

Meeting Title	Board of Directors		
Date	7.3.19	Agenda item	Bo.3.19.38

NURSE STAFFING DATA PUBLICATION REPORT DECEMBER 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 December 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	
	Workforce Committee	30.01.19	
	Quality Committee	30.01.19	

Key Options, Issues and Risks

This report provides an update on the mandatory nurse staffing data for December 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 are consistently the same each month within 1-2 % from previous months. The fill rates have stabilised over the last 6 months and fewer fluctuations are seen. This is the case for both nights and days at both sites, and the 1-2 % variance in Registered Nurse fill rates has a corresponding variance of unregistered staff fill rates.

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 December 2018, there were 26 Datix incidents reported related to nursing and midwifery staffing, 20 of these were on inpatient areas, which is an increase of 11 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.

Meeting Title	Board of Directors		
Date	7.3.19	Agenda item	Bo.3.19.38

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)	Risk (*)					

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)
✓	✓				

Meeting Title	Board of Directors		
Date	7.3.19	Agenda item	Bo.3.19.38

1 PURPOSE/ AIM

This paper reports on the nurse staffing data for December 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. The model hospital portal data from NHS improvement is included in the report.

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 %
Dec 18	BRI	85.2%	95.6%	89.3%	111.7%
Dec 18	SLH	97.4%	96.9%	102.4%	101.4%

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 December 2018, there were 20 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

Meeting Title	Board of Directors		
Date	7.3.19	Agenda item	Bo.3.19.38

the matrons and is used by the Clinical Site Team out of hours. The matrons and site team 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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The Committee are asked to note the heat map in appendix 1.

Meeting Title	Board of Directors		
Date	7.3.19	Agenda item	Bo.3.19.38

NURSE STAFFING DATA PUBLICATION REPORT – DECEMBER 2018

1. Introduction

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

Table 1 below outlines the average fill rates for registered nurses/midwives and care staff over both day and night shifts in November 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 %
Dec 18	BRI	85.2%	95.6%	89.3%	111.7%
Dec 18	SLH	97.4%	96.9%	102.4%	101.4%

Table 1

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

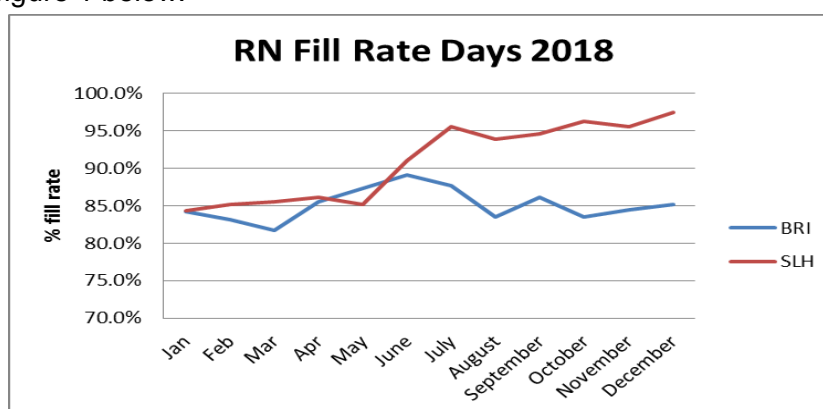


Figure 1

Meeting Title	Board of Directors		
Date	7.3.19	Agenda item	Bo.3.19.38

The percentage fill rates for night shifts for registered nurses for January to December 2018 are shown in figure 2 below:

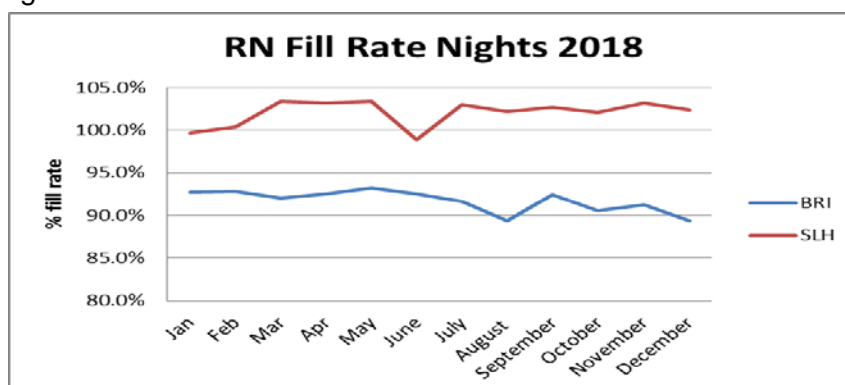


Figure 2

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 are consistently the same each month within 1-2 % from previous months. The fill rates have stabilised over the last 6 months and fewer fluctuations are seen. This is the case for both nights and days at both sites, and the 1-2 % variance in Registered Nurse fill rates has a corresponding variance of unregistered staff fill rates. The fill rates for registered nurses remain higher for St Luke's Hospital and the community hospitals due to being staffed with 2 registered nurses, therefore requiring 100% fill rates and also to ensure safety is met on the off main site areas.

3. Trends and Themes

As part of the escalation process staff are asked to record any staffing concerns through Datix. These are monitored daily at the Matrons safety huddles. During December 2018, there were 20 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	April 2018	20
September 2017	33	May 2018	13
October 2017	21	June 2018	25
November 2017	16	July 2018	31
December 2017	23	August 2018	17

Meeting Title	Board of Directors		
Date	7.3.19	Agenda item	Bo.3.19.38

January 2018	16	September 2018	18
February 2018	25	October 2018	10
March 2018	44	November 2018	9
December 2018	20		

Table 2

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

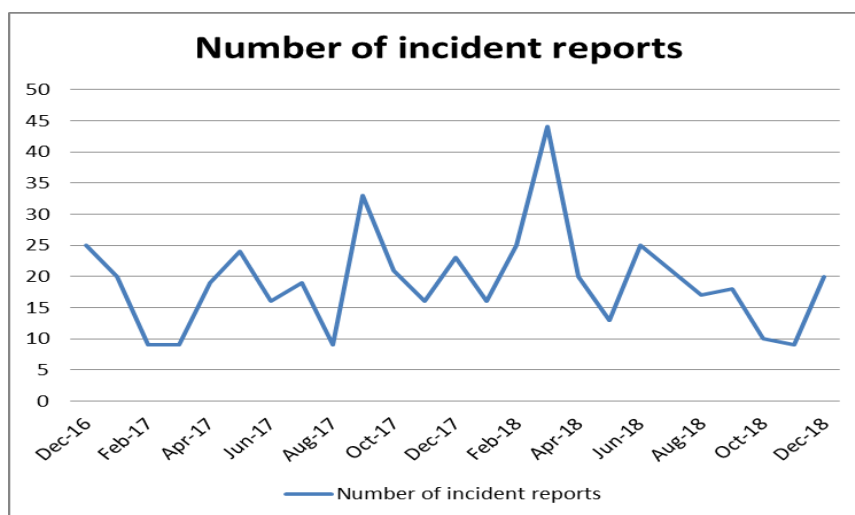


Figure 3

The number of Datix incident reports made during December 2018 has increased by 11 from the previous number reported for November 2018. Of the 20 incidents reported in December, all 1 has been graded as low harm the remaining 19 have been graded as no harm. For the 1 low harm reported incident, this is where additional beds were utilised to support the patient demand and a patient fell with no injury sustained during this time period.

Of the incidents reported in December 2018, 3 were within Maternity Services. 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. For the maternity unit where there has been an occasion of raised activity the unit has closed to ensure suitable skill mix available to care for the women.

