

## Board of Directors' Meeting Report – 25 May 2016

### Agenda item 46/16ii

<b>Title</b>	Nursing Establishment - Safe staffing report for April 2016
<b>Sponsoring Director</b>	Yvonne Blücher - Chief Nurse
<b>Authors</b>	Julie Coleman – Lead Nurse Practice Development
<b>Purpose</b>	To report the nursing & midwifery staffing levels submitted to NHS England via Unify for the month of April 2016, reporting the percentage fill rate for each ward area and the impact on capacity and capability to deliver safe care.
<b>Previously considered at</b>	N/A
<p><b>Executive Summary</b></p> <p>This report relates to fill rate against planned staffing for the month of April 2016. The report identifies the fill rates percentages submitted to Unify, and incorporates a RAG rating for each clinical area based upon set criteria.</p> <p>Registered Nurse/Midwife (RN &amp; RM) fill rate for April 2016 was 88.7% on days and 89.1% on nights.</p> <p>In April 2016 there were 8 areas on days with a Registered Nurse fill rate below 80%, compared to 6 in March 2016 (BAMs, Blenheim, CCU/Hopkins, Castlepoint, E.Hobb, P. Anne Windsor wards and the Stroke Unit). On nights in April 2016 there were 4 areas with a fill rate below 80% (BAMS, Castlepoint, CCU/Hopkins, and Neptune ward).</p> <p>There continued to be high level of emergency admissions throughout April, particularly within the medical specialities. The continuing demand required Medical admissions to be cared for in surgical, musculoskeletal and gynaecology wards. The risk assessment process was used to identify patients who were safe to receive care in wards outside the speciality.</p> <p>There was a reduction in the number of red flags reported in April 2016 to 260 compared to 286 red flags in March 2016. The majority (229) of red flags were identified/ escalated due to Registered Nurse deficit, impacting on safe staffing ratios, inappropriate skill mix and increased acuity and dependency. The remaining 31 were identified at ward level as part of ward reporting.</p> <p>There is a process in place that allows us to accurately report acuity &amp; dependency, staffing levels and Red Flags on a daily basis. There are formal processes for reviewing the information and robust escalation processes, with mechanisms for recording information and providing assurance. In addition each clinical area fill rate and red flags are triangulated, reviewing quality and safety indicators including patient harms such as pressure ulcers and falls. This information is reviewed to determine if staffing fill rate or red flags contributed to a reduction in quality and patient harms.</p>	
<b>Date Reviewed by Execs.</b>	11 May 2016
<b>Related Trust Objective</b>	Excellent Patient Outcomes Excellent Patient Experience Engaged and Valued Staff

<b>Related Risk</b>	Risk 1 – Failure to provide adequate patient safety and quality of care Risk 2 – Poor patient experience Risk 5 – Inability to recruit and retain staff
<b>Legal implications / regulatory requirements</b>	NHS England and our regulators expect organisations to ensure that staffing capacity and capability are appropriately funded, maintained and monitored. The CQC will monitor how well staffing requirements are met as part of their inspection programme
<b>Quality assessment impact</b>	Staffing levels need to be at an adequate level to provide safe nursing care. The impact on quality will be dependent upon the registered nurse to patient ratio, acuity and dependency of patients and the skills and capability of the staff.
<b>Equality assessment impact</b>	Monitoring the outcomes will enable us to understand the impact of any staffing deficits on care including patients with protected characteristic of 'age' and 'disability'.
<b>Recommendations:</b> The Board is asked to note this report and receive assurance	

# SAFE STAFFING REPORT APRIL 2016

## INTRODUCTION

The purpose of this paper is to outline the nurse staffing levels across in patient wards for April 2016. The paper will highlight areas of risk and mitigation at individual ward level. The report captures the 'Actual' versus 'Planned' staffing on a shift-to-shift basis for day and night for Registered Nurse/Midwife and Health Care Assistants.

### Bed capacity and safe staffing ratios in April 2016

There continued to be high level of emergency admissions throughout April 2016. The Safe staffing monitoring tool continues to be utilised to record and monitor staffing levels, the Registered Nurse and Midwife (RN & RM) ratios, red staffing flags and acuity and dependency scores. This tool supports decisions regarding the movement and re-deployment of staff on a shift to shift basis to maintain safety. The regular bed meetings continue to review safe staffing throughout the trust with discussion regarding staffing ratios and risk mitigation.

