Barnsley Hospital NHS NHS Foundation Trust	REF:	**14/04/P-11**

REPORT TO THE BOARD OF BARNSLEY HOSPITAL NHSFT

SUBJECT:	**THE NURSING AND MIDWIFERY STAFFING LEVELS AND SKILL MIX REPORT**				
DATE:	APRIL 2014				
PURPOSE:		*Tick as applicable*			*Tick as applicable*
	For decision/approval			*Assurance*	
	For review	✓		*Governance*	
	For information			*Strategy*	
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 *2-3 sentences*

There is a requirement for the Trust Board to review nursing and midwifery staffing levels every 6 months.

QUESTION(S) ADDRESSED IN THIS REPORT

Are nursing and midwifery staffing levels meeting minimum safe standards?

Are the right people with the right skills in the right place at the right time?

CONCLUSION AND RECOMMENDATION(S)

The current nursing and midwifery establishments are meeting safe minimum standards. Ward 28 requires further in depth analysis of the acuity work to inform future staffing requirements.

Ward 19, 20 and AMU (Acute Medical Unit) continue to have unfilled vacancies against funded establishment but are actively recruiting. The staffing shortages are being mitigated by the use of bank staff and redeployment of staff from Ward 29 which has now closed.

Recommendations

To endorse current staffing levels and support on-going review and monitoring through Clinical Governance Committee.

REFERENCE/CHECKLIST					
• **Which business plan objective(s) does this report relate to?**					
• **Has this report considered the following stakeholders?**	☑ Patients ☑ Staff ☐ Governors	☐ BCCG ☐ BMBC ☐ Monitor	☐ Other Please state:		
• **Has this report reviewed the Trust's compliance with:**	☑ Regulators (eg Monitor / CQC) ☐ Legal requirements (Acts, HSE, NHS Constitution etc) ☐ Equality, Diversity & Human Rights ☐ The Trust's sustainability strategy				
• **Is this report supported by a communications plan?**	☐ Yes ☑ Not applicable ☐ To be developed		• **Has this report (in draft or during development) been reviewed by any Board or Executive committees within the Trust?**	☐ CGC ☐ NCGRC ☐ Audit Committee ☐ Finance Commitee ☐ ET	
• **Where applicable, briefly identify risk issues (including any reputation) and cross reference to risk register and governance committees**					
• **Where applicable, state resource requirements:**	**Finance:**				
	Other:				

NHS Constitution: In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:

- 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

The Board will also have regard to the Trust's core **vision statement**:
*"**Barnsley Hospital:** Providing the best healthcare for all"*

Subject:	THE NURSING AND MIDWIFERY STAFFING LEVELS AND SKILL MIX REPORT	Ref:	14/04/P-11

1. INTRODUCTION

1.1 Following the publication of the Francis (2013) and Keogh (2013) reports, safe nursing staffing levels have been ever more highlighted as being of critical importance in delivering high quality, safe and effective care.

1.2 In addition to providing appropriate numbers of staff it is also necessary in line with action area 5 of compassion in practice (2013), the Chief Nursing Officer's vision for nurses, midwives and care givers, to ensure that the "right staff with the right skills are in the right place." Therefore while this report focuses on ensuring that our numbers and ratios of staff are safe and appropriate, further work on supporting our nursing staff to have the right skills, education and training must continue.

1.3 On 20 November 2013 the paper "how to ensure the right people, with the right skills are in the right place at the right time – a guide to nursing, midwifery and care staffing capacity and capability" by the National Quality Board (NQB) was published which has provided much needed guidance and clarity on expectations of provider and commissioner organisations on setting safe staffing levels. As previously reported to the Board, the report sets out 10 clear expectations regarding the roles and responsibilities of boards in ensuring firstly that safe staffing levels are set and consequently that appropriate staff are in place to meet these levels.

