Southend University Hospital **NHS**

NHS Foundation Trust

Board of Directors' Meeting Report – 5 October 2016

Agenda item 83/16

Title	Safe staffing report for July & August 2016
Sponsoring Director	Yvonne Blucher - Chief Nurse
Authors	Kathy Maloney – Safe Staffing Facilitator Julie Coleman Lead Practice Development Nurse
Purpose	To report the nursing & midwifery staffing levels submitted to NHS England via Unify for the months of July & August 2016, reporting the percentage fill rate for each ward area and the impact on capacity and capability to deliver safe care.
Previously considered at	Executive Meeting, 21 September 2016

Executive Summary

This report relates to fill rate against planned staffing for the month of July & August 2016.
The report identifies the fill rate percentages submitted to Unify, and incorporates a RAG rating for each clinical area based upon set criteria.

Overall Registered Nurse/Midwife (RN & RM) fill rate for days and night in July and August 2016 have remained at consistent levels ranging between 91 % on days and 94 % on nights.

In July 2016 there was 1 area (Stroke Unit) on days with a Registered Nurse fill rate below 80%, compared to 3 in August 2016 (BAMs, Neonatal Unit and the Stroke unit). On nights in July 2016 there was 1 area with a fill rate below 80% (Neonatal Unit) and in August 2016 the Neonatal unit, BAMs and Neptune had fill rate below 80%.

The number of avoidable pressure ulcers and moderate or high severity falls are reviewed analysing the fill rate% for the clinical areas. In July and August 2016 there were 4 avoidable pressure ulcers, 3 areas had fill rate above 80%. One area (stroke unit) had a fill rate below 80% on days, beds remained closed to mitigate the risk with staffing levels, acuity and ratios monitored twice daily. There were 4 moderate and 1 high severity fall in July and August 2016 across 4 areas, 3 areas had a fill rate above 80%, whilst the Stroke unit had a fill rate below 80%. None of the falls appear to be linked to staffing deficits.

There was an increase in the number of red flags reported in July 2016 with a total of 496. The majority of red flags, 352, were identified/ escalated due to Registered Nurse deficit, impacting on staffing ratios, inappropriate skill mix and increased acuity and dependency. The remaining 144 were identified at ward level as part of ward reporting.
In August 2016 the number of Red flags reduced to a total of 227, 161 of these were from Senior Nurse reporting in the Nerve Centre and 66 from ward based reporting of Red Flags.

One reason for the reduction in the number of Red flags is due to a comprehensive review of staffing ratios and the number of RN's required on days and nights, by the Chief Nurse and HON's for speciality. This took into consideration the acuity and dependency levels across clinical areas utilising the daily SNCT data. The review of establishments was agreed in August 2016, with the establishment rebased from 1st September 2016.

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 incidence of patient harms.

Date Reviewed by Execs.	21 September 2016
Related Trust Objective	Excellent Patient Outcomes Excellent Patient Experience Engaged and Valued Staff
Related Risk	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
Essex Success Regime	No impact.
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 impact assessment	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 impact assessment	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 JULY & AUGUST 2016

Introduction

The purpose of this paper is to outline the nurse staffing levels across in patient wards for July & August 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/Midwives and Health Care Assistants.

Bed capacity and safe staffing ratios in July & August 2016

There continued to be high level of emergency admissions throughout July & August 2016. Recent analysis published in the August core brief has highlighted that in the last 5 years our ten busiest weeks have occurred in the last 3 months. The Safe staffing monitoring tool continues to be utilised to record and monitor staffing levels, the Registered Nurse and Midwife (RN & RM) ratios, staffing Red 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 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
- Shopland Ward - 6 beds flexed in accordance with staffing levels.
- Stambridge ward -1 HDU bed.

