

Report to:	Board of Directors				
Date of Meeting:	26 June 2014				
Report Title:	Nursing & Midwifery Staffing Exception Report (May 2014)				
Status:	For information	Discussion	Assurance	Approval	Regulatory requirement
Mark relevant box with X	X		X		
Prepared by:	Debra Fairley, Deputy Director of Nursing				
Executive Sponsor (presenting):	Rob Dearden, Director of Nursing				
Appendices (list if applicable):	Appendix I: Fill rate indicator return UNIFY spreadsheet				

Purpose of the Report
<p>Following the publication of the DH <i>Hard Truths: Putting Patients First</i> (2014), in response to the Francis Report, assurance is required around Nursing and Midwifery staffing levels. All NHS Trusts with effect from May 2014 are collecting by ward, planned verses actual staffing hours for Registered Nurses and Care Staff for days and nights respectively, in line with a nationally mandated template. This is then uploaded onto UNIFY by the required deadline. The template automatically calculates the average fill rate per ward. This will be displayed on NHS Choices (with effect from 24 June 2014) with a URL link to a specific page on the trust website. The trust website page must display the 6 monthly board report, the monthly exception report and the data by ward on a shift by shift basis.</p> <p>This report represents the first monthly exception report to Board as required, which will now be presented for the preceding month indefinitely. It should be recognised that this information has not been collected/published nationally previously and therefore no RAG rating has yet been established. (For this first report, internal exceptions have been given against fill rates below 90%).</p>

Key points for discussion

- Ward 9 Trauma Orthopaedics – RN fill rate mitigated by higher Care Staff. Established for 25 beds but flexed up to 30 beds to meet demand since November. Business case based on Safer Nursing Care Tool and professional judgment prepared to be received at Surgical DAG.
- (Mitigation for other wards provided – impact of covering long days/shorter shifts can present an apparent shortfall in the actual hours. Some wards operate from lower bed base and planned lower levels of Care Support Staff – impact of absence/gaps may appear larger in terms of fill rate).
- Recognition that this is the first collection and submission of such data which has required significant response from all Nursing & Midwifery Teams and leadership to deliver.

Recommendation**Action required by the Board of Directors**

The Board is asked to note the information provided in this report and the actions in place to mitigate risk to the quality of patient care.

Introduction

In order to comply with the commitments set out in *Hard Truths: The Journey to Putting Patients First* (2014), this report is submitted to Trust Board on a monthly basis and provides the following information:

- Summary of planned and actual staffing on a shift by shift basis (UNIFY data – Appendix I).
- Key risks associated with staffing issues.
- Assurance regarding contingency planning, mitigating actions and incident reporting.

This report is accessible to the public via the Trust's website and NHS Choices.

Key points to note for interpreting UNIFY data

The data are submitted to the Department of Health each month via UNIFY: the data enables calculation of the number of actual staff on duty for both registered nurses/midwives and care workers compared to the planned staffing level. The following key points should be noted:

- The data presented in this report is for May 2014 and vacancies quoted are those at the time of reporting.
- UNIFY data is entered in hours: this is monthly 'hours actual' worked and 'monthly planned' hours' for both registered nurses/midwives and HCSWs for day and night duty in order to calculate an 'average fill rate'. This is opposed to entering the *number* of staff who actually worked against the number planned for each shift.
- The term health care support worker (HCSW) is used interchangeably for care worker.
- Ward establishments are based on an evidence base: RCN staffing guidance, professional judgement; 1 nurse per bed. This is also set against horizon scanning of risk reported via a multiplicity of measures including nursing quality indicators, adverse events, complaints and concerns via PALS, and serious incidents.
- All wards/departments have agreed, funded establishments. This enables calculations of the actual versus planned staffing for day and night shifts.

Data analysis and exception reporting

Where the actual staffing levels were noted to be less than 90 per cent of that planned, the following explanation is provided:

- **Neonatal unit:** the actual fill rate for care workers against the planned (73.9%) is explained by the fact that there are only two health care support workers within the overall establishment and they both work long days. This may account for the shortfall in hours, but was not necessarily a shortfall in the number of care workers on the shift against that which was planned.
- **Ward 5:** the ward has several vacancies (amounting to 4 WTE). Staff also mainly work 'long day shifts' which also explains some of the shortfall in hours, but was not

necessarily a shortfall in the number of nurses on the shift against that which was planned.

