

REPORT TO THE BOARD OF BARNSLEY HOSPITAL NHSFT

SUBJECT:	MONTHLY UPDATE ON NURSING AND MIDWIFERY STAFFING			
DATE:	JULY 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>To provide the Trust Board with monthly information regarding the nursing and midwifery (trained and untrained) staffing levels across in patient areas of the Trust as per the requirements of NHS England and the Care Quality Commission.</p>				
QUESTION(S) ADDRESSED IN THIS REPORT				
<p>What are current nursing and midwifery staffing shortfalls across the Trust and how is this being managed?</p>				
CONCLUSION AND RECOMMENDATION(S)				
<p>The Board is asked to note the report and support ongoing mitigations being put in place to manage ongoing staffing shortfalls.</p>				

REFERENCE/CHECKLIST			
<ul style="list-style-type: none"> Which business plan objective(s) does this report relate to? 			
<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 			
<ul style="list-style-type: none"> Where applicable, state resource requirements: 		Finance:	
		Other:	
<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>			

Subject:	Monthly update on Nursing and Midwifery	Ref:	14/07/P-06
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1. STRATEGIC CONTEXT

1.1 To provide the Trust Board with monthly information regarding the nursing and midwifery (trained and untrained) staffing levels across in patient areas of the Trust as per the requirements of NHS England and the Care Quality Commission.

2. INTRODUCTION

2.1 The National Quality Board (NQB) issued 10 expectations of Trusts regarding nursing, midwifery and care staffing capacity and capability in their November 2013 report "How to ensure the right people, with the right skills, are in the right place at the right time." Expectation 7 requires Trust Boards to receive monthly updates on workforce information.

The workforce information should include; the number of actual staff on duty during the previous month, compared to the planned staffing level, the reasons for any gaps, the actions being taken to address these and the impact on key quality and outcome measures.

Expectation 8 requires providers to clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service each shift.

In March 2014 the Care Quality Commission (CQC) and NHS England delivered further guidance regarding the implementation of these expectations, including a requirement to publish staffing data on NHS Choices.

This paper sets out the requirements to meet the above expectations and will be presented on a monthly basis to the Board.

3. BACKGROUND

3.1 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 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 Trusts 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. 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 nurse bank staff are escalated to the Heads of Nursing for authorisation of temporary staffing via a nursing agency.

Details of the planned shift by shift versus the actual shift by shift staffing for the adult in-patient ward areas during May 2014 is found at appendix 1. *(to be added)*

4. STAFFING REPORT

The planned trust wide staffing hours for registered nurses/midwives and none 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
41110	33791.64	25902	24304.38	23150.25	22666.82	9174.5	9561

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 (%)
82.2%	93.8%	97.9%	104.2%

In summary this means that 9.1% of shifts were identified as being uncovered. Of this 12.15% were registered staff shifts and 0.7% were none registered or care staff shifts. The majority of staffing shortfalls during May were due to either short term sickness or small numbers of vacant posts. The exceptions to this are:

- Acute Medical Unit

The Acute Medical Unit (AMU) continues to have a large number of vacancies with 11 vacant nursing posts this means that on a weekly basis 60 day shifts (7.5 hours each) were unable to be filled with the current number of staff in post during May. The unit is being supported with staff other medical wards and the use of bank and agency however there was a deficit with 15% of planned hours not being filled by this means.

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. During May there have been 20 incidents reported by the risk management system (DATIX) of these 3 were related to pressure ulcers, 6 to falls and 11 to medication incidents, however

incident occurrence does not correlate specifically to short staffing on particular shifts but will continue to be monitored.

The vacancies were created partly due to individuals gaining promotion either in the Trust or another hospital or staffing leaving to gain further experience for professional development as well as individuals moving due to a change in personal circumstance. Although 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.

- Care of the Elderly- Wards 19 and 20

Ward 20 has a number of vacancies that are currently be recruited to; the ward staffing is being closely monitored by the Matron and Head of Nursing and also supported by ward 28 and through the use of bank and agency. There have been 11 falls incidents reported in May however these do not correlate to shifts where the staffing was below the planned. Ward 19 has had 7 falls incidents reported in May however this does not correlate to shifts where staffing was below the planned.

- Trauma and Orthopaedics – Wards 33 and 34

Both of the trauma and orthopaedic wards continue to have large numbers of vacancies, ward 33 has 6.97 wte vacancies and ward 34 has 4.15 wte vacancies. Both wards continue to cover their vacant shifts through the use of the bank and agency staff however have had to utilise non registered staff in a number of instances to fill registered nurse shifts. This is being closely monitored and escalated by the Matron and the Head of Nursing and is on the risk register as a significant risk. Incidents are closely monitored and in May there has been one fall and one pressure ulcer reported on ward 33 when staffing was below the planned for the number of registered nurses. On ward 34 there has been one fall reported when staffing was below the planned for the number of registered nurses. Due to the risks above, and reduced demand, the Trust is currently reviewing the bed base for Trauma and Orthopaedics.