In the Division of Anaesthesia, Diagnostics and Surgery, 9 incident reports were submitted for December. 3 of these incidents are from ward 25 and 11 where a patient required enhanced care and this was not available at the time the request was made. No harm occurred and the wards managed this within their usual establishment. The remaining incidents relate to nurse staffing, where agency staff booked have not attended or where nurses have been moved to support other areas. 3 incidents have been reported by ICU related to ward 23, where ICU staff have supported non-invasive ventilated patients as no

Meeting Title	Board of Directors		
Date	7.3.19	Agenda item	Bo.3.19.38

acute respiratory nurses were available. There was no harm related to these incidents, the patient received the care required and this did not impact on ICU's patient flow.

The remaining 8 incidents were reported from the Division of Medicine and Integrated Care. 3 incidents were reported from ward 6 where acuity has been raised and the staffing numbers have not been deemed appropriate at the time of the assessment and incident form completion. This is also where a registered nurse from the hyper acute stroke unit has responded to a stroke patient in accident and emergency. These incidents have been reported as low harm and further work is being undertaken with the matron and head of nursing to address this. The matron has assessed the areas and provided support to ensure the patients do not suffer delay in cares as a result of reduced staffing. The remaining incident reports related to occasions where staff felt that the staffing numbers were insufficient to meet demand or the skill mix was not suitable.

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 and cited delays in administration of medications.

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 (October 2018 to December 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

Meeting Title	Board of Directors		
Date	7.3.19	Agenda item	Bo.3.19.38

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 is 1 inpatient areas with registered nurse/midwife fill rates <70% in December 2018, ward 28 for registered nurse day fill rates, as detailed below.

- Ward 28 –over the last 4 months there has been a lower fill rate of nurses however the average occupancy for this period was significantly reduced, meaning that although the fill rate was low, there were significant numbers of empty beds which allowed safety to be maintained. The ward matron reviews the staffing on ward 27 and ward 28 to deploy a suitable skill mix to each area according to patient demand and acuity.
- 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 as with previous months. This staffing has been maintained in the establishment reviews as the Safecare acuity data continues to suggest this is required.

Less than 80% fill rate for 3 consecutive months:

There are 4 inpatient areas that have been <80% (red) for 3 consecutive months October 2018 to December 2018. These are:

- Ward 28 and ward 31 as above.
- Ward 21 registered nurse day shifts. The patient acuity increases throughout the day on ward 21. Due to vacancies, sickness and maternity gaps the staffing is prioritised later in the day to manage the rise in acuity at that time. , run on less than planned, night shift fill rate is usually as it should be. There has been significant work undertaken by the Charge nurse in the management of attendance and therefore expected an improved fill rate in subsequent months.
- Ward 6 day registered nurse day shifts- Recently there has been a high acuity of patients requiring enhanced care as reflected in the incident reports submitted during December. 3 RN shifts are filled for 29 beds. Ward 29, 31 and 15 regularly support ward 6 staffing to manage the safety and acuity of patients and provide more

