

**REPORT TO THE BOARD OF
BARNSELY HOSPITAL NHSFT**

REF:

14/09/P-06

SUBJECT:	MONTHLY UPDATE ON NURSING AND MIDWIFERY STAFFING				
DATE:	SEPTEMBER 2014				
PURPOSE:	<i>For decision/approval</i>	<small>Tick as applicable</small>		<i>Assurance</i>	<small>Tick as applicable</small>
	<i>For review</i>	✓		<i>Governance</i>	✓
	<i>For information</i>			<i>Strategy</i>	
PREPARED BY:	Alison Bielby, Deputy Director of Nursing				
SPONSORED BY:	Heather McNair, Director of Nursing and Quality				
PRESENTED BY:	Heather McNair, Director of Nursing and Quality				
STRATEGIC CONTEXT					<i>2-3 sentences</i>
<p>The Board of Directors is required to receive monthly information regarding the nursing and midwifery (trained and untrained) staffing levels across in patient areas of the Trust as per the guidance received from NHS England and the Care Quality Commission.</p>					
QUESTION(S) ADDRESSED IN THIS REPORT					
<ol style="list-style-type: none"> 1. Is the Trust meeting the requirements set out by NHS England and the Care Quality Commission to review nursing and midwifery staffing levels on a monthly basis? 2. What are current nursing and midwifery staffing shortfalls across the Trust and how are these being managed? 					
CONCLUSION AND RECOMMENDATION(S)					
<p>The paper fulfils national requirements to review staffing levels across the Trust. The paper also demonstrates planned versus actual staffing levels and mitigating action where required, for Board's information.</p> <p><u>Recommendations</u> The Board is asked to note the report and support on-going mitigations being put in place to manage any staffing shortfalls.</p>					

REFERENCE/CHECKLIST			
<ul style="list-style-type: none"> Which business plan objective(s) does this report relate to? 		Aim 1: Patients will experience safer care	
<ul style="list-style-type: none"> Has this report considered the following stakeholders? 		<input checked="" type="checkbox"/> Patients <input checked="" type="checkbox"/> Staff <input type="checkbox"/> Governors	<input type="checkbox"/> BCCG <input type="checkbox"/> BMBC <input type="checkbox"/> Monitor <input type="checkbox"/> Other Please state:
<ul style="list-style-type: none"> Has this report reviewed the Trust's compliance with: 		<input checked="" type="checkbox"/> Regulators (eg Monitor / CQC) <input type="checkbox"/> Legal requirements (Acts, HSE, NHS Constitution etc) <input type="checkbox"/> Equality, Diversity & Human Rights <input type="checkbox"/> The Trust's sustainability strategy	
<ul style="list-style-type: none"> Is this report supported by a communications plan? 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> To be developed	<ul style="list-style-type: none"> Has this report (in draft or during development) been reviewed by any Board or Executive committees within the Trust? 	<input type="checkbox"/> CGC <input type="checkbox"/> NCGRC <input type="checkbox"/> Audit Committee <input type="checkbox"/> Finance Committee <input type="checkbox"/> ET
<ul style="list-style-type: none"> Where applicable, briefly identify risk issues (including any reputation) and cross reference to risk register and governance committees 		Staffing shortfalls are identified on the risk register as appropriate.	
<ul style="list-style-type: none"> Where applicable, state resource requirements: 		Finance:	None
		Other:	None
<p>NHS Constitution: In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> Equality of treatment and access to services High Standards of excellence and professionalism Service user preferences Cross community working Best Value Accountability through local influence and scrutiny <p>The Board will also have regard to the Trust's core vision statement: "Barnsley Hospital: Providing the best healthcare for all"</p>			

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1 INTRODUCTION

Barnsley Hospital NHS Foundation Trust (BHNFT) aims to provide safe, high quality care to patients. As part of enabling this, nurse staffing levels within clinical areas are continually monitored.

As reported last month the Trust is required to update the Board on a monthly basis regarding the nurse staffing levels, identifying any areas where staffing has fallen below the expected levels and the steps taken to manage this.

2. BACKGROUND

BHNFT is committed to ensuring that levels of nursing staff, match the acuity and dependency needs of patients in order to provide safe and effective care. Nurse staffing includes:

- Registered Nurses
- Registered Midwives
- Unregistered health care/midwifery care assistants
- Unregistered nursing/midwifery auxiliaries.

The Trust uses an e-rostering system with duty rosters created eight weeks in advance to ensure the levels and skill mix of the nursing staff on duty are appropriate for providing safe and effective care.

