

|                                  |  |            |           |          |                        |
|----------------------------------|--|------------|-----------|----------|------------------------|
| Report to:                       | Board of Directors   |            |           |          |                        |
| Date of Meeting:                 | 25 November 2015   |            |           |          |                        |
| Report Title:                    | Nursing and Midwifery Staffing Exception Report (for October 2015) |            |           |          |                        |
| Status:                          | For information  | Discussion | Assurance | Approval | Regulatory requirement |
| Mark relevant box with X         | X  |            | X         |          |                        |
| Prepared by:                     | Linda Beckett/Lisa Dixon/Mary Armitage Senior Matrons              |            |           |          |                        |
| 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 October 2015 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> |
|---|

|  |
|--|
| <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>Ward 1:</b> On review of the staffing data the percentages shown have not really reflected some variances in the off-duty which included staff working with supernumerary status, phased return to work meaning reduced hours, and a trained nurse awaiting her pin that is reflected in the band 5 line showing a deficit but the care staff percentage increased. Sister Redman has provided assurance that there has been no harm or compromise to patient care as the acuity of the patient's has been variable.</p> <p><b>Ward 2:</b> The staffing on AMU has fluctuated throughout October due to the additional capacity which has been open on the annex. Where the ward has requested 87.5hrs of qualified staff, this is due the annex been open to 15 patients. Staffing requested for 7 5hrs is due to the annex been open to 8 patients. Staffing requested for 62.5hrs is for the 30 bedded AMU.</p> <p>Bank and agency requests have been made. Difficulties have been experienced in both getting names allocated to the shifts and then booked staff not turning up for shift. At times, shifts have not been filled</p> |
|--|

and the hospital has had to look internally to support AMU. In discussion with Charge Nurse Pickles, it is felt that the additional support that AMU has received from various wards and departments has not been fully and accurately recorded.

Newly appointed nursing staff who are on induction have not been recorded.

Deficits have been escalated through the daily bed meetings and managed through both medical and surgical bleep holders with support from Matrons and General Manager. Where Retinue have reported that it is unlikely to be able to source qualified staff for outstanding shifts, especially night shifts, additional health care support staff have been booked to provide additional support to qualified staff. This is reflected in the data.

**Ward 6:** The average for care staff is 86.7% per cent, the ward is reporting a lower than normal average due to staff sickness compounded by unfilled bank shifts. Sister Jessop has provided assurance that there has been no harm or compromise to patient care.

**Ward 9:** Although fill rates are below the 90% measure which was due to short term sickness issues through October there were no reported staffing concerns escalated. The ward at times through October had many days of low acuity.

**Ward 13;** Staffing is becoming problematic on this ward due to Maternity leave x 2 wte, long term sickness x 2 wte and vacancies of 3 wte. 5 of the wte being Band 5 staff nurses. Every avenue looked at on a daily basis to fill the shifts including using agency staff that are on the framework. Recruitment ongoing and vacancies are being filled with the Romanian and Croatian Staff Nurses.

**Ward 18:** Ward 18 continues to be a ward of fluctuating demand and capacity. At time the ward throughout October had 3 patients and therefore did not require the nursing establishment predicted at the off duty planning stage. The staff were therefore moved to assist other areas within the organization.

**Ward 17;** 83.1% fill rate for care staff is due to short term sickness. Every effort was made to fill the shifts using bank but this was not possible on every occasion.

**Ward 21;** has an 87.1% fill rate for care staff due to short term sickness, help was provided by other areas in maternity to fill in the gaps.

All other areas and Maternity services were over 90% fill rate.

Finally, with regard to recruitment, a team went to Romania and Croatia and recruited approximately 20 qualified nurses, who are in their third week of induction and a further 9 nurses will be arriving in the coming weeks.

Active recruitment within the UK continues at national job fairs.

The staffing escalation process recommended by NICE using red flag methodology continues to be used for staff to escalate to others and managers any staff shortages in a timely manner.

## **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: October\_2015-16

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/>

Comments

Validation alerts (see control panel)

