

## Board of Directors' Meeting Report – 3 August 2016

### Agenda item 64/16i

<b>Title</b>	Safe staffing report for May 2016
<b>Sponsoring Director</b>	Yvonne Blucher - Chief Nurse
<b>Authors</b>	Kathy Maloney – Practice Development Nurse, Safe Staffing Facilitator
<b>Purpose</b>	To report the nursing & midwifery staffing levels submitted to NHS England via Unify for the month of May 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 May 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 May 2016 was 89.6% on days and 91.84% on nights.</p> <p>In May 2016 there were 5 areas on days with a Registered Nurse fill rate below 80%, compared to 8 in April 2016 (CCU/Hopkins, Castlepoint, Eleanor Hobbs, Neonatal Unit and the Stroke Unit). On nights in May 2016 there were 3 areas with a fill rate below 80% (BAMS, CCU/Hopkins, and Neonatal Unit) compared to 4 areas below 80% on nights in April (BAMS, CCU Hopkins, Castlepoint &amp; Eleanor Hobbs).</p> <p>There continued to be high level of emergency admissions throughout May, 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 an increase in the number of red flags reported in May, of 271 compared to 260 in April 2016. The majority of red flags, 203, were identified/ escalated due to Registered Nurse deficit, impacting on safe staffing ratios, inappropriate skill mix and increased acuity and dependency. The remaining 68 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>	20 July 2016
<b>Related Trust Objective</b>	Excellent Patient Outcomes Excellent Patient Experience Engaged and Valued Staff

<b>Related Risk</b>	Failure to provide adequate patient safety and quality of care Poor patient experience 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 May 2016

### INTRODUCTION

The purpose of this paper is to outline the nurse staffing levels across in patient wards for May 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 May 2016

There continued to be high level of emergency admissions throughout May 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)– 2 beds closed
- Stroke Unit (Paglesham Ward) 7 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. There has also been increased demand for Trauma & Orthopaedic beds resulting in the need to open closed beds on Castlepoint wards this has been assessed on a shift to shift basis and the beds have been flexed up or down depending on need and patient safety. 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 May 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. It is noted that the agency fill for nights is 30%, this compares to 24% for April rotas. Rotas are reviewed where high numbers of agency staff are used to ensure an even distribution of Trust and Agency staff.

May 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	89.60%	91.84%	7.1%	11.5%	5.4%	30.2%
Health care assistant	115.4%	118.7%	16.6%	33.1%	12.4%	13.8%

## ANALYSIS OF FILL RATE AND QUALITY DATA

### Fill rate

1. Registered Nurse/Midwife (RN & RM) fill rate for May 2016 was 89.6% on days and 91.8% on nights. Appendix 1 demonstrates fill rate for May 2016 by clinical area.
2. Health Care assistant's fill rate remains above 100% across many areas in May 2016. Fill rates over 100% continue to relate to the high levels of enhanced observations and increased dependency across many clinical areas. This correlates with the continued high rate of medical admissions, this has resulted in a dilution of RN to HCA skill mix on occasions.
3. 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.
4. Chart 1 & chart 2 below display the overall fill rate for Registered Nurse/Midwife and Health care assistants for May 2016, and the previous five months for comparison purposes. A small increase in RN shift fill is noted which has shown a small upward trend since February.