1.4 There are several nurse staffing tools in existence, many of which are based on acuity and dependency measurement and whilst there is no absolutely objective tool, the importance of setting staffing levels supported by such tools was recognised by the Keogh report (2013); ambition 6 - "nurse staffing levels and skill mix will appropriately reflect the caseload and the severity of illness of the patients they are caring for and be transparently reported by trust boards". This is further supported by the aforementioned compassion in practice (2013) which specifically asks trusts to use such evidence based tools and to publish through trust boards staffing levels and their impact on care on a six monthly basis. The staffing guidance by the NQB identifies specific tools that are advised for use within different specialities.

1.5 More detailed guidance is provided by the Royal College of Nursing (RCN) who identify the impact that registered nurse:bed ratios can have on quality and safety of care. Review of the evidence found that it is likely that care will be compromised if these ratios climb above 1:8, although there is an absence of clarity on the suggested requirements for night shift staffing, which historically has been lower than daytime staffing largely due to lower activity levels. Due to this widely recognised issue, very few wards would require the same ratio across a 24 hour period; however in some cases such as 24 hour assessment areas and intensive therapy units this may be indicated.

1.6 This paper will set the current position of nurse staffing within Barnsley Hospital NHS Foundation Trust (BHNFT) and detail the on-going work that is being undertaken to ensure that clinical areas are safely staffed.

2. TRUST WIDE NURSING STATISTICS

2.1 The profile for the trust for nursing and midwifery staff in post in March 2014 compared with November 2013 including both registered and non registered support staff to nursing by band is as follows:

Table 1

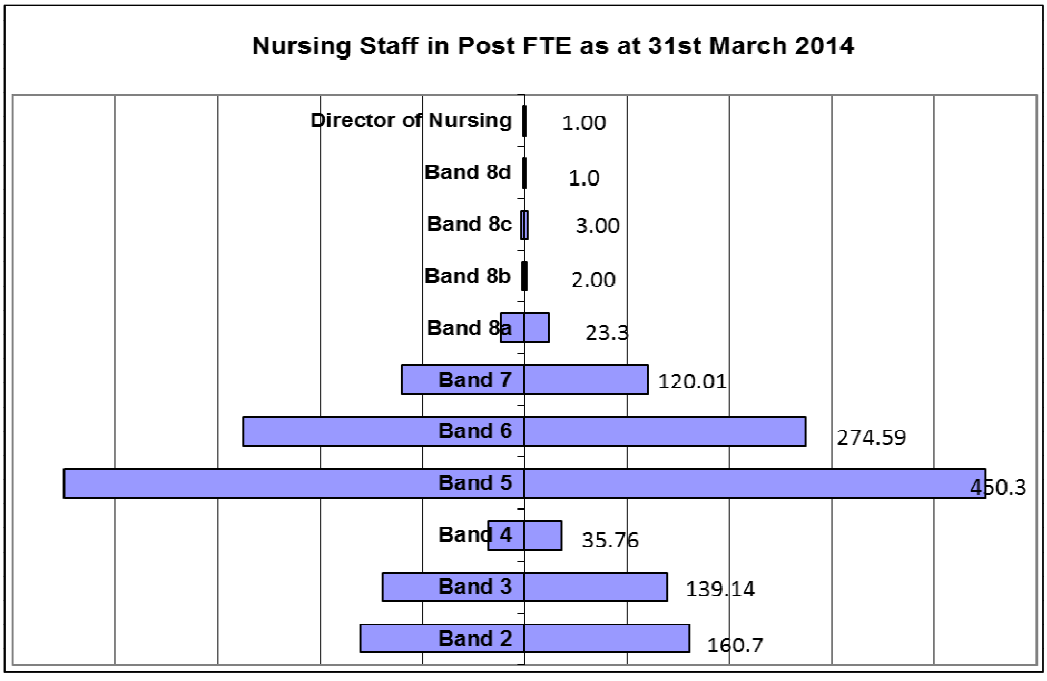
Pay Band	March 2013 WTE	March 2014 WTE	Difference WTE
Band 2	138.89	160.70	+21.81
Band 3	137.11	139.14	+2.03
Band 4	31.25	35.76	+4.51
Band 5	453.00	450.30	-2.7
Band 6	279.67	274.59	-5.08
Band 7	125.89	120.01	-5.88
Band 8a	23.94	23.30	-0.64
Band 8b	2.00	2.00	0
Band 8c	3.00	3.00	0
Band 8d	1.00	1.00	0
Director of Nursing	1.00	1.00	0
Total	**1196.85**	**1210.80**	**+13.95**

2.2 The Trust overall ratio of registered to non-registered staff in post in March 2013 was 74:26%; in March 2014 this is 72:28%. This includes all nursing staff within the Trust taken from the electronic staff record not just inpatient staff.

