REPORT TO THE BOARD OF BARNSLEY HOSPITAL NHSFT	REF:	14/10/P-08b

SUBJECT:	MONTHLY UPDATE ON NURSING AND MIDWIFERY STAFFING	

DATE:	OCTOBER 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/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   *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 on-going mitigations being put in place to manage any staffing shortfalls.

REFERENCE/CHECKLIST		
• **Which business plan objective(s) does this report relate to?**	Aim 1: Patients will experience safer care	
• **Has this report considered the following stakeholders?**	☑ Patients ☐ BCCG ☐ Other ☑ Staff ☐ BMBC Please state: ☐ Governors ☐ Monitor	
• **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**	**Staffing shortfalls are identified on the risk register as appropriate. Current risk is in CBU 1 due to staffing vacancies.**	
• **Where applicable, state resource requirements:**	**Finance:**	**None**
	Other:	**None**

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:	Monthly update on Nursing and Midwifery	Ref:	**14/10/P-08b**

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.

Wards 33 and 34 are now combined from a staffing point of view and this is reflected in appendix 1. However there are still vacancies in this clinical area and over the last month this area has been flexed to provide beds when Trust capacity has been stretched.

On 1 August 2014, ward 27 was closed as part of the Trust bed reconfiguration plans. Staff have been redeployed to clinical areas where vacancies were identified that matched their skills. This has ensured that the fill rates across the Trust as a whole have increased.

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

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
51815.25	44720.94	28609	30928.55	21576.5	20764.5	8250.5	10052.75

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 (%)
86.3%	108.1%	96.2%	121.8%

When compared with last month, the average fill rate for registered nurses/midwives shows an increase during the day (3.5%) and no change for night duty. The average fill rate for care staff increased for both days (9.3%) and nights (9%), 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 has shown a steady increase in staffing hours filled across all shifts apart from the fill rate for registered nurses/midwives on night which has reduced slightly.

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%

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 planned staffing level is based on optimal staffing levels. 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 July were due to either short term sickness or small numbers of vacant posts.

On 13 August 2014 there were 29.59 wte registered nursing vacancies across the Trust (this is following the closure and redeployment of staff from ward 27). A small number of these vacancies were expected to be filled by newly qualified staff who have not taken up the posts offered to them.

The majority of registered nursing vacancies are in CBU 1 in the Care of the Elderly and Trauma and Orthopaedics wards. Despite closing 15 beds on ward 33 (Trauma and Orthopaedics) and working 33 and 34 as one clinical area, there continues to be 7.5 wte vacancies in this area. A plan to staff this safely with support from across the Trust has been agreed by the Heads of Nursing and the area is monitored on a daily basis. 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.

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.

The Acute Medical Unit, identified as an area previously with a number of vacancies, has now recruited to the majority of these, leaving a vacancy of only 0.74 wte.

4.   **BENCHMARKING**

Using information on NHS Choices website benchmarking has been undertaken across a number of Trusts in Yorkshire and the Humber region for the month of July 2014 (latest figures published at the time of benchmarking). The following table details the average fill rate for each hospital per Trust. Please note that for some Trusts this will be up to three separate sites.

This data should be read with caution as it was not possible to link to many board papers to understand what the planned establishments are for other Trusts, therefore it is likely that they could be working to a different planned level of staffing than to the planned staffing for BHNFT. The specialities are also likely to be a different make up than those provided by BHNFT. The data therefore is not a like for like comparison.

Trust/Hospital	Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Barnsley Hospital NHS Foundation Trust	82.8	98.8	96.2	112.7
Calderdale and Huddersfield Foundation Trust				
Huddersfield Royal Infirmary	87	101	89	117
Calderdale	82	86	80	111
Mid Yorkshire Hospitals NHS Trust				
Pinderfields	86	95	92	111
Dewsbury	84	90	100	104
Pontefract	105	98	94	98
Doncaster and Bassetlaw NHS Foundation Trust				
DRI	81	96	95	113
Montagu	109	59	99	69
Bassetlaw	87	89	102	122
Sheffield Teaching Hospitals NHS Foundation Trust				
Royal Hallamshire	97	93	95	113
NGH	100	94	96	107
Rotherham NHS Foundation Trust	97	106	100	102
Airedale NHS Foundation Trust	95	97	99	107
Chesterfield Foundation Trust	96	98	96	103
Harrogate NHS Foundation Trust	98	105	100	113

5. 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. Until these checks have been completed these early data need to be viewed with caution.

