

Meeting Title	Board of Directors		
Date	08.11.18	Agenda item	Bo.11.18.32

NURSE STAFFING DATA PUBLICATION REPORT AUGUST 2018

Presented by	Karen Dawber, Chief Nurse	
Author	Sally Scales, Deputy Chief Nurse	
Lead Director	Karen Dawber, Chief Nurse	
Purpose of the paper	This paper reports on the nurse staffing data for July 2018, identifying the actual staffing levels in place against what was planned.	
Key control	Yes	
Action required	To note	
Previously discussed at/ informed by	N/A	
Previously approved at:	Committee/Group	Date
	Quality Committee	26.09.18
Key Options, Issues and Risks		
<p>This report provides an update on the mandatory nurse staffing data for August 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.</p> <p>Nurse staffing fill rates appears on the corporate risk register, with a range of actions in place to mitigate the risk of having insufficient staff to provide safe care on the wards and departments. There is a robust oversight and escalation process in place. As part of this escalation process staff are asked to record any staffing concerns through Datix. These are monitored daily at the Matrons safety huddles; additionally the use of the Safecare tool to support decision making through the availability of patient acuity and dependency data is now established as an integral part of these safety huddles and is also used by the Clinical Site Team out of hours. There is a comprehensive recruitment and retention plan in place.</p>		
Analysis		
<p>The fill rates for registered nurses on days and nights has reduced from the previous month at both BRI and SLH. On days the fill rates have reduced by 4.2% and 1.6% for BRI and SLH respectively, whilst on nights the fill rates have reduced by 2.4% and 0.7% respectively.</p> <p>With respect to the overall management of nurse staffing and patient safety, a robust oversight and escalation process is in place. As part of this escalation process staff are asked to record any staffing concerns through Datix. During August 2018, there were 17 Datix incidents reported related to nursing and midwifery staffing on inpatient areas, which is a reduction from the previous month (down from 31). 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.</p> <p>There were two occasions where there were less than 2 registered nurses on a shift. On both occasions this was on nights on ward 28, when there was a significant reduction in the number of patients on the ward.</p>		
Recommendation		
The Committee are asked to note the content of this report		

Meeting Title	Board of Directors		
Date	08.11.18	Agenda item	Bo.11.18.33

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients		g				
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Risk Implications (see section 4 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	✓	
Quality implications	✓	
Resource implications		✓
Legal/regulatory implications		✓
Diversity and Inclusion implications		✓

Regulation, Legislation and Compliance relevance
NHS Improvement: (Risk assessment framework, quality governance framework, code of governance , annual reporting manual) yes
Care Quality Commission Domain: <i>safe, effective, caring</i>
Care Quality Commission Fundamental Standard:
Other (please state):

Relevance to other Board of Director's Committee:					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
✓	✓				

1	PURPOSE/ AIM
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This paper reports on the nurse staffing data for August 2018, identifying the actual staffing levels in place against what was planned. It identifies areas of discrepancy between the two,

Meeting Title	Board of Directors		
Date	08.11.18	Agenda item	Bo.11.18.33

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 BACKGROUND/CONTEXT

This paper provides nurse staffing data which is 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 in inpatient nurse staffing levels via UNIFY, to enable NHS England to publish Trust reports on NHS Choices.

3 Results

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 %
Aug 18	BRI	83.5%	97.0%	89.3%	108.1%
Aug 18	SLH	93.9%	96.7%	102.2%	98.7%

4 RISK ASSESSMENT

Nurse Staffing is identified as a risk on the corporate risk register.

With respect to the overall management of nurse staffing and patient safety a robust oversight and escalation process is in place. As part of this escalation process staff are asked to record any staffing concerns through Datix. These are monitored daily at the Matrons safety huddles. During August 2018, there were 17 Datix incidents reported related to nursing and midwifery staffing on inpatient areas.

A summary of the themes of these reports is included in the full report in the appendix. 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

Meeting Title	Board of Directors		
Date	08.11.18	Agenda item	Bo.11.18.33

team continue to report that this is helping to ensure better decision making, particularly in relation to the redeployment of staff.

There were 2 occasions where there was only 1 registered nurse on duty.

5	RECOMMENDATIONS
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The Committee are asked to note the content of this report.

