

Board of Directors: 10.05.18

Agenda Item: Bo.5.18.31

NURSE STAFFING DATA PUBLICATION REPORT – FEBRUARY 2018

| | | | |
|---------------------------|--|---------|----------------------------------|
| Presented by: | Karen Dawber Chief Nurse | Author: | Jo Hilton, Assistant Chief Nurse |
| Previously considered by: | Workforce Committee – 28.03.18 Quality Committee – 28.03.18 | | |

| 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 % | |
| Feb-18 | BRI | 83.1% | 105.3% | 92.8% | 116.4% | |
| Feb - 18 | SLH + CH | 85.2% | 115.7% | 100.4% | 129.2% | |
| 3. Note mitigation taken. | | | | | | To note and gain assurance |

Executive Summary:

This report provides an update on the mandatory nurse staffing data for February 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.

Financial implications:

N/a

Regulatory Relevance:

| | |
|----------|------------------------------|
| Monitor: | Quality Governance Framework |
| Equality | Not Applicable |

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| | |
|---------------------------|---|
| Impact / Implications: | <p>Is there likely to be any impact on any of the protected characteristics? (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> |
|---------------------------|---|

| | |
|--------|------------------------------------|
| Other: | CQC – Domains of Safe and Well Led |
|--------|------------------------------------|

| | |
|---|---|
| Strategic Objective: <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 |
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1. Introduction

This paper reports on the nurse staffing data for February 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 February 2018

Table 1 below outlines the average fill rates for registered nurses/midwives and care staff over both day and night shifts in February 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.

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Table 1

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

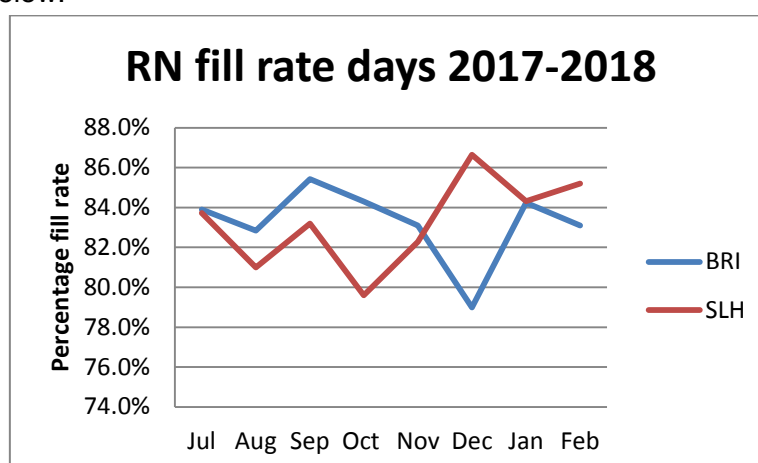


Figure 1

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

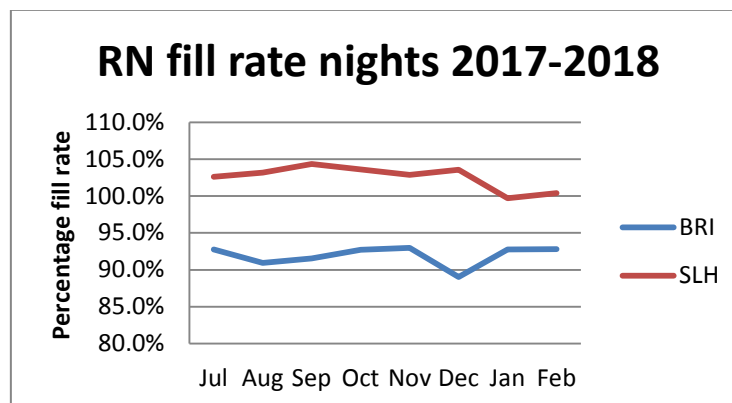


Figure 2

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 February 2018, there have been 25 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 |
| January 2018 | 16 |
| February 2018 | 25 |

Table 2

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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 planned number. Each incident is investigated with feedback given to individuals and actions taken to address concerns where appropriate. During February of the 25 Datix incident reports were submitted 2 were from ward 27, 3 from AMU and 3 from ward 12. Some of these were duplicate reports from a ward sending a nurse to another ward and the receiving nurse also completing a report. There were 7 incident reports completed from AED. The themes from the AED incidents relate to very busy department with high numbers of attenders, high acuity, maintaining staffing in the clinical decision unit area.

