

Board of Directors' Meeting Report – 3 August 2016

Agenda item 64/16ii

Title	Safe staffing report for June 2016
Sponsoring Director	Yvonne Blucher - Chief Nurse
Authors	Kathy Maloney – Practice Development Nurse, Safe Staffing Facilitator
Purpose	To report the nursing & midwifery staffing levels submitted to NHS England via Unify for the month of June 2016, reporting the percentage fill rate for each ward area and the impact on capacity and capability to deliver safe care.
Previously considered at	N/A
<p>Executive Summary</p> <p>This report relates to fill rate against planned staffing for the month of June 2016. The report identifies the fill rate percentages submitted to Unify, and incorporates a RAG rating for each clinical area based upon set criteria.</p> <p>Registered Nurse/Midwife (RN & RM) fill rate for June 2016 was 91.8% on days and 94.2 % on nights.</p> <p>In June 2016 there were 3 areas on day shifts with a Registered Nurse fill rate below 80% (Neonatal Unit, Princess Anne & Stroke Unit), compared to 5 in May 2016. On nights in June 2016 there was 1 area with a fill rate below 80% (Neonatal Unit) compared to 3 areas below 80% on nights in May 2016</p> <p>There was an increase in the number of red flags reported in June, 472 compared to 271 in May 2016. The majority of red flags, 355, were identified/ escalated due to Registered Nurse deficit, impacting on safe staffing ratios, inappropriate skill mix and increased acuity and dependency. The remaining 117 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 & 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>	
Date Reviewed by Execs.	20 July 2016
Related Trust Objective	Excellent Patient Outcomes Excellent Patient Experience Engaged and Valued Staff
Related Risk	Failure to provide adequate patient safety and quality of care Poor patient experience Inability to recruit and retain staff

Legal implications / regulatory requirements	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
Quality assessment impact	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.
Equality assessment impact	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'.
Recommendations: The Board is asked to note this report and receive assurance	

SAFE STAFFING REPORT June 2016

INTRODUCTION

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

There continued to be high level of emergency admissions throughout June 2016 and delayed discharges which have resulted in reduced flow and high bed occupancy. Escalation beds were opened on occasions to safely manage emergency admissions. 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
- Stambridge ward -1 HDU bed.
- Castlepoint Ward – 6 beds closed and flexed following risk assessment where staffing levels and skill mix were safe to do so.
- Shopland Ward - 6 beds closed and flexed following risk assessment where staffing levels and skill mix were safe to do so.

On the occasions where there is a surge in activity there have been short periods of time when some of the beds temporarily closed in some areas 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 some of the temporarily closed beds on Castlepoint ward and Shopland Ward 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. Risk assessments were completed for the opening of "closed" beds or "escalation beds" on 13 occasions throughout June in the following areas – Castlepoint, Shopland, Balmoral, Hockley, Benfleet and Chalkwell/SAU. This was done for short periods to facilitate medical admissions and surgical elective and urgent admissions.

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 June 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.

June 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	91.8%	94.2%	7.0%	10.9%	5.3%	32.5%
Health care assistant	118.8%	118.4%	15.6%	34.0%	14.7%	12.9%

ANALYSIS OF FILL RATE AND QUALITY DATA

Fill rate

1. Registered Nurse/Midwife (RN & RM) fill rate for June 2016 was 91.8% on days and 94.2% on nights. Appendix 1 demonstrates fill rate for June 2016 by clinical area including bank and agency fill rates and quality safety indicators for the clinical areas.
2. Health Care assistant's fill rate remains above 100% across many areas in June 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. It has consequently impacted on the over-all skill mix when additional HCA staff have been used.
3. Matron and Heads of Nursing carry out daily assessments of acuity and dependency and specialist Nurses within the directorates are utilised to support ward teams when required.
4. Chart 1 & chart 2 below display the overall fill rate for Registered Nurse/Midwife and Health care assistants for June 2016, and the previous five months for comparison purposes.

