

Board of Directors: 08.03.18

Agenda Item: Bo.3.18.27

## NURSE STAFFING DATA PUBLICATION REPORT – DECEMBER 2017

Presented by:	Karen Dawber Chief Nurse	Author:	Jo Hilton, Assistant Chief Nurse
Previously considered by:	Workforce Committee – 31.01.18		

Key points						Purpose:
1. Note the average fill rates for Bradford Royal Infirmary Site: 2. Note the average fill rates for St Luke's and the Community Hospital sites.						To discuss and note
Date	Hospital	Day		Night		
		Average fill rate- registered nurse/midwife %	Average fill rate- care staff %	Average fill rate- registered nurse/midwife %	Average fill rate- care staff %	
Dec-17	BRI	79.0%	101.5%	89.0%	117.3%	
Dec -17	SLH + CH	86.6%	115.6%	103.6%	113.0%	
3. Note mitigation taken.						To note and gain assurance

### Executive Summary:

This report provides an update on the mandatory nurse staffing data for December 2017, in line with the requirements outlined in both the Hard Truths (2013) and the subsequent National Quality Board Report (2013). All NHS trusts are now required to provide monthly retrospective data via UNIFY to enable NHS England to publish Trust reports on NHS Choices. Included in this month's report is data from the NHS Improvement Model Hospital Portal showing national comparisons of the Care Hours Per Patient Day measure introduced in May 2016.

### Financial implications:

N/a

### Regulatory Relevance:

Monitor:	Quality Governance Framework
Equality	Not Applicable

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Impact / Implications:	<p><b>Is there likely to be any impact on any of the protected characteristics?</b>          (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)</p> <p>Yes    <input type="checkbox"/>                                      No    <input checked="" type="checkbox"/></p> <p>If yes, what is the mitigation against this?</p>
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Other:	CQC – Domains of Safe and Well Led
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<b>Strategic Objective:</b>  <i>Reference to Strategic Objective(s) this paper relates to</i>	To provide outstanding care for patients
	To deliver our financial plan and key performance targets
	To be in the top 20% of NHS employers
	To be a continually learning organisation
	To collaborate effectively with local and regional partners

## NURSE STAFFING DATA PUBLICATION REPORT – DECEMBER 2017

### 1. Introduction

This paper reports on the nurse staffing data for December 2017, identifying the actual staffing levels in place against what was planned. It identifies areas of discrepancy between the two, and provides an exception report on actions taken as a result. This information relates to the staffing levels on all inpatient wards including adult, paediatric and maternity wards.

### 2. Results for December 2017

Table 1 below outlines the average fill rates for registered nurses/midwives and care staff over both day and night shifts in December 2017, by hospital site. It should be noted that community hospitals (CH) appear in the figures for St Luke's Hospital (SLH) as required by the submission of the Unify tool.

Date	Hospital	Day		Night	
		Average fill rate-registered nurse/midwife %	Average fill rate-care staff %	Average fill rate-registered nurse/midwife %	Average fill rate-care staff %
Dec-17	BRI	79.0%	101.5%	89.0%	117.3%
Dec-17	SLH + CH	86.6%	115.6%	103.6%	113.0%

Table 1

The percentage fill rates for day shifts for registered nurses for May 2017 to December 2017 are shown in figure 1 below.

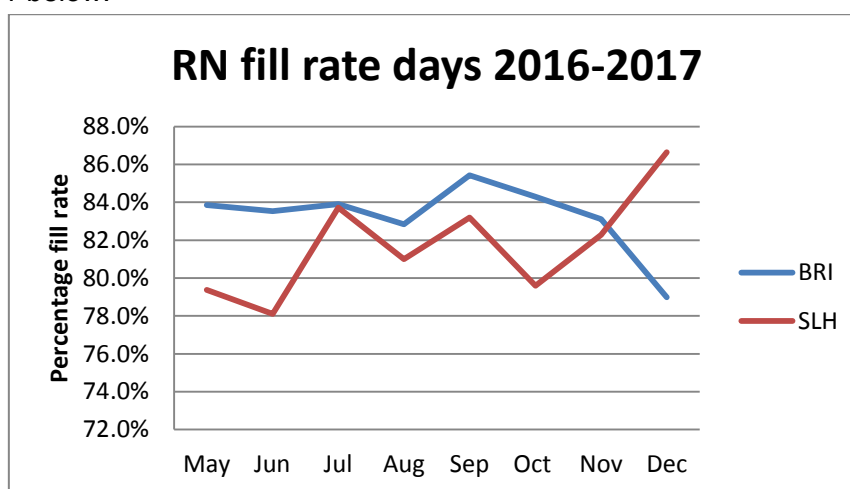


Figure 1

The percentage fill rates for night shifts for registered nurses for May 2017 to December 2017 are shown in figure 2 below.

