

## Board of Directors

<b>Date:</b>	26 September 2018	<b>Attachment Number:</b>	E								
<b>Title of Report:</b>	<b>Nursing and Midwifery Staffing Exception Report</b>										
<b>Purpose of the report and the key issues for consideration/decision:</b>	<p>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 August 2018 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.</p> <p>The key issues for consideration are:</p> <ul style="list-style-type: none"> <li>• The nurse staffing levels on the wards remains challenging. 10 areas out of the 17 areas are reporting fill rates below the 90% threshold for Registered Nurses on day shifts, with 5 of these wards being below 85%. These challenges are caused by a number of factors, vacancies and also the number of escalation beds opened, particularly in the medical wards.</li> <li>• The fill rates during August have become more challenging with the % of rotas filled by substantive staff being reduced this month due to annual leave, a reduction in the availability of temporary nurse staffing and some areas reporting high levels of long term sickness.</li> <li>• There are 18 newly qualified nurses intending to join the Trust in September 2018, an increase of 75% on the previous year at this time.</li> <li>• The teams are managing to hold the quality of care that they provide to patients as demonstrated in the metrics. However we are concerned about the resilience of the staff.</li> </ul>										
<b>Prepared by:</b>	Karen Walker, Deputy Director of Nursing										
<b>Presented by:</b>	Jill Asbury, Director of Nursing										
<b>Strategic Objective(s) supported by this paper:</b>	<table border="1"> <tr> <td><b>Financial Sustainability</b></td> <td>x</td> <td><b>Empower &amp; Engage Staff</b></td> <td>x</td> </tr> <tr> <td><b>Quality of Care</b></td> <td>x</td> <td></td> <td></td> </tr> </table>			<b>Financial Sustainability</b>	x	<b>Empower &amp; Engage Staff</b>	x	<b>Quality of Care</b>	x		
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<b>Quality of Care</b>	x										
<b>Is this on the Trust's risk register:</b>	<table border="1"> <tr> <td><b>No</b></td> <td></td> <td><b>Yes</b></td> <td>x</td> <td><b>If Yes, Score</b></td> <td>20</td> </tr> </table>			<b>No</b>		<b>Yes</b>	x	<b>If Yes, Score</b>	20		
<b>No</b>		<b>Yes</b>	x	<b>If Yes, Score</b>	20						
<b>Which CQC Standards apply to this report:</b>	Person Centred Care										

<b>Have all implications related to this report been considered: (please X)</b>	<table border="1"> <tr> <td><b>Finance Revenue &amp; Capital</b></td> <td><input type="checkbox"/></td> <td><b>Equality &amp; Diversity</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>National Policy/Legislation</b></td> <td><input type="checkbox"/></td> <td><b>Patient Experience</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>Human Resources</b></td> <td><input type="checkbox"/></td> <td><b>Terms of Authorisation</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>Governance &amp; Risk Management (BAF)</b></td> <td><input type="checkbox"/></td> <td><b>Other:</b></td> <td><input type="checkbox"/></td> </tr> </table>	<b>Finance Revenue &amp; Capital</b>	<input type="checkbox"/>	<b>Equality &amp; Diversity</b>	<input type="checkbox"/>	<b>National Policy/Legislation</b>	<input type="checkbox"/>	<b>Patient Experience</b>	<input type="checkbox"/>	<b>Human Resources</b>	<input type="checkbox"/>	<b>Terms of Authorisation</b>	<input type="checkbox"/>	<b>Governance &amp; Risk Management (BAF)</b>	<input type="checkbox"/>	<b>Other:</b>	<input type="checkbox"/>
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<b>Recommendations:</b>	The Board is asked to receive and note the contents of this paper.																

# Nursing and Midwifery Staffing Exception Report

## 26 September 2018

### 1. Context

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. (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) report that staffing the wards during August continued to be challenging. The causative factors remain vacancies and the number of escalation beds in use. Ward 1 have had escalation beds opened at times of increased pressure. The bed capacity on ward 7 has been reduced by 4 beds as the work on the bay to support Endoscopy development has now commenced, however ward 7 has continued to have 4 escalation beds opened and the acuity of patients has also been high. The beds on the stroke ward, currently still on ward 2, have been maintained at 24 and there has been an increase in the numbers of health care support workers in the nursing establishment.