Chart 1, Registered Nurse fill rate %

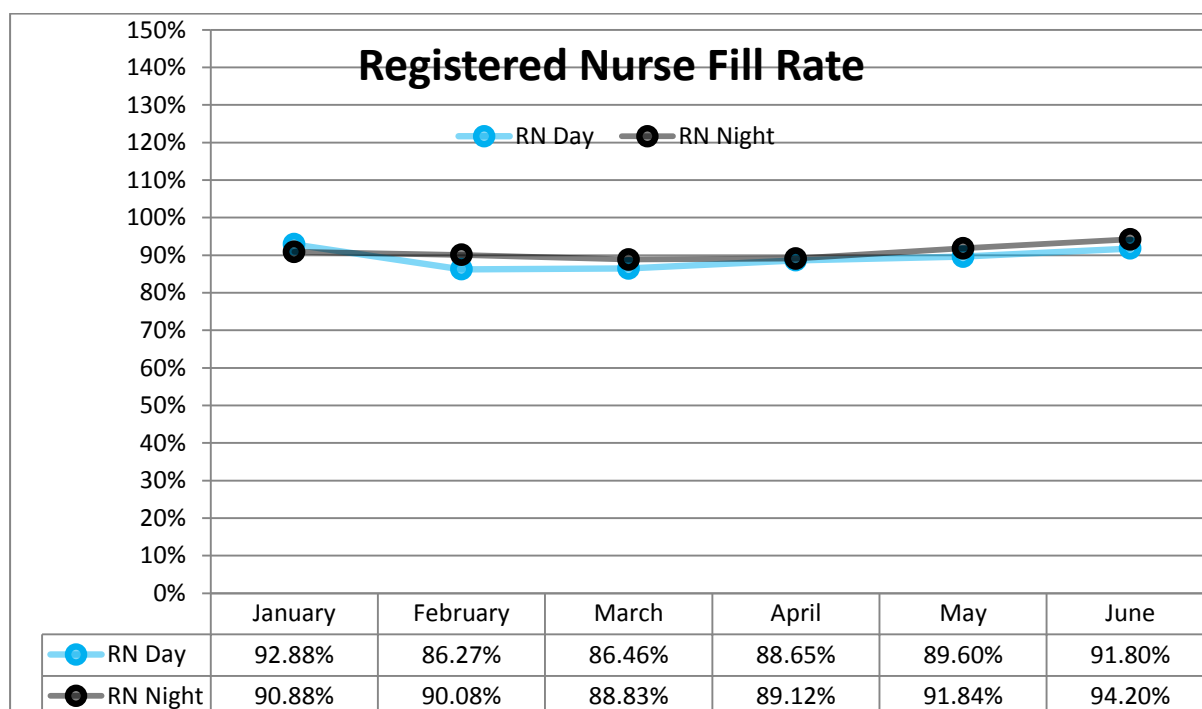
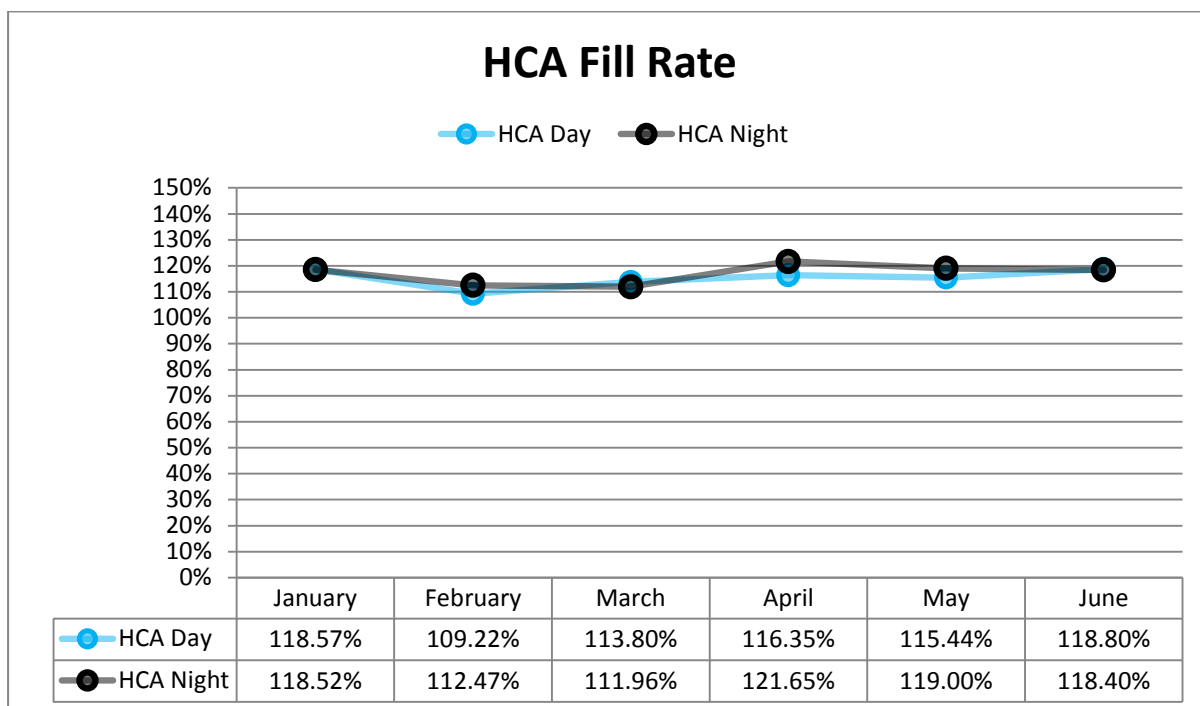