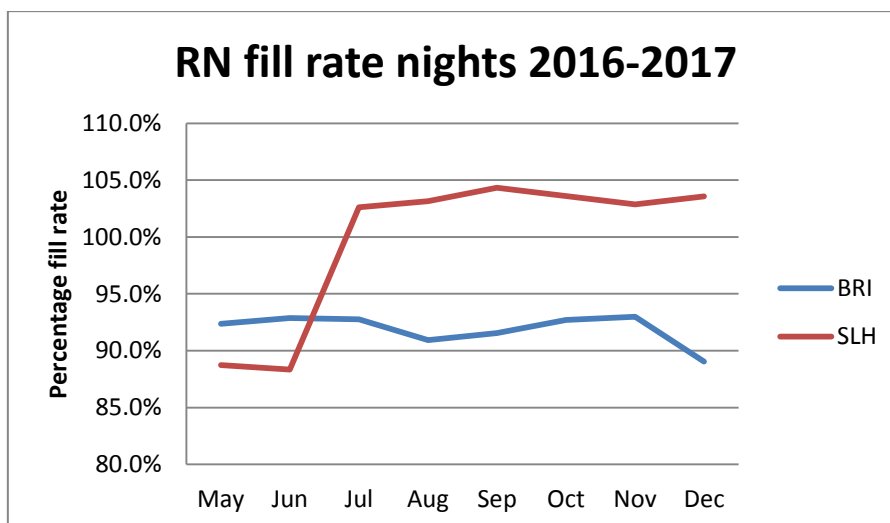


Figure 2

Appendix 1 is a summary of inpatient wards in the Trust, including the data submitted to UNIFY regarding staffing and information about patient experience and harms.

### 3. Trends and Themes

As part of the escalation process staff are asked to record any staffing concerns through Datix. These are monitored daily at the Matrons safety huddles. During December 2017, there have been 23 Datix incidents reported related to nursing and midwifery staffing. A summary of the previous months' Datix reports related to nurse and midwifery staffing is below, in table 2:

Month	Number of incident reports
December 2016	25
January 2017	20
February 2017	9
March 2017	9
April 2017	19
May 2017	24
June 2017	16
July 2017	19
August 2017	9
September 2017	33
October 2017	21
November 2017	16
December 2017	23

Table 2

All reported incidents this month are where, at the time of the report, the nurse in charge feels the skill mix is not suitable for the patient acuity level or the number of staff on duty is less than the

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planned number. Each incident is investigated with feedback given to individuals and actions taken to address concerns where appropriate. 4 incidents have been recorded as low harm at the time of reporting and 19 have been reported as no harm at the point of reporting the incident. For the 4 incidents reported as low harm the staffing levels on the day have resulted in cancelled procedures, delay in patients receiving care due to a higher than planned patient to nurse ratio, skill mix of staff availability delaying patient care, e.g. nurse unable to administer IV medications and delays in transferring patients.

Of the 23 incidents 6 have been reported from ward 9 and 6 are from the maternity unit. The maternity unit assesses the capacity of the department and reviews bed numbers in view of staffing and skill mix acuity available to maintain safety with no adverse effect. Ward 9 have reported these incidents where they feel the acuity and dependency is higher than the skill mix available. The sister and matron review the skill mix and acuity on a daily basis as part of the safety huddles.

Actions are taken at the time of the report however from appendix 1 it can be seen that all areas of day registered staff nurse fill rates are amber and the flexibility for staff movement to maintain safety is reduced making decision making difficult with options available. Matrons and heads of nursing continue to have oversight of this process and each area is assessed on a daily basis to understand the impact of decisions made where staff are moved, acuity is assessed and skill mix reviewed. The deployment of the safecare tool in the roster system will continue to support this decision making process with evidence of acuity on inpatient wards 3 times a day.

There were no occasions where there were less than 2 registered nurses on a shift. There were no occasions where a shift was deemed unsafe.

#### **4. Exception report**

The fill rates by ward, as shown in Appendix, 1 have been RAG rated. The RAG rating for each ward has been reviewed for the 3 months (October 2017 to December 2017), to identify any areas where there have been 3 consecutive months rated as red (<80% fill rate) or where the fill rate is less than 70% in the current month for registered nurses. Mitigation of actions taken in these areas is included below. The report also includes the patient experience and harm data per inpatient ward displayed with the staffing fill rate information. The ward sisters, matrons and heads of nursing continue to review patient safety and experience on a daily basis related to the staffing on wards and movement of staffing to maintain safety.