This allows for contingency plans to be made where the roster identifies that the planned staffing falls short of the minimum requirement, for example where there are vacant nursing posts or staff appointed have not started in post. These contingency plans can include: moving staff from a shift which is above the minimum required level, moving staff from another ward/area which is above the minimum required level, or the use of flexible/temporary staffing from the Trust's internal bank or via an external nursing agency.

Safe staffing levels are also monitored and managed on a daily basis by the ward Sister and Matron for that clinical area. A daily staffing situation report is currently being developed to be implemented from 1 September 2014, underpinned by an updated escalation process.

Shortfalls as a consequence of short term sickness or other unplanned leave for which cover cannot be found internally by the movement of staff or the use of the in house nurse bank staff are escalated to the Heads of Nursing for authorisation of temporary staffing via a nursing agency.

Due to staffing shortfalls that have been previously identified on ward 33, Orthopaedic Surgery, 15 beds were closed on 30 June 2014, reducing the ward capacity to 13 beds from 28 beds. This meant there was a reduction in planned staffing for that ward, enabling a greater fill rate of shifts.

Details of the planned shift by shift versus the actual shift by shift staffing for the adult in-patient ward areas during July 2014 are found at appendix 1.

Triangulation of harms using a heat map approach has been undertaken (appendix 2) and can be triangulated against the staffing as identified in the table shown in section 5.

3. STAFFING REPORT

The planned Trust-wide staffing hours for registered nurses/midwives and non-registered or care staff for days and nights in hours is summarised below.

Day				Night			
Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff	
Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours
39332.25	32575.71	23822.5	23534.77	22564.25	21709.5	8613	9707

The average fill rates Trust-wide were as follows

Day		Night	
Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
82.8%	98.8%	96.2%	112.7%

When compared with last month the average fill rate for registered nurses/midwives shows an increase during the day (1%) but a decrease for nights (2.6%). The average fill rate for care staff increased for both days (2.3%) and nights (2.7%)

For most wards there will be a difference between the planned and actual staffing hours. Some areas will have used more hours than planned and some will have used less. The most common reason for using more staff than planned is usually related to the care needs of patients being higher than normal for that area. Using less staff than planned could be due to caring for patients who are less unwell or who have fewer care needs than those patients normally cared for on the ward.

The planned staffing level is based on optimal staffing levels and where actual staff is below this per shift the Trust has mechanisms in place to ensure that staffing on the shift remains safe. The majority of staffing shortfalls during July were due to either short term sickness or small numbers of vacant posts.

On 13 August 2014 there were 22.59 wte registered nursing vacancies across the Trust; of these 7 posts have been offered to newly qualified nurses who will commence in September 2014 following graduation.

The planned reduction of 28 medical beds in August will allow staff to be redeployed to current vacancies.

4. DATA QUALITY

The data for this report has been extracted from the e-rostering system as this system should be updated and accurate. In order to confirm the accuracy of the data over the coming months a series of audits and checks will be run to validate data accuracy. Until these checks have been completed these early data need to be viewed with caution.

5. VARIANCE REPORT

For purposes of this report any deficit between planned and actual staff of greater than 20% is reported together with the reasons for the variance and any actions taken to address the cause, if appropriate.

WARD	DAY		NIGHT		COMMENTS /ACTION TAKEN	FURTHER ACTION REQUIRED	IDENTIFIED HARMS
	Average fill rate registered nurse/midwife	Average fill rate care staff	Average fill rate registered nurse/midwife	Average fill rate care staff			
Obstetrics Ward 12	96.1%	100%	96.3%	97.6%	All in patient services within obstetrics have met more than 80% of average fill rate for both days and nights		No harms identified
Labour Suite	95.6%	96.6%	95.3%	80%			
Paediatrics 37	100.3%	87.9%	94.8%	83.3%	<p>High sickness levels both short and long term have affected staffing within Paediatrics.</p> <p>A vacancy has also had to be put on hold whilst awaiting the outcome of redeployed staff from the Acute service.</p> <p>The situation has been managed on a day by day basis with assessment of acuity in SCBU and ward 37, which has led to planned reduction in staffing which has led to cross cover of both areas as required.</p>	<p>All sickness is being actively managed.</p> <p>No support staff were redeployed into the Paediatric service; this is now going through vacancy control. Staff have worked flexibly within the service and on rare occasions out to bank/ agency to achieve safe staffing levels</p>	No harms identified
SCBU (15)	90.2%	54.5%	93.6%	71%			
Gynaecology 14	100%	84.2%	100%	100%	All in patient services within gynaecology have met more than 80% of average fill rate for both days and nights		No harms identified