| Only complete sites your organisation is accountable for                         |                                   |               |                                    |                                    | Day                               |                                  |                                   |                                  | Night                             |                                  |                                   |                                  | Day  |                                    | Night  |                                    |
|--|-----------------------------------|---------------|------------------------------------|------------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|--|------------------------------------|--|------------------------------------|
| Hospital Site Details  |                                   | Ward name     | Main 2 Specialties on each ward    |                                    | 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                   | 2286                              | 2201                             | 402                               | 378                              | 2232                              | 2196                             | 372                               | 360                              | 96.3%  | 94.0%                              | 98.4%  | 96.8%                              |
| RCF22  | AIREDALE GENERAL HOSPITAL - RCF22 | Neonatal Unit | 420 - PAEDIATRICS                  | 420 - PAEDIATRICS                  | 1006                              | 1006                             | 204                               | 204                              | 996                               | 996                              | 120                               | 120                              | 100.0%   | 100.0%                             | 100.0%   | 100.0%                             |
| RCF22  | AIREDALE GENERAL HOSPITAL - RCF22 | Ward 01       | 430 - GERIATRIC MEDICINE           | 300 - GENERAL MEDICINE             | 1069.5                            | 842                              | 713                               | 783                              | 713                               | 713                              | 713                               | 681.5                            | 78.7%  | 109.8%                             | 100.0%   | 95.6%                              |
| RCF22  | AIREDALE GENERAL HOSPITAL - RCF22 | Ward 02 - AMU | 326 - ACUTE INTERNAL MEDICINE      | 326 - ACUTE INTERNAL MEDICINE      | 2512.5                            | 2297                             | 1525                              | 1692.5                           | 2125                              | 1775                             | 1212.5                            | 1407                             | 91.4%  | 111.0%                             | 83.5%  | 116.0%                             |
| RCF22  | AIREDALE GENERAL HOSPITAL - RCF22 | Ward 04       | 430 - GERIATRIC MEDICINE           | 300 - GENERAL MEDICINE             | 1103.5                            | 1103.5                           | 1561                              | 1541.5                           | 697.3                             | 697.5                            | 1148.75                           | 1115                             | 100.0%   | 98.8%                              | 100.0%   | 97.1%                              |
| RCF22  | AIREDALE GENERAL HOSPITAL - RCF22 | Ward 05       | 300 - GENERAL MEDICINE             | 314 - REHABILITATION               | 1738.8                            | 1580.3                           | 1201.5                            | 1154                             | 697.5                             | 696.75                           | 720                               | 708.65                           | 90.9%  | 96.0%                              | 99.9%  | 98.4%                              |
| RCF22  | AIREDALE GENERAL HOSPITAL - RCF22 | Ward 06       | 430 - GERIATRIC MEDICINE           | 300 - GENERAL MEDICINE             | 1734.5                            | 1703                             | 1233                              | 1069.5                           | 731.25                            | 731.25                           | 1012.5                            | 1001.25                          | 98.2%  | 86.7%                              | 100.0%   | 98.9%                              |
| RCF22  | AIREDALE GENERAL HOSPITAL - RCF22 | Ward 07       | 300 - GENERAL MEDICINE             | 430 - GERIATRIC MEDICINE           | 1421                              | 1329.5                           | 1379.5                            | 1257                             | 697.5                             | 697.5                            | 1035                              | 956.23                           | 93.6%  | 91.1%                              | 100.0%   | 92.4%                              |
| RCF22  | AIREDALE GENERAL HOSPITAL - RCF22 | Ward 09       | 110 - TRAUMA & ORTHOPAEDIC SURGERY | 110 - TRAUMA & ORTHOPAEDIC SURGERY | 1867.5                            | 1601.5                           | 1627                              | 1366.5                           | 697.5                             | 697.5                            | 1057                              | 1023.25                          | 85.8%  | 84.0%                              | 100.0%   | 96.8%                              |
| RCF22  | AIREDALE GENERAL HOSPITAL - RCF22 | Ward 13       | 100 - GENERAL SURGERY              | 502 - GYNAECOLOGY                  | 1327.5                            | 1105.5                           | 810.5                             | 768                              | 697.5                             | 691.25                           | 731.25                            | 708.75                           | 83.3%  | 94.8%                              | 99.1%  | 96.9%                              |
| RCF22  | AIREDALE GENERAL HOSPITAL - RCF22 | Ward 14       | 100 - GENERAL SURGERY              | 101 - UROLOGY                      | 1510                              | 1357                             | 1230                              | 1169.5                           | 697.5                             | 697.5                            | 697.5                             | 686.55                           | 89.9%  | 95.1%                              | 100.0%   | 98.4%                              |
| RCF22  | AIREDALE GENERAL HOSPITAL - RCF22 | Ward 16       | 300 - GENERAL MEDICINE             | 430 - GERIATRIC MEDICINE           | 2495.5                            | 2286                             | 732                               | 723                              | 2495.5                            | 2333.5                           | 38.5                              | 38.5                             | 91.6%  | 98.8%                              | 93.5%  | 100.0%                             |
| RCF22  | AIREDALE GENERAL HOSPITAL - RCF22 | Ward 17       | 420 - PAEDIATRICS                  | 420 - PAEDIATRICS                  | 1488                              | 1386                             | 744                               | 618                              | 1116                              | 1116                             | 0                                 | 120                              | 93.1%  | 83.1%                              | 100.0%   | -                                  |
| RCF22  | AIREDALE GENERAL HOSPITAL - RCF22 | Ward 18       | 110 - TRAUMA & ORTHOPAEDIC SURGERY | 110 - TRAUMA & ORTHOPAEDIC SURGERY | 849                               | 811                              | 397                               | 355                              | 596.25                            | 503.75                           | 101.25                            | 185                              | 95.5%  | 89.4%                              | 84.5%  | 182.7%                             |
| RCF22  | AIREDALE GENERAL HOSPITAL - RCF22 | Ward 19       | 303 - CLINICAL HAEMATOLOGY         | 110 - TRAUMA & ORTHOPAEDIC SURGERY | 893.5                             | 893.5                            | 557                               | 540                              | 697.5                             | 697.5                            | 0                                 | 0                                | 100.0%   | 96.9%                              | 100.0%   | -                                  |
| RCF22  | AIREDALE GENERAL HOSPITAL - RCF22 | Ward 21       | 501 - OBSTETRICS                   | 420 - PAEDIATRICS                  | 804                               | 804                              | 384                               | 380.5                            | 744                               | 744                              | 372                               | 324                              | 100.0%   | 99.1%                              | 100.0%   | 87.1%                              |
| RCF30  | CASTLEBERG HOSPITAL - RCF30       | Harden Ward   | 300 - GENERAL MEDICINE             | 314 - REHABILITATION               | 475.5                             | 507                              | 834.5                             | 806                              | 372                               | 372                              | 372                               | 372                              | 106.6%   | 96.6%                              | 100.0%   | 100.0%                             |

|                                  |  |            |           |          |                        |
|----------------------------------|--|------------|-----------|----------|------------------------|
| Report to:                       | Board of Directors                                 |            |           |          |                        |
| Date of Meeting:                 | 25 November 2015                                   |            |           |          |                        |
| Report Title:                    | Nursing & Midwifery Staffing Review – October 2015 |            |           |          |                        |
| Status:                          | For information                                    | Discussion | Assurance | Approval | Regulatory requirement |
| Mark relevant box with X         |  |            | x         | x        | x                      |
| Prepared by:                     | Rob Dearden, Director of Nursing                   |            |           |          |                        |
| Executive Sponsor (presenting):  | Rob Dearden, Director of Nursing                   |            |           |          |                        |
| Appendices (list if applicable): | Nursing & Midwifery Review                         |            |           |          |                        |

**Purpose of the Report**

Twice yearly reviews of Nursing & Midwifery staffing are required as part of the Trust's Implementation of the Response to the Francis Report and will also be an expectation of the Care Quality Commission and NHS England.

The report provides the context, evidence base and methodology to establishments and nursing staffing levels across the organization. It seeks to benchmark to the best evidence, suggested enhancements aligned to emerging national best evidence/practice. It updates the Board on statutory responsibilities regarding nursing and midwifery staffing. It seeks to provide assurance to the Board, public and externally.

- Key points for discussion**
- Existing evidence based methodology with a strong culture of patient experience, safety & effectiveness.
  - Assurance on Nursing and Midwifery Staffing levels.
  - National staffing guidance, evolution and proportionality and its implications for the organization given the context of our quality and safety performance.

**Recommendations**

The Board is asked to receive and endorse this review of Nursing & Midwifery staffing.

## **Nursing & Midwifery Staffing Review October 2015**

### **Introduction**

Nursing and Midwifery Staffing has a direct correlation to patient safety outcomes. Twice yearly reviews of Nursing and Midwifery staffing were amongst the recommendations of the Francis Report (2013) into Mid Staffordshire NHS Foundation Trust. Such a recommendation has been incorporated into the Trust Response and Implementation of the Francis Report. It is also evident in Right Care – Nursing & Midwifery 2013-15.

A six monthly review of Nursing and Midwifery staffing has been undertaken since April 2013. This Board paper presents the October 2015 nursing and midwifery staffing review and updates the board on the current national context.

### **Ward Nurse Staffing – Airedale NHS Foundation Trust**

In relation to the delivery of safe, effective and personal care, the Director of Nursing and Senior Nurses have given due consideration to the approach of Nursing Establishments and skill mix. For the last 5 years, the Trust has used the RCN Evidence Based Staffing Levels in its calculation of effective nursing establishments. This has been used alongside Professional Judgement as a recognised and valid system of Nurse Staffing and escalation (RCN, 2010)

The RCN recommend 65% RN: 35% HCSW and 1 nurse per bed in general ward areas.

The Trust has always rigorously maintained this ratio (with local clinically indicated marginal flexibility), even (and particularly) when opening up additional capacity to ensure safe and effective nurse staffing to care for our patients. This is used alongside the professional judgement of Sisters and Registered Nurses, who are supported to increase staffing accordingly - if felt clinically necessary to do so. This approach is fully endorsed by the Director of Nursing and Senior Matrons. This is articulated clearly in Right Care - Nursing & Midwifery 2013-15. This approach has served the organisation and our patients well over this period.

The Safer Staffing Alliance (2013) published guidance on minimum safe staffing levels on general wards during the day – ANHSFT established ratio of 1 Registered Nurse: 7 / 8 patients are within this guidance. International research evidence has demonstrated that staffing levels are associated with differences in length of stay, complication rates, failure to rescue and mortality rates (National Nursing Research Unit, 2013).