Meeting Title	Board of Directors		
Date	7.3.19	Agenda item	Bo.3.19.38

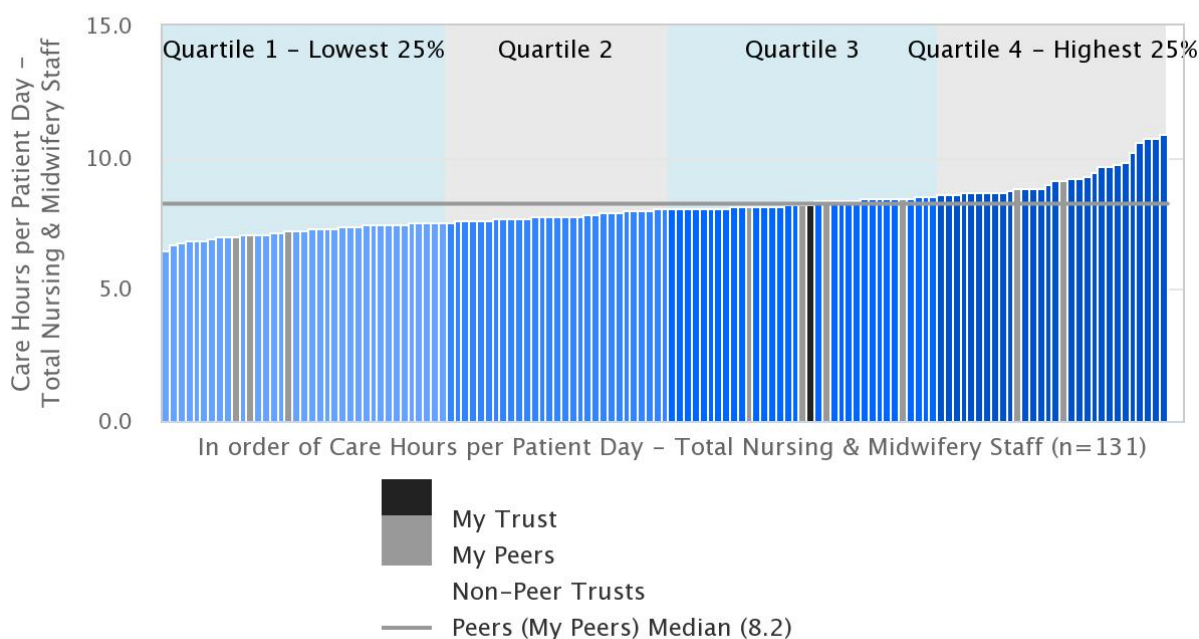
consistency than the use of agency staff. Matrons review and make daily assessments to the areas that can support ward 6 due to chronic RN vacancy according to their professional judgement and use of the Safecare acuity and dependency data in the daily huddle. There is ongoing work with the head of nursing and matron for ward 6 and a recent appointment to the ward sister post to.

5. Model Hospital Comparison data

For the month of December a review has taken place of the data from the model hospital portal (NHS improvement). The review of the data will be included in this monthly report as this information is updated more frequently by NHS improvement; this data is from October 2018.

The data shows the total Care Hours per Patient Day is 8.2. The National average is 8.

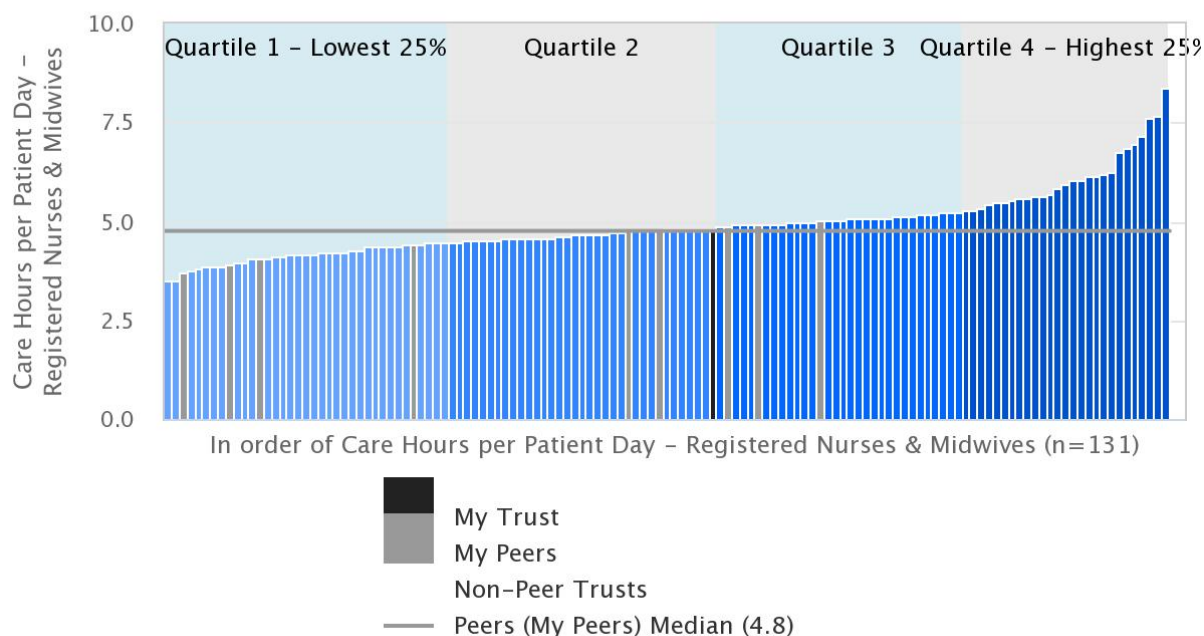
Care Hours per Patient Day – Total Nursing & Midwifery Staff, National Distribution