2.3 When viewed as a Christmas tree diagram it can be seen that the greatest number of staff in the nursing and midwifery workforce is in the band 5 registered nurse role. This is to be expected as these are the registered staff who are delivering the clinical care in the clinical areas supported by senior staff at band 6 and band 7.

2.4 The smallest number of non registered posts is at band 4; again this is to be expected as band 4 posts are not widely implemented across the NHS and it is usually recommended that these staff are qualified to foundation degree level. The Trust has seen an increase in band 2 non-registered posts over the last year.

Table 2



2.5 The turnover of registered staff over the year February 2013 to February 2014 can be seen in the table on the next page:

Table 3

Nursing and midwifery staff in post February 2013 – February2014 (Permanent and fixed term only)

	Feb 13	March 13	April 13	May 13	June 13	July 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Total
Starters WTE	4.80	3.00	3.12	2.03	4.00	6.45	3.00	8.80	9.00	8.84	5.00	15.57	4.00	77.61
Leavers WTE	6.60	5.80	7.60	5.43	9.23	6.27	9.79	9.76	5.00	5.43	10.23	8.77	5.03	94.93
Total in post	894.24	890.96	889.20	882.19	881.16	876.58	873.26	874.61	877.53	881.61	882.62	887.00	888.91	

2.6 As can been seen from the data despite the investment made by the Trust into nurse staffing levels and a large recruitment campaign commencing in September 2014 the number of registered staff leaving has been higher than those recruited over the past 12 months with a difference of 17.32 WTE. This is illustrated in the tables below:

Table 4

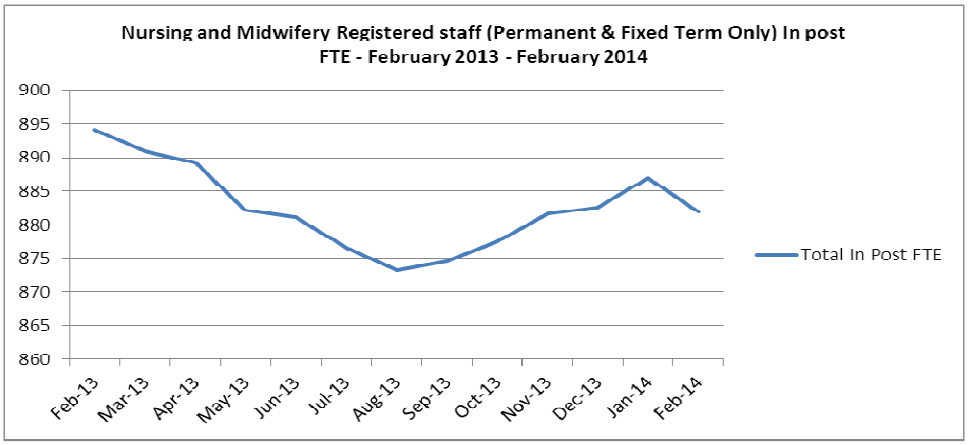
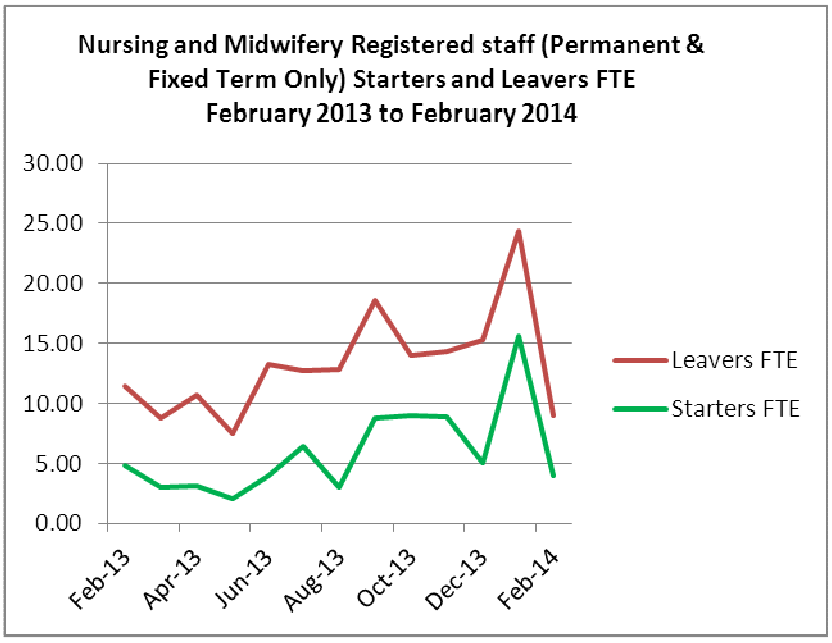