6. 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			
20	75.3%	117.2%	100.0%	133.7%	Currently have 5.5 wte band 5 vacant posts plus 1.0 wte band 5 on maternity leave. Currently out to advert for vacant band 5 positions. Staffing reviewed daily by matron and lead sister	Matron to continue to undertake assurance audits on the ward to monitor compliance with practice Further analysis of times of patient falls to be understood Re energise the safety bundle work in partnership with the improvement academy	Two grade 2 pressure ulcer hospital acquired. 6 first falls, 1 repeat fall, two of these had adverse outcomes. However these patient harms have not been directly correlated to staffing shortfalls.
31	76.9%	118.7%	98.4%	103.2%	The ward currently has two registered nurses on long term sick both being supported by Occupational Health and Human Resources. There is also one registered nurse on maternity leave. The Head of Nursing has reviewed the budget and a temporary post and a full time permanent post have been advertised to cover long term sickness on the ward, interviews take place mid September.	Continued monitoring	There have been four falls, none of the falls resulted in harm. All patients had falls risk assessments in place and measure had been put into place which included moving the patient to a high visibility bed. Staffing levels were not compromised at the time if the falls. There have been no hospital acquired pressure ulcers or medication incidents in August.

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			
					A registered nurse has also been moved for 3 months from Planned Investigation Unit to support the ward, this will be reviewed in October 2014.		
33/34	**71.3%**	145.0%	91.1%	165.6%	Currently have 7.5 wte band 5 vacant posts and numerous short term episodes of sickness Currently out to advert for vacant band 5 positions Staffing reviewed daily by matron and lead sister Escalation of the ward from 42 to 58 beds for the majority of August with ad hoc additional staffing and high use of temporary staffing continued for the month Transfer of staff from other clinical areas on a temporary basis has been agreed.	Escalation beds reduced and to be closed as soon as activity and 4 hour performance allows. Continue to review staffing on a shift by shift basis Agree proposal for provision of a ring fenced elective unit Agree with Senior Nursing Team movement of staff from other areas to support the unit	Six first falls, one repeat fall none of which resulted in harm. Two hospital acquired grade 2 pressure ulcers
ITU	90.5%	**64.0%**	92.0%	0	For intensive care the skill mix supports a low % of unqualified staff.	Absences for sickness are not critical to the delivery of direct patient care and therefore the unit can carry a short term	There were no falls and no reported infections. There were three incidents of

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			
					The role of this group of staff in the care of level 2 and 3 patients is in non-nursing duties.	tolerance in absence management resulting in a low fill rate for care staff	grade 2 pressure ulcers recorded 1. Occurred on the lower lip due to grazing by the ETT 2. Admitted from ED post fall with a grade 2 pressure area 3. Admitted with a grade 2 pressure area None of these were attributed to low staffing levels One case of C Diff.
SHDU	92.8%	**66.3%**	100.0%	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 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	There were no falls and no reported infections There was one grade 2 pressure ulcer recorded –found under a dressing when removed but not attributable to staffing levels.
NNU	94.9%	**75.0%**	96.7%	**65.5%**	Four wte unregistered staff in the Neonatal Unit have been on long term sick leave. All have been actively managed, with three due to return from	Staff have been moved from the paediatric ward as necessary, regular assessment of the acuity on the NNU has occurred, however the role of	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			
					long term sick by September.	this staff group is not critical to service delivery and so can be tolerated for a period of time.	
Ward 37 (paediatrics)	87.9%	84.7%	**74.9%**	83.3%	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%. The paediatric ward also has two vacancies for registered staff, which have been recruited to but are currently going through the recruitment check process.	Continue to review staffing on a shift by shift basis Continue to assess the patients needs on shift by shift basis	No harms identified

7.   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 has been put in place.