There continues to be temporary bed closures (23) on the following wards that will remain in place until staffing levels improve to allow these to be safely re-opened:

- Acute stroke unit (Benfleet Ward)– 4 beds closed (2 further beds were closed to achieve appropriate nurse to patient ratios within the staffing levels available
- Stroke Unit (Paglesham Ward) 6 beds closed
- Castlepoint Ward – 6 beds closed.
- Shopland Ward - 6 beds closed.
- Stambridge ward -1 HDU bed.

On the occasions where there is a surge in activity there have been short periods of time when some of the beds temporarily closed have been re-opened to maintain safety and improve patient flow. The senior nursing team in conjunction with operational managers and the executive directors undertake risk assessment and agree mitigation actions as part of the decision making process to temporarily open or close in-patient beds.

## TRUST POSITION FOR SUBMISSION

The data has been submitted via the Unify template in accordance with NHS England requirements. The table below demonstrates the Unify data submitted for April 2016. As previously reported, where it is necessary to utilise agency staff to cover staffing shortfall, skill mix assessments are carried out across the wards and staff may be moved from one area to another to ensure an appropriate mix of Southend hospital RNs and Agency RNs.

April 2016 fill rate %	Day fill rate %	Night fill rate %	Bank % of actuals days	Bank % of actuals nights	Agency % of actuals days	Agency % of actuals nights
Registered nurse	88.7%	89.1%	7.6%	13.3%	3.4%	24%
Health care assistant	116.4%	121.6%	16.7%	33%	9.4%	13.7%

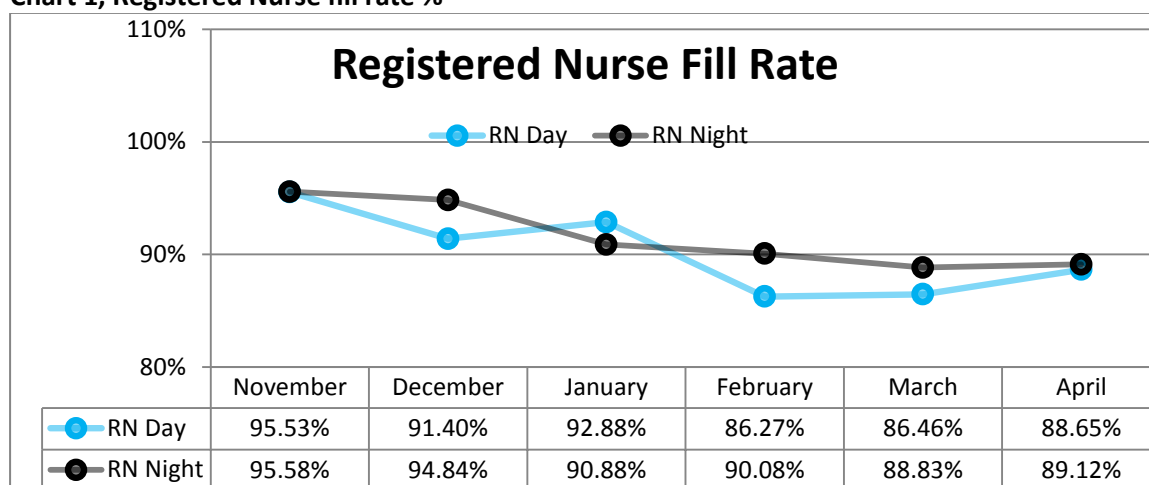
## ANALYSIS OF FILL RATE AND QUALITY DATA

### Fill rate

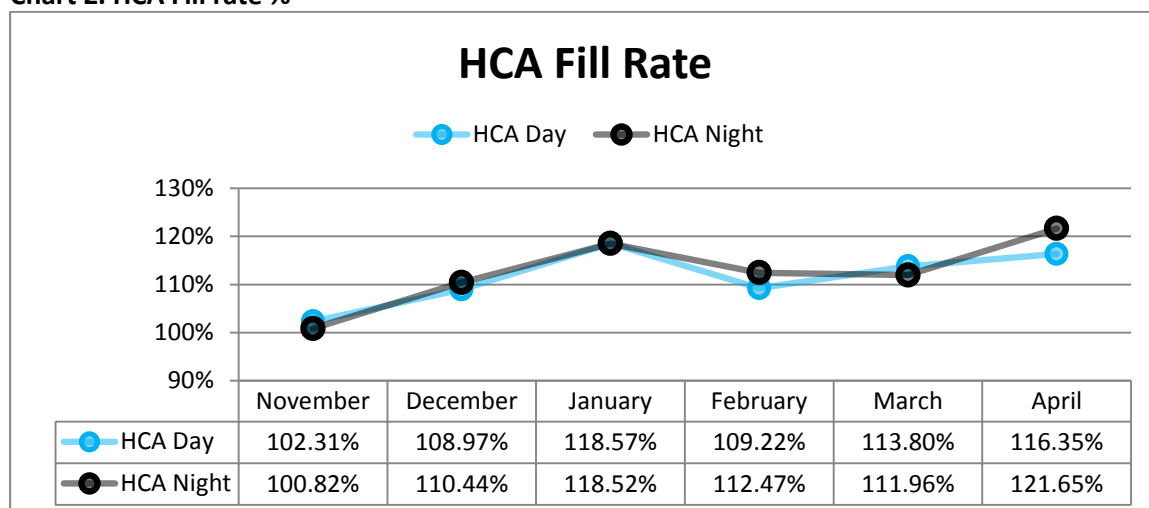
1. Registered Nurse/Midwife (RN & RM) fill rate for April 2016 was 88.7% on days and 89.1% on nights. Appendix 1 demonstrates fill rate for April 2016 by clinical area.