In more specialist areas (AMU, Critical Care, A&E, Stroke Unit, Maternity) the skill mix is richer and aligned to relevant network requirements.

The Ward Teams are supported by the Acute Care Team (Critical Care Outreach), operating 24/7, managed by the Matron for Critical Care and Professionally Led by the Nurse Consultant for Critical Care.

10.4 WTE Advanced Clinical Practitioners are in post in secondary care with a dedicated Team Leader. (Four are fully trained and 6 are in training). They provide clinical assessment, clinical management plans, working closely with junior doctors and consultants across the acute care pathways and also add significantly to the quality of nursing care. 9 WTE Advanced Nurse Practitioners work in Community in the intermediate care Collaborative Care Teams.

The Senior Nurse for Older People supports the clinical leadership in the delivery of best practice, focussing significantly on tissue viability, falls prevention, continence, dementia care and safeguarding adults. The Safeguarding Adults team provide robust support around awareness, education, prevention, policy development and implementation, advice and investigation. They also support Deprivation of Liberty Safeguards in line with the Mental Capacity Act (2005). The Frail Elderly Pathway Team has been established to ensure Right Care for our patients and local population.

The Dementia Crisis Response Team was recently decommissioned by the CCG, despite starting to demonstrate effectiveness.

In formulating the Ward Establishments, which are reviewed at least twice yearly, and will be received at the board as part of the Trust's response to the Francis Report, due consideration of nursing quality metrics (pressure ulcers, falls, medication errors/incidents, occupancy, activity, Infection rates, complaints/PALS concerns, Patient Feedback (Real Time Monitoring, Friends and Family Test, NHS Choices, Staff Survey), along with Senior Nursing observation/knowledge of the clinical areas by Matrons being highly visible are all considered as part of the review process. If metrics indicate, specific review will occur on top of the specified twice yearly process. Ward staffing and any clinical concerns are reviewed on a weekly basis at the Matrons Monday morning meeting. The Ward Sisters meet twice weekly to overview off duty and any staffing concerns. Staffing is considered and any concerns are escalated up to three times per day within the operational bed meetings. Our staff are fully supported to bring in additional staff over and above the establishment if reasonably clinically indicated. (Each general ward is established with a Band 7 Senior Sister and 2 Band 6 Sisters to ensure effective leadership, care and clinical overview). Strong leadership and support is provided by Matrons and Senior Matrons to our nursing teams.

Registered Nurses are required to undertake the rolling programme of training to keep their practice updated. Specific appropriate continual professional development is identified via the appraisal process and supported as relevant.

Healthcare Support Workers have a mandatory clinical induction before working in the clinical environment, with the new code of conduct in their job descriptions and ongoing educational skills development aligned to the QCF. Three quarters of HCSWs have either NVQ 2/3 or QCF qualifications. Satisfactory completion is required to maintain employment. (A working group is in place to specifically take this work forward – aligned to Francis and the Cavendish Review).

A specific review of our elderly care wards was undertaken due to an increase in patients with Dementia/Delirium who are confused and wander – particular risk during the twilight period – a proposal aligned to our Dementia action plan is being developed to ensure effective trained butterfly dementia nurses (trained Health Care Support Workers) to provide support and care for these patients. The Trust currently has 14 nurses and support workers on the temporary nurse register who have now attended this training and who are available when required by the ward areas.

The Elderly Care Wards and the Trauma Orthopaedic Ward have benefitted from significant environmental improvements via the Department of Health Dementia Capital Fund. These have been completed on Wards 4, 9, 6 and 7. New capital ward and departmental upgrades have also featured dementia friendly improvements going forward – new ED, Ward 13 and Harden Ward at Castleberg Hospital. Further ward upgrades have now taken place on Wards 2, 10, 14 and 16 in 2015. This is aligned with the 3 tier Dementia training strategy, proactive bed management, Frail Elderly pathway, Dementia Screening, Mental Health Liaison. The Trust has been recognised by the Dementia Action Alliance/Alzheimer's Society for being on the way to becoming a Dementia Friendly environment.

The Trust has previously piloted the impact of Ward Sisters in Medicine being supernumerary over the winter period, in line with the Francis Report. (This initiative was funded by winter pressure monies. The Senior Sisters in the medical wards attempted to work in a supervisory capacity and when this was not achieved it was due to the staffing shortfall or increased demand in activity. The ward sisters reported that the benefits from this way of working were around managing the flow for their ward, overseeing the care and being available to support the more junior members of the team, respond to questions from other departments, such as pharmacy or radiology, and oversee the ward rounds. Working in this supervisory capacity also released the ward sisters to be available to respond in a timely manner to questions from families, which could contribute to complaint/PALS reduction. With the changes emerging with Health Care Support

Worker training, this could also be monitored by the individual ward sisters. However, more latterly, it has not been possible for Sisters to be supervisory more than the established 20% of the time due to staffing and activity pressures. Consideration could be given regarding the Sisters increasing their supervisory capacity once recruitment is up to/near to full establishment.

### **Staffing Review**

The Nursing and Midwifery Review of Establishments, in line with existing budgets, and aligned to these principles can be found at Appendix A. These allow for sickness, study leave and 20% supernumeracy of the Sister/Charge Nurse. Within the budget, there is an allowance for bank/agency nursing should this be necessary following the appropriate escalation considerations. Booking of additional staff on the grounds of quality and safety is always supported so long as it is appropriate and justified. However, it is not always possible to fill all requested shifts and a number of shifts may go unfilled. Monthly ward fill rates are reported to the board. (If a Registered Nurse bank/agency shift cannot be filled and all other avenues have been explored e.g. overtime, hours in excess of contract, cancelling study leave and annual leave, then at the off duty meetings or on a daily basis, the Matron and bleep holder will see if a registered nurse can be obtained from another area to support the shortfall. Often a HCSW is obtained from the agency/bank instead of a Registered nurse so the ward short of the RN would send the HCSW in return. In times of real crisis we have used the nurses from the hub and acute care team if there are 2 of them on. In significant but very rare staffing crises, theatre and OPD staff and on quite a few occasions the Matrons have worked clinically to support the shortfalls). Nursing and Midwifery Staffing Escalation Red Flags flowcharts are in place to reinforce Trust processes as per NICE Guidance (2014). These highlight the need for responsiveness to unplanned variations in staffing. If a nursing or midwifery red flag event occurs then this should prompt an immediate escalation response by the registered nurse in charge. An appropriate response may be to allocate additional nursing staff to the ward. The occurrence and frequency of red flag events can be used to inform the future planning of ward establishments.

Direct Contact Time (NHSE 2014) has been piloted in WCS Group & will be completed in both the Integrated Care & Surgical Groups respectively. This will ensure effective lean principles are in place to maximise efficiently and effectively nursing and midwifery staff deployment.

Staffing is reviewed regularly as described. There is a responsibility on the Sister/Charge Nurse (Budget Holder) to plan off duty effectively in terms of skill mix, annual leave, staff development and training to make the most effective use of the resources to deploy the staffing and non pay resource as efficiently as possible to deliver the best outcomes for our patients. (Plans to deliver e-rostering Q3 2015 – Q4 2016 are being progressed as part of the Right Care Programme and are expected to enhance this further). The potential benefits of the Safe Care Tool are being considered as a future additional complimentary product to E rostering.

