

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

REF:

**14/12/P-07**

<b>SUBJECT:</b>	<b>MONTHLY UPDATE ON NURSING AND MIDWIFERY STAFFING</b>			
<b>DATE:</b>	DECEMBER 2014			
<b>PURPOSE:</b>		<i>Tick as applicable</i>		<i>Tick as applicable</i>
	<i>For decision/approval</i>		<i>Assurance</i>	✓
	<i>For review</i>	✓	<i>Governance</i>	✓
	<i>For information</i>		<i>Strategy</i>	
<b>PREPARED BY:</b>	<b>Alison Bielby, Deputy Director of Nursing/ Heads of Nursing for CBUs</b>			
<b>SPONSORED BY:</b>	<b>Heather McNair, Director of Nursing and Quality</b>			
<b>PRESENTED BY:</b>	<b>Heather McNair, Director of Nursing and Quality</b>			
<b>STRATEGIC CONTEXT</b>				<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>				
<b>QUESTION(S) ADDRESSED IN THIS REPORT</b>				
<ol style="list-style-type: none"> <li>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?</li> <li>2. What are current nursing and midwifery staffing shortfalls across the Trust and how are these being managed?</li> </ol>				
<b>CONCLUSION AND RECOMMENDATION(S)</b>				
<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><b>Recommendations</b> The Board is asked to note the report and support ongoing mitigations being put in place to manage any staffing shortfalls.</p>				

REFERENCE/CHECKLIST			
<ul style="list-style-type: none"> <li>Which business plan objective(s) does this report relate to?</li> </ul>		Aim 1: Patients will experience safer care	
<ul style="list-style-type: none"> <li>Has this report considered the following stakeholders?</li> </ul>		<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"> <li>Has this report reviewed the Trust's compliance with:</li> </ul>		<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"> <li>Is this report supported by a communications plan?</li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> To be developed	<ul style="list-style-type: none"> <li>Has this report (in draft or during development) been reviewed by any Board or Executive committees within the Trust?</li> </ul>	<input checked="" 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"> <li>Where applicable, briefly identify risk issues (including any reputation) and cross reference to risk register and governance committees</li> </ul>		Staffing shortfalls are identified on the risk register as appropriate. Current risk is in CBU 1 due to staffing vacancies.	
<ul style="list-style-type: none"> <li>Where applicable, state resource requirements:</li> </ul>		<b>Finance:</b>	<b>None</b>
		<b>Other:</b>	<b>None</b>
<p><b>NHS Constitution:</b> 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"> <li>Equality of treatment and access to services</li> <li>High Standards of excellence and professionalism</li> <li>Service user preferences</li> <li>Cross community working</li> <li>Best Value</li> <li>Accountability through local influence and scrutiny</li> </ul> <p>The Board will also have regard to the Trust's core <b>vision statement:</b>  <b>"Barnsley Hospital: Providing the best healthcare for all"</b></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 also now in place underpinned by an updated escalation process specifically to manage nurse staffing issues.

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.

The areas that continue to have the largest number of vacancies are in CBU 1 and include wards 34 (42 beds that are combined from the merger of wards 33 and 34), 19 and 20. This can be seen in appendix 1 whereby average fill rates in these areas are lower than other areas.

As part of contingency planning for increased capacity in the run up to winter admissions ward 29 has been identified as the area that will be flexed to create capacity of 15 beds. The Lead Nurse from ward 32 will take responsibility for leading this ward and all wards and departments have been asked to supply a qualified nurse in order to compile rota for

this area. This will be supplemented by registered bank and agency staff and non registered bank staff. Abigail Trainer, Head of Nursing for CBU 4 will oversee the area from a senior nursing perspective ensuring any safety issues are escalated.

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

Triangulation of harms using a heat map approach has been undertaken 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
36314	31787.79	21372.5	22078.05	21767.25	20997.5	7871	9408.5

The average fill rates Trust-wide were as follows.