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

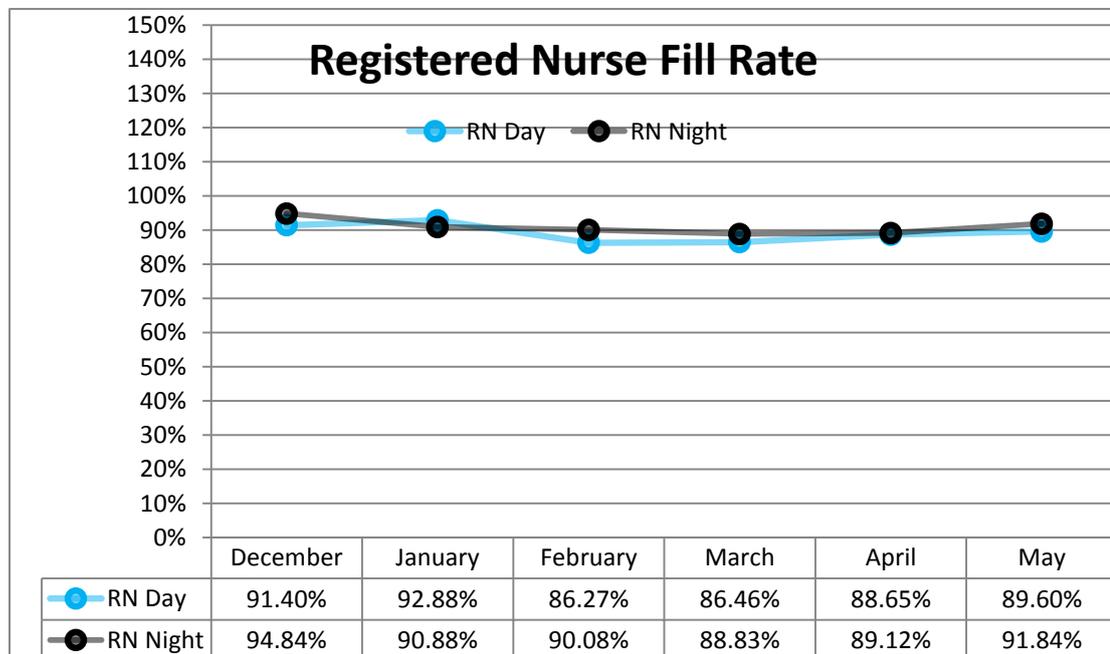
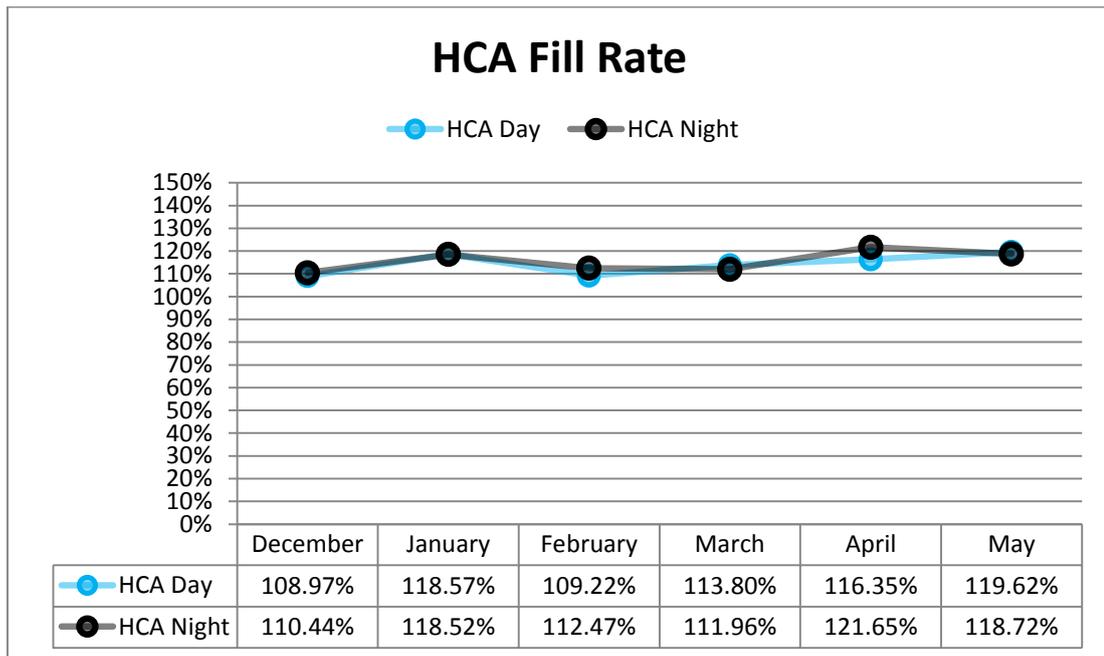


