

Board of Directors' Meeting Report – 8 December 2016

Agenda item 104/16

Title	Safe staffing report for September & October 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 September & October 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 September & October 2016.</p> <p>The report identifies the fill rate, 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 September 2016 was 95.1 % on days and 93.5 % on nights. In October 2016 Registered Nurse/Midwife (RN & RM) fill rate was 96 % on days and 96.7 % on nights.</p> <p>In September 2016 there were 2 areas (Neonatal and Stroke Unit) on days with a Registered Nurse fill rate below 80%, in October 1 area had fill rate below 80% (Neonatal Unit), this was reviewed daily in relation to occupancy and acuity.</p> <p>Bed Capacity and Patient flow remained a concern throughout September and October with the need to open extra beds and on occasion the use of the Hospital Full capacity Protocol. The risk assessment process was used to identify patients who were safe to receive care in wards outside their speciality.</p> <p>In September 2016 the number of Staffing Red flags was 159 and in October these rose to 190. These were assessed in line with the established process 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.</p> <p>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.</p>	
Date Reviewed by Execs.	25 November 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	Does this proposal have any implications for the other Trusts within the Essex Success Regime (BTUH and MEHT) or for the Mid and South Essex health economy as a whole? If so, please outline the anticipated impact (including positive and negative implications) and the degree to which these have been discussed with and endorsed by the other Trusts and the Success Regime Leadership Team?
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 September & October 2016

INTRODUCTION

The purpose of this paper is to outline the nurse staffing levels across in patient wards for September & October 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. Planned staffing has taken into account increased staffing needs for the use of escalation beds which have been used in the Trust.

Bed capacity and safe staffing ratios in September & October 2016

There continued to be high level of emergency admissions throughout September & October 2016. This was acknowledged in October Core Brief where it was highlighted that these pressures have been recognised by NHS England, NHS Improvement, the CCG's and our Local Authorities. The table below show the number of occasions the Trust was placed in black or internal critical incident status. During internal critical incident the Trust Escalation Policy CM 102 full capacity protocol may be activated where beds are opened in all available bed spaces for a period of up to 4 hours.

Month	No of days in black status	No of days in black/ internal critical incident
Sept 2016	22	5 (1 Amber, 2 Red Status)
Oct 2016	22	9

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, in conjunction with professional judgement of Matrons and Senior Nurses. The regular bed meetings continue to review safe staffing throughout the trust with discussion regarding staffing ratios and risk mitigation. A risk assessment tool is completed by the Senior Nursing team monitoring staffing, this records the decision process in relation to bed flexing capacity and the associated staffing levels; and acuity and dependency.