### **Safer Nursing Care Tool**

In line with NICE guidance (2014), there is a requirement for trusts to undertake twice yearly reviews using appropriate evidence based staffing calculation tools, measuring acuity and dependency, with effect from June 2014 onwards. The SNCT has been used across all general ward areas in October 2015. Use of the BEST tool has also been used in the Emergency Department. The results will be analysed and considered in line with professional judgement, hard truths fill data, nursing quality indicators, NICE guidance and safer staffing alliance guidance.

(The business case for investment in nurse staffing has been implemented as agreed at Board in May 2015).

### **Context**

Following the Francis Report, there have been both intended and unintended consequences in respect of Nursing and Midwifery staffing. Its intention being to establish a rigorous, robust

evidence based approach to staffing with strong effective performance management and inspection processes established. This has resulted in a significant demand for Registered Nurses as some organisations have invested heavily. Nationally, there is starting to become a shortage of Registered Nurses with strong competition for recruitment (unintended consequences). The Trust has responded to this situation with a robust recruitment strategy which has been implemented. This has recently included International Recruitment of 29 Registered Nurses from Romania and Croatia.

Innovative review of new models of care and roles are being considered. The use of vacancy factor analysis tool has been used which calculates the number of additional nurses who can be recruited over and above the establishment, yet still remain within budget.

NICE guidance developed for general and maternity clinical areas remains in place and is adhered to by the Trust. Nationally NICE guidance for Emergency Departments has been put on hold whilst further development work is undertaken and learning from Vanguard's can be considered. Staffing guidance is also to be developed for Community Services, Intermediate Care, Mental Health, Learning Disabilities and Maternity care. Monitor has written to Trusts to ensure quality and safety is maintained but that nurse staffing is appropriate and proportionate. Lord Carter's guidance around the use of bank and agency has been published and a multiprofessional team has been implementing the toolkit. (This has involved close working with HB Retinue, who are sub contracted to supply the Trust's bank and agency requirements). Agency rates for the use of Registered Nurses and Midwives have been capped to control costs – for this organisation at 4% in Q3/4 2015-16 and then 3 % for the next 2 years. There is also the national recognition of the need to account for the staff involved in care, not just nurses. It is necessary to look at doctors, paramedics and other Allied Health Professionals (AHPs) as well as nurses.

The organisation is maintaining safe and effective nursing & midwifery staffing levels but the landscape is becoming more challenging as indicated. It is the duty of the Director of Nursing and the Medical Director (and collectively the whole Board of Directors) to ensure the organisation delivers high quality services to our patients and population – patient experience, effectiveness and safety. The CQC have and will assess going forwards against the domains of Safety, Effectiveness, Responsiveness, Well Led and Caring.

This needs to be set in the context of Airedale's excellent quality and safety record, in line with the ongoing overall governance of the organisation in order to deliver safe and effective services to our patients and population.

## **Conclusion**

Robust and effective processes are in place to deliver nursing and midwifery staffing at ANHSFT using an evidence-based methodology, which has served the Trust and its patients well. The wards are adequately and appropriately staffed (in line with national best evidence). This is reflected by the Trust's quality and safety record. Nursing numbers are flexed in line with the bed base and dependency of the patients. However, given increasing pressures on urgent care, an older demographic, acuity and frailty of particularly vulnerable older patients, there has been increasing demand placed on wards, and the need to open additional capacity at peak periods. The Trust has provided the required investment in the identified areas to ensure the nursing establishment meets the required ongoing capacity and demand.

Recruitment of Registered Nurses is becoming both more competitive and challenging. More guidance for safe staffing will be developed and will need to be considered in future reviews.

## **Recommendations**

The Board is asked to receive and endorse this review of Nursing and Midwifery staffing.



## **References**

Department of Health, 2014. *Hard Truths: The Journey to Putting Patients First*. London: Crown Copyright.

Kings College London, 2013. *Safer Staffing Alliance*

NHS England, 2014. *Safer Staffing: A Guide to Contact Time*. Leeds: NHS England.

NICE - National Institute for Health & Clinical Excellence, 2014. *Safe Staffing for Nursing in Adult Inpatient Wards in Acute Hospitals*. Safe staffing guideline 1.

National Quality Board, 2013. *A guide to establishing nursing, midwifery & care staffing capacity & capability*. NHS England Publication Gateway no.: 00794 – sponsored by CNO Jane Cummings.

National Nursing Research Unit, 2013. *Registered Nurse Staffing Levels & Patient Outcomes*. Kings College London.

RCN, 2010. *Guidance on Safe Nurse Staffing Levels in the UK*. London: Royal College of Nursing.

RCN, 2010. *Policy Position: evidence based nurse staffing levels*. London: Royal College of Nursing.

Right Care – Nursing & Midwifery 2013-15. *Nursing & Midwifery contribution to the Right Care Strategy for ANHSFT*.

Shelford Group, 2013. *Safer Nursing Care Tool*. The Association of UK University College Hospitals.

Appendix A

| CHILDREN'S SERVICES Nurse Staffing Review October 2015 |                                    |            |                          |      |            |      |  |  |
|--|------------------------------------|------------|--------------------------|------|------------|------|--|--|
| Ward/Dept  | Vacancy                            |            | Long term sick/Mat leave |      | Secondment |      | Nursing Establishment  | Bed Numbers  |
|  | Trained                            | HCSW       | Trained                  | HCSW | Trained    | HCSW |  |  |
| <b>HoM/Senior Matron</b>                               |                                    |            |                          |      |            |      | 1.0wte   | as maternity   |
| <b>Senior Post(8a)</b>                                 | 0                                  | 0          | 0                        | 0    | 0          | 0    | 1.0wte   |  |
| <b>Children's Unit</b>                                 |                                    |            |                          |      |            |      |  |  |
|  | 1 appointed to awaiting start date | 0          | 2.06 mat                 | 0    | 0.8        | 0    | 22.03 wte RN<br>5.91 wte HCSW<br>Ratio 80/20<br>Winter<br>E 5+1 L 5+1 N 3+1<br>Summer<br>E 4+1 L 4+1 N 3 | 24 BEDS<br><br>2.39 fixed term posts to cover maternity leaves not yet recruited to despite advert |
| <b>Neonatal Unit</b>                                   |                                    |            |                          |      |            |      |  |  |
|  | 2 appointed to awaiting start date |            | 1.76 mat                 | 0    | 0          | 0    | 16.7 RN<br>2 wte HCSW<br>Ratio 90/10<br>Days 3 or 3+1<br>N 3   | 12 COTS  |
| <b>Children's Outpatient</b>                           |                                    |            |                          |      |            |      |  |  |
|  | 0                                  | 0.5        | 0                        | 0    | 0          | 0    | 2.12 registered 1.2 SHCSW  | vacancy appointed to awaiting start date   |
| <b>Children's outreach</b>                             |                                    |            |                          |      |            |      |  |  |
|  | 0                                  | 0          | 0.6                      | 0    | 0          | 0    | 2.2 registered 0.33 SHCSW  |  |
| <b>Specialist nurses</b>                               |                                    |            |                          |      |            |      | 2.77 Diabetes and safeguarding   |  |
| <b>TOTAL excluding matrons and specialist nurses</b>   | <b>3</b>                           | <b>0.5</b> | 4.42                     | 0    | 0.8        | 0    | <b>43.05 registered 9.44 SHCSW</b>   |  |

The resource used for determining staffing requirements in children's services is the 2013 *Royal College of Nursing Defining staffing levels for children and young people's services*.

