

Paper for submission to the Board of Directors on 7th May 2015

TITLE:	Monthly Nurse/Midwife Staffing Position – March 2015		
AUTHOR:	Denise McMahon Director of Nursing	PRESENTER:	Denise McMahon Director of Nursing
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:			
<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 March 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 51 which is a rise since last month but less than In January and October last year. 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>			
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

March 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 51. This compares to 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 increased this month but is not as many as in January or October last year. Again, it 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 MARCH 2015

WARD	No.	RN/RM CSW	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A3	3	RN	Vacancy	As stated 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 these three shifts the bank and agency were unable to fill but safety was maintained.
B1	1	RN	Vacancy	The bank was unable to fill but with a ratio of 1:9 on this shift discharges occurred later in the shift and staffing levels remained safe.
B2T	4	RN	Sickness	The bank and agency were unable to fill and safe staffing levels were maintained for the patients on the ward on these four shifts. On the one night shift, a day shift nurse worked till 22.00 when nurses from the hip suite assisted.
B3	8	RN	Sickness and vacancy	When requested, the bank and agency were unable to fill; on one occasion a booked agency nurse did not arrive and on another shift a nurse had to be sent home due to sudden sickness, on two occasions a nurse from the next ward assisted, on four occasions the lead nurse worked clinically.
B4	4	RN	Long term sickness and maternity 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.
B5	1	CSW	Sickness	On this one night shift the remaining CSW had two RNs also working. While some delays in care occurred, no harm came to any patients.
B6	1	RN	Sudden family bereavement	This occurred as the nurse came on shift. Nurses from two other wards each assisted for part of the night.
C1	10	RN	Sickness and vacancy	When requested, the bank and agency were unable to fill; on one occasion an agency nurse did not arrive. On all occasions, safety was maintained
C5	1	RN	Vacancy	The shift was at the weekend when dependency was low. The 1:9 ratio was safe.
C6	2 1	RN CSW	Sickness	On the three shifts, for the patients present there was no adverse effect
C7	1	RN	Sickness	The bank and agency were unable to fill and so an extra CSW assisted
C8	5	RN CSW	Vacancy/short term sickness	Patients dependency assessed and acuity such that safety maintained
CCU	1	RN	Sickness/Unauthorised absence	Safety maintained by CAT team assisting, an extra CSW employed, staff interchanged with those on PCCU to ensure improved skill mix.
Maternity	8	RM	High maternity leave and sickness absence	On all eight shortfall occasions bank unable to fill. No patient safety issues occurred. On one occasion a community midwife assisted.

Mar-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																																
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	6/5																															
	Unreg																																
WARD B4	Reg																																
	Unreg																																
WARD B5	Reg																																
	Unreg																																
WARD B6	Reg																																
	Unreg																																
WARD C1	Reg	6/5	6/5																														
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WARD C2***	Reg																																
	Unreg																																
WARD C3	Reg																																
	Unreg																																
WARD C4	Reg																																
	Unreg																																
WARD C5	Reg	6/5																															
	Unreg																																
WARD C6	Reg																																
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WARD C7	Reg																																
	Unreg																																
WARD C8	Reg																																
	Unreg																																
CCU	Reg	7/4																															
	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