

Board of Directors

Date:	27 March 2019	Attachment Number:	9(vi)
Title of Report:	Monthly Nursing and Midwifery Staffing Report		
Purpose of the report and the key issues for consideration/decision:	<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 monthly nursing and midwifery staffing report for February 2019 in response to the publication of <i>Hard Truths: Putting Patients First</i> (Department of Health, 2014), providing information on the planned versus actual nursing and midwifery staffing fill rates along with the care hours per patient day (CHPPD) by ward.</p> <p>The key issues for consideration are:</p> <p>Fill Rates: 6 areas out of the 17 areas are reporting fill rates below the 90% threshold for Registered Nurses on day shifts. These are the result of vacancies and the number of escalation beds open during this period, particularly in the medical wards. To mitigate this there has been an increased use of healthcare support workers, therefore the fill rates for unregistered staff exceeds 100% in most clinical areas.</p> <p>Midwifery ratios: 1 : 28 within range for a non-tertiary service</p> <p>RN Vacancies: The registered nurse vacancy figure is now at 42.5wte. Recruitment activity is taking place with an Open Evening that did take place on 7 March. This was a successful evening with 15 job offers made, 3 to take up post once employment checks processed, others to start once completed their training in September.</p> <p>Nursing Associates: The first cohort of 5 have received their PINs, and are now going through preceptorship period, supported by the Pastoral nurse who is now in post.</p> <p>Safety: In ICG the number of category 2 pressure ulcers reported has increased, however this is still within normal variation and will be monitored.</p> <p>Specific ward areas have reported increased numbers of patients requiring enhanced supervision. Bank and agency staff have been booked to support these care needs, however there have been occasions when these shifts have not been filled due to lack of availability of staff. In the ward areas with high numbers of patients who require enhanced supervision who are mobile, the ward leaders are describing concerns about the impact limited fill rates can have on those less mobile and who are more reliant on staff for care and support</p> <p>People: Concern remains about the resilience of the staff and the sustainability of this position in the longer term, particularly in the Integrated Care Group.</p>		

	<p>Staff are being moved to work on wards requiring increased support, and this is starting to impact on morale. The Deputy Director of Nursing continues to receive the Emoji feedback cards and is sharing the comments, both positive and negative, with the appropriate areas. As described above, additional healthcare support workers are used, and additional nursing associates are being explored. We are exploring incentivised bank rates and considering ward based enhanced supervision teams in specific areas. The focus on patient flow and the corresponding reduction in our escalation beds will have the greatest influence on reducing staff movement.</p> <p>Winter: Ward 20 has been opened for periods during February, in line with winter plan.</p>																
Prepared by:	Karen Walker, Deputy Director of Nursing																
Presented by:	Jill Asbury, Director of Nursing																
Strategic Objective(s) supported by this paper:	<table border="1" data-bbox="517 801 1506 916"> <tr> <td>Financial Sustainability</td> <td><input checked="" type="checkbox"/></td> <td>Empower & Engage Staff</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Quality of Care</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> </table>	Financial Sustainability	<input checked="" type="checkbox"/>	Empower & Engage Staff	<input checked="" type="checkbox"/>	Quality of Care	<input checked="" type="checkbox"/>										
Financial Sustainability	<input checked="" type="checkbox"/>	Empower & Engage Staff	<input checked="" type="checkbox"/>														
Quality of Care	<input checked="" type="checkbox"/>																
Is this on the Trust's risk register:	<table border="1" data-bbox="517 965 1506 1023"> <tr> <td>No</td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input checked="" type="checkbox"/></td> <td>If Yes, Score</td> <td>20</td> </tr> </table>	No	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	If Yes, Score	20										
No	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	If Yes, Score	20												
Which CQC Standards apply to this report:	Person Centred Care																
Have all implications related to this report been considered: (please X)	<table border="1" data-bbox="517 1169 1506 1435"> <tr> <td>Finance Revenue & Capital</td> <td><input type="checkbox"/></td> <td>Equality & Diversity</td> <td><input type="checkbox"/></td> </tr> <tr> <td>National Policy/Legislation</td> <td><input type="checkbox"/></td> <td>Patient Experience</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Human Resources</td> <td><input checked="" type="checkbox"/></td> <td>Terms of Authorisation</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Governance & Risk Management (BAF)</td> <td><input checked="" type="checkbox"/></td> <td>Other:</td> <td><input type="checkbox"/></td> </tr> </table>	Finance Revenue & Capital	<input type="checkbox"/>	Equality & Diversity	<input type="checkbox"/>	National Policy/Legislation	<input type="checkbox"/>	Patient Experience	<input checked="" type="checkbox"/>	Human Resources	<input checked="" type="checkbox"/>	Terms of Authorisation	<input type="checkbox"/>	Governance & Risk Management (BAF)	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Finance Revenue & Capital	<input type="checkbox"/>	Equality & Diversity	<input type="checkbox"/>														
National Policy/Legislation	<input type="checkbox"/>	Patient Experience	<input checked="" type="checkbox"/>														
Human Resources	<input checked="" type="checkbox"/>	Terms of Authorisation	<input type="checkbox"/>														
Governance & Risk Management (BAF)	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>														
Action Required: (please X)	<table border="1" data-bbox="517 1491 1506 1563"> <tr> <td>Approve</td> <td><input type="checkbox"/></td> <td>Discuss</td> <td><input type="checkbox"/></td> <td>Receive for information</td> <td><input checked="" type="checkbox"/></td> <td>Decision</td> <td><input type="checkbox"/></td> </tr> </table>	Approve	<input type="checkbox"/>	Discuss	<input type="checkbox"/>	Receive for information	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>								
Approve	<input type="checkbox"/>	Discuss	<input type="checkbox"/>	Receive for information	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>										
Previously Considered By:	<table border="1" data-bbox="517 1615 1506 1680"> <tr> <td><input type="text"/></td> <td>Date:</td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	Date:	<input type="text"/>													
<input type="text"/>	Date:	<input type="text"/>															
Recommendations:	The Board is asked to receive and note the contents of this paper.																

