

Report to:	Board of Directors				
Date of Meeting:	27 January 2016				
Report Title:	Nursing and Midwifery Staffing Exception Report (for November 2015)				
Status:	For information	Discussion	Assurance	Approval	Regulatory requirement
Mark relevant box with X	X		X		
Prepared by:	Lisa Dixon/Mary Armitage/ Denise Todd, Senior Matrons				
Executive Sponsor (presenting):	Rob Dearden, Director of Nursing				
Appendices (list if applicable):	Appendix 1: UNIFY spreadsheet				

<p>Purpose of the Report</p> <p>This is the nursing and midwifery staffing exception report for November 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>
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<p>Key points for discussion</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>AMU: AMU in November had a fluctuating bed base with between 29 – 44 beds in use this includes the annex. The ward sought support from the other areas of the medical unit and surgery such who loaned registered nurses to support the ward when necessary. In some cases when the bank was unable to provide a Registered nurse an additional HCSW was used. The recruited international nurses, commenced on the ward in November and were working within a Band 3 role, have secured their NMC PIN numbers. This accounts for the increased percentage of non-registered staff on duty throughout the month.</p> <p>Ward 7: The ward had a combination of vacancies and short notice sickness. The ward sought support from the other areas of the medical unit, who have staff to support the ward when necessary. All avenues are explored to look at securing qualified and unqualified staff for the ward including agency nurses who are on the framework. The International Recruitment once in place in December will support to fill outstanding vacancies which will reduce when PIN numbers are gained.</p> <p>Ward 9: The ward is supporting a number of newly qualified nurses and International recruitment nurses</p>
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who are awaiting their PIN numbers. These staff members are working within a Band 3 role. The ward has experienced a higher level of patient dependency and the ward sister has requested additional staff to support the care of patients who are on a DOLS. The ward is also managing long term sickness issues. Appropriate sickness management is in progress.

Ward 13: The ward had a combination of vacancies, maternity leave long and short notice sickness. The ward sought support from the other areas of the surgical and orthopedic unit, who have provided staff to support the ward when necessary. All avenues are explored to look at securing qualified and unqualified staff for the ward including agency nurses who are on the framework. One of the two International Recruitment nurse s is awaiting their NMC PIN number and therefore working a band 3

Ward 16: The unit was challenged in November with 1.92 wte Band 5 vacancy, 1 wte LTS at Band 5 and four members of staff on maternity leave. Recruitment is ongoing. The unit has found it difficult to cover all the shifts, but all available routes have been explored including offering overtime and hours in excess of contract. The Matron has provided assurance that no harm has occurred to patients and the unit have not submitted any AEF's that suggest patient care was compromised.

Ward 19: (on ward 18) Ward 18 and 19 swapped bed bases in November to support winter pressures there was a fluctuating demand and capacity was increased up to 20 beds on occasions, rather than the initial prediction of 16 beds in the first stage of swapping bed bases. Support was provided from ward 18 on 19 where their bed base was reduced. The required 2 HCSW on night duty where prior to moving to ward 18 they do not have HSCW on night duty.

Ward 17; 54.5% fill rate for care staff during the night and 76.7% on day shifts is due to short term sickness. Every effort was made to fill the shifts using bank but this was not possible on every occasion, further consideration is being given to recruiting directly for the children's service to improve these fill rates.

Ward 21; 76.7% fill rate for care staff due to short term sickness, help was provided by other areas in maternity to fill in as required. Recruitment to a maternity bank for support staff is underway which should improve fill rates going forward.

