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Date	08.11.18	Agenda item	Bo.11.18.32

NURSE STAFFING DATA PUBLICATION REPORT SEPTEMBER 2018

Presented by	Karen Dawber, Chief Nurse		
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Lead Director	Karen Dawber, Chief Nurse		
Purpose of the paper	This paper reports on the nurse staffing data for September 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	31.10.18	

Key Options, Issues and Risks

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

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.

Analysis

The fill rates for registered nurses on days and nights has increased from the previous month at both BRI and SLH. On days, the fill rates have increased by 2.7% and 0.7% for BRI and SLH respectively, whilst on nights the fill rates have increased by 3.1% and 0.5% respectively.

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 September 2018, there were 18 Datix incidents reported related to nursing and midwifery staffing on inpatient areas, which is an increase of 1 from the previous month. 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.

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

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Recommendation

The committee are asked to note the content of this report.

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.	<div>Low</div> <div>Moderate</div> <div>High</div> <div>Significant</div>					
Explanation of variance from Board of Directors Agreed General risk appetite (G)	<div>Risk (*)</div>					

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)
✓	✓				

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1 PURPOSE/ AIM

This paper reports on the nurse staffing data for September 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 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 %
Sep 18	BRI	86.2%	97.0%	92.4%	108.7%
Sep 18	SLH	94.6%	99.8%	102.7%	100.4%

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 September 2018, there were 18 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.

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 the safety huddles by the matrons and is used by the Clinical Site Team out of hours. The matrons and site team

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

There were no occasions where there was only one 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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NURSE STAFFING DATA PUBLICATION REPORT – SEPTEMBER 2018

1. Introduction

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

Table 1 below outlines the average fill rates for registered nurses/midwives and care staff over both day and night shifts in September 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 %
Sep 18	BRI	86.2%	97.0%	92.4%	108.7%
Sep 18	SLH	94.6%	99.8%	102.7%	100.4%