There are 4 inpatient areas with registered nurse / midwife fill rates <70% in December 2017 (appendix 1). There are 5 inpatient areas that have been <80% (red) for 3 consecutive months October to December 2017. There is an increase in the number of wards reporting less than 70% registered nurse fill rate. The wards reporting less than 70% fill rates in month and less than 80% for 3 consecutive months are the same group of wards each month. With a number of wards that are not included in this mitigation due to the cut off points however are experiencing challenges with the fill rates of the shifts for both registered and unregistered nurses. These areas are:

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**Less than 70% fill rate in the month:**

- Ward 3 consistently reports less than 80% fill rate for nurses both day and night over the last 3 months. Ward 3 has challenges recruiting staff and consequently difficulties in maintaining the planned numbers of registered nurses. The ward has not previously seen any increase in pressure ulcers and their ward accreditation rating is green. This ward is part of the nursing associate pilot. This month ward 3 has higher than 70% fill rate on days compared to previous months. Other new roles are being explored to support this area.
- Ward 12 the ward sister and matron review the staffing on ward 12 throughout the day to maintain safety with support from the other divisions. There is a high number of health care assistants on the ward to provide support to manage patient cares and the ward have reviewed the establishment in terms of additional roles to support such as the nursing associate.
- Ward 22 – A situation report has been escalated to the chief nurse team from the division regarding the staffing concerns on ward 22. The Matron and Head of Nursing review staffing levels on a daily basis to manage staffing and skill mix, decisions are then made to flex staffing of Coronary Care Unit up and down according to non-invasive ventilation and acuity of patients. No incidents have been reported but ward 22 have a chronic vacancy with no planned new nurses. Opening and closing of surge capacity is reviewed on a shift by shift basis according to staffing available. Ward 22 has been identified as a priority area for nursing associate trainees who have commenced training in.
- Ward 28 - The fill rates for registered nurses at night are reported as fewer than 80% for 3 consecutive months, during which time the HCA fill rates are over 200% as like ward 27, a skill mix adjustment has taken place to manage patient care requirements. As part of the annual strategic staffing establishment reviews being undertaken by the chief nurse, the matron and head of nursing have recommended that the skill mix be changed to 2 registered nurses, and 2 health care assistants going forward, as this has proven to be an effective use of available resources.

**Less than 80% fill rate for 3 consecutive months:**

- Ward 27 – Night registered nurses. The fill rates for registered nurses at night are reported as fewer than 80% for 3 consecutive months, during which time, the HCA fill rates are over 200% as a skill mix adjustment has taken place in this area to help to manage patient care requirements. The planned number at night is 3 registered nurses and 1 health care assistant but this is often changed to 2 registered nurses and 2 health care assistants, which is reflected in the fill rates that have been reported. The division do not feel this should be a permanent change in establishment for ward 27; therefore the numbers reported are low fill rates for nurses and higher fill rates for carer while the skill mix takes place on the ward. The matron is working closely with the ward manager to ensure the ward's safety.
- Ward 31 (elderly medicine) the planned staffing is 3 Registered Nurses (RN) and 3 Health Care Assistants (HCA), however, the majority of nights on Ward 31 are 2 RN and 4 HCA.

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The RN unfilled shifts are covered with an increase the HCA numbers available on the ward to provide basic patient cares.

- Stroke ward 6. As previously reported, the amalgamation of stroke services on one ward has helped the staffing situation but has not eradicated the need for further focused work on recruitment, retention and further skill mix reviews. The ward remains in transition with new working models being embedded.
- Ward 11 and ward 26 have been included this month for 3 consecutive months of reduced fill rates. This is primarily as a result of supporting other wards departments. A decision is taken by the matron, nurse in charge or site matron out of hours to move staff from the most suitable location to support other areas that require assistance in terms of maintaining safe staffing across the trust. Ward 26 and ward 11 often support their colleagues in surgery and other divisions and therefore the result is a lower fill rate. This is closely monitored through the heads of nursing a, matrons and Datix recording system. The movement of staff has been supported by additional HCA resource which can be seen from the fill rates.

## 5. Conclusion

This report provides details of the planned versus actual staffing levels for registered nurses / midwives and care staff for December 2017. Robust monitoring remains in place with a daily overview of the staffing in each area to maintain safety.

Where areas have identified a risk regarding staffing, mitigation is put in place and monitored, more detail is included in this paper for further openness and transparency.

Activities continue to manage the recruitment of new nurses, retention of existing nurses and efficiency of deployment of the existing and temporary nursing workforce.

