registered staff shortfall this is marked in amber. If the shift is reported as unsafe, this will be marked as red. 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.

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 OCTOBER 2014**

<b>WARD</b>	<b>No.</b>	<b>RN/ Unreg</b>	<b>REASONS FOR SHORTFALLS</b>	<b>MITIGATING ACTIONS</b>
A1	2	RN	Emergency leave/Vacancy	On 1 day emergency leave had to be given with short notice; no support available from other areas; patient safety maintained On 1 day bank and agency unable to fill; patient safety maintained
A2	5	RN	Vacancy	On 4 occasions bank and agency unable to fill. 1 RN moved to support another in patient area. Assessment of ward and patient dependency confirmed that safety was maintained. Staff did not identify any patient safety concerns or issues On 1 occasion bank unable to fill; assessment of ward and patient dependency confirmed that safety was maintained
B1	1	RN	Vacancy/Staff sickness	On 1 day RN number reduced, ratio reduced to 1:11. Agency nurse moved to another in-patient area. Assessment of ward and patient dependency confirmed that safety was maintained.
B2 Trauma	2	RN	Vacancy/Maternity leave/Staff sickness	On 1 day bank and agency unable to fill; assessment of ward and patient dependency confirmed that safety was maintained. On 1 day Hip fracture practitioner worked on ward; assessment of ward and patient dependency confirmed that safety was maintained.
B4	14	RN	Vacancy/Maternity leave/Staff sickness	On all occasions these were day shifts and the ward was 1 RN down; no additional support available from bank/agency/ other wards; ratio was 1:9; on all occasions assessment of ward and patient dependency confirmed that safety was maintained. The ward staff identified no patient safety concerns or issues
B5	1	RN	Maternity leave	On 1 day no additional support available from bank/other wards; shift busy; patient safety maintained
B6	2	RN	Vacancy/Staff redeployed	On 1 night duty the dependency of patients was assessed as able to be managed by 1 RN there were 6 empty beds; 1 nurse was redeployed to support another inpatient area. On 1 night duty bank and agency were unable to fill; Clinical Site Coordinator (CSC) informed; patient safety maintained
C1	2	RN	Sickness	On 1 day shift RN had to go home, too late to secure bank or agency support; patient safety maintained On 1 day shift RN sickness was unable to be filled by bank; patient safety maintained
C2	1	RN	Vacancy	On 1 day shift there was 1 RN short and the ward was on an escalation level 3. Early discharges were identified, supported by outreach team. Patient safety maintained
C3A	1	RN	Vacancy	On 1 day there was 1 RN short bank unable to fill; patient safety maintained

WARD	No.	RN/ Unreg	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
C5	4	RN	Sickness/Vacancy/Staff redeployed	On 3 days there was 1 RN short; no additional support available from bank/ other wards; assessment of ward and patient dependency confirmed that safety was maintained On 1 nights a RN was redeployed to support another inpatient area; for part of the shift assessment of ward and patient dependency confirmed that safety was maintained
C7	5 1	RN Unreg	Sickness/Vacancy/ unforeseen circumstances	On 2 days there were 2 RN short; Lead Nurse worked clinically; bank unable to fill; assessment of ward and patient dependency confirmed that safety was maintained. On 3 days bank and agency unable to fill; assessment of ward and patient dependency confirmed that safety was maintained. On 1 night additional patient support was required for DoLS shift cancelled; too short notice for bank and agency to fill; patient safety maintained
C8	1	RN	Vacancy	On 1 night agency cancelled; too short notice for bank and agency to fill; patient safety maintained
EAU	1	RN	Vacancy	On 1 day there was 1 RN short; bank unable to fill; assessment of ward and patient dependency confirmed that safety was maintained.
MHDU	1	RN	Sickness	On 1 day 1 there was 1 RN short; bank and agency unable to fill; CSW booked to provide support; patient safety maintained
Neonatal Unit	9	RN	Sickness/Vacancy	On 5 day Clinical support provided by a variety of staff including Lead Nurse/Community Sister/ Transitional Nurse/Advanced Nurse Practitioner; baby safety maintained On 4 nights Transitional Nurse/Advanced Nurse Practitioner provided support; baby safety maintained On 7 occasions the unit was closed

Oct-14

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 A1	Reg																																						
	Unreg																																						
WARD A2	Reg																																						
	Unreg																																						
WARD A3	Reg																																						
	Unreg																																						
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	6/5																																					
	Unreg																																						
WARD B5	Reg																																						
	Unreg																																						
WARD B6	Reg																																						
	Unreg																																						
WARD C1	Reg																																						
	Unreg																																						
WARD C2***	Reg																																						
	Unreg																																						
WARD C3A	Reg																																						
	Unreg																																						
WARD C3B	Reg																																						
	Unreg																																						
WARD C4	Reg																																						
	Unreg																																						
WARD C5	Reg																																						
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WARD C6	Reg																																						
	Unreg																																						
WARD C7	Reg																																						
	Unreg																																						
WARD C8	Reg																																						
	Unreg																																						
CCU	Reg																																						
	Unreg																																						
PCCU	Reg																																						
	Unreg																																						
EAU	Reg																																						
	Unreg																																						
MHDU	Reg																																						
	Unreg																																						
CRITICAL CARE*	Reg																																						
	Unreg																																						
NEONATAL**	Reg	9/7	9/6	9/6	9/6	7/5																																	
	Unreg																																						
MATERNITY****	Reg																																						
	Unreg																																						

Key Unsafe staffing Registered nurse shortfall 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