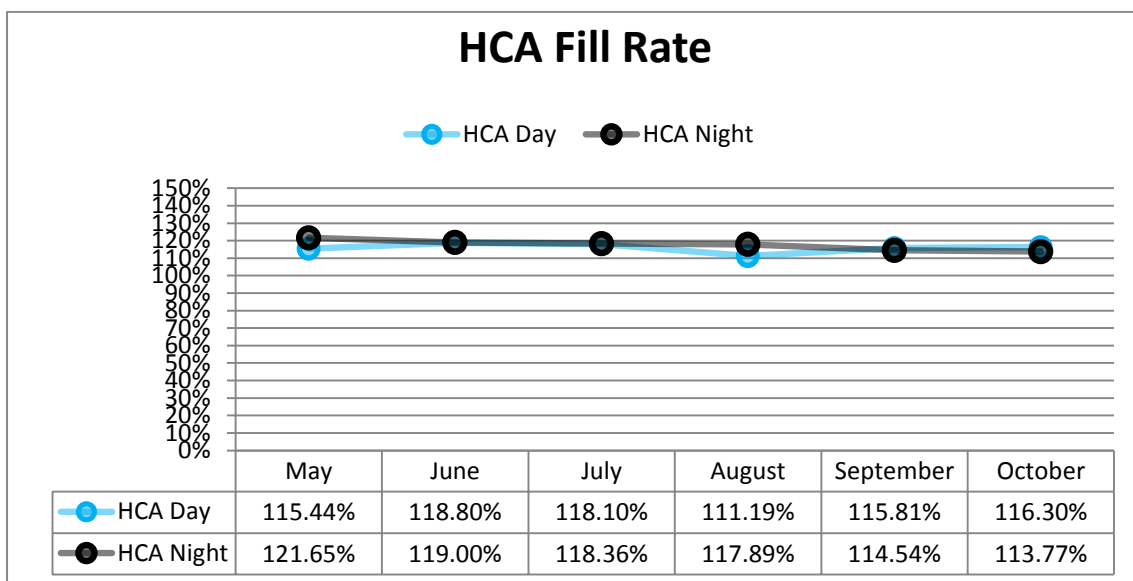
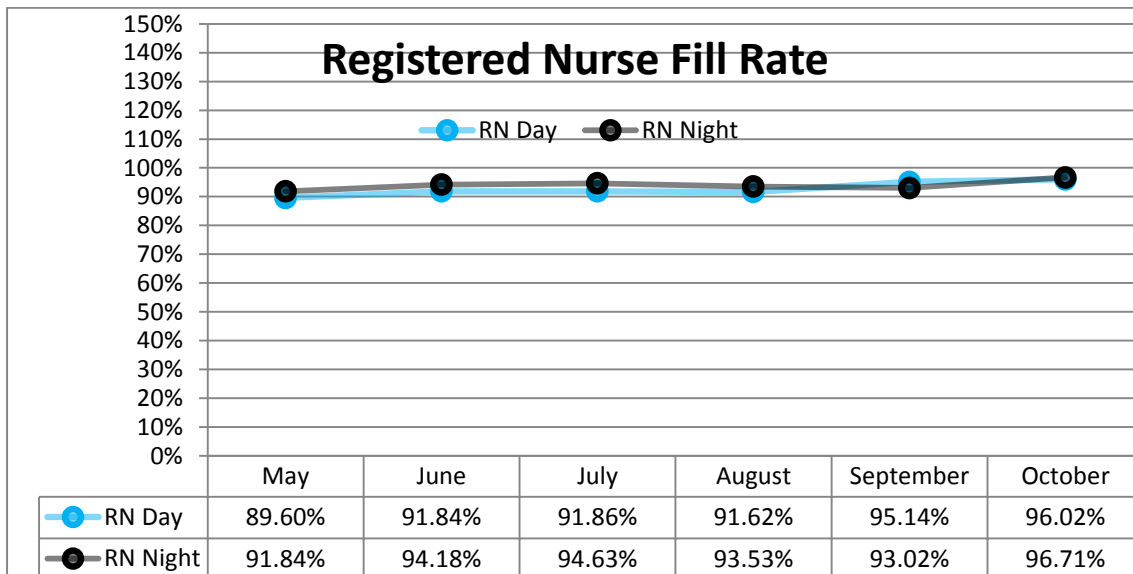
In previous months there had been temporary bed closures due to staffing shortages however beds on Princess Anne, Windsor and Blenheim Wards have remained open to improve patient flow during September and October this has been included in the planned staffing numbers for these areas.

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 September and October 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.