In the final week of July, Castlepoint Ward's 6 closed beds were opened permanently following an increase in staffing levels due to the appointment of overseas nurses. Prior to this beds had been opened as required and when staffing allowed.
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 escalation beds 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 July & August 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 Trust employed RNs and Agency RNs. There has been a decrease in RN fill rate for bank and Agency in August 2016 compared to July 2016. There was a slight increase on the percentage of RN agency utilised on nights in August 2016.

	Day fill rate %	Night fill rate %	Bank % of actuals days	Bank % of actuals nights	Agency % of actuals days	Agency % of actuals nights
Registered nurse July 2016	91.9%	94.6%	7.7%	10.9%	7.7%	31.2%
Health care assistant July 2016	118.1%	117.9%	15.2%	34.6%	16.9%	14.2%
Registered nurse Aug 2016	91.6%	93.5%	6.5%	10.4%	5.7%	31.7%
Health care assistant Aug 16	111.2%	114.5%	17.3%	38%	14.1%	11.4%

Analysis of fill rate and quality data.

Fill rate

1. Registered Nurse/Midwife (RN & RM) fill rate for July 2016 was 91.9% on days and 94.6% on nights. In August 2016 Registered Nurse/Midwife (RN & RM) fill rate was 91.6 % on days and 93.5 % on nights. Appendix 1 demonstrates fill rate for July & August 2016 by clinical area along with quality data.

2. Health Care assistant's fill rate remains above 100% across many areas in July & August 2016 although there is a slight downward trend. Fill rates over 100% continue to relate to the high levels of patients requiring enhanced supervision 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. It is important to note that a number of overseas nurses received their NMC PIN in July & August 2016 and would have appeared on the HCA line. There are only 2 overseas nurses still awaiting PIN.

3. Chart 1 & chart 2 below display the overall fill rate for Registered Nurse/Midwife and Health care assistants for July & August 2016, and the previous four months for comparison purposes. A small increase in RN shift fill is noted which has shown a small upward trend since March 2016.
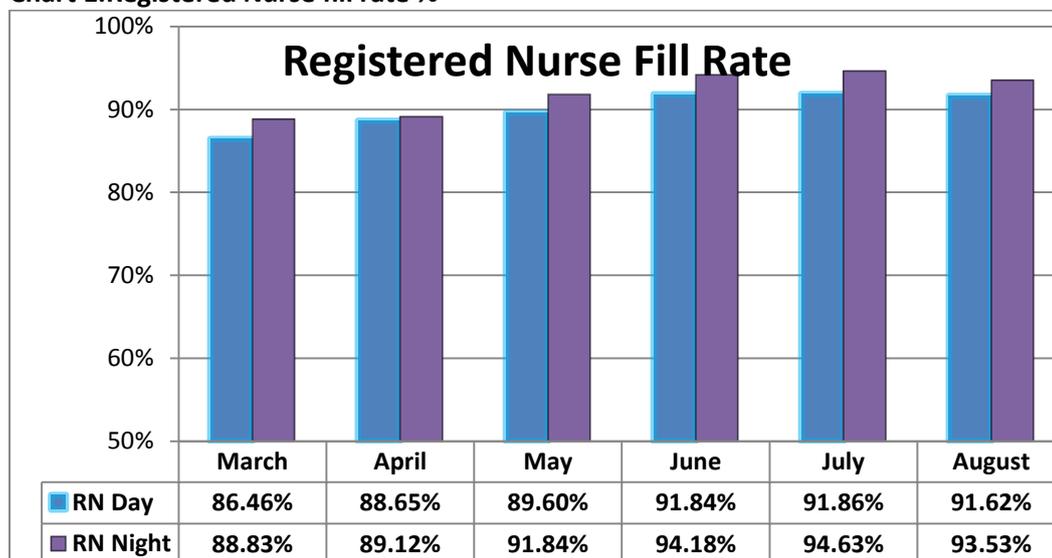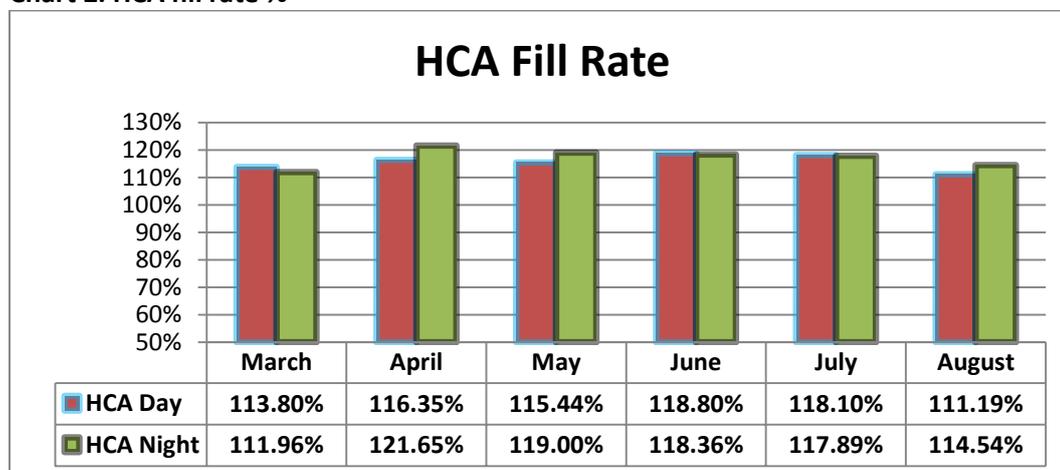
Chart 1.Registered Nurse fill rate %