WARD	DAY		NIGHT		COMMENTS /ACTION TAKEN	FURTHER ACTION REQUIRED	IDENTIFIED HARMS
	Average fill rate registered nurse/midwife	Average fill rate care staff	Average fill rate registered nurse/midwife	Average fill rate care staff			
18	97.1%	77.1%	100.0%	103.2%	An assessment of appropriate nurse and care staff levels is made on a shift by shift basis.		<p>In July the ward has had 3 grade 2 and one grade 3 hospital acquired pressure ulcers.</p> <p>There were also 2 falls neither resulting in harm.</p> <p>The registered nurse fill rate was over 90% therefore it is not felt that these harms have been directly correlated to staffing shortfalls of care staff.</p>
19	65.7%	114.3%	96.8%	138.7%	<p>An assessment of appropriate nurse and care staff levels is made on a shift by shift basis.</p> <p>The ward had 2.4 registered nurse vacancies, one new recruit chose not to take up post, 2.0 long term sick and 1.0 maternity leave.</p> <p>The ward is being supported with the use of bank and agency staff as required.</p> <p>Care staff numbers have been increased to support the registered nurses.</p>	<p>One registered nurse from ward 27 closure identified to start 1st August.</p> <p>Elderly team now planning to interview shortlisted candidates for ward 20 and to re-advertise.</p>	<p>In July the ward has had 4 hospital acquired pressure sores and 10 falls, one resulting in moderate harm – fractured wrist.</p> <p>On discussion with the lead nurse these patient harms have not been directly correlated to staffing shortfalls, but more with patient condition.</p> <p>Care staff were used to ensure enough staff on the ward when there was a reduced level of qualified staff.</p>

WARD	DAY		NIGHT		COMMENTS /ACTION TAKEN	FURTHER ACTION REQUIRED	IDENTIFIED HARMS
	Average fill rate registered nurse/midwife	Average fill rate care staff	Average fill rate registered nurse/midwife	Average fill rate care staff			
20	58.1%	105.1%	96.8%	116.1%	<p>An assessment of appropriate nurse and care staff levels is made on a shift by shift basis.</p> <p>The ward had 6.0 registered nurse vacancies, no long term sick and no maternity leave.</p> <p>Candidates were shortlisted for interview mid July, but interviews were suspended because of the planned ward closures and staff reallocation.</p> <p>The ward is being supported with staff from other medical wards and the use of bank and agency.</p> <p>Care staff numbers have been increased to support the registered nurses.</p>	<p>Four registered nurses identified to join ward 20 as part of the staff reallocation process</p> <p>Elderly team now planning to interview shortlisted candidates for ward 20 from July and to re-advertise.</p>	<p>In July the ward has had 2 hospital acquired pressure sores and 8 falls, one resulting in severe harm – fractured acetabulum and is the subject of a serious incident investigation.</p> <p>Registered nurse vacancies has potentially negatively impacted on the wards ability to maintain safe patient care and may have contributed to patient harm occurring. However the ward has seen a reduction in pressures sores in the month and falls have reduced.</p>

WARD	DAY		NIGHT		COMMENTS /ACTION TAKEN	FURTHER ACTION REQUIRED	IDENTIFIED HARMS
	Average fill rate registered nurse/midwife	Average fill rate care staff	Average fill rate registered nurse/midwife	Average fill rate care staff			
AMU	73.9%	86.8%	99.16%	101.6%	<p>The Acute Medical Unit (AMU) continues to have a number of vacancies pending the arrival of new starters from ward 27 in August and new recruits September.</p> <p>The unit is being supported with staff from other medical wards and the use of bank and agency.</p> <p>This situation is monitored on a day by day basis by the Matron and the Head of Nursing to ensure that the quality of care delivered is maintained.</p>	<p>Although many of the posts have been appointed to there are a number of individuals who are student nurses who will not qualify until September 2014 and therefore the posts will continue to be filled using internal bank staffing or external staffing via a nursing agency.</p> <p>A number of posts (4 staff) have been filled on 1st August with recruits from ward 27.</p>	<p>AMU had a significant decrease in incidents reported this month: 2 x grade 2 pressure sores, 5 x falls (2 x no harm, 3 x low harm). Actions undertaken in June have clearly positively impacted on incident occurrence.</p> <p>Patient harms deemed not to be associated with short staffing levels by ward team.</p>
23	69.2%	100.8%	96.8%	161.3%	<p>An assessment of appropriate nurse and care staff levels is made on a shift by shift basis.</p> <p>The ward had 2 vacant band 5 posts and 2 full time staff on long term sick.</p> <p>The ward is being supported with staff from other medical wards and the use of bank and agency.</p> <p>Where wards were unable to cover registered nurse shifts additional care staff were</p>	<p>Two registered nurses from ward 27 closure identified to start 1st August.</p>	<p>Ward 23 has reported no hospital acquired pressure sores or falls that resulted in significant harm in July.</p>