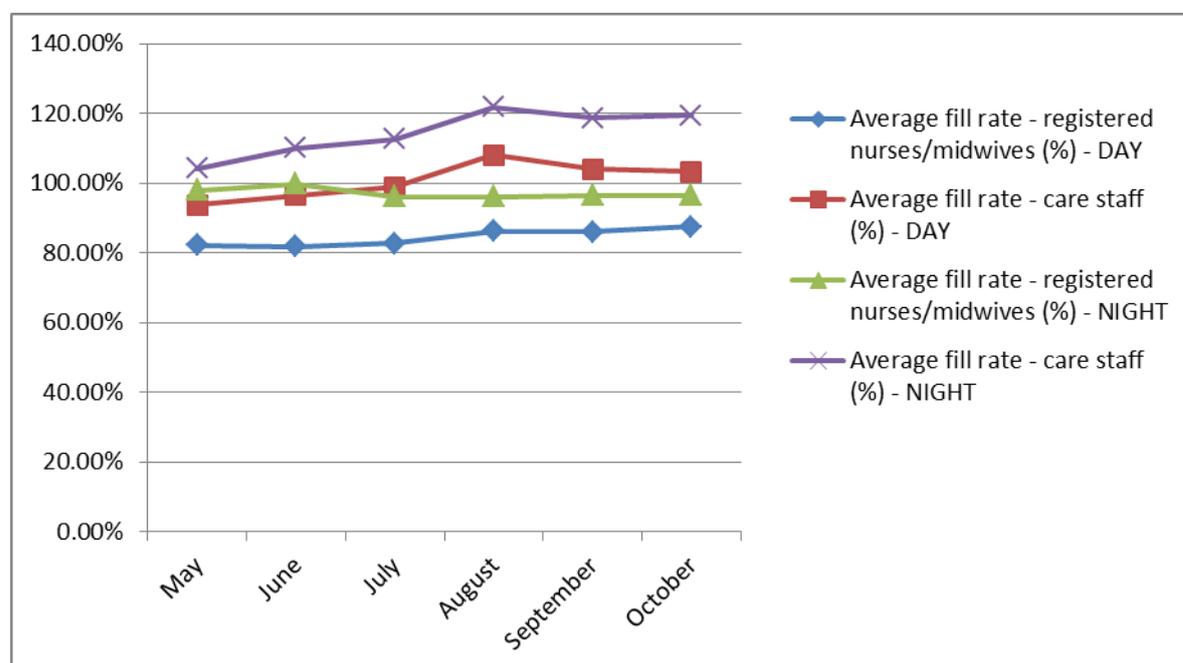
Day		Night	
Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
87.5%	103.3%	96.5%	119.5%

When compared with last month the average fill rate for registered nurses/midwives has increased by 1.5% for day duty whilst night duty has remained constant. The average fill rate for care staff decreased slightly for days (0.8%) and increased slightly for nights (0.8%) however there has been greater use of care staff where registered nurses/midwives hours have not been filled in order to maintain patient safety.

The trend in staffing fill levels since the requirement to publish them in May 2014 is shown in the table below. The registered nurse/midwife day fill rate remains the lowest. This is because the higher risk areas of nights are covered in the first instance due to lower planned staffing levels. This is shown in the table below

Month	Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
May	82.2%	93.8%	97.9%	104.2%
June	81.8%	96.5%	99.8%	110.0%
July	82.8%	98.8%	96.2%	112.7%
August	86.3%	108.1%	96.2%	121.8%
September	86.0%	104.1%	96.5%	118.7%
October	87.5%	103.3%	96.5%	119.5%

This can be seen in the graph below:



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 paediatric ward (37) has a reduced fill rate of untrained staff, particularly on a night. This does not affect nursing care of this group of patients as it is mainly delivered by registered staff and the occupancy of the paediatric ward fluctuates on a daily basis their

staffing is monitored daily to ensure that there are adequate staff for the number and age of the patients.

