

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

REF:

15/01/P-07

SUBJECT:	MONTHLY UPDATE ON NURSING AND MIDWIFERY STAFFING				
DATE:	JANUARY 2014				
PURPOSE:		<i>Tick as applicable</i>		<i>Tick as applicable</i>	
	<i>For decision/approval</i>			Assurance	✓
	<i>For review</i>	✓		Governance	✓
	<i>For information</i>			Strategy	
PREPARED BY:	Alison Bielby, Deputy Director of Nursing/ Heads of Nursing for CBUs				
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					
<p>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?</p> <p>2. What are current nursing and midwifery staffing shortfalls across the Trust and how are these being managed?</p>					
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>Recommendations 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"> 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 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"> 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. Current risk is in CBU 1 due to staffing vacancies.		
<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 previously 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 currently been identified as the area that has been flexed to create capacity of 15 beds. The Lead Nurse from ward 32 has taken responsibility for leading this ward and the other wards and departments have supplied a qualified nurse in order to compile a rota

for this area. This has been supplemented by registered bank and agency staff and non registered bank staff. Abigail Trainer, Head of Nursing for CBU 4 has overseen the area from a senior nursing perspective ensuring any safety issues escalated are resolved or mitigated.

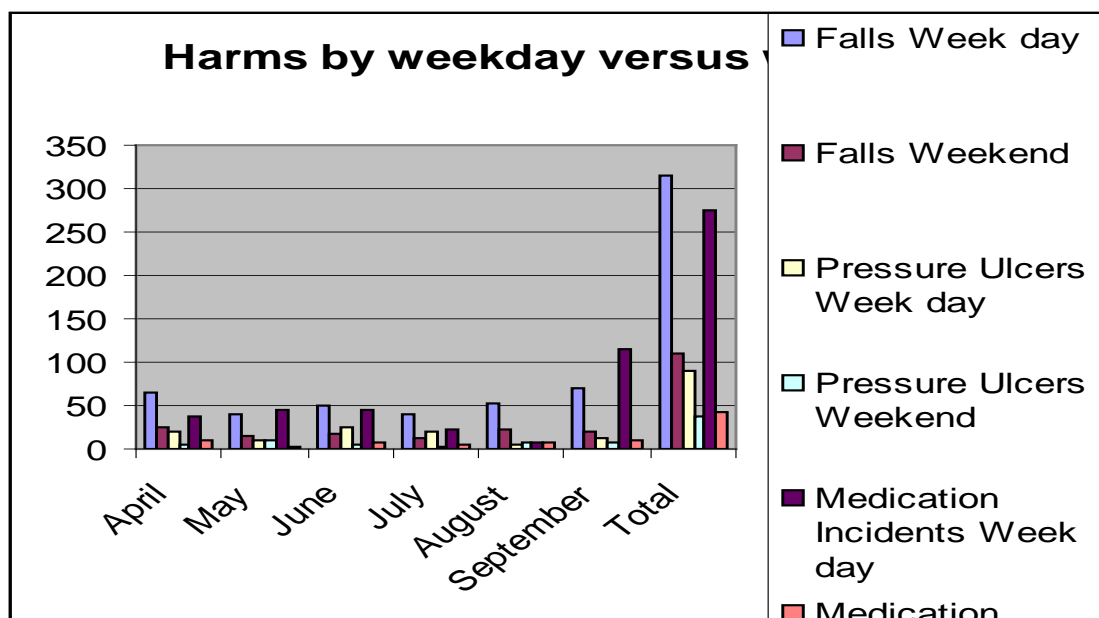
From January 2015 the Trust has sourced ten agency nurses who will work for the Trust on a regular basis until the end of March 2015. These staff will be deployed appropriately to support our own employed staff in areas where there are trained staff shortfalls due to any increased sickness, vacancy or flex of beds.

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, the heat maps shows harms across all areas. Where there are staffing fill rates less than 80% the harms are shown in the table in section 5.

Work has also been undertaken to review reported falls, pressure ulcers and medication incidents over the period April 2014 – September 2014 (Quarter 1 and 2) to review whether there are more harms caused on a weekend as opposed to the weekday. As can be seen on the table and chart below the majority of incidents reported for these areas occur during the week days of Monday to Friday.

Month	Falls		Pressure Ulcers		Medication Incidents	
	Week day	Weekend	Week day	Weekend	Week day	Weekend
April	65	25	20	6	37	10
May	39	15	9	9	44	3
June	50	17	25	6	46	8
July	39	12	19	2	23	4
August	52	23	5	7	8	7
September	69	19	12	8	116	11
Total	314	111	90	38	274	43



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
34790.5	30292.18	21046.5	20565.84	21308	20521.37	7917	9586.5

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 (%)
87.1%	97.7%	96.3%	121.1%

