

Report to:	Board of Directors				
Date of Meeting:	29 <sup>th</sup> April 2015				
Report Title:	Nursing and Midwifery Staffing Exception Report (for March 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):	Appendix 1: UNIFY spreadsheet				

<p><b>Purpose of the Report</b></p> <p>This is the nursing and midwifery staffing exception report for <i>March 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>
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<p><b>Key points for discussion</b></p> <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><b>Labour Ward:</b> The ward experienced a shortfall in HCSW during the night shifts. To note, the matron has reported that approximately 25 per cent of the HCSW workforce (for the whole of the Maternity Unit) is presently on maternity leave, which impacts on the HCSW fill rates throughout the unit.</p> <p><b>Ward 1:</b> The ward continued to function at 28 beds with a WTE establishment for 18 beds. As a result, there was continued reliance upon bank and agency staff, with the relocation of staff to Ward 1 from some of the other inpatient wards to 'cover' the shifts.</p> <p><b>Ward 4:</b> The ward is fully established at the moment and the team continued to report a small amount of ongoing sickness. The shortfall in RN during the day was due to the fact that staff continued to be relocated to work in other wards (usually Ward 1 or Ward 10).</p> <p><b>Ward 5:</b> The matron reported that a small number of staff have left the ward in March, although the vacancies have now been recruited to. The ward continued to report a high level of sickness absence and</p>
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the senior sister is working with HR to help people return to work.

**Ward 9:** The ward continued to experience staffing shortfalls throughout March, mainly due to registered nurse vacancies (band 5). The number of HCSWs will now improve as the vacant posts have now been filled. During March, the matron reported that the ward experienced a further increase in the number of patients with authorisation of Deprivation of Liberty Standards (DOLs), necessitating an increase in nurse staffing in order to provide increased levels of surveillance and observation.

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

**Ward 14:** The ward experienced a slight shortfall in the fill rate of HCSW during the day, but no significant concerns were reported.

**Ward 16:** As with previous months, the shortfall associated with HCSW was mainly due to the fact that the unit employs only four HCSW and when there is sickness absence or a vacancy, the shift is not routinely filled. In the future, this may change as the matron has recently undertaken a skill mix review and is planning to increase the number of HCSW.

**Ward 18:** (orthopaedics): The shortfall in RN and HCSW through the day was due to the fact that when Ward 18 reported a low patient occupancy (sometimes down to 6 patients on the ward), staff were relocated to work in other wards.

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

March saw some improvements with regard to the 'Winter Ward' (Ward 10) and Harden Ward where the fill rates were reported to be consistently above 90 per cent for both RN and HCW for during the day and night.

Looking back when data collection commenced in June 2014, some wards have reported, consistently, shortfalls in both RN and HCSW staffing: notably, Ward 1 Ward 9, Ward 14, Ward 5 and Ward 18. The reasons for this, collectively, have been due to prolonged sickness absence (and in some cases this has affected senior grades); an increase in the bed base without the corresponding increase in the number of WTE; and, more recently, relocation of some staff to support the 'Winter Ward'.

It is also notable that the hospital seems to be experiencing an increase in the number of patients with a DOLS authorisation: this was reported in February and again this month. The Trust's Safeguarding Adults Nurse is presently undertaking an audit to explore this further. The matrons have reported that there has been some challenge with regard to the increase in the use of bank and agency during March and that this is due to the need for increased staffing associated with an increase in the number of vulnerable patients with a DOLS authorisation *in situ*.

Finally, with regard to recruitment, this continues as reported previously. The staffing establishments have now been reviewed in line with the recent staffing audit (using the *Safer Nursing Care Tool*) and a full report has been presented to the Director of Nursing.

## Recommendations

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

Org: RCF Airedale NHS Foundation Trust

Period: March\_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 Specialities 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 (%)
					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	2133	2091.5	372	348	2232	2196	372	312	98.1%	93.5%	98.4%	83.9%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Neonatal Unit	420 - PAEDIATRICS	420 - PAEDIATRICS	1032	1032	168	168	939	939	144	144	100.0%	100.0%	100.0%	100.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 01	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1225	1090.25	1069.5	840.5	713	989	713	773.5	89.0%	78.6%	138.7%	108.5%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 02 - AMU	326 - ACUTE INTERNAL MED	326 - ACUTE INTERNAL MED	1945	1935.5	1155.5	1147	1608.5	1732.5	815	880	99.5%	99.3%	107.7%	108.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 04	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1559.5	1366	1170	1086	731.25	764.25	1012.5	1012.5	87.6%	92.8%	104.5%	100.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 05	300 - GENERAL MEDICINE	314 - REHABILITATION	1530	1349	1414.5	1265.5	802.5	765	855	877.5	88.2%	89.5%	95.3%	102.6%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 06	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1423.95	1433.7	1366.5	1263.75	697.5	697.5	1046.25	1001.25	100.7%	92.5%	100.0%	95.7%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 07	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1474	1445	1027.5	1042.4	833.9	890.15	720	720	98.0%	101.5%	106.7%	100.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 09	110 - TRAUMA & ORTHOPA	110 - TRAUMA & ORTHOPA	1902	1647	2137.5	2039.5	703.5	697.5	1147.5	1725.25	86.6%	95.4%	99.1%	150.3%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 13	100 - GENERAL SURGERY	502 - GYNAECOLOGY	1606.5	1426.5	913	858.5	697.5	697.5	686.25	686.25	88.8%	94.0%	100.0%	98.4%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 14	100 - GENERAL SURGERY	101 - UROLOGY	1432	1297.5	1113	976	843.75	832.5	832.5	886.75	90.6%	87.7%	98.7%	106.5%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 16	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	2495.5	2238.5	713	406	2495.5	2196.5	0	0	89.7%	56.9%	88.0%	-
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 17	420 - PAEDIATRICS	420 - PAEDIATRICS	1384	1492	672	672	1116	1116	120	120	107.8%	100.0%	100.0%	100.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 18	110 - TRAUMA & ORTHOPA	110 - TRAUMA & ORTHOPA	797.5	716	466	262	630	618.75	45	56.25	89.8%	56.2%	98.2%	125.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 19	303 - CLINICAL HAEMATOL	110 - TRAUMA & ORTHOPA	856.5	821	618	575.5	691	691	0	0	95.9%	93.1%	100.0%	-
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 21	501 - OBSTETRICS	420 - PAEDIATRICS	751.5	720	372	188	744	744	372	288	95.8%	50.5%	100.0%	77.4%
RCF30	CASTLEBERG HOSPITAL - RCF30	Harden Ward	300 - GENERAL MEDICINE	314 - REHABILITATION	730.5	712.5	711.5	711.5	372	372	372	372	97.5%	100.0%	100.0%	100.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Winter Ward	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1348.5	1313.4	976.5	941.5	697.5	996	697.5	715.25	97.4%	96.4%	142.8%	102.5%

Validation alerts (see control panel)