

APPENDIX 1: NURSE STAFFING DATA PUBLICATION REPORT – JULY 2018

1. Introduction

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

Table 1 below outlines the average fill rates for registered nurses/midwives and care staff over both day and night shifts in July 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 %
July 18	BRI	87.7%	97.1%	91.7%	112.1%
July 18	SLH	95.5%	99.3%	102.9%	100.8%

Table 1

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

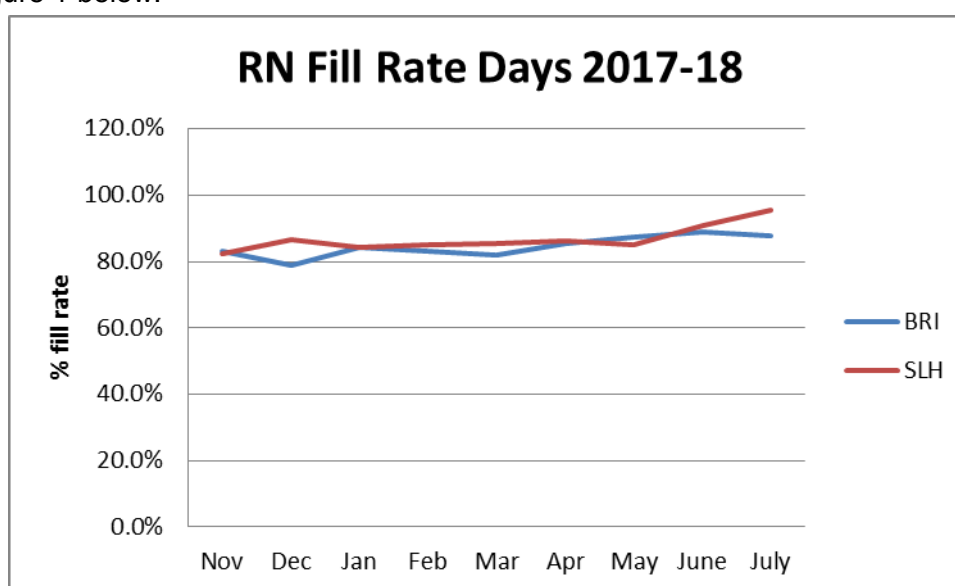


Figure 1

The percentage fill rates for night shifts for registered nurses for November 2017 to June 2018 are

Shown in figure 2 below:

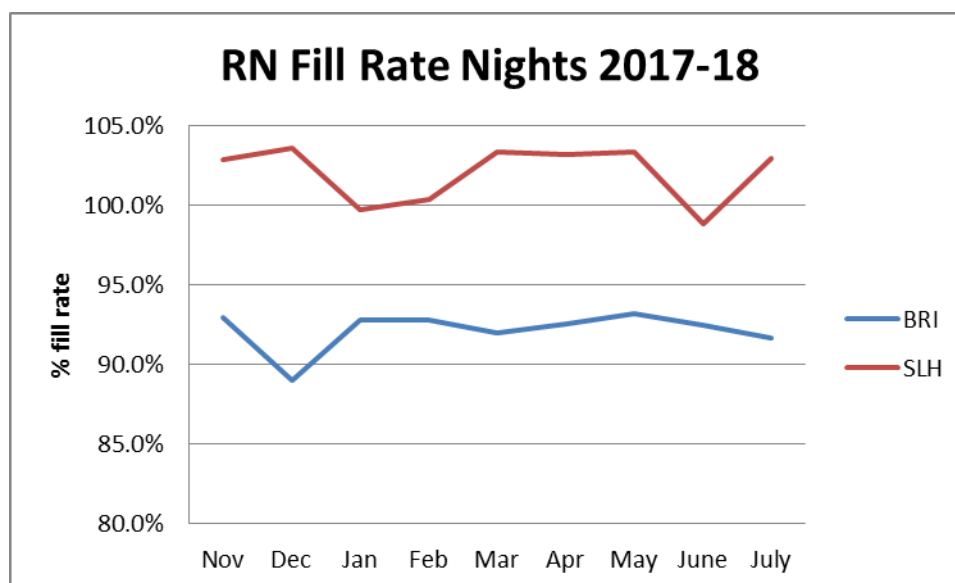


Figure 2

Annexe 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.