- Neonatal Unit

The Neonatal Unit is currently carrying 3.15 wte vacancies, 2.64 wte maternity leaves and 1.8 wte registered nurse sicknesses. The area is actively recruiting staff for the vacant posts.

The lead nurse covered as many of the clinical registered shifts as possible with staff being flexible in changing shifts around to maintain BAPM staffing levels. Of note in May, the Neonatal Unit was quiet and the staffing was appropriate for a reduced cot capacity which happened coincidentally alongside staff short term sickness. Staffing was reviewed daily with a review of the neonates needs and where required agency/bank staff was requested to maintain safe levels.

5. CONCLUSION

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. Following an analysis of harm to patients using the incidents reported on DATIX the only area where short staffing may have contributed is on the trauma and

orthopaedic wards and the Trust has now taken action to reduce the number of beds in this area until staffing levels have increased.

Appendices:

- Appendix 1 – Nurse Staffing

APPENDIX 1

		Day				Night				Barnsley Hospital NHS Foundation Trust					
Ward name	Ward Specialty	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Falls (moderate and above)	Cdiff	MRSA	Pressure Ulcers	Sickness Absence	Medication Errors
		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						
14	502 - GYNAECOLOGY	1665	1612.5	870	832.5	900	900	216	216	0	0	0	0	1.26%	2
17	320 - CARDIOLOGY	1395	1485	1207.5	1297.5	744	744	372	372	0	0	0	0	11.35%	1
18	340 - RESPIRATORY MEDICINE	1560	1378.4	1162.5	1112.25	713	713	356.5	391	0	0	0	1	9.68%	1
19	430 - GERIATRIC MEDICINE	2025	1430.6	1627.5	1852.77	713	713	713	1026	1	0	0	2	10.89%	4
20	430 - GERIATRIC MEDICINE	1860	1312.5	1633.5	1695	744	744	744	828	0	0	0	1	3.24%	1
AMU	300 - GENERAL MEDICINE	3660	3112	3007.5	2760	2604	2568	1488	1512	0	0	0	2	4.59%	11
23	300 - GENERAL MEDICINE	1395	1417.5	1455	1515	744	814	420	480	0	0	0	0	5.04%	2
24	370 - MEDICAL ONCOLOGY	1207.5	1170	855	847.5	744	744	0	0	0	0	0	0	3.30%	1
27	300 - GENERAL MEDICINE	1395	1395	1860	1785	744	744	744	744	0	0	0	5	5.77%	4
28	301 - GASTROENTEROLOGY	1672.5	1695	1380	1380	744	756	432	432	0	0	0	0	0.69%	1
31	100 - GENERAL SURGERY	2010	1370.35	1116	1357	713	713	713	805	0	0	0	3	10.91%	2
32	100 - GENERAL SURGERY	1425	1207.5	1132.5	1342.5	744	744	372	372	0	0	0	1	8.28%	1
33	110 - TRAUMA & ORTHOPAEDICS	1710	1312.5	1395	1560	744	744	744	744	0	0	0	2	8.47%	0
34	110 - TRAUMA & ORTHOPAEDICS	1620	1170	1395	1597.5	744	744	372	372	0	0	0	0	6.28%	0
ITU	192 - CRITICAL CARE MEDICINE	3720	2761.25	547.5	338.5	2332.75	2139.5	0	0	0	0	0	0	1.03%	1
SHDU	192 - CRITICAL CARE MEDICINE	775	762.5	412.5	237.5	713	713	0	11.5	0	0	0	0	3.26%	0
CCU	320 - CARDIOLOGY	1545	1545	465	442.5	1116	1116	0	0	0	0	0	0	1.71%	0
12	501 - OBSTETRICS	2940	2182.81	1590	906.09	1488	1491.32	744	480	0	0	0	0	2.28%	0
37	171 - PAEDIATRIC SURGERY	1575	1497.68	1395	637.76	1069.5	1264.25	0	80.5	0	0	0	0	4.03%	0
15	192 - CRITICAL CARE MEDICINE	2025	1602.03	930	397.76	1488	1357.25	372	372.75	0	0	0	0	10.44%	1
Labour Suite	501 - OBSTETRICS	3720	2371.52	465	409.75	2604	2200.5	372	322.25	0	0	0	0	6.41%	0
Trust Total:		40900	33791.64	25902	24304.38	23150.25	22666.82	9174.5	9561	1	0	0	17	1.1891	33