

**MEETING OF THE TRUST BOARD
EXECUTIVE SUMMARY**

AGENDA ITEM 2.1

TITLE & DATE:	Safe Nurse and Midwifery Staffing Report: October 2015 5 November 2015				
This paper is for:	Approval	Decision	Assurance - for Discussion	Assurance - for Information only	
			X		
Paper Author & Job Title:	Dawn Parkes, Deputy Chief Nurse for Practice and Professional Development and Sharon Payne, Matron for Nurse Staffing		Responsible Director:	David Melia, Acting Chief Nurse	
Summary of paper: (No more than 300 words)	This report is the regular monthly report to the Trust Board that presents the nurse staffing data for October 2015 for the Trust, individual Wards and nurse staffing position.				
Action Required from Board:	Review the current inpatient ward staffing position.				
Does this paper provide evidence of, or identify a gap in, assurance for the Board Assurance Framework? please outline	<p>Maintaining safe nurse and midwifery staffing levels are fundamental to providing high quality safe care to patients.</p> <p>The position in the Division of Emergency and Elective Services; Medicine, and Surgery requires monitoring; although the net staffing position will improve following successful recruitment programmes, the time delay in start dates is of concern.</p> <p>When shortfalls occur - staffing numbers across adult in-patient areas and midwifery are appropriately reported and risk assessed. These processes occur twice daily and are documented.</p>				
Which of the following does this paper support?					
5 Striving for Excellence Breakthrough Objectives	<i>Become one of the best in the country</i>	<i>Keep our patients safe</i>	<i>Live and grow within the resources we have</i>	<i>Develop one another to achieve the best for us and our patients</i>	<i>Surpass expectations and build on our reputation</i>

		X	X			X
6 Change Programmes	<i>Patient safety and Quality</i>	<i>Urgent and Emergency Care</i>	<i>Reducing Waiting Times</i>	<i>Outpatient Improvement</i>	<i>Engagement</i>	<i>Meeting the Challenge</i>
	X	X	X		X	
4 Trust Values	<i>Caring</i>		<i>Respect</i>		<i>High Standards</i>	
	X		X		X	

The Mid Yorkshire Hospitals NHS Trust

Safe Nurse and Midwifery Staffing

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- 5. Staffing Trajectory Bridge Diagram**

Document Control

Author: Dawn Parkes, Deputy Chief Nurse for Practice and Professional Development, Sharon Payne, Matron Safe Staffing
Contributors: Ann Wathall: Patient Experience Lead, Paul Jepson: Complaints Manager.
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1. Purpose of Report

The report adheres to the recommendations set out by the National Quality Board (NQB): *How to ensure the right people, with the right skills, are in the right place at the right time*. In providing a monthly detailed retrospective data analysis on a shift by shift basis of the planned and actual nurse staffing levels across our in-patient wards within The Mid Yorkshire Hospitals NHS Trust, and is inclusive of Registered Nurses (RN) and Health Care Assistants (HCA).

The Mid Yorkshire Hospitals NHS Trust is committed to striving towards its nursing workforce being efficient and sufficiently robust to deliver high quality, safe and effective care in order to meet the acuity and dependency requirements of patients within our care.

The report details our current position for adult in-patient wards including vacancy levels and recruitment, and an evaluation of the overall position with associated mitigating actions and impact on quality of patient care.

The report also includes a summary of:

- Staffing analysis and exception criteria
- Adult inpatient Nurse staffing plan (staffing trajectory bridge diagram)
- Opportunities for a review of safe staffing