Registered Nurse Fill Rate

	March	April	May	June	July	August
■ RN Day	86.46%	88.65%	89.60%	91.84%	91.86%	91.62%
■ RN Night	88.83%	89.12%	91.84%	94.18%	94.63%	93.53%

Chart 2. HCA fill rate %

HCA Fill Rate

	March	April	May	June	July	August
■ HCA Day	113.80%	116.35%	115.44%	118.80%	118.10%	111.19%
■ HCA Night	111.96%	121.65%	119.00%	118.36%	117.89%	114.54%

4. In July 2016 there was 1 area on days with Registered Nurse fill rates below 80% (Stroke Unit fill rate 65%) compared to 3 areas in August 2016 BAMS, Neonatal unit and the Stroke unit.

5. In July 2016 when there was 1 area on nights with a Registered Nurse fill rate below 80% (Neonatal Unit). In August this increased to 3 areas the Neonatal Unit, Neptune and BAMS. The reduced fill rate on the Neonatal unit was mitigated due to the reduced number of cots in use in the Unit. BAMs closed ambulatory trolleys to mitigate reduced RN levels.

6. 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, Castlepoint and Princess Anne Ward have been triangulated and can be reviewed in Appendix 2.

7. A number of areas had a Registered Nurse/Midwife 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 to assist in patient flow.

Quality and safety indicators

1. **Pressure Ulcers**: In July and August 2016 there were 2 avoidable pressure ulcers. The avoidable pressure ulcers for July 2016 occurred in Windsor and Hockley Wards both were grade 2. Both wards had staffing fill rates of above 80% for days and nights.
In August 2016 the avoidable pressure ulcers were on Castlepoint and the Stroke unit. On Castlepoint the fill rate was above 80% on days and nights. The fill rate on the Stroke unit was below 80% on days. The Stroke unit continues to have beds closed to mitigate the risks associated with high vacancy rates and reduced fill rate. The RCA indicates lack of assessment and evidence of repositioning of the patients as contributing factors.

2. **Falls**: There were 80 falls in July, compared to 97 falls in August 2016; there were 2 moderate severity falls and 1 high severity in July and 2 moderate falls in August 2016. In July the 2 moderate severity falls were on the Stroke unit, 1 patient was diagnosed with a cerebral bleed, not thought this was attributable to the fall; the other fall the patient suffered a head injury. The Stroke unit had a fill rate below 80%; bed closures remained in place to mitigate risk. Staffing ratios and risk is monitored daily by the Matron. The high severity fall in July 2016 was on Eleanor Hobbs Ward when the patient was found on the floor and suffered a hip fracture, fill rate was above 80%. A root cause analysis has been carried out and it was not found to be caused by any staffing deficit. The 2 falls in August were moderate where the patients sustained fractures, the falls were on Kitty Hubbard and Princess Anne ward. Both areas fill rate was above 80% and did not appear to be linked to staffing deficit.

