

Meeting:	Board of Directors		
Date of Meeting:	31 January 2018		
Report Title:	Nursing and Midwifery Staffing Exception Report		
Status: (tick one box)	Information <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Approval <input type="checkbox"/> Regulatory <input checked="" type="checkbox"/>
Classification	NHS Confidential	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Lead Director			
	Jill Asbury, Director of Nursing		
Report Author			
	Karen Walker, Interim Deputy Director of Nursing		
Appendices			
	1 : Nurse and Care Staffing Fill Rates 2 : 13 Month Fill Rate Trend Data 3 : Quarterly Nurse leavers and Joiners Trend		
Links to strategic objectives			
	Board Assurance Framework Reference and description	Clinical Strategy, Right care	
Links to corporate risks			
	Corporate Risk Register Reference and description	2017 – 033, Nurse staffing, risk rating 20	
Purpose of the Report			
This report provides information on the Operational Group level trend data for the nurse specific performance indicators of falls, pressure ulcers and medication related incidents, and forms the nursing and midwifery staffing exception report for December 2017 in response to the publication of <i>Hard Truths: Putting Patients First</i> (Department of Health, 2014), providing information on the planned versus actual nurse and midwifery staffing fill rates.			
Key points for discussion			
<ul style="list-style-type: none"> The nurse staffing levels on wards remains challenging, with 9 areas out of the 17 areas reporting fill rates below the 90% threshold for registered nurses on day shifts. The total number of shifts covered by temporary staff is currently reported to be 19%, this includes all those required for the enhanced supervision of patients. The stable nature of the nursing staff joining and leaving the organization, this does not take account of those recruited at the recent events. 			
Recommendation			
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.			

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 the paper includes information at Group level, for the 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.

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.

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. The number of escalation beds opened in November did increase, and has continued during December, with wards 5 and 7 having surge beds open from the 15 December onwards.

The overall monthly Safer Staffing numbers for registered nurses demonstrate that during December, 5 wards in ICG reported fill rates of below 90% for day shifts, in most areas the fill rates for unregistered staff was above 95%.

The fill rates for unregistered staff has seen an increase and the reasons for this are as follows:

- The continued background number of international nurses' awaiting PINs,
- Increased numbers of HCSW's used to support the deficit in RN numbers at times
- HCSWs are booked to meet the enhanced supervision requirements of some patients.

The ICG report a slight decrease in the number of falls, with 2 falls reported in the inpatient areas resulting in fracture and 2 falls resulting in significant harm in December. The number of pressure ulcers reported in December has decreased with one grade 3 developing in hospital, root cause analysis is taking place for all of the above.

In addition to the steps being taken by the wards, the Corporate nursing team have implemented a rapid response process if a fall occurs which is reported to have caused significant harm. A senior nurse attends the ward supporting the team to undertake an immediate assessment of the patient, and review the falls prevention measures in place.

The quality and safety metrics of one ward in ICG is causing concern. Weekly ward development meetings are taking place. The other ward which was a concern has started to demonstrate improvements and the development meetings now continue monthly.