Nursing and Midwifery Care Hours per Patient day is 4.8, equal to the National Average.

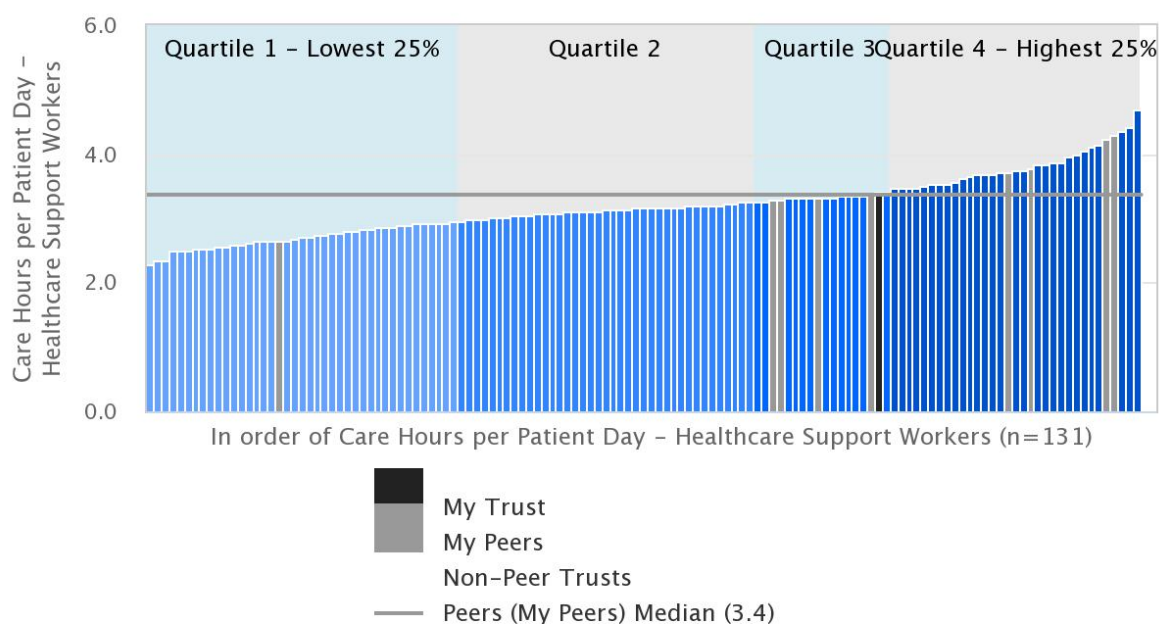
Meeting Title	Board of Directors		
Date	7.3.19	Agenda item	Bo.3.19.38

Care Hours per Patient Day – Registered Nurses & Midwives, National Distribution



Healthcare Support Worker Care Hours per Patient Day is 3.4. The National Average is 3.2.