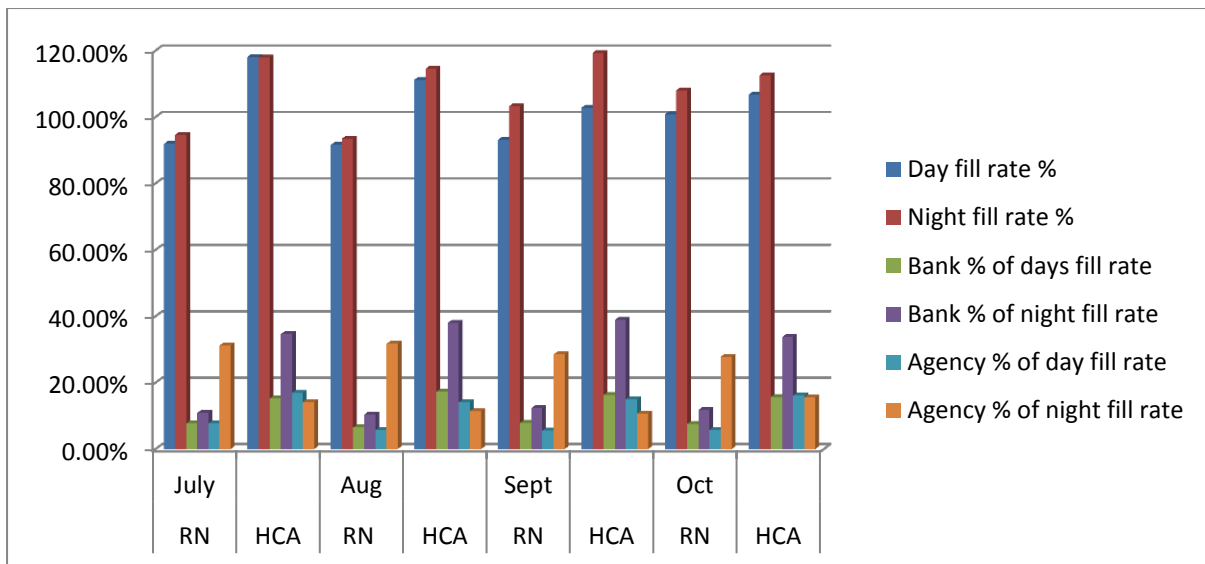
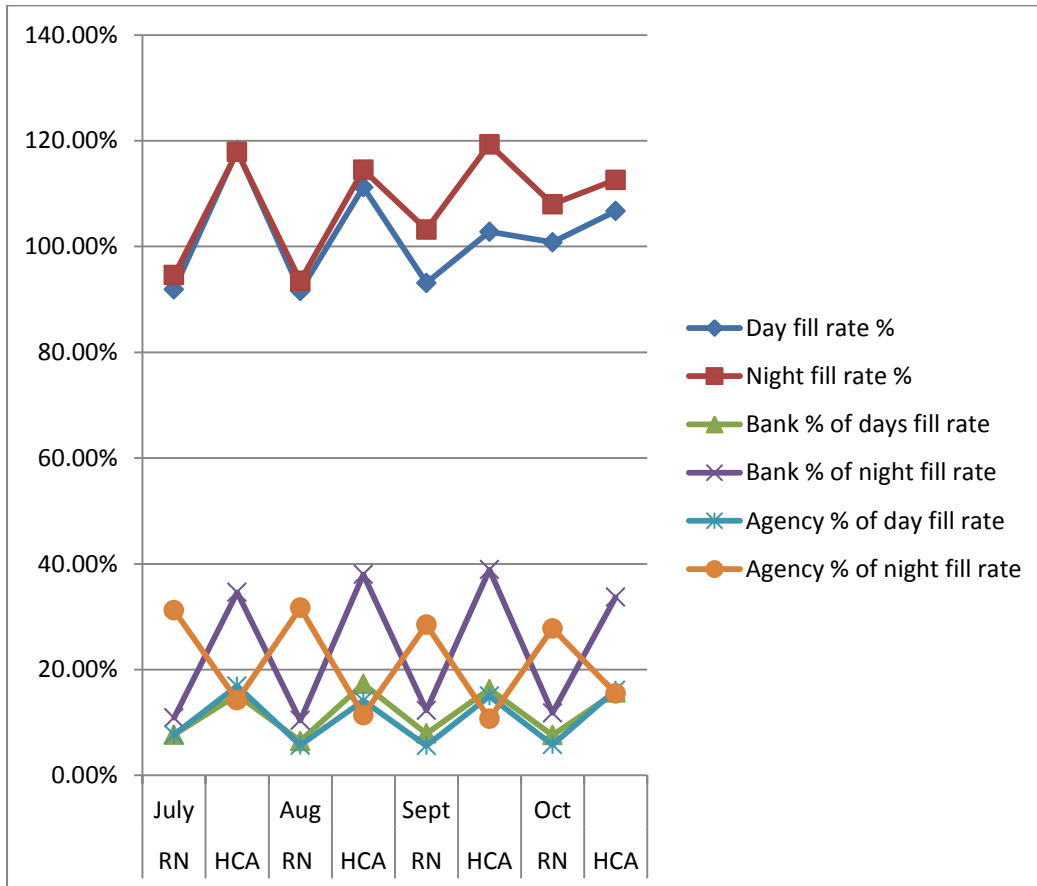
The trend charts below show the overall fill rates for Registered Nurses and Health Care Assistants for a 6 month period. There has been a small increase in the RN fill rate for days for September and October however this has been in part due to a review of staffing ratios and use of professional judgement in adjusting agreed ratio's and establishments.

From November 2016 the trust will be comparing fill rate, SNCT recommended staffing and CHPPD across the Essex Success Regime in order to benchmark across the 3 sites.