Chart 2. HCA Fill rate %



5. In June 2016 there were 3 areas on days with Registered Nurse fill rates below 80% (Princess Anne, Stroke Unit and Neonatal Unit) compared to May 2016 when there were 5 areas on days with a Registered Nurse fill rate below 80%. On Nights in June 2016 there was 1 area with Registered Nurse fill rates below 80% (Neonatal Unit) compared to nights in May 2016 there were 3 areas with a fill rate below 80%. The Neonatal unit had fill rates below 80% on days & nights in both May and June. Acuity, dependency and cot occupancy were monitored in the Nerve centre to ensure patient safety was not compromised. When necessary support was provided by the Matron/manager. Fill rate and quality & safety indicators areas have been triangulated and can be seen in Appendix 2.
6. 3 areas (Balmoral, Windsor and Chalkwell/SAU) 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 and Chalkwell to assist in patient flow.
7. It was agreed that additional staff (bank and agency) would be requested to maintain safe staffing levels in relation to activity, acuity and dependency.

Quality and safety indicators

Pressure Ulcers: In June there were 2 avoidable hospital acquired Pressure Ulcers, compared to 4 avoidable pressure ulcers in May 2016. These occurred in the following areas: Princess Anne and Windsor Ward, both were grade 2 pressure ulcers and RCA investigations have been completed. On Princess Anne ward it was identified that no air mattress was obtained in line with a high waterlow score; and on Windsor ward limited preventive measures were in place. Practice issues have been addressed on both wards and staff have received targeted teaching in pressure ulcer prevention from the wound management team. Princess Anne ward had a fill rate of 75.8% but this was not raised as a concern during the RCA investigation. Windsor Ward fill rate of 106.9%, suggesting that the staffing levels in this area were not a contributing factor.

Falls: There were 82 falls in June compared to 84 falls in May 2016. There were no moderate severity falls. There was 1 high severity fall on Eleanor Hobbs Ward. The patient