Care Hours per Patient Day – Healthcare Support Workers, National Distribution



Meeting Title	Board of Directors		
Date	7.3.19	Agenda item	Bo.3.19.38

6. Conclusion

This report provides details of the planned versus actual staffing levels for registered nurses/ midwives and care staff for December 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.

The CHPPD data that the trust is reporting is in line with the national average. A significant amount of work has taken place to ensure the quality of the data submitted in recent months supporting the accuracy of the CHPPD reports for Bradford Teaching Hospitals NHS Foundation Trust.

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 70% fill rates within the month with the exception of maternity who continue to experience pressures of staffing fill rates, however this has been managed with the reduction in bed capacity in maternity areas.

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	7.3.19	Agenda item	Bo.3.19.38

Annex 1

Inpatient Heat Map - December 2018

	Patient feedback			Harms								Absence and Turnover			Staffing											
				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 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	Ward Accreditation		
AMU 1	0	0	100	2	1	0	0	0	0	0	0	-	-	-	-	88.4	88.7	91.8	110.1	574	4.5	4.3	8.9		↑	Jul-18
AMU 4	0	0	100	1	1	0	0	0	0	0	0	-	-	-	-	83.2	102.8	106.1	105.0	504	4.8	4.5	9.3		↑	Jul-18
ICU	0	0	100	0	0	0	0	1	0	0	0	6.1	5.6	4.2		87.6	87.0	92.1	88.4	376	23.8	2.6	26.4			
WARD 03	0	1	86	2	1	0	0	0	0	0	0	2.9	10.2	9.6		81.7	91.0	95.3	96.6	775	3.0	4.8	7.8		↔	Feb-18
WARD 06	0	1	100	6	3	0	1	0	0	0	0	5.2	9.4	9.5		73.1	107.7	78.2	119.2	898	4.0	7.4	11.4		↔	Nov-17
WARD 07	0	0	100	1	0	0	0	0	0	0	0	7.7	0.0	0.0		101.0	101.5	98.4	116.5	361	4.0	3.3	7.2		↑	Jan-18
WARD 08	0	1	94	3	1	0	0	0	0	0	0	3.3	10.3	10.7		88.9	87.0	79.0	162.3	754	3.0	2.3	5.3		↑	May-18
WARD 09	0	0	100	1	1	0	0	0	0	0	0	10.1	17.3	18.2		83.8	103.9	113.1	106.2	614	3.4	3.7	7.1		↔	Jun-18
WARD 11	0	0	97	1	0	0	0	0	0	0	0	3.7	0.0	0.0		92.5	116.3	84.6	195.3	701	3.3	2.9	6.2		↔	Mar-18
WARD 12	0	0	100	0	0	0	0	0	0	0	0	5.1	16.3	15.1		81.5	106.3	79.0	103.8	342	6.2	3.0	9.3		↓	Mar-18

