Airedale NHS
NHS Foundation Trust

Report to:	Board of Directors				
Date of Meeting:	27 April 2016				
Report Title:	Nursing and Midwifery Staffing Exception Report (for March 2016)				
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				

Purpose of the Report

This is the nursing and midwifery staffing exception report for March 2016 in response to the publication of *Hard Truths: Putting Patients First* (Department of Health, 2014).

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.

Key points for discussion

Each month, staffing data is 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.

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.

To note: Care staff are referred to as health care support workers (HCSW). The following wards were highlighted for discussion.

AMU: Ward 2 is reporting 88.5% for RN days and 84.5% for RN nights. Upon discussion with Charge Nurse Pickles this directly relates to the number of fluctuating beds that have remained open on the ward due to capacity demands. The ward has booked additional HCSW's to support the additional bed base. Charge Nurse Pickles also acknowledged that support has been received from other ward areas and departments and this may not be accurately reflected in the actual figures. Charge Nurse Pickles reports this month has seen an increase in the number of medication related errors, the average monthly number of 4 increased to 11(the risk associated with these errors was no to low harm); and in grade 2 hospital acquired pressure ulcers, a rise from zero in February to 4 in March (and an average of 0 – 1 per month prior to this), he is unable to directly relate these to having less than the planned number of staff, he does recognise that there is a continued impact on ward rounds, admission and transfers of patients.

Ward 5: Ward 5 is reporting 78.1% HCSW for days. Upon discussion with Sister Wagstaff she reports that the ward planned to increase the HCSW capacity by 2 staff per shift to assist with the patients who required "specials". Whilst the majority of the additional shifts were filled by Retinue for the night shifts,

the day shifts were not, this resulted in the deficit. Sister Wagstaff provided assurance that for most days the ward had their core number of HCSW on duty. There was no detrimental effect to the safe delivery of patient care.

Ward 6: Ward 6 is reporting 89.7% for HCSW present during the day. Upon discussion with Matron Gordon the shortfall is due to a combination of both long and short term sickness at this band. Phased returns are planned for staff who are returning from long term sickness. Sister Jessop did not raise any concerns during the month that the deficit was impacting on patient care.

Ward 7: Ward 7 are reporting 81.8% RN day shift. Upon discussion with Sister McMonagle this is a combination of known vacancies, long term sickness with additional short notice sickness throughout the month. The ward is also reporting 88.8% HCSW present day shift. Sister McMonagle reported that this is due to sickness throughout the month with the shifts booked through Retinue being filled but the named person not attending to work the shift. She describes the impact of the deficit being longer medication and board rounds and delays in communication relating to discharge. Sister McMonagle does not believe that this impacted on the wards ability to effectively discharge patients.

Ward 10: Ward 10 are reporting 89.3% RN day and 85.5% RN night. March has been a particularly difficult month for the ward due to their decreasing establishment (it was anticipated that the ward would close at the end of March), with staff leaving and moving to other posts. This has been compounded by unexpected medium term sickness. This particularly affected the night staffing. The ward has been supported by other wards and departments throughout the month and where all other options to increase the qualified number of staff on duty have been exhausted, the ward has doubled the number of HCSW on duty to ensure that fundamental care to patients has not been delayed. The impact of the deficit, especially on nights, is length of time taken to complete the medication rounds and the additional pressure on staff. It should be noted that the cohort of patients that Ward 10 care for are those receiving intermediate care and as such their care needs can, in the main, be met by HCSW's, hence where the impact of a reduction in the number of registered staff on duty was felt..

Ward 9: Ward 9 is reporting 84.4% RN day shifts, this is due to1 wte vacancy at band 5 and an international recruit still awaiting her PIN. There also remains 1 wte on long term sick and 1 wte seconded to the winter ward, with no backfill. The ward also reported 89.4% care staff on day duty this is due to, 1wte on long term sickness absence and 0.42wte on maternity leave. The ward initiated a number of requests for 'specialling' patients and these shifts were not filled, the patients were safely cared for by the redeployment of staff from ward 19. Sister McGarry advises in her professional opinion that the main impact of the staffing deficit was the wards ability to discharge promptly with some delays in delivery patient cares and medications delays.