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

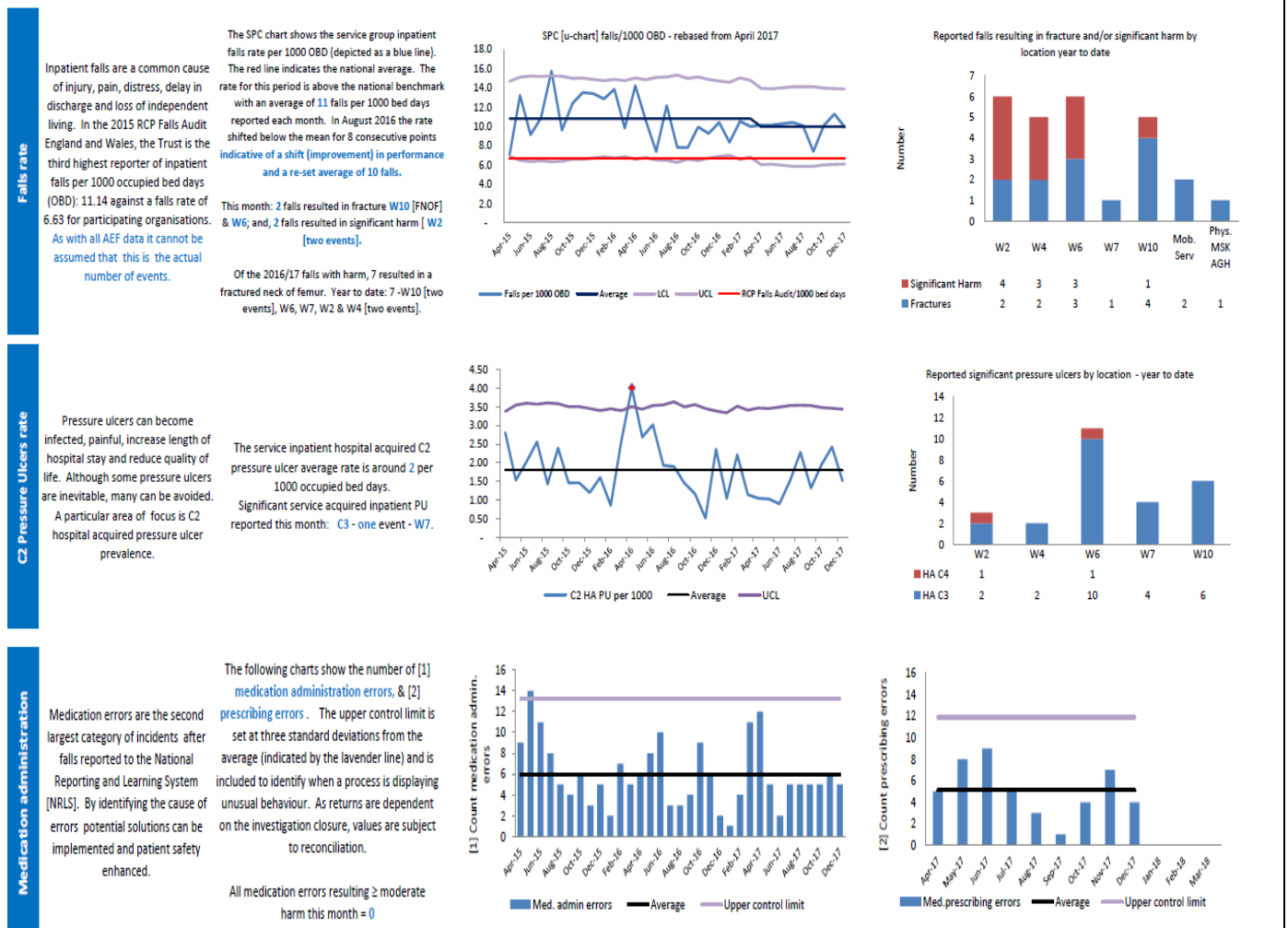


Figure 1

Please note that the patient outcomes are within those expected for normal variation, all have Ward Development Plans and these include plans to make improvements where required.

3.0 Surgical Group:

The wards in the Surgical Group continue to report challenges for staffing, with 4 areas reporting fill rates below the 90% threshold.

- Ward 9 have been supporting other areas with RN staffing and using healthcare support workers to backfill this release.
- Ward 13 fill rates for RNs on day shifts not filled due to vacancies.
- Ward 14 aim to roster 3 RNs at night to support the Surgical Assessment Unit beds. This is currently not being achieved due to vacancies, and the Clinical Support workers are used at times.

- Ward 19, there have been times when staff have been moved and this has occurred when the patient numbers have been low and it has been safe to do so.

The wards in the surgical group report a slight decrease in the number of falls during December, with no falls resulting in fracture or significant harm. The number of category 2 pressure ulcers reported in December has increased.

3.1 Patient Outcomes and Patient Experience for the Surgical Group:

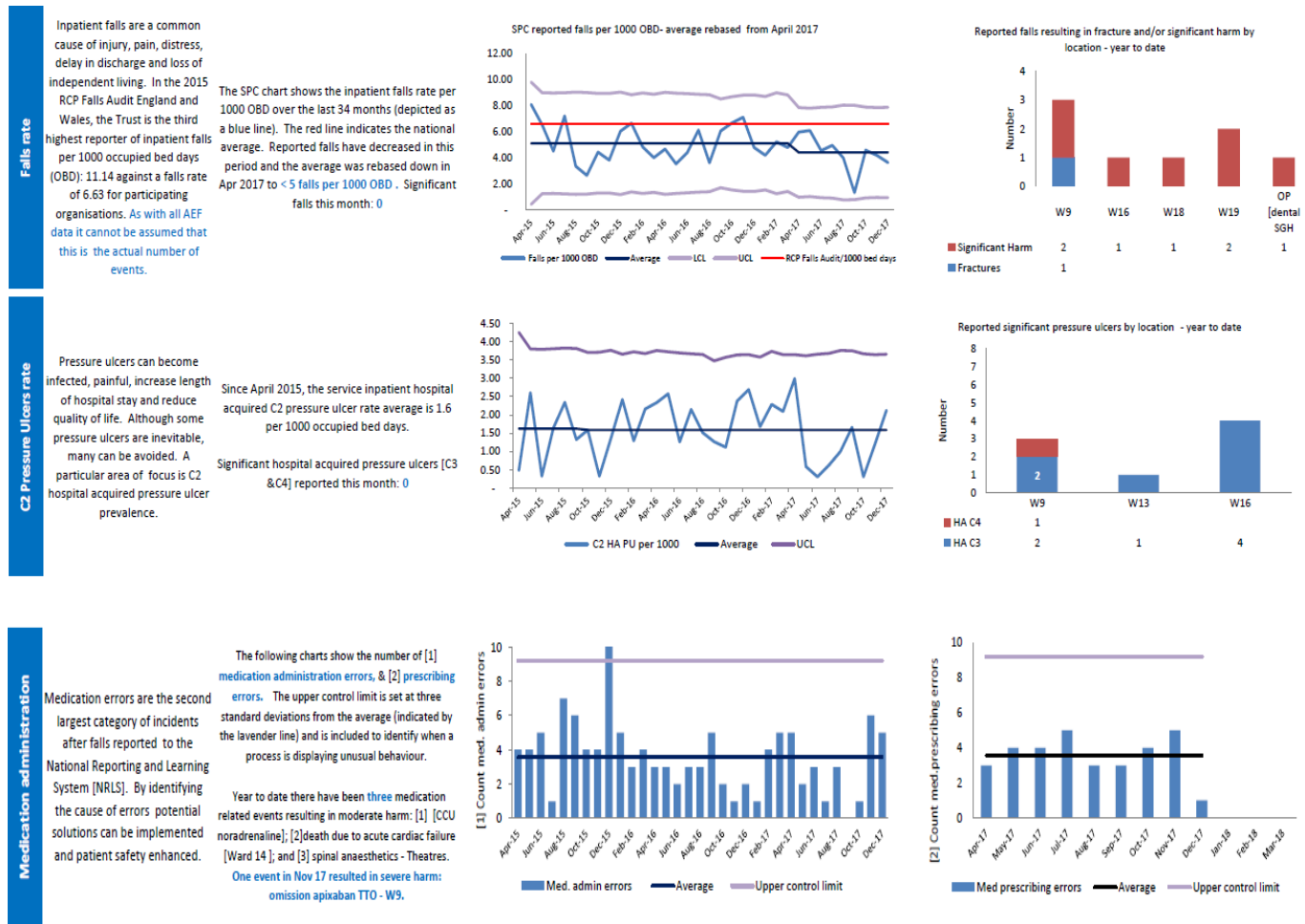


Figure 2

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.

