Airedale NHS
NHS Foundation Trust

Report to:	Board of Directors				
Date of Meeting:	25 May 2016				
Report Title:	Nursing and Midwifery Staffing Exception Report (for April 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 April 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 (RN/RM's) and Health Care Support Workers (HCSWs) 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 HCSWs were below 90 per cent. The potential impact on patient care where staffing is reduced, is the wards' ability to discharge patients promptly with some delays in the delivery patient cares and medications. Where this is a foreseen outcome the Ward Sister's / Charge Nurses will mitigate the impact.

The detail in the paper describes how each ward has achieved this.

To note: Care staff are referred to as Health Care Support Workers (HCSWs). The following wards were highlighted for discussion.

AMU: Ward 2 is reporting 88.7% for Registered Nurse (RN) nights. Upon discussion with Charge Nurse Pickles this continues to relate to the ongoing bed management challenges within the organisation, with additional beds remaining open to accommodate the ongoing demands of patient flow. The ward has booked additional HCSW's to support the additional bed base with fill rates ranging between to 100-200%. Charge Nurse Pickles also acknowledged that support has been received from other ward areas and departments; work is ongoing to accurately reflect these staff moves within the Hard Truth's figures. In recognition of the bed and staffing requirements that exist within the organization, the plans agreed to merge Ward 1 and 2 should result in improved nurse staffing for the months ahead.

Ward 4: Ward 4 is reporting 69.7% RN night duty, this reflects a change to the planned night registered nurse template agreed by the Matron and recently assigned Lead Nurse .
It is recognised that the current registered staff vacancies of 3.09wte does not allow this number to be routinely realised on nights, to mitigate this and ensure safety the HCSW staff numbers have been correspondingly increased to enable the comprehensive oversight of the patients. Sister Irving confirmed that every effort is made to fill any RN gaps on the rota using the Nurse Bank / Agency, if RNs are not available HCSWs are booked.
Every effort to is being made to recruit RNs to Ward 4, but as described earlier, 3.09 wte remain unfilled.

Ward 5: Ward 5 is reporting 87.8% RNs for days and 78.9% HCSWS for days. Matron Shirley commented that the reduced number of both RNs and HCSWs present during the day was due to the vacancies that exist in both staff groups. Every reduction against the planned staffing template was escalated using the red flag system, with approval given to use bank/agency staff, and staff moved to support from other areas, to ensure that the impact was minimal. The position is currently exacerbated by the high numbers of patients requiring complex rehabilitation, which places additional pressures on both the nursing and therapy teams, where possible the bed base is being flexed to enable the delivery of high quality care to these patients.

Ward 9: Ward 9 is reporting 88.1% RN day duty; this is due to vacancies, maternity leave and sickness, with 2 wte on continued secondment to the Ward 10, the additional winter beds. The ward also reported 81.4% HCSWs due to long term sickness, which is resolving. The ward continues to support the wider trust with medical patients as necessary, and, in accordance with the escalation process seeks support from the Nurse Bank / Agency as required.

Ward 13: Ward 13 is reporting 84.3% RN day duty. Matron Edwards advises that the gaps are due to short term sickness and carers leave in April. There does not appear to have been a notable impact emerging as a result of the gaps.

Ward 14: Ward 14 is reporting 77% RN night duty. Matron Edwards advises that Ward 14 plan to have 3 RNs at night but in April this has not been achieved due to ongoing vacancies. Every effort was made to fill the gaps using the Nurse Bank / Agency but this was not always possible. When the ward has had 3 RNs on duty, nurses have been moved on some occasions to support the medical wards. Matron Edwards suggests that the impact of the staffing deficit could potentially have put a delay into patient flow, re: timely discharge and transfer.

Ward 16: Ward 16 is reporting 89.9% RN day duty and 87.8% night duty. Matron Logue advises that the gaps are mainly due to a high level of maternity leave (5.0 wte) in April along with the ongoing secondments of both registered and unregistered staff to Ward 10, the additional winter beds. There is a 0.41 wte vacancy for a HCSW. Matron Logue has noted an increased number of incident reports for staffing issues but has not noted any other impact of staffing on patient care.

Ward 18: Ward 18 is reporting 89.9% HCSWs on day duty. Matron Logue advises that some gaps in the HCSW cover on ward 18 were due to the team helping other wards at times of heightened activity. There does not appear to have been a notable impact from this staffing deficit.

Ward 17: Ward 17 is reporting 75% for HCSWs day duty. The HCSW fill rate is compromised due to maternity leave and sickness absence. Matron Newman advises that the impact of the reduced number of HCSW is minimal as ward activity has been manageable however it has limited the number of HCSWs that can be released for training, this will be addressed during the forthcoming months.

Labour Ward: Labour Ward is reporting a fill rate for HCSWs during the day of 77.8%, this continues to be as a result of long term sickness, staff from the outpatient areas are deployed to minimise the impact of any staffing gaps. Bank staff are also sought. Sarah Simpson, ward manager reports that the impact

from the HCSWs deficit was minimal as they worked across the areas with help from the midwives.

Escalation of Staffing Deficits :

The escalation of any staffing deficits or concerns are made 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, and are further articulated on an associated SBARR paper that is received by the Director of Operations and the Director and Deputy Director of Nursing for action where no resolution is immediately forthcoming.