Nursing and Midwifery Staffing Report February 2019

1 Context

This monthly 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 a 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, CHPPD and fill rates do not denote acuity and dependency or bed occupancy. The ward teams consistently risk assess and flex staffing resources to ensure safety is maintained and this is explored more fully in section 5.

2 Integrated Care Group

The report describes how ward staffing in the Integrated Care Group (ICG) during February continued to be challenging. The causative factors remain vacancies and the number of escalation beds in use. In line with the Winter Plan, this has affected Wards 1 and 7 in this group, with the acuity of patients in all areas being high. In addition to this ward 6 remains located on ward 2 with additional beds opened. The beds on the stroke ward have been maintained at 24.

The overall monthly Safer Staffing numbers for registered nurses indicate that during February 3 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 support the deficit in RN numbers at times when bank / agency staff were unavailable. There were no night shifts during February with 1 RN on duty in ICG.

In addition to this HCSWs have, and continue to be booked, to meet the enhanced supervision requirements of patients needing this level of support. In some ward areas, where the patients with enhanced supervision requirements are more mobile, the ward leaders are describing the impact this has on patients who are less mobile and are more reliant on staff for care and support, particularly if the additional shifts requested go unfilled.

The number of patient falls reported in the ICG is similar to the previous month, and 2 patients did sustain a fracture following a fall. Investigation into the falls has confirmed that the patients had the appropriate risk assessments performed and the necessary support in place as a result. However, a table top exercise is planned to review the falls to identify if there is any additional learning. The number of category 2 pressure ulcers reported has increased with 1 grade 4 being reported during February. Despite the number of pressure ulcers reported being within normal variation, the Tissue Viability Nurse is working with the teams around React to Red training.

The senior nurse in AAU has introduced a different approach to the patient safety walkrounds and this is evaluating very well, all disciplines of staff are involved, and early indications are that patient experience has improved, and the unit reported a period of 22 falls free days this month.