- Health Care assistant's fill rate remains above 100% across many areas in April 2016. Fill rates over 100% continue to relate to the high levels of enhanced observations and increased dependency across many clinical areas.
- Due to pressures within the trust, Registered Nurses undertaking specialist roles have been planned to be included into the wards rotas to provide additional support and support the delivery of patient care. Some training was also postponed to release staff to be in the clinical areas, each of these were risk assessed for their on-going impact on delivering safe patient care.
- Chart 1 & chart 2 below display the overall fill rate for Registered Nurse/Midwife and Health care assistants for April 2016, and the previous five months for comparison purposes. A small increase in RN shift fill is noted.

**Chart 1, Registered Nurse fill rate %**



**Chart 2. HCA Fill rate %**

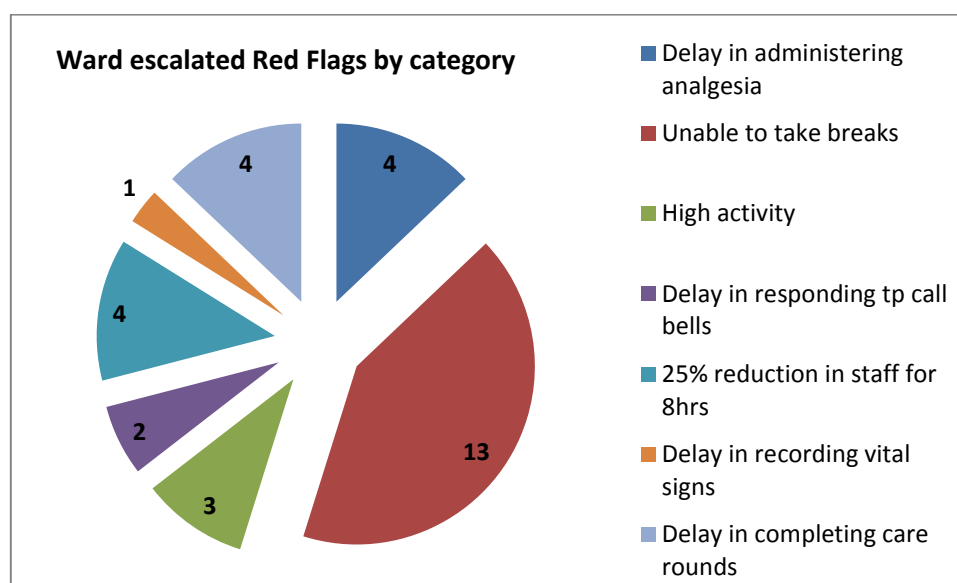


- In April 2016 there were 8 areas on days with a Registered Nurse fill rate below 80%, compared to 6 in March 2016 (BAMs, Blenheim, CCU/Hopkins, Castlepoint, E.Hobb, P. Anne Windsor wards and the Stroke Unit). On nights in April 2016 there were 4 areas with a fill rate below 80% (BAMS, Castlepoint, CCU/Hopkins, and Neptune ward). Fill rate and quality & safety indicators areas have been triangulated and can be seen in Appendix 2. In addition the quality and safety indicators for areas RAG rated as red or area of concern, Shopland and the Respiratory Unit have been triangulated and can be reviewed in Appendix 2.

6. Some areas were noted to have a Registered Nurse fill rate above 100%; this was in part due to the need to have additional staff to manage the increased acuity & dependency in some areas.
7. In recognition of the increased number of medical admissions and the vacancy levels on a number of wards, it was agreed that additional staff (bank and agency) would be requested.

