

The Dudley Group 
 NHS Foundation Trust

Paper for submission to the Board of Directors on 2nd July 2015

TITLE:	Monthly Nurse/Midwife Staffing Position – May 2015		
AUTHOR:	Derek Eaves, Professional Lead for Quality; Yvonne O'Connor, Deputy Chief Nurse; Steph Mansell, Head of Midwifery	PRESENTER:	Yvonne O'Connor, Deputy Chief Nurse
CORPORATE OBJECTIVE:			
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			
SUMMARY OF KEY ISSUES:			
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.			
The paper indicates for the month of May 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 24 which is a reduction from the previous eight months. As seven of these shifts are in midwifery, a more detailed analysis of the situation is provided.			
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.			
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

May 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 Division 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 24. This compares to 40 in April, 51 in March, 34 in February, 59 in January, 49 in December 2014, 38 in November 2014, 53 in October 2014 and 33 in September 2014. The number has decreased considerably this month with the number being 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.

As seven of the problem shifts have arisen in midwifery this month, a more detailed analysis of the situation is provided below.

The Midwife to Birth ratio in month is 1:30.6; this is against a BirthRate+ table top assessment recommendation of 1:29.1.

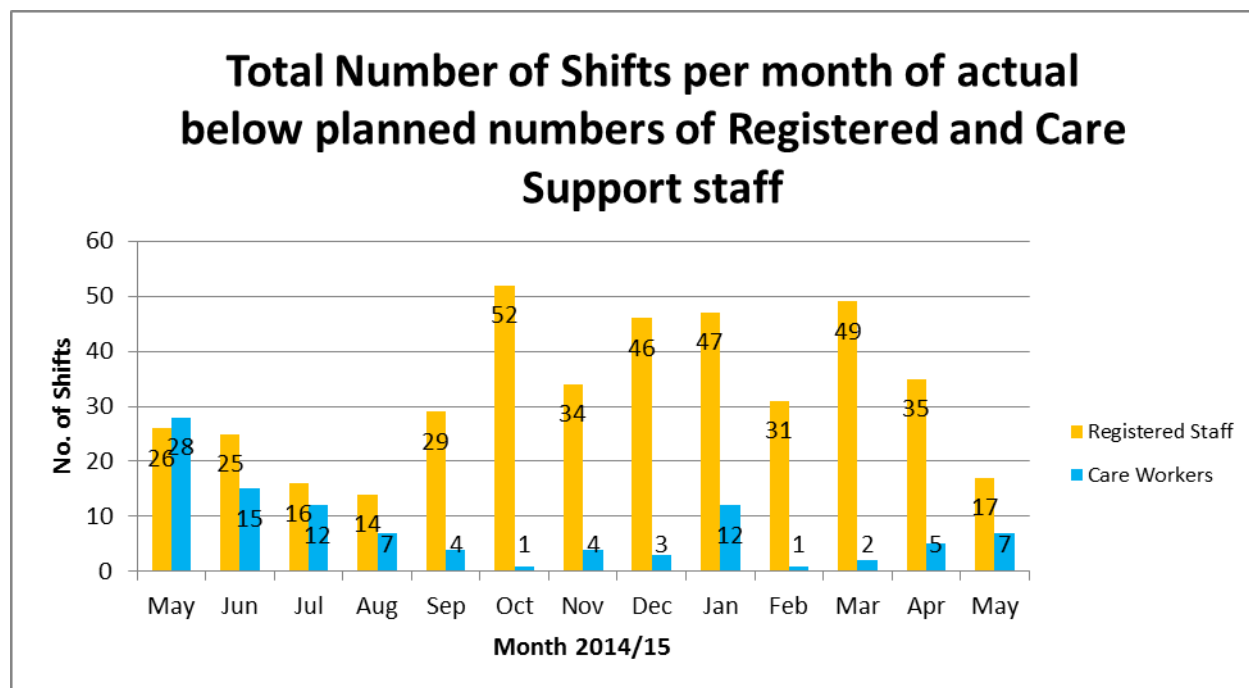
15 shifts (from 62) fell below the standard, of these, 7 required a DATIX report to be generated.

All staffing incidents have been managed using the agreed policy, escalation was actioned as required and any potential patient safety issue was managed effectively.

The use of agency midwives has been considered and agreed as a compromised option, however experience has shown agency midwives to lack the full range of skilled required and historically units with a high agency usage have reported increased incidents and poor outcomes e.g. Northwick Park

Midwifery vacancies have risen to around 19 WTE, analysis of the known reason for staff leaving has identified a number of themes: emigration, expanding clinical experience in tertiary, inner city units, relocating to original home area, joining specialist teams e.g. home birth team

Recruitment is progressing and there has just been recruitment of around 14 WTE midwives who are expected to be in post by September 2015. However, these midwives will not be fully autonomous until after induction. Realistically staffing shortages are expected until October /November, particularly as a high percentage of the recruited staff will be newly qualified midwives who will require additional support and preceptorship.



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 MAY 2015

WARD	No.	RN/RM CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A3	1	RN	Vacancy	Bank nurse did not attend. Additional CSW on the shift assisted and safety maintained.
B2T	1	RN	Sickness	Agency nurse did not attend. Staff supported from another ward for 5 hours. Safety maintained
B3	2	RN	Maternity Leave x1 Long term sickness x1	Bank and agency were unable to fill. On the one occasion on Sunday bank holiday there were no patients in VASCU and on the other the lead nurse supported so both times the ratio was 1:9.5
B4	3	RN	Staff moved to other ward x1 Maternity leave x2	Bank and agency were unable to fill. On all occasions safety maintained with a ratio of 1:9.6
B5	1	CSW	Sickness	The bank CSW who attended was moved to another ward as the patient dependency was such that she was not needed. Patients remained safe.
B6	1	RN	Staff redeployed	A staff member was moved to another ward as there were empty beds and the dependency and numbers of patients was such that safety was maintained.
C1	4	CSW	Vacancy Sickness	Bank and agency were unable to fill. On all occasions, safety was maintained
C3	1 1	RN CSW	Sickness x2	Bank and agency were unable to fill. Substantive staff contacted but unable to help. Patient safety maintained.
C8	1	RN	Sickness	Patient acuity was such that safety maintained
EAU	1	CSW	-	Staffed to full complement but there were high dependent patients. Safety maintained.
Maternity	7	RM	High maternity leave and sickness absence	Bank unable to fill. Escalation process enacted. Staff moved to provide care to the areas of need. No patient safety issues occurred. On two occasions community and specialist midwives assisted and on one occasion there was a delayed induction of labour.

May-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 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 C3	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/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

Any 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