The overall monthly Safer Staffing numbers for registered nurses demonstrate that during August 4 wards in ICG reported fill rates of below 90% for day shifts, in most areas the fill rates for unregistered staff were above 100% as additional healthcare support workers have been used to cover some of the gaps.

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

- 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 increase in the number of falls during August with 1 fall resulting in significant harm in the inpatient areas. The low number of category 2 pressure ulcers reported in August has been sustained; however 2 patients developed significant pressure ulcers. The care has been reviewed by the clinical team and have confirmed all appropriate measures were in place.

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

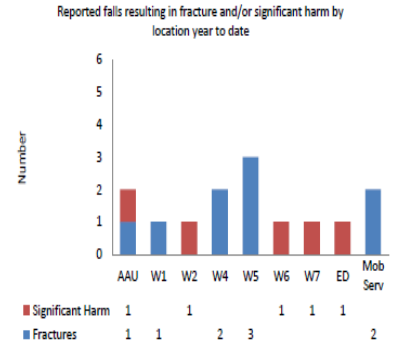
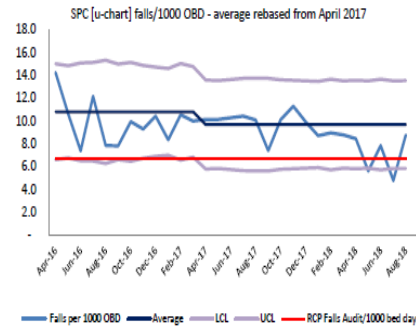
### Falls rate

Inpatient falls are a common cause of injury, pain, distress, delay in discharge and loss of independent living. In the 2015 RCP Falls Audit England and Wales, the Trust is the third highest reporter of inpatient falls per 1000 occupied bed days (OBD): 11.14 against a falls rate of 6.63 for participating organisations. As with all AEF data it cannot be assumed that this is the actual number of events.

The SPC chart shows the service group inpatient falls rate per 1000 OBD (depicted as a blue line). The red line indicates the national average. Falls are better than expected in **May & Jul 18** (opening of AAU increased denominator; Ward 10 reconfiguration).

This month: there was **1** reported falls resulting in sig. harm - **W6**.

Of the 2017/18 falls with harm, 10 resulted in a fractured neck of femur. YTD falls resulting in FNOF: 3 [W4, W5 & Mob. Services]

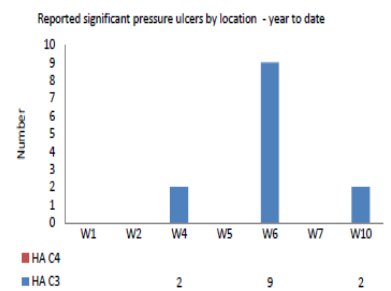
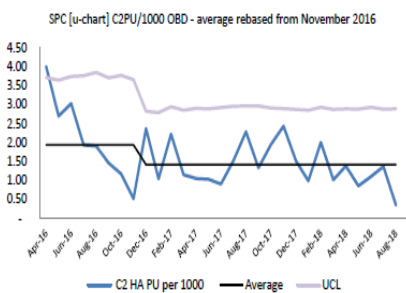


### C2 Pressure ulcer rate

Pressure ulcers can become infected, painful, increase length of hospital stay and reduce quality of life. Although some pressure ulcers are inevitable, many can be avoided. A particular area of focus is C2 hospital acquired pressure ulcer prevalence.

The service inpatient hospital acquired C2 pressure ulcer average rate is around 2 per 1000 occupied bed days.