2 of the incidents this month have been reported as low harm and the remaining incidents reported as no harm, although from the information available 3 would be categorised as low harm due to delays in patients receiving medications, monitoring and support required, although the investigation is outstanding.

The remaining incidents reported all relate to the movement of staff to maintain safety across the ward areas and where the skill mix of staff available is less than ideal. From the incidents reported nurses are expressing increased levels of concern about the standard and timeliness of patient care they are able deliver and the suitability of staff available to work in the areas either from agency or from other wards in the trust that do not have the same knowledge of a specialism.

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 (December 2017 to February 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.

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There are 3 inpatient areas with registered nurse / midwife fill rates <70% in February 2018 (appendix 1). There are 6 inpatient areas that have been <80% (red) for 3 consecutive months December 2017 to February 2018. There is an increase in the number of wards reporting less than 80% registered nurse fill rate. Whilst the wards reporting less than 70% fill rates in month are the same group of wards each month. 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:

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 26 have recruited to 0.80wte qualified and have a current advert out for a 12 month fixed term band 6 development post. An RN has temporarily been moved from the leg ulcer clinic for the months of March and April to help support the ward with sickness and vacancies.
- 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.

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- Ward 8 and 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. Both wards have 1 less registered nurse than planned resulting in a reduced fill rate that is consistently occurring.
- 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 23 ARCU and RHCU planned staffing has been met, however the planned registered nurse numbers on the wards on days has dropped for ward 23. Planned staffing is 4 Registered nurses during the day and 3 at night. Staffing has been 3 registered nurses during the day and this has been maintained at night shift following matron and ward sister assessment.
- Ward 18 registered nurse staffing covers the actual ward beds, ore assessment and PCU beds. During February the ward was consistently staffed with 3 registered nurses instead of 4 registered nurses. Nurses remained available to staff pre assessment and PCU as required therefore the ward area fill rate was less, hence the drop to less than 80% fill rate in the last 3 months.

5. Conclusion

This report provides details of the planned versus actual staffing levels for registered nurses / midwives and care staff for February 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 – February 2018 Heat Map

| | 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) | | | | |
| Ward Name | 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 | 1 | 100 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7.8 | 12.9 | 12.5 | 86.1 | 97.6 | 94.0 | 109.2 | 705 | 6 | 6 | 13 | Feb-18 |
| ICU | 0 | 0 | - | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9.5 | 14.2 | 14.2 | 90.9 | 113.9 | 90.0 | - | 244 | 33 | 3 | 36 | |
| WARD 03 | 1 | 1 | 100 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5.2 | 7.3 | 6.5 | 76.1 | 94.9 | 71.5 | 100.2 | 432 | 5 | 7 | 12 | Feb-18 |
| WARD 06 | 0 | 0 | 100 | 7 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 10.7 | 9.8 | 8.0 | 79.3 | 116.0 | 92.6 | 109.5 | 998 | 4 | 4 | 8 | Nov-17 |
| WARD 07 | 0 | 0 | 80 | 4 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | - | - | - | 79.3 | 115.7 | 98.8 | 96.4 | 325 | 4 | 3 | 7 | Jun-17 |
| WARD 08 | 0 | 0 | 88 | 4 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 2.5 | 9.8 | 10.3 | 73.2 | 100.9 | 84.1 | 151.6 | 753 | 3 | 2 | 5 | May-17 |
| WARD 09 | 0 | 2 | 100 | 6 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 6.8 | 12.6 | 11.6 | 94.0 | 127.8 | 126.9 | 158.6 | 721 | 2 | 2 | 4 | Dec-17 |
| WARD 11 | 0 | 0 | 92 | 0 | 2 | 1 | 0 | 1 | 0 | 0 | 0 | 4.5 | 6.6 | 6.8 | 73.9 | 117.6 | 90.0 | 139.8 | 668 | 3 | 2 | 5 | Mar-18 (tbc) |
| WARD 12 | 0 | 2 | 100 | 3 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 4.9 | 24.5 | 23.0 | 90.2 | 200.2 | 103.5 | 205.4 | 573 | 4 | 2 | 7 | Jan-17 |
| WARD 14 | 0 | 0 | 80 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 7.6 | 10.7 | 11.0 | 89.2 | 126.0 | 100.0 | 92.9 | 423 | 4 | 2 | 6 | Jun-17 |
| WARD 15 | 0 | 0 | 100 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 6.0 | 4.7 | 4.1 | 78.1 | 89.4 | 96.4 | 94.6 | 504 | 3 | 3 | 6 | Dec-17 |
| WARD 18 | 0 | 0 | - | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10.6 | 16.7 | 14.8 | 76.4 | 163.1 | 80.9 | 219.3 | 557 | 4 | 3 | 7 | Mar-17 |
| WARD 20 | 0 | 0 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4.4 | 5.2 | 5.3 | 83.6 | 112.8 | 97.9 | 110.6 | 466 | 7 | 2 | 9 | Mar-18 |
| WARD 21 | 0 | 1 | 88 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6.1 | 22.2 | 20.8 | 70.4 | 136.9 | 93.6 | 117.5 | 572 | 4 | 2 | 6 | Apr-17 |
| WARD 22 | 0 | 0 | 100 | 3 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 6.3 | 21.6 | 21.5 | 70.0 | 117.9 | 95.6 | 134.0 | 746 | 5 | 4 | 9 | Mar-18 (tbc) |
| WARD 23 | 2 | 0 | 100 | 2 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 5.3 | 9.6 | 9.6 | 75.6 | 102.6 | 92.9 | 104.5 | 770 | 5 | 3 | 8 | Feb-18 |
| WARD 24 | 0 | 0 | 100 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4.0 | 0.0 | 0.0 | 100.0 | 68.6 | 100.0 | 100.0 | 319 | 4 | 2 | 6 | Jan-18 |
| WARD 25 | 0 | 0 | 93 | 3 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 3.4 | 0.0 | 0.0 | 98.1 | 164.2 | 101.7 | - | 241 | 5 | 3 | 9 | Jun-17 |