Table 5



3. GENERAL NURSING BENCHMARKING

3.1 Using data on iView, BHNFT staffing can be benchmarked against over similar sized Trusts, the benchmarking data is from December 2013 (latest available) and is illustrated in the tables on the table below. This includes all nursing staff and does not represent just ward based ratios.

Table 6

Band	Acute - Small			
	Airedale	Rotherham	Harrogate & District	**Barnsley**
1	0.00%	0.00%	0.00%	**0.00%**
2	16.39%	18.81%	20.51%	**11.54%**
3	10.38%	6.93%	5.56%	**11.97%**
4	0.55%	1.65%	0.85%	**2.56%**
5	37.16%	32.01%	35.47%	**38.46%**
6	19.67%	24.42%	24.36%	**23.08%**
7	12.02%	11.22%	11.11%	**9.83%**
8a	2.73%	3.96%	2.14%	**1.71%**
8b	1.09%	0.66%	0.00%	**0.00%**
8c	0.00%	0.33%	0.00%	**0.43%**
8d	0.00%	0.33%	0.00%	**0.00%**
Total	100.00%	100.00%	100.00%	**100.00%**

Table 7

	Staff percentage		
	Registered	Unregistered	Band 5,6,7
Airedale	27.32	72.68	68.85
Rotherham	27.39	72.94	67.66
Harrogate & District	26.92	73.08	70.94
Barnsley	**26.07**	**73.50**	**71.37**

3.2 Using this data it can be seen that BHNFT has similar ratios of registered to non-registered nurses as other comparable local small trusts and also a similar percentage of nurses within the bands of 5, 6 and 7 as a whole. However we have a greater percentage of registered staff at band 5 and less percentage at band 7 than our peers.

3.3 BHNFT non registered staffing is made up differently to other similar trusts as we have a greater percentage of band 3 staff in post and less band 2 staff however the whole of the non registered staffing percentage is equivalent. We also have a greater percentage of band 4 posts than the other trusts.

3.4 Within the Trust the band 3 and 2 roles are very different. Band 3 staff are Healthcare Support Workers trained to NVQ level three and undertake care such as observations, simple dressings etc, whereas band 2 staff are Nursing Auxiliaries that only undertake personal care such as washing, dressing and feeding patients.

3.5 The Care Quality Commission risk rating for nurse staffing (February 2014) defines the Trust as not at risk, it identifies qualified staff to bed ratio for BHNFT as 2.09 against an expected of 1.82.