We are compliant with the requirement for a band 7 and also a band 6 cover day and night. For children under 2 year olds there is a stipulated ratio of 1-3, and for over 2 a stipulated ratio of 1-4. At times the staffing ratio does fall outside these requirements. These instances are captured through the adverse event process and monitored by the matron.

Staffing levels are adjusted in the winter period to enable increased nursing cover in the winter months. This is achieved through adjustments to the leave allocation for registered nurses.

Children's Services have advertised the fixed term posts without success, which has resulted in some gaps in cover; redeployment of nurses from other areas is coordinated by matron as necessary.

The neonatal unit staffing is measured against the 2009 Department of Health *Neonatal Toolkit for Staffing* via the Neonatal Network. This uses the ratios for intensive care, high dependency and special care and also requires a supernumerary shift leader.

Escalation for nurse staffing issues is via the Matron for Children's Services and then to the Senior Matron for Women's and Children. The matron moves staff across the service to address gaps where possible. In extreme situations the Matron will step in to provide cover.

## MIDWIFERY Nurse Staffing Review October 2015

| Ward/Dept                      | Vacancy       |                 | Long term sick/Mat leave         |                                | Secondment |      | Nursing Establishment   |   | Bed Numbers |
|--------------------------------|---------------|-----------------|----------------------------------|--------------------------------|------------|------|---|---|-------------|
|                                | Trained       | HCSW            | Trained                          | HCSW                           | Trained    | HCSW |   |   |             |
| HoM/Senior Matron              |               |                 |                                  |                                |            |      | 1.0wte  |   |             |
| Maternity                      | 0.6wte        | 0               | 1.6wte (lts)<br>4.33 (mat leave) | 1wte (lts)<br>2.43 (mat leave) | 0.5 wte    | 0    | <b>84.41wte TOTAL (excluding HOM)</b>   |   |             |
| Ward 21                        |               |                 |                                  |                                |            |      | 2 MW & 1 HCSW /shift  | 15 (can be flexed up to 19. Antenatal & postnatal beds)   |             |
| Labour ward                    |               |                 |                                  |                                |            |      | 1 Labour ward co-ordinator<br>4 Midwives<br>1 HCSW on early and late shifts<br><br>PLUS 1 extra midwife on night duty | 4 High risk rooms, 4 Low risk rooms, 2 birthing pool rooms<br><br>1 Triage Room with 1 bed<br>1 Induction Bay which includes: 4 induction of labour beds<br>1 Family Room for bereaved families |             |
| 1 Theatre                      |               |                 |                                  |                                |            |      | 2 Midwives for elective LSCS + 1 HCSW mon-thurs   |   |             |
| Maternity Assessment Centre    |               |                 |                                  |                                |            |      | 2 Midwives<br>1 HCSW/Wd clerk   |   |             |
| Antenatal clinic               |               |                 |                                  |                                |            |      | 1 Midwife & 1 HCA or 2 midwives   |   |             |
| Community                      |               |                 |                                  |                                |            |      | 15 midwives Mon- Fri<br>3 midwives Sat/Sun & BH   |   |             |
| <b>Wards &amp; Departments</b> | <b>Band 7</b> | <b>Band 5/6</b> |                                  |                                |            |      | <b>Band 7</b>   | <b>Band 5/6</b>   |             |
| Labour Ward                    | 0             | 0               |                                  |                                |            |      | 7.26  | 30.00   |             |
| Ward 21                        | 0             | 0               |                                  |                                |            |      | 1.00  | 12.0  |             |
| MAC                            | 0             | 0               |                                  |                                |            |      | 0   | 3.53  |             |
| Antenatal Clinic /             | 0             | 0               |                                  |                                |            |      | 1.00  | 1.44  |             |

|                           |          |            |   |   |   |   |              |              |  |
|---------------------------|----------|------------|---|---|---|---|--------------|--------------|--|
| Screening                 |          |            |   |   |   |   |              |              |  |
| Total Community Midwifery | 0        | 0          |   |   |   |   | 1.00         | 22.17        |  |
| Other Specialist Midwives | 0        | 0.6        |   |   |   |   | 4.21         | 0.8          |  |
| Supervisors of midwives   | 0        | 0          | 0 | 0 | 0 | 0 |              |              |  |
| <b>TOTAL</b>              | <b>0</b> | <b>0.6</b> |   |   |   |   | <b>14.47</b> | <b>69.94</b> |  |

The staffing of the maternity service is regularly reviewed and monitored using the Birth-rate Plus midwifery workforce planning tool in accordance with the recommendations and procedures outlined in the NICE safe staffing guideline, *Safe midwifery staffing for maternity settings* (NICE, 2015). The maternity unit is currently fully established including the appointment to temporary fixed term posts to cover maternity leave enabling the service to meet the nationally recommended midwife: birth ratio of 1:28. Community midwifery staffing has recently been increased to improve the mandate to deliver personalised care. The unit remains challenged in delivering one to one care for all women during established labour, since April this has been achieved for 85% of women and on-going discussions about how to improve compliance are taking place with the intention of improving 24 hour resilience with effective rostering and increased recruitment to the midwifery bank. The ratio of health care support workers to midwives is 15:85. Midwifery staffing levels are monitored throughout a shift and a red flag (a warning sign that indicates a problem with midwifery staffing) system has been produced and is embedded in the maternity escalation guideline which is currently under review.

Following publication of the CNOs *Safer Staffing – A guide to care contact time (2014)*, a tool has been used in maternity and the childrens service to identify the time spent by both registered and unregistered staff on direct, indirect and non-patient activities. The analysis of the data collected is informing discussions about how best to maximise roles and introducing twilight shifts as opposed to full night shifts for unregistered staff are being considered to improve skill mix on the wards at times of peak activity.

The consultant led side of the unit has now been refurbished and the team are actively promoting the service and scoping other marketing opportunities.

## SURGICAL Nurse Staffing October 2015

| Ward/Dept          | Vacancy                        |                             | Long term sick/Mat leave                                   |   | Secondment |             | Funded Nursing Establishment                                   | Bed Numbers  |
|--------------------|--------------------------------|-----------------------------|--|---|------------|-------------|--|--|
|                    | Trained                        | HCSW                        | Trained  | HCSW                                    | Trained    | HCSW        |  |  |
| Matrons            | 0                              | 0                           | 0  | 0                                       | 0          | 0           | 1wte Senior Matron<br>3 wte Matrons                            |  |
| Critical Care Unit | 0                              | 0                           | 1 wte Sick<br><br>(1wte Band 6 +<br>3.85 Band 5 Mat Leave) | 0.0 Sick                                | 2.0        | 0.0         | 46.82 wte<br>Qualified = 40.82<br><br>HCSW = 6wte              | Critical Care =3<br><br>Coronary Care =7<br><br>HDU =4 |
| Endoscopy          | 0                              | 0                           | 0  | 0.48 LTS                                | 0.00       | 0.00        | 20.73 wte<br><br>Qualified = 14.84<br>Hcsw = 5.89              | N/A  |
| Ward 9             | 0.51 WTE                       | 0.39                        | 0.0 Sick<br><br>(1.0 Band 5 Mat Leave )                    | 0.0 Sick<br><br>(0.48 Band 2 Mat Leave) | 1.0 Band 6 | 0.61 Band 2 | 29.46 pre SNCT<br>Now=38.61<br>Qualified =22.71<br>Hcsw =16.10 | 29   |
| Ward 18            | 1 wte BAND 6<br>1.09 wte Band5 | 0.40 Band 2<br>1 wte Band 3 | 0.80 band 5  | 0.96 band 2                             | 0.80wte    | 0           | 18.43 wte<br>Qualified = 12.09<br><br>Hcsw = 5.56              | 15/ 1 PP BED   |