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|--------------|---|---|-----|----|---|---|---|---|---|---|---|-----|------|------|------|-------|-------|-------|------|----|---|----|--------------|
| WARD 26 | 0 | 0 | 100 | 2 | 3 | 0 | 0 | 1 | 0 | 0 | 0 | 6.8 | 20.3 | 21.5 | 64.4 | 135.8 | 90.5 | 115.6 | 699 | 3 | 3 | 6 | Mar-17 |
| WARD 27 | 4 | 0 | 100 | 0 | 6 | 0 | 0 | 1 | 0 | 0 | 0 | 6.0 | 29.1 | 29.6 | 77.6 | 171.1 | 92.9 | 191.1 | 615 | 4 | 3 | 7 | Aug-17 |
| WARD 28 | 0 | 0 | 100 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 3.9 | 16.0 | 15.3 | 67.2 | 107.0 | 68.5 | 169.6 | 638 | 3 | 2 | 5 | Nov-17 |
| WARD 29 | 8 | 0 | 61 | 1 | 8 | 0 | 3 | 0 | 0 | 0 | 0 | 4.7 | 7.8 | 7.1 | 84.2 | 106.8 | 92.2 | 111.9 | 846 | 3 | 3 | 6 | May-17 |
| Paediatrics | 0 | 0 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7.5 | 33.0 | 31.6 | 89.2 | 54.0 | 99.0 | 12.5 | 1025 | 8 | 1 | 8 | Nov-17 |
| WARD 31 | 0 | 1 | 68 | 14 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 5.1 | 2.8 | 2.7 | 83.4 | 114.4 | 68.8 | 134.1 | 1025 | 2 | 3 | 5 | Nov-16 |
| YORK | 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5.3 | 33.3 | 28.6 | 81.0 | 228.8 | 100.0 | - | 194 | 6 | 4 | 10 | Nov-16 |
| BIRTHING CTR | 0 | 0 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5.0 | 18.2 | 22.6 | 93.2 | 73.9 | 97.5 | - | 91 | 21 | 5 | 26 | |
| LABOUR WARD | 0 | 0 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4.1 | 10.5 | 11.3 | 95.0 | 53.5 | 97.3 | 103.6 | 258 | 19 | 3 | 22 | Jul-17 |
| NNU | 0 | 0 | - | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 3.2 | 16.6 | 15.7 | 88.3 | - | 90.0 | - | 628 | 12 | 0 | 12 | |
| WARD M3 | 0 | 0 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5.2 | 6.7 | 4.5 | 91.0 | 49.6 | 92.0 | 100.2 | 718 | 3 | 1 | 4 | Jan-17 |
| WARD M4 | 0 | 0 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4.9 | 13.0 | 10.7 | 95.2 | 58.0 | 100.1 | 96.6 | 958 | 3 | 1 | 4 | Jan-17 |
| WBG | 0 | 0 | 100 | 8 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 6.0 | 10.2 | 9.4 | 87.4 | 106.3 | 108.4 | 107.0 | 477 | 3 | 3 | 6 | Feb-17 |
| WWP | 0 | 0 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8.4 | 18.6 | 16.1 | 89.0 | 105.0 | 105.7 | 106.2 | 546 | 2 | 2 | 5 | Feb-18 |
| WARD F5 | 0 | 0 | 100 | 4 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 4.9 | 15.6 | 15.7 | 99.3 | 96.7 | 100.0 | 97.3 | 850 | 2 | 3 | 5 | Mar-18 (tbc) |
| WARD F6 | 0 | 1 | 100 | 3 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 8.4 | 9.4 | 8.7 | 70.2 | 112.0 | 100.0 | 105.6 | 687 | 2 | 4 | 6 | Jan-18 |