4.0 Women and Children's Services:

There is one area in this group reporting low fill rates. This is the fill rate of healthcare support workers on the night shifts on the Children's Unit; however there has been no impact on patient safety.

In maternity registered midwife staffing was good with planned versus actual shifts achieving almost 100% in all areas. Again there was no harm reported and patient safety was maintained. The midwife to birth ratio is 1:23. Birth rate plus recommends the community caseload is 1:98 and at the moment this is reported as 1:89.

4.1 Patient Outcomes and Patient Experience for Women and Children's Group

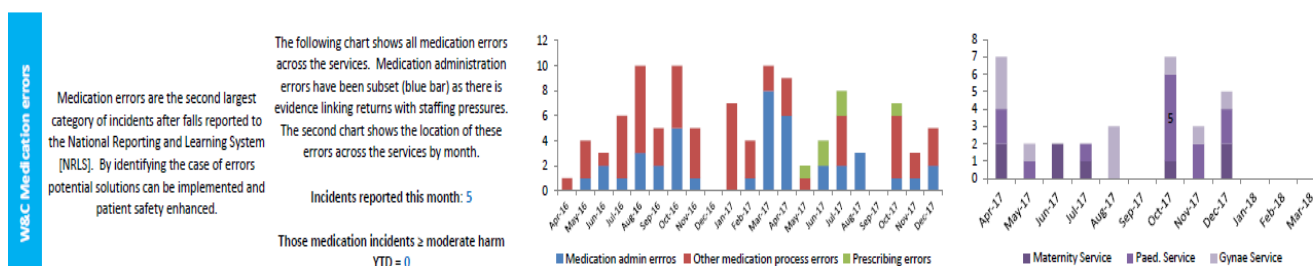


Figure 3.

5.0 Actions Taken by the Nursing Teams to Support the Wards:

- Daily staffing meetings are held each morning with the Matron of the Day, 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
- Matrons continue to undertake late shifts until 22.00 hrs during the week
- The senior nurse cover on the weekends has been reviewed, and the Saturday cover is provided by a Senior Sister and the Sunday cover is provided by the matrons.

6.0 Temporary Staffing

Temporary staffing is monitored via the weekly roster review meeting and is taken from the e-roster system, this is currently reporting that 19% of shifts required are filled by temporary staff, (bank staff or agency staff). This includes all requirements notably those needed over and above the establishments to care for patients requiring enhanced supervision.

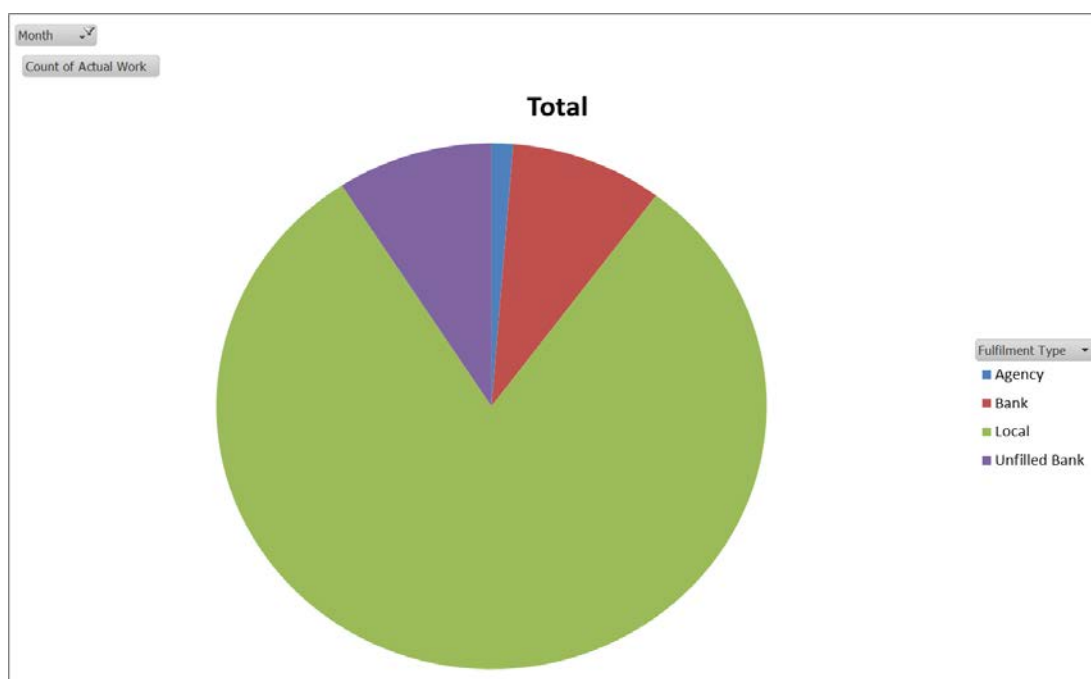


Figure 4. December 2017 staffing data for temporary staffing.

7.0 Care Hours per Patient Day (CHPPD):

CHPPD continues to be collected and presented on the Unify database.

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 Trust data is outlined in appendix 2.