Meeting Title	Board of Directors			
Date	7.3.19	Agenda item	Bo.3.19.38	

WARD 14	3	1	96	1	0	0	0	0	0	0	0	7.3	3.7	2.0	81.3	135.9	100.3	103.4	460	3.7	2.6	6.3	↔	Oct-18
WARD 15	0	0	100	1	0	0	0	0	0	0	1	1.9	0.0	0.0	84.1	94.8	100.0	101.5	518	3.2	3.4	6.6	↑	Dec-17
WARD 18	0	1	94	2	1	0	0	0	0	0	0	12.5	16.8	17.4	87.8	129.8	98.6	123.8	465	4.9	2.3	7.3	↔	Apr-18
WARD 20	0	0	97	0	0	0	0	0	0	0	0	1.9	13.5	13.8	81.4	122.5	94.2	138.1	581	6.0	2.4	8.4	↔	Mar-18
WARD 21	0	0	95	2	0	0	0	1	0	0	0	5.8	23.8	24.6	79.9	110.2	91.2	127.7	615	5.1	3.7	8.8	↔	May-18
WARD 22	1	0	100	4	1	0	0	2	0	0	0	2.9	15.5	14.2	83.8	80.6	92.3	113.7	714	5.0	3.0	8.0	↔	Mar-18
WARD 23	1	1	100	4	1	0	0	0	0	0	0	10.0	13.9	13.1	85.0	90.7	81.1	108.0	784	4.7	3.6	8.3	↔	Feb-18
WARD 24	0	0	100	0	0	0	1	0	0	0	1	5.6	9.0	9.6	100.0	102.6	98.4	99.9	345	4.1	3.2	7.3	↓	Dec-17
WARD 25	0	0	100	3	0	0	0	0	0	0	0	3.8	0.0	0.0	93.3	100.7	101.4	-	190	6.0	3.5	9.5	↑	Jun-18
WARD 26	0	0	100	13	1	0	0	0	0	0	0	6.1	10.9	11.5	90.7	109.0	89.9	123.4	783	3.3	3.2	6.5	↔	Apr-18
WARD 27	0	0	100	2	4	0	0	0	0	0	0	7.4	33.4	33.7	83.7	116.2	80.6	187.8	661	3.2	2.9	6.1	↔	Sep-18
WARD 28	0	0	98	0	2	0	0	0	0	0	0	4.5	23.1	20.7	69.3	67.5	98.4	59.6	306	6.1	3.3	9.4	↑	Nov-17
WARD 29	0	0	86	7	5	0	1	0	0	0	0	6.2	0.0	0.0	87.4	104.6	81.7	110.3	908	2.5	4.4	6.8	↔	May-18
Paediatrics	0	0	100	0	0	0	1	0	0	0	0	-	-	-	87.8	57.9	90.9	53.7	1019	7.5	1.3	8.8	↑	Nov-17
WARD 31	0	0	47	10	5	0	1	0	0	0	1	4.1	8.4	8.7	82.6	112.4	67.9	137.6	856	2.3	5.3	7.6	↓	Mar-18
WARD 33	0	0	93	0	0	0	0	0	0	0	0	-	-	-	87.1	114.5	99.8	95.2	363	4.3	3.8	8.0	↓	Nov-18
BIRTHING CENTRE	0	0	97	0	0	0	0	0	0	0	0	3.3	0.0	0.0	80.8	97.9	82.6	-	83	24.6	8.2	32.8	↔	Jun-18
LABOUR WARD	1	0	97	0	0	0	0	0	0	0	0	3.9	5.9	5.4	88.2	82.4	87.7	100.0	221	19.9	1.8	21.6	↔	Jun-18
NNU	0	0	100	0	0	0	0	1	0	0	0	5.7	4.5	4.7	89.6	69.3	92.4	51.6	672	11.7	1.1	12.8		
WARD M3	0	0	100	0	0	0	0	0	0	0	0	6.6	6.1	7.8	91.0	69.4	87.6	94.2	515	5.3	1.7	7.0	↓	Aug-18
WARD M4	0	0	94	0	0	0	0	0	0	0	0	4.8	15.9	15.7	83.0	60.9	74.7	93.7	727	3.1	1.6	4.7	↔	Aug-18
Westbourne Green	0	0	100	4	1	0	0	0	0	0	0	8.7	17.8	19.8	104.8	94.8	106.1	105.3	478	3.1	3.8	6.9	↑	May-18
Westwood Park	0	0	100	6	2	0	0	0	0	0	0	7.9	19.1	20.6	100.6	96.9	103.3	106.5	508	2.9	3.6	6.5	↔	Feb-18
WARD F5	0	0	100	12	1	0	1	0	0	0	0	4.0	6.5	7.6	100.7	96.2	100.2	98.4	762	1.9	4.2	6.0	↔	Mar-18
WARD F6	0	0	97	5	2	0	0	0	0	0	0	9.7	16.5	17.8	88.4	98.9	99.9	99.9	704	2.4	4.6	7.0	↓	Jan-18