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

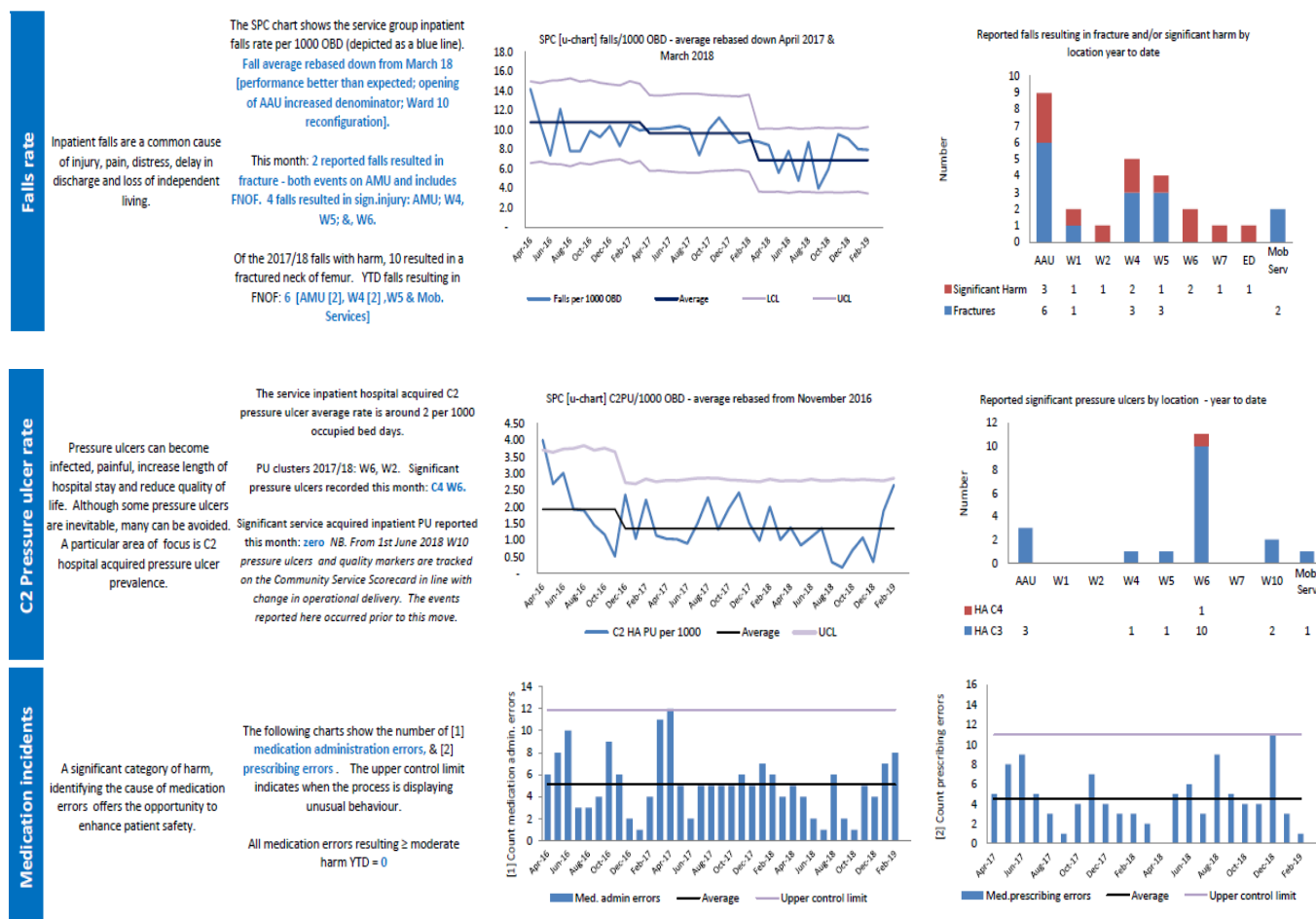


Figure 1

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 Surgical Group

The wards in the Surgical Group continue to report challenges for staffing, with 3 areas reporting fill rates below the 90% threshold for day shifts. This is mainly due to the number of vacancies and maternity leave in ward areas. Escalation beds have been opened in ward 14 and this is expected to continue for the foreseeable future. In February Ward 19 reported 1 night shift where there was just 1 RN on shift, this was due to surge requirements, and additional healthcare support workers were used to support cares. Additional RN support was provided from the neighbouring ward, ward 18, and across the 2 ward areas the maximum number of patients cared for by the 2 RNs and healthcare support workers did not exceed 21 patients. Staff did not report any detriment to patient care. Ward 18, the elective orthopaedic ward does have shifts with 1 RN, however this is planned due to patient numbers and does flex depending on theatre cases. The staffing fill rate for critical care unit did fall below the 90% threshold for night shifts. This was as a result of staff being moved from the unit to support other areas overnight, and did only occur when the patient acuity on the unit was low, and therefore this could be facilitated safely.

The wards in the surgical group report a similar number of falls during February, and no falls resulting in fracture or significant harm. The team have reported an increased number of patients requiring increased levels of supervision and this has been delivered by increasing the numbers of staff via the bank. The number of category 2 pressure ulcers reported during February has decreased with no patients developing pressure ulcers of grade 3 or 4.

3.1 Patient Outcomes and Patient Experience for the Surgical Group

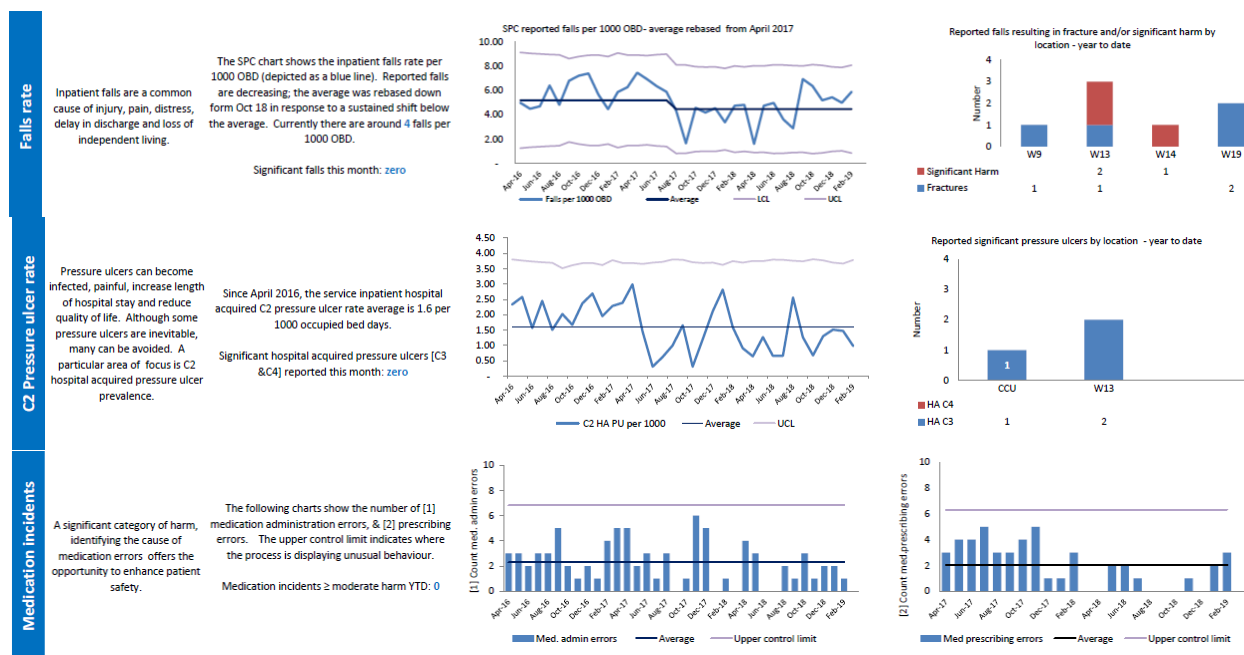


Figure 2

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.