3. **RED Flags:** There was an increase in the number of red flags reported in July 2016 to 496 compared to 472 red flags in June 2016. The majority of red flags (352) were identified and 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 144 were identified at ward level.
In August the number of Red flags reduced to a total of 227, 161 of these were from Senior Nurse reporting in the Nerve Centre and 66 from ward based reporting of Red Flags. One reason for the reduction in the number of Red flags is due to a comprehensive review of staffing ratios and the number of RN's required on days and nights, by the Chief Nurse and HON's for speciality, taking into consideration the acuity and dependency levels across clinical areas utilising the daily SNCT data. The review of establishments was agreed in August 2016, with the establishment rebased from 1st September 2016.

4. **RAG rating**: All clinical areas have been rated (Red, Amber, and Green) utilising a RAG rating system In total there were 10 areas RAG risk assessed as red for the

month of July 2016 . One of these areas had a fill rate below 80%; other quality and safety indicators are also reviewed to identify the RAG rating for each area. In August 5 areas were RAG rated red, with 4 areas having a fill rate below 80% on either days or nights. Appendix 1 demonstrates RAG rating criteria by clinical area and appendix 2 attached separately shows the RAG rating fill rates and quality indicators.

5. **Vacancy levels and Recruitment**: The vacancy level has increased in July 2016 to 17.94%, from 13.85% in June 2016. In August 2016 this reduced slightly to 17.05%. In July 2016 there were 5 areas with vacancy rates above 30% (Bedwell Acute Assessment, CCU Hopkins, Eleanor Hobbs, Princess Anne and Stroke Unit) In August 2016 there were 3 areas with vacancy rates above 30%, CCU/Hopkins, Princess Anne and the Stroke unit. In July and August the highest vacancy rate was in Princess Anne ward 39.67% in July and 44.9% in August, this is an area of high priority for recruitment. Individual clinical areas vacancy level is demonstrated by ward in Appendix 1.

A recruitment plan is in place and 27 overseas nurses from the EU have started in the Trust between March and August 2016 and on-going recruitment activity to address RN deficit is taking place. A Task and Finish group, working jointly between Nursing and Recruitment teams is dirving 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. A recruitment day conducted on 13th August recruited 4 RN's and 39 HCA's. Risks and concerns related to recruitment will be discussed at this group and concerns escalated to the HoNs/ Chief Nurse as required.
In September 2016, an additional 22 newly qualified nurses will commence in the Trust.

Care Hours per patient day (CHPPD) & Model Hospital innovation

Following the Lord Carter review (Department of Health 2015), NHS Improvement issued a directive that a new metric of care hours per patient day (CHPPD) is to be reported monthly from May 2016 and for this to be collected daily from April 2017. This has become the principal measure of nursing and healthcare support worker deployment; with similar approaches to be put in place for medical staff and Allied Health Professionals by April 2017.

CHPPD is calculated by adding the hours of registered nurses to the hours of healthcare support workers and dividing the total by every 24 hours of in-patient admissions (or approximating 24 patient hours by count of patients at midnight). This data has been recorded on Unify since May 2016. Currently, this CHPPD data when compared to other Trusts within the region is reflecting that Southend CHPPD is higher than expected, particularly in relation to HCA's. Further analysis of this data is required to understand the results and explore with neighbouring trusts if the trusts are reporting in accordance with the agreed criteria. Early analysis indicates our success regime partners report higher numbers of patients being in inpatients beds overnight, thus reducing the CHPPD score. It is clear that we have a significantly higher overall HCA fill rate compared to National & local data, which therefore increases the HCA CHPPD.