Fill rate indicator return
Staffing: Nursing, midwifery and care staff

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/

RFF: **Barnsley Hospital NHSFT**

August 2014-15

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Day		Night	
					Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff					
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	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	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
RFFAA	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	14	502 - GYNAECOLOGY		780	780	352.5	356.5	851	851	218.5	218.5	100.0%	101.1%	100.0%	100.0%
RFFAA	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	17	320 - CARDIOLOGY		2242.5	1985.16	1546.5	1523.5	713	718	356.5	425.5	88.5%	98.5%	100.7%	119.4%
RFFAA	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	18	340 - RESPIRATORY MEDICINE		2625	2104.75	1732.5	2088.5	713	713	356.5	678.5	80.2%	120.5%	100.0%	190.3%
RFFAA	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	19	430 - GERIATRIC MEDICINE		2707.5	2193.5	2317.5	2681.25	713	713	713	885.5	81.0%	115.7%	100.0%	124.2%
RFFAA	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	20	430 - GERIATRIC MEDICINE		2707.5	2038.01	2353.5	2758.25	713	713	713	953	75.3%	117.2%	100.0%	133.7%
RFFAA	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	AMU	300 - GENERAL MEDICINE		6780	5610.25	4875	4496.5	2495.5	2472.5	1426	1460.5	82.7%	92.2%	99.1%	102.4%
RFFAA	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	23	300 - GENERAL MEDICINE		2475	2003.19	1972.5	1921.5	713	701.5	356.5	460	80.9%	97.4%	98.4%	129.0%
RFFAA	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	24	370 - MEDICAL ONCOLOGY		1951	1844.92	900	1132.5	713	713	0	149.5	94.6%	125.8%	100.0%	#DIV/0!
RFFAA																
RFFAA	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	28	301 - GASTROENTEROLOGY		1950.75	2008.91	2122.5	1900.5	552	552	517.5	552	103.0%	89.5%	100.0%	106.7%
RFFAA	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	31	100 - GENERAL SURGERY		2707.5	2082.75	1806	2143	713	701.5	713	736	76.9%	118.7%	98.4%	103.2%
RFFAA	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	32	100 - GENERAL SURGERY		2452.5	2073.73	1520	1755.05	713	713	517.5	529	84.6%	115.5%	100.0%	102.2%
RFFAA	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	33/34	110 - TRAUMA & ORTHOPAEDICS		4955.25	3534.25	3592.5	5209.75	1426	1299.5	1069.5	1771	71.3%	145.0%	91.1%	165.6%
RFFAA																
RFFAA	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	ICU	192 - CRITICAL CARE MEDICINE		6052.75	5478	542.5	347.25	2408	2215.5	0	32.25	90.5%	64.0%	92.0%	#DIV/0!
RFFAA	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	SHDU	192 - CRITICAL CARE MEDICINE		1590	1476	465	308.5	682	682	0	11	92.8%	66.3%	100.0%	#DIV/0!
RFFAA	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	CCU	320 - CARDIOLOGY		2362.5	2377.02	372	375.5	1069.5	1096	0	69	100.6%	100.9%	102.5%	#DIV/0!
RFFAA	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	12	501 - OBSTETRICS		2079	2043.5	739.5	715.5	1488	1446	480	456	98.3%	96.8%	97.2%	95.0%
RFFAA	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	37	171 - PAEDIATRIC SURGERY		1487.5	1307.5	535	453	1276.5	956	93	77.5	87.9%	84.7%	74.9%	83.3%
RFFAA	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	15	170 - CARDIOTHORACIC SURGERY		1635	1551	432	324	1440	1392	348	228	94.9%	75.0%	96.7%	65.5%
RFFAA	Barnsley Hospital NHS Foundation Trust HQ - RFFAA	Birthing Centre	501 - OBSTETRICS		2274	2228.5	432	438	2184	2116	372	360	98.0%	101.4%	96.9%	96.8%
	Total				51815.25	44720.94	28609	30928.55	21576.5	20764.5	8250.5	10052.75				

RFF   Barnsley Hospital NHS Foundation Trust
August_2014-15

		Day				Night				Day		Night	
		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff					
Site Code	Site Name	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	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
RFFAA	Barnsley Hospital NHS Foundation Trust HQ	51815.25	44720.94	28609	30928.55	21576.5	20764.5	8250.5	10052.75	86.3%	108.1%	96.2%	121.8%