

Report to:	Board of Directors				
Date of Meeting:	30 March 2016				
Report Title:	Nursing and Midwifery Staffing Exception Report (for February 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				

<p>Purpose of the Report</p> <p>This is the nursing and midwifery staffing exception report for February 2016 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>Ward 1: Ward 1 is reporting 82.4% for registered nurses present during the day. Matron Vooght reports that this is a combination of vacancy, poor fill rate from Retinue and one member of staff still awaiting their NMC PIN. The ward is carrying some long term sickness which is being managed appropriately. All options are explored to cover vacant shifts and where required the ward will increase the number of HCSW as can be seen in the appendix. Reviewing the data for the month indicates that on many occasions the ward was running with two qualified nurses on duty rather than three, supported either by additional HCSW or a Band 3 international nurses who is awaiting her pin. As the ward is a fast turn over high discharging ward the deficit may have caused delays in timely discharging of patients and supporting the daily ward rounds.</p> <p>AMU: Ward 2 is reporting 89.2% for registered nurses present during the day and 87.9% for registered nurses present at night. The ward is caring for between 30 – 44 patients at any one time during the day or night depending on flow and discharges elsewhere in the organisation. The additional staff required to staff the annex were not recruited to despite advertising campaigns both nationally and locally. The ward</p>

has a long standing booking with Retinue, which is rarely filled and all other options to support the ward are explored on a daily basis. Potential impact would have been delays in providing a timely admission to patients, timely transfers and discharges and administration of medications. The ward staff experience difficulties in attending the multiple ward rounds, board rounds and at times the coordinator will be required to work clinically, taking a section of patients rather than just coordinating the unit.

Ward 5: is reporting 75.9% for the day HCSW. Upon discussion with the ward manager, the deficit is due to a number of reasons. These include additional HCSW being requested to 'special' patients due to their high risk of falls, ward sickness and additional HCSW to support the trained nurse vacancies. Upon discussion with the ward manager, she confirmed that not all the shifts were filled by Retinue. The ward has just closed its current recruitment advert and has shortlisted both Band 6 and 5 prospective candidates for their vacancies. Upon discussion with Matron Shirely the main impact of the deficit has been in the delivery of the in direct patient care, such as audits and completion of KPI's.

Ward 6: Ward 6 is reported 87.8% for HCSW present during the day. Upon discussion with Matron Gordon this is a combination on both long and short term sickness and the ward supporting other areas through the reallocation of staff. On discussion with Sister Jessop, she feels that the deficit may have impacted on the wards length of stay and the ability to deliver prompt care.

Ward 7: Ward 7 is reporting 88.0% and 91.6% for registered nurses and HCSW respectively during the day. The deficit is a combination of short notice sickness, ward vacancies and Retinue not filling the requested shifts. The ward position is slowly improving with the expected NMC PINs for both the return to practice nurse and the international nurses. The ward has successfully recruited a 3rd year student nurse who will be commencing in August and the ward manager is representing medicine at the student nurse open day in March. Upon discussion with Matron Shirley the main impact of the deficit has been in the delivery of the in direct patient care, such as audits and completion of KPI's.

Ward 9: Ward 9 is reporting 84% RN day shifts. There is 1 wte vacancy, band 5 and an international recruit still awaiting her PIN (working at band 3) 1 wte LTS, 1 wte seconded to winter ward with no backfill. 82% HCA day shifts, long term 1wte and 0.42wte mat leave there were a number of requests for 'specialling' of patients and shift were not filled. Upon discussion with Sister McGarry she felt that the main impact of the staffing deficit was the ward ability to discharge promptly with some delays in delivery patient cares.

Ward 14: Ward 14 is reporting 78.3% RN Night Duty. The SNCT set out to support 3 RN's on night duty, in February there was 2 wte LTS band 5 enabling only 2 RN's on night duty and 1 wte vacancy. Upon discussion with Matron Edwards, the impact of the staffing deficit would have potentially been a delay in the delivery of patient cares and administration of medicines. Prompt admission of patients may not have occurred as there were two rather than three staff members on duty. The ward did have a SIRI during February, which was a medication error, this is currently under investigation.

Ward 18: Ward 18 is reporting 74.2% HCA day shifts. There is 1 wte HCA on long term sick and no backfill for the additional beds following the ward swap for winter. Upon discussion with Matron Edwards the potential impact of the staffing deficit would have been a delay in patients receiving personal cares.

Ward 19: Ward 19 is reporting 89.6% for registered nurses during the night. Upon discussion with Sister Edgar she reported that on some occasions during the month, the second qualified nurse may have been redeployed to support another ward. However ward would have received backfill in the form of a HCSW to care for 11 patients. Sister Edgar also reports that she may have placed a qualified nurse bank request and where they have been unable to fill would have deployed a HCSW instead. The main impact from the staffing deficit according to Sister Edgar is that staff are reporting that patient potentially may have had to wait longer for controlled analgesia. The ward relies on the support of with ward 18, acute care of theatres to come and assist.