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Ward Name	Nurse Staffing Heat Map – December 2017																							Ward Accreditation Score
	Patient feedback			Harms								Absence and Turnover			Staffing									
				Falls with harm			Pressure Ulcers			Infection control					Day		Night		Care Hours Per Patient Day (CHPPD)					
Compliments	Complaints	FFT recommended	No harm	Low	Moderate	Category 2	Category 3	Category 4	MRSA	C.Diff	Cumulative % Abs Rate (FTE)	Labour Turnover Rate Headcount %	Labour Turnover Rate FTE %	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			
AMU	0	0	-	2	1	0	0	0	0	0	8.3	0.0	0.0	83.8	96.3	95.5	107.5	725	7	7	14	01/12/2016		
ICU	0	0	-	0	0	0	6	1	0	0	9.1	0.0	0.0	88.8	90.2	92.8	-	251	36	3	39	-		
WARD 03	0	0	100	1	0	0	0	0	0	0	5.5	0.0	0.0	67.8	99.7	72.8	104.9	439	5	8	13	11/05/2017		
WARD 06	0	0	100	0	1	0	0	0	0	0	9.0	0.0	0.0	74.6	110.3	95.0	112.7	1007	4	4	9	22/06/2016		
WARD 07	0	0	100	1	0	0	0	0	0	0	3.5	0.0	0.0	85.4	107.3	101.6	98.8	354	4	3	7	27/06/2016		
WARD 08	0	0	100	2	0	0	0	0	0	0	3.2	0.0	0.0	75.8	123.0	86.0	176.6	621	4	3	7	04/05/2017		
WARD 09	0	1	100	2	0	0	2	1	0	0	6.8	0.0	0.0	81.7	113.5	91.2	133.4	807	3	3	6	08/06/2016		
WARD 11	0	0	100	1	0	0	0	0	0	0	5.3	0.0	0.0	72.0	119.3	85.6	151.5	583	4	3	6	22/11/2016		
WARD 12	0	0	100	1	1	0	0	0	0	0	3.7	0.0	0.0	68.0	236.0	100.9	222.2	583	4	3	6	26/01/2017		
WARD 14	0	1	100	0	0	0	0	0	0	0	8.2	0.0	0.0	91.1	124.3	100.0	131.9	445	5	2	7	28/06/2016		
WARD 15	0	1	-	1	1	1	0	0	0	0	4.5	0.0	0.0	92.9	109.0	98.4	120.4	519	3	4	7	21/06/2016		
WARD 18	0	1	100	2	0	0	0	0	0	0	10.6	0.0	0.0	74.9	131.8	71.5	189.7	823	3	2	5	13/03/2017		
WARD 20	0	0	100	0	0	0	0	0	0	0	4.8	0.0	0.0	82.7	100.8	86.1	119.4	479	7	2	10	14/11/2016		
WARD 21	0	0	95	1	0	0	1	0	0	0	6.0	0.0	0.0	82.5	130.9	92.0	144.6	510	5	3	8	25/04/2017		
WARD 22	0	0	-	1	1	0	0	0	0	0	5.8	0.0	0.0	58.7	113.1	94.6	125.1	817	4	3	7	24/11/2016		
WARD 23	0	0	100	2	1	0	3	0	0	0	4.8	0.0	0.0	77.0	106.2	92.7	117.3	805	5	3	8	25/11/2016		



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WARD 24	0	0	100	0	0	0	0	0	0	0	0	4.8	0.0	0.0	94.3	100.6	103.3	102.4	355	4	3	7	15/11/2016
WARD 25	0	1	100	1	0	0	0	0	0	0	0	3.2	0.0	0.0	97.9	186.5	100.0	-	269	5	3	9	20/06/2017
WARD 26	0	0	100	1	1	0	2	0	0	0	0	6.8	0.0	0.0	70.6	158.1	87.3	148.0	661	4	4	8	14/03/2017
WARD 27	0	0	100	1	1	0	1	1	0	0	0	5.1	0.0	0.0	84.0	147.2	73.2	259.9	635	4	3	7	21/11/2016
WARD 28	0	2	94	2	1	0	1	0	0	0	0	4.4	0.0	0.0	68.2	117.6	66.9	177.7	462	4	3	7	23/06/2017
WARD 29	1	0	75	3	1	1	1	0	0	0	0	3.6	0.0	0.0	82.5	105.3	93.8	110.4	820	3	4	7	18/05/2017
Paediatrics	0	1	100	1	0	0	0	0	0	0	0	7.4	0.0	0.0	82.8	47.0	93.0	38.0	1065	8	1	9	09/11/2017
WARD 31	0	0	62	2	1	0	1	0	0	0	0	4.7	0.0	0.0	85.8	112.7	75.3	131.2	1065	2	3	5	17/11/2016
YORK	0	0	100	0	0	1	0	0	0	0	1	4.7	0.0	0.0	75.2	254.0	98.5	-	304	5	2	8	16/11/2016
BIRTHING CTR	0	0	100	0	0	0	0	0	0	0	0	5.0	0.0	0.0	84.0	91.7	84.8	-	85	22	7	29	-
LABOUR WARD	0	2	100	0	0	0	0	0	0	0	0	5.4	0.0	0.0	91.8	49.1	101.6	90.7	347	14	2	16	08/02/2017
NNU	0	0	100	0	0	0	0	0	0	0	0	3.2	0.0	0.0	92.4	-	92.4	-	740	12	0	12	-
WARD M3	0	0	100	0	1	0	0	0	0	0	0	5.1	0.0	0.0	93.1	50.8	101.3	94.8	843	3	1	4	25/01/2017
WARD M4	0	0	100	0	0	0	0	0	0	0	0	5.5	0.0	0.0	106.4	59.9	89.3	95.2	1001	3	1	4	31/01/2017
WBG	0	0	100	2	0	0	0	1	0	0	0	5.8	0.0	0.0	86.3	103.8	107.8	108.0	464	3	4	7	14/02/2017
WWP	0	0	100	2	0	0	0	0	0	0	0	7.9	0.0	0.0	90.6	145.2	106.9	222.5	533	3	4	7	13/09/2016
WARD F5	0	0	100	1	1	0	0	0	0	0	0	5.3	0.0	0.0	90.5	119.8	99.6	97.9	856	2	4	5	15/09/2016
WARD F6	0	1	96	1	0	0	0	0	0	0	0	7.6	0.0	0.0	81.0	99.6	100.0	100.0	721	2	4	6	14/09/2016