6	Appendices
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Meeting Title	Board of Directors		
Date	08.11.18	Agenda item	Bo.11.18.33

NURSE STAFFING DATA PUBLICATION REPORT – AUGUST 2018

1. Introduction

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

Table 1 below outlines the average fill rates for registered nurses/midwives and care staff over both day and night shifts in August 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	83.5%	97.0%	89.3%	108.1%
July 18	SLH	93.9%	96.7%	102.2%	98.7%

Table 1

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

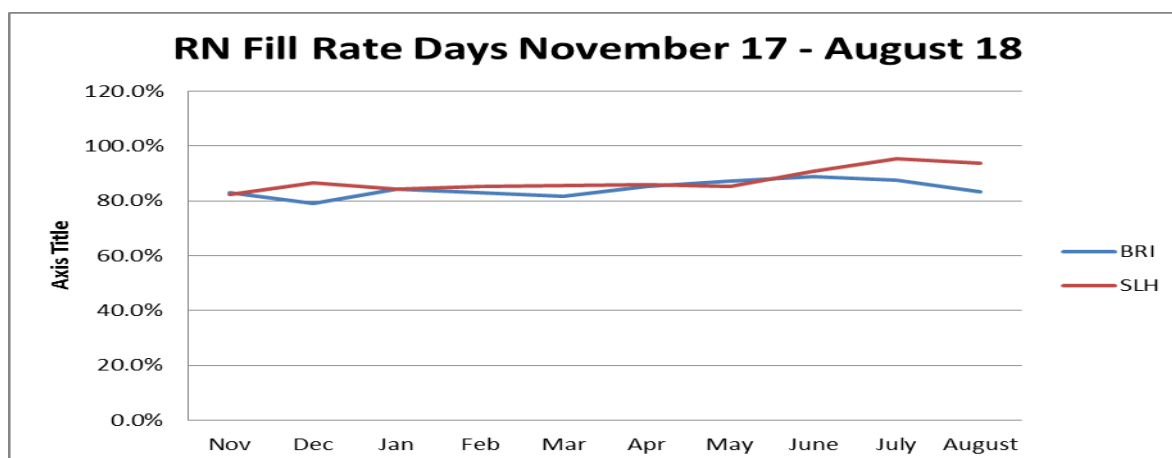


Figure 1

Meeting Title	Board of Directors		
Date	08.11.18	Agenda item	Bo.11.18.33

The percentage fill rates for night shifts for registered nurses for November 2017 to August 2018 are shown in figure 2 below:

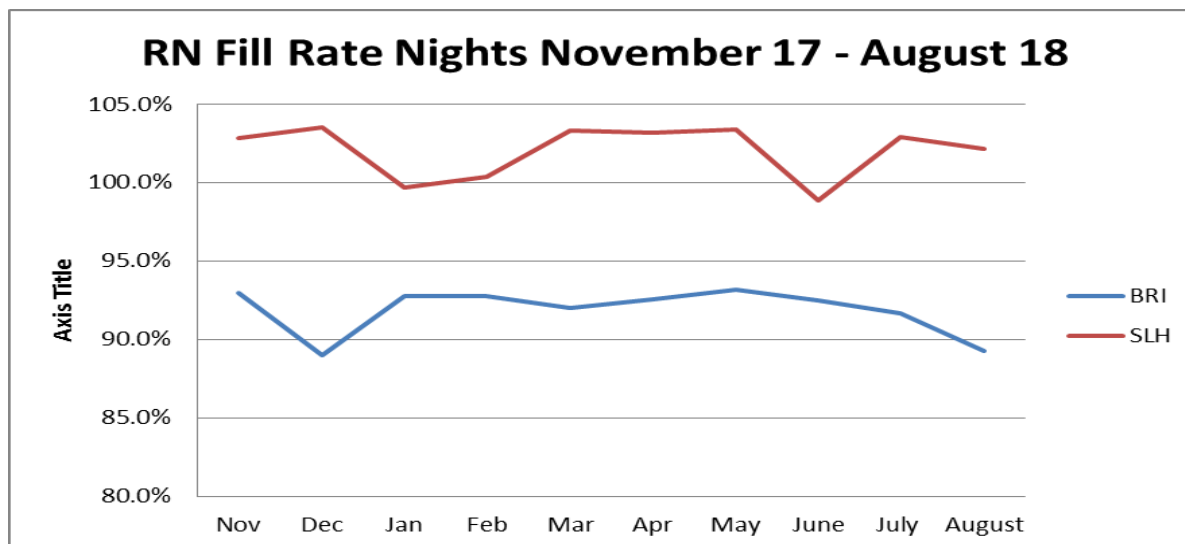


Figure 2

Annex 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.