PU clusters 2017/18: W6, W2. Significant service acquired inpatient PU reported this month: **3 hospital acquired C3 events - W4 and W6 [two events same patient] NB. From 1st June 2018 W10 pressure ulcers and quality markers are tracked on the Community Service Scorecard in line with change in operational delivery. The events reported here occurred prior to this move.**

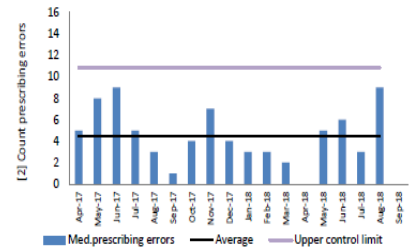
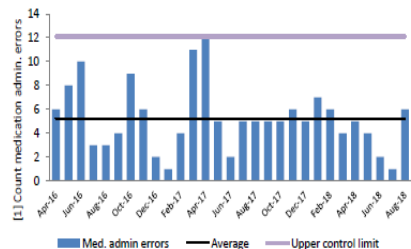


### Medication incidents

Medication errors are the second largest category of incidents after falls reported to the National Reporting and Learning System (NRLS). By identifying the cause of errors potential solutions can be implemented and patient safety enhanced.

The following charts show the number of [1] medication administration errors, & [2] prescribing errors. The upper control limit is set at three standard deviations from the average (indicated by the lavender line) and is included to identify when a process is displaying unusual behaviour.

All medication errors resulting  $\geq$  moderate harm YTD = 0



**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.

## Surgical Group

The wards in the Surgical Group continue to report challenges for staffing, with 5 areas reporting fill rates below the 90% threshold for day shifts. This is mainly due to the number of vacancies. Escalation beds were also opened in ward 14 for short periods.

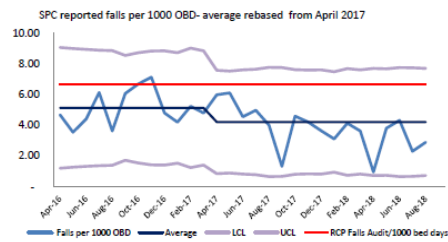
The wards in the surgical group report one fall during August resulting in fracture. The number of category 2 pressure ulcers reported during August has increased slightly, however no pressure ulcers reported of grade 3 or 4.

### 3.3 Patient Outcomes and Patient Experience for the Surgical Group

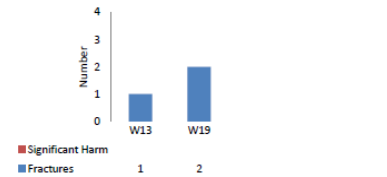
#### Falls rate

Inpatient falls are a common cause of injury, pain, distress, delay in discharge and loss of independent living. In the 2015 RCP Falls Audit England and Wales, the Trust is the third highest reporter of inpatient falls per 1000 occupied bed days (OBD): 11.14 against a falls rate of 6.63 for participating organisations. As with all AEF data it cannot be assumed that this is the actual number of events.

The SPC chart shows the inpatient falls rate per 1000 OBD (depicted as a blue line). The red line indicates the national average. Reported falls have decreased in the period; the average was rebased down in Apr 2017 to < 5 falls per 1000 OBD. Significant falls this month: 1 - # W19



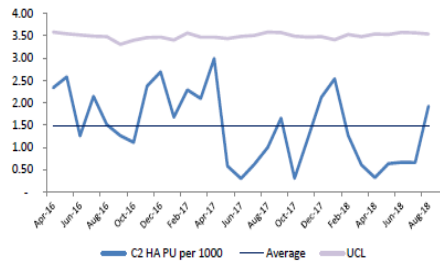
Reported falls resulting in fracture and/or significant harm by location - year to date



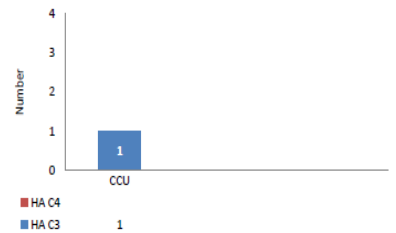
#### C2 Pressure ulcer rate

Pressure ulcers can become infected, painful, increase length of hospital stay and reduce quality of life. Although some pressure ulcers are inevitable, many can be avoided. A particular area of focus is C2 hospital acquired pressure ulcer prevalence.

