

The Dudley Group   
NHS Foundation Trust

**Paper for submission to the Board of Directors on 5<sup>th</sup> March 2015**

<b>TITLE:</b>	<b>Monthly Nurse/Midwife Staffing Position – January 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 January 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 59. 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> <p>In addition, this paper includes a summary of recent communication from NHS England regarding staffing which includes further work that needs to be undertaken six monthly and the imminent national publication of further comparative staffing indicators.</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. To take note of recent NHS England communications on staffing.			

# THE DUDLEY GROUP NHS FOUNDATION TRUST

## Monthly Nurse/Midwife Staffing Position

January 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) or red (unsafe) are 59. This compares to 49 in December, 38 in November, 53 in October and 33 in September. The number is still small in terms of the overall shifts but this month the numbers include one shift 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.

Recent communication from NHS England (17<sup>th</sup> Feb 2015: Letter Gateway Reference 02796) indicates that further work on nurse staffing now needs to be undertaken. It is proposed that contact time compliance should be captured twice yearly by Trusts and reported and discussed at Board level. Contact time is about measuring how much time nurses spend directly with patients as opposed to administrative work for instance. It goes beyond simply ensuring the numbers of staff being available. No one method of undertaking this work is recommended and so the Trust is considering the best way of doing this.

In addition, the same letter explains that the centre will soon start publishing nursing safer staffing indicators, which will also provide an overall RAG rating of Trusts. This will be comparable information for Trusts and be used by regulation bodies as part of their assurance process. The indicators are:

- Staff sickness rate, taken from the ESR (published by HSCIC);
- The proportion of mandatory training completed, taken from the National staff survey measure;
- Completion of a Performance Development Review (PDR) in the last 12 months, taken from the National staff survey measure;
- Staff views on staffing, taken from the National staff survey measure; and
- Patient views on staffing, taken from the National patient survey measure.

A further communication has included the Trust's provisional data which indicates that we are in the expected range for all of the above indicators and the overall measure. The data will be further 'refined' before it is published 'in the spring'.

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 JANUARY 2015**

<b>WARD</b>	<b>No.</b>	<b>RN/RM CSW</b>	<b>REASONS FOR SHORTFALLS</b>	<b>MITIGATING ACTIONS</b>
A1	3 8	RN CSW	Vacancy	Due to the number of vacancies, this month the staff on A1 have been working closely alongside the staff on ward A3 to ensure the safe delivery of care. For both wards, on all of the shifts with shortfalls, the bank/agency were unable to fill them and with FESSU (Frail Elderly Short Stay Unit) not yet running and with the nurse in charge taking a caseload of patients the combined workforce maintained safety and care delivery.
A2	1	RN	Vacancy and sickness	On this night shift, two booked agency nurses did not arrive initially with one arriving later, but she refused to have twelve patients to look after (this is being addressed). The high dependency of the patients was such that staffing was unsafe although no incidents did occur. All skin bundles were completed as were routine observations and care plans. All night duty staff stayed over onto the following day to ensure this happened and staff from the previous day shift stayed over to support the night shift. Coordinators were made aware and the Lead nurse was rung at home.
A3	5	RN	Vacancy	See A1 ward above.
B1	4	RN	Vacancy/Staff sickness and staff member had to leave 1 shift due to family issue	On one of the day shifts there were no elective lists and on the night shift there were no major surgery patients. On the two remaining day shifts the bank/agency was unable to supply staff leaving a ratio of 1:9. The dependency of the patients was such that the ward was safe and no action was required.
B2T	2	RN	Short notice sickness and nurse on phased return	On one occasion part of the shift did not meet the 1:8 ratio due to a phased return staff member and bank/agency were unable to fill the part shift. With the short notice sickness the sister on duty deemed with the patients present the ward was safe.
B3	3	RN	Sickness, vacancy and compassionate leave	The bank was unable to fill the three shifts. On two occasions the patients were managed safely and on the other shift a staff nurse from another ward took a station.
B4	8	RN	Short staff sickness (7) Staff member moved to another ward	On one occasion an agency nurse did not turn up, on another staff phoned in sick too late to request bank staff, on another a staff member had to assist another ward and on one shift a staff member had to be sent home for a personal reason. At all times, work was prioritised and the patients present were cared for safely.
B5	1 1	RN CSW	Sickness	For the both shortfalls, the bank/agency were unable to help with lead nurse/Matron aware of the situation. There was no patient adverse effect.
C1	4	RN	Vacancy	On one night the agency nurse cancelled and for the other three the bank/agency were unable to fill. There were no patient safety concerns.

WARD	No.	RN/M CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
C5	1	RN	Sickness	No substantive or bank staff were available and so an extra CSW was employed to assist with the workload.
C7	1			On one day shift, all the planned staff were present but the dependency of the patients on the ward was such that CSWs were unable to provide the expected level of care. The situation wasn't escalated immediately but clarification has been made to ensure this does not happen in future. Staff ratios were later increased to have an extra CSW following assessment by Matron.
C8	7	RN	Vacancy/sickness	On all occasions patient dependency was such that safety was maintained and on one occasion both the lead nurse and stoke nurse specialist assisted.
Maternity	8 2	RM CSW	High maternity leave, sickness absence.	On all seven shortfall occasions bank unable to fill. Escalation process enacted. Staff redeployed to area of need. On three occasions community midwife assistance called. On three further occasions although the planned number of staff were present, the workload was such that antenatal room and triage staffing was compromised.

Jan-15

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		4/1																														
WARD A2	Reg					5/3																											
	Unreg																																
WARD A3	Reg																																
	Unreg																																
WARD A4	Reg																																
	Unreg																																
WARD B1	Reg	4/2																															
	Unreg																																
WARD B2 HIP	Reg																																
	Unreg																																
WARD B2 TRAUMA	Reg																																
	Unreg																																
WARD B3	Reg																																
	Unreg																																
WARD B4	Reg																																
	Unreg																																
WARD B5	Reg																																
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WARD B6	Reg																																
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WARD C1	Reg																																
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WARD C5	Reg																																
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WARD C6	Reg																																
	Unreg																																
WARD C7	Reg																																
	Unreg																																
WARD C8	Reg	4/3																															
	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/midwife 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  
 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