

**Paper for submission to the Board of Directors on 2<sup>nd</sup> April 2015**

<b>TITLE:</b>	<b>Monthly Nurse/Midwife Staffing Position – February 2015</b>		
<b>AUTHOR:</b>	Denise McMahon Director of Nursing	<b>PRESENTER:</b>	Denise McMahon Director of Nursing
<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>Attached is the 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. The format may 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 February 2015 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. It also indicates when planned levels were reached of registered (amber) and unregistered (blue) staff but the dependency or number of patients was such that the extra staff needed were not available and when levels were unsafe (red). The total number of these shifts is 32 which is a reduction from the last few months. 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.</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

February 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 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 chart follows the same format as last month. It indicates 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 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.

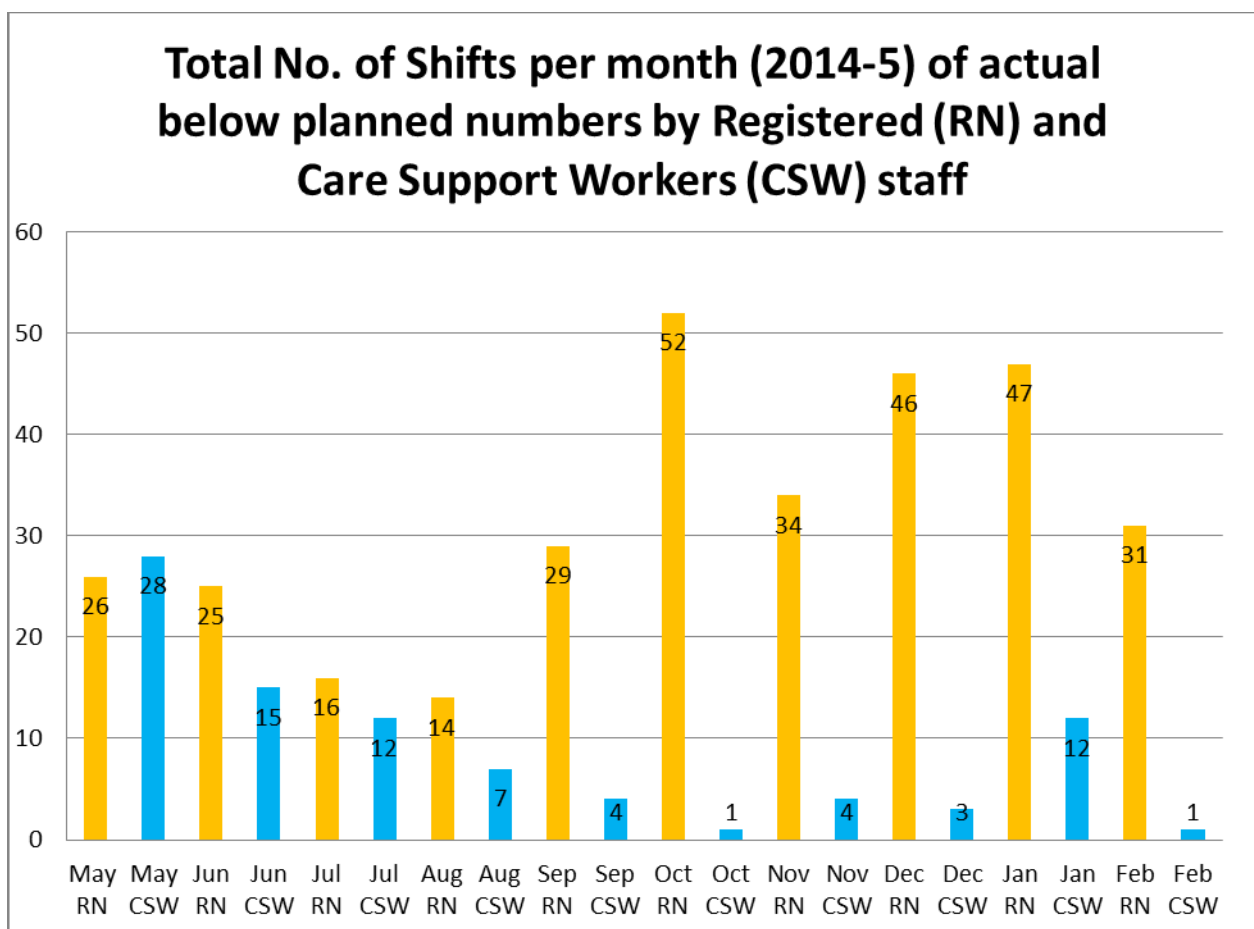
Following a shift, the nurse in charge completes a monthly form indicating the planned and actual numbers and, if the actual doesn't meet the planned, what actions have been taken, if any is needed, for the patients on that day. Each month the completed form for every ward is sent to the Nursing Directorate where they are analysed and the attached chart compiled.

It can be seen from the accompanying spreadsheet 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) are 32. This compares to 59 in January, 49 in December, 38 in November, 53 in October and 33 in September (see accompanying graph below). The number has reduced considerably this month and, again, is small in terms of the overall shifts. This month no shift was assessed as red/unsafe. Overall 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 deployment 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.



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 FEBRUARY 2015**

<b>WARD</b>	<b>No.</b>	<b>RN/RM CSW</b>	<b>REASONS FOR SHORTFALLS</b>	<b>MITIGATING ACTIONS</b>
A1	1	RN	Sickness/Vacancy	Similar to last month, due to the number of vacancies, the staff on A1 have been working closely alongside the staff on ward A3 to ensure the safe delivery of care on both wards. For this one night shift, both the bank and agency were unable to fill. Staff from A3 assisted.
A3	2	RN	Vacancy	As stated above, a staff member assisted on A1 for one of these shifts. On the other shift, both the lead nurse and Matron assisted.
A4	1	RN	Vacancy/Short Term Sickness	The bank and agency were unable to fill but with a ratio of 1:12 on this night shift and with assistance from a support worker from another ward the area remained safe.
B1	3	RN	Vacancy/Staff sickness	The bank was unable to fill but with ratios of 1:9 x 2 and 1:10, with discharges planned and with a full complement of support staff the staffing levels remained safe.
B3	7	RN	Sickness, vacancy and maternity leave	When requested, the bank and agency were unable to fill and on one occasion an agency nurse did not turn up. On one occasion staff from B2 assisted. On one shift admissions were stopped.
B4	6	RN	Short and long term sickness. Vacancy and emergency unpaid leave.	On all occasions requested the bank was unable to fill. With the patients present and ratios of 1:9-9.6 the ward remained safe.
B6	1	RN	Long term sickness	The bank was unable to assist with this one night shift. The situation was escalated to the bed managers and for some of the night the ward was closed to assist staff.
C7	1	RN	Sickness	The ward was such that the remaining staff were able to arrange their work to provide safe care
C8	2 1	RN CSW	Vacancy/sickness	The bank was unable to fill the two registered shifts when requested and on one of these occasions the lead nurse from a different ward assisted to provide safe care. On a further occasion, there were six CSWs as planned but additional CSW support was requested due to the dependency of the patients. This was unavailable but work was distributed to take this into account.
Maternity	7	RM	High maternity leave and sickness absence	On all five shortfall occasions bank unable to fill. There were two further occasions when the actual staffing was as planned but due to unanticipated workload occurring through the condition of the women, midwives were taken from other areas such as the low risk birth area and antenatal rooms.