Care hours per patient day (CHPPD) :

Following the final report from Lord Carter, Operational Productivity and Performance in English NHS Acute Hospitals : Unwarrented Variations (2016), within the optimisation of clinical resources there is the recommendation that Trusts adopt a revised metric for measuring nurse staffing; Care Hours Per Patient Day (CHPPD). CHPPD can be used to describe both the staff required and staff available in relation to the number of patients on a ward. This is calculated by adding the hours of registered nurses to the hours of healthcare support workers and dividing the total by every 24 hours of in-patient admissions. This will come into force from 1st May 2016, and therefore from June the Board will see a slightly amended report, with the changes being described in that paper.

The CHPPD is being developed to become the principle measure of nursing and healthcare support worker deployment, and will be developed to provide a benchmark for Trusts, with the ultimate aim of reducing national variation in nurse staffing.

The second part of this recommendation was that all Trusts adopt e-rostering and its associated best practice and reporting. Along with this there is an expectation that Trusts will adopt a guide on the delivery of enhanced care (defined as “specialling” in the report) and understood as the same at Airedale NHSFT.

The roll out of e-rostering at ANHSFT will be complete by the end of June 2016. The associated reports describing the efficient and effective deployment of staff are being developed, and will be distributed to enable challenge where necessary, and improved rostering to support the effective delivery of care.

Roster construction:

Proactive rostering by the ward managers ensures that the night duties are covered by substantive staff on the whole, with the exception of short notice absences. This currently creates shortfalls or deficits during the day which are placed to Nurse Bank / Agency 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.

Recruitment :

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 and verbally accepted. Interviews for a further 9 are planned to take place imminently. It should be noted that these students will not qualify until September 2016. The Board will be aware of the developing plans to recruit another cohort of registered

nursing staff from the European Union.

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: April_2016-17

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)

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	2190	2064	432	336	2166	2136	360	336	94.2%	**77.8%**	98.6%	93.3%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Neonatal Unit	420 - PAEDIATRICS	420 - PAEDIATRICS	1080	1055	84	126	1044	948	36	96	97.7%	150.0%	90.8%	266.7%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 01	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1035	973	690	832.5	690	690	690	690	94.0%	120.7%	100.0%	100.0%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 02 - AMU	326 - ACUTE INTERNAL MEDICINE	326 - ACUTE INTERNAL MEDICINE	2437.5	2247.5	1957.5	1946.5	2025	1795.5	1487.5	1762.5	92.2%	99.4%	**88.7%**	118.5%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 04	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1312.5	1230	1317.5	1645.5	1001.25	697.5	686.5	1204.25	93.7%	124.9%	**69.7%**	175.4%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 05	300 - GENERAL MEDICINE	314 - REHABILITATION	1555.5	1365	1819.5	1435	674.7	675	1203.75	1173.75	**87.8%**	**78.9%**	100.0%	97.5%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 06	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1553.5	1450	1314	1237	697.5	708.75	1024.75	986	93.3%	94.1%	101.6%	96.2%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 07	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1363.5	1284	1374.5	1354.5	675	675	978.75	1002.5	94.2%	98.5%	100.0%	102.4%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 09	110 - TRAUMA & ORTHOPAEDICS	110 - TRAUMA & ORTHOPAEDICS	1927.5	1699	1575	1282.5	675	675	1023.75	1068.75	**88.1%**	**81.4%**	100.0%	104.4%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 13	100 - GENERAL SURGERY	502 - GYNAECOLOGY	1486.5	1344	978.5	824.5	675	663.75	675	675	90.4%	**84.3%**	98.3%	100.0%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 14	100 - GENERAL SURGERY	101 - UROLOGY	1453	1375	1414.5	1321.5	978.75	753.75	798.75	798.75	94.6%	93.4%	**77.0%**	100.0%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 16	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	2415	2170	690	506.5	2415	2119.5	0	0	**89.9%**	**73.4%**	**87.8%**	-
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 17	420 - PAEDIATRICS	420 - PAEDIATRICS	1560	1470	720	540	1080	1068	0	0	94.2%	**75.0%**	98.9%	-
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 18	110 - TRAUMA & ORTHOPAEDICS	110 - TRAUMA & ORTHOPAEDICS	953	905.5	796	716	675	655	663.75	638.5	95.0%	**89.9%**	97.0%	96.2%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 19	303 - CLINICAL HAEMATOLOGY	110 - TRAUMA & ORTHOPAEDICS	749	703.5	539	507	528.75	483.75	146.25	191.25	93.9%	94.1%	91.5%	130.8%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 21	501 - OBSTETRICS	420 - PAEDIATRICS	757.5	757.5	372	336	720	708	360	348	100.0%	90.3%	98.3%	96.7%
	RCF30	CASTLEBERG HOSPITAL - RCF30	Harden Ward	300 - GENERAL MEDICINE	314 - REHABILITATION	477.5	506	1149.5	757.75	360	408	720	324	106.0%	**65.9%**	113.3%	45.0%
	RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Winter Ward	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	816	747	1145	1095.5	596.25	551.25	956.24	1023.75	91.5%	95.7%	92.5%	107.1%