WARD	DAY		NIGHT		COMMENTS /ACTION TAKEN	FURTHER ACTION REQUIRED	IDENTIFIED HARMS
	Average fill rate registered nurse/midwife	Average fill rate care staff	Average fill rate registered nurse/midwife	Average fill rate care staff			
					utilised to support the team.		
31	76.0%	114.2%	96.8%	100.0%	<p>The ward currently has 2 registered nurses on long term sick both being supported by OH and HR. Two registered nurses awaiting start dates, these are anticipated to be August 2014 and 1 registered nurse on maternity leave.</p> <p>The Head of Nursing has reviewed budget and a temporary post will be advertised to cover long term sickness on the ward.</p> <p>A registered nurse has also been moved for 3 months from PIU to support the ward.</p>	Continued monitoring	<p>There were 3 grade 2 pressure ulcers on the ward in July, two of the patients were on maximum care interventions when they arrived on the ward, this included 2 hourly turns and utilisation of pressure relieving equipment. Both patients had very complex health needs. The ward is having targeted tissue viability training and pressure relieving equipment has been purchased for the ward.</p> <p>There was 1 fall in July, the fall resulted in no harm (the patient lost their footing getting of the commode).The fall occurred at night.</p> <p>All risk assessments had been completed. Staffing levels were within agreed limits at the time of the fall.</p> <p>There was one medication incident, no harm was caused to the patient and the nurse involved was a bank nurse. Staffing levels were within agreed limits at the time.</p>
34	53.8%	126.5%	101.6%	88.7%	Wards 33 and 34 combined	Reduced bed base from 54 to	X2 patients falls incidents

WARD	DAY		NIGHT		COMMENTS /ACTION TAKEN	FURTHER ACTION REQUIRED	IDENTIFIED HARMS
	Average fill rate registered nurse/midwife	Average fill rate care staff	Average fill rate registered nurse/midwife	Average fill rate care staff			
					<p>their establishment towards the end of July, so should be considered as a floor. Current vacancy position is 8.35wte at band 5 and the secondment of 1.0wte band 7 sister to acting matron role have changed the skill mix.</p> <p>Additional hours have been used from non registered nursing staff to support the provision of the fundamental aspects of care.</p>	42 beds week commencing 28 July 2013 – on-going monitoring of the rota on a shift by shift basis.	<p>reported.</p> <p>Unsatisfactory discharge arrangements from the ward reported.</p>
SHDU	85.8%	74.0%	96.8%	N/A	<p>The occupancy and level of acuity of patients on the unit means that not all staff planned are always required on the unit</p> <p>The fill rate for night duty is achieved as a priority before day duty – there is more flexibility during the day to pull staff from other areas and disciplines</p> <p>This is a critical care area and support staff, although not employed to provide direct care to patients, do assist trained staff and carry out some of the non-urgent, non-nursing duties so gaps are noted but not critical and are monitored.</p>	The staffing in the unit is under assessment and being reviewed against national guidance.	No incidents reported related to pressure ulcers or falls.

WARD	DAY		NIGHT		COMMENTS /ACTION TAKEN	FURTHER ACTION REQUIRED	IDENTIFIED HARMS
	Average fill rate registered nurse/midwife	Average fill rate care staff	Average fill rate registered nurse/midwife	Average fill rate care staff			
ITU	84%	60.5%	91.7%	N/A	<p>The occupancy and level of acuity of patients on the unit means that not all staff planned are always required on the unit</p> <p>The fill rate for night duty is achieved as a priority before day duty – there is more flexibility during the day to pull staff from other areas and disciplines</p> <p>This is a critical care area and support staff, although not employed to provide direct care to patients, do assist trained staff and carry out some of the non-urgent, non-nursing duties so gaps are noted but not critical and are monitored.</p>	<p>The staffing in the unit will be reassessed.</p> <p>The unit has several secondments that are nearing an end and staff will be returning</p>	No incidents reported related to pressure ulcers or falls.

6. CONCLUSION

Staffing, whilst not always optimum across the Trust, is adequate and patient safety is being maintained. The wards display staffing levels of planned and actuals on a daily shift by shift basis. This is closely monitored by the Matrons and the Heads of Nursing and shortfalls are escalated appropriately. Harms are closely monitored and triangulated to staffing levels. Were staffing

shortfalls are continually causing concern this is identified on the Trust risk register and appropriate action taken including the reduction in beds as identified above. The areas with the highest vacancies currently are AMU, Ward 19 and ward 20 however appropriate actions are being taken to ensure adequate staffing, on a shift by shift basis.