

## Board of Directors

<b>Date:</b>	29 May 2019	<b>Attachment Number:</b>	9(vi)
<b>Title of Report:</b>	<b>Monthly Nursing and Midwifery Staffing 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 monthly nursing and midwifery staffing report for April 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><b>The key issues for consideration are:</b></p> <p><b>Fill Rates:</b> A similar picture to March with 8 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><b>Midwifery ratios :</b> 1 : 28 within range for a non-tertiary service</p> <p><b>RN Vacancies:</b> The registered nurse vacancy figure is now at 54wte. This is of significant concern and therefore a business case has been taken to the Financial, Performance and Digital Committee to consider international recruitment. Recruitment activity continues to take place with a successful Open Evenings held in March and May which resulted in 20 job offers made. This vacancy figure does not include these nurses that are in pipeline, they will take up post once their training has completed in September.</p> <p><b>Safety:</b> Ward 6 has been relocated from ward 2 part way through the month, this has resulted in a reduction in escalation beds by 14 beds.</p> <p>The Ward leaders report continue to report high numbers of patients who require enhanced supervision who are mobile and this impact this has on care delivery to the less mobile patients who are reliant on staff for care and support. However there has been a reduction in the number of category 2 pressure ulcer reported which is back to baseline and within normal variation.</p> <p><b>People :</b> 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>There continues to be occasions when staff are moved from their base wards to other areas who require increased support. In previous months concerns have been shared about the impact this is having on staff morale. It is anticipated that this staff movement will decrease in light of the reduction of the 14 escalation beds in the ICG.</p> <p><b>Winter :</b> Ward 20 has been opened for periods during April which is a continuation of the surge plan for winter activity despite the winter period considered as complete. This has been necessary to respond to the activity.</p>		

<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>	<b>Financial Sustainability</b>	<input checked="" type="checkbox"/>	<b>Empower &amp; Engage Staff</b>	<input checked="" type="checkbox"/>
	<b>Quality of Care</b>	<input checked="" type="checkbox"/>		
<b>Is this on the Trust's risk register:</b>	<b>No</b>	<input type="checkbox"/>	<b>Yes</b>	<input checked="" type="checkbox"/>
			<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>	<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 checked="" type="checkbox"/>
	<b>Human Resources</b>	<input checked="" type="checkbox"/>	<b>Terms of Authorisation</b>	<input type="checkbox"/>
	<b>Governance &amp; Risk Management (BAF)</b>	<input checked="" type="checkbox"/>	<b>Other:</b>	<input type="checkbox"/>
<b>Action Required: (please X)</b>	<b>Approve</b>	<input type="checkbox"/>	<b>Discuss</b>	<input type="checkbox"/>
			<b>Receive for information</b>	<input checked="" type="checkbox"/>
			<b>Decision</b>	<input type="checkbox"/>
<b>Previously Considered By:</b>				<b>Date:</b> <input type="text"/>
<b>Recommendations:</b>	The Board is asked to receive and note the contents of this paper.			

# Nursing and Midwifery Staffing Report

## April 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.

It is important to note that the registered nursing associates, of which there are 5 working in the adult wards, are not counted in the registered nursing numbers for the purpose of data submission. NHSI have advised that they be counted in the non-registered numbers at this moment in time until the data collection tool has been amended to reflect this new role.

### 2.0 Integrated Care Group

The report describes how ward staffing in the Integrated Care Group (ICG) during April 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 in this group, with the acuity of patients in all areas being high.

The overall monthly Safer Staffing numbers for registered nurses indicate that during April 5 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 April with 1 RN on duty in ICG. From the 12 April ward 2 returned to its base on ward 6, which is in line with the winter plan with a reduction of the 14 additional beds offered when in the ward 2 environment.

Additional 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 comparable to March with 1 patient sustaining a fracture following a fall. Investigation into the falls has confirmed that the patients had the appropriate risk assessments performed. The number of category 2 pressure ulcers reported is comparable to March, however 2 patients have developed significant pressure damage. This does remain within normal variation. The tissue viability team have assessed the care and provided additional support and advice to the team. Where any themes are identified the learning is shared at the nursing forums to ensure there is spread across the organisation.