This table shows the comparison of percentage use of bank and agency staff in fill rates. There has been a decrease in the use of agency Registered Nurses however this still accounts for 25% of the overall fill rate. However the overall fill rate is higher on night duty where we know that temporary staff more readily avail themselves for night shift. The need for agency is risk assessed by matrons, taking in to consideration that fewer senior staff are on duty overnight to provide the addition clinical support available during the day.

	Month	Day fill rate %	Night fill rate %	Bank % of actual days	Bank % of actual nights	Agency % of actual days	Agency % of actual nights
RN	July	91.90%	94.60%	7.70%	10.90%	7.70%	31.20%
HCA		118.10%	117.90%	15.20%	34.60%	16.90%	14.20%
RN	Aug	91.60%	93.50%	6.50%	10.40%	5.70%	31.70%
HCA		111.20%	114.50%	17.30%	38%	14.10%	11.40%
RN	Sept	95.10%	93.00%	7.9%	12.30%	5.60%	28.50%
HCA		115.80%	113.80%	16.0%	38.20%	14.85%	10.50%
RN	Oct	96%	96.7%	7.6%	11.8%	5.8%	27.8%
HCA		116.3%	117.4%	15.5%	33.2%	15.9%	15.3%



Health Care Assistant fill rate remains above 100%; this is partly due to the need to provide cover to support fundamental care when RN shortfall cannot be covered and the high number of patients requiring enhanced observations / specialising.

Appendix 2 & 3 (attached) shows the fill rates for individual wards for September and October 2016. Also included are patient safety indicators – Pressure Ulcers and falls, Friends and family results.

Appendix 1 of this document shows areas with fill rate below 80% with data relating to quality & safety indicators i.e. falls, pressure ulcers, vacancy rates and Friends and family results. In addition the quality and safety indicators for areas RAG rated as red or areas of concern have been triangulated and can be reviewed in Appendix 1.

Quality and safety indicators

- 1. Pressure Ulcers:** In September and October 2016 there were a total of 6 avoidable pressure ulcers. The avoidable pressure ulcers for September 2016 occurred in 2 Wards, Castlepoint and Estuary, both areas had 2 avoidable pressure ulcers which were grade 2. Both wards had staffing fill rates of above 80% for days and nights. Following the RCA investigation there were no concerns identified in relation to staffing levels

In October the 2 pressure ulcers occurred on Castlepoint ward again staffing fill rates of above 80% for days and nights and were not attributed to staffing. The RCA demonstrated deterioration in patient condition, and the need for appropriate utilisation of pressure relieving mattress.

- 2. Falls:** There were 2 moderate/high severity falls in September and 5 in October 2016. Falls in September have been investigated and no concerns were raised in relation to staffing or preventive measures. During October 5 high/moderate severity falls occurred, these are currently under investigation. 1 fall on Shopland Ward has been declared as a serious incident (SI) due to the patient sustaining a hip dislocation. A surgical patient on Eastwood Ward sustained a hip fracture a full RCA is currently being completed. Moderate severity falls have occurred on Eleanor Hobbs and Elizabeth Loury Wards which are under investigation with RCA though it has not been highlighted that staffing levels were significant in this.
- 3. RED Flags:** Red flags reported via the staffing spreadsheet to the Senior Nurse have remained at a similar level following the review of staffing numbers and ratios in August. In September 159 red flags were reported and in October 190 were reported. The Emergency Department has continued to report Red Flags on e-roster, with 15 reported in September and 12 in October. These were all recorded as registered Nurse shortfall. The plan to roll out this reporting system throughout the Trust has been delayed due to pressures in relation to capacity and emergency admissions. A review of compliance and achievement of KPI's for e-rostering will be commenced in November and this will be incorporated in this.
- 4. RAG rating:** All clinical areas have been RAG (Red, Amber, and Green) rated on the attached appendices using the criteria shown at the end of this report.
- 5. Vacancy levels and Recruitment:** The vacancy level has decreased in September and October 2016. The table below shows the overall vacancy percentage for June to September 2016.

	June	July	August	Sept	Oct
Vacancy rate	13.85%	17.94%	17.05%	14.23%	12.57%

The vacancy level of individual clinical areas is shown, by ward, in Appendix 1.

The Nursing & Recruitment Task and Finish group has continued to drive forward recruitment campaigns. The EU recruitment campaign has continued throughout the year which has impacted on the vacancy rate however many of these nurses have required an extended period of supernumerary status in their wards to enhance language skills and develop confidence in practice.