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

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

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NURSE STAFFING DATA PUBLICATION REPORT – MARCH 2018

| | | | |
|---------------------------|------------------------------|---------|----------------------------------|
| Presented by: | Karen Dawber Chief Nurse | Author: | Jo Hilton, Assistant Chief Nurse |
| Previously considered by: | Quality Committee – 25.04.18 | | |

| 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 |
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Financial implications:

N/a

Regulatory Relevance:

Monitor: Quality Governance Framework

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| | |
|---------------------------------------|--|
| Equality Impact / Implications: | Not Applicable Is there likely to be any impact on any of the protected characteristics? (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? |
|---------------------------------------|--|

| | |
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| Other: | CQC – Domains of Safe and Well Led |
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| | |
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| Strategic Objective: <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 |

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2. Results for March 2018

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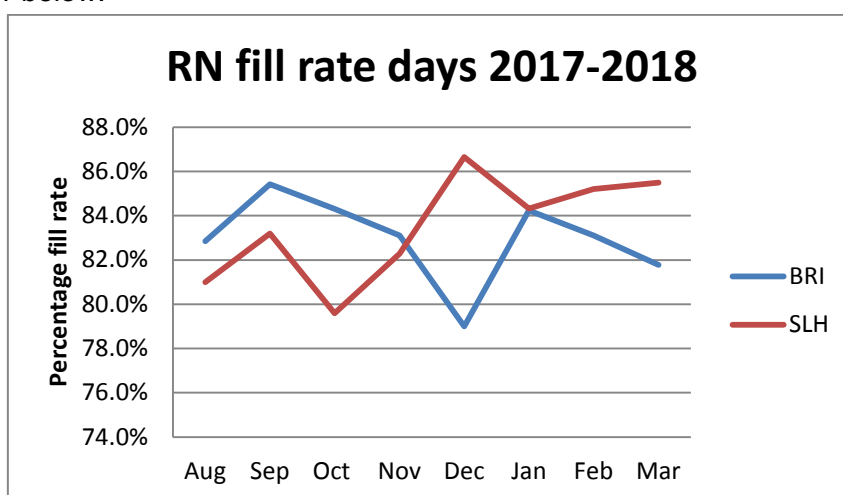


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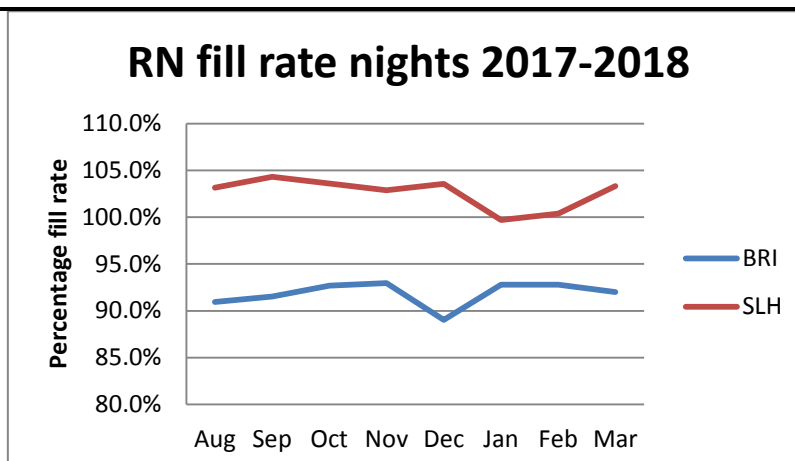