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

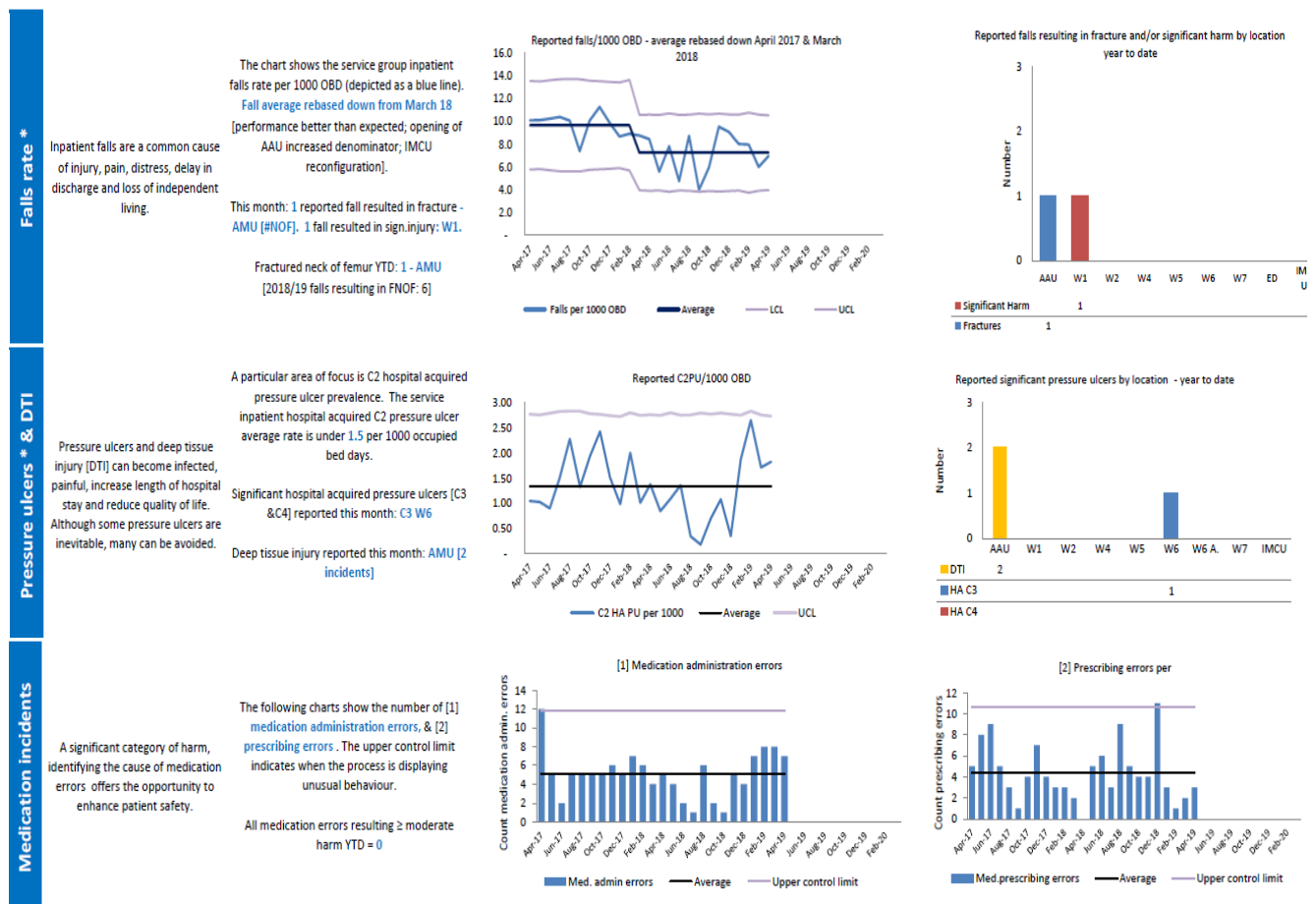


Figure 1

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.