Airedale NHS
NHS Foundation Trust

Report to:	Board of Directors				
Date of Meeting:	25 May 2016				
Report Title:	Bi Annual Nursing and Midwifery Staffing Review – April 2016				
Status:	**For information**	**Discussion**	**Assurance**	**Approval**	**Regulatory requirement**
Mark relevant box with X		x	x	x	x
Prepared by:	Rob Dearden, Director of Nursing				
Executive Sponsor (presenting):	Rob Dearden, Director of Nursing				
Appendices (list if applicable):	1 Staffing Review 2 Escalation processes 3 SNCT / Professional Judgement Analysis				

Purpose of the Report

Twice yearly reviews of Nursing and 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

- Good assurance on Nursing and Midwifery staffing aligned to our baseline establishments is evident but this becomes challenged with the requirement additional 'winter' capacity. Impact on patients and staff.
- System pressures
- Contextual benchmarking with other organisations
- Further developments to enhance our governance / responsiveness to nursing and midwifery staffing
- Ongoing recruitment
- Recommendations of the review.

Recommendation

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

Nursing & Midwifery Staffing Review April 2016

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 April 2016 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 approach has served the organisation and our patients well over this period. This is articulated clearly in Right Care - Nursing & Midwifery 2013-15. (A draft updated strategy has been developed – awaiting the launch of the national Nursing Strategy on 18.5.16 by the Chief Nursing Officer).

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.

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 Practice Development Sister for Older People supports 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.

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 via an SBAR (Situation, Background, Assessment, Recommendation) with appropriate risk assessment included, aligned to the Red Flags Escalation – Appendix 2. 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. The Care Certificate has been launched for Healthcare Support Workers. Currently, 86% of Health Care Support Workers have fully or partially completed Care certificate or have assessment plans in place. 14% of wards / departments have yet to make plans and are being followed up accordingly.

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 took 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 1. 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.

The nurse bank at ANHSFT has recently been incentivised with weekly pay & a more attractive renumeration package.

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 by the end of Q1 2016 are being progressed as part of the Right Care Programme and are expected to enhance this further. Evidence states that other NHS Trusts demonstrate reducing their Bank & Agency spend to 2% of their total nursing pay budget). 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 November 2015. Use of the BEST tool has also been used in the Emergency Department. The results have been analysed and considered in line with professional judgement, hard truths fill data, nursing quality indicators, NICE guidance and safer staffing alliance guidance – Appendix 3. (The SNCT has also been completed in April 2016 – will report in the next review).

The considered view in respect of senior nurses using an evidenced based holistic approach is that the actual establishments should remain at their existing levels and would/do deliver effective staffing levels once fully /nearly recruited to. There are two particular Ward areas to keep in view – the Acute Medical Unit & Ward 4. The AMU Is being restructured at the time of this review being undertaken – it is therefore necessary to review effective assessment, flow & care of patients & the impact of the revised staffing model going forward. (This is an area which has experienced significant pressures over the autumn / winter / spring period). Ward 4 Complex Care, with predominantly elderly people by its very

nature cares for patients who are often very dependent, frail & vulnerable. The Safer Nursing Care Tool has been undertaken for a 2 month period on Ward 4 & will need to be considered holistically in an evidence based way as regards any staffing implications for Ward 4 in line with its future bed base / configuration.

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 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 included International Recruitment of 29 Registered Nurses from Romania and Croatia in 2015. Further international recruitment is planned for 2016.

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 Vanguards 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. 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. Trust benchmarking will occur nationally via CHPPD (Care Hours per Patient Day) with effect from May 2016 reporting in June, aligned to planned v actual percentages of nurse staffing.

At the time of this report, the organisation is under pressure due to high activity, demand and longer lengths of stay. The impact of nursing & care home closures and the reduced availability of home care packages is putting extreme pressure on the bed base in secondary care. This is also impacting on urgent care & delivery of the 4 hour emergency care standard. Additional capacity remains open, which is putting strain on the nursing establishments. The ward establishments are funded to the correct level & the trust is well staffed for our standard bed base. Capability to respond to short notice absence has been managed as effectively as possible but is at times challenging. This has prompted a very recent transformation of the Acute Medical Unit to seek to improve patient flow, with better alignment of nursing, medical & therapy staffing. Further consideration will be necessary regarding the complex care delivery for Older People going forward.

The organisation is currently challenged around nurse staffing levels but has escalation processes to mitigate these challenges. (A summary analysis of the medical surgical ward areas has been included at the end of Appendix 1).

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.

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. Close monitoring of patient quality (safety, effectiveness & experience) will continue during this time.

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) against the baseline establishment. 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, reducing numbers of nursing & care home beds & reduced home care packages, there has been increasing demand placed on wards, and the need to open additional capacity at peak periods. 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.