NHSI is starting some scoping work with the aim of developing a similar metric for Allied Health Professionals, the initial data collection for which has taken place during Q3.

The Board will be informed as this emerges.

8.0 Recruitment / New Roles:

The fourth intake of apprentices started in early 2018 with a low intake; therefore further recruitment is taking place during January.

The second cohort of 7 Trainee Nurse Associates take up post in January.

Plans for the introduction of ward based Pharmacy Assistants who can support medicines management and the administration of medicines to patients within the ward areas has come to fruition and the recruit takes up post during January, this will involve in-house training as well as nationally recognised certification mirroring the Northumbrian model.

The recruitment event held in November 2017 was a success and a further event is planned for February.

8.1 Alternative Routes for Registered Nurse Training

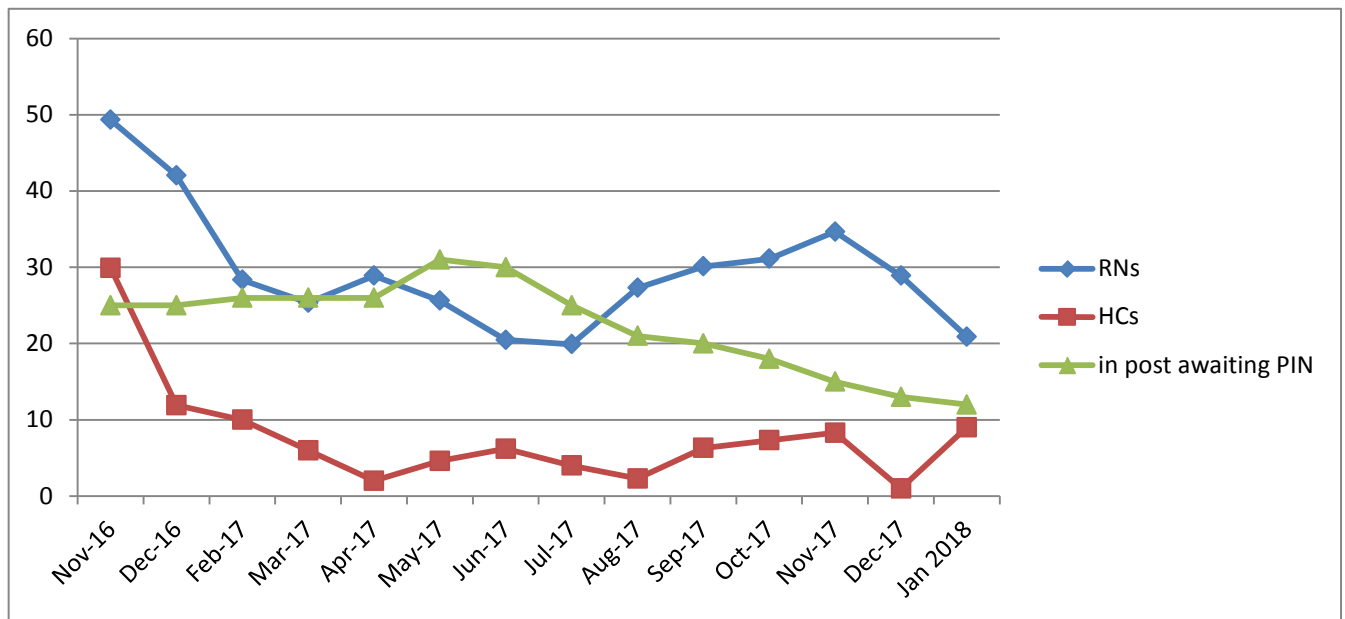
There is a range of options to undergo training to become registered nurses which is being explored. This includes the Open University route, the Apprentice route, along with the traditional route. This is being explored further, and drop in sessions are being organised to scope the level of interest. As there are no backfill monies available, and the training fees are covered with the apprenticeship levy, there will need to be a selection process in place. It is predicted that in the next 12 months 2 healthcare support workers will be supported to complete OU training.

A group of international nurses, who moved here from India on previous recruitment drives, have also made enquiries about their options. This is being explored, as it may be possible to APEL their previous qualification and gain entry into the traditional student training at the start of year 2.

9.0 Vacancy Tracker:

The graph below shows the wte vacancies assuming the international nurses will pass their international English language test (IELTS) and take up their positions as registered nurses. Additional educational support has been provided to these staff to help them achieve the required level, this has been successful for a few of the students. A programme of additional training is now in progress. Each International nurse is expected to attend a weekly training session for a period of 6 weeks. Progress is being monitored and reported to the Interim Deputy Director of Nursing.

During recent months, a number of the international nurses have resigned, citing the process of IELTS as the reason for leaving. The current number working in the Trust as healthcare support workers and studying is now at 12.

Graph 1 – Number of wte vacancies in the acute nursing teams.


- Total number of RN vacancies on inpatient wards = 20.89, however, 10 of the RN posts have been filled with experienced health care support workers on fixed term contracts, on wards 4 and 6. (therefore 30.89wte RN vacancies)
- Total number of RNs in post awaiting PIN = 12 (working towards IELTSs)
- Therefore total number of RN posts vacant in the roster = 42.89, however the template for staffing will be amended on wards 4 and 6 to reflect a different mix of staff on an interim basis

The monthly recruitment meeting continues to meet and focus on nurse recruitment and retention strategies. Appendix 3 demonstrates the position for the period October 2017 to December 2017. The 7 Band 3 leavers includes the 5 international nurses who have left the Trust, failing to achieve the required standard at IELTSs to become registered nurses. The figures in this graph are staff who have left employment in the Trust and does not include staff who have moved internally.