<b>Key:</b>																							
Complaints, Compliments, Falls, Pressure ulcers, MRSA and C Difficile:												Staffing:											
0 – Green >1 – Amber >2 – Red												>95 – green 80-95 – amber <80 – red											

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## NURSE STAFFING DATA PUBLICATION REPORT – JANUARY 2018

Presented by:	Karen Dawber Chief Nurse	Author:	Jo Hilton, Assistant Chief Nurse
Previously considered by:	Quality Committee – 28.02.18		

Key points						Purpose:
1. Note the average fill rates for Bradford Royal Infirmary Site: 2. Note the average fill rates for St Luke's and the Community Hospital sites.						To discuss and note
		Day		Night		
Date	Hospital	Average fill rate- registered nurse/midwife %	Average fill rate- care staff %	Average fill rate- registered nurse/midwife %	Average fill rate- care staff %	
Jan-18	BRI	84.2%	104.2%	92.8%	117.5%	
Jan -18	SLH + CH	84.3%	114.6%	99.7%	116.0%	
3. Note mitigation taken.						To note and gain assurance

Executive Summary:
<p>This report provides an update on the mandatory nurse staffing data for January 2018, in line with the requirements outlined in both the Hard Truths (2013) and the subsequent National Quality Board Report (2013). All NHS trusts are now required to provide monthly retrospective data via UNIFY to enable NHS England to publish Trust reports on NHS Choices. Included in this month's report is data from the NHS Improvement Model Hospital Portal showing national comparisons of the Care Hours Per Patient Day measure introduced in May 2016.</p>

Financial implications:
N/a

Regulatory Relevance:
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Monitor:	Quality Governance Framework
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Equality Impact / Implications:	Not Applicable  <b>Is there likely to be any impact on any of the protected characteristics?</b> (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	If yes, what is the mitigation against this?

Other:	CQC – Domains of Safe and Well Led
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<b>Strategic Objective:</b>  <i>Reference to Strategic Objective(s) this paper relates to</i>	To provide outstanding care for patients
	To deliver our financial plan and key performance targets
	To be in the top 20% of NHS employers
	To be a continually learning organisation
	To collaborate effectively with local and regional partners

## NURSE STAFFING DATA PUBLICATION REPORT – JANAUARY 2018

### 1. Introduction

This paper reports on the nurse staffing data for January 2018, identifying the actual staffing levels in place against what was planned. It identifies areas of discrepancy between the two, and provides an exception report on actions taken as a result. This information relates to the staffing levels on all inpatient wards including adult, paediatric and maternity wards.

### 2. Results for January 2018

Table 1 below outlines the average fill rates for registered nurses/midwives and care staff over both day and night shifts in January 2018, by hospital site. It should be noted that community hospitals (CH) appear in the figures for St Luke's Hospital (SLH) as required by the submission of the Unify tool.

Date	Hospital	Day		Night	
		Average fill rate-registered nurse/midwife %	Average fill rate-care staff %	Average fill rate-registered nurse/midwife %	Average fill rate-care staff %
Jan-18	BRI	84.2%	104.2%	92.8%	117.5%
Jan-18	SLH + CH	84.3%	114.6%	99.7%	116.0%

Table 1

The percentage fill rates for day shifts for registered nurses for June 2017 to January 2018 are shown in figure 1 below.