**8. Quality and safety indicators**

9. In April 2016 there were 6 avoidable Pressure ulcers in the following areas: Castlepoint (two grade 2 and one grade 3 pressure ulcers) Gordon Hopkins (one grade 3), and Princess Anne (2 grade 3 pressure ulcers). Issues identified are non-compliance with SSKIN bundle, delay in mattress upgrade following re-assessment, poor documentation. It is difficult to determine if staffing levels directly contributed to these incidences, however all three wards were identified as having RN shift fill below 80%.
10. There were 64 falls in April 2016 compared to 81 in March 2016. All of the falls were of low severity.
11. There was a reduction in the number of red flags reported in April 2016 to 260 compared to 286 red flags in March 2016. The majority, 229 of red flags were identified/ escalated due to Registered Nurse deficit, impacting on safe staffing ratios, inappropriate skill mix and increased acuity and dependency. The remaining 31 were identified at ward level and are illustrated in the pie chart below split by Red flag category.



12. All clinical areas have been RAG (Red, Amber, and Green) rated utilising a RAG rating system. In total there were 8 areas RAG risk assessed as red for the month of April 2016. All of these areas had a fill rate below 80%. The clinical areas quality and safety indicators are also reviewed to identify the RAG rating for each area. Appendix 1 demonstrates RAG rating by clinical area.
13. The vacancy level has increased from 12.39% in March, to 15.88% in April 2016. There are 4 areas with a vacancy rate above 30% for April 2016 (E.Hobbs, CCU/Hopkins, P.Anne and the Stroke unit). Individual clinical areas vacancy level is demonstrated by ward in Appendix 1. A recruitment plan is in place to recruit overseas nurses and on-going recruitment activity to address RN deficit.

## ESCALATION PROCEDURES & ASSURANCE

14. There is on-going activity that occurs to monitor and support escalation and decision making to mitigate the risk

- The Staffing and activity review meetings (bed meetings) at intervals throughout the day provides an opportunity to review staffing levels and escalate concerns. The meeting is attended by Senior Management from across the trust as well as Matrons and Ward managers and safe staffing discussions are co-ordinated currently by the senior nursing team.
- It is within these meetings that issues are discussed affecting activity and staffing and decisions made concerning the risk assessed utilisation of escalation beds or closure of beds due to staffing concerns.

### Action

In preparation for meeting the NHS Improvement (NHSI) reporting requirements in relation to CHPPD (care hours per patient day) the April 2016 data will be calculated using the NHSI methodology and reviewed against the initial Lord Carter benchmarking data by the chief nurse and senior nursing team to ensure everything is in place to meet the reporting requirements.

## RECOMMENDATIONS

15. The Board is asked to note:

- The data relating to nurse staffing levels for April 2016.
- The number of Red flags has decreased. It should be noted that clinical areas are now identifying and recording their red flags on the daily spreadsheet.
- There is a process in place that allows us to accurately report acuity & dependency, staffing levels and Red Flags on a daily basis. There are formal processes for reviewing the information and robust escalation processes, with mechanisms for recording information and providing assurance.
- Clinical areas fill rate % and red flags are triangulated, reviewing quality and safety indicators, ensuring that there is evidence of mitigation.
- On-going recruitment activity continues with local recruitment and overseas interviews taking place. Open days are planned for June and July 2016.

Appendix 1  
 Safe staffing reporting- RAG rating criteria Safe staffing reporting for April 2016.

## Safe staffing reporting – RAG rating criteria

Safe Staffing Levels	
RAG	DETAILS
Green	<b>Minor Impact</b> <ul style="list-style-type: none"> <li>• Fill rates above 80%</li> <li>• Ward establishment meets for acuity/dependency of patients</li> <li>• Minor staff shortages with no impact on patient safety</li> <li>• Skill Mix ratio not outside recommended guidance</li> <li>• No Red Flags</li> </ul>
Yellow	<b>Moderate Impact</b> <ul style="list-style-type: none"> <li>• Fill rate below 80%</li> <li>• Establishment deficiencies however risk to patients reviewed and no quality or safety issues.</li> <li>• One red flag triggering concerns around safety</li> <li>• Use of agency and back due to vacancies within acceptable limits</li> <li>• Requirements for staff to be redeployed</li> <li>• Nurse in charge included in the numbers</li> </ul>
Red	<b>Significant Impact</b> <ul style="list-style-type: none"> <li>• Fill rate below 80%</li> <li>• Establishment deficiencies - not meeting acuity/dependency</li> <li>• Multiple red flags triggering concerns around safety</li> <li>• Requirements for staff to be redeployed</li> <li>• Nurse in charge included in the numbers</li> </ul>