In September 25 Newly Qualified Nurses joined the Trust; these individuals will receive a period of support through supernumerary status in their wards.

In September 2016 a team from the Trust visited the Philippines to recruit Registered Nurses and offers were made to 72 Nurses, however they will be required to pass a language exam (IELTS level 7) prior application to the NMC for registration. It is anticipated that first cohorts will arrive in June 2017 and the practice development team are working closely with the recruitment team to plan training, induction and a support programme to prepare for OSCE exams set by the NMC.

The Practice development team and senior nurse representatives from the directorate continue to participate in national recruitment events in conjunction with the HR service, as well as planning a recruitment open day on the 19TH November 2016.

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

Care hours per patient day (CHPPD) continues to be reported monthly as required by NHS Improvement.

CHPPD for September & October 2016

Month	RN	HCA	Total
September	5.0	4.4	9.2
October	4.9	4.1	9

Below is comparative National and Local Trust data for CHPPD. Comparative data is not yet available for October

Local Fill Rates & CHPPD

2016-17

National

Month	RN Fill Rate	HCA Fill Rate	RN CHPPD	HCA CHPPD
MAY	94.6%	106.0%	5.2	2.9
JUNE	93.8%	105.3%	5.2	2.9
JULY	93.2%	104.4%	5.1	2.9
AUGUST	92.2%	105.4%	5.2	2.9
SEPTEMBER	92.7%	104.9%	5.2	2.9

Local

Month	RN Fill Rate	HCA Fill Rate	RN CHPPD	HCA CHPPD
MAY	91.6%	101.3%	4.8	2.8
JUNE	91.6%	101.0%	4.7	2.7
JULY	92.0%	99.5%	4.9	2.8
AUGUST	90.4%	97.0%	4.7	2.7
SEPTEMBER	91.5%	93.9%	4.8	2.7

Southend

Month	RN Fill Rate	HCA Fill Rate	RN CHPPD	HCA CHPPD
MAY	90.6%	116.8%	5.2	4.1
JUNE	92.9%	118.6%	5.3	4.1
JULY	93.1%	118.0%	5.4	4.2
AUGUST	92.5%	112.5%	5.2	4.0
SEPTEMBER	94.2%	115.0%	5.0	4.2

Local Trusts

Month	Trust	RN Fill Rate	HCA Fill Rate	RN CHPPD	HCA CHPPD	RN Actual	HCA Actual	Total Patients
AUG	BTUHFT	94.4%	94.5%	3.8	2.1	82,535.5	45,803.5	21,730
	CHUFT	91.3%	93.5%	4.8	2.8	78,485.0	45,624.0	16,436
	IPSWICH HOSPITAL NHS TRUST	94.9%	95.9%	5.2	2.5	67,956.3	32,491.2	12,978
	MEHT	93.7%	108.2%	6.0	3.5	94,193.7	54,823.3	15,643
	SUHFT	92.5%	112.5%	5.2	4.0	75,772.3	57,621.0	14,541
	PRINCESS ALEXANDRA HOSPITAL NHS TRUST	75.5%	90.9%	4.2	2.6	54,859.0	33,729.9	13,025
SEPT	BASILDON AND THURROCK UNIVERSITY HOSPITALS NHS FT	94.0%	92.4%	4.2	2.5	90,108.0	52,770.5	21,332
	COLCHESTER HOSPITAL UNIVERSITY NHS FT	91.9%	83.1%	5.6	2.9	74,553.8	38,972.2	13,421
	IPSWICH HOSPITAL NHS TRUST	96.4%	94.0%	4.6	2.2	72,600.0	35,239.8	15,732
	MID ESSEX HOSPITAL SERVICES NHS TRUST	93.7%	107.6%	6.0	3.5	91,190.0	52,770.4	15,093
	SOUTHEND UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	94.2%	115.0%	5.0	4.2	71,734.3	59,979.0	14,285
	THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	78.9%	91.7%	4.0	2.4	54,137.2	32,743.7	13,442

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 Trust has a Working Group looking at specific case studies to improve efficiencies; this information is being collated to meet the Model Hospital datasets. A comprehensive review of e-rostering KPIs has been conducted to enable us to monitor rostering efficiency and effectiveness. Clinical areas will meet monthly with senior corporate nurses to review performance against agreed KPI's and the impact on agency utilisation, nursing spend and safe staffing levels.

