

Report to:	Board of Directors				
Date of Meeting:	25 January 2017				
Report Title:	Nursing and Midwifery Staffing Exception Report (for December 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):	Jill Asbury, Interim Director of Nursing				
Appendices (list if applicable):	Appendix 1: UNIFY spreadsheet Appendix 2 : Trend data displaying actual staffing fill rates for the past 13 months				

Purpose of the Report
<p>This is the nursing and midwifery staffing exception report for December 2016 in response to the publication of <i>Hard Truths: Putting Patients First</i> (Department of Health, 2014), and as such informs the Board of the planned versus actual nurse and midwifery staffing fill rates.</p> <p>To enable triangulation with the safety and quality indicators, this report provides information on the Group level trend data for the nurse specific performance indicators of falls, pressure ulcers and medication related incidents.</p>

Key points for discussion
<ul style="list-style-type: none"> • The Quality and Safety metrics show an increase in the number of falls and pressure ulcers reported in the Integrated Care Group (ICG). • The metrics in surgery show increase in the number of pressure ulcers reported, this is on ward 9 where there have been difficulties experienced in filling temporary nurse staffing shifts. • The National Quality Board has published a document for consultation which is being considered, '<i>Safe, sustainable and productive staffing. An improvement resource for adult inpatient wards in acute hospitals</i>'. • Further information is being developed nationally on the use of the CHPPD, currently this is still being suggested for local use rather than national benchmarking.

Recommendation
<p>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.</p> <p>The Board will note the inclusion of the nurse specific indicators; falls, pressure ulcers and medication related incidents.</p>

1.0 Introduction

This exception report aims to triangulate the data between patient outcomes, with a specific focus on the nurse specific indicators (NSI's) of pressure ulcers, falls and medication related incidences resulting in harm alongside nurse staffing, with a view to determining trends and whether there is any correlation between the two.

To this end this paper now includes information at Group level, for Integrated Care and Surgical Groups, on the nurse specific indicators described above. It should be noted that the Hard Truths staffing data reporting is only required for the in-patient wards and not for departments or facilities that are not providing 24 hour services. The NSI's for the Women's and Children's Group are in development and therefore has not been included in this paper.

2.0 Integrated Care Group

The wards in the Integrated Care Group (ICG) do report that staffing the wards during December continued to be challenging. The causative factors remain vacancies, as previously reported, compounded by escalation areas being opened to meet the increase in activity. In some areas, such as ward 2 (AMU), there is significant support for the plans to upskill the Health Care Support Workers, as the staff achieve their competencies the benefits are being felt by the ward.

In the ICG there has been a reported increase in the number of falls, and during the month of December, 3 falls resulted in significant harm, 2 on ward 10 and 1 on ward 6. The number of pressure ulcers reported has also increased in this group, and a grade 3 pressure ulcer has been reported on ward 6. In contrast, despite the staffing difficulties ward 10, an intermediate care ward has achieved fifteen falls free days.

Ward 15 was open for the first 17 days in December, this was required to manage the increase in non-elective activity, and met the standard for planned and actual staffing requirements. On the 18th December the patients on ward 15 were transferred to ward 1 as the hospital needed the additional capacity. Ward 1 has 30 bed spaces and the ward fluctuated between 15 and 30 beds throughout the latter end of December.

It should be noted that actual and planned staffing does not denote acuity and dependency or bed occupancy. The ward teams consistently risk assess and flex staffing resources to ensure safety is maintained. During this period, staff were re-allocated across the wards with additional healthcare support worker resource to ensure patient safety was maintained.