3.6 For staff supervision/support for nursing again the CQC has not identified a risk as defined below:

Table 8

Indicator	Observed	Expected	Risk rating
Ratio of band 6 nurses to band 5 nurses	0.49	0.42	No evidence of risk
Ratio of ward sister (band 7) to band 5/6 nurses	0.14	0.19	No evidence of risk
Proportion of all ward staff who are registered	0.69	0.72	No evidence of risk

4. NURSING ESTABLISHMENTS

4.1 Present budgeted establishments are based on a skill mix of registered: non registered 60:40 for a general surgical and medical ward with the aim to move to 65:35. The Lead Nurse is budgeted to be surplus to the clinical rota 40% of the time until the move is made to supervisory status. All BHNFT budgets have 22.5% on costs which include annual leave, sickness and maternity leave.

Table 9

		All Staff			Registered staff		
Ward	Available beds	Budgeted Establishment	Payroll In Post	Vacancy	Budgeted Establishment	Payroll In Post	Vacancy
As At:		28.02.14	28.02.14	28.02.14	28.02.14	28.02.14	28.02.14
Coronary Care Unit	7	21.6	20.56	1.04	19.00	18.22	0.78
Ward 17 Cardiology	23	29.80	24.36	5.44	17.00	13.35	3.65
Ward 18 Respiratory	23	30.5	32.04	0.00	18.00	19.44	0.00
Acute Stroke Unit	22	33.49	29.93	3.56	20.44	18.01	2.43
Elderly Care Ward 19	28	38.47	34.69	3.78	21.92	15.40	6.25
Elderly Care Ward 20	28	38.28	28.73	9.55	21.72	15.47	6.32
Acute Medical Unit	45	88.20	69.35	18.85	54.50	42.95	11.55
Ward 27 Diabetology	26	32.08	25.92	6.16	18.80	14.55	4.25
Ward 28 Gastroenterology	28	31.08	29.18	1.9	18.20	15.81	2.39
Chemotherapy Unit (Ward 24)	12	27.96	25.68	2.28	21.2	20.39	0.81
Ward 31 General Surgery	28	29.34	26.67	2.67	17.76	14.98	2.78
Ward 32 General Surgery	21	27.76	25.43	2.33	16.71	16.99	0.00
Ward 33 Orthopaedics	28	35.73	29.77	5.96	18.38	15.84	2.54
Ward 34 Orthopaedics	28	30.99	26.81	4.18	18.20	14.74	3.46
Ward 14 Gynaecology	20	38.24	36.46	1.78	26.43	24.61	1.82
TOTALS	**350**	**533.52**	**465.18**	**70.15**	**328.26**	**280.75**	**49.03**

4.2 The following table details the inpatient ward areas by ratio of registered to non registered staff.

4.3 The more specialist areas such as the coronary care unit and the chemotherapy unit have a higher registered to non registered staff due to the complexity of the treatments and care administered.

4.4 For the rest of the in patient areas the ratio of registered to non registered staff varies from 57:43% to 69:31% with the majority of a ratio of 59:41, this is against the trust standard of 60:40%; therefore most areas are very close to this standard.

4.5 The wards with the largest vacancies for registered nurses currently are ward 19, 20 and the Acute Medical Unit (AMU). Ward 19 has over established on non registered nurses and is currently recruiting to their vacancies. Ward 20 are currently actively recruiting to posts. AMU are also recruiting into band 5 and 6 posts and are interviewing in the next two weeks however this includes student nurses who will not qualify until September 2014.Following the closure of extra capacity beds on Ward 29 on 31.03.14 six band 5 staff have been redeployed from ward 29 to AMU rather than back to their base ward for a 3 month period to help mitigate this shortfall. This will be reviewed following the 3 month period and a decision made about whether to continue their redeployment.