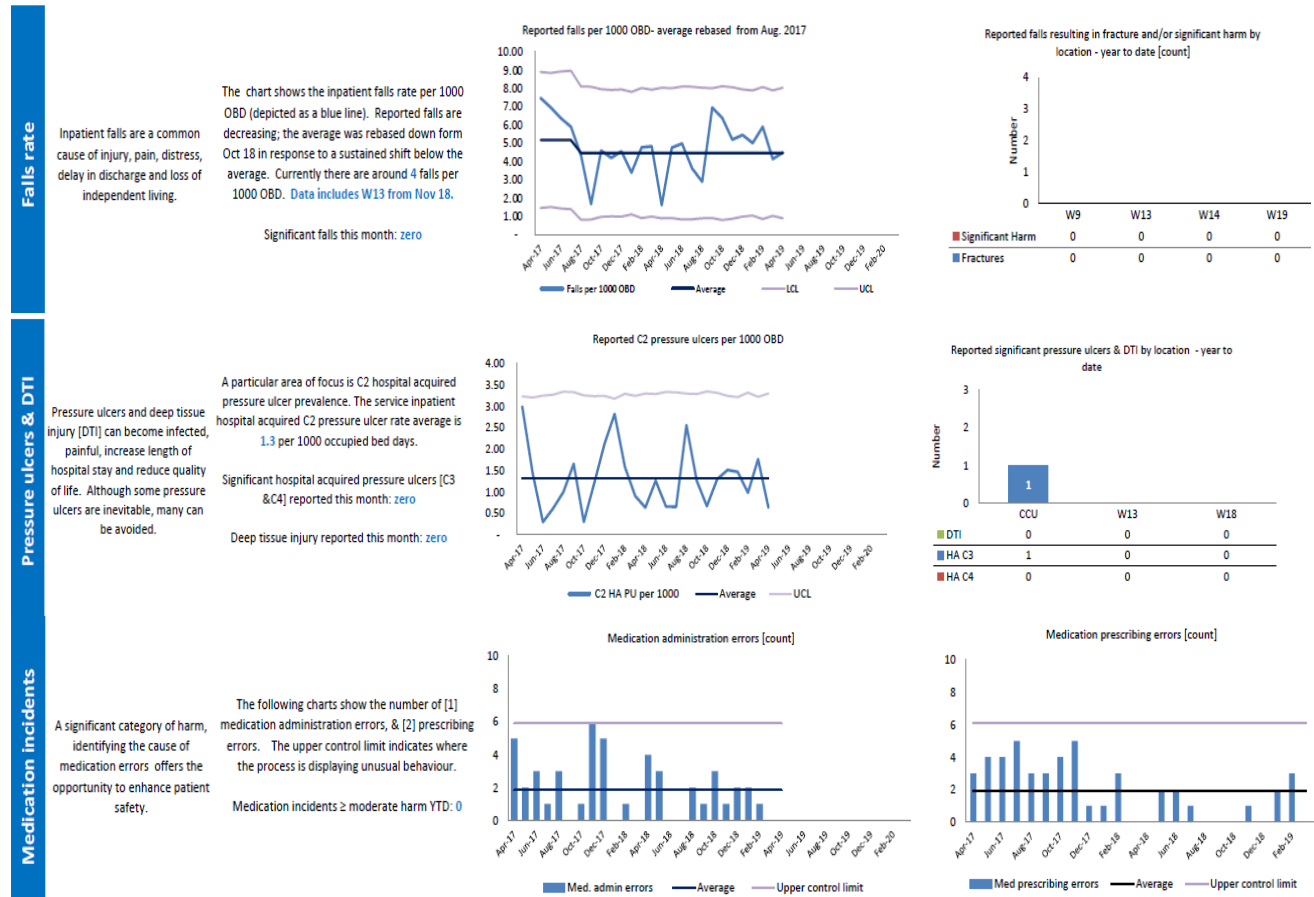
## 3.0 Surgical Group

The wards in the Surgical Group continue to report challenges for staffing, with 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 April there were 3 night shifts where a ward was staffed with just 1 RN, additional healthcare support workers were used to support cares. This was as a result of last minute sickness and an inability to fill the shift via normal temporary staffing routes. 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 number of falls reported in by the wards in the surgical group is comparable to March and no falls resulted in fracture or significant harm. The teams have reported an increased number of patients requiring enhanced supervision and this has been delivered by increasing the numbers of staff via the bank.

The number of category 2 pressure ulcers reported during April has decreased.

### 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.

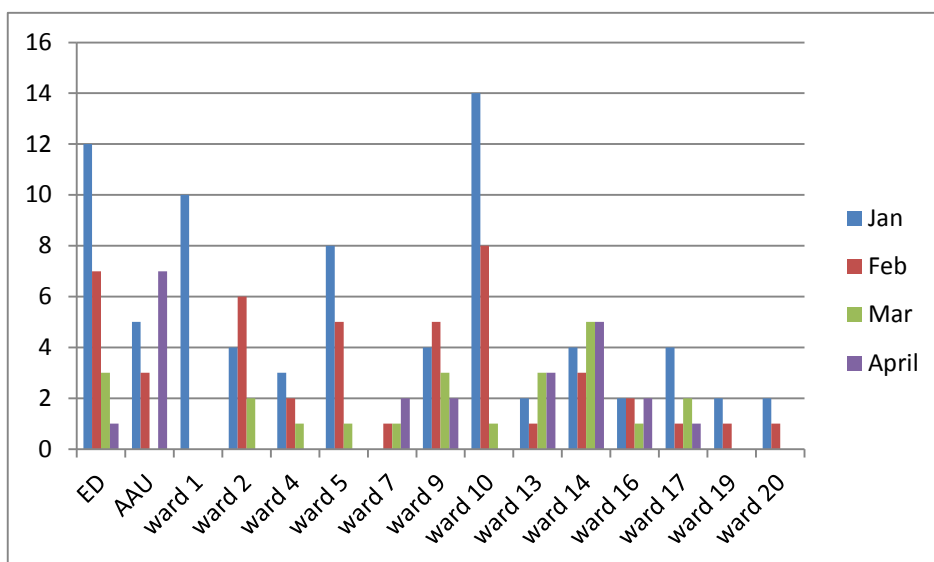
### 4.0 Women and Children's Services

Children's Unit fill rates have continued to improve over the last couple of months; during March 7 day shifts reported fill rate below 90% and during April this was reduced to just 4 day shifts. This is being achieved by the use of skilled temporary staff to meet the needs of specific patients with complex needs.