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Appendix 1

Children's Services Nurse Staffing Review April 2016

Ward/Dept	Vacancy		Long term sick/Mat leave		Secondment		Nursing Establishment	Bed Numbers
	Trained	HCSW	Trained	HCSW	Trained	HCSW		
HoM/Senior Matron							1.0wte	as maternity
Senior Post(8a)	0	0	0	0	0	0	1.0wte	
Children's Unit								
	1.64	0	0	0	1.2	0	22.03 wte RN 5.91 wte HCSW Ratio 80/20 Winter E 5+1 L 5+1 N 3+1 Summer E 4+1 L 4+1 N 3	24 BEDS 1.2 temporary secondment cover band 5 x not yet recruited to despite advert interviewing band 5 late April
Neonatal Unit								
	1	0	0	0	0	0	16.7 RN 2 wte HCSW Ratio 90/10 Days 3 or 3+1 N 3	12 COTS
Children's Outpatient								
	0	0	0	0	0	0	2.12 registered 1.2 SHCSW	
Children's outreach								
	0	0	0	0	0	0	2.2 registered 0.33 SHCSW	
Specialist nurses							2.77 Diabetes and safeguarding	
TOTAL excluding matrons and specialist nurses	**2.64**	**0**	0	0	1.2		**43.05 registered 9.44 SHCSW**	

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 s 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 April 2016

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	0	1 (lts) 3.4 (mat leave)	1wte (lts) 1 wte(mat leave)	0.5 wte	0	**84.41wte TOTAL (excluding HOM)**		
Ward 21							2 MW & 1 HCSW /shift		15 (can be flexed up to 19. Antenatal & postnatal beds
Labour ward							1 Labour ward co-ordinator 4 Midwives 1 HCSW on early and late shifts PLUS 1 extra midwife on night duty		4 High risk rooms, 4 Low risk rooms, 2 birthing pool rooms 1 Triage Room with 1 bed 1 Induction Bay which includes: 4 induction of labour beds 1 Family Room for bereaved families
1 Theatre							2 Midwives for elective LSCS + 1 HCSW mon-thurs		
Maternity Assessment Centre							2 Midwives 1 HCSW/Wd clerk		
Antenatal clinic							1 Midwife & 1 HCA or 2 midwives		
Community							15 midwives Mon- Fri 3 midwives Sat/Sun & BH		
Wards & Departments	**Band 7**	**Band 5/6**					**Band 7**	**Band 5/6**	
Labour Ward	0	0					7.26	30.00	
Ward 21	0	0					1.00	12.0	
MAC	0	0					0	3.53	
Antenatal Clinic / Screening	0	0					1.00	1.44	

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			
TOTAL	**0**	**0.6**					**14.47**	**69.94**	

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. The unit has continued to struggle to achieve 100% of one to one care in established labour and work to improve compliance is ongoing. A recent audit of all records highlighted a need to ensure that all midwives entering data were clear about the definition and validation of the data on a monthly basis is now planned to ensure accuracy. The midwifery bank is now in place and recruitment of additional midwives and healthcare support workers continues. The ratio of health care support workers remains at 15:85, sickness levels in this staff group has been challenging which has caused some gaps on some shifts, effective attendance management is in place and at the current time sickness has reduced across the group. 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 embedded in the maternity escalation guideline and is in use across all areas in maternity.

SURGICAL Nurse Staffing April 2016

Ward/Dept	Vacancy		Long term sick/Mat leave		Secondment		Nursing Establishment	Bed Numbers
	Trained	**HCSW**	**Trained**	**HCSW**	**Trained**	**HCSW**		
Matrons	0	0	0	0	0	0	1wte Senior Matron 3 wte Matrons	
CCU **Funded** Qualified 40.81 HCSW 6	1.57 Band 6 1.27 band 5	0.40 band 2	3.85 Band 5 Mat Leave) [2 wte return May]	0.0 Sick		1.80	46.81	7 Critical Care 7 Coronary Care
Endoscopy **Funded** Qualified 15.12 HCSW 4.89	0.76 band 5	0.92 band 2	1.28 mat leave band 5 – return May	0	0.00	0.00	20.73+ housekeeper	N/A
Ward 9 **Funded** Qualified 22.71 HCSW 16.18	0.2 band 6 3.19 band 5 advert out	0.30 band 3 1.40 band	0	0	1.0 band 5	0.61 Band 2	38.89 + housekeeper	29
Ward 18 **Funded** Qualified 12.19 HCSW 5.56	0.65 band 5	0.60 Band 2	0.64 band 5 Mat Leave	0.96 band 2 Mat Leave	1.80 band 5		17.75 + housekeeper	15/ 1 PP BED

Ward/Dept	**Vacancy**		**Long term sick/Mat leave**		**Secondment**		**Nursing Establishment**	**Bed Numbers**
	Trained	**HCSW**	**Trained**	**HCSW**	**Trained**	**HCSW**		
Ward 13 **Funded** Qualified 17.20 HCSW 10.34	0.40 band 5	0.4 band 3 1.44 band 2 will be filled once secondment from winter ward returns	0.52 band 5 Mat leave	0	1 .0 band 5	O.U 1.0 band 3 backfilled 0.58 wte 1.0 band 2	27.57 + Housekeeper	29 (30)
Ward 14 **Funded** Qualified 24.03 HCSW 15.14	1.00 band 7 recruited to. 1.03 band 5 recruited to	0.26 band Funds to go to upgrade band 3- 4	1.0 band 5 LTS 0.60 band 5 mat leave	0.00	1.00 Band 6 to winter ward	1.00 band 2 to winter ward	39.17 + Housekeeper	22 + 6 assess beds
Ward 19 **Funded** Qualified 12.64 HCSW 4.13	1.00 band 5 recruited to	0.00	2.0 band 5 mat leave	0.00	0.00	0	16.77 Currently 0.60 band 5 over established for winter ward swap	11
Ward 20 Qualified 14.31 HCSW 2.55	0	0	0	0	0	0	16.86	NA
Pre Op Qualified 7.47 HCSW 0	2.80 band 5 Interviews arranged	0	0	0	0	0	7.47	N/A
Theatre	2.00 band 5	Band 2 x 2	3.00 band	Band 2 x	0	0	80.22	