From the graphs an increase has been seen in Registered Nurse fill rates for days at St Luke's Hospital, with a slight reduction at BRI. On nights the registered nurse fill rates for St Luke's shows and increase in fill rates, but a slight reduction for BRI.

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 July 2018, there were 31 Datix incidents reported related to nursing and midwifery staffing on inpatient areas.

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
March 2018	44
April 2018	20
May 2018	13
June 2018	25
July 2018	31

Table 2

This data is also shown in figure 3, and shows variation from month to month since December 2016.

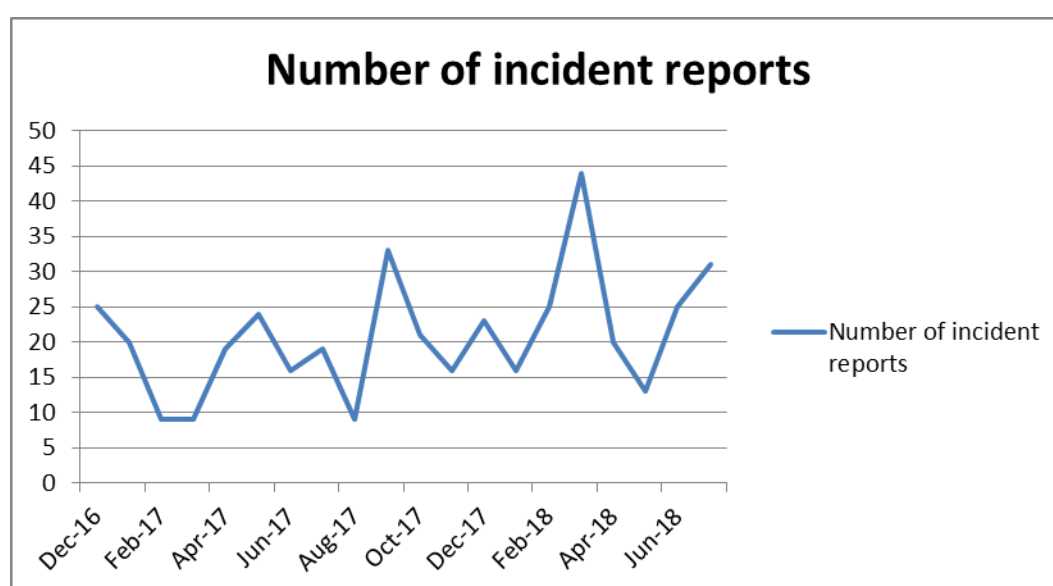


Figure 3

The number of Datix incident reports made during July 2018 has risen from the previous number reported for June 2018. Of the 31 incidents reported in July, 5 have been graded as low impact, with the remaining 26 graded as no harm.

Of the incidents reported in July 2018, 21 were within Maternity Services, of which all were identified as no harm, with 13 relating to occasions where they were unable to provide 1 to 1 care to women in labour. Seven incident reports related to either a full or partial closure (bed reduction) on Labour Ward/Birth Centre for a few hours due to staffing levels. Two reports identified that there was a delay in episiotomy repairs (suturing) being undertaken (one of which had also identified the inability to provide 1 to 1 care). Maternity Services have established an improvement workstream “Be the Best” as part of Bradford Improvement Programme, which amongst other issues, is reviewing the workforce requirements, which includes mitigation to maintain patient safety.

In the Division of Anaesthesia, Diagnostics and Surgery, four incident reports were submitted, identifying occasions where there were staff shortages and no cover was available. Two were recorded as no harm, and two as low harm, although for the latter, following investigation no harm was identified.

The remaining six incidents were reported from the Division of Medicine and Integrated Care. Three of which, related to staffing shortages in the Accident and Emergency Department, and were reported as impacting on delays in providing nursing care. Three Datix forms related to there being no Stroke Responder overnight. Following investigation, none of the incidents have identified any actual harm.

In each of these incidents appropriate escalation had taken place and where possible actions were taken to mitigate harm by redeploying resource available from across the Trust, or as in the case for the Maternity Services, temporary closure.

The use of the Safecare tool to support decision making through the availability of patient acuity and dependency data and is now established as an integral part of the safety huddles by the matrons and is used by the Clinical Site Team out of hours. The matrons and site team report that this is helping to ensure better decision making, particularly in relation to the redeployment of staff.