In maternity midwifery staffing was good with fill rates and planned / actual plans achieving almost 100% in all areas on day and night 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 97.7% of one-to-one care in labour during April compared to 95% in March. There have been no diversions from the maternity unit during April.

## 5.0 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 months of 2019 where nurse staffing levels were a cause for concern to the ward staff. There has been a reduction in April. On reviewing the content of the AEFs, the description provided by the staff is that the staff shortage is as a result of staff movement, where staff are moved to other areas in response to patient need or surge beds. 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.



**Graph 1 The number of AEFs submitted during Quarter 4 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.

Measure	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19
Sample size	415	410	464	429	433	422	432	409	456	469	479	455
Pressure ulcers new	8	6	1	5	2	5	3	6	6	8	5	1
Falls with harm	0	1	2	1	1	3	1	2	2	5	9	2
Catheters and new UTIs	2	2	3	3	4	4	2	1	4	4	3	2
New VTE's	1	0	1	0	0	1	3	2	2	0	1	1
Total new harms	10	9	7	8	6	13	9	11	14	17	18	6
% of Patients developed new harm in our care	2.4%	2.2%	1.5%	1.9%	1.4%	3.1%	2.1%	2.7%	3%	3.6%	3.8%	1.3%

**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.
- Nurses working in non-clinical settings have been providing support to the delivery of cares.
- Shifts have been released to agencies until mid June.
- The Director of Nursing is meeting with Senior Sisters / Charge Nurses on a weekly basis to ensure rapid escalation and discussion of concerns. As a result of this a rapid review of Temporary Staffing has been instigated.
- There have been occasions when a ward has been staffed overnight with just 1 registered nurse; this is below our planned levels. AEFs are submitted when this does occur. (This has been referred to in the previous sections of the report). Table 2 provides the information of occurrence.

Number of nights with 1 RN reported by the wards	Dec 2018	Jan 2019	Feb 2019	Mar 2019	April 2019
Integrated Care Group	1	1	0	1	0
Surgical Group	10	2	1	1	3

**Table 2 – Night Shifts with 1 RN**

## 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 retention work. The introduction of 'stay interviews' with our new starters has been launched by the recently appointed Pastoral nurse and early indications are that this is being well received by our new starters.

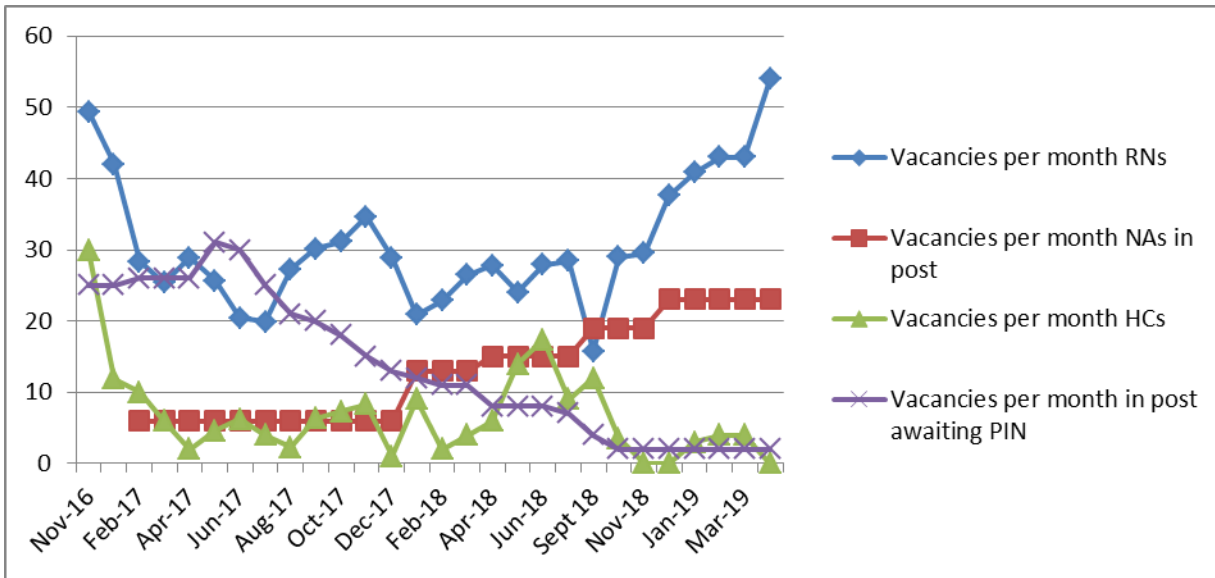
### 7.1 Recruitment

A local recruitment event was held in early March which was a success with 15 job offers made, 2 of which have already taken up post, the others will start on completion of training in September. The latest recruitment evening held in mid May resulted in a further 6 job offers made with 4 taking up post from September. Recruiting newly registered nursing associates is also in the recruitment plan with adverts planned for May.

