

Meeting Title	Board of Directors		
Date	07.11.19	Agenda item	Bo.11.19.44

NURSE STAFFING DATA PUBLICATION - JULY 2019

Presented by	Karen Dawber, Chief Nurse		
Author	Jo Hilton, Assistant Chief Nurse		
Lead Director	Karen Dawber, Chief Nurse		
Purpose of the paper	This paper reports on the nurse staffing data for July 2019, 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	25.09.19	
	Workforce Committee	25.09.19	

Key Options, Issues and Risks

This report provides an update on the mandatory nurse staffing data for July 2019, 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 Chief Nurse 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 5% variation from previous months. The fill rates have stabilised over the last 6 months and fewer fluctuations are seen.

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 July 2019, there were 11 Datix incidents reported related to nursing and midwifery staffing on inpatient areas, which is a reduction of 8 from the previous month. Of the 11 incidents there were 2 examples of low level harm reported as a result of staffing due to delays in patient medicine administration and delays related to patient flow. The remainder of the reports are where staff had recognised that the staffing levels meant that there was potential for it to be unsafe.

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

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Recommendation

The Committee is 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.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Regulation, Legislation and Compliance relevance
NHS Improvement: (please tick those that are relevant) <input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Safe
Care Quality Commission Fundamental Standard: Staffing
NHS Improvement Effective Use of Resources: People
Other (please state):

Relevance to other Board of Director's Committee: (please select all that apply)					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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1 PURPOSE/ AIM

This paper reports on the nurse staffing data for July 2019, 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 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 %
July 19	BRI	85.9%	95.1%	91.7%	109.8%
July 19	SLH	91.5%	101.7%	99.4%	100.3%

4 BENCHMARKING IMPLICATIONS

Detailed in Section 5.

5 RISK ASSESSMENT

Nurse Staffing is identified as a risk on the Chief Nurse 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 July 2019, there were 11 Datix incidents reported related to nursing and midwifery staffing on inpatient areas.

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

There were no occasions of only one registered nurse on duty.

6 RECOMMENDATIONS

The Committee is asked to note the content of this report.

7 Appendices

The Committee is asked to note the heat map in Annex 1.

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APPENDIX 1 - NURSE STAFFING DATA PUBLICATION REPORT JULY 2019

1. Introduction

This paper reports on the nurse staffing data for July 2019, 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 2019

Table 1 below outlines the average fill rates for registered nurses/midwives and care staff over both day and night shifts in July 2019, 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 19	BRI	85.9%	95.1%	91.7%	109.8%
July 19	SLH	91.5%	101.7%	99.4%	100.3%

Table 1

The percentage fill rates for day shifts for registered nurses for August 2018 to July 2019 are shown in figure 1 below.

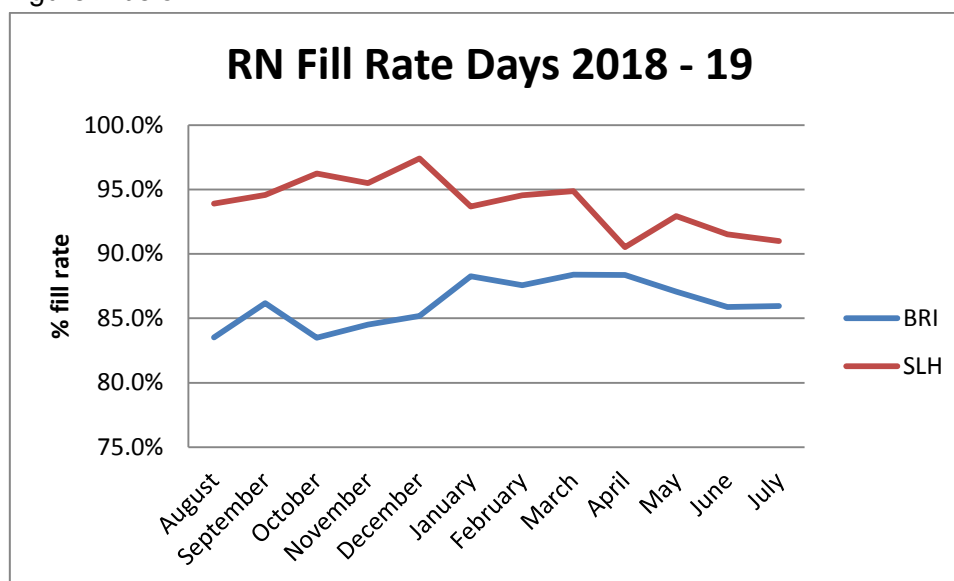


Figure 1

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The percentage fill rates for night shifts for registered nurses for August 2018 to July 2019 are shown in figure 2 below:

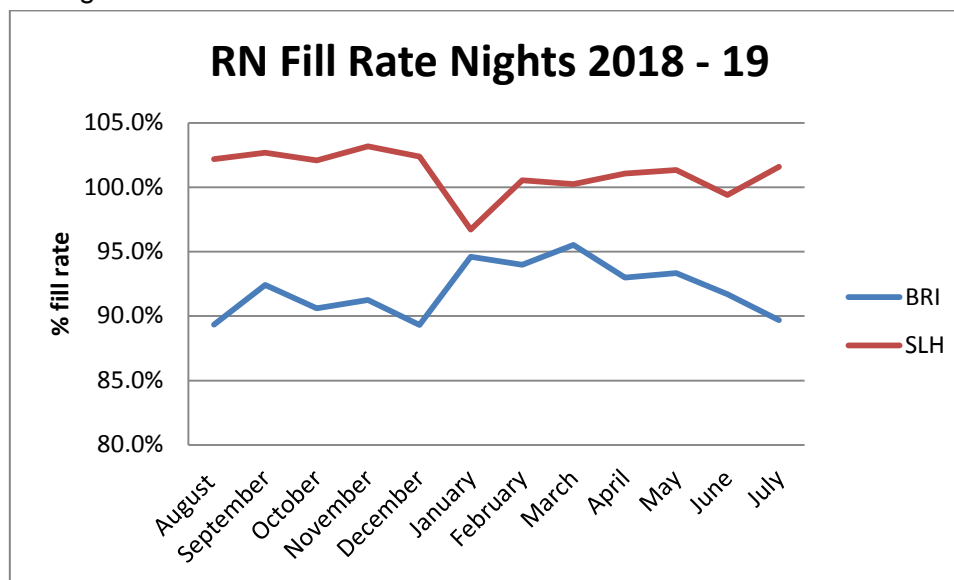


Figure 2

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 5% variation from previous months. The fill rates have stabilised over the last 6 months and fewer fluctuations are seen.

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 2019, there were 11 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 figure 3 showing month to month variation since August 2018.

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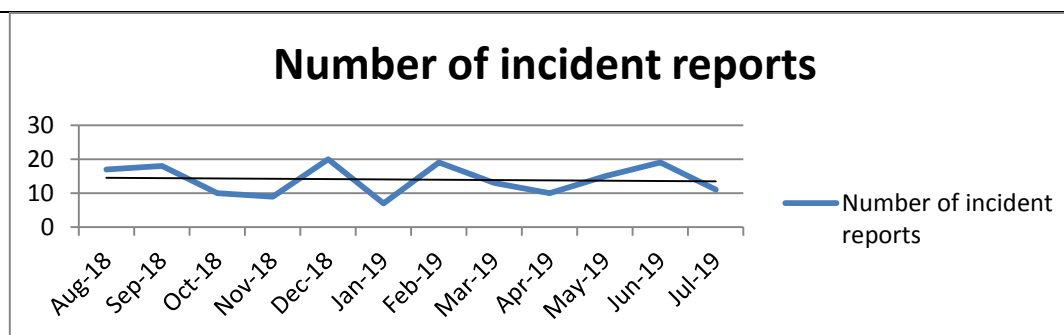


Figure 3

The number of Datix incident reports made during July 2019 has decreased by 8 from the previous number reported for June 2019. Of the 11 incidents reported in July, 2 have been graded as low harm the remaining 9 have been graded as no harm. For the 2 low harm reported incidents, this is where the Nurse in charge at the time felt the patient demand exceeded the staff available to manage the acuity of patients, and the skill mix was not suitable. From the details of the two incident reports there were delays in administering medications, managing patient flow and investigations within wards 8 and 4 in planned and urgent care. Full investigations are underway related to these incident reports carried out on the ward areas and appropriate actions taken. On these occasions support was not available immediately from other areas to manage the demand and patient acuity at the time.