Since April 2015, the service inpatient hospital acquired C2 pressure ulcer rate average is 1.6 per 1000 occupied bed days. Significant hospital acquired pressure ulcers [C3 & C4] reported this month: 0



Reported significant pressure ulcers by location - year to date



#### Medication incidents

Medication errors are the second largest category of incidents after falls reported to the National Reporting and Learning System (NRLS). By identifying the cause of errors potential solutions can be implemented and patient safety enhanced.

The following charts show the number of [1] medication administration errors, & [2] prescribing errors. The upper control limit is set at three standard deviations from the average (indicated by the lavender line) and is included to identify when a process is displaying unusual behaviour. Medication incidents  $\geq$  moderate harm YTD: 2 - [1] Radiology - reaction to contrast Apr 18; [2] Ward 14 oral antibiotics prescribed - contra indicated Jul 18.

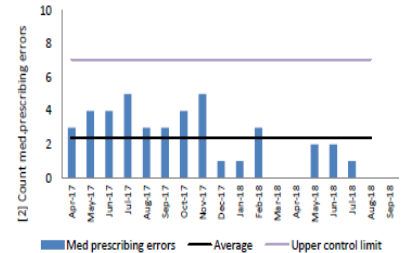
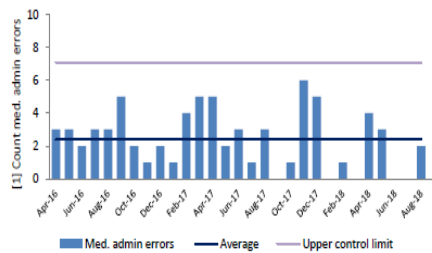


Figure 2

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.

### 3.4 Women and Children's Services

Children's Unit report low fill rates for registered nurses during August, however the bed occupancy has been low.

In maternity registered midwife staffing was good with planned versus actual shifts achieving almost 100% in all areas on day shifts. The midwife to birth ratio is 1:28 which is an appropriate ratio for the nature of the service, i.e. not a tertiary service. 1:1 care in labour 96%

### 4.0 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
- Matron of the day will hold the unit bleeps, alleviating the ward sisters from this task; therefore the matron of the day will be receiving the sickness calls.
- Additional health care assistants are being utilised to support the registered nurse gaps
- Matrons continue to undertake late shifts until 22.00hrs during the week

- The senior nurse cover on the weekends has been reviewed, and the Saturday cover is no longer in place, with the Sunday cover being provided by a Senior Sister.

## 5.0 Care Hours per Patient Day (CHPPD)

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

New guidance has been received from NHSI. From September 2018 the CHPPD data will be published at Trust and ward level on My NHS and NHS Choices. The guidance also describes how the publication of CHPPD will replace current staff fill rates. The guidance explains that any Allied Health Professionals who are included in the nursing establishment also need to be included in the data submission. For Airedale NHS Foundation Trust this will just apply to the intermediate care ward, ward 10 at this point in time, as the leader of that ward is a physiotherapist. We will continue to benchmark our current position against the information available in the Model Hospital data. There is currently no mandate for set staffing levels in England, unlike Wales where from April 2018 staffing levels were mandated, of note is that the RCN is leading a campaign to introduce similar standards in hospitals in England, this is expected to be a long term campaign.