#### **Vacancy Tracker:**

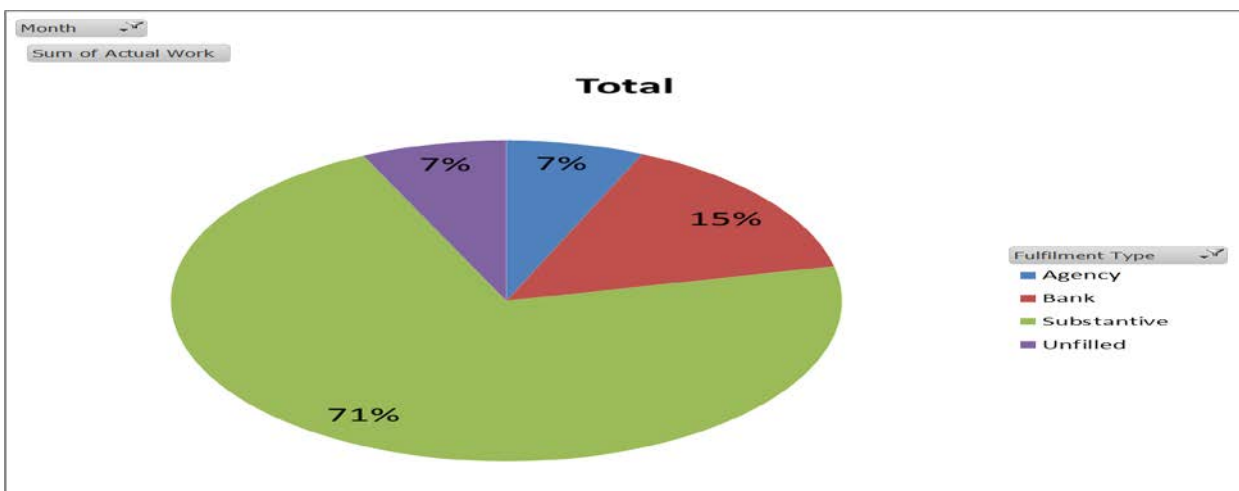
The graph below shows the wte vacancies assuming the 2 international nurses will pass their international English language test (IELTS) and take up their positions as registered nurses. The number of registered nurse vacancies outlined in this table does not reflect the number of nurses in pipeline yet to start. Recent recruitment events resulted in a total of 20 job offers made, with approximately 18 to take up post from September 2019 on completion of training. There has been an increase in nurse vacancies, this is reflected in Graph 2. A number of nurses have left the Trust to take up career opportunities external, and there has also been some movement to senior nursing posts in the Trust, such as sister posts and to the Telehealth team.