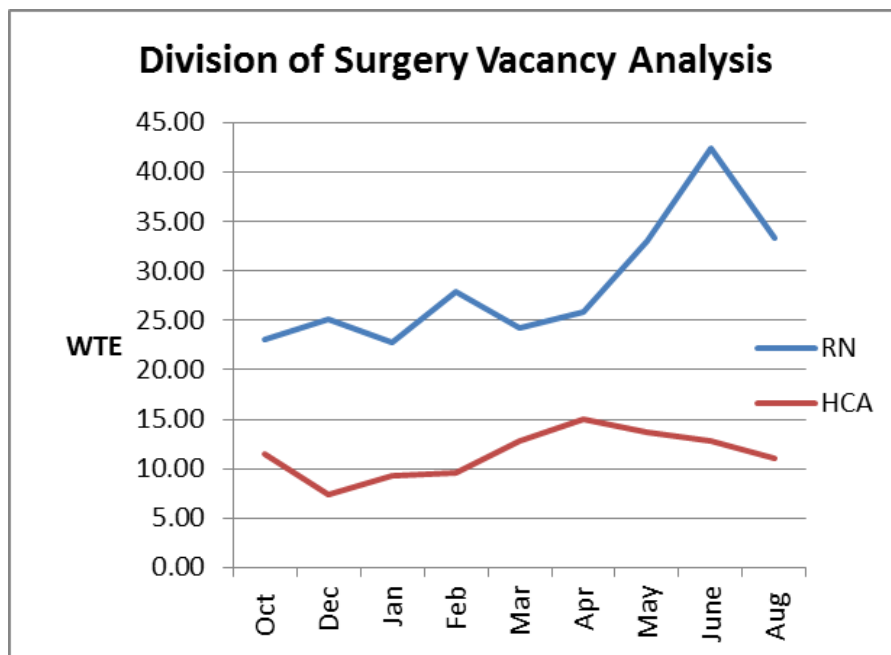
2. Detail

2.1 Overall Staffing Position

The following information provides the month on month vacancy analysis for the Division of Elective and Emergency services - Medicine and Surgery and the 2 Intermediate Care bedded units (Monument House based at PGI and Queen Elizabeth House) within Community's Care Closer to Home Service.

Division of Surgery Inpatient Ward Vacancy Information WTE

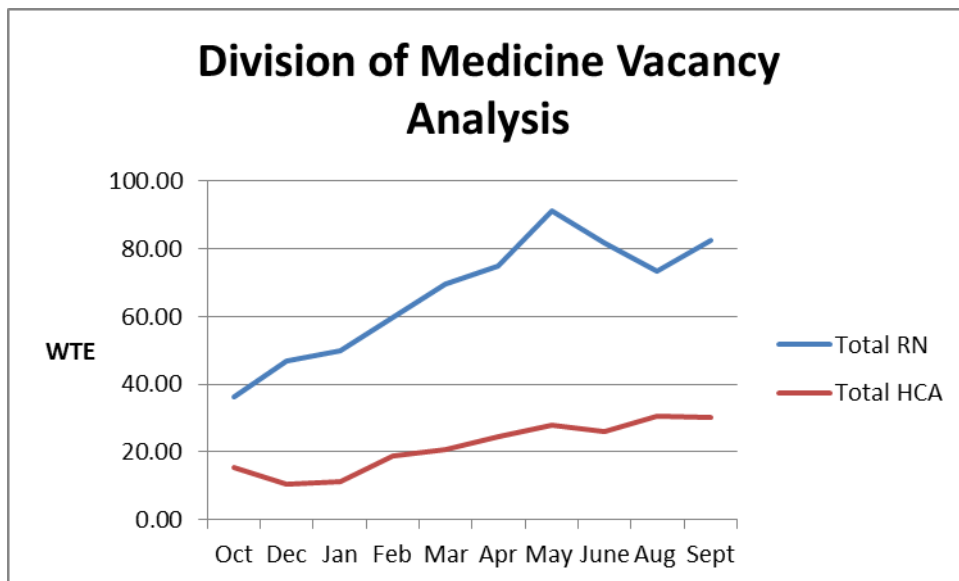
The Division of Surgery vacancy position shows improvement for the second month running. This has further reduced by 6.75WTE and is now 26.58 WTE (9%) The vacancy position for the Health Care Assistants continues to reduce and is now 9.44 WTE (8%).



		Oct	Dec	Jan	Feb	Mar	Apr	May	June	Aug	Sept
Total	RN	23.04	25.12	22.77	27.92	24.18	25.79	33.03	42.45	33.33	26.58
Total	HCA	11.50	7.43	9.28	9.55	12.80	15.07	13.66	12.87	10.99	9.44