Table 1

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

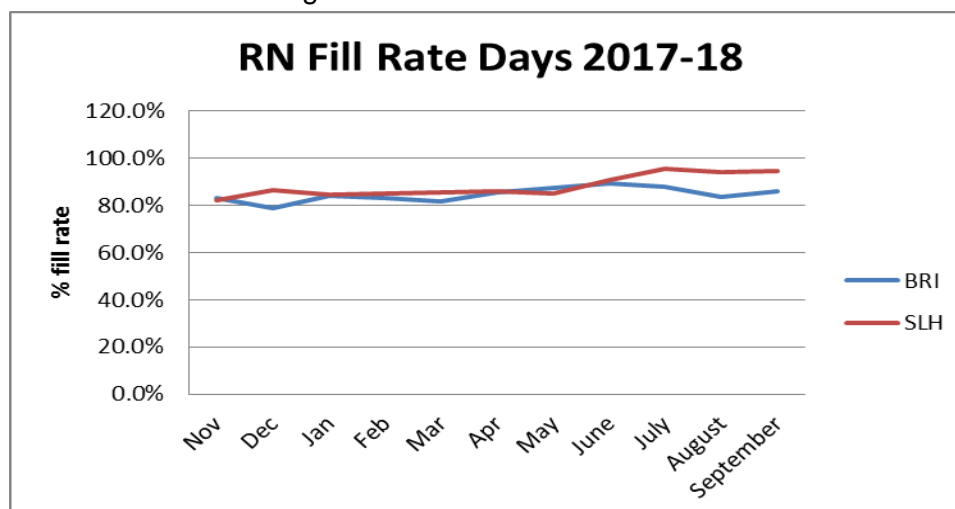


Figure 1

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

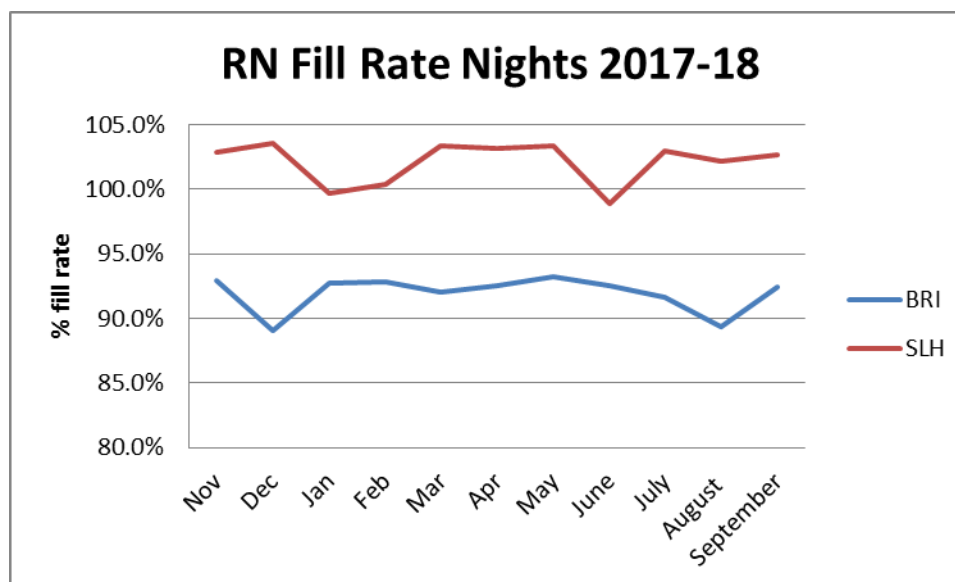


Figure 2

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 increased from the previous month at both BRI and SLH. On days the fill rates have increased by 2.7% and 0.7% for BRI and SLH respectively, whilst on nights the fill rates have increased by 3.1% and 0.5% 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 September 2018, there were 18 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.

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Month	Number of incident reports	Month	Number of incident reports
August 2017	9	March 2018	44
September 2017	33	April 2018	20
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	September 2018	18

Table 2

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

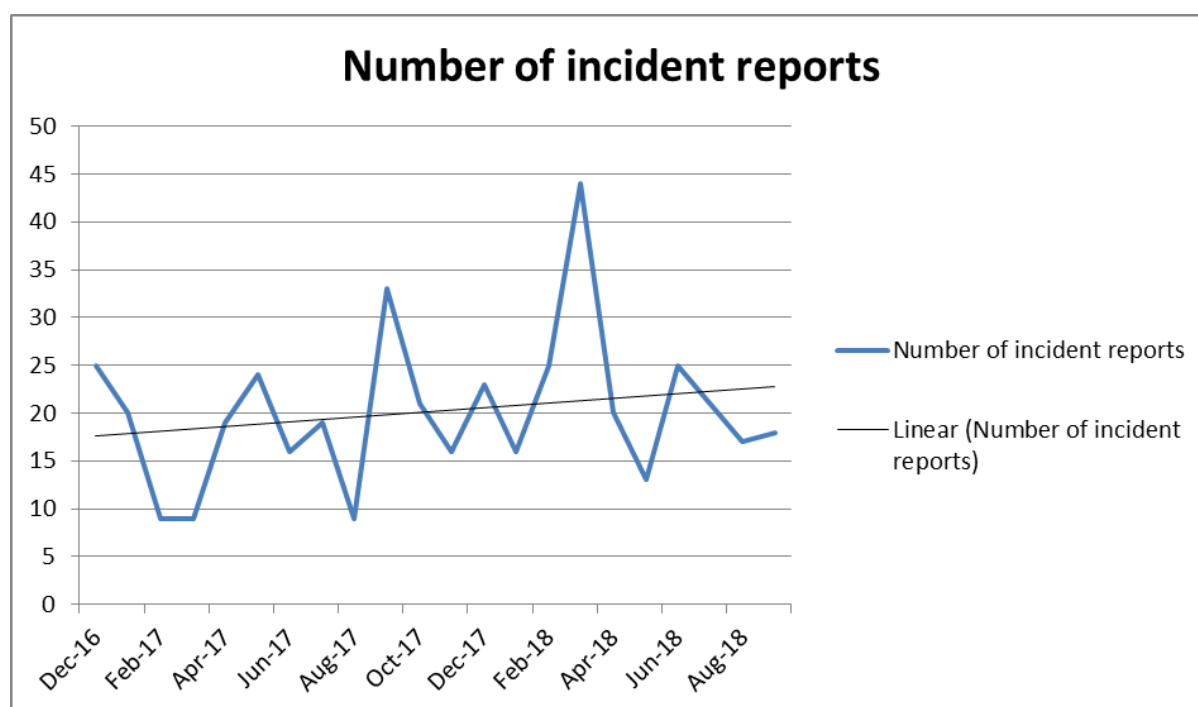


Figure 3

The number of Datix incident reports made during September 2018 has increased by 1 from the previous number reported for August 2018. Of the 18 incidents reported in September, 2 have been graded as low impact, with the remaining 16 graded as no harm.