| Ward/Dept | Vacancy                         |                       | Long term sick/Mat leave                         |                                      | Secondment          |  | Funded Nursing Establishment   | Bed Numbers        |
|-----------|---------------------------------|-----------------------|--|--------------------------------------|---------------------|--|--|--------------------|
|           | Trained                         | HCSW                  | Trained  | HCSW                                 | Trained             | HCSW                                     |  |                    |
| Ward 13   | 0                               | 2.80wte recruited too | 2wte band5 Mat leave<br>1.52 lts band 5          | 0.80 lts                             |                     | O.U<br>1.0 band 3 backfilled<br>0.58 wte | 27.57 + Housekeeper<br><br>Qualified = 17.20<br>Hcsw = 10.34                   | 29 (30)            |
| Ward 14   | Band 5 x 1 wte                  | 2.26wte recruited too | 0.40 band 5 mat leave                            | 0.00                                 |                     | 0  | 28.87 + Housekeeper. Pre SNCT<br>Now ;38.17<br>Qualified= 24.03<br>Hcsw= 15.14 | 22 + 6 assess beds |
| Ward 19   | 0                               | 0.00                  | 0.00   | 0.00                                 | 0.00                | 0  | 16.77wte<br>Qualified = 12.64<br>Hcsw = 4.13                                   | 11                 |
| Ward 20   | 0                               | 0.00                  | 0.00   | 0.00                                 | 1 wte to telehealth |  | Qualified = 15.5wte<br>Hcsw =1.20wte   | NA                 |
| Pre Op    | 0                               | 0                     | Band 5 x 2.2 mat leave                           |                                      |                     |  | 7.26 wte Qualified   | Na                 |
| Theatre   | Band 5 x 4.90 all out to advert | 0                     | Band 5 x 2 wte +3 pending<br><br>2 wte mat leave | Band 2 x 1wte<br><br>1 wte Mat leave | 0                   | 0  | 79.23wte<br><br>Qualified = 58.93<br>Hcsw = 20.68                              | Na                 |

| Ward/Dept | Vacancy                     |              | Long term sick/Mat leave |                  | Secondment |      | Nursing Establishment                         | Bed Numbers |
|-----------|-----------------------------|--------------|--------------------------|------------------|------------|------|---|-------------|
|           | Trained                     | HCSW         | Trained                  | HCSW             | Trained    | HCSW |   |             |
| OPD       | 1 wte Band 7<br>0.80 band 5 | No vacancies | 1 lts                    | 2 wte +2 pending | 0          | 0    | 31.07wte<br>Qualified = 14.15<br>Hcsw = 16.92 | na          |
| Gatu      | No vacancies                | No Vacancies | 0                        | 0                | 0          | 0    | 3WTE  | na          |

This report is based on the current staffing establishments for Surgery as of 1<sup>st</sup> November 2015. Staffing at times has remained an issue due to the additional beds opened in the organisation especially supporting the annexe. Successful recruitment campaigns have enabled the wards to fill some of their substantive posts especially in Surgery. International recruitment also proved successful with many of the nurses coming to the end of their induction and will shortly be a full member of the nursing teams.

The Safer Nurse staffing Care tool has also just been completed across all the wards in October and the analysis is awaited.

Below are the full breakdowns of the information requested across the surgical group in a table but in summary:

**Vacancies = The total across the Surgical Unit = 10.30**

- Qualified x 3.50 wte and unqualified x 1.79wte across the wards.
- Qualified x 4.90wte in theatre.
- Qualified x 1.80 in OPD.

This is a marked improvement on the 17.51wte vacancy factor at the same time last year. The vacancies are out to advert again and active recruitment continues especially for theatres.

**Long term sickness = The totals are the figures across the surgical unit.**

- 3.56 Qualified and 2.28 unqualified as opposed to 8.32 Qualified and 4.28wte unqualified in 2014 all of whom have a management plan in place and referred at appropriate times to Health and wellbeing.



**Maternity Leave**

- 13.25 Qualified and 4.48 unqualified opposed 6.4wte qualified and 3.46wte unqualified in 2014. This is a big increase and many of these posts we are backfilling with temporary contracts.

**Secondments**

- 4.80 qualified nurses are on secondments to either Acting band 6 posts on ward 9 or telemedicine.
- 1.62 wte unqualified doing nurse training via open university route.

## MEDICINE Nurse Staffing Review November 2015

| Ward/Dept      | Vacancy (wte) |           |                    | Long term sick/Mat leave |      | Secondment |      | Nursing Establishment  | Bed Numbers   |
|----------------|---------------|-----------|--------------------|--------------------------|------|------------|------|--|---|
|                | Trained       | Recruited | HCSW               | Trained                  | HCSW | Trained    | HCSW |  |   |
| Matrons        | 0             |           |                    | 0                        |      | 0          |      | 4  |   |
| CNSs etc       | 0             |           | 0                  | 0                        | 0    | 0          | 0    |  |   |
| HODU incl. CNS | 0             |           |                    | 1                        |      |            |      | 8.94 + 2.35  |   |
| Diabetes       | 0             |           | 0                  | 0                        | 0    | 0          | 0    | B7 3.66 WTE.<br>(includes community)<br><br>B6 x 2 (however B6 funding to be used to create a 30hr Band 7 post)<br><br>1.32 HCSW |   |
| Ward 1         | 2.19          | 2.19      | 1.0<br>Shortlisted | 0                        | 0    | 0          | 0    | 32.49 +1 wte<br><br>65/35 ratio<br><br>17.49 RN<br>15 HCA (B3 & 2)   | 18 beds and 2 assessment cubicles for ambulatory patients. (escalation beds take the ward to 24, as a bay of 4 has been taken for ACU waiting times)<br><br>Varied number of patients attending for ambulatory care.<br><br>New establishment to commence from November 2015 following an increase in staffing. |