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 October were due to either short term sickness, maternity leave or vacant posts.

On 15 October 2014 there were 41.84 wte registered nursing vacancies. Of these vacancies 10.8 wte are 'non inpatient' areas including; endoscopy, emergency department planned investigation unit, pre-assessment and theatres. The majority are at band 5 staff nurse level (23.78 wte), there are three band 6 posts and one band 7 post which is now recruited to on a temporary basis.

The majority of registered nursing vacancies continue to be in CBU 1 in the Care of the Elderly and Trauma and Orthopaedics wards. Ward 34, Trauma and Orthopaedics continues to have 7.5 wte vacancies. From a harm perspective ward 34 has had no harms reported and ward 33 has reported two grade 2 pressure ulcers so we are not seeing an increase in harms to patients due to less than optimum staffing levels in this area.

In Care of the Elderly speciality ward 19 has two wte and ward 20 has 4.4 wte registered nurse vacancies these are currently out to advert and the wards are monitored on a daily basis.

A Recruitment Fair took place in the Trust on 6 November 2014 led by Abigail Trainer and Diane Edwards, Heads of Nursing, supported by corporate nursing functions and Human Resources. Whilst the attendance was on low side it was felt that it was a worthwhile event and will be repeated in the future.

The generic recruitment process continues with a rolling programme. On 20 November a full day of interviewing was planned to recruit to vacancies across the Trust, the majority of these staff were already qualified rather than students. However on the day only eight of the fourteen expected attended for interview, despite this all who attended were successful at interview and we are currently agreeing placements with these staff.

A number of students have currently been recruited into some of these vacancies who will qualify in January 2015.

#### **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. Work continues to be undertaken however 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 (unfilled shifts) 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			
19	68.4%	122.7%	95.2%	117.7%	Continue to have vacancies on the ward of 3.7wte.  Change of ward leadership from week commencing 17 November 2014	Matron to continue to undertake assurance audits on the ward to monitor compliance with practice  Re energise the safety bundle work in partnership with the improvement academy	1x grade 2 pressure ulcer  4x first falls, 2 with adverse outcomes  1x C Difficile  Staffing shortfall and busy nature of ward reported in feedback from complaints and F&F test however difficult to correlate patient harms directly to staffing shortfalls
20	71.5%	112.3%	100.0%	135.5%	Currently have 6.0 wte. band 5 vacant posts plus 1.0 wte. band 5 on maternity leave.  Currently out to advert for vacant band 5 positions. Interviews taking place on 20 November 2014  Staffing reviewed daily by matron and lead sister	Matron to continue to undertake assurance audits on the ward to monitor compliance with practice  Re energise the safety bundle work in partnership with the improvement academy	1x grade 2 pressure ulcer  9x first falls, 1 with adverse outcomes  2x repeat falls  Staffing shortfall and busy nature of ward reported in feedback from complaints and F&F test however difficult to correlate patient harms directly to staffing shortfalls
	78.6%	121.2%	98.4%	203.2%	Currently have 1.8 wte vacancies.	Matron to continue to undertake assurance audits on the ward to monitor compliance with practice	2x grade 2 pressure ulcer  11x first falls, 1 with adverse outcome