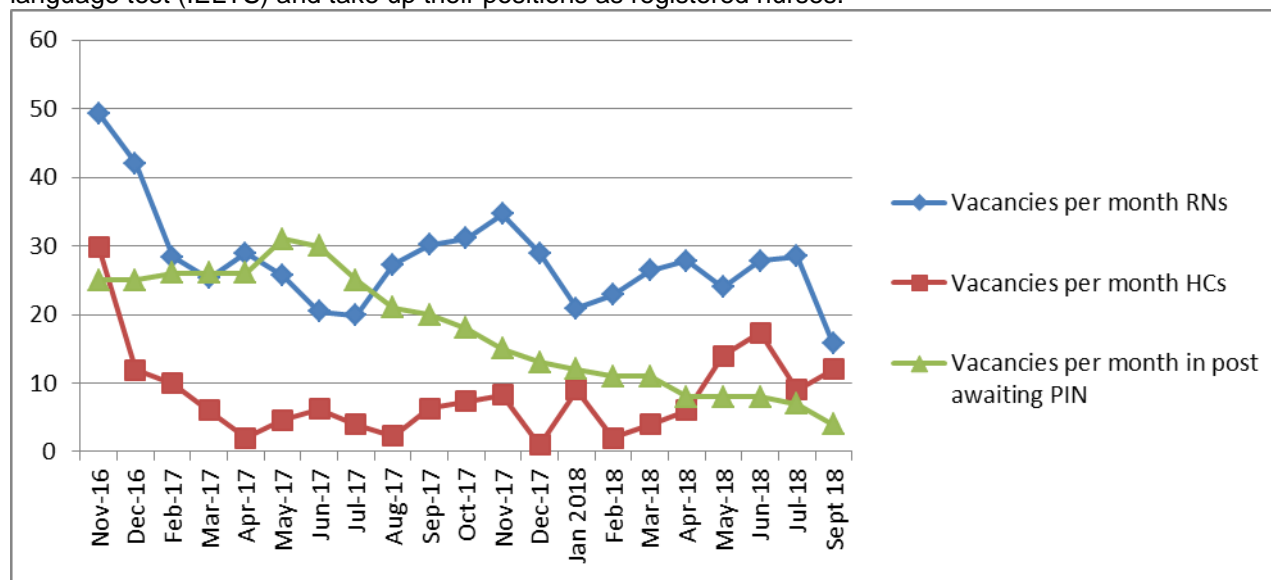
Whilst for national reporting CHPPD will replace fill rates the Board requested that it continued to see the fill rates for ANHSFT.

## 6.0 Workforce developments

'Keep in Touch' events have been held following the recruitment sessions, and these continue over the coming months, with good attendance. There are 18 newly qualified nurses due to take up post in September 2018. Plans are underway to ensure preceptorship is in place along with recruiting a registered nurse into a pastoral post to support the new recruits.