Figure 2

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 March 2018, there have been 44 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:

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| December 2017 | 23 |
| January 2018 | 16 |
| February 2018 | 25 |
| March 2018 | 44 |

Table 2

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During March there is a significant increase in the number of reported incidents. At the time of producing the report 24 of the incidents were recorded as no harm and 4 with low harm. 16 of the incidents have not had an investigation completed at the time of this report. 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 planned number. Each incident is investigated with feedback given to individuals and actions taken to address concerns where appropriate. There were 15 incident reports completed from AED. There has been an increase in the Datix reports as the staffing in the department has been low and an instruction was received that the Clinical Decision Unit (CDU) and streaming could not be stopped without executive agreement. A flow chart has been agreed by the Head of Nursing and is currently with AED managers where further agreement is required prior to sharing with the teams to ensure correct and timely escalation and where staff can access support from in these instances. The expectation is that these incidents will reduce over time with these actions being taken. The themes from the AED incidents remain the same as previous months and relate to very busy department with high numbers of attenders, high acuity, maintaining staffing in the clinical decision unit area.

4 of the incidents this month have been reported as low harm and the remaining incidents reported as no harm. These incidents reported as low harm relate to closure of CDU beds due to staffing, inability to provide one to one care for patient at high risk of falls, staff unable to take breaks and where staffing is not deemed at a suitable level to meet the patient acuity at the time of the report. For all of these incidents actions have been taken to mitigate harm with resource available from across the Trust.

From the incidents reported, nurses are expressing increased levels of concern about the standard and timeliness of patient care they are able to deliver and the suitability of staff available to work in the areas, either from agency or from other wards in the trust that do not have the same knowledge of a specialism.

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, resulting in difficult decision making, due to the limited 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 electronic roster system will continue to support this decision making process, as it provides evidence of acuity of patients by ward, and is updated 3 times a day.

There were no occasions where there were less than 2 registered nurses on a shift and no occasions where a shift was deemed unsafe, although a significant amount of senior nursing time (heads of nursing, matrons and clinical site team members) both in and out of hours, was consumed in maintaining this position.

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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 (January 2018 to March 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 staff 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 5 inpatient areas with registered nurse / midwife fill rates <70% in March 2018 (appendix 1). There are 5 inpatient areas that have been <80% (red) for 3 consecutive months January 2018 to March 2018. There is a decrease in the number of wards reporting less than 80% registered nurse fill rate. The wards reporting less than 70% fill rates in-month have increased and are the same group of wards each month. These areas are:

Less than 70% fill rate in the month:

- Ward 27 and 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 DADS (Division of Anaesthesia, Surgery and Diagnostics) and other divisions and therefore the result is a lower fill rate. This is closely monitored through the heads of nursing, matrons and Datix recording system. The movement of staff has been supported by additional HCA being deployed to the ward to back fill where registered nurses are moved, which can be seen from the fill rates. Ward 26 have recruited to 0.80wte qualified and have a current advert out for a 12 month fixed term band 6 development post. An RN has temporarily been moved from the leg ulcer clinic for the months of March and April to help support the ward with sickness and vacancies.

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- Ward 31 – The planned staffing on the night shift is 3 Registered Nurses (RN) and 3 Health Care Assistants (HCA), however, the 3rd RN isn't always available, therefore the majority of nights on Ward 31 are 2 RN and 4 HCA. The RN unfilled shifts are covered with a additional HCA cover.
- Ward 11 has been included this month for 3 consecutive months of reduced fill rates previously and now has less than 70% day fill rate in March. This is primarily as a result of supporting other wards departments, as detailed above.

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. Following a review of ward 6 it has been agreed to split the management of the ward from the Hyper Acute Stroke Unit (HASU).
- Ward 8 has been included this month for 3 consecutive months of reduced fill rates. This is primarily as a result of supporting other wards departments.,
- 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 23 ARCU and RHCU planned staffing has been met, however the planned registered nurse numbers on the wards on days has dropped for ward 23. Planned staffing is 4 Registered nurses during the day and 3 at night. Actual staffing has been 3 registered nurses during the day and this has been maintained at night shift following matron and ward sister assessment.
- Ward 21, the planned registered nurse numbers are 5 on the late shift. Due to vacancy and short term absence this is often 3 registered nurses and a health care assistant. The morning shifts are often at the planned levels. Early shifts are often filled by bank and agency staff and the late shifts not covered.
- Ward F6, a change of skill mix of registered nurses and healthcare assistants has taken place; there has been an increase in sickness of registered staff, which has been replaced with a healthcare assistant and reduces the registered nurse numbers from 3 to 2. There have been no incidents reported as a result of this. Absence management processes are in place.

