

Report to:	Board of Directors				
Date of Meeting:	25.2.15				
Report Title:	Nursing and Midwifery Staffing Exception Report (for January 2015)				
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):	UNIFY spreadsheet				

Purpose of the Report
<p>This is the nursing and midwifery staffing exception report for <i>January 2015</i> in response to the publication of <i>Hard Truths: Putting Patients First</i> (Department of Health, 2014).</p> <p>The aim of the report is to inform the Board about nursing and midwifery staffing capacity and capability in relation to agreed establishments and to provide assurance that concerns and potentially unsafe staffing levels are escalated and dealt with promptly.</p>

Key points for discussion
<p>Each month, staffing data are collected and analysed in order to establish how the number of actual staff on duty for both registered nurses/midwives and care workers compares to the planned staffing level. The data is uploaded onto UNIFY by the required deadline and is displayed on NHS Choices.</p> <p>For the purpose of this report, exceptions were identified if the 'fill rates' for both registered staff and health care support workers were below 90 per cent.</p> <p>To note: care staff are referred to as health care support workers (HCSW). The following wards were highlighted for discussion.</p> <p>Ward 1: The staffing establishment for Ward 1 is calculated for 18 beds so there was reliance upon bank and agency staff to 'cover' the shifts for an increase in the number of beds during January: for the most part this was achieved. Support was also provided from the other wards when it was safe to do so.</p>

Ward 4: The ward is fully established at the moment and the team reported a small amount of sickness for January. The shortfall in RN during the night was due to the fact that staff were relocated to work in other wards (usually the Annex or Ward 10) when the ward had three RN on night duty.

Ward 5: The ward continued to experience some short and long term sickness absence at all grades. A band 6 sister has continued to support the ward due to senior nurse absence, with plans to relocate a band 7 on a more permanent basis sometime during February.

Ward 6: The ward experienced a slight shortfall associated with HCSW during the day shifts, mainly due to the increased dependency of patients, prompting the need for increased levels of surveillance and thus staffing. The ward did not report any significant issues during January.

Ward 9: The ward continued to experience staffing shortfalls and additional measures put in place to support the team were maintained throughout January. The nurse practitioner continued to help 'cover' some shifts when required and bank and agency staff were also used. Long term sickness absence continued to be actively managed and supported by the matron.

Ward 13: The ward experienced a slight shortfall in RN during the day, but no significant concerns were reported by the matron.

Ward 16: As per last month, the shortfall associated with HCSW was mainly due to the fact that the unit employs only four HCSW and gaps caused by annual leave or sickness are not routinely filled.

The Neonatal Unit and Ward 17: With regard to NNU, the matron reported that the data looked as expected; there are only two HCSW in post and if one is absent, 'cover' is not always provided. Ward 17 experienced a shortfall of HCSW during the night due to that fact that HCSW were reallocated to the day shifts to cover a shortfall in RN.

Ward 18 (orthopaedics): Ward 18 relocated to Ward 19 on 30.12.14. The ward continued to experience some shortfalls of both HCSW and RN and the Senior Sister continues to support Ward 9 due to a shortfall in senior nurse 'cover'.

Ward 19 (hematology): The hematology ward relocated to Ward 18 on 30.12.14 to accommodate an increase in the need for medical beds during the winter period. Ward 19 is, usually, an eleven-bedded ward (all single rooms) and is staffed as such. Relocation to Ward 18 increased its medical capacity to 22 beds, but this was without the corresponding increase in the staffing establishment. As a result, the ward relied on the use of bank and agency staff as well as overtime. Despite this, the ward experienced a shortfall in RN and HCSW only on the day shifts. No significant concerns were reported by the matron.

Ward 21: The ward experienced a shortfall in HCSW during the day shift. This was due to sickness absence, vacancies and maternity leave. The vacant posts have now been recruited to.

Winter Ward (10): Data collection commenced for Ward 10 in January, following its establishment before the Christmas break. The ward – operating with 30 beds – was staffed, and continues to be staffed, with RN and HCSW allocated from the other inpatient wards as well as the use of bank and agency nurses. A Band 6 was seconded to the ward as a band 7 senior sister to manage the ward. Overall, the ward has not experienced significant shortfalls, with only a slight shortfall in the number of RN during the day. The matron has not reported any significant concerns.

Recommendations

January saw a sustained increase in overall activity, with a continued increase in the number of beds. Additional capacity was provided via the winter ward, the use of the Annex and the relocation of Ward 19 (hematology) to Ward 18.