|                              |      |   |   |                                     |               |                |   |  |   |
|------------------------------|------|---|---|-------------------------------------|---------------|----------------|---|--|---|
| Ward 2                       | 2.47 | 2 | 0 | 2                                   | 0             | 0              | 0 | 51.53 funded<br>52.14 actual<br>58/42 ratio<br>29.67 RN<br>21.47 SW                                  | 29 (+15 for surge/winter pressures)<br><br>0.6 B1 housekeeper vacancy.<br><br>B5 – recruited and awaiting starting dates with 0.47 wte vacancy to be filled.<br><br>Band 5 –<br><br>Band 2 – fully recruited.<br><br>Ward 2 – back out to advert for remaining posts. |
| Winter uplift to cover annex | 4.6  | 0 | 0 |                                     |               |                |   | 5.6 Q and 5.6 HCSW funded for winter annex   |   |
| Ward 4                       | 4.4  | 3 | 1 | 1.0 B5 sick<br><br>2.8wte mat leave | 1.0 mat leave | 0              | 0 | 34.8 wte<br><br>(includes 4.8 cost pressure nurses)<br><br>56/44 ratio<br><br>19.5 RN<br><br>15.3 SW | 30 beds<br><br>Band 5 - 3 posts filled with 1 international nurse, 1 return to practice nurse and 1 nurse from interview.<br><br>Band 2 – post at interview stage. One pending<br><br>2.8 wte trained commenced maternity leave                                       |
| Ward 5                       | 3.39 |   | 0 | 1 Band 5 LTS                        | 0             | 1 B5 to ward 7 | 0 | 38.47<br><br>60:40 ratio<br><br>23.51 RN<br><br>14.28 SW   | 28<br><br>(excludes stroke co-ordinator and TIA nurse)  |
| Ward 6                       | 1.3  | 1 | 0 | 0                                   | 0             | 0              | 0 | 30 + 1<br><br>65/35 ratio<br><br>RN 19.5<br><br>SW 10.5  | 30<br><br>Band 5 filled with new cohort of staff.   |

|                                     |           |           |                     |         |       |       |           |  |  |
|-------------------------------------|-----------|-----------|---------------------|---------|-------|-------|-----------|--|--|
| Ward 7                              | 6.57      | 3         | 0                   | 0       | 0     |       | 1.8<br>OU | 30 + 1 wte<br>65/35 ratio<br>RN 19.5<br>SW10.5 | 30<br><br>3 wte post filled with 2 international nurses and 1 return to practice nurse. Recent interviews not successful.<br><br>Band 2 employed with backfill from OU |
| A&E                                 | 0.59      |           | +0.18 B3<br>0.32 B2 | 2 B5    | 0     | 0     | 0         | 47.92 WTE<br>35.64 wte RN<br>12.20wte SW       | Band 5 posts recruited and awaiting starting dates<br><br>Band 2 – not been recruited to due to over staffing at Band 3.   |
| AE Liaison post                     | 0         |           | 0                   | 0       | 0     | 0     | 0         | 0.4 wte B6                                     |  |
| Urgent Care Clinical Educator       | 1         |           | 0                   | 0       | 0     | 0     | 0         | 1 Band 7                                       | Recruited – to commence in post on the 21 <sup>st</sup> December 2015.   |
| Total<br>(excludes Matrons and CNS) | 26.51 wte | 11.19 wte | 2.5 wte             | 9.8 wte | 1 wte | 1 wte | 1.8wte    |  | <ul style="list-style-type: none"> <li>All vacant posts are currently being recruited to.</li> <li>All sickness/absences are being managed appropriately.</li> </ul>   |

There are a total of 26.51 wte vacancies with medicine, although 11.19 wte have been recruited. This gives an outstanding wte vacancy of 15.32 wte. 4.6 wte of the 15.32 wte vacancy is related to the additional staffing for the annex winter escalation beds on ward 2. Without the additional 4.6 wte vacancy, medicine would have an outstanding vacancy of 10.72 wte, which is more in line with the number of vacancies medicine has been running with throughout the year.

This position is expected to improve further in 2016 when the winter escalation beds close and staff from ward 10 return back to their normal base wards.

## Medical Nurse Staffing - November 2015

### Overall vacancies

Whilst the number of vacancies has increased since October 2014, the medical unit are awaiting staff to commence in post over the coming weeks and months and this should then reduce the numbers of vacant posts. A proportion of the vacancies, i.e ward 7 are recent vacancies within the past 6 weeks. Therefore, the wards are still in the recruitment phase. The appointment and ward allocation of the international nurses will assist with some of these vacancies being filled.

Ward 1 – The ward remains established for 18 beds but has had 24 beds open for the past 6 weeks due to the hospital requiring escalation beds to be available. Staffing has been supported through a mix of bank, overtime and authorised agency use together with support from the medical base wards. The ward has benefitted from an increase in staffing following uplift from the safer nurse care staffing tool business plan and the current vacancies are as a result of the uplift. The demands of the ward are increased by both the increase in FEP patients who are placed on the ward and the increasing stream of ambulatory patients who attend daily.

Ward 2 – The ward has recruited successfully over the past months to the Band 5 vacancies that were created by the increased staffing following the uplift from the safer nursing care business case. Band 2 has proved no problem to recruit into. The remaining vacancies are mainly around the additional Band 5 staff for the annex, which forms part of the escalation beds for winter. Recruitment is at interview stage.

Ward 4 – The ward has experienced a number of challenges with staffing. The Band 5 and Band 2 vacancies have now been recruited to through various means. There was a request from a number of international nurses to work on the elderly ward, which was fantastic to hear and we have placed three on the ward, which the ward feel they are able to accommodate. Although the Band 2 staff vacancies are filled, the vacancies have come about due to differences when two previous ward merged. Service improvement has been requested to come in and work with ward 4 in terms of team development. The ward is currently without a Band 7 who is on maternity leave following sickness and although this post has been difficult to fill, it is hoped this post will be filled on the 10<sup>th</sup> November 2015.

Ward 5 – The Band 7 post was filled substantively with the seconded staff member and this has brought great stability to the ward and team. There is a significant reduction in long term sick and personal working preferences and although this is proving to be a challenge for some staff, headway is being made. The staffing for ward 5 will be reviewed in April 2016, taking into account the new stroke configuration and the nursing needs of the neurology patients. Currently there will be no changes to the staffing on ward 5 as it is recognised that the ward has consistently taken seven medical outlying patients and the need to support two supernumerary staff members.

Ward 6 – The ward will be fully established within the next month. There is a need to review the current safer nurse care tool data and the establishment as the dependency of the patients on the ward has significantly changed since configuration. There is now an increased number of complex elderly patients on the ward.

Ward 7 – The ward have had a number of vacancies over the past six week. These are due to the new ward manager appropriately challenging some of the practices and culture of the ward. The vacancies will be filled with both a return to practice nurse and three international nurses. The remaining posts are out to recruitment. If needed staff will be moved internally if skill mix becomes an identified issue.

Emergency Department – Recruitment has been successful and the vacancies are almost filled, with staff awaiting starting dates. Further work is to be completed on the redesign of the establishment to support the extension of the Emergency Nurse Practitioner Service.

Secondments – The secondment position has vastly improved when compared to April 2015. Each request to secondment will be considered individually so that the services remain stable.

Recruitment – Recruitment for all bandings is on-going and extensive efforts are been made to ensure that we take every opportunity to recruit staff to the medical unit at Airedale NHS Foundation Trust. Band 5 staff nurses are the proving the most difficult to recruit.

#### Safer Staffing Care tool/ BEST

All wards have completed the safer staffing care tool throughout October and the results are currently been analysed.

#### Arrangements for winter

Wards 1, 2, 4, 5, 6, 7 and ED are all expected to provide a Band 5 staff nurse and a Band 2 Health Care Support Worker to ward 10 this winter. Back fill for both posts for all wards have been provided. Qualified staff released will be backfilled with International Nurses and Band 2 HCSW will be backfilled following recent recruitment and successful appointments.