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: November_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	2124	2050	360	348	2184	2118	360	324	96.5%	96.7%	97.0%	90.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Neonatal Unit	420 - PAEDIATRICS	420 - PAEDIATRICS	1098	1068	168	156	902	912	168	168	97.3%	92.9%	101.1%	100.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 01	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1035	945	690	786.5	690	690	690	690	91.3%	114.0%	100.0%	100.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 02 - AMU	326 - ACUTE INTERNAL MEDICINE	326 - ACUTE INTERNAL MEDICINE	2518	2210	1862.5	1881.5	2037.5	1936.5	1362.5	1387.5	87.8%	101.0%	95.0%	101.8%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 04	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1102.5	1086	1720.5	1720.5	675	675	1336	1325	98.5%	100.0%	100.0%	99.2%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 05	300 - GENERAL MEDICINE	314 - REHABILITATION	1625	1540.5	1335.5	1193.5	675.25	675.25	876.75	854.25	94.8%	89.4%	100.0%	97.4%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 06	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1643.5	1600	1044.5	948.5	776.25	753.75	967.5	945	97.4%	90.8%	97.1%	97.7%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 07	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1419	1321	1336.5	1177.5	675	675	1001.25	967.5	93.1%	88.1%	100.0%	96.6%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 09	110 - TRAUMA & ORTHOPAEDICS	110 - TRAUMA & ORTHOPAEDICS	1807.5	1558.75	1575	1387.75	675	675	1035	1023.75	86.2%	88.1%	100.0%	98.9%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 13	100 - GENERAL SURGERY	502 - GYNAECOLOGY	1270.5	1105	751.5	735.5	675	675	675	663.75	87.0%	97.9%	100.0%	98.3%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 14	100 - GENERAL SURGERY	101 - UROLOGY	1562	1499.5	1167.5	1099.5	821.25	792.5	753.75	753.75	96.0%	94.2%	96.5%	100.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 16	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	2415	2160	759	661.25	2415	2139	46	46	89.4%	87.1%	88.6%	100.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 17	420 - PAEDIATRICS	420 - PAEDIATRICS	1632	1344	720	552	1080	1068	132	72	82.4%	76.7%	98.9%	54.5%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 18	110 - TRAUMA & ORTHOPAEDICS	110 - TRAUMA & ORTHOPAEDICS	897.5	866.2	588	567	618.75	618.75	382.5	371.26	96.5%	96.4%	100.0%	97.1%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 19	303 - CLINICAL HAEMATOLOGY	110 - TRAUMA & ORTHOPAEDICS	855.5	829	495.5	492.5	621.25	615.75	33.75	59.25	96.9%	99.4%	99.1%	175.6%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 21	501 - OBSTETRICS	420 - PAEDIATRICS	780	780	370	370	720	720	360	276	100.0%	100.0%	100.0%	76.7%
RCF30	CASTLEBERG HOSPITAL - RCF30	Harden Ward	300 - GENERAL MEDICINE	314 - REHABILITATION	485	537.5	796.75	721.5	360	360	360	360	110.8%	90.6%	100.0%	100.0%

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<p>Key points for discussion</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>Ward 1: Ward 1 throughout December has at times run with two trained nurses. All efforts have been made to try and secure additional qualified staff and the ward has been supported by the Matron for Urgent Care. The ward still continues to have vacancies, although this position will improve when the newly recruited international nurses, who are still working within a Band 3 role, have secured their NMC PIN numbers. This accounts for the increased percentage of non-registered staff on duty throughout the month. Short notice sickness has caused an additional challenge for the ward and Matron has assured that the appropriate measures are in place.</p> <p>Ward 6: Throughout December the ward has supported other ward areas within the medical unit with qualified staff. This has reduced their qualified day fill rate to 85.6%. With the exception of the international nurses who are awaiting their PIN numbers, ward 6 are almost at full establishment and short term sickness throughout December was not exceptionally unusual.</p> <p>Ward 7: Staffing is problematic due to a combination of vacancies, international nurses awaiting PIN</p>

numbers and short notice sickness. The ward have sought support from the other areas of the medical unit, such as ward 6 who have loaned registered nurses to support the ward when necessary. Every avenue is explored to secure qualified staff for the ward including agency nurses who are on the framework. Recruitment is ongoing to fill outstanding vacancies which will reduce when PIN numbers are gained.

Ward 10: Throughout December the ward had registered staff moved to support other areas of the medical or surgical unit as their demand and acuity was lower than expected. The ward gradually increased the bed base in line with demand, with staff had being released from the base wards to support the full opening.

Ward 9: The ward is supporting a number of newly qualified nurses who are awaiting their PIN numbers. These staff members are working within a Band 3 role. The ward has experienced a higher level of patient dependency and the ward sister has requested additional staff to support the care of patients who are subject to DOLS. The ward is also managing some long term sickness absence. Appropriate sickness management is in progress.

Ward 14: The new safer staffing uplift suggests that we have three registered nurses on night duty. The additional staff to support the uplift have been appointed, but are currently awaiting their PIN numbers. Therefore the staff members were working at Band 3. The ward did have the correct number of staff on duty during the night (five staff members) but the skill mix was altered due to the above. There is currently a Band 5 wte vacancy due to a Band 5 been seconded into a Band 6 post.

Ward 16: The unit has been challenged with 1.92 wte Band 5 vacancy, 1 wte Band 6 vacancy, 1 wte LTS at Band 5 and four members of staff on maternity leave. Recruitment is ongoing. The unit has found it difficult to cover all the shifts, but all available routes have been explored including offering overtime. The Matron has provided assurance that no harm has occurred to patients and the unit has not submitted any AEF's that suggest patient care was compromised.

Ward 18: (on ward 19) Ward 18 continues to be a ward of fluctuating demand and capacity. At times throughout December, the ward 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 organisation.