Division of Medicine Inpatient Ward Vacancy Information WTE

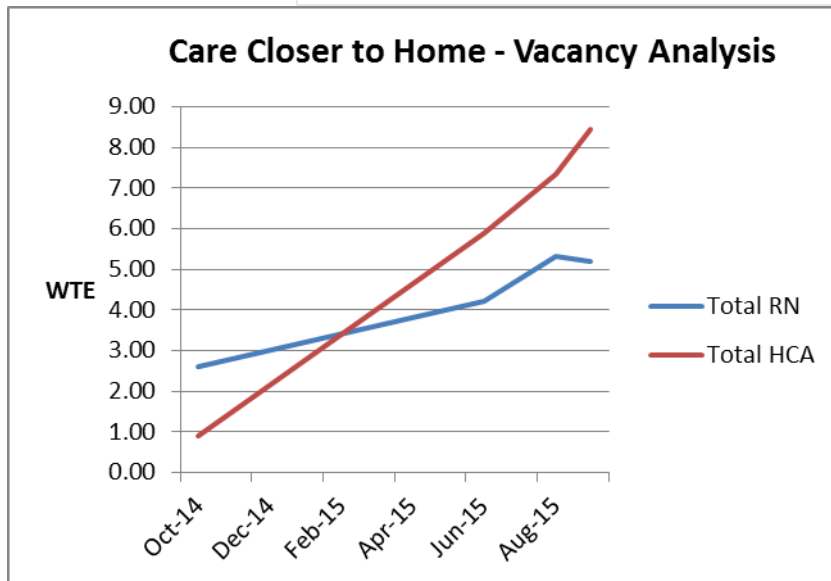
The Division of Medicine Registered Nurse vacancy position has increased by 9.35 WTE; however this has been impacted by the reconfiguration and realignment of the cardiac services. The vacancy position is now 82.51 WTE (19%) The Health Care Assistant vacancies levels have improved minimally and are now 30.21 WTE (12%)



		Oct	Dec	Jan	Feb	Mar	Apr	May	June	Aug	Sept
Total	RN	36.18	46.72	49.92	59.83	69.46	74.95	91.13	81.52	73.16	82.51
Total	HCA	15.37	10.44	11.10	18.83	20.90	24.35	27.90	25.92	30.74	30.21

Intermediate Care Inpatient Ward Vacancy Information WTE

The Intermediate Care Registered Nurse vacancy position has reduced slightly to 5.21 WTE (25%). The Health Care Assistants vacancies continue to increase and are now 8.44 WTE (28%). Proposed recruitment plans for Care Closer to Home will incorporate both Intermediate Care and Community Nursing.



		Oct-14	Jun-15	Aug-15	Sep-15
Total	RN	2.60	4.21	5.33	5.21
Total	HCA	0.92	5.88	7.36	8.44

3. Safe Staffing Report

The purpose of the Safe Staffing report is to provide a summary at a glance; a rag rated staffing analysis with associated quality indicators. The staffing data provides an overview of planned hours, actual staffing hours by grade type throughout September 2015 and the % fill rate (as per the national staffing return).

The Wards highlighted Green, are within the agreed tolerances.

Overall key concerns are areas where the staffing fill rate has fallen below 80% (highlighted red on the report) and understanding the impact this has on patient care.

There are several challenges affecting staffing levels and this is driven by vacancies, sickness, maternity leave and the management of other unavailability, all of which reduce available clinical nursing hours.

It is of interest to note that there are no reported incidents of Trust attributable MRSA for the inpatient areas included in the report for the third month running. One category 3 pressure sore has been recorded for Gate 34 PGH; however there are outliers in relation to category 2 Pressure Ulcers including Ward 10 DDH, Gate 43 PGH and Gate 20 PGH; and falls with harm including Gate 43.

Further detailed ward by ward staffing levels and triangulated safety indicators are provided by exception only. Please see below the exception reporting criteria:

Exception reporting criteria
staffing less than 80%
Falls with harm
Pressure sores Cat 2 & 3
Serious Incidents and Never Events

For the Wards that fall outside of the criteria, detailed reports can be found here:

3. Safe Staffing Analysis

September 15 Monthly SafeStaffing Report

Unit	Day						Night						Falls with Harm	c-diff	MRS A	Pressure ulcers		SI & NE
	Planned RN	Actual RN	Planned HCA	Actual HCA	% RN	% HCA	Planned RN	Actual RN	Planned HCA	Actual HCA	% RN	% HCA				Cat 2	Cat 3	
Gate 12 PGH, Acute Assessment	3943	2941.76	1890	1932.93	74.6%	102.3%	3105	2907.17	1725	1918.50	93.6%	111.2%	2					
Gate 20 PGH, Respiratory	2190	1868.96	1725	1483.57	85.3%	86.0%	1380	1345.50	1035	1258.00	97.5%	121.5%	2			5		
Gate 20a PGH, Acute Care	1402.5	1184.50		12.00	84.5%		1380	1015.00		192.00	73.6%							
Gate 21 PGH, Haematology	1117.5	1041.52	345	366.31	93.2%	106.2%	690	679.50	345	333.00	98.5%	96.5%	1					
Gate 31a & Gate 11 PGH, Cardiology	2490	1985.38	1380	1008.36	79.7%	73.1%	2070	2006.52	1035	969.00	96.9%	93.6%		1				
Gate 41 PGH, Elderly Care	1815	1451.34	1380	1813.45	80.0%	131.4%	1380	1302.00	1035	1724.50	94.3%	166.6%	2			4		
Gate 42 PGH, Elderly Care	2137.5	1722.50	1380	1803.47	80.6%	130.7%	1380	1317.50	1035	1761.50	95.5%	170.2%				4		
Gate 43 PGH, Elderly Care	1837.5	1461.40	1380	1671.77	79.5%	121.1%	1380	1347.50	1035	1447.50	97.6%	139.9%	6			6		
Gate 44 PGH, Gastroenterology	1785	1390.44	915	957.50	77.9%	104.6%	1380	1298.00	690	803.50	94.1%	116.4%	1			2		
Gate A2 PGH, Stroke & Neurology	2310	2165.75	1483	1861.04	93.8%	125.5%	1380	1348.50	690	1307.00	97.7%	189.4%	2	1				
Gate A4 PGH, Spinal Injuries	1710	1395.88	1665	1351.05	81.6%	81.1%	1035	1035.00	690	690.00	100.0%	100.0%						
Medical, Stroke Rehab Unit	1440	1184.46	1035	1149.48	82.3%	111.1%	1035	1024.00	690	861.00	98.9%	124.8%	4			2		
Ward 10 DDH, Short Stay	1807.5	1291.08	1035	919.69	71.4%	88.9%	1035	1027.00	690	634.50	99.2%	92.0%				5		
Ward 11 DDH, Medical Assessment	2002.5	1670.59	1380	1217.50	83.4%	88.2%	1380	1359.33	690	632.50	98.5%	91.7%				1		
Ward 2 DDH, Elderly Care	1500	1279.31	1035	1718.81	85.3%	166.1%	1035	1048.00	690	1383.00	101.3%	200.4%	1			4		
Ward 4 DDH Stroke & Neurology	1447.5	1131.76	1035	830.20	78.2%	80.2%	1035	980.50	690	924.00	94.7%	133.9%	3					
Ward 6 DDH, Gastroenterology	1492.5	1226.21	855	790.43	82.2%	92.4%	1035	1024.00	690	780.25	98.9%	113.1%	1			1	1	
Ward 8 DDH, Respiratory	1380	1081.90	870	768.88	78.4%	88.4%	1035	1065.00	690	669.50	102.9%	97.0%	1			2		
Critical Care DDH, Intensive Care	2952	2449.61	1035	660.88	83.0%	63.9%	2438	2276.50	345	333.50	93.4%	96.7%						
Elective Orthopaedic Suite PGI	878.5	695.50	826	469.31	79.2%	56.8%	690	564.50		141.50	81.8%		1					
Gate 28 PGH, Plastics	787.5	792.50	442.5	394.50	100.6%	89.2%	690	655.50		28.42	95.0%		1					
Gate 29 PGH, Burns	1167	994.50	345	186.50	85.2%	54.1%	690	667.00			96.7%							
Gate 30 PGH, Intensive Care	3972	3734.25	345	327.00	94.0%	94.8%	3795	3539.00	345	230.00	93.3%	66.7%						
Gate 32 PGH, Surgical Assessment	1815	1633.00	690	555.98	90.0%	80.6%	1380	1319.98	345	357.00	95.7%	103.5%						
Gate 32a PGH, Orthopaedics	825	777.96	690	618.46	94.3%	89.6%	690	686.00	345	368.50	99.4%	106.8%	2					
Gate 33 PGH, Surgery	1860	1568.67	1380	1317.94	84.3%	95.5%	1725	1370.50	690	984.50	79.4%	142.7%	3			2		
Gate 34 PGH, UroGynae, Enhanced Care	1830	1607.73	1380	1258.44	87.9%	91.2%	1380	1403.50	1035	1034.00	101.7%	99.9%				1	1	
Gate 38 PGH, Orthopaedics	817.5	819.48	690	506.92	100.2%	73.5%	690	704.50	345	338.00	102.1%	98.0%						
Ward 12 DDH, Orthopaedics	810	738.50	345	317.00	91.2%	91.9%	690	620.50	253	174.50	89.9%	69.0%						
Ward 14 DDH, Gynaecology	1500	1348.66	1035	1152.73	89.9%	111.4%	1035	1036.50	690	768.25	100.1%	111.3%	2			2		
Ward 15 DDH, Surgery	1485	1226.06	1035	1005.21	82.6%	97.1%	1035	1036.50	690	691.00	100.1%	100.1%						
Monument House (based at PGI)	855	806.50	1380	839.50	94.3%	60.8%	690	542.50	690	575.00	78.6%	83.3%						
Queen Elizabeth House	720	607.73	1380	1385.17	84.4%	100.4%	690	675.00	690	993.00	97.8%	143.9%	4			3		
Exception reporting criteria																		
staffing less than 80%																		
Falls with harm																		
Pressure sores Cat 2 & 3																		
Serious Incidents and Never Events																		