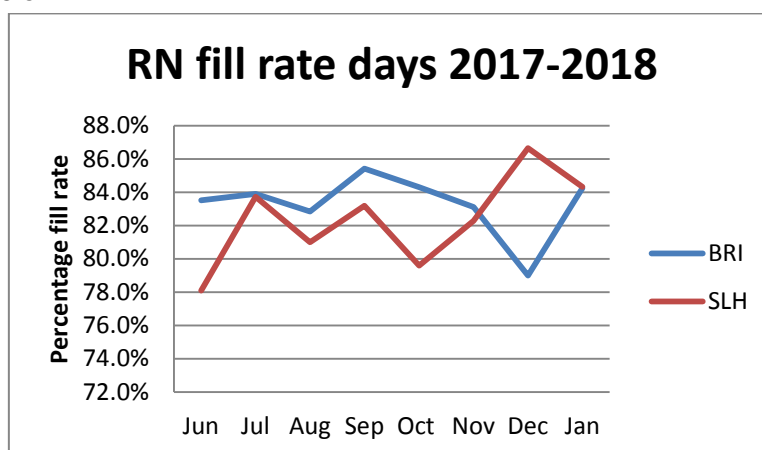


Figure 1

The percentage fill rates for night shifts for registered nurses for June 2017 to January 2018 are shown in figure 2 below.

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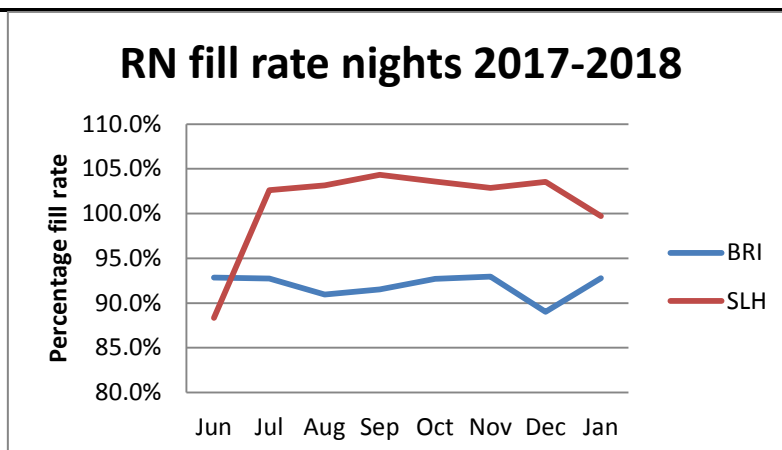


Figure 2

Appendix 1 is a summary of inpatient wards in the Trust, including the data submitted to UNIFY regarding staffing and information about patient experience and harms.

### 3. Trends and Themes

As part of the escalation process staff are asked to record any staffing concerns through Datix. These are monitored daily at the Matrons safety huddles. During January 2018, there have been 16 Datix incidents reported related to nursing and midwifery staffing. A summary of the previous months' Datix reports related to nurse and midwifery staffing is below, in table 2:

Month	Number of incident reports
December 2016	25
January 2017	20
February 2017	9
March 2017	9
April 2017	19
May 2017	24
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July 2017	19
August 2017	9
September 2017	33
October 2017	21
November 2017	16
December 2017	23
January 2018	16

Table 2

All reported incidents this month are where, at the time of the report, the nurse in charge feels the skill mix is not suitable for the patient acuity level or the number of staff on duty is less than the

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planned number. Each incident is investigated with feedback given to individuals and actions taken to address concerns where appropriate. 1 incident has been recorded as low harm at the time of reporting and 15 have been reported as no harm at the point of reporting the incident. For the 1 incident reported as low harm the staffing levels on the day have resulted in reported delays in administration of medications as a result of moving staff to provide cover in areas to maintain safety.

Actions are taken at the time of the report however from appendix 1 it can be seen that all areas of day registered staff nurse fill rates are amber and the flexibility for staff movement to maintain safety is reduced making decision making difficult with options available. Matrons and heads of nursing continue to have oversight of this process and each areas is assessed on a daily basis to understand the impact of decisions made where staff are moved, acuity is assessed and skill mix reviewed. The deployment of the safecare tool in the roster system will continue to support this decision making process with evidence of acuity on inpatient wards 3 times a day.

There were no occasions where there were less than 2 registered nurses on a shift. There are no occasions where a shift was deemed unsafe.

#### **4. Exception report**

The fill rates by ward, as shown in Appendix, 1 have been RAG rated. The RAG rating for each ward has been reviewed for the 3 months (November 2017 to January 2018), to identify any areas where there have been 3 consecutive months rated as red (<80% fill rate) or where the fill rate is less than 70% in the current month for registered nurses. Mitigation of actions taken in these areas is included below. The report also includes the patient experience and harm data per inpatient ward displayed with the staffing fill rate information. The ward sisters, matrons and heads of nursing continue to review patient safety and experience on a daily basis related to the staffing on wards and movement of staffing to maintain safety. The trust continues to implement the Safecare system into daily practice to support the decision making process in terms of patient acuity and dependency. Whilst the system is utilised on a daily basis further work is taking place to fully embed the system into practice and review the data and reports produced.