## COMMUNITY SERVICES Nurse Staffing Review October 2015

| Team   | Vacancy   |      | Long term sick/Mat leave |      | Secondment |      | Nursing Establishment   | Bed/caseload numbers   |
|--|---|------|--------------------------|------|------------|------|---|--|
|  | Trained   | HCSW | Trained                  | HCSW | Trained    | HCSW |   |  |
| <b>Airedale Collaborative Care Team (ACCT) including Case Managers and AIRE Unit</b> | Band 8a 1WTE<br>Community ANP ( East Lancashire Care Homes service)<br><br>Band 5 2.0 WTE ( case manager and community nurse) |      |                          |      |            |      | Band 8a 7 WTE<br>Band 7 0.73 WTE<br>Band 6 7.4 WTE<br>Band 5 14.21 WTE<br>Band 3 5.78 WTE | 14 Intermediate Care Beds<br><br>Variable number of virtual beds |
| <b>Craven Collaborative Care Team (CCCT)</b>   |   |      |                          |      |            |      | Band 8a 2 WTE<br>Band 7 1 WTE<br>Band 6 1.8 WTE<br>Band 5 7.55 WTE<br>Band 3 7.23 WTE     | Variable caseload for virtual beds                               |

| Team                       | Vacancy   |      | Long term sick/Mat leave       |                                    | Secondment |      | Nursing Establishment   | Bed/caseload numbers              |
|----------------------------|---|------|--------------------------------|------------------------------------|------------|------|---|-----------------------------------|
|                            | Trained   | HCSW | Trained                        | HCSW                               | Trained    | HCSW |   |                                   |
| <b>Castleberg Hospital</b> | Band 7 Clinical Lead<br>0.2 WTE<br><br>Band 6 Ward Sister<br>0.2 WTE<br><br>Vacancy factor used<br>to fund additional<br>bank staff |      | Band 5 1WTE<br>maternity leave | Band 3<br>HCSW 0.5<br>WTE<br>(LTS) |            |      | Band 7 0.8 WTE<br><br>Band 6 0.8 WTE<br><br>Band 5 5.6 WTE<br><br>Band 3 2.8 WTE<br><br>Band 2 5.16 WTE | 10 beds                           |
| <b>Craven Virtual Ward</b> | Band 6 1.8 WTE<br><br>Recruitment in<br>progress<br><br>Band 5 3.15 WTE   |      |                                |                                    |            |      | Band 7 1 WTE<br><br>Band 6 4.99 WTE<br><br>Band 5 16.05 WTE<br><br>Band 3 9.83 WTE                      | Caseload<br>approximately<br>1320 |



| Team  | Vacancy   |      | Long term sick/Mat leave     |      | Secondment |      | Nursing Establishment                               | Bed/caseload numbers                                  |
|---|---|------|------------------------------|------|------------|------|---|---|
|   | Trained   | HCSW | Trained                      | HCSW | Trained    | HCSW |   |   |
| <b>Specialist nursing Team</b><br><br>Neuro/MS Nurse Specialist |   |      | Band 8a 1 WTE (LTS)          |      |            |      | Band 8a 1 WTE<br>Band 7 1 WTE                       | 72 active<br>205 inactive<br>Total: 277               |
| Cardiac Rehab Team  | Band 6 maternity leave backfill currently out to advert |      | Band 6 1 WTE maternity leave |      |            |      | Band 7 0.8 WTE<br>Band 6 3.7 WTE<br>Band 3 0.33 WTE | Airedale 145<br>Craven 56<br>Other 2<br>Total: 203    |
| Heart Failure Nurse Specialists                                 |   |      |                              |      |            |      | Band 7 3.0 WTE<br>Band 3 0.48 WTE                   | Airedale 105<br>Craven 73<br>Bentham 17<br>Total: 195 |

| Team                                 | Vacancy |      | Long term sick/Mat leave |      | Secondment |      | Nursing Establishment | Bed/caseload numbers                        |
|--------------------------------------|---------|------|--------------------------|------|------------|------|-----------------------|---|
|                                      | Trained | HCSW | Trained                  | HCSW | Trained    | HCSW |                       |   |
| Parkinson's Disease Nurse Specialist |         |      |                          |      |            |      | Band 7 1.0 WTE        | 32 active<br>210 inactive                   |
| Specialist respiratory nurses        |         |      |                          |      |            |      | Band 7 2.0 WTE        | Craven 26 ( new service commenced May 2015) |

Community services nurse staffing - additional information:

- 1 5 WTE Band 5 posts remain unfunded, recruitment agreed at risk for Craven Virtual Ward to support capacity and demand pressures. Risk assessment regarding staffing levels reviewed on regular basis. Benefits of additional posts not fully realised or sustained as yet due to movement of staff within the service. Sickness levels within the team much improved.
- 2 Case Managers and AIRE Unit Nursing staff have been included in figures but do not directly service the Intermediate Care or Virtual Beds in Community.
- 3 Nursing figures exclude therapy, rehab assistants and also admin and clerical posts within Community Services so entire staffing establishment not accurately reflected in the staffing review information
- 4 CCCT total staffing establishment = 22.24 WTE ACCT total staffing establishment = 55.03WTE
- 5 Staffing establishment increased due to additional funding
- 6 Better Care funded posts for enhanced Craven CCT and additional specialist nursing posts in Craven
- 7 Readmissions avoidance funding for additional Band 7 1WTE Respiratory nurse specialist post. Post filled.
- 8 Staffing establishment decreased in ACCT/CCCT and Dementia Crisis Prevention Team disestablished as Dementia Crisis Response and Prevention service decommissioned from 30.9.15 and Band 8a Community ANP post disestablished due to non-recurrent admission avoidance funding.

- 9 Shift of Band 5 and Band 3 resources from CCCT to Craven Virtual ward from 31.8.15 to support extension of core community nursing service in line with service specification
- 10 Specialist continence service transferred to BDCFT from 1.9.15
- 11 Daily nurse staffing levels and ratio reported and submitted monthly for Harden Ward at Castleberg Hospital in line with Trust requirements
- 12 Recruitment to District nurse specialist practitioner vacancies are proving to be challenging and further vacancies expected over next 6 months due to retirement and staff moving on. Contingency planning taking place, including review of skill mix within the service and targeted development.
- 13 Development of new/innovative role within Community nursing to support management of caseload and team is in development with aim to pilot over 12 month period.
- 14 NHS Benchmarking audit completed in September 2015 for Castleberg Hospital and Craven Virtual Ward with results being presented at Conference in December
- 15 NICE are looking to develop and publish guidance on safe staffing levels in community and intermediate care services which will inform future staffing review reports
- 16 Excellent feedback received following Quality walk rounds undertaken by commissioners at Castleberg Hospital and Community nursing teams. Complexity of patients being supported, capacity and demand within the service; and high quality of care provided recognised and acknowledged
- 17 Further investment needed in community nursing across the system to develop the capacity and capability required to meet the nursing needs of the local population when the impact of the trend to de register nursing care homes to residential care home begins to manifest
- 18 Integrated Community services specification agreed with commissioners without any additional available resource, impact/demand will need to be monitored.
- 19 Planned roll out of mobile working kit to all community staff to enable more efficient use of resource, information sharing and timely record keeping. However connectivity remains an issue due to 3G coverage so benefits realisation in terms of workforce will need to be monitored.

V4