The matrons reported that there were increased pressures in ensuring that all wards and departments had the necessary RN and HCSW to meet the needs of highly dependent and acutely ill patients and staff out with the immediate ward teams, for example, the Acute Care Team, and some specialist nurses, were able to support some of the more acute wards.

The increase in activity with the corresponding increase in the number of beds presented significant challenges in ensuring that all wards had the necessary safe staffing levels. Where there were shortfalls, overall, this was actively managed with timely assessment of any risks with staff relocated as necessary by the matrons. Matrons, also, worked clinically within their wards to support their teams.

In terms of recruitment, this is continuing as reported previously. The staffing establishments are presently being reviewed in line with the recent staffing audit (using the *Safer Nursing Care Tool*) and a full report will be prepared in due course.

Action required by the Board of Directors

The Board is asked to note the key points set out in this paper and the actions in place to mitigate any risks to the quality of patient care.

Fill rate indicator return

Staffing: Nursing, midwifery and care staff

RCF

January_2014-15

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

(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

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

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	Labour Suite	501 - OBSTETRICS	501 - OBSTETRICS	2076	2063.5	402	402	2196	2160	372	360	99.4%	100.0%	98.4%	96.8%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Neonatal Unit	420 - PAEDIATRICS	420 - PAEDIATRICS	1044	1044	240	204	936	936	180	168	100.0%	85.0%	100.0%	93.3%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 01	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1207.5	1033.25	1086.75	988	713	724.5	713	681.5	85.6%	90.9%	101.6%	95.6%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 02 - AMU	326 - ACUTE INTERNAL MEDICINE	326 - ACUTE INTERNAL MEDICINE	2600	2419.25	1560	1439	2125	2752	1175	1137.5	93.0%	92.2%	129.5%	96.8%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 04	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1578.5	1423	1368.25	1307.75	933.75	798.75	973.5	1041.25	90.1%	95.6%	85.5%	107.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 05	300 - GENERAL MEDICINE	314 - REHABILITATION	1735.5	1500.5	1293.5	1136.5	911.25	802	821.25	708.75	86.5%	87.9%	88.0%	86.3%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 06	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1492	1411.5	1397.5	1238	708.75	708.75	1068.75	1023.75	94.6%	88.6%	100.0%	95.8%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 07	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1523.5	1440.5	980.5	976	753.75	720	742.5	742.5	94.6%	99.5%	95.5%	100.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 09	110 - TRAUMA & ORTHOPAEDICS	110 - TRAUMA & ORTHOPAEDICS	1822	1477	1808.5	1606	708.75	708.75	1158.75	1158.75	81.1%	88.8%	100.0%	100.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 13	100 - GENERAL SURGERY	502 - GYNAECOLOGY	1312.5	1164	1011	979	697.5	697.5	697.5	686.25	88.7%	96.8%	100.0%	98.4%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 14	100 - GENERAL SURGERY	101 - UROLOGY	1394	1289	1054.5	1028	697.5	697.75	888.25	872.25	92.5%	97.5%	100.0%	98.2%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 16	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	2495.5	2383	707	514	2495.5	2419.5	0	0	95.5%	72.7%	97.0%	-
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 17	420 - PAEDIATRICS	420 - PAEDIATRICS	1590	1443	642	642	1116	1102.5	96	60	90.8%	100.0%	98.8%	62.5%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 18	110 - TRAUMA & ORTHOPAEDICS	110 - TRAUMA & ORTHOPAEDICS	1170	944.5	1162.5	928	697.5	753.75	708.75	567	80.7%	79.8%	108.1%	80.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 19	303 - CLINICAL HAEMATOLOGY	110 - TRAUMA & ORTHOPAEDICS	930	707	659.5	425	596.25	596.25	101.25	101.25	76.0%	64.4%	100.0%	100.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 21	501 - OBSTETRICS	420 - PAEDIATRICS	759	765	372	313.5	744	744	372	336	100.8%	84.3%	100.0%	90.3%
RCF30	CASTLEBERG HOSPITAL - RCF30	Harden Ward	300 - GENERAL MEDICINE	314 - REHABILITATION	916	944	841.75	814.25	372	372	744	744	103.1%	96.7%	100.0%	100.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Winter Ward	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1348.5	1101	976.5	1044.5	697.5	823.25	697.5	901.25	81.6%	107.0%	118.0%	129.2%