The fill rates for registered nurses on days and nights has reduced from the previous month at both BRI and SLH. On days the fill rates have reduced by 4.2% and 1.6% for BRI and SLH respectively, whilst on nights the fill rates have reduced by 2.4% and 0.7% respectively.

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 August 2018, there were 17 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	Month	Number of incident reports
August 2017	9	March 2018	44
September 2017	33	April 2018	20

Meeting Title	Board of Directors		
Date	08.11.18	Agenda item	Bo.11.18.33

October 2017	21	May 2018	13
November 2017	16	June 2018	25
December 2017	23	July 2018	31
January 2018	16	August 2018	17
February 2018	25		

Table 2

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

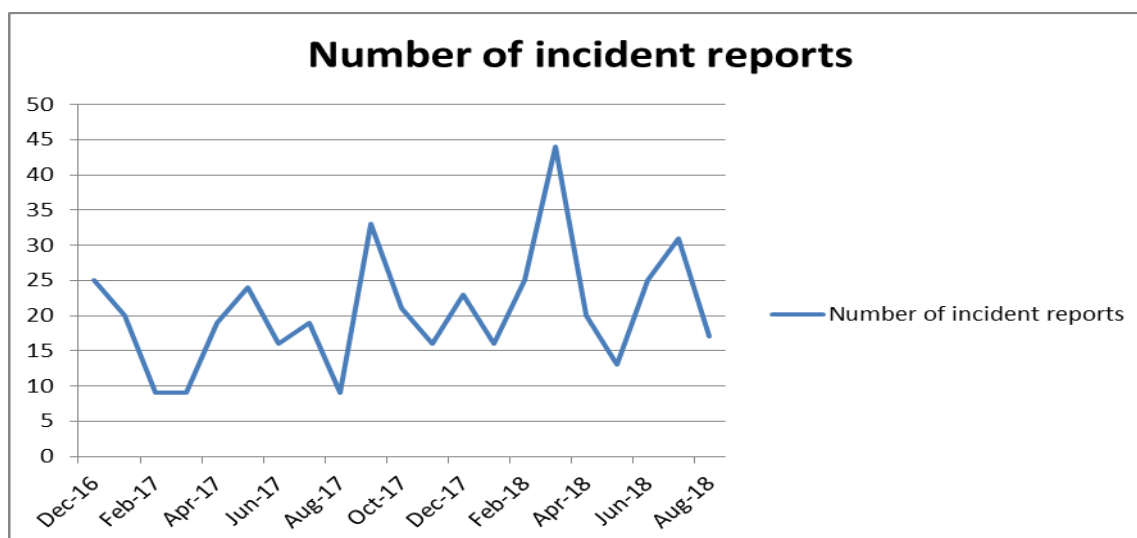


Figure 3

The number of Datix incident reports made during August 2018 has fallen from the previous number reported for July 2018. Of the 17 incidents reported in August, 3 have been graded as low impact, with the remaining 14 graded as no harm.

Of the incidents reported in August 2018, 9 were within Maternity Services, of which all were identified as no harm, with one relating to an occasion where they were unable to provide 1 to 1 care to women in labour. Five incident reports related to either a full or partial closure (bed reduction) on Labour Ward/Birth Centre or the ward (M4) for a few hours due to staffing levels. The remainder were identifying shifts where staffing was below planned and staff either didn't get a break or felt that the workload exceeded staffing resource. The Maternity Services improvement work stream "Be the Best" continues as part of the 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. One related to theatre, which resulted in delays to theatre lists starting. There were two occasions where staff felt the workload exceeded staffing resource, and another

Meeting Title	Board of Directors		
Date	08.11.18	Agenda item	Bo.11.18.33

occasion where there was only 1 nurse on the shift, which was a night shift on ward 28 (elective orthopaedics). Although the number of patients was significantly reduced on this occasion, due to the nature of the patients, staff had to get a registered nurse to come from another ward for checking of controlled drugs (which requires 2 nurses).

The remaining four incidents were reported from the Division of Medicine and Integrated Care. One related to the Accident and Emergency Department, where due to staff shortages the mandatory training sweeper day was cancelled, this was recorded as low harm. One incident form relates to there being no Stroke Responder overnight. The remaining reports related to occasions where staff felt that the staffing numbers were insufficient to meet demand.

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. Following investigation, none of the incidents have identified any actual harm.

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 the Clinical Site Team report that this is helping to ensure better decision making, particularly in relation to the redeployment of staff.