Table 10

		Budgeted Establishment Skill Mix			
Ward	**Beds Available**	**WTE REG**	**WTE NON REG**	**% Reg.**	**% Non-Reg.**
Coronary Care Unit	7	19.00	2.6	88	12
Ward 17 Cardiology	23	17.00	12.80	57	43
Ward 18 Respiratory	23	18.00	12.50	60	40
Acute Stroke Unit	22	20.44	13.05	61	39
Elderly Care Ward 19	28	21.92	16.55	57	43
Elderly Care Ward 20	28	21.72	16.56	57	43
Acute Medical Unit	45	54.50	33.70	62	38
Ward 27 Diabetology	26	18.80	13.28	59	41
Ward 28 Gastroenterology	28	18.20	12.88	59	41
Chemotherapy Unit (Ward 24)	12	21.20	6.76	76	24
Ward 31 General Surgery	28	17.76	11.58	61	39
Ward 32 General Surgery	21	16.71	11.05	61	39
Ward 33 Orthopaedics	28	18.38	17.35	52	48
Ward 34 Orthopaedics	28	18.2	12.79	59	41
Ward 14 Gynaecology (including EPAU)	20	26.43	11.81	69	31
Totals	**350**	**328.26**	**205.26**	**62**	**38**
Trust standard				**60**	**40**
Best Practice				**65**	**35**

∗ **This includes minimum of 2 qualified staff on a night shift**

4.6 The Board agreed that we would work towards a 1:7 registered nurse to patient ratio in the general in patient areas during the day time shifts as research has shown that a ratio above 1:8 compromises care.

4.7 In a 28 bedded ward 18.98 WTE registered nurses are required to staff the ward on a 1:7 ratio on the day shift and two registered nurses on a night shift. In a 23 bedded ward 16.52 WTE are required.

4.8 In the majority of our general in patient wards the budgeted establishment of registered nurses allows for a roster of 1:7 over the seven day period. In the surgical areas this is slightly less as the skill mix has a band 4 support worker currently in the establishments but does not exceed the 1:8 ratio. Therefore our current budgeted establishments support care that is minimum safe as opposed to optimum. This currently includes the band 7 Lead Nurses as we move to supervisory status the skill mix will be reviewed to ensure the appropriate establishment and skill mix. As is explored further below the Trust currently has issues recruiting registered nurses therefore on a daily basis this ratio may be compromised.

5. SPECIALIST AREAS

5.1 In the two paediatric areas there is a greater ratio of registered staff to non registered staff to reflect the complexity of caring for children. For the Neonatal Unit the ratio is 80:20% and in the paediatric ward this is 90:10.

5.2 Critical care and theatre areas work to national guidance and within outpatients there is no guidance, therefore staffing is undertaken regarding the type of clinic that is running and the need for nurse intervention and support.

5.3 The emergency department has a greater ratio of registered staff to non registered staff with an established ratio of 84:16%. There are no band 2 nursing auxiliary staff within the department. The non registered staff are Healthcare Assistants at band 3 and 4 who have completed NVQ training.

6. MATERNITY

6.1 The Head of Midwifery has a statutory responsibility to ensure the Trust remains compliant with the recommended midwifery staffing levels.

6.2 Currently national recommendations within Safer Childbirth (2007) outline the standard of midwives to birth ratio of 1 midwife per 28 births per year. Birth-rate Plus suggests a mean national ratio of 1:29.5 midwives to birth, however this is variable between 1:27 -32 clinical midwives.

6.3 Birth-Rate Plus measures the workload for midwives arising from the needs of women starting from initial contact in pregnancy until the final discharge from midwifery care to the health visitor in the puerperium.

6.4 Birth-Rate Plus calculates the number of midwives required to meet the needs of women including:

- All antenatal and postnatal care, including parent education
- Antenatal outpatient activity, including clinics and day units
- Antenatal inpatient activity and ward attenders
- Delivery in all settings, dependant upon type of birth (including inductions, escorted transfers and non registered births).
- All post natal care in hospital including readmissions and ward attenders, transitional care and the neonatal examination of the new-born.

6.5 Midwives working in caseload practices, giving total care and attending the majority of their births should aim for a caseload of 1:35. Community midwives working in

caseload practices but who do not attend and provide intrapartum care to the caseload should have a caseload of approx. 1:98.

6.6 It is important to remember individual trusts should determine their own staffing requirements dependant upon the understanding the complexity of local case load mix as per the 5 categories identified in the Birth-rate plus data.