Qualified 59.04 HCSW 21.18			5 mat leave 2.00 LTS	2wte 1 wte Mat leave				N/A
Ward/Dept	**Vacancy**		**Long term sick/Mat leave**		**Secondment**		**Nursing Establishment**	**Bed Numbers**
	Trained	**HCSW**	**Trained**	**HCSW**	**Trained**	**HCSW**		
OPD Qualified 15.32 HCSW 18.44	0	0	0	0	1.00 band 5	0	33.76	N/A
Gatu Qualified 2.59 HCSW 1	0	0	0.8 Band 5	0	0	0	3.59WTE	N/A

This report is based on the current staffing establishments as 9 May 2016 .Staffing on occasions has been a problem due to the additional beds opened on Ward 13 and the swapping of ward 18 and 19 to accommodate winter bed pressures and at times ward 16 particularly has been supporting AMU the annex beds when opened, when the capacity and dependency on ward 16 has enable this. Ward 13 has continued to be open to 30 beds although and the staffing establishment accommodates without compromising patient care delivery and safety. All wards and departments within surgery have supported the winter ward by seconding registered nurses and health care support working and the gaps have been filled with backfill recruitment or bank and agency. International recruitment provided wards9, 13,14, 16, 18 and 19 with nurses, assisting in the filling of some long term vacancies' and the backfill for winter secondments.

Ward 9 and 14 benefited from increased the establishments following the outcome of the Safer Nursing Care Tool (Shelford Group 2013) performed in April 2015. In May 2015 the business case taken to board awarded Ward 14, 3.00 wte band 5 registered nurses and 4.26 wte healthcare support worker posts. Ward 9 was awarded 4.35 wte registered nurses and 5.00 wte health care support workers.
Unfortunately, the fill rate from the bank and agency was poor at times leading to gaps on the rotas. This was filled with staff from other areas. Feeding buddies and voluntary workers also continue to assist at meal times and other times on ward 9, providing support and diversional therapy to the patient

living with dementia. Ward 9 also saw an increase in patients with deprivation of liberties and required additional health care support worker(s) to assist in the individual care of these patients.
Ward 14 was the first ward to go live with E-rostering and this proved extremely beneficial to management the skill mix and a skill mix review took place following the increase to the establishment – 2 senior health care support workers completed the assistant practitioner course at Bradford University and will progress into band 4 roles once the job description is agreed.
Given some gaps in the rotas Quality and Safety have remained paramount within the teams and there has been a reduction overall in falls with significant harm and hospital acquired pressure ulcers, this has been monitored by the Matrons - ward 9 and 14 have had additional metrics to measure following the increased funded establishments.

Vacancies = the total across the Surgical Unit = 15.87 RN, 7.46 HCSW

Whist there remains a number of vacancies the surgical group are awaiting staff to commence in post over the coming weeks and the return of secondments from the winter ward. Planning and recruitment has already commenced with student nurses who qualify in September 2016 and this will then reduce the numbers of vacant posts. Matrons continue to work closely with the ward team, HR and finance to support early deployment papers, recruitment and selection.

Safer Nursing Care Tool
All the inpatient wards have completed the safer staffing care tool in November 2015 and are currently completing again, due for completion 30 April 2016 and on this occasion it is over a 7 day period rather than previously a 5 day (Monday – Friday).

MEDICINE Nurse Staffing Review April 2016									
Ward/Dept	**Vacancy (wte)**			**Long term sick/Mat leave - wte**		**Secondment - wte**		**Nursing Establishment**	**Bed Numbers**
	RN	RN recruited	HCSW	RN	HCSW	RN	HCSW		
Matrons	0	0	0	0	0	0	0		
CNSs etc	0	0	0	0	0	0	0		
HODU incl. CNS	0	0	0	0	0	0	0		
Diabetes	1 wte	1 wte							Recruited and awaiting start date. Recruited from Ward 5.
Ward 1	2.39 wte	0	0	0	1	0	1		1 HCSW re-deployed to bed managers. 1 x Band 3 suspended (international nurse awaiting PIN)
Ward 2 Winter uplift to cover annex	3 wte 5.6 wte	2 0	0 1.5	0.9 ML 0	0 0	2 0	1 0		1 x B6 to Ward 4 (backfill in place). 1 x B5 to Ward 10 (backfill in place). 1 x B2 to Ward 10 (backfill in place). New recruits to commence in September 2016. Further Band 5 vacancies in May 2016.
Ward 4	4.0 wte	2	0	3 ML	1 ML	1	0		2 x B5 waiting PIN (1 international nurse and 1 RTP). 1 x 1 Band 6 internally seconded to Band 7 post to cover maternity leave. Further Band 5 vacancy in May 2016
Ward 5									Band 6 post – offer made to candidate. 1 Band 5 recruited – start date is September 2016. Poor