Chart 2. HCA Fill rate %



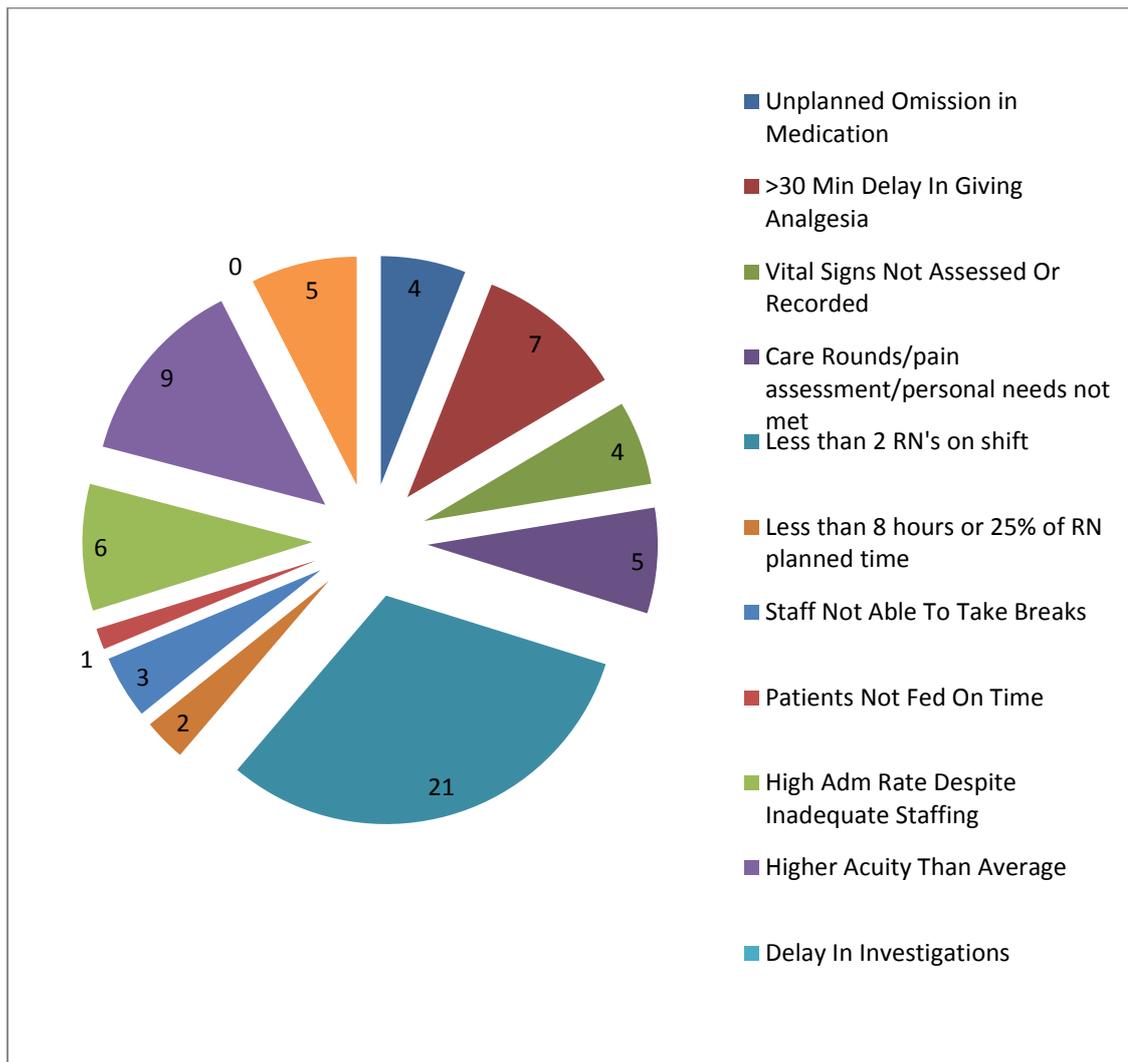
5. In May 2016 there were 5 areas on days with Registered Nurse fill rates below 80% (Castle point ward, CCU/Hopkins, Eleanor Hobbs Ward, Stoke Unit and Neonatal Unit) compared to April 2016 when there were 8 areas on days with a Registered Nurse fill rate below 80%. On Nights in May 2016 there were 3 areas on days with Registered Nurse fill rates below 80% (BAMS, CCU Hopkins, Neonatal Unit) compared to nights in April 2016 there were 4 areas with a fill rate below 80%. 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, Southbourne, Stambridge, Kitty Hubbard, Hockley, Elizabeth Loury and the Respiratory Unit have been triangulated and can be reviewed in Appendix 2.
6. 3 areas (Balmoral, Critical Care and Margaret Broom) 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 these areas and the opening of additional beds on Balmoral to assist in patient flow.
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.