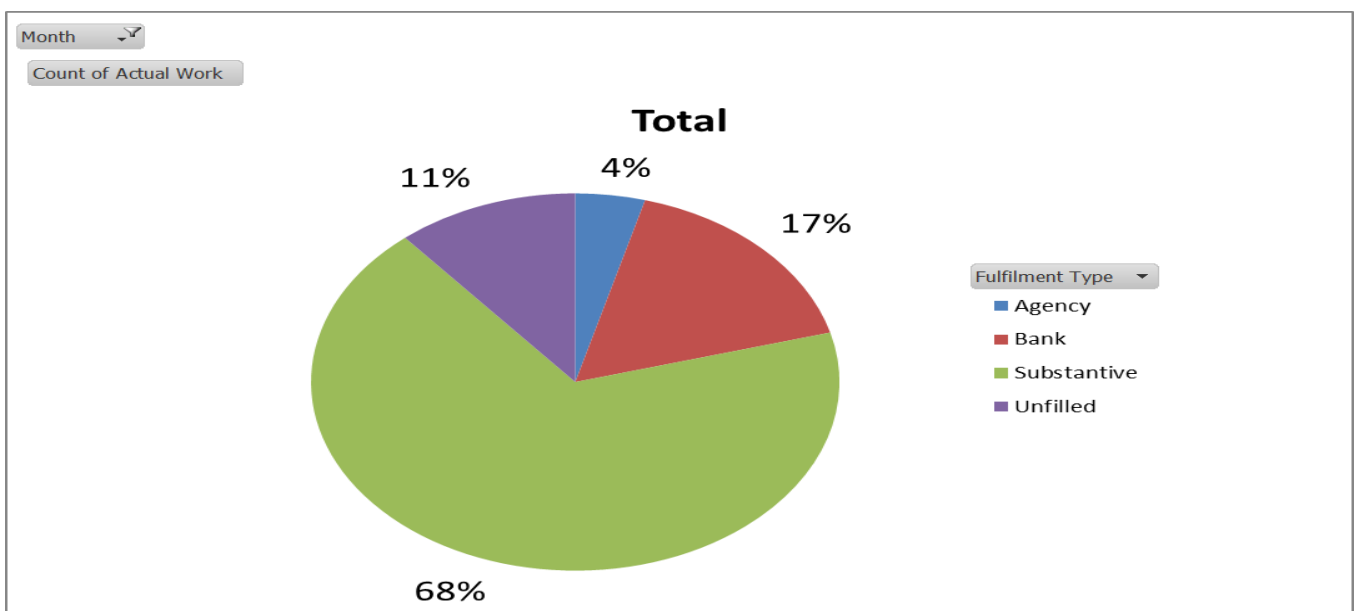
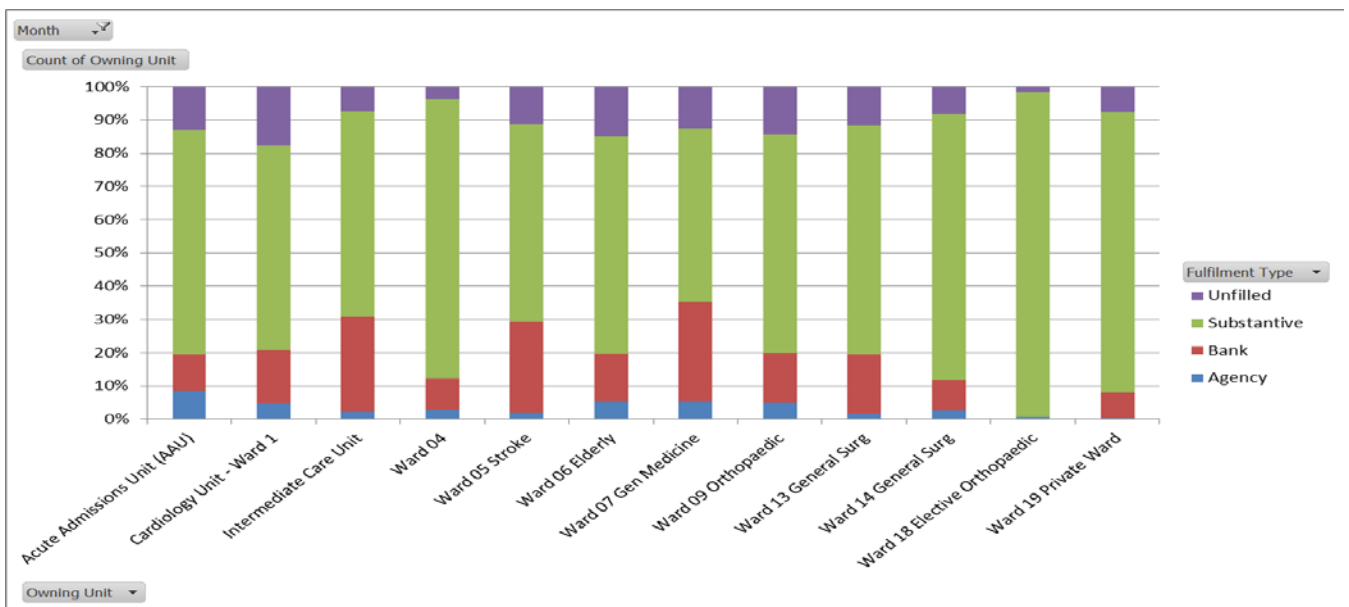
### Vacancy Tracker:

The graph below shows the wte vacancies assuming the 4 international nurses will pass their international English language test (IELTS) and take up their positions as registered nurses.



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

The number of vacancies in RN does not include the 8.6wte posts on ward 4 and 6 which are being covered by Healthcare support workers employed in fixed term contracts. The student nurses who have been offered posts have been incorporated into these figures. The number of recruits from overseas working towards registration has reduced to 4 due to a number of staff leaving. The remaining 4 continue to study towards achieving the required English language standard.



**Graph 2 – Temporary staff use data for August.**

The use of temporary staff is demonstrated in graph 2 for the month of August by ward. During the summer months there is a reduced % of the rotas filled by substantive staff, and this is felt to be a reflection of the annual leave being at maximum uptake. In addition to this some areas are reporting increased numbers of staff on long term sick. The ward sisters/charge nurses have confirmed that there is adequate support from HR in relation to sickness management.