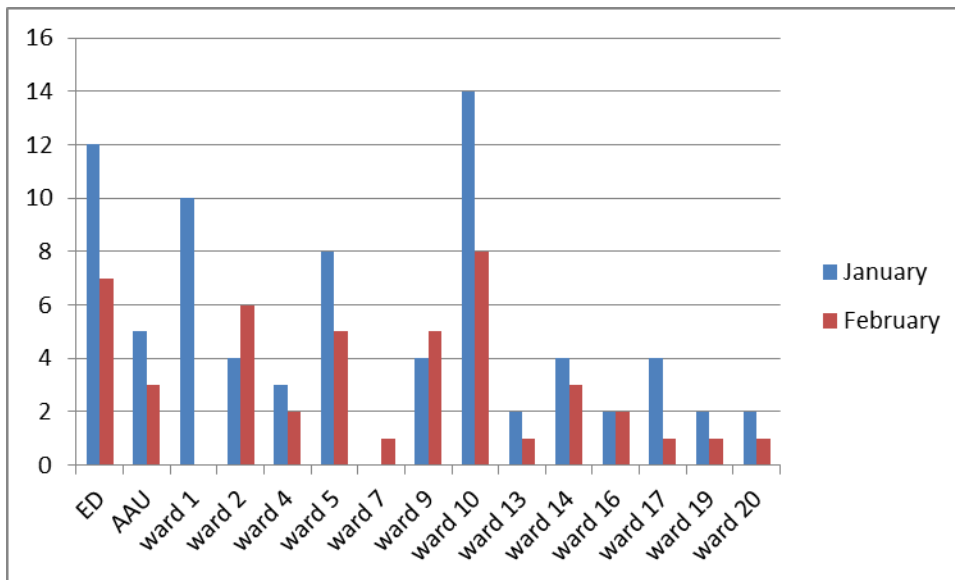
4 Women and Children's Services

Children's Unit fill rates have improved during February, however the patient dependency has increased. The staffing of the unit is being supported by skilled temporary staff.

In maternity midwifery staffing was good with fill rates and planned / actual plans 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. The team have report achieving 95% of one-to-one care during February.

5 Pressures Experienced by the Nursing Teams

The nursing staff are encouraged to use the incident reporting process for reporting any concerns they have in relation to nurse staffing levels and how this may impact on nursing care. Graph 1 demonstrates the number of AEFs submitted per ward during the month of January and February where nurse staffing levels were a cause for concern to the ward staff. On reviewing the areas reporting these issues, ward 10, the intermediate care unit, have submitted AEFs as a result of healthcare support workers being moved to support other ward areas which has affected their staffing levels. There are no AEFs reporting harm to patients that correlate with these staffing AEFs; however there is impact on the staff as they report working their shift and being unable to take adequate meal breaks. This theme is also being shared informally during walkrounds and listening events which have been held. ED has submitted AEFs when there has been a surge in activity and the staffing levels have not matched the demand. The majority of the AEFs relate to the night shifts where support from other areas is not always available to provide that cover for meal breaks.



Graph 1 The number of AEFs submitted during February 2019 for staffing issues

The matrons and senior nurses monitor the AEFs for any correlation between patient harm and the staffing issues being escalated. Another metric used is the Safety Thermometer Data. This is a point prevalence study which is carried out each month and is presented to Trust Board in the Patient Safety Scorecard. Table 1 is the data relating to new harms only. We will be benchmarking against other organisations to determine if we are an outlier, mindful of the methodology.

Measure	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19
Sample size	462	415	410	464	429	433	422	432	409	456	469
Pressure ulcers new	10	8	6	1	5	2	5	3	6	6	8
Falls with harm	5	0	1	2	1	1	3	1	2	2	5
Catheters and new UTIs	3	2	2	3	3	4	4	2	1	4	4
New VTE's	0	1	0	1	0	0	1	3	2	2	0
Total new harms	18	10	9	7	8	6	13	9	11	14	17
% of Patients developed new harm in our care	3.9%	2.4%	2.2%	1.5%	1.9%	1.4%	3.1%	2.1%	2.7%	3%	3.6%

Table 1 – Safety Thermometer Data Extract

5.1 Actions Taken to Support the Nursing Teams

- 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 are being utilised to support the registered nurse gaps
- Matrons continue to undertake late shifts until 22.00hrs during the week
- Staff are being moved to areas identified in need of additional support. Staff are encouraged to complete the emoji feedback cards to the Deputy Director of Nursing who then shares the comments, positive or negative, with the appropriate areas.

- Heads of Nursing and HR have met with the nurse agencies, to explore offering block bookings to interested nurses and this has been implemented where possible and continues to be considered.
- Nurses working in non-clinical settings have been providing support to the delivery of cares.

6.0 Care Hours per Patient Day (CHPPD)

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

We continue to benchmark our position against the information available in the Model Hospital data.