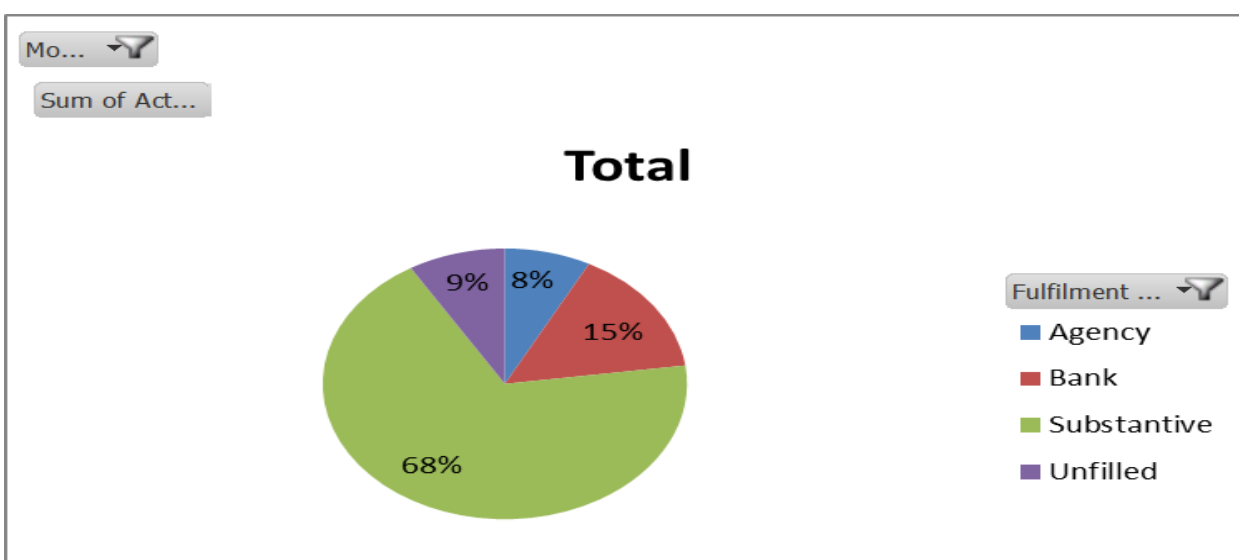


**Graph 2 – Number of wte vacancies in the acute nursing teams.**

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

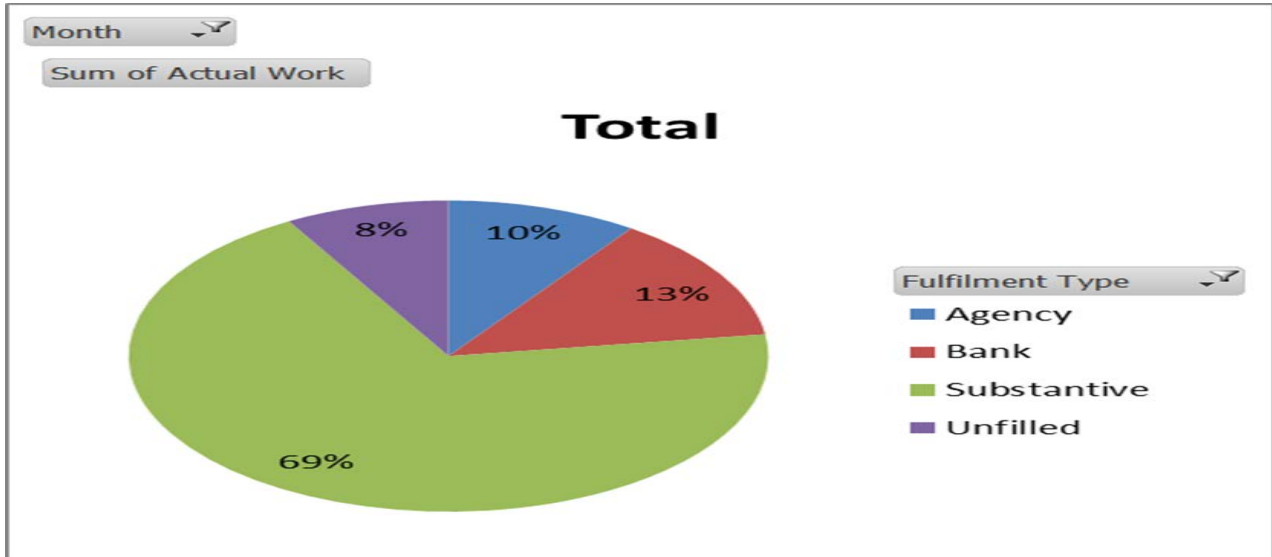


**Graph 3 – Temporary staff use data for February 2019**

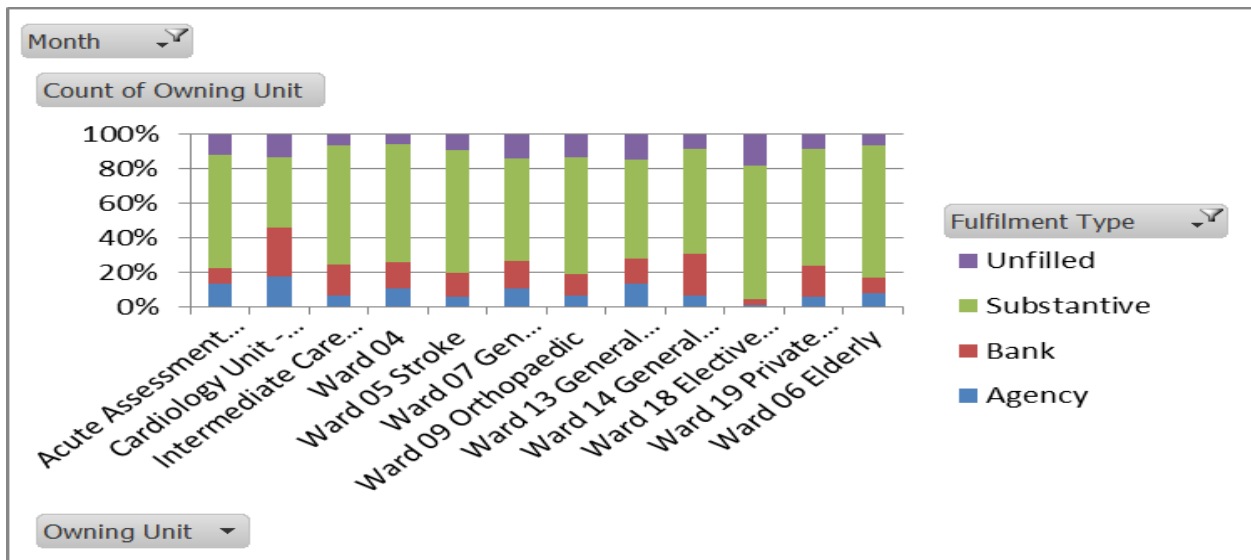




**Graph 4 – Temporary staff use data for March 2019**



**Graph 5 – Temporary staff use data for April 2019**



**Graph 6 – Temporary staff by ward for March 2019.**

The use of temporary staff is demonstrated in graphs 5 and 6 for the month of April 2019. There is a slight increase in agency usage 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 remain between 7 – 9%.