## 7. Conclusions

During August the nurse staffing levels have been under continued pressure, with 88% overall fill rate and no summer lull to enable re-charge. The teams are managing to hold the quality of care that they provide to patients as demonstrated in the metrics. However we are concerned about the resilience of the staff and will be exploring ways to support this with the ward sisters/charge nurses.

## 8. 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.

# Safe Staffing (Rota Fill Rates and CHPPD) Collection

Organisation: RCF Airedale NHS Foundation Trust  
 Period: August\_2018-19

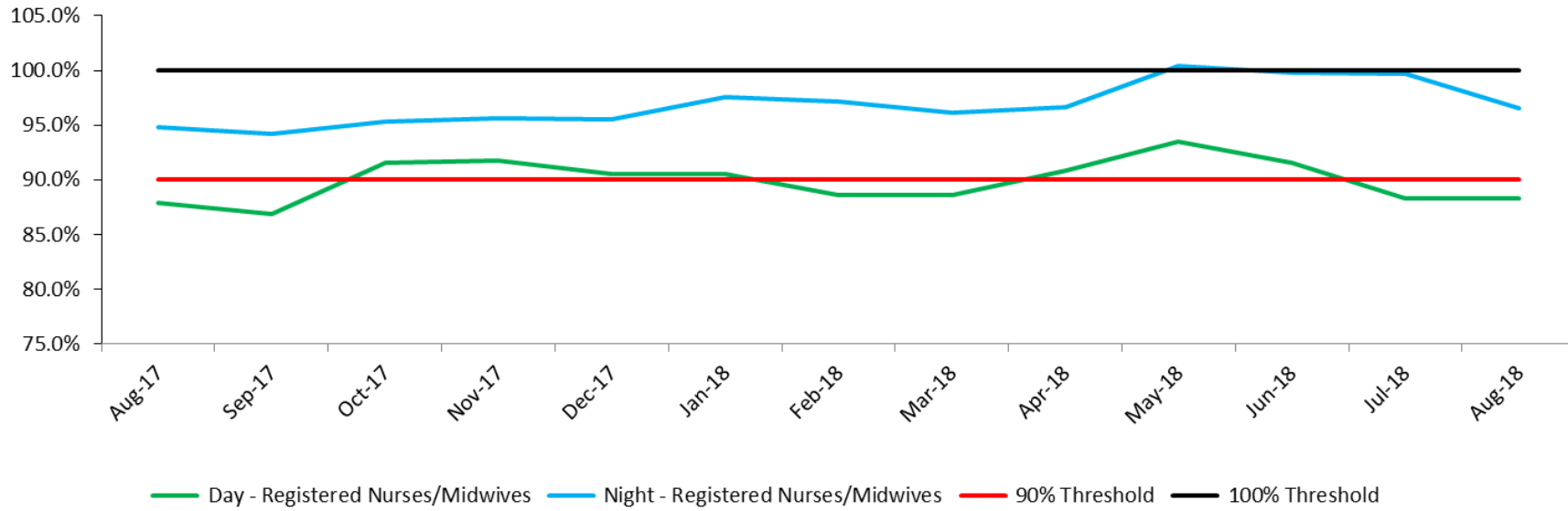
Please provide the URL to the page on your trust website where your staffing information is available  
 (Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