3.0 Patient Outcomes and Patient Experience for Integrated Care Group (metrics excludes community services)

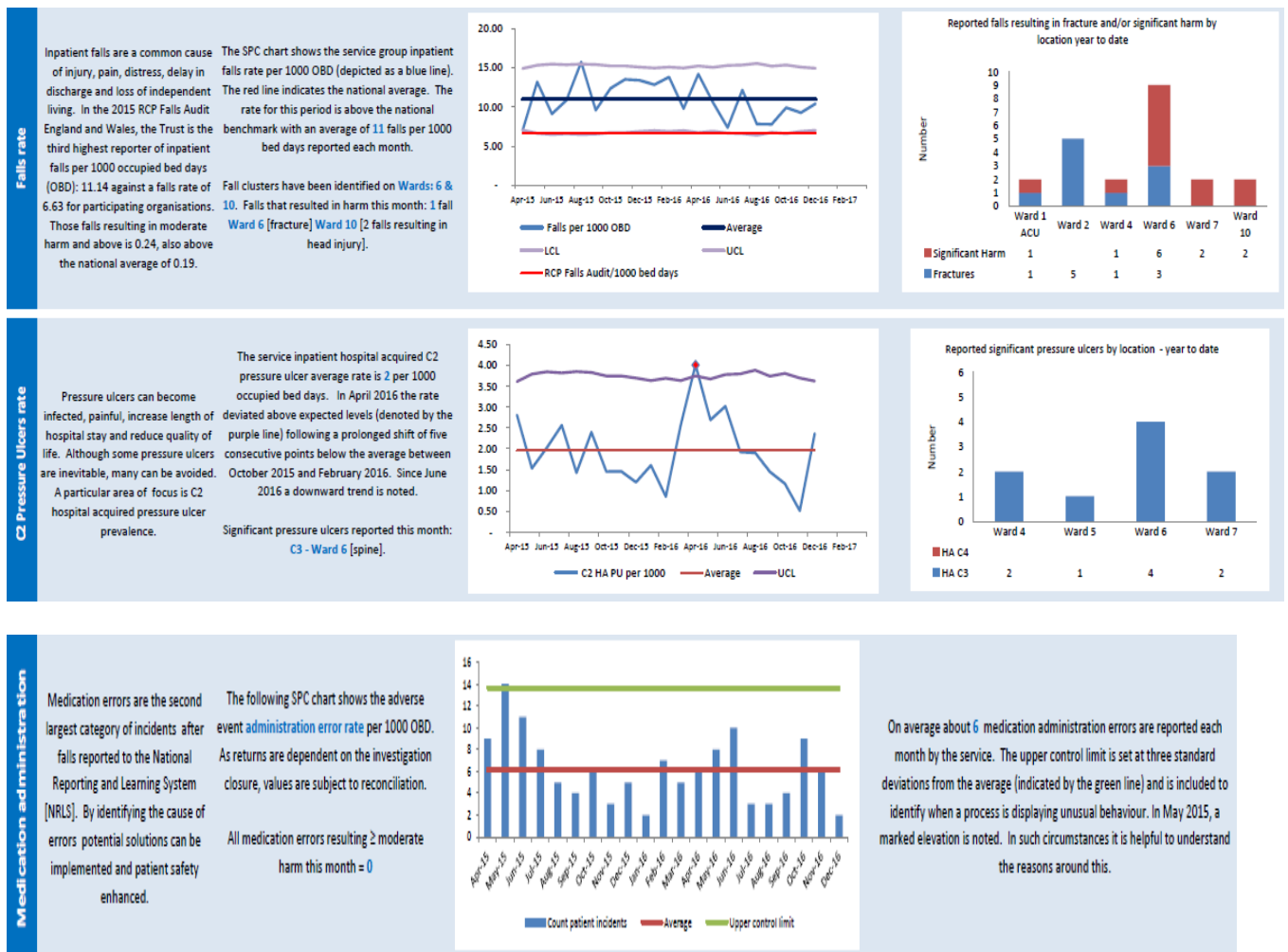


Figure 1
Please note that the patient outcomes are within those expected for normal variation, however, it should not be assumed that this implies complacency within the ward teams, all have Ward Development Plans and these include plans to make improvements where required.

4.0 Surgical Group

The wards in the Surgical Group report similar challenges to the ICG, in that staffing remains a challenge. Throughout December, some of the wards have also experienced an increase in patients requiring 1:1 or enhanced supervision. There has also been an increased fill rate of unregistered staff reported, however this is due to the number of nurses still awaiting PINs, and also reflects the increased numbers of HCSW's used to support the deficit in RN numbers at times. There has been an increase in the number of pressure ulcers reported, which specifically relates to ward 9, however no grade 3 or 4 during this reporting period. Ward 9 have reported difficulties during December with their fill rates.