There were no occasions where there were less than 2 registered nurses on a shift. Although there were no examples of harm as a result of staffing, in many instances staff had reported as they recognised that the staffing levels meant that there was potential for it to be unsafe.

It should be noted that a significant amount of senior nursing time (heads of nursing, matrons and clinical site team members) both in and out of hours, continues to be required to maintain this position.

4. Exception report

The fill rates by ward, as shown in Annexe 1 have been RAG rated. The RAG rating for each ward has been reviewed for the 3 months (May 2018 to July 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. Annexe 1 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 (and Clinical Site Team out of hours) continue to review patient safety and experience on a daily basis related to the staffing on wards and movement of staff to maintain safety.

Less than 70% fill rate in the month:

There are three inpatient areas with registered nurse / midwife fill rates <70% in July 2018, Ward 28 on day shifts, paediatrics (ward 30/32) and Ward 31 on night shifts, as detailed below.

- Ward 28 - The average day fill rate for this ward was 61% for July, however the ward still maintained a care hours per patient day figure of 8 for registered nurses. This reflects the fact that the average occupancy for this period was significantly reduced, meaning that although the fill rate was low, there were significant numbers of empty beds and at no time was the staffing level deemed to be unsafe.
- Paediatrics (wards 30/32) – the average daily fill rate for this ward was 68.5% for days. Where the number of registered nurses is below the planned staffing for any given shift, the bed numbers are reduced according to the staffing available and patient acuity at that time to ensure that safe staffing levels are maintained.
- 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 additional HCA cover.

Less than 80% fill rate for 3 consecutive months:

There are 2 inpatient areas that have been <80% (red) for 3 consecutive months May 2018 to July 2018, which is a decrease from the previous month's report.

- Ward 28 – The day fill rate has been <80% for 3 months, as outlined above.
- Ward 31 – The night fill rate has also been <80% for 3 consecutive months as outlined above

5. Conclusion

This report provides details of the planned versus actual staffing levels for registered nurses / midwives and care staff for July 2018. Robust monitoring remains in place with a daily overview of the staffing in each area to maintain safety and increased use of the Safecare tool to support decision making in relation to staffing.

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. Overall there has been a small improvement in the fill rates resulting in a reduction in areas reporting less than 80% fill rates for the previous 3 months.

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

Annexe 1 July 2018 Heat Map

Inpatient Heat Map - July 2018

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 and Severe	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 1	0	2	100	1	0	0	1	0	0	0	0	-	-	-	96.4	93.5	94.4	101.9	289	10	9	18	Jun-18
AMU 4	0	2	100	1	0	0	1	0	0	0	0	-	-	-	83.3	106.0	101.1	118.0	232	10	10	21	Jun-18
ICU	0	0	-	1	0	0	0	0	0	0	0	6.6	6.7	6.5	92.6	89.2	92.6	96.8	269	34	4	38	
WARD 03	0	1	86	2	0	1	1	1	0	0	0	4.7	9.9	9.3	90.7	79.3	95.7	101.9	374	6	10	16	Feb-18
WARD 06	0	0	100	7	3	0	0	0	0	0	0	6.2	20.7	21.3	81.4	102.5	96.8	103.4	771	6	8	13	Nov-17
WARD 07	0	0	100	1	3	0	0	0	0	0	0	5.9	0.0	0.0	99.4	98.1	100.0	106.3	302	5	4	8	Jan-18
WARD 08	0	1	98	6	0	1	0	0	0	0	0	2.3	10.0	10.3	92.3	105.0	87.3	154.3	651	4	3	7	May-18
WARD 09	0	0	90	4	1	0	0	0	0	0	0	-	-	-	82.9	113.1	101.9	103.0	730	3	3	6	Jun-18
WARD 11	0	1	91	1	2	0	0	0	0	0	0	4.0	3.3	3.7	89.1	112.7	84.3	183.3	529	4	4	8	Mar-18
WARD 12	0	0	95	0	0	0	0	0	0	0	0	6.9	19.6	18.1	102.7	126.3	89.2	114.3	310	8	3	11	Mar-18
WARD 14	3	0	99	0	0	1	0	0	0	0	0	6.0	7.8	5.5	93.2	128.1	100.0	120.6	399	4	3	8	Jun-17
WARD 15	0	0	91	6	2	0	0	0	0	0	0	0.2	0.0	0.0	82.0	100.8	94.8	110.7	488	3	4	7	Dec-17