6.7 **Current Clinical Midwifery Staffing Levels March 2014**

Table 11

Budgeted Clinical Midwifery Staffing	Total Clinical Midwifery Staffing	Actual Clinical Available Midwifery Staffing due to mat leaves/ long term sick leave and employment break	No of births 2012-13 2975 = Midwife to birth ratio
112.69	112.68	101.68	1:29.2

6.7.1 The current actual clinical midwife to woman ratio within BHNFT is 1:29.2 wte based upon the birth rate of 2975. The budgeted ratio is 1:26.69 wte however current maternity leaves, employment break and long term sickness has increased the ratio to 1:29.2 wte.

6.7.2 Quality of care and the safety of mothers and babies should also be considered in calculating the required ratio with consideration to:

- 1 to 1 care in labour
- % of women booked by 10 completed weeks of pregnancy
- The degree of continuity of care women receive in the ante and post natal period
- Supernumerary ward coordinators on every shift
- The number of women who deliver their baby in the hospital but live outside the local area
- The number of women who receive ante and post natal care but choose to deliver their baby at another hospital
- Clinical incidents/ serious incidents
- Complaints
- Patient experience
- Staff experience – sickness and absence levels etc.

6.8 **Acuity**

6.8.1 At present the NPSA Intrapartum Score Card is used as a tool for understanding the acuity of patients on the labour suite; however this has proven problematic for several reasons. A decision has been taken with the support of the Director of Nursing & Quality to purchase the Birth Rate Plus Intrapartum Acuity tool with a representative from Birth-rate Plus attending the Trust on 27th March 2014 to present the tool and to discuss its implementation, data capture and analysis.

6.8.2 The on-going review of hospital and community midwifery staffing has led to opportunities for more midwives to work in community midwifery from the hospital service due to changes in current service provision in order for community to become more efficient i.e. increased numbers of early discharge home from labour suite, changes in place of ante and post natal visiting.

6.8.3 The home birth rate remains at approximately 2%.

6.9 Support Staff - Health Care Assistants (Maternity Support Workers)

6.9.1 The introduction of the maternity support worker/ HCA role is to support midwives and women, within a clear framework which define their role, responsibilities and arrangements for supervision.

6.9.2 The HCA (term used instead of maternity support worker at Barnsley) has a valuable role in supporting women and assisting healthcare professionals as integral members of the maternity services team in all settings where maternity care is provided. Including HCA's in the maternity team can improve continuity of care, avoid unnecessary duplication of activities and increase the satisfaction of service users.

Table 12

Budgeted No of Support Staff across all maternity care settings	Actual No of available Support Staff (maternity leaves and long term sick)
31.3 wte	27.1 wte

6.10 Conclusion

6.10.1 It is important to be aware that across all of Yorkshire & the Humber births have reduced, however the complexity of women's health and need has increased i.e. obesity, increase in diabetes, older mothers, IVF etc. The ratio also does not account for the increasing public health role midwives are required to undertake i.e. seasonal flu, smoking cessation advice and carbon monoxide testing; additionally the statutory requirement of Supervision of Midwifery is included however this is also increasing with a recommendation in 2013 from the Chief Nurse of England advocating for Trust support in releasing more time for Supervisors of Midwives.

6.10.2 It is also important to consider the age profile of midwives at Barnsley who will be seeking early retirement at 55. This has become apparent this year with a significant proportion considering early retirement and a return to work on reduced hours. This will require careful managing and balance to maintain experience within the unit but also balanced to ensure the future of the unit with newly qualified midwives.

7. ASSESSMENT OF ACUITY

7.1 The National Quality Board expects evidence based tools to be used to inform nursing midwifery and care staffing capacity and capability (Expectation three). However it also states that acuity tools should not be used in isolation but should be used in conjunction with professional judgement and scrutiny.

7.2 Within the guidance there are a number of tools that are recommended; for acute settings the NQB suggests the use of the Safer Nursing Care Tool (SNCT), for maternity services it recommends the use of Birth-rate Plus and for paediatric areas it recommends the use of the Great Ormond Street Paediatric Acuity and Nursing Dependency Assessment Tool (known as PANDA).