4. Trust wide overview

Nurse Staffing Data for September 2015

Trust Overview

Staff Type	Budgeted Hours	Budgeted WTE	Contracted Hours	Contracted WTE	Vacancy in Hours	Vacancy WTE	Unavailability in Hours	Unavailability WTE
Registered	28117.88	749.81	23831.82	635.52	4286.06	114.29	30476.19	189.63
Unregistered	15112.50	403.00	13309.12	354.91	1803.38	48.09	17687.60	110.06
Total	43230.38	1152.81	37140.93	990.42	6089.44	162.39	48163.79	299.69

Division of Medicine Overview

Staff Type	Budgeted Hours	Budgeted WTE	Contracted Hours	Contracted WTE	Vacancy in Hours	Vacancy WTE	Unavailability in Hours	Unavailability WTE
Registered	16415.25	437.74	13321.08	355.23	3094.17	82.51	17331.96	107.84
Unregistered	9635.63	256.95	8502.75	226.74	1132.88	30.21	10990.18	68.38
Total	26050.88	694.69	21823.83	581.97	4227.04	112.72	28322.14	176.23

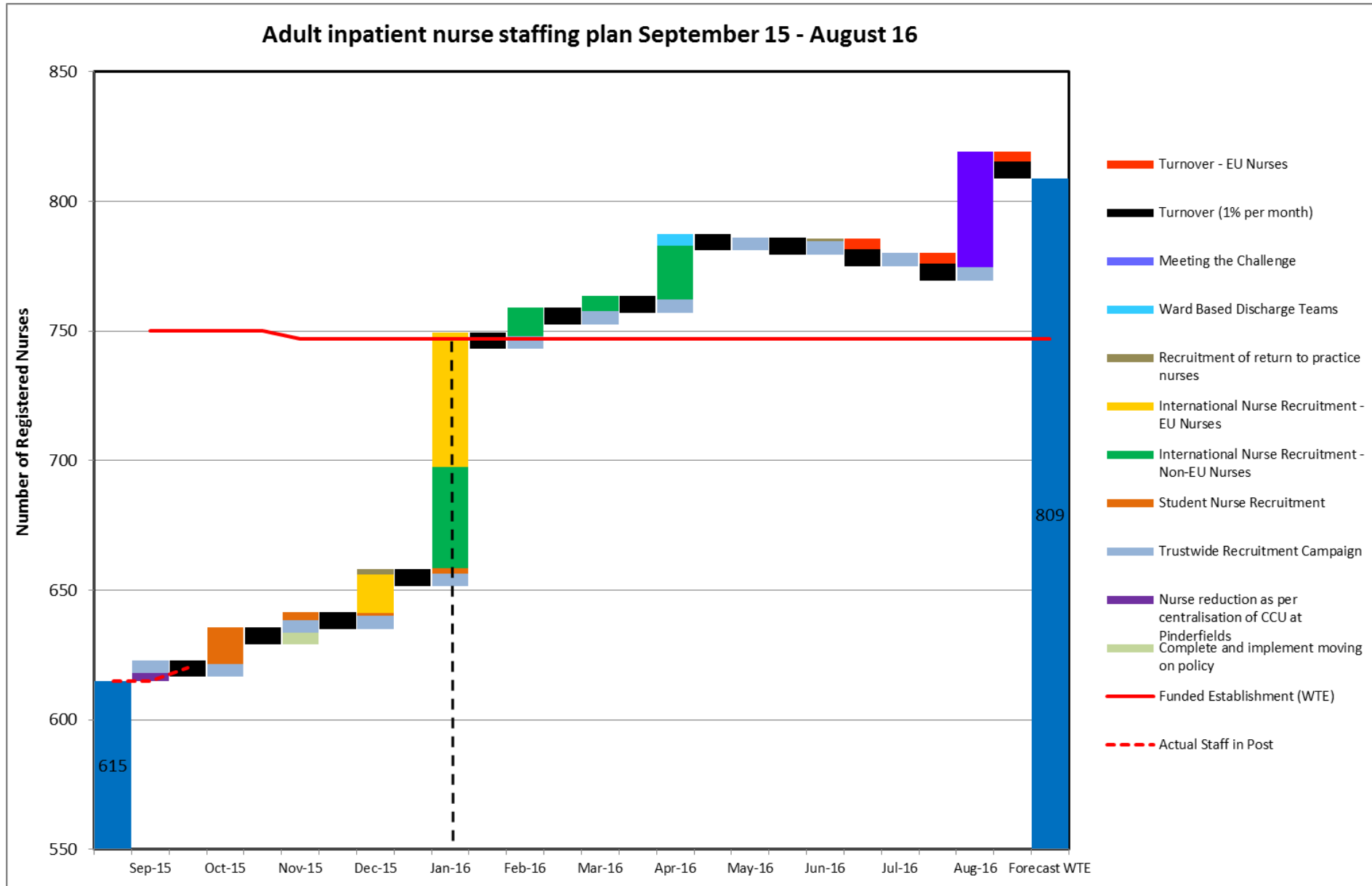
Division of Surgery Overview

Staff Type	Budgeted Hours	Budgeted WTE	Contracted Hours	Contracted WTE	Vacancy in Hours	Vacancy WTE	Unavailability in Hours	Unavailability WTE
Registered	10921.13	291.23	9924.48	264.65	996.64	26.58	12333.25	76.74
Unregistered	4326.75	115.38	3972.62	105.94	354.13	9.44	5822.42	36.23
Total	15247.88	406.61	13897.10	370.59	1350.78	36.02	18155.67	112.97

Care Closer to Home Overview

Staff Type	Budgeted Hours	Budgeted WTE	Contracted Hours	Contracted WTE	Vacancy in Hours	Vacancy WTE	Unavailability in Hours	Unavailability WTE
Registered	781.50	20.84	586.25	15.63	195.25	5.21	810.98	5.05
Unregistered	1150.13	30.67	833.75	22.23	316.38	8.44	875.00	5.44
Total	1931.63	51.51	1420.00	37.87	511.63	13.64	1685.98	10.49

5. Staffing Trajectory Bridge Diagram The below diagram gives a pictorial diagram of the registered nurse forecast from September 2015 until August 2016, it details the actions that will impact on the registered nurse overall position.



6. Review