WARD 18	0	2	100	1	0	0	0	0	0	0	0	11.1	21.3	22.0	86.8	101.3	94.9	160.7	499	5	3	8	Apr-18
WARD 20	0	1	93	2	0	0	0	0	0	0	0	2.7	8.3	8.5	89.8	101.0	96.8	122.3	512	7	2	10	Mar-18
WARD 21	6	2	94	1	0	0	4	0	0	0	0	4.8	20.4	19.3	82.6	105.3	98.4	114.1	535	6	4	10	May-18
WARD 22	0	0	100	0	0	0	1	1	0	0	0	6.3	15.4	15.4	91.1	97.2	94.9	128.3	558	7	4	11	Mar-18
WARD 23	0	0	96	5	1	0	1	0	0	0	0	7.3	14.1	13.2	80.6	88.5	75.8	105.0	696	5	4	9	Feb-18
WARD 24	0	0	100	4	0	0	0	0	0	0	0	6.9	9.1	8.8	99.0	108.3	100.0	112.9	303	5	4	9	Dec-17
WARD 25	0	0	100	2	0	0	0	0	0	0	0	6.3	0.0	0.0	97.8	106.2	100.0	-	166	9	3	12	Jun-17
WARD 26	0	0	100	6	0	0	1	1	0	0	1	5.5	14.5	15.3	89.3	114.1	93.5	136.7	675	4	4	8	Apr-18
WARD 27	3	3	100	2	1	0	2	0	0	0	1	7.0	22.6	24.2	105.8	122.3	90.4	168.6	494	5	4	9	Aug-17
WARD 28	1	0	98	1	0	0	0	0	0	0	0	1.9	27.5	25.5	61.0	73.2	100.0	53.7	230	8	4	12	Nov-17
WARD 29	0	0	91	17	4	1	0	0	0	0	0	5.5	2.6	1.7	93.5	115.5	88.3	122.0	636	4	7	10	May-18
Paediatrics	0	0	91	0	0	0	1	0	0	0	0	7.4	18.1	16.9	68.5	75.8	78.6	68.1	852	9	2	11	Nov-17
WARD 31	0	0	82	7	0	0	2	0	0	0	0	4.8	5.7	5.7	90.0	106.8	68.6	124.6	568	4	7	11	Mar-18
WARD 33	0	0	100	1	0	0	1	0	0	0	0	3.7	5.0	3.4	94.1	104.4	100.0	85.5	315	5	4	9	Jun-17
BIRTHING CTR	0	0	97	0	0	0	0	0	0	0	0	2.6	18.2	22.3	100.6	83.3	96.0	-	117	18	6	24	Jun-18
LABOUR WARD	0	1	97	0	0	0	0	0	0	0	0	3.9	2.9	3.6	90.1	78.8	98.0	112.2	371	14	4	18	Jun-18
NNU	0	0	100	0	0	0	0	0	0	0	0	4.3	8.5	8.1	93.7	16.4	95.6	22.6	521	16	0	16	
WARD M3	0	0	97	0	0	0	0	0	0	0	0	4.7	6.1	4.0	87.4	60.9	88.5	122.6	672	4	1	5	Jan-17
WARD M4	0	0	97	0	0	0	0	0	0	0	0	3.6	10.3	7.8	95.3	77.6	97.6	103.2	852	3	2	5	Jan-17
WBG	0	0	-	0	0	0	0	0	0	0	0	4.8	16.9	16.4	100.2	99.5	106.5	107.2	379	4	5	9	May-18
WWP	0	0	-	0	0	0	0	0	0	0	0	8.5	9.5	10.2	102.6	97.2	106.9	103.7	443	3	4	8	Feb-18
WARD F5	0	0	100	5	2	0	1	0	0	0	0	5.1	12.5	13.2	99.7	98.9	100.0	99.9	572	3	6	8	Mar-18
WARD F6	0	0	-	3	0	0	0	0	0	0	0	10.3	13.3	13.0	85.1	101.1	98.4	97.1	587	3	5	8	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
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***The ward names have been changed to reflect the reconfiguration in February 2018**