

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

REF:

14/10/P-07

**Dancer21975DaDSUB
JECT:**

MONTHLY UPDATE ON NURSING AND MIDWIFERY STAFFING

DATE:

NOVEMBER 2014

PURPOSE:

	<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>	

PREPARED BY:

Alison Bielby, Deputy Director of Nursing/Heads of Nursing for CBU's

SPONSORED BY:

Heather McNair, Director of Nursing and Quality

PRESENTED BY:

Heather McNair, Director of Nursing and Quality

STRATEGIC CONTEXT

2-3 sentences

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.

QUESTION(S) ADDRESSED IN THIS REPORT

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)

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.

Recommendations

The Board is asked to note the report and support ongoing mitigations being put in place to manage any staffing shortfalls.

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>			

Subject:	Monthly update on Nursing and Midwifery	Ref:	14/10/P-07
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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. The Planned Investigation Unit (PIU) has now moved onto the part of ward 33 that is not being used as a bedded area so preventing this area from being used as escalation beds.

Details of the planned shift by shift versus the actual shift by shift staffing for the adult in-patient ward areas during September 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
35642.25	30663.04	21065.5	21934.03	20684	19955.75	7697.5	9133.25

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 (%)
86.0%	104.1%	96.5%	118.7%

When compared with last month the average fill rate for registered nurses/midwives has remained consistent during both day and night duty. The average fill rate for care staff increased slightly both days (4.0%) and nights (3%) 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%

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. In particular this month ward 18 is caring for a patient who due to his care needs has required extra staff to care for him every shift.

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 September were due to either short term sickness or small numbers of vacant posts.

On 17 September 2014 there were 34.78 wte. registered nursing vacancies. Of these vacancies 7 are non in patient areas including; endoscopy, emergency department and theatres. There majority are at band 5 staff nurse level (23.78 wte.) there are 3 band 6 posts and 1 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 2 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.

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

A recruitment plan has been agreed in conjunction with the Human Resources department in order to try to attract staff in to these areas. This will include targeting student nurses who are due to qualify in January 2015. One round of interviewing has been undertaken with a further round undertaken on 21 October 2014.

A Recruitment Fair is also due to take place in the Trust on 6 November 2014, supported by the Heads of Nursing.

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	72.1%	121.9%	96.7%	125.0%	<p>Currently have 2.0 wte. band 5 vacant posts.</p> <p>Currently out to advert for vacant band 5 positions.</p> <p>Staffing reviewed daily by matron and lead sister</p>	<p>Matron to continue to undertake assurance audits on the ward to monitor compliance with practice</p> <p>Re energise the safety bundle work in partnership with the improvement academy</p>	<p>Two grade 2 pressure ulcer hospital acquired.</p> <p>7 falls, one of which had an adverse outcome.</p> <p>However these patient harms have not been directly correlated to staffing shortfalls.</p>
20	68.2%	97.7%	100.0%	110.0%	<p>Currently have 4.0 wte. band 5 vacant posts plus 1.0 wte. band 5 on maternity leave.</p> <p>Currently out to advert for vacant band 5 positions.</p> <p>Staffing reviewed daily by matron and lead sister</p>	<p>Matron to continue to undertake assurance audits on the ward to monitor compliance with practice</p> <p>Re energise the safety bundle work in partnership with the improvement academy</p>	<p>One grade 2 pressure ulcer hospital acquired.</p> <p>12 falls, none of these had adverse outcomes.</p> <p>However these patient harms have not been directly correlated to staffing shortfalls.</p>
34 (combined with 33)	70.0%	158.1%	95.8%	160.0%	<p>Currently have 7.5 wte. band 5 vacant posts and numerous short term episodes of sickness</p> <p>Currently out to advert for vacant band 5 positions some of which have been recruited to but newly</p>	<p>Escalation beds now closed.</p> <p>Continue to review staffing on a shift by shift basis</p> <p>Agree with Senior Nursing Team movement of staff from other areas to support the unit</p>	<p>Six falls, two of which resulted in harm.</p> <p>3 hospital acquired grade 2 pressure ulcers</p> <p>However these patient harms have not been directly correlated to staffing shortfalls.</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			
					<p>qualified staff in January 2015</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>		
ITU (Intensive Care Unit)	84.4%	61.5%	90.5%	0.0	<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 sickness 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>There were no falls and no reported infections.</p> <p>There was one grade 2 pressure ulcer recorded</p> <p>None of these were attributed to low staffing levels</p>
SHDU (Surgical High Dependency Unit)	107.0%	61.8%	100.0%	0.0	<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 sickness 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>There were no falls and pressure ulcers reported infections</p>
NNU (Neonatal Unit)	93.1%	77.5%	95.0%	80.0%	4 wte. unregistered staff in the NNU have been on long	Staff have been moved from the paediatric ward as	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			
					term sick leave. All have been actively managed, and 3 have been undertaking phased return back to work over September.	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.	
Ward 37 (paediatrics)	93.9%	76.9%	90.1%	50.0%	Significant short and long term sick leave of registered and unregistered staff on the Paediatric ward coupled with registered RSCNs moved to other parts of the hospital due to staffing problems both in the Paediatric ED and in the Acute service have led to fill rates of less than 80%.	Continue to review staffing on a shift by shift basis Continue to assess the patients needs on shift by shift basis	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.