### Quality and safety indicators

1. **Pressure Ulcers:** In May there were 17 hospital acquired Pressure Ulcers, 4 of these were avoidable, compared to 6 avoidable pressure ulcers in April 2016. These occurred in the following areas: Rochford (Grade 2), Princess Anne (Grade3), Shopland (Grade 2 and Southbourne (grade 2)). All wards had staffing fill rates of above 80%, though Shopland and Princess Anne were 83% and 84%, however Princess Anne had a high agency fill rate of 27.47%. Princess Anne also had 2 pressure Ulcers in April and the Wound management team are working with the Matron and Ward Manager and an action plan has been developed to improve practice in areas such as Waterlow scoring. The wound management team have reported that inaccurate Waterlow scoring has been identified following review of the grade 2 pressure sores; this is being reviewed with the Matrons.

2. **Falls:** There were 84 falls in May compared to 64 falls in April 2016. One was categorised as moderate severity (Westcliff Ward) and one was high severity (Estuary OPAS), in April there were no moderate or high severity falls. Staffing for both of these areas were above 90% and the RCA for Westcliff ward does not indicate that staffing was a factor. Initial information gathered for the RCA for Estuary also does not indicate that staffing was a factor.
  
3. **RED Flags:** There was an increase in the number of red flags reported in May 2016 to 271 compared to 260 red flags in April 2016. The majority of red flags (203) were identified escalated due to Registered Nurse deficit, impacting on safe staffing ratios, inappropriate skill mix and increased acuity and dependency. These are reported at a Senior Nurse review and monitored in Nerve Centre. The remaining 68 were identified at ward level and are illustrated in the pie chart below split by Red flag category. Ward level reported Red Flags are currently reported on a spreadsheet in the Safe Staffing Reporting drive going forward it is planned to report these on E-roster it is hoped this will improve consistency of reporting as some wards currently do not report any red flags despite staffing concerns. The training and roll-out programme for this is yet to be scoped but it is anticipated that this will commence in September. The Emergency department will commence as a pilot area in July and 2 other wards will be identified for July.

### Ward Escalated Red Flags by Category



4. All clinical areas have been RAG (Red, Amber, and Green) rated utilising a RAG rating system. In total there were 6 areas RAG risk assessed as red for the month of May 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.
5. **Vacancy levels and Recruitment:** The vacancy level has decreased in May 2016 to 13.85%, from 15.88% in April 2016. In April there were 4 areas with a vacancy rate above 30% (E.Hobbs, CCU/Hopkins, P.Anne and the Stroke unit) there are now only 2 areas above 30% (Princess Anne, and Stroke Unit). In May the current maximum vacancy rate is 35.58% in the Stroke Unit. There are 4 wards with high vacancy rates of between 22.5%-28.5% (Blenheim, CCU Hopkins, Eleanor Hobbs and Respiratory 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. A Task and Finish group has been set up jointly with Nursing and Recruitment to drive forward recruitment campaigns for Nursing. The objectives of this group are to identify priority areas for recruitment and ensure that vacancy details, e-roster establishments and recruitment trajectory are correct. They will assist with planning and organisation of recruitment days and recruitment planning. Risks and concerns related to recruitment will be discussed at this group and concerns escalated to the HoNs/ Chief Nurse as required.

6. **CHPPD:** Reporting requirement for CHPPD (care hours per patient day) have been met, comparisons will be made when National data is available

## ESCALATION PROCEDURES & ASSURANCE

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 due to staffing concerns.

