

Paper for submission to the Board of Directors on 5th February 2015

TITLE:	Monthly Nurse/Midwife Staffing Position – December 2014		
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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 December 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.			
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

December 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 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 optimum 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 the updated one last month. It indicates for the month of October 2014 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 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 number of shifts identified as amber or blue are 49. This compares to 38 in November, 53 in October and 33 in September. The number is still very small and there have been no incidents on any shifts assessed as red and 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.

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 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 DECEMBER 2014

WARD	No.	RN/ Unreg	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
A1	2	RN	Short term sickness/Vacancy	On 1 day and 1 night shift, bank and agency unable to fill. Patient caseload shared with ward A3 and care assistant complement increased. Patient safety maintained
A3	1	RN	Vacancy	On 1 night shift bank and agency unable to fill. Additional care assistant staff employed to maintain safety
A4	1	RN	Short term sickness	On the 1 day shift the site co-ordinator assisted and the stroke bleep service was cancelled. Safety was maintained.
B1	4	RN	Vacancy/Staff sickness and staff moved to another ward to assist	On 1 day shift the ratio was 1:9 but due to low dependency of patients no action was required. On a further day shift assistance from a care assistant occurred and on one of the two night shifts day staff remained for part of the shift and on the other one station was closed.
B4	9	RN	Short and long term staff sickness	On the two night shifts both bank and agency were unable to fill and on one occasion a booked bank nurse called in sick just before the shift. On the seven day shifts the bank was unable to fill. On all seven occasions there were no identified patient safety concerns or issues and on two of these occasions the dependency of the patients was such that a nurse was able to assist another ward for part of the shift.
C1	9 1	RN Unreg	Sickness/Vacancy	On the four day and five night shifts of RN shortfall and 1 day of Unreg shortfall, the bank and agency were unable to fill. Patient safety was maintained.
C2	1	RN	Increased HDU patients	On the 1 night shift the site co-ordinator and registrar (medical) were aware. The registrar saw potential admissions in ED rather than on the ward to reduce the ward nursing workload. There was no adverse effect on patients.
C5	2 1	RN Unreg	Sickness/Vacancy	On one occasion of RN shortfall, the weekend dependency was such that safety was maintained with an extra care assistant. On the other shortfall occasion dependency was such that safety was maintained.
C6	1	RN	Staff moved to another ward	The low dependency of the patients was such that a staff member was moved to another ward to assist. Patient safety was maintained.
C7	3 1	RN Unreg	Sickness/Vacancy/ Compassionate leave	On the 2 dayshift shortfalls of RN the bank/agency were unable to fill. Patient safety was maintained. On the 1 nightshift shortfall of RN the bank and agency were unable to fill. For the other night shift, there was one unregistered short and it required two further unregistered staff but the bank or agency were unable to fill

WARD	No.	RN/ Unreg	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
C8	7	RN	Vacancy	On all seven occasions the patient complement was such that all their needs were met.
MHDU	1	RN	Sickness	Actions taken were that a patient was moved to a general ward and a nurse from the general wards assisted. Patient safety was maintained.
Maternity	5	RM	High maternity leave, sickness absence.	Bank unable to fill. Escalation process enacted. Staff redeployed to area of need.