This demonstrates a balanced position.

10.0 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 and the actions that are taking place to support the registered nursing workforce

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

Org: RCF Airedale NHS Foundation Trust
Period: December_2017-18

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)

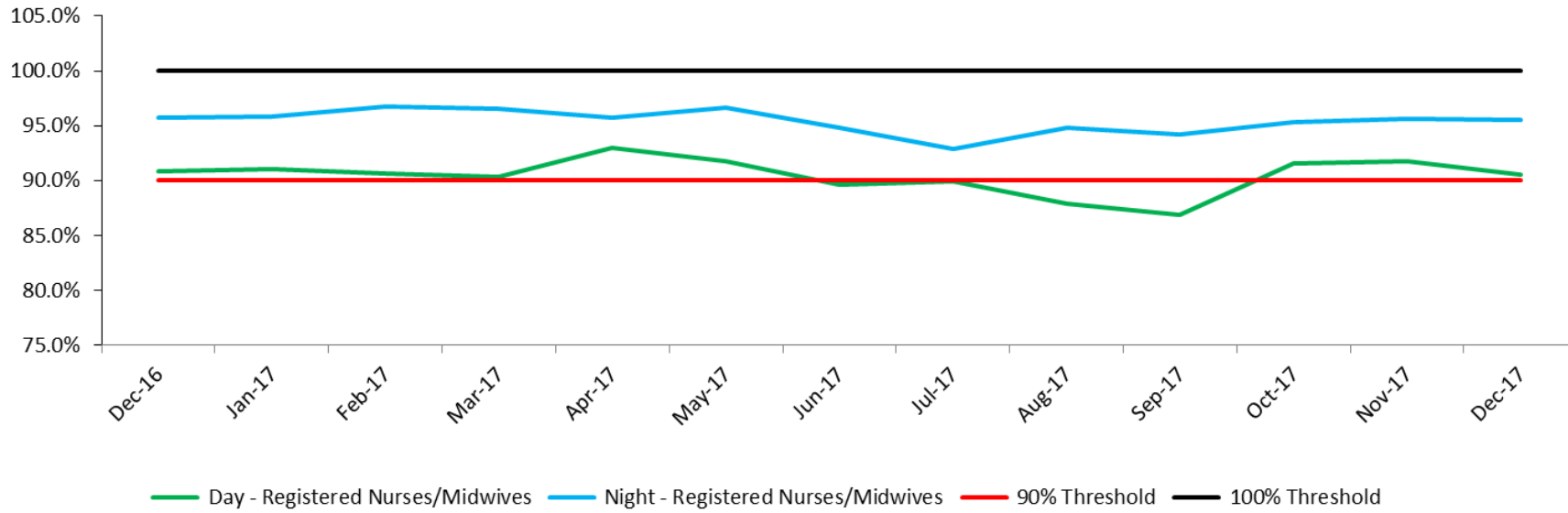
Comments

Only complete sites your organisation is accountable for

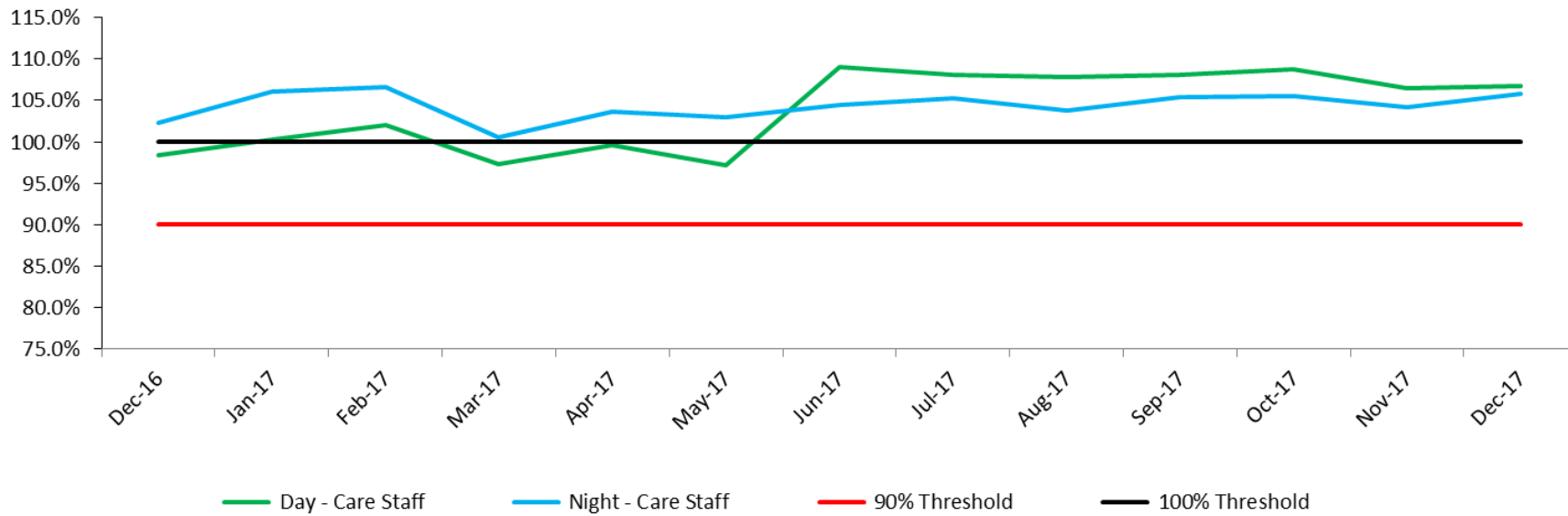
Validation alerts (see control panel)