Of the incidents reported in July 2019, 4 reported were in planned care, 2 of which were within maternity services. These are related to a lower number of midwives than planned due to short term sickness, long term sickness and maternity leave and where cover has been met from across the division or capacity closed. There are no Datix reports related to staffing for children's services or surgical in patient areas in June. The other 2 incident reports are for ward 8 and 11 where a registered nurse has been moved to support another area and a healthcare assistant has been deployed to support.

The remaining 7 incidents were reported from the unplanned care group, 5 of which were reported from urgent care. These incidents are where there has been a reduction of one registered nurse and the nurse in charge at the time felt the skill mix was not suitable to meet the acuity and dependency of the patients. These incidents have resulted in the nurse in charge or shift leader taking a group of patients to manage safety, impacting on patient flow and coordination of the ward/department areas. There are also occasions where the increased dependency and acuity of patients has resulted in an increase in requests for one to one care which has been unable to be met and the nurse in charge has felt a potential risk to patient care as a result of no provision of enhanced care. There are 2 Datix reports related to staffing for the medical wards in unplanned care in July. Westbourne green had an incident where 2 agency nurses were on shift together, this was assessed at the time and no issues related to this although acknowledged this was not ideal, offsite support provided

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form site team and on shift matron. The other incident was raised by ward 22 in relation to a significant increase in acuity and request for additional help that could not be provided.

All the incidents are where acuity was felt to be high and the staffing numbers not deemed adequate at the time of the assessment. The matrons have assessed the areas and provided support to ensure the patients do not suffer delay in cares as a result of reduced staffing. 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.

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 (May 2019 to July 2019), 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.

Less than 70% fill rate in the month:

There is 1 inpatient areas with registered nurse/midwife fill rates <70% in July 2019, ward 28. This is a reduction from previous months.

- Ward 28 – over the last 6 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

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and acuity each day. Therefore the planned numbers are adjusted as a result of lower bed base and this is assessed regularly by the ward matron. For future months a change will be made to the planned numbers on the roster as this has changed permanently and can therefore be updated.

Less than 80% fill rate for 3 consecutive months:

There is 1 inpatient areas that have been <80% for registered staff (red) for 3 consecutive months May 2019 to July 2019. This is consistent with previous months and there has been an improvement in the number of areas reported. These are:

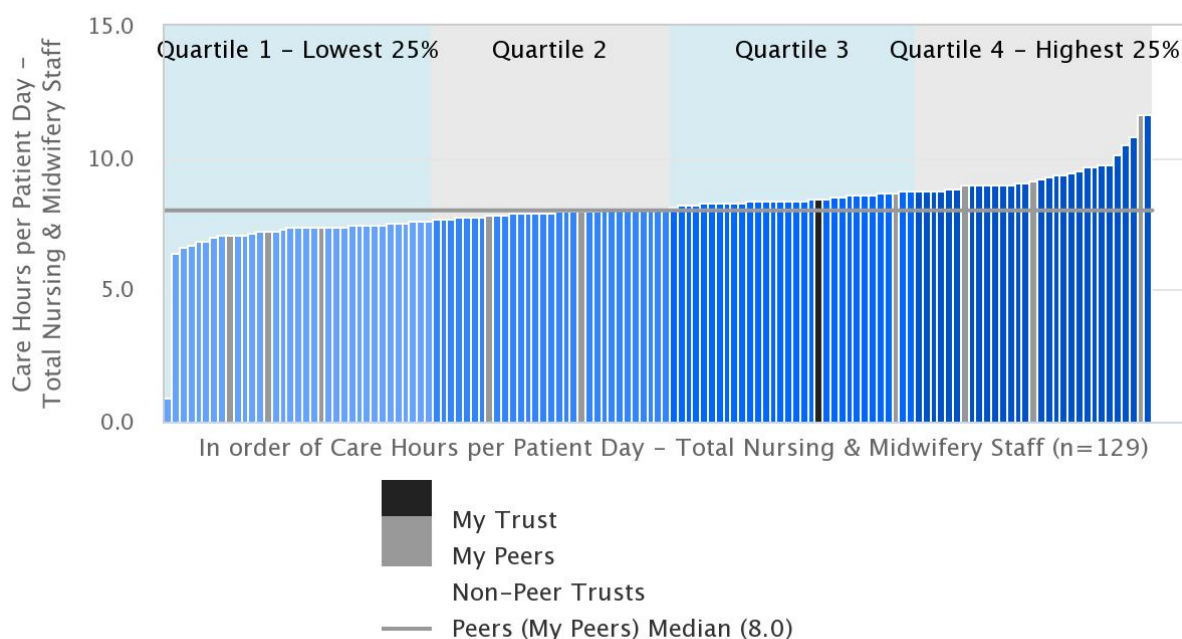
- Ward F6

5. Model Hospital Comparison data

From December 2018 onwards, this report has included a review of the data from the model hospital portal (NHS improvement). Going forward this information will be included monthly as the portal is being updated more frequently by NHS improvement, although there is still a slight delay in availability; this data is from May 2019.