7.0 Workforce developments

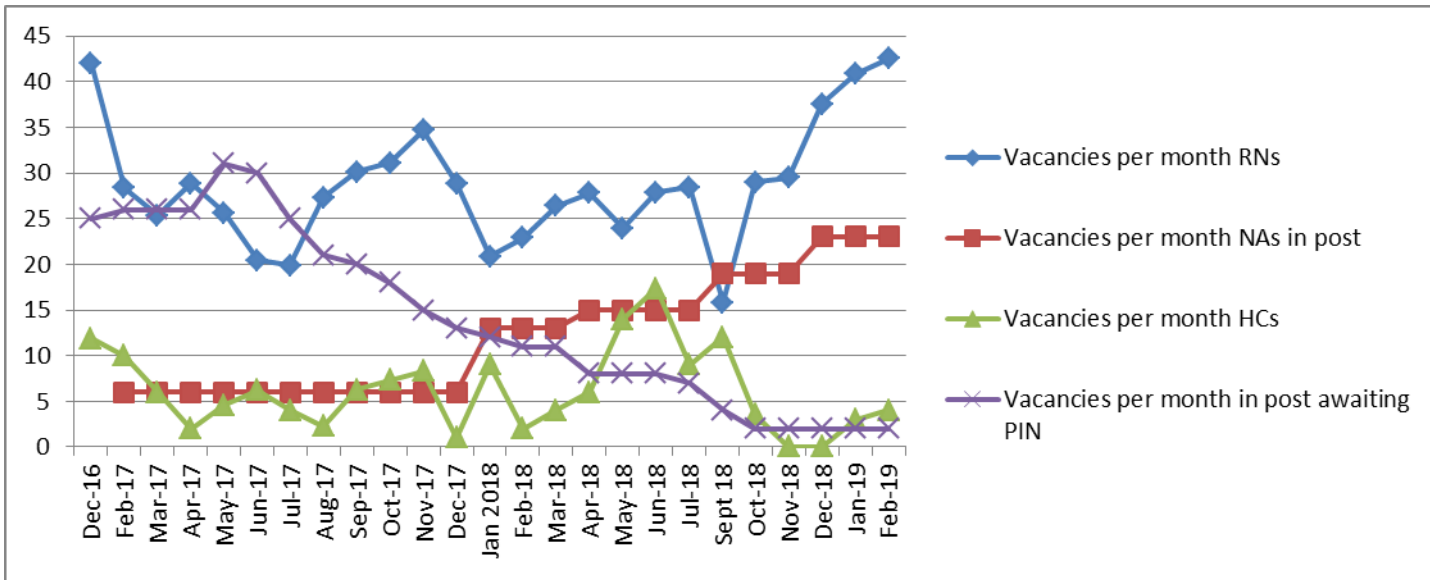
There continues to be progress with developments in the nursing workforce which are outlined in this section. The Trust is participating in cohort 4 of the NHSI recruitment and retention work. Specific focussed work will start in the next few months and report to the current recruitment and retention meeting which is held monthly. NHSI visited the Trust on the 28 January as part of the retention work. The work will focus on the Retire and Return offer for registered nurses and enhancing the information received from leavers, particularly the exit questionnaires and interviews. The introduction of 'stay interviews' with our new starters has been launched by the recently appointed Pastoral nurse and early indications is that this is being well received by our new starters.

7.1 Recruitment

A local recruitment event was held in early March which was a success with 15 job offers made, 3 of which can take up post very soon, the others will start on completion of training in September. In addition to this, several members of the nursing team attended the February RCN recruitment event in Manchester, however this was disappointing. Recruiting newly registered nursing associates is also in the recruitment plan with adverts planned for the month of May.

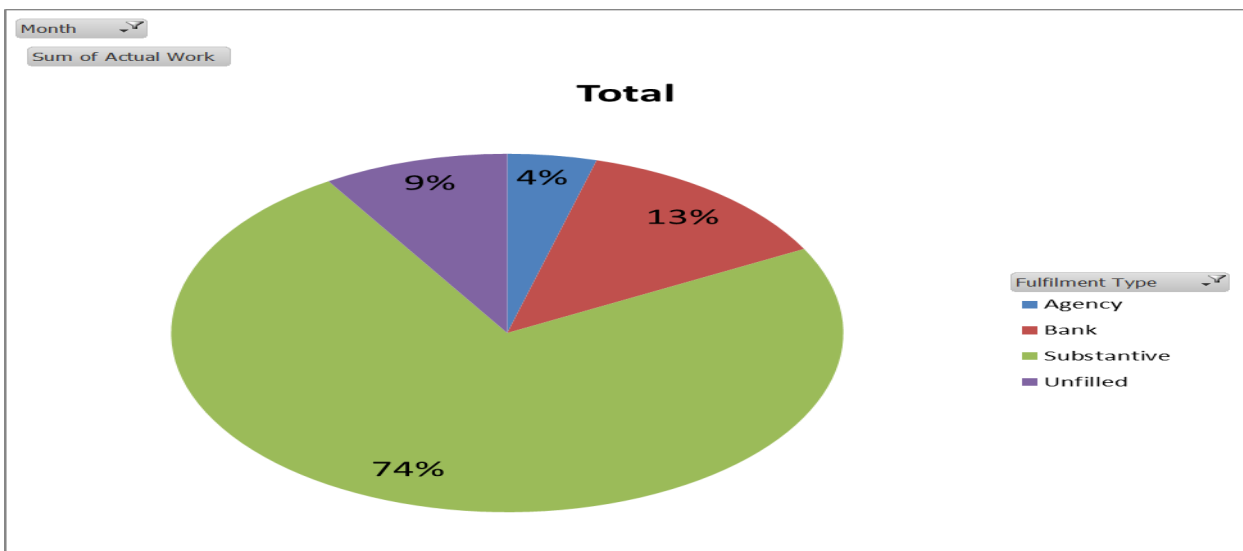
Vacancy Tracker:

The graph below shows the wte vacancies assuming the 2 international nurses will pass their international English language test (IELTS) and take up their positions as registered nurses.