Hospital Site Details		Ward name	Main 2 Specialties 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		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	2,058.00	2,044.00	372.00	372.00	2,082.00	1,994.00	360.00	360.00	99.3%	100.0%	95.8%	100.0%	221	18.3	3.3	21.6
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Neonatal Unit	422 - NEONATOLOGY	422 - NEONATOLOGY	1,356.00	1,356.00	156.00	156.00	1,116.00	1,116.00	72.00	72.00	100.0%	100.0%	100.0%	100.0%	306	8.1	0.7	8.8
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 01	320 - CARDIOLOGY	320 - CARDIOLOGY	949.50	939.50	356.50	448.00	711.50	746.50	356.50	425.50	98.9%	125.7%	104.9%	119.4%	387	4.4	2.3	6.6
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 02 - AMU	326 - ACUTE INTERNAL MEDICINE	326 - ACUTE INTERNAL MEDICINE	2,495.50	2,134.45	2,139.00	2,480.30	2,139.00	1,843.90	2,139.00	2,420.10	85.5%	116.0%	86.2%	113.1%	1,175	3.4	4.2	7.6
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 04	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1,348.50	1,018.50	1,348.50	1,603.50	697.50	697.50	1,046.25	1,383.75	75.5%	118.9%	100.0%	132.3%	937	1.8	3.2	5.0
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 05	300 - GENERAL MEDICINE	314 - REHABILITATION	1,185.75	1,102.75	1,767.00	1,636.00	697.50	697.50	1,395.00	1,226.50	93.0%	92.6%	100.0%	87.9%	798	2.3	3.6	5.8
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 06	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1,348.50	1,166.00	1,348.50	1,223.50	697.50	697.50	1,046.25	1,132.75	86.5%	90.7%	100.0%	108.3%	923	2.0	2.6	4.6
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 07	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1,185.75	1,031.00	976.50	1,506.50	697.50	697.50	697.50	1,091.25	86.9%	154.3%	100.0%	156.5%	824	2.1	3.2	5.3
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 09	110 - TRAUMA & ORTHOPAEDICS	110 - TRAUMA & ORTHOPAEDICS	1,767.00	1,509.00	1,348.50	1,333.25	697.50	697.50	1,046.25	962.75	85.4%	98.9%	100.0%	92.0%	791	2.8	2.9	5.7
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 10	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1,162.50	946.50	1,426.00	1,183.94	496.00	482.50	1,426.00	1,323.50	81.4%	83.0%	97.3%	92.8%	914	1.6	2.7	4.3
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 13	100 - GENERAL SURGERY	502 - GYNAECOLOGY	1,348.50	1,186.50	976.50	979.50	697.50	697.50	697.50	697.50	88.0%	100.3%	100.0%	100.0%	799	2.4	2.1	4.5
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 14	100 - GENERAL SURGERY	101 - UROLOGY	1,581.00	1,377.00	1,185.75	1,221.00	1,046.25	731.25	697.50	753.75	87.1%	103.0%	69.9%	108.1%	727	2.9	2.7	5.6
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 16	192 - CRITICAL CARE MEDICINE	192 - CRITICAL CARE MEDICINE	1,541.00	1,541.00	519.00	519.00	1,550.25	1,550.25	-	-	100.0%	100.0%	100.0%	-	196	15.8	2.6	18.4
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 17	420 - PAEDIATRICS	420 - PAEDIATRICS	1,488.00	1,465.00	372.00	330.00	1,116.00	1,104.00	372.00	312.00	98.5%	88.7%	98.9%	83.9%	435	5.9	1.5	7.4
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 18	110 - TRAUMA & ORTHOPAEDICS	110 - TRAUMA & ORTHOPAEDICS	976.50	995.00	790.50	980.00	697.50	665.80	697.50	650.00	101.9%	124.0%	95.5%	93.2%	558	3.0	2.9	5.9
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 19	303 - CLINICAL HAEMATOLOGY	110 - TRAUMA & ORTHOPAEDICS	790.50	598.00	395.25	580.00	348.75	348.75	348.75	348.75	75.6%	146.7%	100.0%	100.0%	217	4.4	4.3	8.6
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 21	501 - OBSTETRICS	420 - PAEDIATRICS	744.00	713.00	384.00	372.00	744.00	732.00	360.00	336.00	95.8%	96.9%	98.4%	93.3%	488	3.0	1.5	4.4
Total					23,326.50	21,123.20	15,861.50	16,924.49	16,232.25	15,499.95	12,758.00	13,496.10	90.6%	106.7%	95.5%	105.8%	10,696	3.4	2.8	6.3