## 7.2 Nursing Associates

The Trust continues to support the Nursing Associate role and has 23 in training. The next outturn for internal students to register is January 2020.

## **8. Conclusions**

During April 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. A business case was presented to the Finance, Performance and Digital Committee during May to support the recruitment of registered nurses from overseas.

## **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

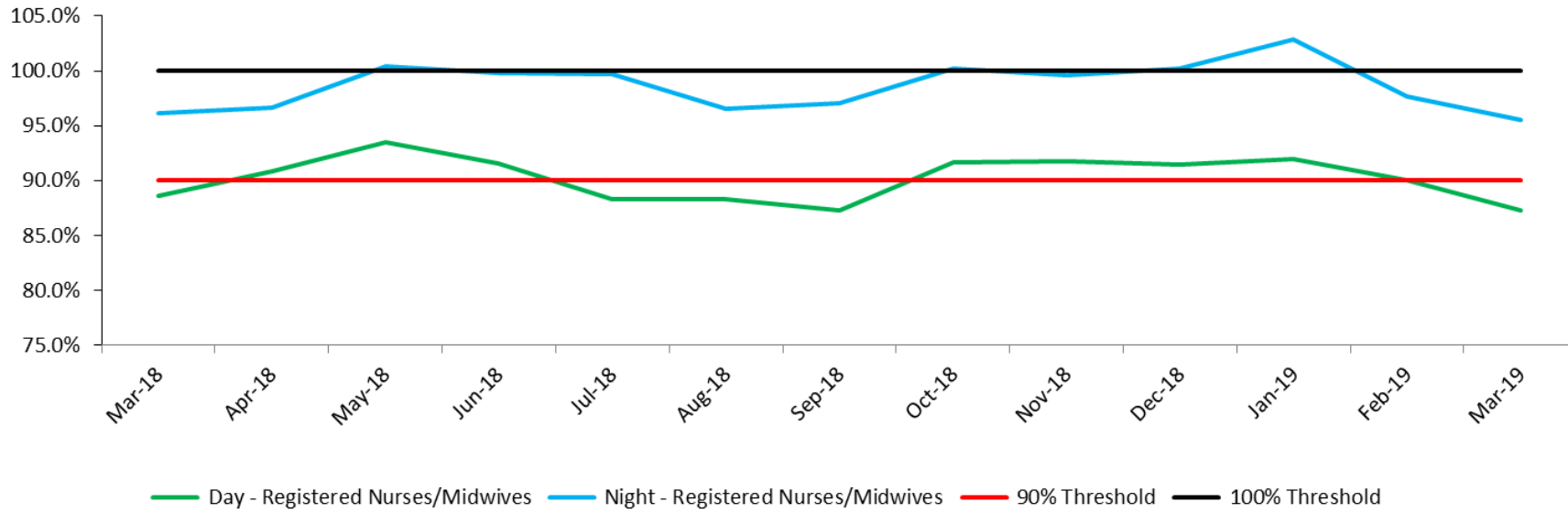
Organisation: **RCF** Airedale NHS Foundation Trust  
 Period: **April 2019-20**