The data shown in the graph below gives the total Care Hours per Patient Day, which for Bradford Teaching Hospitals NHS Trust is 8.5. The peer median is 8.

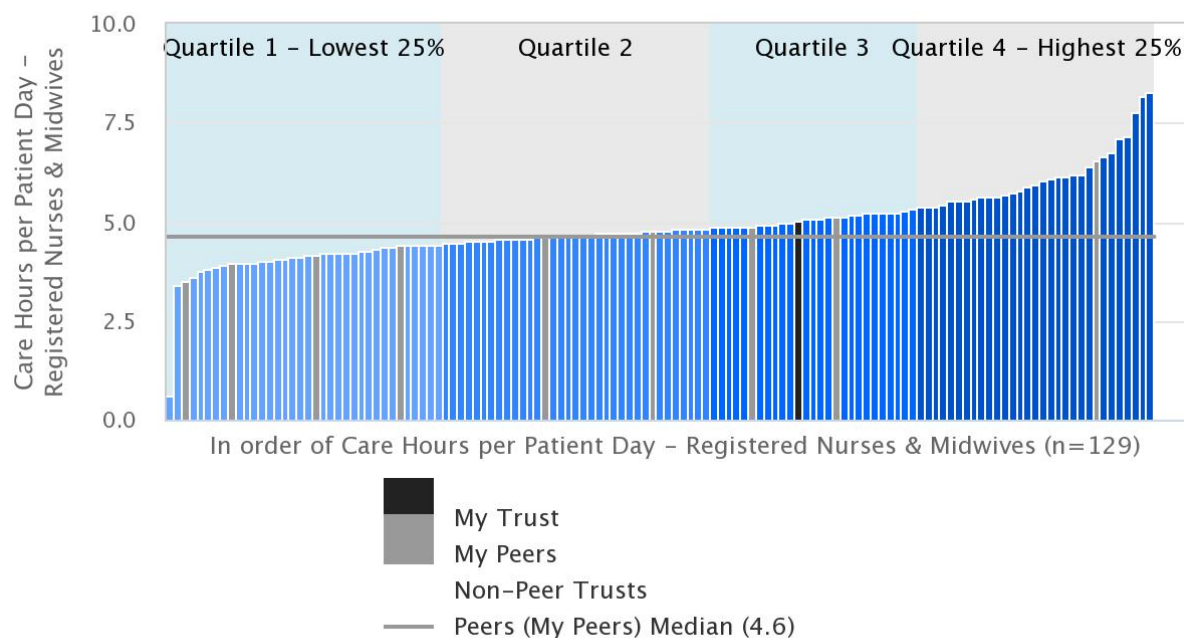
Care Hours per Patient Day – Total Nursing & Midwifery Staff, National Distribution



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The Model Hospitals shows that Registered Nursing and Midwifery Care Hours per Patient day for the Trust is 5. The peer median is 4.6.