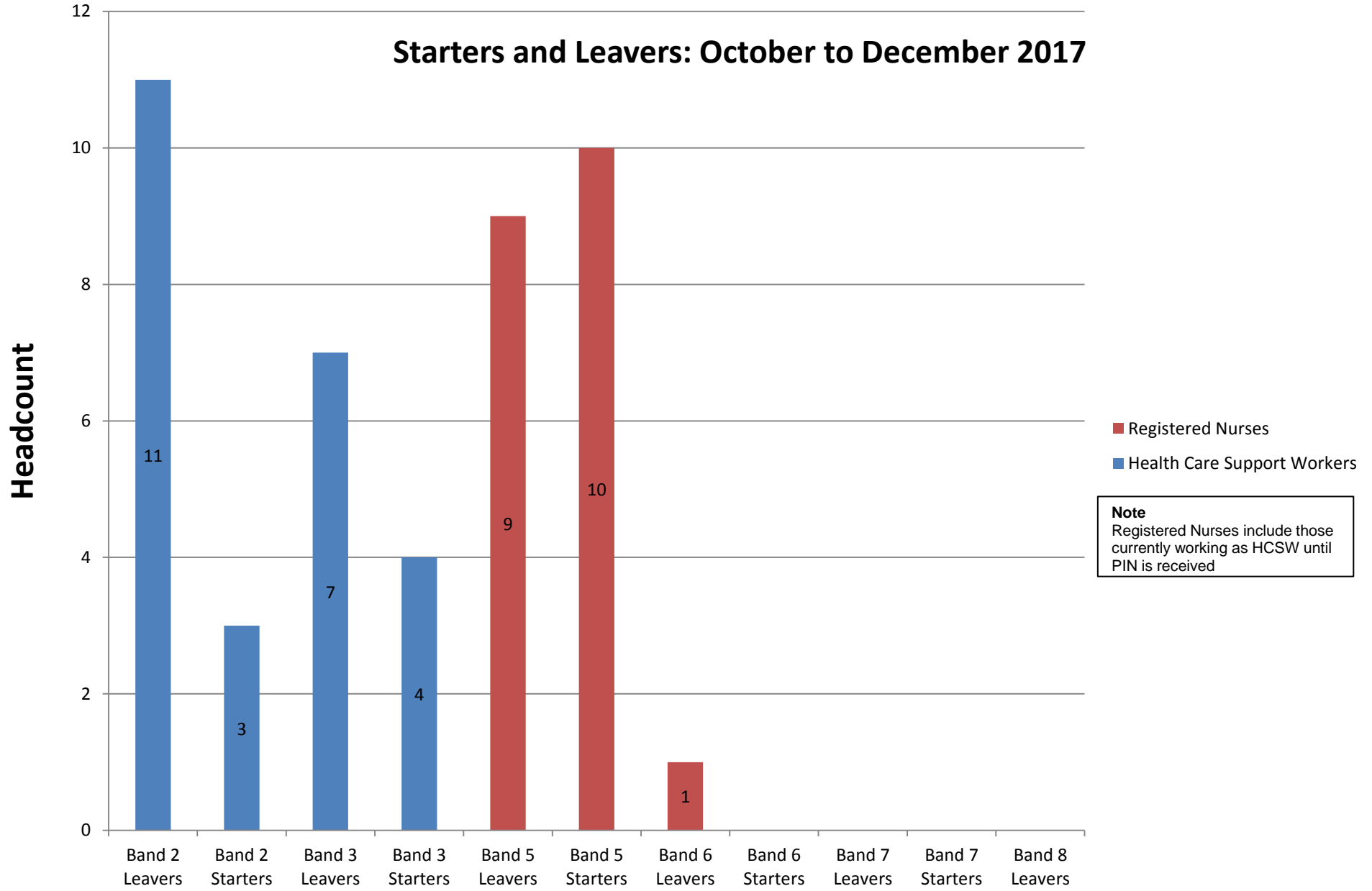
Registered Nurses/Midwives



Care Staff

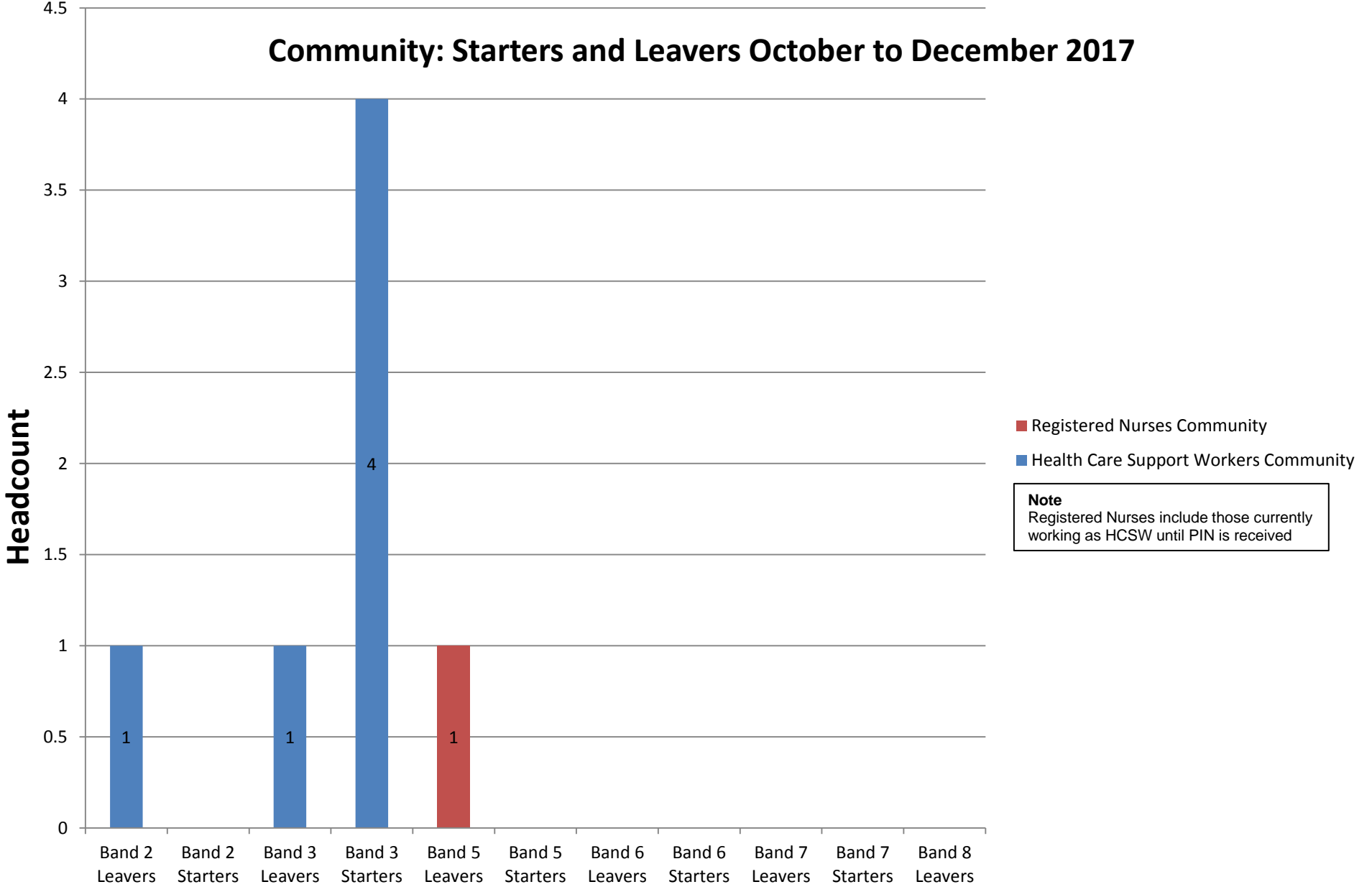


Starters and Leavers: October to December 2017



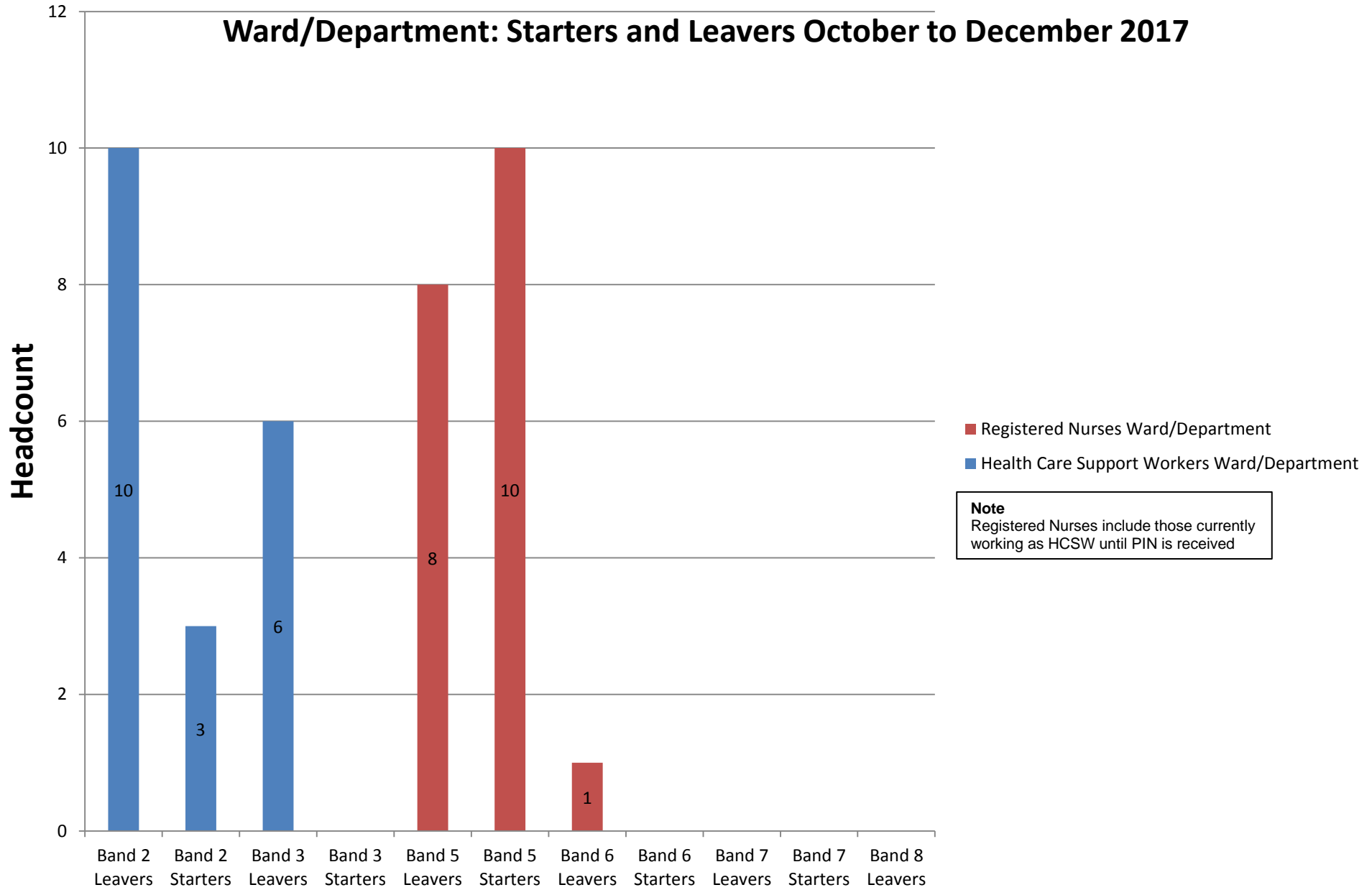
Note
Registered Nurses include those currently working as HCSW until PIN is received

Community: Starters and Leavers October to December 2017



Note
Registered Nurses include those currently working as HCSW until PIN is received

Ward/Department: Starters and Leavers October to December 2017



■ Registered Nurses Ward/Department
■ Health Care Support Workers Ward/Department

Note
 Registered Nurses include those currently working as HCSW until PIN is received