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 Specialities on each ward		Day				Night				Allied Health Professionals				Care Hours Per Patient Day (CHPPD)					Day		Night		Allied Health Professionals		
					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) (%)
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	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												
RCF22	AIREDALE GENERAL HOSPITAL	Acute Assessment Unit	300 - GENERAL MEDICINE	100 - GENERAL SURGERY	2,070.0	1,864.7	2,475.0	2,481.3	2,070.0	1,899.5	2,415.0	2,465.0							1,102	3.4	4.5			7.9	90.1%	100.3%	91.8%	102.1%
RCF22	AIREDALE GENERAL HOSPITAL	Labour Suite	501 - OBSTETRICS		2,112.0	2,002.0	360.0	384.0	2,160.0	2,022.4	360.0	337.0							248	16.2	2.0			19.1	94.8%	106.7%	93.0%	93.6%
RCF22	AIREDALE GENERAL HOSPITAL	Neonatal Unit	422 - NEONATOLOGY		968.0	968.0	108.0	108.0	1,008.0	1,008.0	72.0	72.0							221	8.9	0.8			9.8	100.0%	100.0%	100.0%	100.0%
RCF22	AIREDALE GENERAL HOSPITAL	Ward 01	320 - CARDIOLOGY		1,373.0	1,207.5	1,315.0	1,346.9	1,349.5	1,198.5	1,290.3	1,156.3							415	5.8	6.0			11.8	87.9%	102.4%	104.3%	89.6%
RCF22	AIREDALE GENERAL HOSPITAL	Ward 02	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	146.5	556.3	814.7	1,017.5	405.0	405.0	686.3	816.0							487	2.0	3.8			5.7	86.0%	124.9%	100.0%	118.9%
RCF22	AIREDALE GENERAL HOSPITAL	Ward 04	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	945.0	875.5	1,665.0	1,764.0	675.0	675.0	1,350.0	1,462.3							892	1.7	3.6			5.4	92.6%	105.5%	100.0%	108.3%
RCF22	AIREDALE GENERAL HOSPITAL	Ward 05	300 - GENERAL MEDICINE	314 - REHABILITATION	1,170.0	910.5	1,845.0	1,793.0	675.0	675.0	1,302.5	1,367.3							667	2.4	4.7			7.1	77.8%	97.2%	100.0%	124.0%
RCF22	AIREDALE GENERAL HOSPITAL	Ward 06	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	826.5	613.0	826.5	1,216.0	427.5	427.5	641.2	933.8							560	1.9	3.8			5.7	74.2%	147.1%	100.0%	145.6%
RCF22	AIREDALE GENERAL HOSPITAL	Ward 07	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1,147.5	942.0	945.0	1,360.0	675.0	680.0	675.0	1,154.3							762	2.1	3.3			5.4	82.1%	144.2%	102.3%	171.0%
RCF22	AIREDALE GENERAL HOSPITAL	Ward 09	110 - TRAUMA & ORTHOPAEDICS		1,710.0	1,271.5	1,305.0	1,640.0	675.0	675.0	1,012.5	1,312.8							771	2.5	3.8			6.4	74.4%	125.7%	100.0%	129.7%
RCF22	AIREDALE GENERAL HOSPITAL	Ward 10	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1,125.0	807.8	1,800.0	1,399.0	480.0	480.0	1,380.0	1,414.5							877	1.4	3.2			4.6	71.8%	77.7%	84.6%	102.5%
RCF22	AIREDALE GENERAL HOSPITAL	Ward 11	100 - GENERAL SURGERY	502 - GYNAECOLOGY	1,305.0	1,123.5	945.0	1,374.5	675.0	663.8	675.0	1,116.3							808	2.2	3.1			5.3	86.3%	143.7%	98.3%	168.3%
RCF22	AIREDALE GENERAL HOSPITAL	Ward 14	100 - GENERAL SURGERY	101 - UROLOGY	1,125.0	1,098.0	975.0	1,333.8	675.0	663.7	675.0	1,113.0							770	2.3	3.2			5.5	97.6%	136.8%	98.3%	167.8%
RCF22	AIREDALE GENERAL HOSPITAL	Ward 16	192 - CRITICAL CARE MEDICINE		1,748.0	1,748.0	588.0	586.5	1,725.0	1,725.0	46.0	46.0							151	23.0	4.2			27.2	100.0%	98.1%	100.0%	100.0%
RCF22	AIREDALE GENERAL HOSPITAL	Ward 17	420 - PAEDIATRICS		1,440.0	1,482.0	380.0	358.0	1,080.0	1,044.0	360.0	352.0							395	6.4	2.8			9.2	102.3%	155.0%	96.7%	153.3%
RCF22	AIREDALE GENERAL HOSPITAL	Ward 18	110 - TRAUMA & ORTHOPAEDICS		729.0	465.5	648.0	545.0	303.8	303.8	303.8	315.0							165	4.7	5.2			9.9	63.8%	95.1%	100.0%	103.7%
RCF22	AIREDALE GENERAL HOSPITAL	Ward 19	303 - CLINICAL HAEMATOLOGY	100 - GENERAL SURGERY	945.0	940.2	450.0	710.0	675.0	663.7	-	560.2							489	3.3	2.6			5.9	99.5%	157.8%	98.3%	-
RCF22	AIREDALE GENERAL HOSPITAL	Ward 21	501 - OBSTETRICS	420 - PAEDIATRICS	720.0	723.5	360.0	343.5	720.0	715.5	360.0	324.0							310	4.6	2.2			6.8	100.3%	95.4%	99.4%	90.0%
		<b>Total</b>			<b>22,105.5</b>	<b>19,589.4</b>	<b>17,798.0</b>	<b>19,965.9</b>	<b>16,253.8</b>	<b>15,860.4</b>	<b>13,404.5</b>	<b>16,552.4</b>							<b>30,000</b>					<b>7.1</b>	<b>88.7%</b>	<b>112.2%</b>	<b>97.6%</b>	<b>123.5%</b>

## Registered Nurses/Midwives



## Care Staff