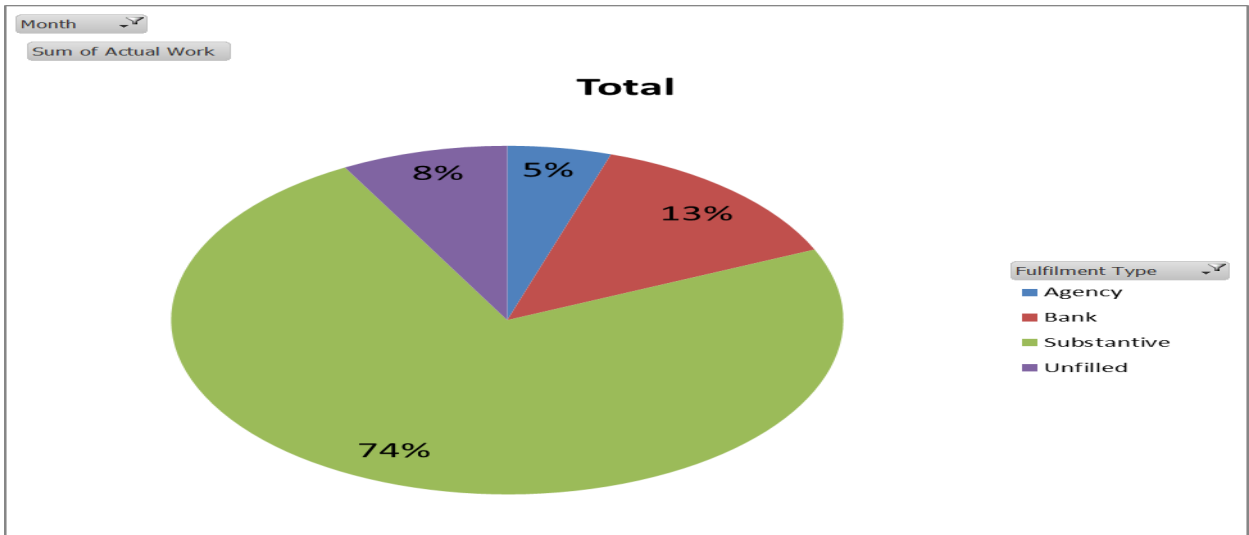
Graph 2 – Number of wte vacancies in the acute nursing teams.

There are currently 2 nurses in post who are working towards achieving the necessary standard to register with the NMC.