Ward 17: The fill rate of 71% for nursing staff during the day remains despite on-going efforts to recruit. One wte post is unfilled plus 1.2 wte temporary posts to cover secondments. Further recruitment is now in progress. Every effort is made to fill the shifts using the bank, if this is unsuccessful; nurses from the neonatal unit or outpatients are redeployed to fill gaps. Recruitment to the children's service bank will be progressed to improve these fill rates. Upon discussion with Matron Newman she reports that the impact on the staffing deficit upon the ward will have been reduced attendance at mandatory training, lack of management time for the senior sisters and a backlog in practice development initiatives, e.g. guidelines.

Labour Ward: The fill rate for care staff during the day shifts was 69.5% which was due to significant long term sickness; night shifts were covered on labour ward 100%. Bank staff are sought to cover gaps, if this is not possible the support worker from the ward helps across the unit. Matron Armitage reported that the impact from the HCSW deficit was minimal as they worked across the areas with help from the midwives who work non clinically as necessary. Assistance from the neonatal team was provided when necessary when there was an additional clinic undertaken on the ward, but no other issues were raised

Ward 21: Had 89.9% care staff at night so as above the team worked together to provide cover across the unit as necessary. Some of the long term sickness management should shortly be resolved which will improve fill rates. 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.

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 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.

Recruitment

There are a number of wards who are in various stages of the recruitment process following a number of individual adverts being placed on NHS jobs. Although the Ward Managers and Matrons are reporting that small numbers of candidates have submitted application forms, this should be viewed as a positive step following a number of candidates where no-one suitable or no candidates have applied.

Ward Managers and Matrons are currently reviewing their establishments in preparation for the student nurse open day on the 30th March 2016. HR reported that to date they have 15 prospective candidates attending. The students will have 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 must 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

Org: RCF Airedale NHS Foundation Trust

Period: February_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	2178	2124	348	242	2088	2002	348	336	97.5%	69.5%	95.9%	96.6%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Neonatal Unit	420 - PAEDIATRICS	420 - PAEDIATRICS	1028	1028	96	96	1008	1008	36	36	100.0%	100.0%	100.0%	100.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 01	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	998.5	822.5	690	823	667	667	667	667	82.4%	119.3%	100.0%	100.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 02 - AMU	326 - ACUTE INTERNAL MEDICINE	326 - ACUTE INTERNAL MEDICINE	2307.5	2058	1825	1773	1925	1692.5	1425	1650	89.2%	97.2%	87.9%	115.8%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 04	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	986.8	951	1423	1366	686.25	675	1046.27	1046.25	96.4%	96.0%	98.4%	100.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 05	300 - GENERAL MEDICINE	314 - REHABILITATION	1570.5	1516	1727	1311	652.5	652.5	1293.75	1225	96.5%	75.9%	100.0%	94.7%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 06	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1423.5	1362.5	1055.5	926.5	652.5	652.5	990	967.5	95.7%	87.8%	100.0%	97.7%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 07	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1204	1060	1413.5	1294.5	652.75	652.5	1035	1046.25	88.0%	91.6%	100.0%	101.1%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 09	110 - TRAUMA & ORTHOPAEDICS	110 - TRAUMA & ORTHOPAEDICS	1845	1553.5	1522.5	1276.5	652.5	652.5	967.5	1001.25	84.2%	83.8%	100.0%	103.5%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 13	100 - GENERAL SURGERY	502 - GYNAECOLOGY	1295.5	1229.5	681	678	652.5	652.5	652.5	652.5	94.9%	99.6%	100.0%	100.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 14	100 - GENERAL SURGERY	101 - UROLOGY	1402	1316	1246.5	1222	933.75	731	686.02	686	93.9%	98.0%	78.3%	100.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 16	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	2334.5	2138	667	577.5	2334.5	2070.5	11.5	11.5	91.6%	86.6%	88.7%	100.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 17	420 - PAEDIATRICS	420 - PAEDIATRICS	1740	1236	696	630	1044	1032	0	36	71.0%	90.5%	98.9%	-
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 18	110 - TRAUMA & ORTHOPAEDICS	110 - TRAUMA & ORTHOPAEDICS	940	893.5	882.5	655	652.5	641.25	652.5	618.75	95.1%	74.2%	98.3%	94.8%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 19	303 - CLINICAL HAEMATOLOGY	110 - TRAUMA & ORTHOPAEDICS	718	681	528	526	540	483.75	113.75	168.75	94.8%	99.6%	89.6%	148.4%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 21	501 - OBSTETRICS	420 - PAEDIATRICS	696	696	348	330	696	696	348	312	100.0%	94.8%	100.0%	89.7%
RCF30	CASTLEBERG HOSPITAL - RCF30	Harden Ward	300 - GENERAL MEDICINE	314 - REHABILITATION	491.5	491.5	782.5	775	348	348	348	348	100.0%	99.0%	100.0%	100.0%
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Winter Ward	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	936.5	858.5	1215	1173.5	652.5	635.25	731.25	967.5	91.7%	96.6%	97.4%	132.3%