5.0 Patient Outcomes and Patient Experience for the Surgical Group

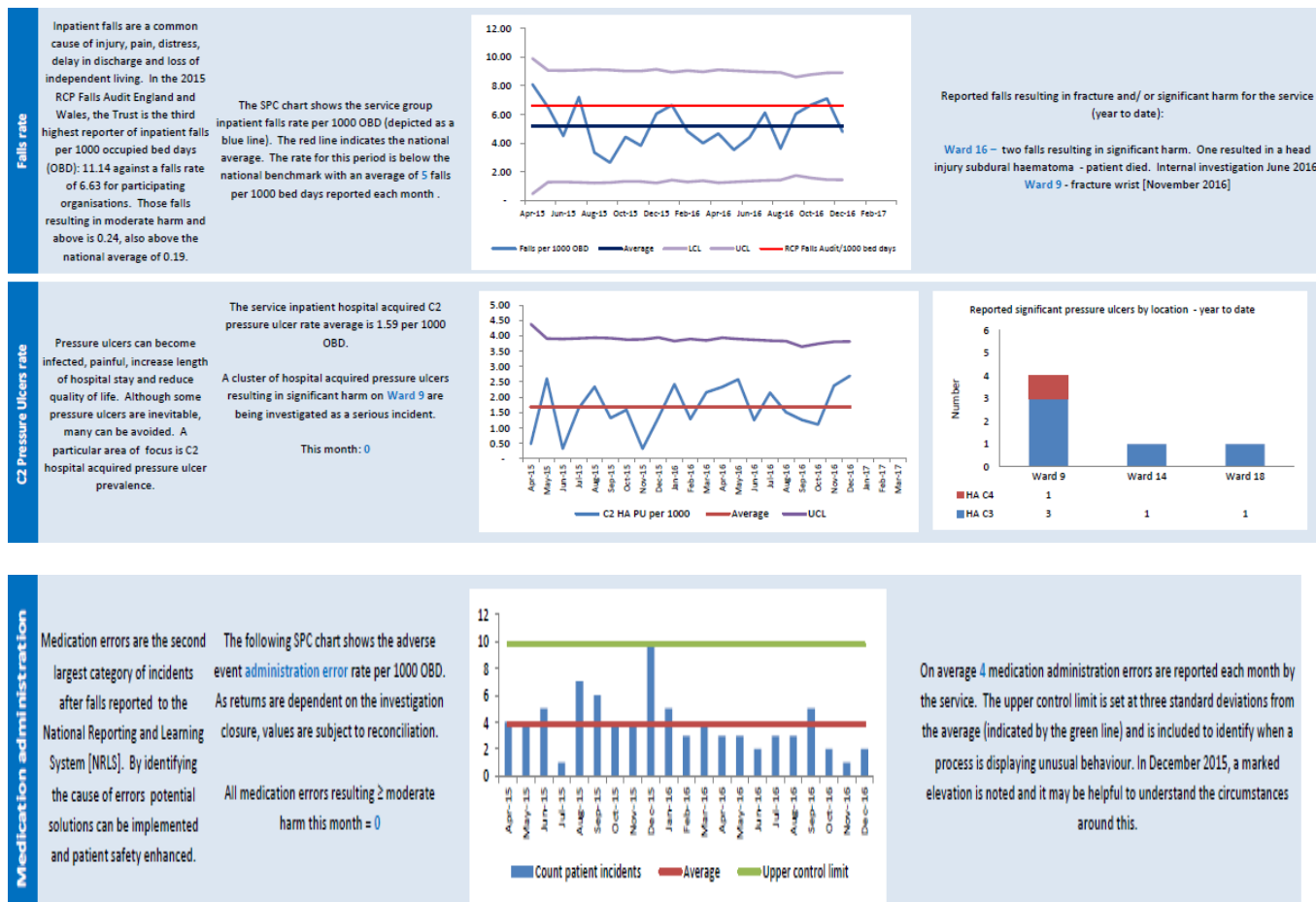


Figure 2

Please note that the patient outcomes are within those expected for normal variation, however, it should not be assumed that this implies complacency within the ward teams, all have Ward Development Plans and these include plans to make improvements where required.

6.0 Women and Children's Services

There have been no adverse events or concerns with staffing during December to note. There were staffing shortfalls reported in the Children's Unit on some occasions, however no harm was reported.