Ward 14: Ward 14 is reporting 86.1% RN day duty and 89.4% night duty. The Safer Nursing Care Tool (an acuity and dependency tool designed to provide an objective measure to support setting nurse staffing levels) demonstrated the need for 3 RN's on night duty, in March there was 1wte vacancy at band 7, 1 wte band 5 on long term sickness absence resulting in only 2 RN's on night duty and 1 wte vacancy. Matron Edwards advises the impact of the staffing deficit could potentially have put a delay into patient flow, re : timely discharge and transfer.

Ward 18: Ward 18 is reporting 84.4% HCA day shifts. There remains 1 wte HCA on long term sick and no backfill this is for the additional beds due to the ward swap for winter. Matron Edwards advises the impact of the staffing deficit was minimal.

Ward 19: Ward 19 is reporting 88.3% deficit on day duty and 75.1% on night duty for registered nurses. Senior Sister Edgar reported that on occasions throughout the month, the second registered nurse was redeployed to support other wards. Ward 19 received HCSW support to compensate for this. 2 patients did experience harm through falling over this month, the contribution of the staffing to this has yet to be determined. However, the numbers of patients residing on the ward were restricted to enable safe care,

during the periods that nurse staffing was reduced.

Ward 17: Ward 17 is reporting a fill rate of 73.8% for registered staff during the day. This is a slight improvement on previous months and should improve further in April as one vacancy has now been filled. The fill rate for care staff during the day this month is 84.4%. Recruitment is underway to fill the remaining permanent registered vacancy of 1.0 wte . The 1.2 wte registered temporary posts to cover maternity leave and secondments remain unfilled again this should improve as 1.6 wte nurses return form maternity leave in April. The care staff fill rate is compromised due to maternity leave. Every effort is being made to fill the shifts using the bank, if this is unsuccessful; nurses or care staff from the neonatal unit or outpatients are redeployed to fill gaps, night duty rosters are filled as a priority. Recruitment to the children's service bank will be progressed to improve these fill rates. Matron Newman reports that the impact on the staffing deficit upon the ward has been reduced attendance at mandatory training (this will improve through the month of April), a lack of management time for the senior sisters and a backlog in practice development initiatives, e.g. the development of guidelines.

Labour Ward: Labour Ward is reporting a fill rate for care staff during the day of 74.3%, this continues to be a result of long term sickness, however a resolution has been reached this month and recruitment to the post is now in train. Care staff cover on the night shifts is prioritised; during the day, care staff from the maternity assessment unit or antenatal clinic are deployed to minimise the impact of any staffing gaps. Bank staff are also sought to cover gaps. Matron Armitage reports that the impact from the HCSW deficit was minimal as they worked across the areas with help from the midwives.

Ward 21: Ward 21 is reporting a fill rate of 74.2% care staff at night, as described above, the team worked together to provide cover across the unit as necessary. The long term long term sickness has been resolved which will improve fill rates going forward. The ward manager feels that the possible impact would have been a reduction in patient contact by the HCSW, a delay in going for the notes and less support for the midwives. At night the ward role includes supporting the labour ward as necessary and on shifts where the shortfall is not filled support may be required from the midwives to complete all the duties.

<u>Roster construction.</u>

Proactive rostering by the ward managers ensures that the night duties are covered by substantive staff on the whole, with the exceptional of short notice absences. This currently creates shortfalls or deficits during the day which are placed to Retinue to cover. It is recognised that during the day there are a number of areas and staff that are able to provide ward support if required. Escalation of any staffing deficits or concerns would be known to the Bed Manager via the bleep holders from 07.30 – 8am who would in turn inform a Matron from 8am. The Medical and Surgical bleep holders are likely to have resolved initial staffing issues internally. Further escalation takes place via the three daily bed meetings.