Based on 28 beds Based on 21 beds	8.56wte 3.6wte	2 2	0.32 0	1	1.6		1		response to recent advert with candidates pulling out at interview stage. Ward is back out to advert. Further RN vacancies expected late May/June with an additional RN going on maternity leave in June.
Ward 6	1	0	1.6	0	2 wte	2	1		1 Band 5 providing support to Ward 7. 1 Band 5 and Band 2 seconded to Ward 10.
Ward 7	4.53	3.53	0	1 LTS	1 ML 1 LTS	1	0		Band 5 to Band 6 internal secondment. 2 WTE RN commencing September 2016. 0.53 WTE commencing in 4 weeks. 1 WTE RTP awaiting PIN.
A&E	3	3	0	1 ML	0	1	0		1 Band 5 seconded to Ward 10. 3 WTE RN awaiting start dates. Further 3 WTE vacancies in late May/June.
Total - wte	See below	15.53	3.42	6.9	7.6	7	4		

Total Vacancies - Includes:

- 5.6 WTE RN to support the annex as part of winter pressures
- Ward 5 staffed to support 28 beds

Total vacancies – 36.68 wte

Total recruited – 15.53 wte

Outstanding vacancies – 21.15 wte

Total Vacancies – excludes:

- 5.6 WTE RN to support the annex as part of winter pressures
- Ward 5 at 21 beds (post HASU reconfiguration and no winter beds)

Total vacancies - 22.52 wte

Total recruited - 13.53 wte

Outstanding vacancies – 8.99 wte

Ward 10 (30 beds), staffed from substantive posts within the hospital and backfilled with International recruits.

In post

1wte Band 8a

1wte Band 7

1 wte Band 6

7.73 wte Band 5

9.72 wte Band 3/2

Outstanding qualified vacancies – 7.7 wte (increased due to staff leaving to take up posts elsewhere and 1 RN returning to ICU).

Medicine nurse staffing – April 2016

Overall vacancies

Whist the number of vacancies has increased since October 2015 the medical unit has experienced some success in attracting registered nurses to work within the wards and departments. In October 2015, the medical unit was only able to report that 4 RN's had been recruited into vacant posts. This has now increased to 15.53 WTE RN. The ward managers have been encouraged to work alongside human resources in developing adverts that are more appealing and sell the qualities of the area. It is important to note that the medical unit has seen some internal movement of registered nurses and this appears to be continuing into April with a number of posts becoming vacant towards the latter month of May/June particular on ward 4 and 5. There are still a small number of international nurses awaiting their NMC pin numbers however there has been some nurses receiving pin numbers in the latter days of April which is giving cause for some optimism that the outstanding nurses will receive theirs soon. A number of the wards and departments with in medicine continue to support the staffing of ward 10.

Ward 1 – The ward remains established for 18 beds but has had 24 beds open since October 2015 to accommodate the increased capacity. Over recent weeks the establishment on ward 1 appears to be stabilising due to new recruits coming into post and members of staff on long term sick returning to work. The ward continues to require support from bank and authorised agency in order to support patient care and flow. 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 had successfully recruited to the increased establishment following the safer staffing uplift but has struggled to recruit into the additional posts funded to support the annex as part of the winter escalation plan. These remain outstanding although recruitment continues. The ward is expecting 3 WTE RN posts to become vacant over the next 6 weeks. The ward remains under pressure due to the continued use of the annex beds to support flow and the need for increased capacity. Although on average there has been 38 patients on the ward, at times there has been the need to increase the beds to the full capacity of 44 beds. The ward continues to work with Retinue in ensuring that bookings are placed timely within an adequate time frame to give the optimum opportunity for Retinue to fill the shifts.

Ward 4 – The ward continues to experience a number of challenges with staffing. The previously vacant secondment Band 7 post (maternity leave) was filled through the internal recruitment of one of the wards Band 6 Sisters. Appointing to the vacant Band 6 post posed its own challenges with Ward 2 currently providing support with the rotation of a senior Band 6 until the Band 7 post holder returns from maternity leave. The ward has benefitted from the experience and seniority of the staff from Ward 2. The three international nurses who were placed on the ward have settled in and are progressing fantastically. The ward has now failed to recruit Band 5 nurses from the last two recruitment campaigns, the first been their own advert and the second from the student open day. With further Band 5 vacancies pending towards the latter end of May/June the Matron, Ward Manager and Clinical Lead are discussing potential short and long term solutions.

Ward 5 – The ward continues to make progress under the leadership of the newly appointed Band 7 who has just been able to offer a post the candidate appointed to the vacant Band 6 post. Sickness continues to be managed robustly jointly with human resources and this together with the review of staff's personal working preferences continues to be a challenge. The ward has not as previously planned managed to reduce their capacity to 21 beds following the stroke reconfiguration. This has been a combination of both medical outliers and an increase in rehabilitation and neurology patients presently on the ward. The ward will experience some further vacancies during May/June and the need for the beds to be reduced in order to support the reduced establishments has been discussed with the General Manager. Despite good applications in response to a recent advert for Band 5 registered nurses, all but one candidate withdrew by the interview date which was disappointing. Further work continues with the ward manager to look at solutions to support the ward in the short and long term.

Ward 6 – The establishment for the ward has remained stable for the past six months with the ward having the capacity to support Ward 7.