Conclusion

- The staffing fill rate has remained at a similar level in September & October 2016 with 1 area with a fill rate falling below 80%.
- High/moderate severity falls have increased in October to 4; previously there was a range of 2-4 between July and September 2016. 1 serious incident related to falls was declared in October. However, there was no indication that staffing levels were a contributory factor.
- Red flags reported for staffing centrally remained at similar levels to previous months in September (159) and increased in October to 190. From December 2016 we will be establishing a new process for recording red flags to capture the number identified on commencement of the day and the number of shifts that remain red following mitigation. This will be reported in the next report.
- Rostering efficiency KPI's have been reviewed. Each clinical areas compliance and performance against KPI's is being reviewed on a monthly basis.
- From November 2016 the trust will be comparing fill rate, SNCT recommended staffing and CHPPD across the ESR. This will support understanding of staffing and skill mix challenges across the three trusts.

Appendix 1

Safe staffing reporting- RAG rating criteria Safe staffing reporting for August 2016.

Safe staffing reporting – RAG rating criteria

Safe Staffing Levels	
RAG	DETAILS
Green	<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
Yellow	<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
Red	<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 1

High risk areas with fill rate below 80% September

Area	RN fill rate %	Safety indicators KPI's	Vacancy, bank & agency utilisation
Neonatal Unit	71% RN fill rate on days 70.56% on nights	0 red flag, 0 pressure ulcers, F&F score Not available.	14.84% vacancy rate, Low utilisation of RN bank. Mitigated by bed occupancy
Stroke Unit	70.93% RN fill rate on days 107.31% on nights	20 red flag, 1 high or moderate severity falls, 0 pressure ulcers, F&F score 97.75	

Additional clinical areas of concern in September 2016.

Area	RN fill rate %	Safety indicators KPI's	Vacancy, bank & agency utilisation
Castlepoint Ward	83.77% RN fill rate on days & 153.62% Fill rate on nights	7 red flags, 0 high severity fall, 2 pressure ulcer , F&F score 83.3%	19.42% vacancy rate, high levels RN Agency utilisation 26.25%
Estuary OPAS	100.4%RN fill rate on days & 123.09% fill rate on nights	5 red flags, 0 high or moderate severity falls , 2 pressure ulcers, F&F score 79.3%	14.60% vacancy rate,
Windsor Ward	88.12% RN fill rate on days, 107.31% fill rate on night	12 red flag, 1 high or moderate severity falls , 0 pressure ulcers grade 2 , F&F score 97.5%	

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

Area	RN fill rate %	Safety indicators KPI's	Vacancy, bank & agency utilisation
Neonatal Unit	79.8% RN fill rate on days 69.35% on nights	0 red flag, 0 pressure ulcers, F&F score Not available.	18.58% vacancy rate, Low utilisation of RN bank

Additional clinical areas of concern in October 2016.

Area	RN fill rate %	Safety indicators KPI's	Vacancy, bank & agency utilisation
Castlepoint	106.6% RN fill rate on days, 103.93% fill rate on nights	8 red flag, 1 high or moderate severity fall, 1 pressure ulcers, F&F score 76.5%.	23.58% RN vacancy rate, RN bank usage 11.33% and RN agency 17.18%. HCA bank high usage 49.75%
Eastwood Ward	96.6% RN fill rate on days, 89.78% fill rate on nights	0 red flag, 1 high severity falls , 0 pressure ulcers , F&F score 88.7%	9.45% RN vacancy rate, High levels bank & agency for RN and HCAs particularly on RN nights 40.42%
Elizabeth Loury	86.2% RN fill rate on days, 96.77% fill rate on nights	14 red flag, 1 moderate severity fall , 0 pressure ulcers , F&F score 100%	9.63% RN vacancy rate, 19.3% vacancy rate HCA
Shopland Ward	97.5% RN fill rate on days, 100.79% fill rate on nights	1 red flag, 1 moderate severity falls , 0 pressure ulcers , F&F score 90.7%	2.18% RN vacancy rate, 15.38% HCA vacancy rate, High levels bank fill rate for HCAs 31.03%
Eleanor Hobbs Ward	89.3% RN fill rate on days, 102.24% fill rate on nights	22 red flag, 1 moderate severity falls , 0 pressure ulcers , F&F score 84.67%	31.7% RN vacancy rate, High levels bank fill rate for RNs 19.55%