Of the incidents reported in September 2018, 7 were within Maternity Services, which is a reduction from the 9 reported last month. These incidents were identifying shifts where staffing was below planned numbers and staff either didn't get a break or felt that the workload exceeded staffing resource.

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In the Division of Anaesthesia, Diagnostics and Surgery, 6 incident reports were submitted, identifying occasions where there were staff shortages and no cover was available. All of these incidents are where a registered nurse has moved to support another area to maintain safety across all wards and the ward sending the nurse has either had back fill from a healthcare assistant or no replacement has been identified, affecting the skill mix available.

The remaining 5 incidents were reported from the Division of Medicine and Integrated Care. 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. 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 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 no occasions with less than two registered nurses per 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 annex 1, have been RAG rated. The RAG rating for each ward has been reviewed for the 3 months (July 2018 to September 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. 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.

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Less than 70% fill rate in the month:

There are two inpatient areas with registered nurse/midwife fill rates <70% in September 2018, Ward 28 on day shifts, and Ward 31 on night shifts, as detailed below.

- Ward 28 - The average day fill rate for this ward was 61.5% for September, however the ward still maintained a care hours per patient day figure of 9 for registered nurses (same as the previous month). 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 2 inpatient areas that have been <80% (red) for 3 consecutive months July 2018 to September 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 been <80% for 3 consecutive months as outlined above.

Data Quality CHPPD

During September 2018, the Care Hours per Patient Day (CHPPD) data has been verified against the patient census count from the SafeCare system and the site report of bed capacity. Whilst both of these reports capture patient numbers and empty beds in the early evening this gives an indication of the accuracy of the cumulative patient count at midnight reported from the Electronic Patient Record (EPR) in the Unify monthly staffing return. The cumulative patient count at midnight appears to under count the actual trust position from our known and reported occupancy levels. This data quality exercise has been undertaken with the Chief Nurse Office and the Informatics Team and further work continues to improve the accuracy of this data set. The information provided in Annex 1 is the nationally reported data, uploaded to Unify on the 15th of the month for the previous month.

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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 September 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 increase in the fill rates, and a decrease 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.

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Annex 1

Inpatient Heat Map - September 2018

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	6	5	0	0	0	0	0	0	-	-	-	94.1	92.5	106.9	109.0	558	5	4	9	↑ Jul-18		
AMU 4	0	0	0	1	0	0	0	0	0	0	0	-	-	-	80.1	102.0	97.8	120.2	412	4	5	9	↑ Jul-18		
ICU	0	0	-	0	0	0	1	0	0	0	0	6.4	5.6	5.3	85.3	85.6	87.9	90.0	346	23	3	25			
WARD 03	0	0	96	1	2	0	0	1	0	0	0	4.2	9.9	9.3	82.2	82.1	100.0	99.1	746	2	4	6	↔ Feb-18		
WARD 06	0	0	100	4	4	0	0	0	0	0	0	5.8	12.7	13.0	82.5	106.8	92.8	111.1	875	3	4	6	↔ Nov-17		
WARD 07	0	0	100	0	2	0	1	0	0	0	0	-	-	-	100.1	105.9	100.0	122.9	328	2	2	4	↑ Jan-18		
WARD 08	0	0	98	5	1	0	1	0	0	0	0	2.6	6.8	7.0	86.0	101.9	92.2	157.0	736	2	2	4	↑ May-18		
WARD 09	0	0	98	0	1	0	0	0	0	0	0	9.8	6.8	5.9	81.8	102.4	100.0	102.0	666	1	1	2	↔ Jun-18		
WARD 11	0	1	85	2	3	0	0	0	0	0	0	4.4	3.3	3.6	87.7	98.5	87.2	131.8	658	3	2	4	↔ Mar-18		
WARD 12	0	0	95	1	3	0	0	0	0	0	0	6.9	23.5	22.6	91.6	105.4	88.9	106.4	345	5	2	7	↓ Mar-18		