In mid-October 2015, a letter was signed by the Chairman-Designate of NHS Improvement, the CQC Chief Inspector of Hospitals, the National Director of Patient Safety at NHS England, the Chief Nursing Officer for England and the Chief Executive of the National Institute for Health and Care Excellence with clarity on the issue of safe staffing.

The letter clarifies the issue that whilst Trusts should have their own transparent guidance of the appropriate staffing levels across their organisations, there is recognition that the ratio of registered nurses to patients will differ in different clinical environment/specialities. The previous guidance of a ratio of no less than 1:8 (registered nurses to patients during the day) was seen by many organisations as being more than guidance and was built into their staffing plans as an almost mandated marker of clinical safety.

Within Mid Yorkshire Hospitals NHS Trust, a significant number of wards have taken this approach despite a different skill mix perhaps being more appropriate for the case mix on each ward. Some wards would, from an intuitive nursing perspective be safer with a slightly less rich registered nurse compliment but have a greater resource of non-registered staff. These staff would be suitably trained and experienced to provide safe care under the supervision of a registered nurse.

Conversely, there are clinical areas in the Trust that would benefit from a greater ratio of registered nurses and this would help not just patient safety but also add to efficiency and patient flow.

To better help our colleagues in clinical practice achieve a more appropriate staffing ratio (whilst obviously keeping the financial requirements and good governance at the forefront) a review is taking place with the inpatient services to provide clarity with the safe staffing ratios and improved guidance on what the Trust considers as a safe staffing level.

An update on the review will be provided to the December 2015 Trust Board.