Only complete sites your organisation is accountable for

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	Acute Assessment Unit	300 - GENERAL MEDICINE	100 - GENERAL SURGERY	2,139.0	1,800.3	2,494.0	2,739.5	1,874.7	1,527.5	2,530.0	2,816.0	84.2%	109.8%	81.5%	111.3%	1,105	3.0	5.0	8.0
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Labour Suite	501 - OBSTETRICS		2,072.0	2,072.0	372.0	372.0	2,028.0	1,980.0	360.0	348.0	100.0%	100.0%	97.6%	96.7%	215	18.8	3.3	22.2
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Neonatal Unit	422 - NEONATOLOGY		1,152.0	1,152.0	144.0	144.0	1,092.0	1,092.0	48.0	48.0	100.0%	100.0%	100.0%	100.0%	186	12.1	1.0	13.1
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 01	320 - CARDIOLOGY		945.5	982.8	414.0	476.0	713.0	871.0	356.5	505.5	103.9%	115.0%	122.2%	141.8%	396	4.7	2.5	7.2
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 02	300 - GENERAL MEDICINE	314 - REHABILITATION	1,185.8	1,034.5	1,767.0	1,799.1	697.5	697.5	1,395.0	1,391.9	87.2%	101.8%	100.0%	99.8%	733	2.4	4.4	6.7
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 04	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	976.5	973.0	1,720.5	1,716.3	697.5	695.5	1,395.0	1,428.8	99.6%	99.8%	99.7%	102.4%	926	1.8	3.4	5.2
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 06	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1,348.5	854.0	1,348.5	1,631.8	697.5	699.8	1,046.3	1,140.5	63.3%	121.0%	100.3%	109.0%	927	1.7	3.0	4.7
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 07	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1,185.8	1,027.5	976.5	1,487.4	697.5	674.8	697.5	1,068.7	86.7%	152.3%	96.7%	153.2%	852	2.0	3.0	5.0
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 09	110 - TRAUMA & ORTHOPAEDICS		1,767.0	1,389.0	1,348.5	1,468.0	697.5	697.5	1,046.3	1,162.3	78.6%	108.9%	100.0%	111.1%	851	2.5	3.1	5.5
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 10	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1,162.0	1,117.5	1,846.0	1,717.5	582.0	430.5	1,426.0	1,378.0	96.2%	93.0%	74.0%	96.6%	901	1.7	3.4	5.2
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 13	100 - GENERAL SURGERY	502 - GYNAECOLOGY	1,348.5	1,116.0	976.5	990.0	697.5	697.5	697.5	708.8	82.8%	101.4%	100.0%	101.6%	851	2.1	2.0	4.1
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 14	100 - GENERAL SURGERY	101 - UROLOGY	1,162.5	997.0	1,007.5	1,131.0	697.5	661.8	697.5	796.8	85.8%	112.3%	94.9%	114.2%	780	2.1	2.5	4.6
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 16	192 - CRITICAL CARE MEDICINE		1,702.0	1,690.5	394.0	394.0	1,619.8	1,608.3	73.8	73.8	99.3%	100.0%	99.3%	100.0%	164	20.1	2.9	23.0
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 17	420 - PAEDIATRICS		1,488.0	1,258.0	744.0	481.0	1,116.0	1,092.0	-	2.0	84.5%	64.7%	97.8%	-	282	8.3	1.7	10.0
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 18	110 - TRAUMA & ORTHOPAEDICS		837.0	622.0	744.0	632.5	348.8	348.8	348.8	348.8	74.3%	85.0%	100.0%	100.0%	159	6.1	6.2	12.3
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 19	303 - CLINICAL HAEMATOLOGY	100 - GENERAL SURGERY	976.5	768.3	465.0	508.5	697.5	631.8	-	44.0	78.7%	109.4%	90.6%	-	319	4.4	1.7	6.1
RCF22	AIREDALE GENERAL HOSPITAL - RCF22	Ward 21	501 - OBSTETRICS	420 - PAEDIATRICS	684.0	684.0	360.0	360.0	696.0	696.0	372.0	372.0	100.0%	100.0%	100.0%	100.0%	277	5.0	2.6	7.6
<b>Total</b>					<b>22,132.5</b>	<b>19,538.3</b>	<b>17,122.0</b>	<b>18,048.5</b>	<b>15,650.2</b>	<b>15,102.1</b>	<b>12,490.0</b>	<b>13,633.7</b>	<b>88.3%</b>	<b>105.4%</b>	<b>96.5%</b>	<b>109.2%</b>	<b>9,924</b>	<b>3.5</b>	<b>3.2</b>	<b>6.7</b>



### Registered Nurses/Midwives



### Care Staff