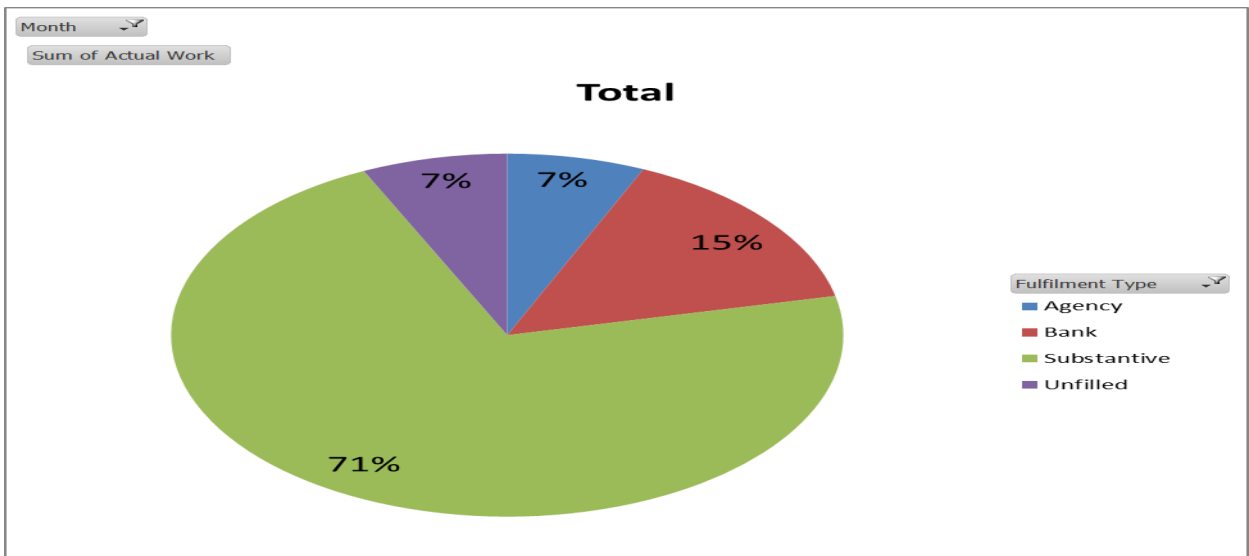


Graph 3 – Temporary staff use data for December

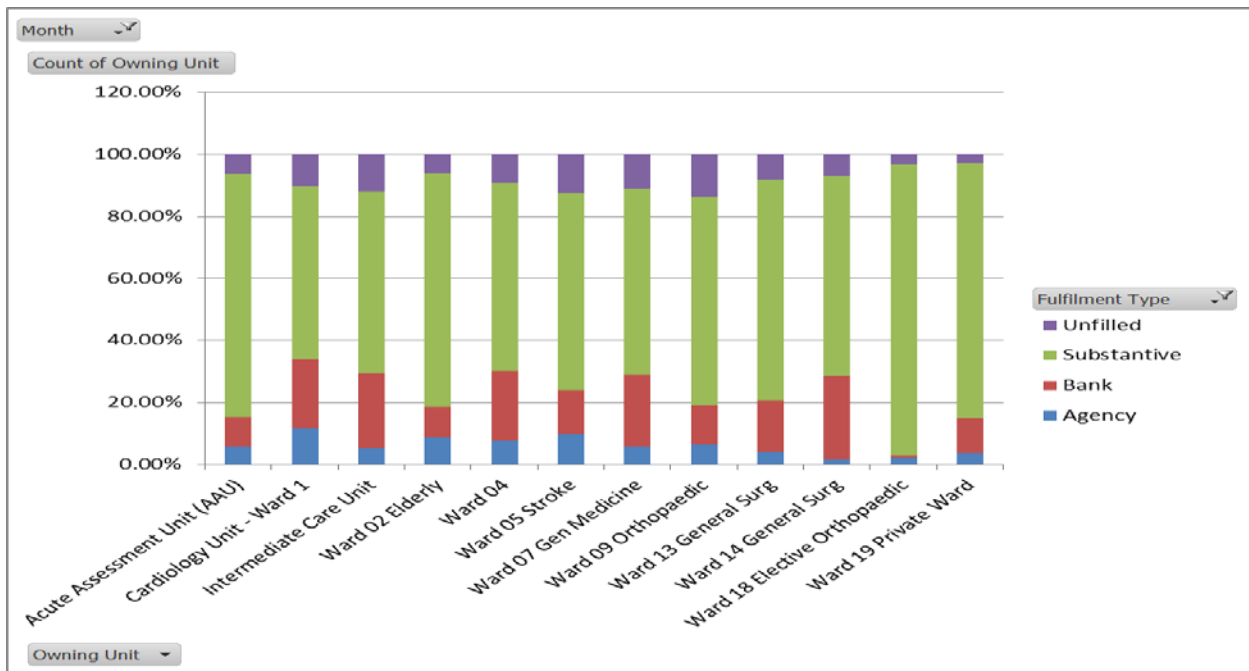
Graph 4 –



Graph 4 – Temporary staff use data for January



Graph 5 – Temporary staff use data for February



Graph 6 – Temporary staff by ward for February 2019.

The use of temporary staff is demonstrated in graphs 5 and 6 for the month of February 2019. The agency use and the fill rate by substantive staff is comparable to the previous 2 months as shown in graphs 3 and 4. The unfilled requested shifts remains between 7 – 9%.

7.2 Nursing Associates

The first cohort of 5 trainee nursing associates have completed their course and have registered with the NMC during February and are now in their preceptorship period. A further cohort of 4 has been recruited and training at the university started in January 2019. The nursing establishment paper in April will describe detail the impact of the nursing associates and integration of the role.

8. Conclusions

During February nurse staffing has remained under pressure. The teams are managing to hold the quality of care that they provide to patients as demonstrated in the metrics. Staff are being moved to areas with increased need and the ward leaders are escalating concerns about staff morale as a result. The deputy director of nursing is receiving the feedback cards regarding staff experience when they move wards and the outputs are shared with the ward sisters and charge nurses. Additional healthcare support workers are being used and more nursing associates are being trained. We are exploring incentivised bank rates and considering ward based enhanced supervision teams in specific areas.

9. 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

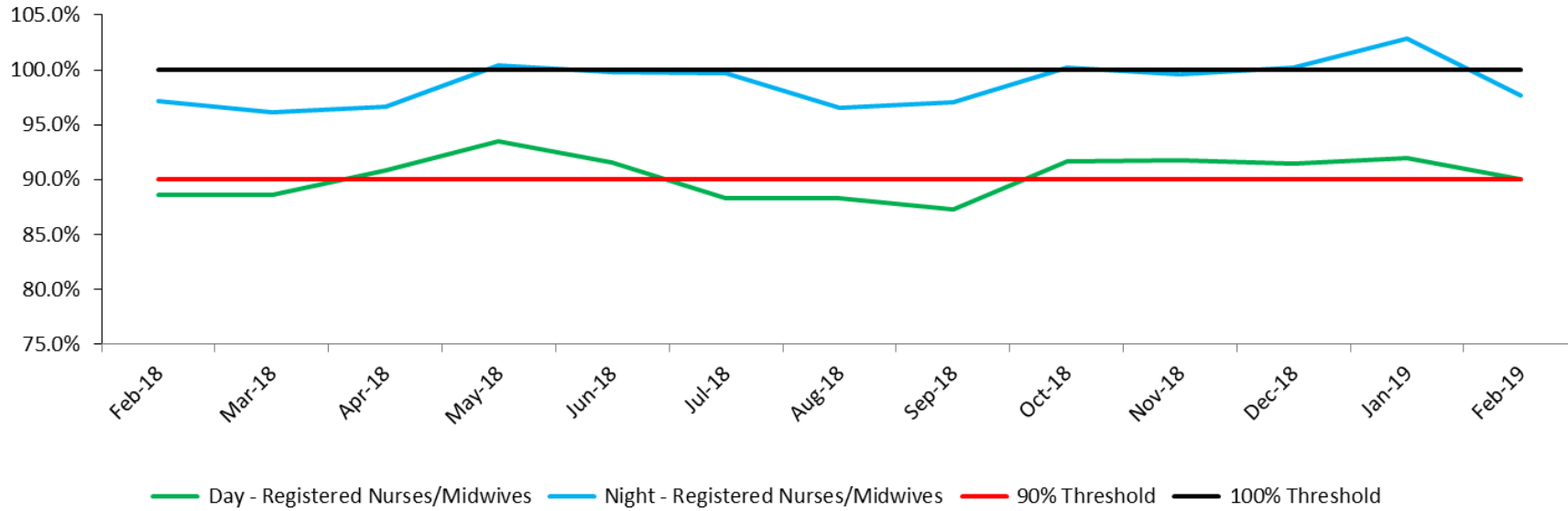
Organisation: **RCF** Airedale NHS Foundation Trust