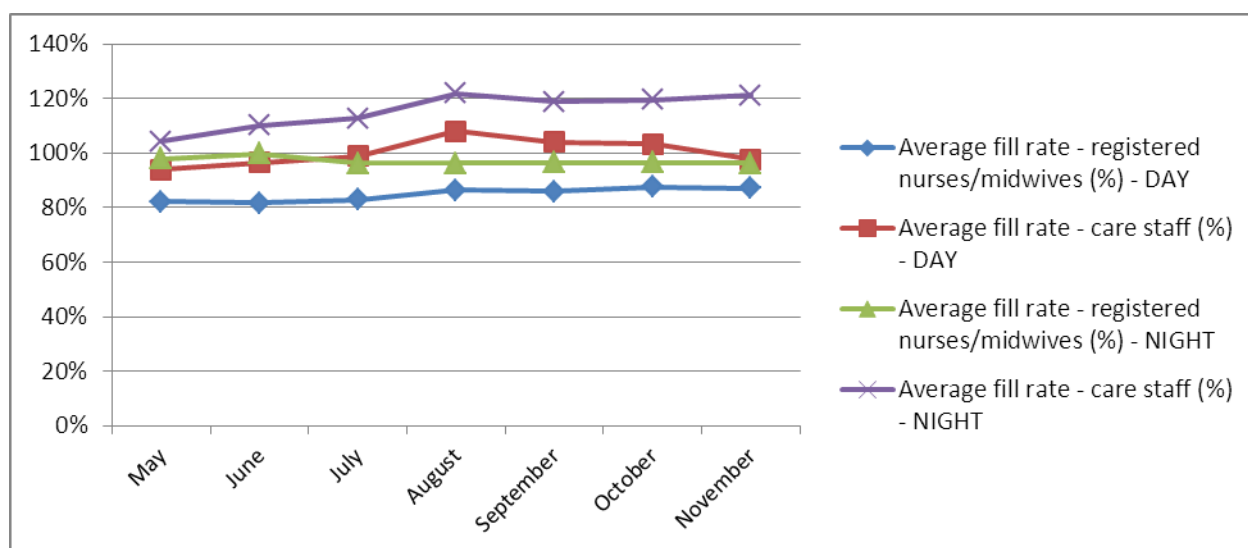
When compared with last month the average fill rate for registered nurses/midwives for both day duty and night duty has remained fairly constant. The average fill rate for care staff decreased for days (5.6%) however last month the fill rate was over 100% and increased for nights (1.6%) there has been 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.

	Day		Night	
Month	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%
November	87.1%	97.7%	96.3%	121.1%

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. In all areas this month that have a large number of extra care staff, particularly at night, this is due to the number of patients who require specialising on a one to one basis. This is currently being monitored by the Heads of Nursing. 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) recently had a reduced fill rate of untrained staff, particularly on a night time. This has now been resolved.

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

On 20 November 2014 there were 43.2 wte registered nursing vacancies. Of these vacancies 8.22 wte are 'non inpatient' areas including: emergency department and the planned investigation unit. The majority are at band 5 staff nurse level (29.38 wte.); there are 4.6 wte band 6 posts and one band 7 post, which is now recruited to on a temporary basis. This is approximately 4% of our registered nurse establishment.

The majority of registered nursing vacancies, as previously reported, 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.

In Care of the Elderly, speciality ward 19 has 4.7 wte and ward 20 has 7.32 wte registered nurse vacancies, which is an increase from last month however these are currently out to

advert and the wards are monitored on a daily basis. The Trust wide recruitment campaign is also focusing on recruitment to these areas.

The generic recruitment process continues with a rolling programme of job adverts and interviews. There are nine staff currently confirmed to commence employment within the Trust in January 2015. Of these nine there are three allocated to ward 19 and one to ward 20. There are a further nine staff given job offers who are still going through the recruitment process who do not currently have start dates but it should be expected that they will commence employment in February 2015.

On 19 December a full day of interviewing was held to recruit to vacancies across the Trust; seven staff were recruited however 5 of these are for the nurse bank.

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 REPORTED ON DATIX
	Average fill rate registered nurse/midwife	Average fill rate care staff	Average fill rate registered nurse/midwife	Average fill rate care staff			
19	61.0%	72.6%	100.0%	116.7%	<p>New temporary band 7 lead nurse in post.</p> <p>Discussed at lead Nurse performance review with lead Nurse & Matron</p> <p>Rationale understood for use of additional hours through temporary staffing and overtime</p> <p>Over staffing on nights due to the number of patients requiring extra support</p>	<p>KPI e roster to be monitored by the HoN until achieved through recruitment.</p> <p>Requirement for special one to one of patients to be assessed each shift by the ward co-ordinator.</p>	
20	71.5%	103.2%	98.3%	135.8%	<p>Discussed at lead Nurse performance review with lead Nurse & Matron</p> <p>Rationale understood for use of additional hours through temporary staffing and overtime</p> <p>Overstaffing due to the number of patients on Deprivation of Liberty</p>	<p>KPI e roster to be monitored by the HoN until achieved through recruitment.</p> <p>Requirement for special one to one of patients to be assessed each shift by the ward co-ordinator.</p> <p>Increasing staff awareness regarding best practice of caring for patients at high risk of falls through education</p> <p>Reviewing shift patterns to trial a Dawn and Dusk shift</p>	Two falls with adverse outcomes and one patient with multiple falls with an adverse outcome

WARD	DAY		NIGHT		COMMENTS /ACTION TAKEN	FURTHER ACTION REQUIRED	IDENTIFIED HARMS REPORTED ON DATIX
	Average fill rate registered nurse/midwife	Average fill rate care staff	Average fill rate registered nurse/midwife	Average fill rate care staff			
34	67.9%	122.1%	90.3%	164.2%	<p>Discussed at lead Nurse performance review with lead Nurse & Matron</p> <p>Rationale understood for use of additional hours through temporary staffing and overtime due to staffing levels of trained staff and the requirement of specials.</p>	<p>KPI e roster to be monitored by the HoN until achieved through recruitment.</p> <p>Requirement for special one to one of patients to be assessed each shift by the ward co-ordinator.</p> <p>Ward establishment reviewed with head of Nursing and Lead Sister</p>	<p>Three grade 2 pressure ulcers.</p> <p>Number of band 5 vacancies have a negative impact on staff morale and patient experience response times when patients call for assistance and administration of analgesia however this is being monitored</p>
ITU	94.8%	72.2%	96.2%	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>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>	<p>No harms reported</p>
HDU	97.9%	63.6%	98.3%	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.</p>	<p>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</p>	<p>No harms reported</p>

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. 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.