National

Year	Month	RN Fill Rate	HCA Fill Rate	RN CHPPD	HCA CHPPD
2016-17	JUNE	93.8%	105.3%	5.2	2.9
	JULY	93.2%	104.4%	5.1	2.9

Local Trusts						
Year	Month	Trust	RN Fill Rate	HCA Fill Rate	RN CHPPD	HCA CHPPD
2016-17	JUNE	BASILDON AND THURROCK UNIVERSITY HOSPITALS NHS FOU	95.8%	95.1%	4.5	2.6
		COLCHESTER HOSPITAL UNIVERSITY NHS FOUNDATION TRUS	92.0%	105.0%	4.4	2.7
		IPSWICH HOSPITAL NHS TRUST	93.2%	104.5%	4.7	2.4
		MID ESSEX HOSPITAL SERVICES NHS TRUST	95.5%	105.5%	5.8	3.2
		SOUTHEND UNIVERSITY HOSPITAL FOUNDATION TRUST	92.9%	118.6%	5.3	4.1
		THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	77.7%	96.3%	4.3	2.7
	JULY	BASILDON AND THURROCK UNIVERSITY HOSPITALS NHS FOU	95.3%	95.1%	4.3	2.5
		COLCHESTER HOSPITAL UNIVERSITY NHS FOUNDATION TRUS	91.9%	104.0%	5.3	3.1
		IPSWICH HOSPITAL NHS TRUST	98.3%	100.5%	5.0	2.5
		MID ESSEX HOSPITAL SERVICES NHS TRUST	94.0%	104.6%	5.9	3.3
		SOUTHEND UNIVERSITY HOSPITAL FOUNDATION TRUST	93.1%	118.0%	5.4	4.2
		THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	78.3%	92.8%	4.3	2.5

The table above details the CHPPD rates for the local region for June and August 2016. It is not possible to provide a detailed comparison between the Trusts as there is no information available regarding bed numbers and occupancy. A further review will be carried out with our success regime partners to explore differences in the data. Our Information team are currently analysing the data submitted by other trusts utilising the Unify data.

HM Treasury's autumn statement stated that efficiencies within the NHS will be delivered through improvements to quality of care and prevention, staff productivity and better procurement, highlighting the £5bn Lord Carter estimated could be saved from better use of staff, medicines, and buying the most cost-effective goods and services.

A key recommendation in the Lord Carter interim report was the need for a common set of metrics that could serve as a barometer for hospitals to compare themselves with their peers, taking into account the complexity of care provided, and more importantly provide a baseline for future improvement.

The 'model hospital' collates a clear, consistent dataset from Trusts across country to enable a top level monthly view of performance. It is aligned to the CQC domains for safe care. In terms of measuring efficiency, an important step is to have a common currency to measure hospital output. The Model Hospital dashboard will utilise information that trusts already collect such as the safety thermometer and CHPPD alongside functional performance and workforce information. This will enable the trust to monitor and improve compliance, enabling us to compare our performance against other organisations locally and nationally.

Escalation procedures and 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 at 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 which affect activity and staffing and decisions are made concerning the risk assessed utilisation of escalation beds or closure of beds due to staffing concerns.

CONCLUSION

- The staffing fill rate % has remained at a similar level in July & August 2016 with fewer wards fill rate % falling below 80%.
- There has been a slight increase in the number of falls with 2 moderate severity falls in both July and August 2016, and 1 high severity fall in July 2016.
- Red flags increased in July 2016 but have decreased in August 2016, thought in part to be due to a review of RN's required by shift and safe staffing ratios.
- The Chief Nurse and HON's for Clinical directorates undertook a review of establishments and RN ratios in July 2016. The review of establishments was agreed in August 2016, with the establishment rebased from 1st September 2016.