Period: February_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)

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Allied Health Professionals				Care Hours Per Patient Day (CHPPD)					Day		Night		Allied Health Professionals		
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Registered allied health professionals		Non-registered allied health professionals		Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered allied health professionals (AHP) (%)	Average fill rate - non-registered allied health professionals (AHP) (%)
RCF22	AIREDALE GENERAL HOSPITAL	Acute Assessment Unit	300 - GENERAL MEDICINE	100 - GENERAL SURGERY	1,933.5	1,788.0	2,323.0	2,583.0	1,840.0	1,813.0	2,231.0	2,321.5											1,051	3.4	4.7			8.1
RCF22	AIREDALE GENERAL HOSPITAL	Labour Suite	501 - OBSTETRICS		1,568.0	1,850.0	336.0	312.0	2,010.0	1,899.0	336.0	324.0					248	15.1	2.6			17.7	94.0%	92.9%	94.5%	96.4%		
RCF22	AIREDALE GENERAL HOSPITAL	Neonatal Unit	422 - NEONATOLOGY		940.0	898.0	204.0	194.0	948.0	948.0	62.0	62.0					199	9.3	1.3			10.6	95.5%	95.1%	100.0%	100.0%		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 01	320 - CARDIOLOGY		1,285.5	1,183.0	975.0	919.5	1,264.5	1,238.0	666.3	721.5					398	6.1	4.1			10.2	92.0%	94.3%	97.9%	108.3%		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 02	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1,554.0	1,213.5	1,890.0	2,314.3	945.0	960.0	1,575.0	2,035.3					1,217	1.8	3.6			5.4	78.1%	122.4%	101.6%	129.2%		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 04	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	882.0	873.0	1,554.0	1,684.5	630.0	630.0	1,260.0	1,587.0					829	1.8	3.9			5.8	99.0%	108.4%	100.0%	126.0%		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 05	300 - GENERAL MEDICINE	314 - REHABILITATION	1,092.0	823.0	1,722.0	1,459.6	630.0	630.0	1,029.0	1,219.4					646	2.2	4.1			6.4	75.4%	84.8%	100.0%	118.5%		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 07	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1,071.0	1,027.5	882.0	1,306.0	630.0	630.0	630.0	1,170.0					703	2.4	3.5			5.9	95.9%	148.1%	100.0%	185.7%		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 09	110 - TRAUMA & ORTHOPAEDICS		1,296.0	1,296.6	1,218.0	1,450.8	630.0	630.0	945.0	1,260.0					749	2.6	3.6			6.2	80.9%	119.1%	100.0%	133.3%		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 10	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1,050.0	808.3	1,680.0	1,231.0	400.0	400.2	1,288.0	1,230.5					822	1.5	3.0			4.5	77.0%	73.3%	100.0%	95.5%		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 13	100 - GENERAL SURGERY	502 - GYNAECOLOGY	1,218.0	1,077.0	882.0	942.0	630.0	629.8	630.0	730.9					771	2.2	2.2			4.4	88.4%	106.8%	100.0%	116.0%		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 14	100 - GENERAL SURGERY	101 - UROLOGY	1,050.0	1,025.5	910.0	1,086.5	630.0	630.0	630.0	810.0					711	2.3	2.7			5.0	97.7%	119.4%	100.0%	128.6%		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 16	192 - CRITICAL CARE MEDICINE		1,656.0	1,514.0	444.5	382.0	1,610.0	1,441.5	11.5	11.5					165	17.9	2.4			20.3	91.4%	85.9%	89.5%	100.0%		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 17	420 - PAEDIATRICS		1,344.0	1,404.5	336.0	439.5	1,008.0	972.0	336.0	444.0					393	6.0	2.2			8.3	104.5%	130.8%	96.4%	132.1%		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 18	110 - TRAUMA & ORTHOPAEDICS		756.0	585.0	672.0	655.5	315.0	315.0	315.0	326.3					198	4.5	5.0			9.5	77.4%	97.5%	100.0%	103.6%		
RCF22	AIREDALE GENERAL HOSPITAL	Ward 19	303 - CLINICAL HAEMATOLOGY	100 - GENERAL SURGERY	882.0	824.0	420.0	678.2	630.0	619.2		403.8					461	3.1	2.3			5.5	93.4%	161.5%	98.3%			
RCF22	AIREDALE GENERAL HOSPITAL	Ward 21	501 - OBSTETRICS	420 - PAEDIATRICS	672.0	674.0	336.0	318.0	672.0	672.0	336.0	304.0					270	5.0	2.3			7.3	100.3%	94.6%	100.0%	90.5%		
Total					20,950.0	18,858.8	16,784.5	17,956.3	15,422.5	15,057.6	12,280.8	14,961.5					9,831					6.8	90.0%	107.0%	97.6%	121.8%		

Registered Nurses/Midwives



Care Staff