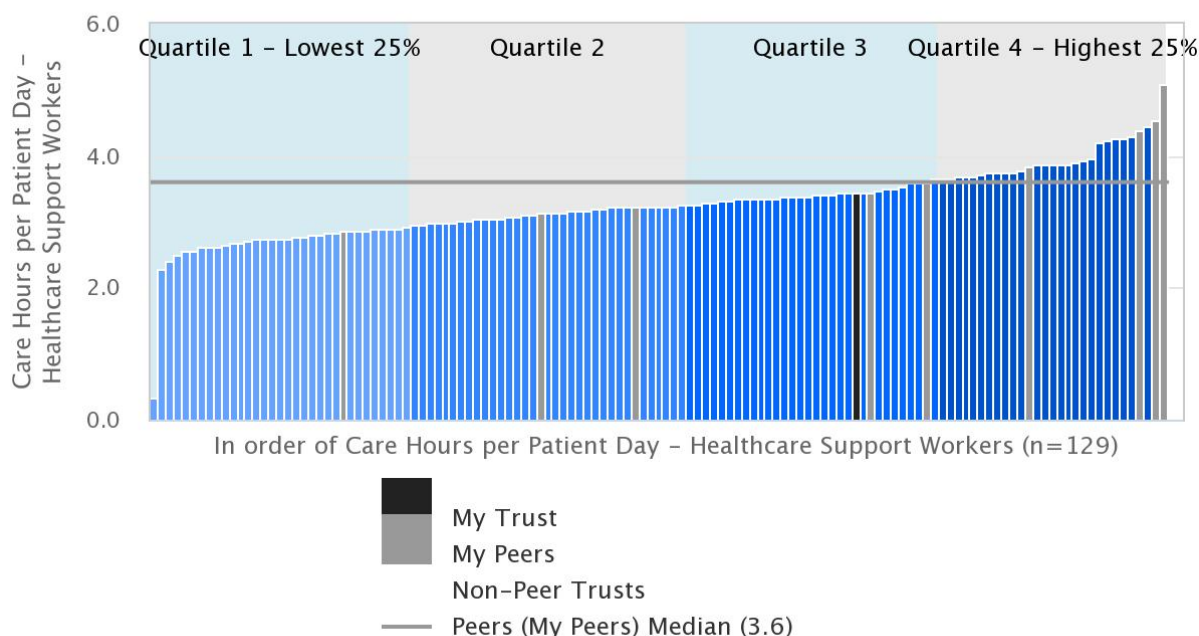
Care Hours per Patient Day – Registered Nurses & Midwives, National Distribution



The Healthcare Support Worker Care Hours per Patient Day for the Trust is 3.3. The Peer Median is 3.6.

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



6. Conclusion

This report provides details of the planned versus actual staffing levels for registered nurses/ midwives and care staff for July 2019. Robust monitoring remains in place with a minimum of daily overview of the staffing in each area to maintain safety. There is increased use of the Safecare tool to support decision making in relation to staffing, to ensure that it is based on the best available evidence in relation to acuity and dependency as well as planned staffing numbers.

The CHPPD data that the Trust is reporting is broadly 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 has been put in place and monitored; more detail is included in this paper for further openness and transparency. Overall the fill rates remain within 5 % difference from previous 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 - July 2019

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 or ungraded	Low	Moderate and Severe	Category 2	Category 3	Category 4	MRSA	C.Diff	Cumulative % Abs Rate (FTE)	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	87	4	1	0	0	0	0	0	0	8.4	0.0	91.1	87.1	91.5	120.0	594	4.6	4.1	8.7	↑	Jul-18	
AMU 4	0	1	93	3	1	0	0	0	0	0	0	10.5	16.1	88.4	105.9	112.7	130.5	529	5.3	4.9	10.2	↑	Jul-18	
ICU	0	0	100	0	0	0	2	0	0	0	0	8.2	5.4	80.4	91.9	78.3	80.6	305	28.9	3.2	32.1			
WARD 03	0	1	92	4	0	0	0	0	0	0	0	8.2	9.9	82.3	97.1	104.3	96.4	772	3.4	4.1	7.5	↔	Feb-18	
WARD 06	0	0	96	4	1	0	2	0	0	0	0	11.5	17.9	72.9	71.9	73.7	90.3	625	5.6	7.6	13.2	↓	Feb-19	
WARD 07	0	0	95	5	0	0	1	0	0	0	0	18.5	0.0	101.6	106.2	100.0	100.0	341	4.3	3.4	7.7	↔	Mar-19	
WARD 08	9	1	94	0	0	0	0	0	0	0	0	6.1	7.6	92.4	105.4	87.1	180.0	809	2.9	2.5	5.4	↑	May-18	
WARD 09	0	0	95	7	1	0	1	0	0	0	0	8.1	27.0	80.0	119.3	103.0	115.7	655	2.9	3.9	6.8	↓	Jun-19	
WARD 11	6	0	91	0	1	0	0	0	0	0	0	13.6	5.9	87.7	97.2	87.3	138.2	685	3.4	2.5	5.8	↔	Mar-18	
WARD 12	0	0	99	0	0	0	0	0	0	0	0	7.7	18.3	92.4	108.4	82.4	163.5	357	6.0	3.6	9.6	↑	May-19	
WARD 14	0	0	98	3	0	0	0	0	0	0	0	8.2	12.3	78.4	145.9	100.0	109.3	446	3.8	2.9	6.7	↔	Oct-18	