- **Ward 9:** the ward has approximately 3.85 WTE vacancies with, additionally, several WTE on maternity leave, sick leave and secondment (4 WTE in total). This has been offset by increased fill rate of Health Care Support Workers.
The registered nurse on secondment to another area within the Trust returned to the ward on 16.6.14. The ward has a funded establishment for 25 beds, although it has been open to 30 beds since November 2013. Staffing levels have recently been evaluated using the *Safer Nursing Care Tool*, which has demonstrated a shortfall of around 9 WTE – clinical judgement supports the increase in establishment of around 5.5 WTE. The results of this audit and staffing recommendations will be discussed at the Surgical Delivery Assurance Group in June.
- **Ward 13:** The ward has 1 WTE registered nurse vacancy with two staff members recently returning from maternity leave on reduced hours. Staff also work long day shifts. Despite the shortfall seen during the day, the matron has not expressed any quality and safety concerns at the time of reporting.
- **Ward 14:** there is perceived to be a shortfall in the overall establishment (29.18 WTE) to deal efficiently with both the ward and the surgical assessment unit – both are staffed from this establishment. Vacancies (1.8 WTE) have now been filled but staff have yet to commence employment.
- **Ward 16:** Staff mainly work 'long day shifts' which also accounts for a shortfall in hours, but not necessarily a shortfall in the number of nurses on the shift.
- **Ward 18:** the shortfall is due to staff sickness absence and staff also work long day shifts. Also, if there is a reduced number of patients on the ward, then the registered nurse is relocated to work in another ward/department and is substituted by a health care support worker.
- **Ward 19:** the ward has one WTE registered nurse vacancy. Staff mainly work 'long day shifts' which explains some of the shortfall in hours, but not necessarily a shortfall in the number of nurses on the shift.

Additional information

Thus far, 15 adverse event forms (AEF) have been collated for May related to low nurse staffing: seven concerning the wards and eight for community. This is not the final calculation as all May AEF data has yet to be entered into the data base.

Conclusion

Calculation of the number of vacancies is a dynamic process and at the time of reporting, the Medical Group is actively engaged in the recruitment of registered nurses in order to fill reported vacancies.

Shortfalls continue to be addressed by the matrons and ward sisters/charge nurses by:

- using bank/agency staff;
- relocating staff according to patient dependency, acuity and workload as required; and
- attending daily bed meetings (these are held more frequently as required) to relocate staffing and mitigate risk.

For the purposes of this report, the benchmark for the shortfall was identified as less than 90 per cent, bearing in mind that any actual shortfall against that which is planned for the number/dependency of patients will no doubt influence the timely and effective delivery of care and treatment. The shortfalls of staffing of actual against planned was mainly due to unforeseen increases in the bed base with accompanying increased requirements for staffing.

Finally, the method set out by NHS England for entering staffing data in hours as opposed to numbers requires careful consideration when interpreting findings, especially when duty rotas deal with the numbers of nurses and care workers on the shift.

This represents the first national upload of staffing on a shift by shift basis, to enable overall average fill rates to be calculated. The trust's results will need to be benchmarked against others over several months. NHSE are proposing that a RAG rating will be developed around Nursing & Midwifery Staffing.

Recommendations

The Board are asked to receive & note the proposed mitigating actions in response to Nursing & Midwifery Staffing.

