

Paper for submission to the Board of Directors on 4th September 2014

TITLE:	Monthly Nurse/Midwife Sta	affing Position –	June and July 2014
AUTHOR:	Denise McMahon Director of Nursing	PRESENTER:	Denise McMahon Director of Nursing

CORPORATE OBJECTIVE:

SGO1: Quality, Safety & Service Transformation Reputation - To become well known for the safety and quality of our services through a systematic approach to service transformation, research and innovation

SGO2: Patient Experience - To provide the best possible patient experience

SGO5: Staff Commitment - To create a high commitment culture from our staff with positive morale and a "can do" attitude

SUMMARY OF KEY ISSUES:

As outlined in the detailed paper submitted to the Board last month, one of the requirements set out in the National Quality Board Report 'How to ensure the right people, with the right skills, are in the right place at the right time' and the Government's commitments set out in 'Hard Truths', is the need for the Board to receive monthly updates on staffing information. The attached paper provides that information for June and July 2014.

There is no set template for this information and so the intention behind the format of the attached has been to make potentially complex information as clear and easily understandable as possible. As this is a new requirement, the format will evolve as time progresses and is different to that provided for May 2014.

The paper indicates for the months of June and July 2014 when day and night shifts on all wards were (green) and were not staffed to the planned levels for both registered (amber) and unregistered staff (blue), with the day shift registered figures also taking into consideration the 1:8 nurse to patient ratio for general wards. Unsafe staffing will also be charted (red). The planned levels for each ward vary dependent on the types of patients and their medical specialities and national ratios apply to specialist areas such as intensive care, midwifery and paediatric areas.

When shortfalls occurred the reasons for gaps and the actions being taken to address these are outlined and an assessment of any impact on key quality indicators has been undertaken. The attached graph indicates the monthly fall in the number of overall shifts when the actual was below the planned for both registered (RN) and unregistered (UN) staff.

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IMPLICATIONS OF PAPER:												
RISK	Υ		Risk Score and Description:									
	Risk Regist	er: Y	Nurse staffing levels are sub-optimal (20)									
			Loss of experienced midwives (15)									
COMPLIANCE	CQC	Υ	Details: 13: Staffing									
and/or	NHSLA	N	Details:									
LEGAL	Monitor	Υ	Details: Compliance with the Risk Assessment									
REQUIREMENTS			Framework									
	Equality	Υ	Details: Better Health Outcomes for all									
	Assured		Improved patients access and experience									
	Other	N	Details:									
ACTION REQUIRE	D OF BOARD):										

Discussion

RECOMMENDATIONS FOR THE BOARD:

Decision

To discuss and review the staffing situation and actions being taken and agree to the publication of the paper.

Approval

Other

THE DUDLEY GROUP NHS FOUNDATION TRUST

Monthly Nurse/Midwife Staffing Position

June and July 2014

One of the requirements set out in the National Quality Board Report 'How to ensure the right people, with the right skills, are in the right place at the right time' and the Government's commitments set out in 'Hard Truths', is the need for the Board to receive monthly updates on staffing information.

Following the first two reports, the attached charts have a slightly amended format. As previously indicated the information on the charts is likely to evolve initially, hopefully making complex information clearer and more easily understandable, especially in the light that this information is shared with the general public.

The charts indicate for the months of June and July 2014 when day and night shifts on all wards were and were not staffed to the planned levels for both registered and unregistered staff, with the day shift registered figures also taking into consideration the 1:8 nurse to patient ratio for general wards.

It can be seen from the chart (green) that the planned staffing levels were attained in the majority of cases. In a number of instances, despite attempts through the use of deployment of staff or the use of bank/agency staff, the number of planned staff for the patients on that shift were not reached.

When there is an unregistered staff shortfall the shift is marked in blue and when there is a registered staff shortfall this is marked in amber. If the shift is reported as unsafe, this will be marked as red. In all instances of shortfalls, the planned and actual numbers are indicated.

When shortfalls have occurred the reasons for the gaps and the actions being taken to address these in the future are outlined below.

An attached graph indicates the monthly total number of shifts when the actual was below the planned for both registered (RN) and unregistered (UN) staff. A downward trend can be seen for both groups of staff.

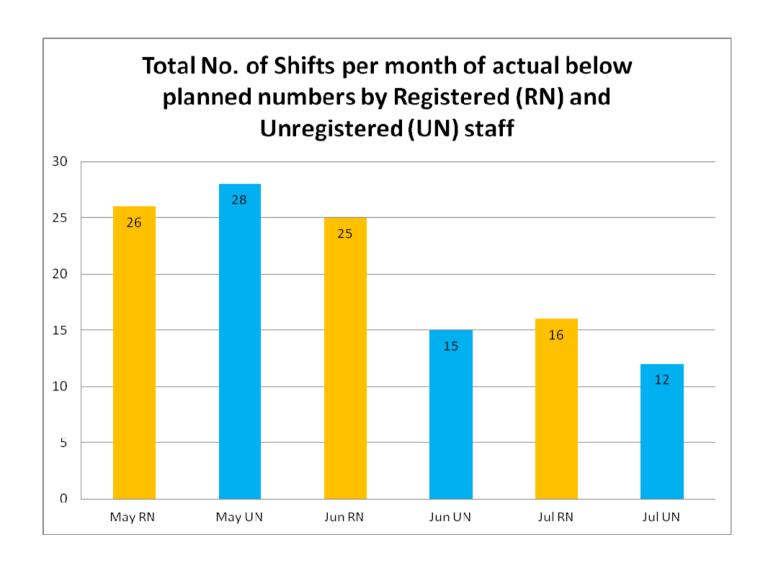
An assessment of any impact on key quality indicators has been undertaken. From as far as possible as it is to ascertain, these shortfalls have not affected the results of any of the nursing care indicator measures or other quality measures such as the number of infections. In addition, there is no evidence that they have affected patient feedback in terms of the answers to the real time surveys or in the number of concerns or complaints received.

MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS JUNE 2014

WARD	OCCASIONS	REG/	REASONS FOR SHORTFALLS	MITIGATING ACTIONS
		UNREG	IN STAFFING	
B1	4 4	RN UNREG	Short term sickness and vacancy.	Bank unable to fill. On one occasion booked agency nurse cancelled. Liaised with other areas contacted for support and Site Coordinator/Matron contacted. Recruitment to vacancy on-going. Less than planned but assessed as safe with patients on the ward.
B3	1	UNREG	Short term sickness.	Bank unable to fill. Liaised with other areas contacted for support and Site Coordinator/Matron contacted. Less than planned but assessed as safe with patients on the ward.
B4	5 6	RN UNREG	Vacancy, short and long term sickness.	Bank unable to fill. On all occasions liaised with other areas contacted for support and Site Coordinator/Matron contacted. Recruitment to vacancy on-going. Less than planned but assessed as safe with patients on the ward.
B6	2	RN	Sickness	Bank staff booked but did not attend. Closed ward to admissions on both nights Liaised with bank regarding the specific bank staff. Less than planned but assessed as safe with patients on the ward.
C1	1	RN UNREG	Sickness.	Bank unregistered staff member cancelled shift at short notice and bank unable to fill. On one occasion specialling unregistered staff member assisted with other patients. Liaised with other areas contacted for support and Site Coordinator/Matron contacted. Less than planned but assessed as safe with patients on the ward.
C6	3	RN UNREG	Sickness and on one occasion ward did not book bank in error.	Bank unable to fill. Booked agency nurse did not arrive on one occasion. On all occasions liaised with other areas contacted for support and Site Coordinator/Matron contacted. Less than planned but assessed as safe with patients on the ward.
C7	11	RN	Vacancies and sickness	Bank and agency unable to fill. On all occasions liaised with other areas contacted for support and Site Coordinator/Matron contacted. Less than planned but assessed as safe with patients on the ward. Recruitment to vacancies ongoing with interviews for two Band 6 posts taking place in September (at shortlisting stage) and two Band 5 new graduates allocated for September.

MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS JULY 2014

WARD	OCCASIONS	REG/ UNREG	REASONS FOR SHORTFALLS IN STAFFING	MITIGATING ACTIONS
A3	1	UNREG	Sickness	Bank staff booked but unable to fill. Liaised with other areas contacted for support and Site Coordinator/Matron contacted. Less than planned but assessed as safe with patients on the ward
A4	2	UNREG	Short and Long Term Sickness	Bank staff booked on both occasions but unfortunately staff member cancelled. Liaised with other areas contacted for support and Site Coordinator/Matron contacted. Less than planned but assessed as safe with patients on the ward.
B2 T	3	RN UNREG	Sickness and vacancy	Liaised with other areas contacted for support and Site Coordinator/Matron contacted and an Unreg available when RN short. Recruitment to vacancy ongoing. Less than planned but assessed as safe with patients on the ward.
B5	1	UNREG	Sickness	Liaised with other areas contacted for support and Site Coordinator/Matron contacted. Less than planned but assessed as safe with patients on the ward.
B6	2	UNREG	Sickness and vacancy	Liaised with other areas contacted for support and Site Coordinator/Matron contacted. On one occasion booked agency nurse did not turn up. Recruitment to vacancy on-going. Less than planned but assessed as safe with patients on the ward.
C1	5 1	RN UNREG	Sickness and vacancy	Bank and agency unable to fill. On all occasions liaised with other areas contacted for support and Site Coordinator/Matron contacted. Less than planned but assessed as safe with patients on the ward. Recruitment to vacancy ongoing.
C6	1	RN	Sickness	Agency nurse booked did not turn up then liaised with other areas contacted for support and Site Coordinator/Matron contacted. Less than planned but assessed as safe with patients on the ward.
C7	9	RN UNREG	Vacancy and sickness	Bank and agency unable to fill. On all occasions liaised with other areas contacted for support and Site Coordinator/Matron contacted. Less than planned but assessed as safe with patients on the ward. Recruitment to vacancies ongoing with interviews for two Band 6 posts taking place in September (at shortlisting stage) and two Band 5 new graduates allocated for September.



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* Critical Care has 6 ITU beds and 8 HDU beds

^{**} Neonatal Unit has 3 ITU cots, 2 HDU cots and 18 Special care cots. Ratios reflect BAPM guidance and include a single figure for registered and non registered staff

^{***} Children's ward accommodates children needing direct supervision care, HDU care 2 beds, under 2 years of age care and general paediatric care. There are no designated beds for these categories, other than HDU and the beds are utilised for whatever category of patient requires care.

^{****} Midwifery registered staffing levels are assessed as the midwife: birth ratio and is compliant with the 'Birthrate +' staffing assessment

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