Ward 19: (on ward 18) The ward has increased capacity to support winter pressures, increasing from 11 to 21 beds. Additional staff have been deployed however, a vacancy remains of 1 wte Band 2. Recruitment is ongoing. The ward has been supported by staff loaned on an ad hoc basis from other areas within the Trust.

Labour ward: 80.3% fill rate for care staff during the day shifts is due to sickness. Every effort was made to fill the shifts using bank but this was not possible on every occasion. Work with recruitment to produce a maternity bank of midwives and support staff is underway. Fill rates for care staff on the ward this month were good, therefore support was shared across as necessary.

Neonatal Unit: 83.3% fill rate for care staff during the night and 60.0% on day shifts is due to short term sickness. Every effort was made to fill the shifts using bank but this was not possible on every occasion, further consideration is being given to recruiting directly for the children's service to improve these fill rates.

Ward 17: 54.5% fill rate for care staff during the night and 68.3% on day shifts is due to short term sickness. There was a fill rate of 86.1% for nursing staff during the day, this is due to vacancies not yet filled, recruitment for substantive posts is in progress. Every effort was made to fill the shifts using bank but this was not possible on every occasion, further consideration is being given to recruiting directly for the children's service to improve these fill rates.

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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.
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Fill rate indicator return

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RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Labour Suite	501 - OBSTETRICS	501 - OBSTETRICS	2328	2236	366	294	2232	2154	372	372	96.0%	80.3%	96.5%	100.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Neonatal Unit	420 - PAEDIATRICS	420 - PAEDIATRICS	1134	1134	180	108	1044	1044	72	60	100.0%	60.0%	100.0%	83.3%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 01	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1069.5	838	713	980.5	713	702.5	713	681.5	78.4%	137.5%	98.5%	95.6%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 02 - AMU	326 - ACUTE INTERNAL MEDICINE	326 - ACUTE INTERNAL MEDICINE	2325	2179.5	1837.5	1908	1875	1722	1337.5	1325	93.7%	103.8%	91.8%	99.1%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 04	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1126.8	1070	1689	1652.5	697.5	686.25	1473	1473	95.0%	97.8%	98.4%	100.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 05	300 - GENERAL MEDICINE	314 - REHABILITATION	1639	1565.5	1263	1178	708.75	697.5	1001.25	1102.75	95.5%	93.3%	98.4%	110.1%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 06	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1822.25	1559.75	1065.5	1094	821.25	810	933.7	919	85.6%	102.7%	98.6%	98.4%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 07	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1370	1154	1463.5	1370	697.5	697.5	990	932.75	84.2%	93.6%	100.0%	94.2%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 09	110 - TRAUMA & ORTHOPAEDICS	110 - TRAUMA & ORTHOPAEDICS	1995	1756.75	1627.5	1405.5	697.5	677.5	1046	1036.25	88.1%	86.4%	97.1%	99.1%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 13	100 - GENERAL SURGERY	502 - GYNAECOLOGY	1286	1163	1231	1187.5	697.5	697.5	708.75	663.75	90.4%	96.5%	100.0%	93.7%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 14	100 - GENERAL SURGERY	101 - UROLOGY	1558	1514.5	1114.5	1009.5	968.5	821.5	697.5	697.5	97.2%	90.6%	84.8%	100.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 16	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	2495.5	2096.75	751	614	2495.5	2170	0	0	84.0%	81.8%	87.0%	-
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 17	420 - PAEDIATRICS	420 - PAEDIATRICS	1860	1602	744	508	1116	1116	0	96	86.1%	68.3%	100.0%	-
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 18	110 - TRAUMA & ORTHOPAEDICS	110 - TRAUMA & ORTHOPAEDICS	1014.5	957.5	781.5	745.5	697.6	688.75	573.75	472.5	94.4%	95.4%	98.7%	82.4%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 19	303 - CLINICAL HAEMATOLOGY	110 - TRAUMA & ORTHOPAEDICS	750	695	418	374	528.75	461.25	168.75	247.5	92.7%	89.5%	87.2%	146.7%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 21	501 - OBSTETRICS	420 - PAEDIATRICS	789	789	372	571	744	744	372	336	100.0%	153.5%	100.0%	90.3%
RCF30	CASTLEBERG HOSPITAL - RCF30	Harden Ward	300 - GENERAL MEDICINE	314 - REHABILITATION	486	488.5	851.15	833.9	372	372	372	372	100.5%	98.0%	100.0%	100.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Winter Ward	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	954	850	939.5	887.5	630	573.75	708.75	708.75	89.1%	94.5%	91.1%	100.0%