## Conclusion

- A small increase in staffing fill rate and fewer wards below 80%
- There has been an increase in the number of falls and moderate and high severity falls
- Red flags have increased but this may be due to better reporting.
- CHPPD has been reported but there is currently no data for comparison internally or with other local Trusts

## RECOMMENDATIONS

7. The Board is asked to note:
  - The data relating to nurse staffing levels for May 2016.

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

**Safe staffing reporting – RAG rating criteria**

**Safe Staffing Levels**

**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

RAG	DETAILS
	<p><b>Minor Impact</b></p> <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>
	<p><b>Moderate Impact</b></p> <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>
	<p><b>Significant Impact</b></p> <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>

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

Area	RN fill rate %	Safety indicators KPI's	Vacancy, bank & agency utilisation
<b>Blenheim</b>	<b>80.10%</b> RN fill rate on days	<b>19</b> red flags, <b>0</b> high or moderate severity falls, <b>1</b> pressure ulcers, F&F score <b>82.4%</b>	<b>26.25%</b> vacancy rate , High levels RN Agency utilisation & bank & agency HCA'S
<b>Castlepoint</b>	<b>75.8%</b> RN fill rate on days <b>91.9%</b> on nights	<b>12</b> red flag, <b>0</b> high or moderate severity falls , <b>2</b> pressure ulcers , F&F score <b>94.4%</b>	<b>13.08%</b> vacancy rate, High levels RN bank & Agency utilisation & bank HCA'S
<b>CCU/Hopkins</b>	<b>74.7%</b> RN fill rate on days & <b>71.3%</b> fill rate on nights	<b>2</b> red flags, <b>0</b> high or moderate severity fall, <b>0</b> pressure ulcers, F&F score <b>100%</b>	<b>27.8%</b> vacancy rate , moderate levels RN Agency utilisation & bank HCA'S
<b>E.Hobbs</b>	<b>79.3%</b> RN fill rate on days & <b>79.5%</b>	<b>21</b> red flag, <b>0</b> high or moderate severity falls , <b>1</b> pressure ulcers , F&F score <b>76.9%</b>	<b>28.520%</b> vacancy rate, High levels RN Agency utilisation & bank HCA'S
<b>Neonatal Unit</b>	<b>68.80%</b> RN fill rate on days & <b>71.0%</b> fill 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>15.2%</b> vacancy rate, Low levels RN bank utilisation.
<b>Stroke Unit</b>	<b>69.7%</b> RN fill rate on days	<b>15</b> red flag, <b>0</b> high or moderate severity fall , <b>0</b> pressure ulcers , F&F score <b>97.9%</b>	<b>35.58%</b> vacancy rate, High levels RN Agency utilisation & bank & agency HCA'S

**Additional clinical areas of concern**

Area	RN fill rate %	Safety indicators KPI's	Vacancy, bank & agency utilisation
<b>Shopland</b>	<b>83.0%</b> RN fill rate on days	<b>14</b> red flags, <b>0</b> high or moderate severity falls, <b>2</b> pressure ulcer( <b>1</b> avoidable), F&F score <b>84.4%</b>	<b>19.09%</b> vacancy rate , Moderate levels bank HCA'S utilisation
<b>Respiratory unit</b>	<b>91.0%</b> RN fill rate on days & <b>91.60%</b> fill rate on nights	<b>31</b> red flags, <b>1</b> high or moderate severity falls (Westcliff), <b>2</b> pressure ulcer, F&F score <b>84.2%</b> Rochford & <b>100%</b> Westcliff	<b>22.56%</b> vacancy rate, moderate levels RN Agency utilisation on nights & bank HCA'S
<b>P.Anne</b>	<b>84.2%</b> RN fill rate on days	<b>17</b> red flag, <b>0</b> high or moderate severity falls , <b>1</b> pressure ulcers grade 3 , F&F score <b>100%</b>	<b>38.82%</b> vacancy rate, High levels bank & agency for RN and HCAs
<b>Southbourne</b>	<b>94.2%</b> fill rate on days	<b>14</b> red flags, <b>1</b> pressure ulcer, F&F <b>93.4%</b>	<b>15.3%</b> vacancy rate