- Recruitment activity continues both from overseas and locally.
- CHPPD has been reported and comparison data with other local Trusts is now available. Further analysis is required to fully understand the implications of the data and to ensure we are all (local trusts) including set clinical areas.

RECOMMENDATIONS

1. The Board is asked to note:
   - The data relating to nurse staffing levels for July & August 2016.

Appendix 1
Safe staffing reporting- RAG rating criteria Safe staffing reporting for August 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
(Green)	**Minor Impact** • 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
(Amber)	**Moderate Impact** • 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
(Red)	**Significant Impact** • 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

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Appendix 2

High risk areas with fill rate % below 80% July 2016.

Area	RN fill rate %	Safety indicators KPI's	Vacancy, bank & agency utilisation
Stroke Unit	**65%** RN fill rate on days	**72** red flag, 2 high or moderate severity fall , **0** pressure ulcers , F&F score Paglesham 100 (16.67% response), Benfleet 86.4% (response rate 40%)	37.44% vacancy rate, High levels RN Agency utilisation & bank & agency HCA'S (RN agency night 43.3%, HCA 35.7%)

Additional clinical areas of concern in July 2016.

Area	RN fill rate %	Safety indicators KPI's	Vacancy, bank & agency utilisation
Eleanor Hobbs	**91.9%** RN fill rate on days	8 red flags, 1 high severity fall, 0 pressure ulcer, F&F score **90%**	**30.55%** vacancy rate, high levels RN Agency utilisation on nights & bank HCA'S (RN nights agency utilisation 36.3%)
Hockley	**116.1%** RN fill rate on days & **140%** fill rate on nights	**0** red flags, o high or moderate severity falls , 1 pressure ulcer, F&F score **94.1%**	**14.60%** vacancy rate,
Windsor	**86.7%** RN fill rate on days, 97.7% fill rate on night	**46** red flag, **0** high or moderate severity falls , 1 pressure ulcers grade 2 , F&F score **50%**	**38.82%** vacancy rate, High levels bank & agency for RN and HCAs particularly on nights 44.2%

High risk areas with fill rate % below 80% in August 2016.

Area	RN fill rate %	Safety indicators KPI's	Vacancy, bank & agency utilisation
Stroke Unit	**72%** RN fill rate on days	16 red flag, 0 high or moderate severity fall , 1 pressure ulcers , F&F score 83.35% (31 responses)	**37.58%** vacancy rate, RN Agency utilisation & bank & agency HCA'S (RN agency night 37.9%, HCA 29.74%)
BAMs	**79%** RN fill rate on days **73%** on nights	7 red flag, 0 high or moderate severity fall , 0 pressure ulcers , F&F score 85.4% (82 responses)	**29.72%** vacancy rate, RN Agency utilisation & bank & agency HCA'S (RN agency night 32.6%, bank HCA 28%)

Neonatal Unit	**79%** RN fill rate on days **79%** on nights	0 red flag, 0 high or moderate severity falls, 0 pressure ulcers, F&F score Not available.	**14.63%** vacancy rate, Low utilisation of RN bank
Neptune	**78%** RN fill rate on nights	0 red flag, 0 high or moderate severity falls, 0 pressure ulcers, F&F score 50% (2 responses).	**5.23%** vacancy rate, RN bank and agency usage moderate 9.3% bank & 17% RN agency usage.

Additional clinical areas of concern in August 2016.

Area	RN fill rate %	Safety indicators KPI's	Vacancy, bank & agency utilisation
Castlepoint	82% RN fill rate on days	7 red flag, 0 high or moderate severity falls, 1 pressure ulcers, F&F score 91.3% (23 responses).	**21.42%** vacancy rate, RN bank usage 9.43% and RN agency 27%. HCA bank high usage 55%
Princess Anne	**89%** RN fill rate on days,	**20** red flag, 1 moderate severity falls **, 0** pressure ulcers **, F&F score 78%** (18 responses)	**44.9%** vacancy rate, High levels bank & agency for RN and HCAs particularly on RN nights **40.42%**