Ward 7 – Despite having a challenging nine months, the Ward Manager has slowly recruited a number of staff to the vacant posts and the ward is beginning to feel the benefit of the recruitment. The international nurses are progressing well on the ward and are beginning to learn the speciality. The internal secondment from Band 5 to Band 6 of a senior staff nurse has provided additional support to the Ward Manger in providing seven day senior nurse cover as

well as both providing a succession planning opportunity and raising the moral of the ward. The ward will continue to require the support from ward 6 until September 2016 as two of the newly appointed nurses are students who qualify in September.

Emergency Department – Recruitment has been successful and the vacancies are almost filled, with staff awaiting starting dates. However, the department are expecting approximately 3 WTE vacancies towards the latter end of May/June. Recruitment continues.

Secondments – The secondment position has significantly improved over the past 12 months in order to create a more stable workforce whilst not restricting development opportunities for staff within the group. Each individual request continues to be assessed on an individual basis taking into account any risks posed.

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 continue to be the most difficult group to recruit into especially for Ward 4 and 5.

Safer Staffing Care tool/ BEST

All wards are currently completing the safer staffing care tool throughout April. Data collection this time captures weekends as well as weekdays.

COMMUNITY SERVICES Nurse Staffing Review April 2016

Team	Vacancy		Long term sick/Mat leave		Secondment		Nursing Establishment	Bed/caseload numbers
	Trained	HCSW	Trained	HCSW	Trained	HCSW		
Airedale Collaborative Care Team (ACCT) including Case Managers and AIRE Unit	Band 8a 2 WTE 1WTE starts June 2016 Vacancy for Community ANP (East Lancashire Care Homes service) is transferring to Digital Care Hub AIRE Unit 0.4 WTE(pending review of service)		Band 5 0.7 WTE (maternity leave)				Band 8a 6 WTE Band 7 0.73 WTE Band 6 7.4 WTE Band 5 15.01 WTE Band 3 7.69 WTE	14 Intermediate Care Beds Variable number of virtual beds
Craven Collaborative Care Team (CCCT)	Band 5 0.15 WTE (funds bank use)						Band 8a 3 WTE Band 7 1 WTE Band 6 2 WTE Band 5 7.55 WTE 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		
Castleberg Hospital	Band 7 Clinical Lead 0.2 WTE Band 6 Ward Sister 0.2 WTE Vacancy factor used to fund additional bank staff			Band 3 HCSW 0.5 WTE (LTS)			Band 7 0.8 WTE Band 6 0.8 WTE Band 5 5.6 WTE Band 3 2.8 WTE Band 2 5.16 WTE	10 beds
Craven Virtual Ward	Band 6 2.53 WTE 0.8 WTE starts 25.4.16 Band 5 1.8 WTE 1 WTE starts May 2016 Recruitment in progress for remaining vacancies		Band 7 1 WTE (LTS)				Band 7 1 WTE Band 6 4.99 WTE Band 5 16.05 WTE Band 3 9.83 WTE	Caseload approximately 1500
Specialist nursing Team Neuro/MS Nurse Specialist							Band 8a 1 WTE Band 7 1 WTE	73 active 195 inactive

Cardiac Rehab Team			Band 6 1 WTE maternity leave				Band 7 0.8 WTE Band 6 3.7 WTE Band 3 0.33 WTE	Airedale 148 Craven 65 Other 4
Heart Failure Nurse Specialists		Band 3 0.48 WTE. Plan to skill mix to registered nurse and recruit internally					Band 7 3.0 WTE Band 3 0.48 WTE	Airedale 114 Craven 76 Bentham 18
Parkinson's Disease Nurse Specialist							Band 7 1.0 WTE	53 active 192 inactive
Specialist respiratory nurses							Band 7 2.0 WTE	Airedale 7 Craven 32 Bentham 6

Community services nurse staffing - additional information:

1 5 WTE Band 5 posts previously funded at risk by the Trust are fully funded from 1.4.16. 1 Band 5 vacancy remaining and is out to advert with start dates for other posts agreed 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 and morale within the team have significantly 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 is not accurately reflected in the staffing review information

4 CCCT total staffing establishment = 23.44 WTE ACCT total staffing establishment = 53.03WTE

5 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 which is now fully embedded.

6 Specialist continence service transferred to BDCFT from 1.9.15

7 Daily nurse staffing levels and ratio reported and submitted monthly for Harden Ward at Castleberg Hospital in line with Trust requirements

8 Recruitment to District nurse specialist practitioner vacancies continue to be challenging however plans in place to develop Senior Staff nurse posts for staff undertaking DN training.

9 Band 4 Clinical Team Coordinator post developed and recruited to Craven Virtual Ward. Commenced 1.4.16 with benefits reported by team from the outset. Role will be reviewed and learning shared across the service and wider Trust accordingly.

10 NHS Benchmarking audit completed in September 2015 for Castleberg Hospital and Craven Virtual Ward and plan to repeat in 2016 and also extend the range of services included.

11 NICE is reportedly looking to develop and publish guidance on safe staffing levels in community and intermediate care services which will inform future staffing review reports. Awaiting further guidance.

12 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

13 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 along with access to private care agencies.

14 Integrated Community services specification agreed with commissioners without any additional available resource, impact/demand will need to be monitored. KPIs currently under negotiation.