7.0 Actions taken by the nursing teams

- Extra 'allocate on arrival' shifts have been booked for unregistered staff.
- Daily staffing meetings held each morning, followed up with meetings throughout the day where required to ensure safe staffing, with contingencies agreed for weekends and out of hours.
- Additional health care assistants utilised to support the registered nurse gaps.
- Clinical support provided in the ward areas by the Clinical Nurse Specialists, and other departments, such as the corporate nursing team.

8.0 Care Hours per Patient Day (CHPPD)

CHPPD continues to be collected and presented on the Unify database. It is to ensure that the workforce and financial plans are consistent to optimise the delivery of quality care and the use of resources. Further guidance is being developed nationally on the use of CHPPD, currently this is still being suggested for local use rather than national benchmarking. The Board will be informed as this emerges.

9.0 Recruitment

The next intake of apprentices is underway, with the expected start date of March.

The Trainee Nurse Associates take up post on 23 January 2017, 7 have been recruited.

10.0 Other points to raise

The National Quality Board released a document for consultation in December 2016, and work is underway in the Corporate Nursing team to review this document.

Fill rate indicator return Staffing: Nursing, midwifery and care staff

Org: RCF Airedale NHS Foundation Trust
Period: December_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)

<http://www.airedale-trust.nhs.uk/nursing-and-midwifery-staffing/>

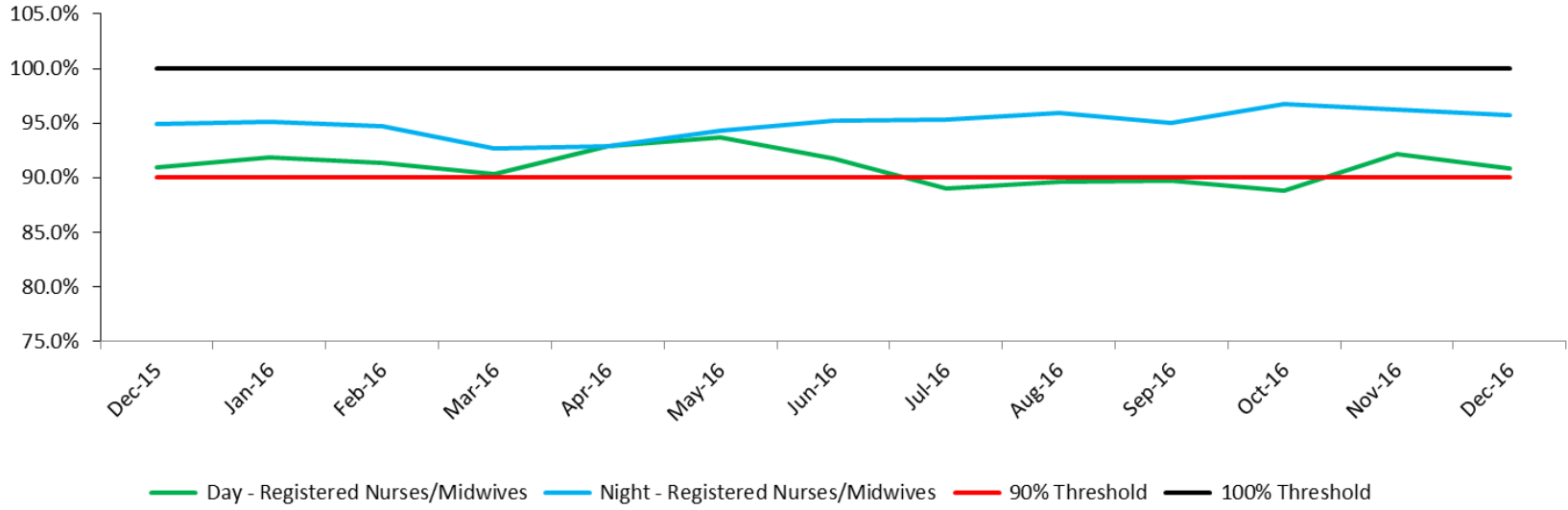
Comments

Only complete sites your organisation is accountable for

Validation alerts (see control panel)

