

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Safe staffing update

1. Introduction

- 1.1 It is imperative as a Trust that we are staffed with the appropriate number and mix of clinical professionals to ensure the delivery of quality care and in keeping patients safe from avoidable harm. This annex outlines how we approach that issue even as we look to tackle vacancies, sickness rates and roster weaknesses. The context to this briefing is the prima facie 25% of shifts that are red rated at the outset of each month i.e. before mitigation.

2. Routine checks

- 2.1 On a daily basis we check staffing via the safe staffing reports, staffing huddles and staffing updates at each capacity meeting.

The daily reports demonstrate shifts in colour as stated below:

Blue shifts - indicate staffing is over establishment and this could be that we have extra beds in the areas or we have put extra staff in for focus care or general increased acuity.

White shifts – indicate that there is the required number of staff on shift and that the roster is managed within budget.

Red shifts – indicate the staffing is not to establishment therefore not enough staff on duty. This can be due to sickness, vacancies and maternity leave

- 2.2 Bearing in mind the concerns expressed at the People and OD committee, we hosted a workshop on 29th May 2019 with the Group Directors of Nursing (GDONS) and the E- roster team chaired by the Chief Nurse. There were some wards that appear to be managing their rosters effectively. There were also a number of wards that still require coaching to enable effective rostering. It is understood that improvement is expected in coming weeks in those areas.
- 2.3 The expectations are very clear, and are achieved by most. The senior sisters/ deputy should be verifying shifts daily to ensure any alterations are made in a timely manner. The sisters also need to ensure that they verify the whole of the roster on the last day of the month. This is not currently being carried out in all areas. This is being addressed via the GDONS and matrons and is mandated
- 2.4 There was an issue re ESR and new starters in that ESR was not aligning to the rosters – this means some people are working shifts safely, but not appearing on the data. As of 3rd June the ESR form will be completed at induction and solve this issue.
- 2.5 Unlocking of the rosters remains an issue, which also features in our bank and agency discussion. We should only unlock rapidly after shift work is completed. There should not be a need for lots or late unlocking if daily verification is taking place.

3. Acuity of patients

- 3.1 It is very important to note that red shifts do not always equate to an unsafe shift. The Senior Ward Sisters record twice daily acuity scores and capture actual staffing against establishments. The wards may also have empty beds and therefore staffing numbers could safely work below establishment. Equally we may have a blue shift on the same ward that day designed to compensate for a red gap.
- 3.2 The daily huddle is used to reallocate our staffs between areas that are red, and those that are blue and to adjust to meet acuity spikes in some areas. The e-roster data is not currently always reflecting these movements. We are working through how that is done.

4. The immediate future

- 4.1 There is a clear commitment from all nurse leaders to get this right. The focus on accurate rostering will help us to target effort at the most unwell patients and to ensure that our staff management is precise and supportive. We have invested in 2017-18 in predominantly supervisory ward leaders and this should create the personal leadership time to undertake this work.
- 4.2 Bearing that in mind, the Chief Executive and Chief Nurse will view the rosters for week commencing the 10th June. The intention is that our workshoped teams will have had chance to 'polish' those rosters and apply the fixes outlined. We will then re-study the same rosters after that week in advance of the Board's People and OD committee on the 28th June. We can then compare what was planned to what happened. At the same time a weekly report is being produced on wards who fail to verify shifts and update rosters daily. We will be able to specific with the committee about any wards that are not meeting expectations.
- 4.3 From July 1st we will be routinely reporting the connection between 'purple risk' patients and focused care, so that for Q2 we have a patient specific record of when we are using additional employees. Though our consistency of care work, and building on patient story discussions held with the Board, we are surveying bank employees to understand their experience of filling that role. The working model within our PCCT wards is that substantive staff take on the focused role with bank staff filling the 'routine' work in the ward – we are expecting to move to that model throughout adult medicine.

Paula Gardner
Chief Nurse

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