15 Planned roll out of mobile working kit to all community staff to enable more efficient use of resource, information sharing and timely record keeping in progress. However connectivity remains an issue due to 3G coverage so benefits realisation in terms of workforce will need to be monitored.

16 CQC inspection undertaken w/c 14 March 2016. All community teams visited at least once and twice for a number of services during the inspection week. Staff attended a number of focus groups. Final report awaited due for publication in June 2016.

17 Head of Community services has joined new Queen's Nursing Institute Community nursing Senior Leaders Network. First meeting planned May 2016.

Trudy Balderson

Head of Community Services

27 April 2016

Summary Analysis – Medical & Surgical Wards Only

Vacancies:

Winter Capacity (not including recruited to posts)
9.7% RN across medicine /surgical wards
13% RN vacancies / sickness / mat leave medicine /surgical wards

Winter capacity including recruited posts
7% RN vacancies

Baseline establishment (not including recruited to posts)
9% RN vacancies medical/surgical wards

Baseline establishment (including recruited posts)
5% RN vacancies medical / surgical wards

[Baseline establishment – nursing & midwifery overall RN/RM vacancies 5.6%]

Appendix 2

General Ward Escalation Process in the Event of Sudden Acute Staffing Shortfall

- UNPLANNED OMISSION OF MEDICATION
- DELAY OF 30MINS FOR PAIN RELIEF
- VITALS SIGNS NOT ASSESSED
- LESS THAN 2 RN'S ON DUTY
- SHORTFALL OF MORE THAN 8 HOURS OF RN TIME
- INABILITY TO UNDERTAKE REGULAR CHECKS

LEVEL 1 - YELLOW

Red Flag triggered or Increased activity/dependency e.g. specialing, sickness absence

ACTION within 30 minutes at ward level after recognition of problem

IN HOURS
Consider:

- Professional judgement of staffing needs
- Realign rotas including skill mix needed, sharing staff
- Contact own staff
- Contact Medical and Surgical Bleep holders
- Consider additional hours/overtime/agency
- Contact HB Retinue via ext 2190
- ACTION: Report staffing issues to Matron and bed meeting
- Complete Adverse Event Form (AEF)

OUT OF HOURS
Escalate to Site Manager

Review Outcomes and Progress at Bed Meeting

LEVEL 2 - AMBER

Inadequate staffing levels still exist after escaltion and actions from Level 1

ACTION within 30 minutes at Matron Level

IN HOURS

Consider:

- Escalate to Matron responsible for the ward
- Check Level 1 complete and review plans and risk identified
- Review Staffing levels across whole Trust including departments.
- Consider cancelling management time, training, students and time owing
- Ask other care groups to review rotas and workload across site including community.
- Short notice leave cancelled across site/organisation e.g. time owning, annual leave
- ACTION: Report staffing issues to bed meetings
- Update Adverse Event Form (AEF)
- Escalate to Senior Matron.

OUT OF HOURS
Escalate to Site Manager/late matron
If unresolved site manager to escalate to 1st On-Call Manager

Review Outcomes and Progress at Bed Meeting

LEVEL 3 - RED

If issue continues report to Director level in 30 minutes

IN HOURS
Consider:

- Closing beds
- Cancelling elective surgery
- Seek support from clinically facing registered nurses who can support eg specialist nurses and educators
- Consider nurses/Matrons who are in non-direct clinicalnursing positions i.e - corporate nursing
- Escalate to Director or Deputy Director of Nursing
- Update AEF with actions taken and decisions made.

OUT OF HOURS
1st on call to escalate to 2nd On-Call Manager

Airedale NHS
NHS Foundation Trust

Staffing Escalation

Date	Time	Escalated by:	Sent to:
	15.30 bed meeting		Matrons, RD, JA,SH, RS , SM

S Where and what grade is the gap? Risk rating.	Registered nurse deficits: Ward 18 require HCSW x 2 to increase bed base to 20 - 4 HCSW's reporting to Bed Manager at 20.00hours – 1 to ward 9, 2 to ward 18, 1 to AMU Risk low
B What are the wards with deficits staffing numbers? Cause?	Ward 5 , ward 14, ward 9 – short term sickness Ward 18 – increased bed base
A Actions already taken to try and cover the deficits.	HB instructed to continue to look for staff All wards asked to contact staff re – additional shifts
R Actions still in progress and potential actions to take.	HB continue to look for registered nurses

Appendix 3

Results of the SNCT & Clinical Judgement

Ward	Budgeted establishment (October 2015)	Professional judgment	Nov 2015 SNCT Audit Results staff number
Ward 1	27.49	27.49	29.06
AMU*	50.43	50.35 *	69.38
Ward 4	36.33	36.33*	45.39
Ward 5	37.87	37.87	38.48
Ward 6	34.80	34.80	42.61
Ward 7	30	30.00*	57.16
Ward 9	38.81	38.81	42.09
Ward 13	28.34	28.34	37.30
Ward 14	36.17	36.17	35.48
Ward 18	18.43	18.43	16.52
Ward 19	16.77	16.77	15.91
TOTAL	**355.44**	**355.44**	**429.38**

*AMU – review again following bed reconfiguration

*Ward 4 – 2 months of SNCT data (March/April 2016) to be reviewed in line with ongoing functionality / bed base.

*Ward 7 – repeat & compare at next review