Hospital Site Details		Ward name	Main 2 Specialities on each ward		Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
					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 (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Overall
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Speciality 1	Speciality 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								
RCF30	CASTLEBERG HOSPITAL - RCF30	Harden Ward	300 - GENERAL MEDICINE	314 - REHABILITATION	479	491	826	816	372	372	372	372	102.4%	98.8%	100.0%	100.0%	286	3.0	4.2	7.2
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Labour Suite	501 - OBSTETRICS	501 - OBSTETRICS	2,111	2,045	402	322	2,094	2,034	336	324	96.9%	80.1%	97.1%	96.4%	171	23.9	3.8	27.6
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Neonatal Unit	422- NEONATOLOGY	422- NEONATOLOGY	1,008	1,008	132	132	984	984	132	108	100.0%	100.0%	100.0%	81.8%	266	7.5	0.9	8.4
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 01	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	238	192	363	330	191	124	304	295	80.6%	90.9%	64.7%	97.0%	166	1.9	3.8	5.7
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 02 - AMU	326 - ACUTE INTERNAL MEDICINE	326 - ACUTE INTERNAL MEDICINE	2,643	2,159	2,139	2,537	2,139	1,974	2,139	2,519	81.7%	118.6%	92.3%	117.8%	1,231	3.4	4.1	7.5
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 04	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1,349	1,109	1,349	1,500	693	709	1,006	1,116	82.2%	111.2%	102.3%	110.9%	921	2.0	2.8	4.8
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 05	300 - GENERAL MEDICINE	314 - REHABILITATION	1,442	1,111	1,721	1,682	698	698	1,069	1,271	77.1%	97.8%	100.0%	118.9%	820	2.2	3.6	5.8
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 06	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1,355	1,255	1,397	1,361	698	698	1,123	1,100	92.6%	97.4%	100.0%	98.0%	930	2.1	2.6	4.7
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 07	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1,433	1,300	1,223	1,191	698	684	1,013	968	90.7%	97.4%	98.1%	95.6%	927	2.1	2.3	4.5
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 09	110 - TRAUMA & ORTHOPAEDICS	110 - TRAUMA & ORTHOPAEDICS	1,695	1,513	1,875	1,677	698	698	1,442	1,307	89.2%	89.4%	100.0%	90.7%	849	2.6	3.5	6.1
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 10	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1,164	868	1,458	1,432	713	713	1,070	909	74.6%	98.3%	100.0%	84.9%	910	1.7	2.6	4.3
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 13	100 - GENERAL SURGERY	502 - GYNAECOLOGY	1,378	1,341	949	792	698	698	698	698	97.3%	83.4%	100.0%	100.0%	861	2.4	1.7	4.1
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 14	100 - GENERAL SURGERY	101 - UROLOGY	1,512	1,633	1,260	1,070	990	720	698	720	108.0%	84.9%	72.7%	103.2%	732	3.2	2.4	5.7
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 15	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	213	213	425	447	191	214	383	453	100.0%	105.1%	111.8%	118.5%	201	2.1	4.5	6.6
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 16	192 - CRITICAL CARE MEDICINE	192 - CRITICAL CARE MEDICINE	1,922	1,872	603	393	1,895	1,831	35	47	97.4%	65.2%	96.6%	134.8%	285	13.0	1.5	14.5
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 17	420 - PAEDIATRICS	420 - PAEDIATRICS	1,812	1,554	444	528	1,116	1,116	372	276	85.8%	118.9%	100.0%	74.2%	355	7.5	2.3	9.8
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 18	110 - TRAUMA & ORTHOPAEDICS	110 - TRAUMA & ORTHOPAEDICS	1,136	1,033	934	1,047	698	607	698	720	90.9%	112.1%	87.0%	103.2%	596	2.8	3.0	5.7
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 19	303 - CLINICAL HAEMATOLOGY	110 - TRAUMA & ORTHOPAEDICS	646	612	432	399	317	317	305	305	94.8%	92.4%	100.0%	100.0%	172	5.4	4.1	9.5
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 21	501 - OBSTETRICS	420 - PAEDIATRICS	771	765	360	348	744	732	348	348	99.2%	96.7%	98.4%	100.0%	281	5.3	2.5	7.8
Total					24,302	22,070	18,287	18,001	16,623	15,920	13,538	13,854					10,960			

Registered Nurses/Midwives



Care Staff