There are 3 inpatient areas with registered nurse / midwife fill rates <70% in January 2018 (appendix 1). There are 3 inpatient areas that have been <80% (red) for 3 consecutive months November 2017 to January 2018. There is a decrease in the number of wards reporting less than 70% registered nurse fill rate. The wards reporting less than 70% fill rates in month and less than 80% for 3 consecutive months are the same group of wards each month. With a number of wards that are not included in this mitigation due to the cut off points however are experiencing challenges with the fill rates of the shifts for both registered and unregistered nurses. These areas are:

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**Less than 70% fill rate in the month:**

- Ward 28 - The fill rates for registered nurses at night are reported as fewer than 80% for 3 consecutive months, during which time the HCA fill rates are over 200% as like ward 27, a skill mix adjustment has taken place to manage patient care requirements. As part of the annual strategic staffing establishment reviews being undertaken by the chief nurse, the matron and head of nursing have recommended that the skill mix be changed to 2 registered nurses, and 2 health care assistants going forward, as this has proven to be an effective use of available resources.
- Ward 26 has been included this month for 3 consecutive months of reduced fill rates. This is primarily as a result of supporting other wards departments. A decision is taken by the matron, nurse in charge or site matron out of hours to move staff from the most suitable location to support other areas that require assistance in terms of maintaining safe staffing across the trust. Ward 26 and ward 11 often support their colleagues in surgery and other divisions and therefore the result is a lower fill rate. This is closely monitored through the heads of nursing a, matrons and Datix recording system. The movement of staff has been supported by additional HCA resource which can be seen from the fill rates.
- Ward 31 - (elderly medicine) the planned staffing is 3 Registered Nurses (RN) and 3 Health Care Assistants (HCA), however, the majority of nights on Ward 31 are 2 RN and 4 HCA. The RN unfilled shifts are covered with an increase the HCA numbers available on the ward to provide basic patient cares.

**Less than 80% fill rate for 3 consecutive months:**

- Stroke ward 6. As previously reported, the amalgamation of stroke services on one ward has helped the staffing situation but has not eradicated the need for further focused work on recruitment, retention and further skill mix reviews. The ward remains in transition with new working models being embedded.
- Ward 11 has been included this month for 3 consecutive months of reduced fill rates. This is primarily as a result of supporting other wards departments, as detailed above.
- Ward 3 consistently reports less than 80% fill rate for nurses both day and night over the last 3 months. Ward 3 has challenges recruiting staff and consequently difficulties in maintaining the planned numbers of registered nurses. The ward has not previously seen any increase in pressure ulcers and their ward accreditation rating is green. This ward is part of the nursing associate pilot. This month ward 3 has higher than 70% fill rate on days compared to previous months. Other new roles are being explored to support this area.

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## 5. Conclusion

This report provides details of the planned versus actual staffing levels for registered nurses / midwives and care staff for January 2018. Robust monitoring remains in place with a daily overview of the staffing in each area to maintain safety.

Where areas have identified a risk regarding staffing, mitigation is put in place and monitored, more detail is included in this paper for further openness and transparency.

Activities continue to manage the recruitment of new nurses, retention of existing nurses and efficiency of deployment of the existing and temporary nursing workforce.



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**Appendix 1 – January 2018 Heat Map**

Ward Name	Patient feedback			Harms								Absence and Turnover			Staffing								Ward Accreditation Score
				Falls with harm			Pressure Ulcers			Infection control					Day		Night		Care Hours Per Patient Day (CHPPD)				
	Compliments	Complaints	FFT recommended	No harm	Low	Moderate	Category 2	Category 3	Category 4	MRSA	C.Diff	Cumulative % Abs Rate (FTE)	Labour Turnover Rate Headcount %	Labour Turnover Rate FTE %	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	
AMU	0	0	-	6	0	0	0	0	0	0	0	8.2	14.4	14.0	87.6	95.4	100.7	109.5	687	7	7	15	Dec-16
ICU	0	0	-	0	0	0	1	2	0	1	0	9.6	14.4	14.4	90.2	93.3	92.1	0.0	282	33	3	35	
WARD 03	0	0	100%	5	0	0	0	0	0	0	0	5.5	7.7	7.9	74.1	91.7	71.8	109.2	445	6	7	13	Feb-18
WARD 06	0	0	100%	3	1	0	4	1	0	0	0	10.1	6.2	4.0	75.4	131.6	88.8	143.1	875	5	6	11	Jan-18
WARD 07	0	0	100%	0	0	0	0	0	0	0	0	3.3	9.8	8.5	89.1	103.5	100.3	106.2	275	6	4	9	Jun-17
WARD 08	0	1	100%	0	1	0	0	1	0	0	0	2.8	9.8	10.3	75.0	92.2	93.6	121.7	791	3	2	5	May-18
WARD 09	0	0	100%	5	1	0	0	0	0	0	0	6.9	15.1	14.1	79.1	104.3	97.6	124.6	756	3	3	6	Dec-17
WARD 11	0	1	100%	4	1	0	1	0	0	0	0	4.9	6.7	6.9	76.7	112.6	84.3	144.2	657	4	2	6	Dec-16
WARD 12	0	0	100%	2	1	0	0	0	0	0	0	4.4	25.5	24.4	90.1	165.7	100.2	199.1	529	5	2	7	Jan-17
WARD 14	0	0	100%	4	1	0	2	0	0	0	0	7.6	11.1	11.4	94.8	140.4	100.6	154.5	454	5	3	7	Jun-17
WARD 15	0	0	-	6	0	0	0	0	0	0	0	3.1	4.7	4.1	89.0	109.2	106.3	115.7	500	3	4	7	Jan-18
WARD 18	0	0	100%	1	0	0	0	0	0	0	0	10.8	20.4	18.7	76.1	109.2	80.7	170.3	520	5	3	8	Mar-17
WARD 20	6	1	100%	0	0	0	0	0	0	0	0	4.8	5.3	5.4	82.7	110.5	90.8	134.5	469	7	3	10	Nov-16
WARD 21	0	0	95%	1	0	0	1	0	0	1	0	5.9	21.7	20.2	77.9	122.6	94.9	125.1	565	4	2	7	Apr-17
WARD 22	1	0	-	6	1	0	1	1	0	0	0	6.6	18.2	17.0	83.3	118.2	94.9	114.9	792	5	3	9	Nov-16
WARD 23	0	0	100%	1	0	0	2	0	0	0	0	5.2	9.9	9.9	78.7	88.6	95.6	97.5	752	6	3	9	Nov-16
WARD 24	0	0	100%	0	2	0	0	0	0	0	0	4.6	0.0	0.0	96.2	100.4	96.8	131.7	217	7	6	12	Jan-18
WARD 25	0	0	100%	0	0	0	0	0	0	0	0	2.9	0.0	0.0	94.9	139.2	100.4	-	220	7	3	10	Jun-17