Fill rate indicator return

Staffing: Nursing, midwifery and care staff

Org: RFF Barnsley Hospital NHS Foundation Trust
 Period: September_2014-15

Please provide the URL to the page on your trust website where your staffing information is available

<http://www.barnsleyhospital.nhs.uk/transparency/safe-staffing/>

Validation alerts
(see control panel)

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Day		Night	
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	Registered midwives/nurses	Care Staff	Registered midwives/nurses	Care Staff	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - 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					
	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	14	502 - GYNAECOLOGY		772.5	727.4	465	375	839	839	195.5	195.5	94.2%	80.6%	100.0%	100.0%
	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	17	320 - CARDIOLOGY		1290	1339.75	1125	1194.5	690	659.25	345	552	103.9%	106.2%	95.5%	160.0%
	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	18	340 - RESPIRATORY MEDICINE		1455	1391.5	1125	1153.75	690	678.5	345	483	95.6%	102.6%	98.3%	140.0%
	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	19	430 - GERIATRIC MEDICINE		2655	1913.76	2265	2761.02	690	667	690	862.5	72.1%	121.9%	96.7%	125.0%
	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	20	430 - GERIATRIC MEDICINE		1965	1339.75	1575	1538.25	690	690	690	759	68.2%	97.7%	100.0%	110.0%
	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	AMU	300 - GENERAL MEDICINE		4155	3559	3150	2909.76	2070	2005.25	1380	1391.5	85.7%	92.4%	96.9%	100.8%
	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	23	300 - GENERAL MEDICINE		1740	1212.13	1575	1427.67	690	690	345	552	69.7%	90.6%	100.0%	160.0%
#DIV/0!	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	24	370 - MEDICAL ONCOLOGY		1040	1029.58	840	894	690	666.5	0	152.25	99.0%	106.4%	96.6%	#DIV/0!
	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	28	301 - GASTROENTEROLOGY		1316.25	1318.98	1575	1287.33	690	690	690	701.5	100.2%	81.7%	100.0%	101.7%
	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	31	100 - GENERAL SURGERY	101 - UROLOGY	1965	1590.5	1080	1324.5	690	678.5	690	816.5	80.9%	122.6%	98.3%	118.3%
	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	32	100 - GENERAL SURGERY	120 - ENT	1515	1266	900	1188.5	690	690	345	402.5	83.6%	132.1%	100.0%	116.7%
	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	33/34	110 - TRAUMA & ORTHOPAEDICS		2985	2088.75	2025	3201.25	1380	1322.5	690	1104	70.0%	158.1%	95.8%	160.0%
#DIV/0!	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	ITU	192 - CRITICAL CARE MEDICINE		3480	2938.5	555	341.5	2257.5	2042.5	0	0	84.4%	61.5%	90.5%	#DIV/0!
#DIV/0!	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	SHDU	192 - CRITICAL CARE MEDICINE		816.5	874	397.5	245.5	660	660	0	0	107.0%	61.8%	100.0%	#DIV/0!
#DIV/0!	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	CCU	320 - CARDIOLOGY		1290	1193.44	360	313	1035	1036.75	0	23	92.5%	86.9%	100.2%	#DIV/0!
	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	12	501 - OBSTETRICS		1995	1916.5	658.5	661.5	1440	1383	492	504	96.1%	100.5%	96.0%	102.4%
	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	Birthing Centre	501 - OBSTETRICS		2107.5	2066.5	362	320	2064	2028	348	300	98.1%	88.4%	98.3%	86.2%
	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	37	171 - PAEDIATRIC SURGERY		1362.5	1280	552.5	425	1288.5	1161	92	46	93.9%	76.9%	90.1%	50.0%
	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	15	170 - CARDIOTHORACIC SURGERY		1737	1617	480	372	1440	1368	360	288	93.1%	77.5%	95.0%	80.0%
	Barnsley Hospital NHS Foundation Trust HQ - RFFAA															
		TOTAL			35642.25	30663.04	21065.5	21934.03	20684	19955.75	7697.5	9133.25				