

Paper for submission to the Board of Directors on 6th November 2014

TITLE:	Monthly Nurse/Midwife Staffing Position – September 2014		
AUTHOR:	Denise McMahon Director of Nursing	PRESENTER:	Denise McMahon Director of Nursing
CORPORATE OBJECTIVE:			
<p>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</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>			
SUMMARY OF KEY ISSUES:			
<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 last month.</p> <p>The paper indicates for the month of September 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>			
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
	NHSLA	N	Details:
	Monitor	Y	Details: Compliance with the Risk Assessment Framework
	Equality Assured	Y	Details: Better Health Outcomes for all Improved patients access and experience
	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 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 attached chart follows the same format as the updated one last month. It indicates for the month of August 2014 when day and night shifts on all wards were and were not staffed to the planned levels for both registered and unregistered staff, with the day shift registered figures also taking into consideration the 1:8 nurse to patient ratio for general wards.

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 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 number of planned 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 have occurred the reasons for the gaps and the actions being taken to address these in the future are outlined below.

With regards to qualified staff vacancies, on the 22nd September 26 local and 5 international nurses finished their induction and have commenced a supernumerary period on the wards. In addition, recruitment continues in Scotland, Ireland, Spain and Portugal.

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.

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 2014

WARD	N o.	RN/ Unreg	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A1	1	RN	Vacancy	Bank unable to fill. Dependency of patients meant safety maintained.
A3	2	RN	Staff Sickness	Bank unable to fill. On both occasions lead nurse worked clinically leaving one nurse short on each shift.
A4	1	RN	Vacancy	Both bank and stroke sister cancelled availability at last minute. Liaised with other areas contacted for support and Site Coordinator/Matron contacted.
B1	2	RN	Vacancy/Staff sickness	On one night, eight patients in total on ward so one station closed. On other occasion, ratio was acceptable but workload not predicted due to post surgical requirements. Liaised with other areas contacted for support and Site Coordinator/Matron contacted.
B6	2	RN	Vacancy/Staff sickness	On one night, bank unable to fill. Support sought from other surgical wards. Three empty beds and ward closed to admissions. On other night, bank nurse had to be sent home due to sickness. Again, three empty beds and ward closed to admissions. Liaised with other areas contacted for support and Site Coordinator/Matron contacted.
C1	7	RN	Vacancy/Sickness	Bank and agency unable to fill. Of the six night occasions, extra care workers employed. Dependency of patients meant safety maintained.
C3A	2	RN	Vacancy	One occasion bank unable to fill and on the other bank nurse did not turn up. Untrained staff reallocated to provide patient support required. Dependency of patients meant safety maintained.
C4	1 4	RN Unreg	Staff sickness Patients requiring 1:1 care	Bank and agency unable to fill. All required care undertaken. Safety maintained. Lead nurse, shift lead and Unreg from other ward assisted.
C6	2	RN	Staff sickness	On one occasion, bank unable to fill while on the other bank staff cancelled. Further admissions to ward stopped. On one occasion, day staff assisted to midnight.
C7	4	RN	Vacancy	Bank and agency unable to fill. Following assessment of nurse in charge patient dependency such that safety maintained and all care needs attended to.
C8	1	RN	Staff sickness	Bank and agency unable to fill. Liaised with other areas contacted for support and Site Coordinator/Matron contacted.
MHDU	1	RN	Vacancy	Liaised with other areas contacted for support and Matron contacted.
Neonatal Unit	3	RN	Staff sickness	On one occasion, advanced nurse practitioner assisted, on another two babies transferred to post natal ward and on the third occasion transitional care nurse assisted with babies on the unit.

Sep-14

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 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																																				
	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																																				
	Unreg																																				
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																																				
	Unreg																																				
MATERNITY****	Reg																																				
	Unreg																																				

Key ■ Unsafe staffing ■ Registered nurse 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