7.3 At BHNFT the SNCT was used for the third time in January 2014. The tool has been refined in 2013 and the multipliers that are used to calculate the WTE from the acuity have changed therefore this assessment cannot be benchmarked against the previous assessments.

7.4 There are only a small number of areas that are showing a significant difference WTE to the current establishments and further work is being done to review ward 28 which shows the greatest difference in acuity levels from previous assessments.

8. FLEXIBLE STAFFING

8.1 BHNFT runs an in house nurse bank to deliver flexible workers to support the permanent staff and cover any shortfalls in shifts due to either vacancy or sickness. If a shift is unable to be covered by the nurse bank then agency staff are sourced through an external agency contract.

8.2 The nurse bank currently has 1096 staff on a contract; this is mixture of registered and non registered staff and a mixture of staff that have a substantive contract as well as a bank contract and a number of staff who have bank only contracts as detailed on below.

Table 13

Staff type	Substantive and bank contract	Bank only contract
Registered	492	63
Healthcare assistant	134	13
Nursing auxiliary	190	204
Total	**816**	**280**

9. RECRUITMENT ISSUES

9.1 The areas that are currently carrying the most vacancies are ward 19, 20, the Emergency Department and the Acute Medical Unit. The Matrons and Assistant Directors of Nursing are working together to ensure that the vacancies are recruited to as soon as possible. All areas have a risk assessment in place and are on the CSU risk register.

9.2 Unfortunately there are currently issues with the numbers of nurses that are available to recruit when other Trusts across the region are also trying to recruit. In quarter 3 in order to recruit to vacancies and staff extra beds on ward 29 a recruitment campaign using local and national press was held, at the same time student nurses from the local Higher Education Institutes qualified in January 2014 and we were able to recruit from this pool of staff, this is illustrated in table 3 where there were 15.57 WTE new starters in January 2014.

9.3 Student nurses who qualify in September 2014 are currently applying for jobs and the Trust is attending a careers fair at Sheffield Hallam University on April 9 2014 to try to attract students to apply to work at BNHFT.

9.4 There have a number of new initiatives across the Trust to support the transformation programmes. Staff have been attracted into some of these posts and this has compounded on the vacancies on the wards.

10. OTHER RISKS

10.1 There have been large numbers of staff on maternity leave especially in the last six months. This was identified as a risk and escalated to the Clinical Commissioning Group who supported backfill into these shifts through extra finance to employ bank and agency staff.

10.2 A peer review of stroke services was undertaken in January which identified nurse staffing as requiring review to ensure appropriate skill mix. The skill mix review was undertaken by the Assistant Director of Nursing for medicine cluster which showed that the Trust currently meets the staffing requirement to support the one hyper acute stroke bed however if the Trust wants to support two hyper acute stroke beds then further skill mix review will be required to be undertaken.

11. FUTURE REQUIREMENTS

11.1 From April 2014 the Trust is required to publish staffing levels on a daily basis to patients and the public. This should show the numbers and skill mix of staff that should be on duty and also the numbers and skill mix actually on duty. In order to do this the Trust has purchased ward boards that will be updated on a shift by shift basis.

11.2 The Board is also required to review this information therefore a system of collection has been developed and a reporting tool is currently being designed that will highlight the exceptions.

12. CONCLUSIONS

12.1 The current establishments across the inpatient areas of the Trust show that wards have an average of approximately 60:40% ratio of registered to non registered staff.

12.2 In the more specialist areas there is a greater ratio of registered staff to non registered staff due to the specialist nature of the healthcare delivered.

12.3 The current budgeted establishments in the majority of inpatients areas are currently able to support a 1:7 ratio of registered nurse to patient however the orthopaedic wards require a skill mix review.

12.4 The staffing levels of midwives and support staff within the maternity unit at Barnsley do meet current recommended national levels. The reduction in the birth rate requires close monitoring for midwifery ratios to be calculated and to understand if this is sustained a trend or not.

12.5 The Trust is currently struggling to recruit to registered nursing vacancies despite recruitment campaigns held over quarter three. Work is on-going with the HEI's to ensure that we recruit newly registered nurses in to the Trust.