<u>Recruitment</u>

There are a number of wards who are in various stages of the recruitment process following a number of adverts. Although the Ward Managers and Matrons are reporting small numbers of prospective candidates submitting application forms, this should be viewed as a positive step as this follows a period of time where no-one suitable or no candidates have applied.

Ward Managers and Matrons ran a successful student nurse open day on the 30th March 2016, with HR reporting that to date 14 candidates have been offered positions. The students had an opportunity to view the wards and departments, meet with ward sisters and matrons, undertake a drug calculation assessment test and have an interview on the same day. It should be noted that these students will not

qualify until September 2016.

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

RCF **Airedale NHS Foundation Trust**

March_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	Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Day		Night	
						Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff					
	Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name	Only complete sites your organisation is accountable for	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	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Labour Suite	501 - OBSTETRICS	501 - OBSTETRICS	2238	2148	436	324	2232	2179	372	358	96.0%	74.3%	97.6%	96.2%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Neonatal Unit	420 - PAEDIATRICS	420 - PAEDIATRICS	1074	1068	126	126	984	924	108	108	99.4%	100.0%	93.9%	100.0%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 01	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1069.5	972	713	777.5	713	713	713	793.5	90.9%	109.0%	100.0%	111.3%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 02 - AMU	326 - ACUTE INTERNAL MEDIC	326 - ACUTE INTERNAL MEDIC	2412.5	2135.5	1925	1961	2037.5	1721	1494.5	1639	88.5%	101.9%	84.5%	109.7%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 04	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1117	1097.5	1512.5	1493.7	697.5	697.5	1275.5	1252.6	98.3%	98.8%	100.0%	98.2%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 05	300 - GENERAL MEDICINE	314 - REHABILITATION	1602.3	1533.3	1853	1447.5	697.5	697.6	1260	1187.5	95.7%	78.1%	100.0%	94.2%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 06	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1488.45	1458.45	1350	1210.5	776.25	787.5	990	944.75	98.0%	89.7%	101.4%	95.4%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 07	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1484	1213.5	1357.5	1206	697.5	686.25	1012.5	1102.5	81.8%	88.8%	98.4%	108.9%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 09	110 - TRAUMA & ORTHOPAED	110 - TRAUMA & ORTHOPAED	1980	1671	1635.5	1462.5	697.5	697.5	1046.25	1038.75	84.4%	89.4%	100.0%	99.3%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 13	100 - GENERAL SURGERY	502 - GYNAECOLOGY	1393	1286	809	744	697.5	697.52	697.5	697.5	92.3%	92.0%	100.0%	100.0%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 14	100 - GENERAL SURGERY	101 - UROLOGY	1485.5	1326	1388.5	1368.5	1035	753.5	821.25	809.75	89.3%	98.6%	72.8%	98.6%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 16	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	2495.5	2149.75	720	569	2495.5	2152.5	0	0	86.1%	79.0%	86.3%	-
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 17	420 - PAEDIATRICS	420 - PAEDIATRICS	1860	1332	744	606	1116	1104	0	12	71.6%	81.5%	98.9%	-
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 18	110 - TRAUMA & ORTHOPAED	110 - TRAUMA & ORTHOPAED	977.5	955	828.5	699	697.5	697.5	686.25	653.25	97.7%	84.4%	100.0%	95.2%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 19	303 - CLINICAL HAEMATOLOG	110 - TRAUMA & ORTHOPAED	800	706.5	470.5	448.5	585.25	439.5	124	288.75	88.3%	95.3%	75.1%	232.9%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 21	501 - OBSTETRICS	420 - PAEDIATRICS	751.5	751.5	372	338	744	744	372	276	100.0%	90.9%	100.0%	74.2%
	RCF30	CASTLEBERG HOSPITAL - RCF30	Harden Ward	300 - GENERAL MEDICINE	314 - REHABILITATION	494	530	1183	841	372	372	732	396	107.3%	71.1%	100.0%	54.1%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Winter Ward	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1000	892.5	1230.5	1170	697.5	596.25	911.25	1102.5	89.3%	95.1%	85.5%	121.0%