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WARD 26	0	1	100%	4	1	0	1	1	0	0	0	6.8	20.6	21.9	69.7	137.2	93.5	115.5	702	4	3	7	Mar-17
WARD 27	2	0	100%	0	7	0	2	1	0	0	0	5.7	35.1	36.2	86.1	152.2	88.2	192.6	684	4	3	6	Aug-17
WARD 28	2	1	94%	2	4	0	0	0	0	0	0	4.2	16.0	15.3	70.8	124.3	67.3	197.2	571	3	3	6	Nov-17
WARD 29	6	1	75%	4	7	0	0	2	0	0	0	4.5	7.8	7.1	76.2	113.6	93.7	115.6	788	3	4	7	May-17
Paediatrics	1	0	100%	0	0	0	0	0	0	0	0	7.7	31.3	30.9	85.2	58.8	97.2	22.5	902	10	1	11	Nov-17
WARD 31	0	1	62%	8	0	0	0	0	0	0	0	4.6	5.6	5.5	84.8	111.3	66.8	137.4	902	2	4	6	Nov-16
YORK	0	0	100%	0	0	0	0	0	0	0	1	5.3	22.9	18.8	77.4	318.8	101.6	-	315	5	3	8	Nov-16
BIRTHING CTR	0	0	100%	0	0	0	0	0	0	0	0	5.5	18.2	22.6	89.8	78.2	92.0	-	128	16	5	20	
LABOUR WARD	0	0	100%	0	0	0	0	0	0	0	0	4.4	10.3	11.1	91.0	60.9	97.2	100.3	377	12	3	15	Jul-17
NNU	0	0	100%	0	0	0	0	0	0	0	0	3.0	19.7	19.8	90.3	-	94.6	-	645	13	0	13	
WARD M3	0	0	100%	0	0	0	0	0	0	0	0	5.3	6.7	4.5	97.1	49.3	92.7	96.9	763	3	1	4	Jan-17
WARD M4	0	0	100%	0	0	0	0	0	0	0	0	5.8	13.0	10.7	99.5	58.4	93.7	91.9	1095	3	1	4	Jan-17
WBG	0	0	100%	3	0	0	0	0	0	0	0	5.8	10.3	9.5	89.6	104.0	106.8	107.7	449	3	4	7	Feb-17
WWP	0	0	100%	5	1	0	0	0	0	0	0	8.3	19.0	16.5	82.1	112.0	105.5	125.8	578	3	3	5	Sept-16
WARD F5	0	0	100%	10	1	0	0	0	0	0	0	5.1	12.7	12.1	99.3	102.7	100.0	99.2	726	2	4	6	Sept-16
WARD F6	0	0	96%	1	0	0	0	0	0	0	0	8.0	9.5	8.9	74.5	99.9	96.8	100.0	652	2	4	6	Jan-18

Key:							
Complaints,	Compliments,	Falls,	Pressure	0 – Green	Staffing:		>95 - green
ulcers,	MRSA and C Difficile:			>1 – Amber			80-95 - amber
				>2 - Red			<80 - red

**\*The ward names above have not been changed to reflect the reconfiguration in February**