**Exception Reporting Rationale**

The RAG (red, amber, green) traffic light rating requires professional judgement which may include the following criteria:

- Ward establishment not meeting the patient needs around Clinical acuity
- Red Flag Triggers
- Wider workforce issues relating to vacancy and skill mix
- Leadership
- Existing Quality and safety data
- Risks posed to patients as a result of the above

**Appendix 2 High risk areas with fill rate % below 80% April 2016.**

Area	RN fill rate %	Safety indicators KPI's	Vacancy, bank & agency utilisation
<b>BAMS</b>	<b>74.4%</b> RN fill rate on days <b>71.84%</b> on nights	<b>5</b> red flag, <b>0</b> high or moderate severity falls , <b>0</b> pressure ulcers , F&F score <b>86%</b>	<b>15.54%</b> vacancy rate, High levels RN Agency utilisation & bank HCA'S
<b>Blenheim</b>	<b>73.5%</b> RN fill rate on days	<b>29</b> red flags, <b>0</b> high or moderate severity falls, <b>0</b> pressure ulcers, F&F score <b>100%</b>	<b>26.4%</b> vacancy rate , High levels RN Agency utilisation & bank & agency HCA'S
<b>Castlepoint</b>	<b>79.48%</b> RN fill rate on days <b>73.33%</b> on nights	<b>19</b> red flag, <b>0</b> high or moderate severity falls , <b>1</b> pressure ulcers , F&F score <b>71.4%</b>	<b>20.68%</b> vacancy rate, High levels RN bank & Agency utilisation & bank HCA'S
<b>CCU/Hopkins</b>	<b>73.99%</b> RN fill rate on days & <b>62.61%</b> fill rate on nights	<b>3</b> red flags, <b>0</b> high or moderate severity fall, <b>1</b> pressure ulcers, F&F score <b>100%</b>	<b>31.65%</b> vacancy rate , moderate levels RN Agency utilisation & bank HCA'S
<b>E.Hobbs</b>	<b>67.73%</b> RN fill rate on days	<b>13</b> red flag, <b>0</b> high or moderate severity falls , <b>0</b> pressure ulcers , F&F score <b>84%</b>	<b>30.55%</b> vacancy rate, High levels RN Agency utilisation & bank HCA'S
<b>Neptune</b>	<b>80%</b> RN fill rate on nights	<b>0</b> red flag, <b>N/A</b> high or moderate severity falls , <b>N/A</b> pressure ulcers , F&F score Not measured	<b>7.61%</b> vacancy rate, Low levels RN bank utilisation.
<b>P.Anne</b>	<b>74.13%</b> RN fill rate on days	<b>10</b> red flag, <b>0</b> high or moderate severity falls , <b>2</b> pressure ulcers , F&F score <b>81.8%</b>	<b>39.31%</b> vacancy rate, High levels bank & agency for RN and HCAs
<b>Stroke Unit</b>	<b>79.67%</b> RN fill rate on days	<b>28</b> red flag, <b>0</b> high or moderate severity fall , <b>0</b> pressure ulcers , F&F score <b>97.9%</b>	<b>36.43%</b> vacancy rate, High levels RN Agency utilisation & bank & agency HCA'S
<b>Windsor</b>	<b>78.19 %</b> RN fill rate on days	<b>30</b> red flag, <b>0</b> high or moderate severity falls , <b>0</b> pressure ulcers , F&F score <b>85.7%</b>	<b>24.47%</b> vacancy rate, High levels RN bank & Agency utilisation & bank HCA'S

**Additional clinical areas of concern**

Area	RN fill rate %	Safety indicators KPI's	Vacancy, bank & agency utilisation
<b>Shopland</b>	<b>81.27%</b> RN fill rate on days <b>80.94%</b> on nights	<b>16</b> red flags, <b>0</b> high or moderate severity falls, <b>0</b> pressure ulcer, F&F score <b>94.4%</b>	<b>16.4%</b> vacancy rate , Moderate levels bank HCA'S utilisation
<b>Respiratory unit</b>	<b>84.87%</b> RN fill rate on days & <b>82.78%</b> fill rate on nights	<b>30</b> red flags, <b>0</b> high or moderate severity falls, <b>0</b> pressure ulcer, F&F score <b>90.6%</b>	<b>23.59%</b> vacancy rate, moderate levels RN Agency utilisation on nights & bank HCA'S