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WARD 14	4	1	100	0	0	0	0	0	0	0	0	6.9	8.0	5.6	84.7	121.8	100.0	102.8	433	3	2	5	↔	Jun-17
WARD 15	0	0	93	8	1	0	0	0	0	0	0	-	-	-	83.6	104.4	100.0	116.4	492	1	1	3	↑	Dec-17
WARD 18	3	0	96	1	0	0	0	0	0	0	0	11.5	25.0	25.9	83.5	125.6	95.8	106.5	466	5	2	7	↔	Apr-18
WARD 20	0	1	100	2	1	0	0	0	0	0	0	2.4	10.8	11.0	86.5	109.0	98.6	106.2	630	5	2	7	↔	Mar-18
WARD 21	6	1	95	0	0	0	1	0	0	0	0	5.4	15.4	14.5	82.1	101.4	98.1	100.8	615	4	2	6	↔	May-18
WARD 22	2	1	100	2	0	0	0	0	0	0	0	5.3	15.2	14.0	87.7	100.4	99.2	136.6	713	2	2	4	↔	Mar-18
WARD 23	13	0	100	3	1	0	0	0	0	0	0	9.5	16.1	16.5	88.6	97.4	82.5	106.4	734	2	2	4	↔	Feb-18
WARD 24	0	0	100	2	1	0	0	0	0	0	0	7.3	8.5	8.3	100.0	98.8	98.3	100.0	349	2	2	4	↓	Dec-17
WARD 25	0	0	100	3	0	0	0	0	0	0	0	5.8	0.0	0.0	101.3	103.9	100.1	-	226	2	1	3	↑	Jun-18
WARD 26	0	0	98	1	0	0	0	1	0	0	0	5.4	16.9	17.9	85.6	104.9	95.8	105.6	708	2	2	5	↔	Apr-18
WARD 27	1	0	100	2	2	0	1	0	0	0	0	7.4	25.0	26.8	81.7	116.5	94.4	155.7	641	3	3	6	↔	Sep-18
WARD 28	3	0	100	3	1	0	1	0	0	0	0	2.4	26.9	24.8	61.5	70.5	98.3	70.0	314	5	3	9	↑	Nov-17
WARD 29	1	0	91	10	4	0	0	0	0	0	0	6.3	2.5	1.6	90.3	106.6	85.4	112.2	848	1	2	3	↔	May-18
Paediatrics	0	0	100	0	0	0	0	0	0	0	0	7.4	14.3	13.1	90.4	93.9	90.3	66.1	811	7	1	8	↑	Nov-17
WARD 31	0	3	85	8	2	0	1	2	0	0	0	4.5	8.7	9.1	79.6	112.4	66.7	125.5	825	1	2	2	↓	Mar-18
WARD 33	0	0	100	0	0	0	0	0	0	0	0	5.2	4.8	3.3	88.7	105.7	100.0	98.3	349	3	3	6	↔	Jun-17
BIRTHING CENTRE	0	0	97	0	0	0	0	0	0	0	0	3.2	18.2	21.8	98.6	82.1	87.0	-	118	18	6	24	↔	Jun-18
LABOUR WARD	0	0	97	0	0	0	0	0	0	0	0	3.9	0.0	0.0	81.3	67.0	89.0	91.6	324	15	5	20	↔	Jun-18
NNU	0	0	100	0	0	0	0	0	0	0	0	5.1	5.9	5.5	87.9	24.8	89.8	46.7	501	11	1	12		
WARD M3	0	0	97	0	0	0	0	0	0	0	0	6.7	6.1	4.1	89.0	66.8	94.7	116.8	661	4	1	5	↓	Aug-18
WARD M4	0	0	97	0	0	0	0	0	0	0	0	4.1	15.8	13.7	94.5	81.4	94.9	95.0	739	3	2	5	↔	Aug-18
Westbourne Green	0	0	100	5	1	0	1	0	0	0	0	5.7	17.5	17.0	101.0	96.5	106.1	105.7	417	2	2	4	↑	May-18
Westwood Park	0	0	100	5	0	0	0	0	0	0	0	7.8	20.5	22.2	101.9	96.8	106.4	103.8	484	1	1	2	↔	Feb-18
WARD F5	0	0	96	4	0	0	0	0	0	0	0	4.8	3.3	3.8	99.6	97.5	100.0	100.0	687	1	2	2	↔	Mar-18
WARD F6	0	1	95	6	0	0	1	0	0	0	0	10.2	20.0	20.5	82.1	105.9	98.3	96.5	638	1	2	2	↓	Jan-18