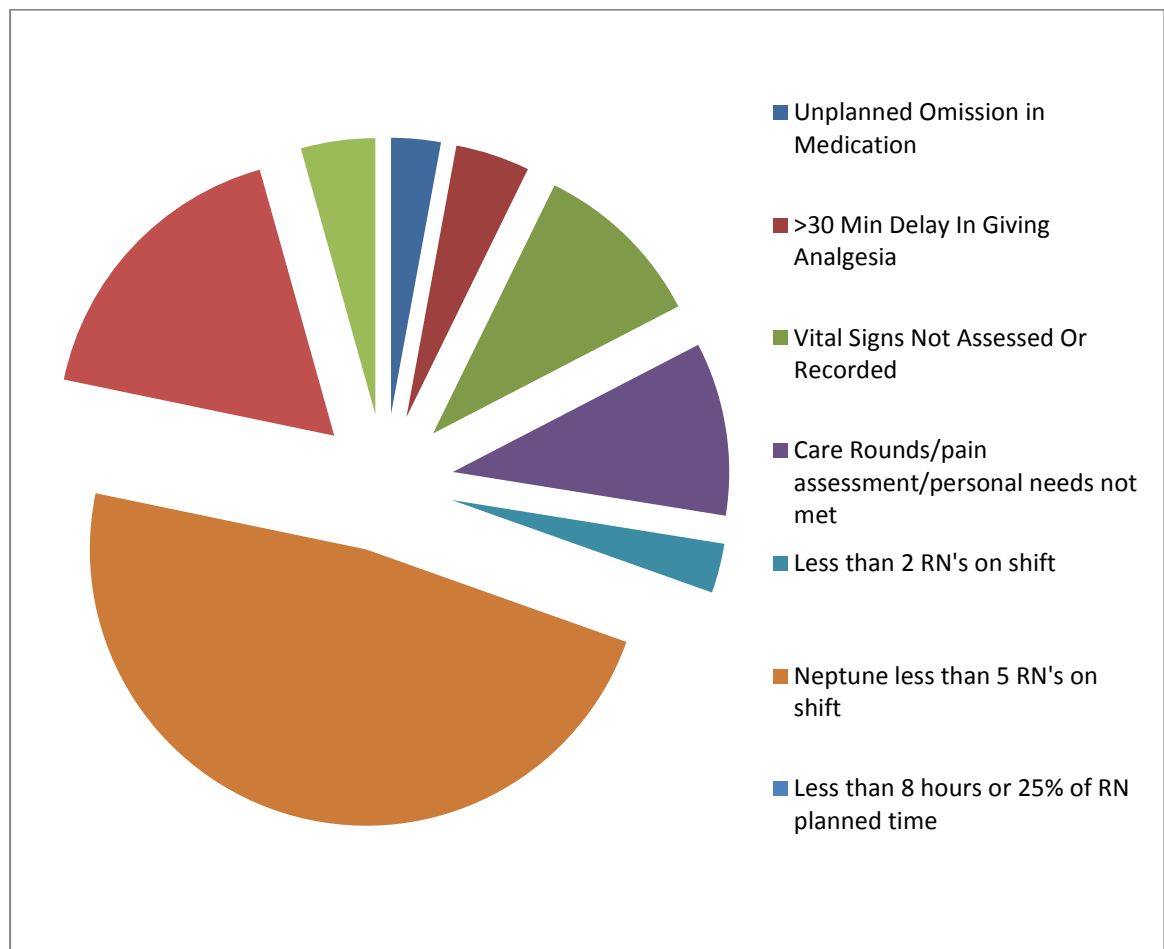
died after the fall but not as a result of the fall. An EMR was completed on 15th June and a full RCA will be completed on 4th August. There were no immediate actions from the EMR, however the patient had learning disability and Sarah Haines, the learning disability Lead Nurse, is involved in the RCA.

RED Flags: There was an increase in the number of red flags reported in June 2016 to 472 compared to 271 red flags in May 2016. The majority of red flags (355) were identified and escalated due to Registered Nurse deficit, impacting on safe staffing ratios, inappropriate skill mix and increased acuity and dependency. It should be noted that Neptune ward now triggers a red flag for staffing ratios when there are less than 5 RN's on shift. NICE guidance for the adult in-patient wards identifies a red flag for less than 2 RN per shift.

There has been a drive to increase awareness of Red Flag reporting via the Heads of Nursing and Matrons and it is noted that some wards which have not reported any red flags in May have reported up to 14 Red Flags in June. All red flags are reviewed by a Senior Nurse and monitored in Nerve Centre.

117 red flags were identified at ward level and are illustrated in the pie chart below split by Red flag category. A plan is in place to move to recording all red-flags on the E-roster system to improve consistency of reporting. The Emergency department has commenced a pilot for use of the E-roster reporting system. Additional pilot wards will be identified in July and the training and roll-out programme for this will commence in August 2016.

Ward Escalated Red Flags by Category



1. All clinical areas have been RAG (Red, Amber, and Green) rated utilising a RAG rating system. In total there were 12 areas RAG risk assessed as red for the month of June 2016. These areas either had a fill rate below 80% or the clinical areas quality and safety indicators were reviewed to identify the RAG rating for each area. Appendix 1 demonstrates RAG rating by clinical area.
2. **Vacancy levels and Recruitment:** The vacancy level has decreased in June 2016 to 10.45%, from 13.85% in May 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. 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 recorded by ward in Appendix 1.

A recruitment plan is in place to recruit overseas nurses and on-going recruitment activity to address RN deficit. The joint nursing and HR nursing recruitment task and finish group is meeting weekly to drive forward recruitment campaigns for registered nurses. Weekly monitoring of ward establishment and vacancy levels and the nurse recruitment pipeline is in place to ensure that areas ensure that priority areas for recruitment are identified. A recruitment open day is planned for 13 August, where directorate and professional representatives will showcase employment and professional development opportunities. Staff benefits will be promoted and attendees will have the opportunity to have an accompanied visit to their area of interest and interviews can be offered on the day.