There were 2 occasions where there were less than 2 registered nurses on a shift, one was reported on Datix (referred to above) the second was a night shift where ward 28 had only 4 patients, with 1 registered nurse and 1 health care assistant to care for them. On this occasion the Clinical Site Team risk assessed all the patients with the staff involved and there were no concerns expressed. This was escalated to the Executive on-call at the time of the incident.

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 annex 1 have been RAG rated. The RAG rating for each ward has been reviewed for the 3 months (June 2018 to August 2018), to identify any areas

Meeting Title	Board of Directors		
Date	08.11.18	Agenda item	Bo.11.18.33

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. Annex 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 four inpatient areas with registered nurse / midwife fill rates <70% in August 2018, Wards 4, 21 and 28 on day shifts, and Ward 31 on night shifts, as detailed below.

- Ward 4 – The average day fill rate for this ward was 69%. This ward has recently been split from ward 1, to improve the quality of care by clarifying the leadership responsibility. This split has been effective and there has been a positive impact in terms of the accreditation scores. The combined unit was previously red, whereas ward 1 is now amber and ward 4 green. The fill rate for Ward 1 is 95.5%, but in reality the two wards continue to work closely together and staff work between the two wards.
- Ward 21 – This month the average daily fill rate for ward 21 was 69%. In the majority of cases the gaps have been backfilled by health care assistants and there have been no risk incidents identified as a result of the staffing levels.
- Ward 28 - The average day fill rate for this ward was 47.9% for August, however the ward still maintained a care hours per patient day figure of 9 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.
- 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 3 inpatient areas that have been <80% (red) for 3 consecutive months June 2018 to August 2018, which is an increase from the previous month's report.

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

Meeting Title	Board of Directors		
Date	08.11.18	Agenda item	Bo.11.18.33

- Ward 31 – The night fill rate has been <80% for 3 consecutive months as outlined above.
- Ward 23 – The night fill rate has been <80% for 3 consecutive months however the acuity of respiratory patients over the summer months has been less, resulting in less patients requiring HDU care. It should be noted that despite the fill rate being below 80% the ward has maintained a registered nurse CHPPD (care hours per patient day) of 6 for August, which reflects the lower acuity (i.e. although the fill rate has been less the demand has also been less). There have been no concerns raised or staffing related incidents reported as a result of the low fill rate on nights.

5. Conclusion

This report provides details of the planned versus actual staffing levels for registered nurses / midwives and care staff for August 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 decrease in the fill rates, and a small increase 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.

Meeting Title	Board of Directors		
Date	08.11.18	Agenda item	Bo.11.18.33

Annex 1

Ward Name	Patient feedback			Harms								Absence and Turnover			Staffing								Ward Accreditation Scores - previous/current		
				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	0	0	2	1	0	0	0	0	0	0	6.4	14.1	14.9	95.5	94.7	107.0	110.0	261	11	10	21	↑	Jul-18	
AMU 4	0	0	0	2	1	0	0	0	0	0	0	6.4	14.1	14.9	69.0	98.6	85.4	113.2	227	9	10	19	↑	Jul-18	
ICU	0	0	-	0	0	0	3	0	0	0	0	6.3	4.5	4.2	85.1	89.0	86.8	87.1	246	35	4	39			
WARD 03	0	2	79	2	1	0	0	0	0	0	0	4.5	10.0	9.4	83.6	84.6	87.1	101.8	381	6	10	16	↔	Feb-18	
WARD 06	0	0	95	5	5	1	0	0	0	0	0	6.0	15.9	16.3	82.3	104.6	94.7	101.5	895	5	7	12	↔	Nov-17	
WARD 07	0	0	94	1	0	0	0	0	0	0	0	6.1	0.0	0.0	99.4	101.6	100.0	118.7	380	4	3	7	↑	Jan-18	
WARD 08	0	0	95	1	0	0	0	0	0	0	0	2.4	6.8	7.0	87.5	96.5	84.9	150.5	745	3	2	5	↑	May-18	
WARD 09	0	1	98	4	0	0	0	0	0	0	0	11.4	7.0	6.1	79.8	102.1	100.0	100.3	754	3	3	6	↔	Jun-18	
WARD 11	0	0	92	1	0	0	0	0	0	0	0	4.4	3.2	3.6	87.1	103.4	80.1	162.8	574	4	3	7	↔	Mar-18	
WARD 12	0	1	97	1	0	0	1	0	0	0	0	3.6	16.0	13.9	90.5	124.8	81.6	119.5	387	6	3	9	↓	Mar-18	
WARD 14	3	0	100	3	2	0	0	0	0	0	0	6.4	8.0	5.6	85.9	120.7	100.0	106.2	387	5	3	8	↔	Jun-17	