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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 March 2018. Robust monitoring remains in place with a daily overview of the staffing in each area to maintain safety.

Please note appendix 1 has the newly configured wards reflected in the heat map. Due to the recent changes with the wards not all the absence and turnover information can be provided this month.

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 March 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 % | 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 | 100 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7.4 | 15.3 | 15.1 | 80.0 | 90.3 | 95.1 | 106.3 | 694 | 7 | 7 | 14 | Feb-18 |
| ICU | 0 | 0 | 100 | 1 | 0 | 0 | 2 | 3 | 0 | 0 | 0 | 8.9 | 12.0 | 11.8 | 94.1 | 128.6 | 98.9 | - | 271 | 35 | 3 | 38 | |
| WARD 03 | 0 | 1 | 98 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 5.3 | 7.4 | 6.6 | 76.0 | 95.6 | 74.3 | 102.5 | 443 | 6 | 7 | 13 | Feb-18 |
| WARD 06 | 0 | 0 | 100 | 7 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 6.5 | 12.8 | 12.5 | 83.7 | 125.2 | 96.4 | 122.9 | 883 | 5 | 6 | 11 | Nov-17 |
| WARD 07 | 0 | 0 | 100 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | - | 101.2 | 97.0 | 100.0 | 105.3 | 370 | 4 | 3 | 7 | Jan-18 |
| WARD 08 | 0 | 0 | 94 | 4 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 2.7 | 9.8 | 10.3 | 78.3 | 104.3 | 83.4 | 144.2 | 752 | 3 | 2 | 5 | May-17 |
| WARD 09 | 0 | 2 | 100 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | - | 81.3 | 103.1 | 100.6 | 98.7 | 790 | 3 | 3 | 5 | Dec-17 |
| WARD 11 | 0 | 1 | 95 | 0 | 2 | 1 | 2 | 0 | 0 | 0 | 1 | 3.9 | 6.6 | 6.8 | 69.8 | 125.2 | 84.0 | 155.6 | 651 | 3 | 2 | 6 | Mar-18 |
| WARD 12 | 0 | 1 | 97 | 3 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 5.3 | 28.6 | 26.6 | 85.3 | 181.9 | 110.7 | 193.0 | 502 | 5 | 2 | 8 | Mar-18 (tbc) |
| WARD 14 | 0 | 0 | 100 | 1 | 1 | 0 | 2 | 2 | 0 | 0 | 1 | 7.9 | 10.9 | 11.1 | 94.0 | 142.5 | 100.0 | 100.0 | 510 | 4 | 2 | 6 | Jun-17 |
| WARD 15 | 0 | 0 | - | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | - | - | - | 71.2 | 102.3 | 101.1 | 129.3 | 790 | 2 | 3 | 5 | - |
| WARD 18 | 0 | 0 | 100 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 10.6 | 12.5 | 12.8 | 86.3 | 143.5 | 91.9 | 206.2 | 561 | 4 | 3 | 7 | Mar-17 |
| WARD 20 | 0 | 0 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4.0 | 7.9 | 8.1 | 84.4 | 106.6 | 93.7 | 111.8 | 519 | 7 | 2 | 9 | Mar-18 |
| WARD 21 | 0 | 0 | 96 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6.6 | 22.7 | 21.4 | 73.6 | 111.5 | 96.1 | 116.0 | 587 | 4 | 2 | 6 | Apr-17 |
| WARD 22 | 0 | 0 | 100 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6.4 | 19.2 | 19.8 | 78.5 | 154.5 | 91.6 | 145.9 | 700 | 5 | 4 | 9 | Mar-18 (tbc) |