3. **CHPPD:** Reporting requirement for CHPPD (care hours per patient day) have been met, comparisons are available on the NHSI database however this only provides comparative data for March 2016. We will review further data as it is released and will work with the other success regime chief nurses to compare data and share learning where applicable across the three organisations. NHSI plan to launch ward level dashboards in September and preparation required to date is in place for this.

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.

NHS Improvement have issued a rostering best practice guide and our own rostering policy has been reviewed against this to ensure all best practice is incorporated. Our e-roster system facilitates the monitoring of a range of key performance indicators (KPIs), which are reported through the rostering operational group. We will carry out twice yearly audits to monitor the KPIs and compliance with key best practice recommendations.

As part of enhancing our governance processes around resource utilisation we will be re-introducing a control total process, which will enable ward managers to have clear visibility and control over the utilisation of staffing resource and the associated costs of this. The heads of nursing will oversee the process and monitor compliance with the process and exceptions will be addressed with the wards managers.

Compliance with rostering KPIs and exception reports in relation to the control total process will be reviewed with the quality, safety and patient experience outcomes at the monthly directorate performance review meetings with the executive team.

Conclusion

- A small increase in staffing fill rate and fewer wards below 80%
- There has been a small decrease in the number of falls and no falls resulting in moderate harm.
- Red flags have increased in line with improved reporting and escalation of concerns.

RECOMMENDATIONS

The Board is asked to note the data relating to nurse staffing levels for June 2016 and receive assurance therefrom.

Appendix 1 (see attached sheet)
 Safe staffing reporting- RAG rating criteria Safe staffing reporting for April 2016.

Safe staffing reporting – RAG rating criteria

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

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% June 2016.

Area	RN fill rate %	Safety indicators KPI's	Vacancy, bank & agency utilisation
Princess Anne	75.8% RN fill on days, 100.9% fill on Nights	30 red flags, 0 high or moderate severity falls, 1 hospital acquired pressure ulcer, F & F score 83.3%	Vacancy 11.4 WTE, Bank RN utilisation 13.3, Agency RN Utilisation 28.1%
Neonatal Unit	73.4% RN fill rate on days, 70% fill on nights	0 red flag, N/A high or moderate severity falls , N/A pressure ulcers , F&F score Not measured	Vacancy 5.89 wte , Low levels RN bank utilisation.
Stroke Unit	62.5% RN fill rate on days, 91.3% fill rate on nights	36 red flag, 0 high or moderate severity fall , 0 pressure ulcers	vacancy 27.28 wte, High levels RN Agency utilisation – 37.7% NB. 9 beds remain closed in the stroke unit to maintain safe staffing ratios

Additional clinical areas of concern

Area	RN fill rate %	Safety indicators KPI's	Vacancy, bank & agency utilisation
Shopland	92.5% RN fill rate on days	20 red flags, 0 high or moderate severity falls, 0 pressure ulcer, F&F score 87.7%	19.09% vacancy rate , Moderate levels bank HCA'S utilisation
Respiratory unit	83.7% RN fill rate on days & 95.2% fill rate on nights	68 red flags, 0 high or moderate severity falls (Westcliff),0 pressure ulcer, F&F score 90.9% Rochford & 92.9% Westcliff	18.9 wte vacancy, moderate levels RN Agency utilisation on nights & bank HCA'S
Neptune Ward	90.0% fill rate on days, 93.5% fill rate on nights	74 Ward reported red flags, reporting when less than 5 RN's on shift, 0 falls, 0 pressure ulcers	18.48 wte vacancy, moderate agency use
Stambridge	118% fill rate on days	44 red flags, 0 pressure ulcer, F&F 80.6%	8.79 wte vacancy. 24.9% agency utilisation
Windsor	106.9% fill rate on days, 86.1% fill rate on nights	43 ward reported red flags, 1 hospital acquired pressure ulcer, 0 moderate or high severity falls	8.56 wte vacancy
Eleanor Hobbs	95.1% fill rate on days, 102.6% fill rate on nights	11reported red flags, 1 high severity fall,0 hospital acquired pressure ulcer.	8.81 wte vacancy, 20.2% agency fill rate