Meeting Title	Board of Directors									
Date	08.11.18					Agenda item		Bo.11.18.33		

WARD 15	0	0	97	3	2	0	0	0	0	0	0.7	0.0	0.0	80.3	97.9	100.0	99.6	524	3	3	7	↑	Dec-17
WARD 18	3	0	95	2	3	0	0	0	0	0	12.4	21.3	22.0	73.1	120.9	91.9	114.3	468	5	3	7	↔	Apr-18
WARD 20	0	1	96	0	1	0	0	0	0	0	2.5	8.2	8.4	83.5	119.4	94.2	141.2	523	7	3	9	↔	Mar-18
WARD 21	7	0	-	2	1	0	1	1	0	0	5.0	20.4	19.3	69.0	127.2	95.2	112.6	553	5	4	10	↔	May-18
WARD 22	0	1	100	2	0	0	1	0	0	0	5.8	12.1	12.0	88.8	87.4	96.0	110.2	606	6	4	10	↔	Mar-18
WARD 23	0	0	100	5	0	0	0	0	0	1	8.9	14.0	13.0	86.3	99.0	79.0	105.7	621	6	5	10	↔	Feb-18
WARD 24	0	0	100	2	0	0	0	2	0	0	7.1	9.1	8.9	100.0	100.8	100.0	100.0	330	4	3	8	↓	Dec-17
WARD 25	0	0	100	2	0	0			0	0	6.0	0.0	0.0	100.5	99.5	100.3	-	189	8	2	10	↑	Jun-18
WARD 26	0	1	97	1	1	0	1	0	0	1	5.5	17.9	19.1	84.2	116.4	87.4	127.5	605	4	4	8	↔	Apr-18
WARD 27	7	1	94	0	0	0	3	3	0	0	7.4	22.2	23.7	86.2	130.7	82.8	182.6	574	4	4	7		Sept-18 (tbc)
WARD 28	4	0	100	1	2	0	1	0	0	0	2.0	30.8	28.0	47.9	57.2	96.8	45.2	165	9	5	15	↑	Nov-17
WARD 29	9	1	79	10	1	0	1	1	0	0	6.3	2.6	1.7	88.8	105.4	81.9	124.8	701	3	6	9	↔	May-18
Paediatrics	0	0	84	0	0	0	0	0	0	0	7.6	17.0	16.1	72.5	86.2	78.5	48.6	731	11	2	13	↑	Nov-17
WARD 31	0	0	76	7	3	1	0	0	0	0	4.6	8.6	8.7	83.2	110.7	62.7	123.4	667	3	6	9	↓	Mar-18
WARD 33	0	0	100	0	2	0	0	0	0	0	4.3	4.8	3.3	88.1	111.9	100.9	98.3	249	6	5	12	↔	Jun-17
BIRTHING CENTRE	0	0	0	0	0	0	0	0	0	0	3.2	18.2	22.3	98.4	69.6	97.4	-	129	16	5	21	↔	Jun-18
LABOUR WARD	0	0	0	0	0	0	0	0	0	0	4.0	0.0	0.0	88.4	73.2	95.1	95.2	322	16	5	21	↔	Jun-18
NNU	0	0	91	0	0	0	0	0	0	0	4.7	7.2	6.8	90.6	22.5	90.3	32.1	573	14	1	14		
WARD M3	0	0	0	0	0	0	0	0	0	0	5.7	6.1	4.1	88.6	64.7	95.1	103.4	703	4	1	5	↓	Aug-18
WARD M4	0	0	0	0	0	0	0	0	0	0	4.2	10.5	8.0	95.6	61.0	95.2	96.9	919	3	1	4	↔	Aug-18
WBG	0	0	88	6	2	0	1	0	0	0	5.0	16.9	16.4	100.7	84.9	105.5	105.1	377	4	5	9	↑	May-18
WWP	0	0	100	2	1	0	0	0	0	0	8.3	20.0	21.4	98.1	93.2	106.5	100.8	364	4	5	9	↔	Feb-18
WARD F5	0	0	97	0	0	0	1	0	0	0	4.9	12.3	13.0	99.8	96.1	96.8	95.1	646	2	5	7	↔	Mar-18
WARD F6	0	0	97	3	1	0	0	0	0	0	9.7	16.4	16.4	82.6	106.6	100.0	97.9	596	3	6	8	↓	Jan-18