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WARD 15	1	0	90	4	0	0	0	0	0	0	8.3	3.9	87.9	97.2	98.4	99.8	506	3.3	3.5	6.8	↔	Mar-19
WARD 18	6	0	98	0	1	0	1	0	0	0	6.1	4.3	87.6	132.0	97.2	118.7	532	4.5	2.1	6.6	↓	Jun-19
WARD 20	9	0	88	0	2	0	0	0	0	0	8.7	8.4	93.4	113.5	98.2	114.2	692	5.4	1.8	7.2	↔	Mar-18
WARD 21	13	1	94	0	0	0	4	0	0	0	9.2	20.1	82.3	104.6	96.0	106.5	665	4.9	2.9	7.8	↔	May-18
WARD 22	0	1	100	2	2	0	0	0	0	0	7.8	7.0	89.9	114.0	92.8	108.9	683	5.2	4.4	9.6	↔	Mar-18
WARD 23	0	0	100	2	2	0	2	1	0	0	9.3	11.4	94.4	93.1	91.7	110.6	745	5.5	3.8	9.4	↓	Mar-19
WARD 24	0	0	94	2	1	0	3	0	0	0	7.3	5.1	102.1	114.5	99.4	103.2	345	4.1	3.4	7.5	↑	Jan-19
WARD 25	0	0	98	2	0	0	0	0	0	1	5.4	0.0	98.5	105.6	100.0	-	192	7.6	2.3	9.9	↑	Jun-18
WARD 26	3	0	98	3	0	0	2	2	0	0	7.7	20.4	87.8	113.3	97.8	131.6	799	3.2	3.4	6.6	↔	Jun-19
WARD 27	5	0	93	4	1	0	0	0	0	0	6.8	33.8	91.5	109.6	88.2	141.1	642	3.6	2.6	6.2	↔	Sep-18
WARD 28	5	0	95	2	0	0	0	0	0	0	11.1	5.9	57.9	56.3	100.0	64.2	286	6.0	3.2	9.2	↑	Nov-17
WARD 29	1	0	98	7	6	0	0	1	0	0	11.6	7.3	84.9	116.4	98.9	122.6	854	2.9	5.1	8.0	↔	May-18
Paediatrics	0	0	93	0	0	0	0	0	0	1	10.1	12.3	82.1	81.2	84.5	43.3	900	8.0	1.8	9.8	↑	Mar-19
WARD 31	0	0	88	7	0	0	3	0	0	0	8.6	13.9	83.3	110.1	73.1	127.2	818	2.5	5.2	7.7	↑	May-19
WARD 33	0	0	100	0	0	0	1	0	0	1	8.8	4.9	94.9	110.9	100.0	103.1	361	4.5	3.3	7.7	↓	Nov-18
BIRTHING CENTRE	0	0	100	0	0	0	0	0	0	0	6.4	18.7	96.7	85.0	83.7	91.0	91	21.9	7.4	29.2	↔	Jun-18
LABOUR WARD	0	0	100	0	0	0	0	0	0	0	6.6	10.2	84.8	-	87.3	-	274	13.8	0.0	13.8	↔	Jun-18
NNU	0	0	100	0	0	0	0	0	0	0	9.8	12.4	91.2	45.6	93.2	59.5	563	14.1	1.7	15.9		
WARD M3	0	0	100	0	0	0	0	0	0	0	11.1	16.3	83.7	101.7	75.6	116.0	579	5.2	1.9	7.0	↓	Aug-18
WARD M4	0	0	92	0	0	0	0	0	0	0	7.1	10.6	94.3	106.8	87.4	101.6	440	4.6	3.8	8.4	↔	Aug-18
WBG	0	0	92	2	0	0	0	0	0	0	9.3	33.2	101.1	99.9	104.3	106.2	460	3.2	4.0	7.3	↑	May-18
WWP	3	0	81	1	0	0	0	0	0	0	8.2	17.4	95.7	98.6	98.5	99.8	439	3.3	4.1	7.3	↔	Aug-19
WARD F5	0	0	100	9	4	0	3	2	0	0	8.6	19.0	98.9	99.1	101.6	100.0	754	1.9	4.3	6.2	↔	Mar-18
WARD F6	0	0	94	2	1	0	0	0	0	0	11.9	15.3	75.9	113.0	102.0	99.0	640	2.5	5.4	7.9	↑	May-19