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

RCF Airedale NHS Foundation Trust

May_2014-15

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

<http://www.airedale-trust.nhs.uk/nursing-and-midwifery-staffing/>

Only complete sites your organisation is accountable for

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		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - 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				
RCF22	Airedale General Hospital - RCF22	ALS	501 - OBSTETRICS	501 - OBSTETRICS	2164.5	2098.5	450	450	2232	2148	372	360	97.0%	100.0%	96.2%	96.8%
RCF22	Airedale General Hospital - RCF22	ANU	420 - PAEDIATRICS	420 - PAEDIATRICS	1188	1144.5	138	102	1008	1008	108	108	96.3%	73.9%	100.0%	100.0%
RCF22	Airedale General Hospital - RCF22	Ward 01	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1168	1071	777.5	856.5	787.5	787.5	442.25	640	91.7%	110.2%	100.0%	144.7%
RCF22	Airedale General Hospital - RCF22	Ward 02 - AMU	326 - ACUTE INTERNAL MEDICINE	326 - ACUTE INTERNAL MEDICINE	1937.5	1843.5	1138.5	1135.5	1550	1525	796	771	95.1%	99.7%	98.4%	96.9%
RCF22	Airedale General Hospital - RCF22	Ward 04	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1382	1316.5	1405.5	1351.5	697.5	697.5	1147.5	1383.75	95.3%	96.2%	100.0%	120.6%
RCF22	Airedale General Hospital - RCF22	Ward 05	300 - GENERAL MEDICINE	314 - REHABILITATION	1758.25	1481	1427.25	1401.25	1046.25	990	697.75	664.75	84.2%	98.2%	94.6%	95.3%
RCF22	Airedale General Hospital - RCF22	Ward 06	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1566.5	1514.5	1372.5	1250.25	697.75	697.75	1192.48	1169.98	96.7%	91.1%	100.0%	98.1%
RCF22	Airedale General Hospital - RCF22	Ward 07	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1575.5	1502	877	846.5	754.75	721	642.25	676	95.3%	96.5%	95.5%	105.3%
RCF22	Airedale General Hospital - RCF22	Ward 09	110 - TRAUMA & ORTHOPAEDICS	110 - TRAUMA & ORTHOPAEDICS	1860	1325.5	1255.5	1382.5	697.5	697.5	1046.25	1113.75	71.3%	110.1%	100.0%	106.5%
RCF22	Airedale General Hospital - RCF22	Ward 13	100 - GENERAL SURGERY	502 - GYNAECOLOGY	1625.9	1428	1108.5	790	701.5	701.5	701.5	701.5	87.8%	71.3%	100.0%	100.0%
RCF22	Airedale General Hospital - RCF22	Ward 14	100 - GENERAL SURGERY	101 - UROLOGY	1627.5	1461.5	1115.5	923	697.5	697.5	742.5	742.5	89.8%	82.7%	100.0%	100.0%
RCF22	Airedale General Hospital - RCF22	Ward 15	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1416.25	1282	1232	1150	697.5	697.5	697.5	697.5	90.5%	93.3%	100.0%	100.0%
RCF22	Airedale General Hospital - RCF22	Ward 16	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	2495.5	2406.5	494	465.5	2495.5	2346	0	11.5	96.4%	94.2%	94.0%	#DIV/0!
RCF22	Airedale General Hospital - RCF22	Ward 17	420 - PAEDIATRICS	420 - PAEDIATRICS	1632	1590	768	702	1116	1116	60	48	97.4%	91.4%	100.0%	80.0%
RCF22	Airedale General Hospital - RCF22	Ward 18	110 - TRAUMA & ORTHOPAEDICS	110 - TRAUMA & ORTHOPAEDICS	924	807.5	691.5	463.5	618.75	607.5	78.75	78.75	87.4%	67.0%	98.2%	100.0%
RCF22	Airedale General Hospital - RCF22	Ward 19	303 - CLINICAL HAEMATOLOGY	110 - TRAUMA & ORTHOPAEDICS	1080	899	570.5	553.5	697.5	697.5	0	22.5	83.2%	97.0%	100.0%	#DIV/0!
RCF22	Airedale General Hospital - RCF22	Ward 21	501 - OBSTETRICS	420 - PAEDIATRICS	804	796.5	379.5	367.5	744	744	372	372	99.1%	96.8%	100.0%	100.0%
RCF30	Castleberg Hospital - RCF30	CCR	300 - GENERAL MEDICINE	314 - REHABILITATION	440.5	447.5	869	861.5	372	372	372	372	101.6%	99.1%	100.0%	100.0%
Total					26645.9	24415.5	16070.25	15052.5	17611.5	17251.75	9468.73	9933.48				