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			
23							3x repeat fall, 1 with adverse outcome
31	77.7%	117.7%	100.1%	106.5%	<p>The ward is now fully recruited to all vacancies.</p> <p>In October sickness % had decreased to 4.50 % from 7.44% however there is one registered nurse on long term sick and one registered nurse on maternity leave.</p> <p>There were 5 episodes of short term sickness on the ward which is a decrease from 9 in September. All staff on short and long term have been managed via the sickness policy.</p> <p>The other main cause for reduction in planned staffing levels has been supporting staff to undertake Lorenzo training, and covering other clinical areas within the CBU.</p> <p>On the % fill rate night duty for unregistered is showing at 106.5% and registered at 100%. There is an increase in unregistered hours due to having additional staff on</p>	Continued monitoring	<p>There have been two falls in October, none of the falls resulted in harm.</p> <p>Staffing levels were not compromised at the time if the falls as they both occurred on nights.</p> <p>There was one drug error in October which related to incorrect dose of oxynorm being given over several days. The staffing levels were within normal range on the dates and times of the incident.</p> <p>There have been two hospital acquired pressure ulcers in October, a grade 3 ulcer to a patient's heel and a grade 2 ulcer to a patient's sacrum. Both patients were on the correct pathway and the grade 3 has been assessed as unavoidable.</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			
					duty on the nights when sleep apnoea patients are on ward as they require 1to1 nursing.		
<b>34 (combined with 33)</b>	<b>75.5% (increase from last month)</b>	136.0%	96.0%	171.0%	<p>Currently have 6.5 wte. band 5 vacant posts</p> <p>Currently out to advert for vacant band 5 positions some of which have been recruited</p> <p>Staffing reviewed daily by matron and lead sister</p> <p>Transfer of staff from other clinical areas on a temporary basis has been agreed.</p>	<p>Matron to continue to undertake assurance audits on the ward to monitor compliance with practice</p>	<p>1x grade 2 pressure ulcer</p> <p>5x first falls, 2 with adverse outcome</p> <p>1 C difficile infection</p> <p>Staffing shortfall and busy nature of ward reported in feedback from complaints</p>
<b>ITU</b>	82.3%	<b>52.0%</b>	95.5%	00.0	<p>For intensive care the skill mix supports a low % of unqualified staff.</p> <p>The role of this group of staff in the care of level 2 and 3 patients is in non-nursing duties and the rostered hours are minimal.</p> <p>The unit experienced some short term sickness this month for trained staff and</p>	<p>Absences for sickness of untrained staff are not critical to the delivery of direct patient care and therefore the unit can carry a short term tolerance in absence management resulting in a low fill rate for care staff</p>	No harms reported

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			
					have also supported the Emergency Department as acuity allowed		
<b>SHDU</b>	107.3%	<b>70.5%</b>	98.4%	00.0	For intensive care the skill mix supports a low % of unqualified staff.  The role of this group of staff in the care of level 2 and 3 patients is in non-nursing duties.	Absences for annual leave are not critical to the delivery of direct patient care and therefore the unit can carry a short term tolerance in absence management resulting in a low fill rate for care staff	There were no falls and pressure ulcers reported infections
<b>Ward 37 (paediatrics)</b>	92.3%	85.7%	88.9%	<b>35.2%</b>	Low fill rates are due in the main to vacancy cover however there have been some instances of short term sickness.	Continue to review staffing on a shift by shift basis  Continue to assess the patients needs on shift by shift basis	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			
NNU	101.4%	86.2%	94.4%	<b>75.9%</b>	Long term sickness continues to impact on the fill rate. This is being actively managed. All vacancies have now been recruited to.	Staff have been moved from the paediatric ward as necessary, regular assessment of the acuity on the NNU has occurred, however the role of this staff group are not critical to service delivery and so can be tolerated for a period of time.	No harms identified

## 6 CONCLUSION

Staffing, whilst not always optimum across the Trust, is adequate due to the contingencies that have been put in place and patient safety is being maintained. This is shown by the reduction in hospital acquired pressure ulcers, falls with an adverse outcome and medication incidents causing harm.

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 using the daily staffing situation report and shortfalls are escalated appropriately. Harms are closely monitored and triangulated where possible to staffing levels.

Where 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 ward 33/34, ward 19 and ward 20 however appropriate actions are being taken to ensure adequate staffing, on a shift by shift basis and a recruitment plan is currently being delivered. The impact of having ward 29 open to extra in patient beds is being monitored.