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|-----------------|---|---|-----|----|---|---|---|---|---|---|---|-----|------|------|-------|-------|-------|-------|------|----|---|----|--------------|
| WARD 23 | 1 | 0 | 100 | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 5.6 | 9.5 | 9.5 | 74.8 | 110.4 | 90.9 | 103.3 | 628 | 6 | 4 | 10 | Feb-18 |
| WARD 24 | 0 | 0 | 100 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | - | 100.0 | 107.7 | 100.1 | 139.3 | 505 | 3 | 3 | 5 | Jan-18 |
| WARD 25 | 0 | 0 | 100 | 3 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 4.8 | 0.0 | 0.0 | 98.6 | 135.9 | 99.1 | - | 237 | 6 | 3 | 9 | Jun-17 |
| WARD 26 | 0 | 0 | 100 | 2 | 3 | 0 | 0 | 2 | 0 | 0 | 0 | 6.7 | 17.4 | 18.6 | 65.3 | 143.5 | 89.5 | 118.9 | 720 | 3 | 3 | 7 | Mar-17 |
| WARD 27 | 2 | 0 | 100 | 0 | 6 | 0 | 2 | 0 | 0 | 0 | 0 | 6.6 | 25.9 | 26.5 | 68.5 | 183.7 | 82.1 | 217.3 | 636 | 4 | 3 | 7 | Aug-17 |
| WARD 28 | 0 | 0 | 100 | 0 | 0 | 1 | | 0 | 0 | 0 | 0 | 3.2 | 24.0 | 21.4 | 59.0 | 131.2 | 65.1 | 157.6 | 470 | 4 | 3 | 7 | Nov-17 |
| WARD 29 | 1 | 0 | 91 | 1 | 8 | 0 | 2 | 0 | 0 | 0 | 0 | 4.7 | 5.3 | 4.4 | 78.9 | 117.3 | 87.1 | 121.7 | 826 | 3 | 4 | 7 | May-17 |
| Paediatrics | 0 | 0 | - | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7.6 | 23.9 | 22.7 | 87.9 | 41.0 | 98.1 | 51.9 | 1025 | 9 | 1 | 10 | Nov-17 |
| WARD 31 | 0 | 0 | 71 | 14 | 1 | 0 | 4 | 0 | 0 | 0 | 0 | 5.5 | 2.9 | 2.7 | 81.1 | 112.4 | 67.7 | 138.8 | 1025 | 2 | 3 | 6 | Mar-18 (tbc) |
| WARD 33 | 0 | 0 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | - | 79.0 | 116.8 | 100.0 | 99.1 | 370 | 4 | 3 | 7 | Jun-17 |
| BIRTHING CENTRE | 0 | 0 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6.6 | 18.2 | 22.3 | 85.2 | 93.1 | 88.7 | - | 92 | 21 | 7 | 28 | |
| LABOUR WARD | 0 | 0 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4.1 | 10.3 | 11.2 | 87.1 | 53.6 | 98.7 | 90.5 | 325 | 16 | 3 | 19 | Jul-17 |
| NNU | 0 | 0 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3.7 | 16.5 | 15.6 | 79.0 | - | 82.8 | - | 591 | 13 | 0 | 13 | |
| WARD M3 | 0 | 0 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4.9 | 6.5 | 4.3 | 91.2 | 55.8 | 88.0 | 96.8 | 571 | 4 | 1 | 6 | Jan-17 |
| WARD M4 | 0 | 0 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4.7 | 12.8 | 10.5 | 87.3 | 69.7 | 99.6 | 101.6 | 821 | 4 | 2 | 5 | Jan-17 |
| WBG | 0 | 0 | 100 | 5 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 6.3 | 13.6 | 12.0 | 89.4 | 106.7 | 107.3 | 107.6 | 520 | 3 | 4 | 6 | Feb-17 |
| WWP | 0 | 0 | 100 | 4 | 4 | 0 | 1 | 0 | 0 | 0 | 0 | 8.4 | 18.6 | 16.2 | 87.5 | 102.6 | 105.0 | 106.2 | 498 | 3 | 3 | 6 | Feb-18 |
| WARD F5 | 0 | 0 | 100 | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 5.1 | 15.4 | 15.5 | 99.2 | 97.0 | 101.0 | 96.4 | 827 | 2 | 4 | 6 | Feb-18 |
| WARD F6 | 0 | 0 | 100 | 3 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 8.8 | 9.4 | 8.7 | 71.9 | 108.8 | 100.0 | 105.0 | 789 | 2 | 3 | 5 | Jan-18 |

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

***The ward names have been changed to reflect the reconfiguration in February 2018**